



Public Health
England

Protecting and improving the nation's health

Public mental health leadership and workforce development plan Appendices

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Appendix 1. Concepts and definitions

Below are some helpful key terms, acknowledging that this is an evolving field, and that there is much overlap in the way experts use these terms.

Mental health

Mental health refers to a positive state, of being in good mental health:

“Good or positive mental health is more than the absence or management of mental health problems; it is the foundation for wellbeing and effective functioning both for individuals and for their communities.”¹ “It is a state in which ‘every individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.’”²

To distinguish it from mental illness, mental health is often referred to as:

Mental wellbeing

“Mental Wellbeing is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfill their personal and social goals and achieve a sense of purpose in society.”³

Wellbeing

Wellbeing has been referred to simply as a state of feeling good and functioning well.

“It comprises an individual’s experience of their life; and a comparison of life circumstances with social norms and values. Wellbeing exists in two dimensions: subjective wellbeing (or personal wellbeing) and objective wellbeing (based on assumptions about basic human need and rights).”⁴

¹ DH, 2011, No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages, London: HMG <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

² WHO, 2005, Promoting mental health: concepts, emerging evidence, practice, Geneva: World Health Organisation. Accessed 18th February 2015 http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf

³ Foresight Mental Capital and Wellbeing Project (2008). Final Project Report. The Government Office for Science. London. Accessed 29 January 2014: http://www.bis.gov.uk/assets/biscore/corporate/migratedD/ec_group/116-08-FO_b

⁴ DH, 2014, Wellbeing, Why it matters to health policy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative__January_2014_.pdf Accessed August 21st 2014

Find out more about what influences wellbeing in this [podcast](#)⁵.

Resilience

Resilience is an aspect of our wellbeing that is about our capability to manage and recover from difficulties in a way that strengthens our wellbeing in the long-term.

Asset based approaches

“Asset based approaches are linked to Antonovsky’s framework for explaining ‘how people manage stress and stay well’. They are based on concepts of salutogenesis, which focus on resources and assets that enable people to maintain and improve their health despite the stressful situations and hardships they experience.”⁶

The term mental health is often used to encompass both mental health and mental illness. It is commonly used to describe the services that care for and treat people with mental health problems.

Mental health problems

A phrase used as an umbrella term to denote the full range of diagnosable disorders and illnesses. Mental health problems may be more or less common and acute or longer lasting and may vary in severity. They manifest themselves in different ways at different ages and may present as behavioural problems, for example in children and young people.¹

Mental illness

A term generally used to refer to more serious mental health problems that often require treatment by specialist services. Such illnesses include depression, anxiety, schizophrenia, bipolar disorder, conduct disorder and emotional disorder.¹

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https://www.understandingsociety.ac.uk/podcasts/2014/02?utm_medium=email&utm_campaign=Understanding+Society+Update&utm_content=Understanding+Society+Update+Version+A+CID_a35000007c7e4c6ab3d7df972a58400d&utm_source=Email%20marketing%20software&utm_term=What%20predicts%20well-being

⁶ NICE guidelines PH9, 2008, Community Engagement <http://www.nice.org.uk/guidance/PH9/chapter/Introduction>
Accessed 19th August 2014

Appendix 2. Ten central capabilities to population mental health

The Capability Approach, developed by Amartya Sen (Nobel prize winning economist and philosopher), has shaped the United Nations Human Development Index and is widely recognised as an approach for human wellbeing and life quality. The philosopher Martha Nussbaum⁷ has identified ten central capabilities that influence our ability and opportunity to function well, based on personal and social circumstance. These are relevant in relation to promoting population-level mental health as well as improving the quality of life of those people with mental illness.

1. **Life.** Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.
2. **Bodily health.** Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.
3. **Bodily integrity.** Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.
4. **Senses, imagination, and thought.** Being able to use the senses, to imagine, think, and reason—and to do these things in a "truly human" way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid pain.
5. **Emotions.** Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

⁷ Nussbaum, Martha C. (2000) *Women and Human Development: The Capabilities Approach* (Cambridge University Press, Cambridge)

6. **Practical reason.** Being able to form a conception of good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience and religious observance.)

7. **Affiliation.** Being able to live with others, to recognize and show concern for other humans, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.)

Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin and species.

8. **Other species.** Being able to live with concern for and in relation to animals, plants, and the world of nature.

9. **Play.** Being able to laugh, to play, to enjoy recreational activities.

10. **Control over one's environment.**

Political. Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association.

Material. Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

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Appendix 4. Typology of skills and attributes associated with lay health worker roles

Community orientation	Working with people	Respectful relationships	Organisational
Knowledge of place and people	Communication and listening skills	Non-judgemental attitude	Organisational skills
Understanding of community needs	Good social skills – approachable and able to relate to people	Respectful	Reliable
Cultural understanding	Perceptive and sensitive to individual needs	Trustworthy	Team working
Language and interpretation skills	Ability to offer social support	Caring and empathic	Demonstrating commitment

Ref: South J, White J, Branney P, Kinsella K, 2013, Public health skills for a lay workforce: findings on skills and attributes from a qualitative study of lay health worker roles, *Public Health* 127 (2013) 419-426
 Accessed 19 March 2014 <http://www.sciencedirect.com/science/article/pii/S003335061300084X>

Many of these skills and attributes improve people’s wellbeing, and support recovery from mental illness.

Appendix 5. Ambitions across the workforce

	Leaders	PH Specialists and senior staff	PH practitioner	Wider workforce
1. Advocating for the mental health of citizens as a valuable resource for thriving communities and economies	Directors of PH, PHE directors, local and national government leaders, senior officers and elected representative, Clinical Commissioning Group leaders, MH service providers and clinicians; PH academics, third sector, independent experts, advocates and public health champions			
2. Expertise to lead mental health as a public health priority		public health consultants/ specialists/ senior managers/ commissioners/ knowledge and intelligence officers		
3. Working with communities to build healthy and resilient places	elected members		health improvement staff, community health workers, health visitors, health trainers	community development workers, housing officers, neighbourhood development, police

<p>4. Communicating with people about mental health and supporting them to improve it</p>	<p>health improvement, health trainers, school nurses, health visitors</p>	<p>pharmacists, primary, community, secondary health care and support staff, AHP, alcohol and drug treatment workforce, family workers, teachers, employment, occupational health, line managers, welfare, housing, community and leisure staff</p>
<p>5. Recognising signs of mental distress and supporting children, young people, parents and adults appropriately</p>	<p>school nurses, health visitors</p>	<p>pharmacists, primary, community, secondary health care and support staff, AHP, alcohol and drug treatment workforce, family workers, teachers, employment, occupational health, line managers, welfare, housing, police, community and leisure staff</p>
<p>6. Improving health and wellbeing of people with a mental illness and reduce mental health inequalities</p>	<p>public health screening, health improvement staff, drug, alcohol, sexual health services</p>	<p>primary care, acute and community mental health care and support</p>

Appendix 6. Outcomes framework

Mental health strategy outcome	More people will have good mental health	Fewer people will suffer avoidable harm	Fewer people will experience stigma and discrimination	More people with mental health problems will have good physical health	More people with mental health problems will recover
Relevant indicator from Public Health Outcome Framework	Self-reported wellbeing School readiness Quality of life (older people)	Suicide Self-harm	Excess under-75 mortality in people with mental illness People with a mental illness in employment and settled accommodation Wellbeing of looked-after children		
	Children in poverty, child development, sickness absence, homeless, domestic abuse, pupil absence, NEET, unemployment, offenders/re-offending, people with mental illness in prison, social isolation, older people's safety, breastfeeding, under-18 conceptions, completion of drug treatment, alcohol related admissions				
PHE programme aims	Promoting good mental health across the population	Preventing mental health problems and suicide	Improving the quality and length of life of people living with mental illness		
Workforce development framework aim	To develop leaders and a workforce that is confident, competent and committed to mental health				
Ambition 1	Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies				
Ambition 2	A public health specialist workforce that has expertise to lead mental health as a public health priority				
Ambition 3	A local workforce working with communities to build healthy and resilient places				
Ambition 4	Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it				
Ambition 5		Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately			
Ambition 6				The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities	
Workforce competency	Core principles Key competencies for each ambition				

Appendix 7. Key competencies for leaders, public health specialists and frontline staff

Leaders	PH specialists, consultants and senior staff	Frontline staff			
		Working with communities	Improving mental wellbeing	Intervening early in distress	Improving health and wellbeing of people with mental illness
Integrate mental health within all policy and take action to mitigate any negative impacts of policy on mental health and wellbeing	Assess and describe the mental health and illness needs and assets of specific populations and the inequities experienced by populations, communities and groups	Identify the existing resources and strengths within a community and the expertise within the voluntary and community sector	Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it	Recognise when someone may be experiencing mental distress, including self harm and suicidal thoughts and intentions	Support people experiencing mental illness to make and maintain informed choices about improving their health and wellbeing as part of recovery, including:
Promote the value of mental health and wellbeing and the reduction of inequalities across settings and agencies	Translate findings about mental health and illness, and needs and assets, into appropriate recommendations for action, policy decisions and service commissioning/delivery/provision	Offer appropriate support to change, development and capacity building in the community, based on asset approaches	Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally well	Judge risks and follow appropriate procedures and guidelines	<ul style="list-style-type: none"> - health behaviour and physical health - mental health and resilience - control and participation - welfare support e.g. financial management, benefits uptake, employment, housing
Advocate for mental health and address mental illness as central to	Influence political/	Enable communities to develop their capacity to advocate for mental health and wellbeing	Help people to develop and implement* a personal or family action plan to improve their mental health.	Apply an early intervention or suicide intervention model	Deliver care

<p>reducing inequalities and creating thriving communities and economies</p> <p>Create organisations that nurture and sustain the mental health of employees</p>	<p>partnership decision making to maximize the application and use of evidence in achieving change</p> <p>Set strategic direction and vision for mental health and communicate it effectively to improve population health and wellbeing</p> <p>Advise strategic partners to determine priorities and outcomes to achieve improvements in quality and cost-effectiveness of treatments for mental illness and associated co-morbidities</p>	<p>community leaders and community members, especially the most marginalised and excluded</p>	<p>Enable people to get hold of up to date appropriate information and advice when they need it and access opportunities in their community</p> <p>*especially for extended interventions, to support people in implementing action</p>	<p>Link people to appropriate sources of support, especially to address social causal factors</p>	<p>holistically, through integrating physical, psychological, spiritual and social factors within all care pathways</p> <p>Support individuals and communities in the articulation of their priorities and advocating for health and wellbeing</p>
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Appendix 8. Existing competency and skills frameworks

Public Health Skills and Knowledge Framework
http://www.phorcast.org.uk/page.php?page_id=313

Skills for Health National Occupational Standards
<http://www.skillsforhealth.org.uk/about-us/competences%10national-occupational-standards/completed-competences/>

Skills for Care Common Core Principles to support good mental health and wellbeing in social care
<http://www.skillsforcare.org.uk/Skills/Skills.aspx>

Community development National Occupational Standards
<http://www.fcdl.org.uk/publications/publications-for-download/community-development-national-occupational-standards/>

Public Health skills for a lay workforce Error! Bookmark not defined.
<http://www.sciencedirect.com/science/article/pii/S003335061300084X>

Health Trainer competencies
<http://www.healthtrainersengland.com/competencies>

Common core of skills and knowledge CYP
http://webarchive.nationalarchives.gov.uk/20120119192332/http://cwdcouncil.org.uk/assets/0000/9297/CWDC_CommonCore7.pdf

London Mental Health Models of Care – competency framework
<http://www.opm.co.uk/publications/london-mental-health-models-of-care-competency-framework/>

Connect 5 competencies
<http://goodhealth-manchester.nhs.uk/mphds/mental-health/mental-health-training.html>

Mental Health First Aid
<http://mhfaengland.org>

ASIST and SafeTALK
<http://www.positivechoices-wales.org/en/training/asist.html>

STORM skills training
<http://www.stormskillstraining.com/documents>