



Public Health  
England

Protecting and improving the nation's health

# **Prevention Concordat for Better Mental Health:** Prevention planning resource for local areas – Summary

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Published August 2017

PHE publications

gateway number: 2017209

PHE supports the UN

Sustainable Development Goals



## Introduction

As one of the recommendations from the Five Year Forward View for Mental Health, a suite of local support resources have been produced to support local areas across England adopt the Prevention Concordat for Better Mental Health.

The *Prevention Concordat for Better Mental Health: Prevention planning resource for local areas* main report is underpinned by an understanding that taking a prevention focussed approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. This summary is intended to provide local partners with a high-level introduction to the resource for local partners to help support collaborative action on local prevention planning and commissioning arrangements.

The prevention planning resource has been developed to help local partners put in place effective arrangements to promote good mental health and prevent mental health problems. The scope of this resource includes preventing the onset, development and deterioration of mental health problems, promoting good mental health through strengthening individuals and communities and reducing inequalities and the structural barriers to mental health.

The establishment of the Prevention Concordat for Better Mental Health Programme has been overseen by an expert steering group including Faculty of Public Health, Local Government Association, and NHS England. The suite of resources is specifically focused on prevention of mental health problems and promotion of mental health. It is therefore designed to complement, but not replace, related resources such as our suicide prevention resources and the Mental Health Crisis Care Concordat.

The planning resource builds on published evidence, feedback from stakeholder engagement events, and draws on the findings of a stocktake of prevention planning arrangements, which was led by The King's Fund. We have developed a framework based on these findings which consists of five key areas that should be focussed on by local areas to help ensure comprehensive planning for better mental health. Summaries of the five key areas are set out below.

<b>1</b>	<b>Needs and assets assessment- effective use of data and intelligence</b>
<b>Case for change</b>	Constructing effective arrangements for better mental health requires a thorough understanding of the local context, including both needs and assets. Achieving better mental health across a local area requires an understanding of good health outcomes within and between population groups; the factors that create and protect health; and an understanding of mental health problems and risk factors and the lived experience of the local population.
<b>Resources and Actions</b>	<ul style="list-style-type: none"> <li>a) Comprehensive and regular use of all available data</li> <li>b) Engagement of citizens, third sector organisations, young people and adults with lived experience, and a wide range of others, built into partner organisations' 'business as usual'</li> <li>c) Particular focus on engaging with voluntary groups and directly with children, young people and adults who are particularly at risk of mental health problems</li> </ul>
<b>Practice example</b>	Thrive London mapped risk factors that develop mental ill health, from discrimination to domestic violence, across London. It is now used to shape strategic priorities in the city.

<b>2</b>	<b>Partnership and alignment</b>
<b>Case for change</b>	Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.
<b>Resources and Actions</b>	<ul style="list-style-type: none"> <li>a) Working with the widest possible range of people who have an interest in influencing mental health within an area</li> <li>b) A multi-agency partnership with strong, legitimate and defined roles for all involved</li> <li>c) Specific attention to how to share the costs and benefits of 'upstream' mental health interventions, which might accrue to 'downstream' organisations</li> </ul>
<b>Practice example</b>	In North West London, eight NHS clinical commissioning groups (CCGs) are working together on the promotion of good mental health and prevention of mental health problems by tackling eight issues were identified with the aim of developing a unified approach to promote good mental health and improve outcomes. The collaboration's approach has led to the development of the 'Like Minded' programme, co-produced with local stakeholders.
<b>Practice example</b>	In Hertfordshire County Council built broad partnerships across their area, looking for ways to help others meet their objectives at the same time as improving public mental health.

<b>3</b>	<b>Translating need into deliverable commitments</b>
<b>Case for change</b>	Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations.
<b>Resources and Actions</b>	<ul style="list-style-type: none"> <li>a) Clear commitments and a plan for delivering them set out and agreed upon</li> <li>b) All actions or intervention with responsibility and accountability clearly identified from the outset</li> <li>c) Staff working in key roles equipped with the right skills and awareness as to how they can support plans for better mental health in their area</li> </ul>
<b>Practice example</b>	South London and the Maudsley NHS Foundation Trust developed 'Minding Health', a training programme to support a wide range of staff to become better equipped to have effective conversations about mental health with the people they come into contact with.
<b>Practice example</b>	The Public Mental Health Strategy for Southampton 'Be Well' was developed by Southampton City Council and Southern Health NHS Trust in partnership with people with lived experience in the City and key stakeholders. They then set up a prevention working group, employed a research assistant and are developing an implementation plan.

<b>4</b>	<b>Define success outcomes</b>
<b>Case for change</b>	Having a clear understanding of how to measure outcomes in preventing mental health problems and promoting good mental health, and which would be most relevant to the local community.
<b>Resources and Actions</b>	<ul style="list-style-type: none"> <li>a) Process of defining and monitoring success outcomes shared between all those with a role in influencing those outcomes</li> <li>b) Chosen outcomes reflect the issues which are most pertinent to a local system</li> <li>c) Outcomes are measured through a mix of sources and methods, for example including national quantitative indicators</li> </ul>
<b>Practice example</b>	Warwickshire County Council have used a wide range of different measures to help them define success. This includes the Warwick-Edinburgh Mental Well-being scale, a quantitative self-report questionnaire to determine the effectiveness of an intervention pre and post measurements.

<b>5</b>	<b>Leadership and accountability</b>
<b>Case for change</b>	Ensuring that a wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.
<b>Resources and Actions</b>	<ul style="list-style-type: none"> <li>a) Overarching leadership and accountability sits with the local authority and CCG, with any sector or part of the community able to play a leading role</li> <li>b) Partners and members of the public feel they are part of the governance in their area and able to challenge others on progress being made</li> <li>c) Clear and transparent arrangements for how decisions are made, how partners and communities are involved in these processes and how plans are regularly reviewed</li> </ul>
<b>Practice example</b>	In Warrington, a promotion and prevention steering group of locally elected members chaired by the public health team acts to hold partners to account, held quarterly with assurance reports to ensure action is taken and integrated into existing work.

The aim of the Prevention Concordat is to help support local areas to take their planning and action on prevention and promotion for better mental health further and deeper, backed by evidence of effective ways to support delivery. The outcomes this work is driving towards is to create a more balanced system of actions on mental health that include promotion and prevention alongside improving care, treatment and support. This helps to ensure action across the life course, in a range of settings to improve the public's mental health where they live, work, learn and play.

A range of practice examples and further resources have also been included in the main resource to support local areas when putting together their planning arrangements. These include:

- a brief overview of evidence based actions and interventions derived from two rapid evidence reviews undertaken in 2016<sup>1 2</sup>
- the 2011 return on investment report<sup>3</sup>
- the 2017 return on investment reports<sup>4 5</sup>, tool<sup>6</sup> and user guide<sup>7</sup>
- a list of the main organisations publishing prevention resources
- a list of the most relevant NICE guidance

The infographic below provides an overview of the why, what and how for the Prevention Concordat for Better Mental Health: Prevention planning resource for local areas.



# Prevention Concordat for Better Mental Health: Prevention planning resource for local areas

## Why? The case for action:

**1 in 10** children experience a mental health problem

**1 in 6** adults have had a common mental health problem in the last week

**1 in 5** adults has considered taking their life at one point

**9 in 10** people with mental health problems experience stigma and discrimination

Good mental health is a vital asset for **dealing with** the different **stresses** (physical and mental) and problems in life

Good mental health is associated with better **physical health, increased productivity** in education and at work and **better relationships** at home and in our community

## What good looks like: A five domain framework for local action



### Needs and asset assessment - effective use of data and intelligence

- analyse quantitative and qualitative data
- analyse and understand key risk and protective factors
- engage with the community to map useful and available assets
- agree the priority areas



### Partnership and alignment

- form a local multi-agency mental health prevention group
- establish opportunities to bring mental health professionals from wider networks together
- involve members of the community with lived experiences in the planning
- pool resources together and share benefits



### Translating need into deliverable commitments

- modify existing plans to include mental health
- determine the approach that best meets local need
- provide varying approaches in the action plan
- ensure a community centred approach to delivery
- reinforce actions with existing and new Partnership plans
- use the human rights-based approach
- regularly invite feedback



### Defining success outcomes

- map out who the interventions work with and why, as well as recognising inputs and outputs
- identify 5-10 measures from already available data sources which most closely resemble what success looks like
- develop a measurement, evaluation and improvement strategy to:
  - a) identify the impact
  - b) highlight areas for development



### Leadership and accountability

- delegate a leader
- work is linked and aligned to other strategic priorities
- develop a clear accountability structure

## Consider **How** to support mental health across:

### Whole population approaches

- strengthening individuals eg **mental health literacy**
- strengthening communities and healthy places eg **housing, social networks**
- addressing wider determinants eg **mentally healthy policy**

### Life course approaches

- family, children and young people
- working age
- older people

### Targeted prevention approaches

- groups facing higher risk eg **criminal justice**
- individuals with signs and symptoms eg **suicidal behaviour**
- people with mental health problems eg **recovery**

## References

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- <sup>1</sup> Mental Health Foundation. Mental health and prevention: taking local action for better mental health. London: Mental Health Foundation; 2016.
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- <sup>3</sup> Knapp, M., McDaid, D. & Parsonage, M. (Eds.). Mental health promotion and mental illness prevention: the economic case. London: Department of Health; 2011.
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- <sup>5</sup> London School of Economics and Public Health England. Barriers and facilitators to commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health. London: Public Health England; 2017.
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- <sup>7</sup> London School of Economics and Public Health England. Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health: Tool guide. London: Public Health England; 2017.