NAVIGATION GUIDE TO PUBLIC MENTAL HEALTH: EVIDENCE, PRACTICE AND COMMISSIONING

High-level evidence review covering:

- Key messages for public mental health practice and commissioning (3)
- What is public mental health (6)
- Impacts of mental disorder (8-16) and wellbeing (20-22)
- Levels of mental disorder (Table 1) and wellbeing (21-22)
- Resilience (22-23)
- Risk and protective factors (24-52)
- Higher risk groups (53-58, Table 8)
- Public mental health interventions (59-108) and economic costs & savings (109-113, Tables 9 & 10)
- Public mental health intervention gap – size, impact and causes (115-125)
- How to improve coverage of public mental health interventions (126-137)
- Public mental health practice and commissioning cycle (138-141)
- Public mental health data required for mental health needs assessment (142-145)
- Relevant national policy and guidance (146-160)
- NHS, public health, social care and Clinical Commissioning Group (CCG) outcome frameworks (Appendix) (161-165)

How does the report support public mental health work?

The report supports work of public health at both national and local levels as well as policy makers, health service providers, social care, children and family services, community safety, employers, housing and leadership role of local councillors

This **navigation guide** helps map some of the areas of the report to specific tasks or project work to help support its use, with page numbers for report sections

Both documents can be used in conjunction with other national resources such as Public Health England's (PHE) Mental Health Intelligence Network

Why is public mental health important?

Impact of mental disorder	Mental disorder causes 23.8% of UK disease burden (WHO, 2018) and associated annual economic cost of £105 billion in England (CMH, 2010). Such impact is due to: • Almost 1 in 4 of the population experiencing a mental disorder each year • Most lifetime mental disorder arising before adulthood • Broad range of impacts of mental disorder across health, education, employment, criminal justice and other areas • Low coverage of effective public mental health interventions
Evidence based solutions exist	• Effective interventions exist to prevent mental disorder from arising (primary prevention), intervene early for mental disorder (secondary prevention) and prevent associated impacts of established mental disorder (tertiary prevention) • Mental wellbeing can be enhanced through implementation of effective interventions to promote protective factors for mental wellbeing (primary promotion) including those with recent deterioration in wellbeing (secondary promotion) and those with longstanding poor wellbeing (tertiary promotion)
Impact of improved coverage	Improved coverage of effective public mental health interventions results in: • Broad range of benefits including improved school readiness, educational/ employment outcomes, social relationships, community cohesion and physical health as well as reduced health risk behaviour, physical illness, premature mortality, antisocial behaviour and violence. • Associated economic savings even in the short term • Meeting wide range of existing policy objectives

1. MAKING THE CASE FOR ACTION

Definitions and key messages	Definitions: Mental illness, mental disorder, mental wellbeing (5) Defining Public Mental Health (PMH) (6) Key points for PMH practice & commissioning (1-2)
Impacts of mental disorder	Arising in childhood and adolescence occurring • Before adulthood (10): Increased health risk behaviour, self-harm, suicide, reduced educational outcomes, antisocial behaviour, offending, bullying • In adulthood (11): Adult mental disorder, premature mortality, reduced educational/ employment outcomes, poorer relationships, crime, violence Arising in adulthood (13-16) • Premature birth, health risk behaviour, physical illness, suicide and self-harm, reduced life expectancy (Table 5) • Reduced educational and employment outcomes, unemployment (Table 7), debt and reduced financial capability, violence, stigma and discrimination, homelessness, reduced mental wellbeing Economic costs of mental disorder (109-110)
Impacts of mental wellbeing	**Health benefits:** Reduced child emotional and behavioural problems, adult mental disorder, suicide, heart disease, health service use and mortality as well as improved recovery from physical illness (20) **Broader benefits:** Improved education/ employment outcomes, healthier lifestyle, increased physical activity and social impacts (20-21)
Public mental health interventions	A balance of different levels of prevention and promotion is required to sustainably reduce disease burden from mental disorder and promote mental wellbeing. For each level, consider population coverage & target higher risk groups. • **Mental disorder prevention** (60-91) can occur at: o Primary level (prevention of mental disorder arising) o Secondary level (early intervention for mental disorder) o Tertiary level (prevention of relapse and associated impacts) • **Mental wellbeing promotion** (92-108) can occur at: o Primary level (promotion of protective factors for wellbeing) o Secondary level (early promotion in those with recent reduced wellbeing) o Tertiary level (promotion in those with longstanding poor wellbeing)
Legislation	• Duty under Equality Act (2010) not to discriminate against people with mental disorder by not providing appropriate coverage of evidence based public mental health interventions (75, 91, 137) • CCGs and local authorities have equal and joint statutory duties under the Health and Social Care Act (2012) to provide information about local levels of health and social care needs and their broader • Other legislation includes Children's Act (2014), Children and Families Act (2014), Health and Safety at Work Act (1974) and Homeless Reduction Act (2018)

RISK FACTORS AND HIGHER RISK GROUPS

Risk factors for mental disorder: during
- Pregnancy, childhood, adolescence (24-34)
- Adulthood (35-42)
- Poor mental wellbeing (50-52)

Groups at higher risk of mental disorder and poor wellbeing (53-58)

Pregnancy: Substance use, low birth weight, prematurity
Childhood and adolescence: Demographic, inequality, socioeconomic, parental factors including mental disorder, child adversity, stressful life events, physical illness, health risk behaviour including screen time, insomnia, social, educational
Adulthood: Demographic, socioeconomic, mental, employment, physical illness & frailty, health risk behaviours including screen time, obesity & underweight, dietary, insomnia, social, violence, housing, environmental, beliefs, dementia factors

PROTECTIVE FACTORS FOR MENTAL WELLBEING

Genetic, demographic, socioeconomic, secure attachment, parental, parental, child wellbeing, child social and emotional skills, educational, absence of bullying, general health, health risk behaviours, employment social capital and relationships, living environment, leisure, sleep, intentional activities and action for others, culture and the arts, meaning, gratitude, religion and spirituality, and autonomy (43-49).

2. PUBLIC MENTAL HEALTH INTERVENTIONS

Primary mental disorder prevention
Addressing risk factors (24-42)
- Socioeconomic inequalities (60)
- Perinatal parental interventions including for substance use (61)
- Addressing parental mental disorder (61)
- Parenting programmes (62)
- Child adversity, violence and abuse (63-64)
- Specific factors including social isolation (65), physical inactivity, screen time (65-6), insomnia, diet and climatic change (66)
- Early intervention for child mental disorder
- Prevention of depression, anxiety, psychosis, dementia, suicide, substance use disorder and suicide (67-69)
- Prevention of mental disorder in higher risk groups (70)

Secondary mental disorder prevention
Early intervention for (76-79)
- Child, adolescent & adult mental disorder
- Health risk behaviour/ physical health
- Higher risk groups
- Sub-threshold mental disorder

Tertiary mental disorder prevention
Prevention of relapse and associated impacts of mental disorder (80-85)
- Implementation of effective treatment
- Monitoring/ interventions for physical health
- Addressing health risk behaviours
- Addressing socioeconomic impacts
- Prevention of stigma and discrimination
- Suicide prevention
- Prevention of violence and abuse

Improving prevention coverage
Primary prevention
- Settings based approaches (71-73)
- Addressing socioeconomic inequalities (73)
- Particular interventions including parenting interventions, parental mental disorder and addressing child adversity (73-74)
- Digital technology (74)
- Legislation and regulation (75)

Secondary and tertiary prevention
- Screening and education (86)
- Improving population literacy (86)
- Settings based approaches (87-88)
- Maximising existing resources (88)
- Digital technology (89-90)
- Parenting interventions (91)
- Legislation and regulation (91)

Mental wellbeing promotion (92, Box 2)
Promotion of protective factors across the life course

Starting well (93)	Promotion of parental mental and physical health: Addressing health risk behaviour, breastfeeding support, parenting support, family interventions Infant attachment promotion Parenting programmes
Developing well (95)	Preschool and early education programmes School based mental health promotion Afterschool programmes, school policy
Living well (98)	Promotion of social interaction Physical activity promotion and diet Neighbourhood and housing interventions Access to green space Arts and creativity Positive psychology Mindfulness, yoga, compassion, forgiveness
Working well (103)	Increased control/ flexible working Training to improve jobs Shared activities Online CBT/ psychological
Ageing well (104)	Psychosocial interventions Volunteering, physical activity Life review/ reminiscence, reablement Addressing hearing loss Interventions for living well (see above)

Resilience promotion (22, 105)
- Interventions to promote resilience can promote wellbeing, recovery from mental disorder and prevent mental disorder
- Settings include schools and workplaces

Tables 9 and 10 Cost effective public mental health interventions

Improving promotion coverage
- Settings based approaches (106-107)
- Digital technology (107)
- Particular interventions such as physical activity promotion (108)

Report facts: Did you know…
- Child adversity accounts for 30% of adult mental disorder (Kessler et al, 2010)
- Treatment of parental mental disorder can prevent 40% of offspring mental disorder (Siegenthaler et al, 2012)
- Past mental ill-health has stronger effects on present physical health than physical activity or education (Ohrnberger et al, 2016)

3. PUBLIC MENTAL HEALTH INTERVENTION GAP AND REQUIRED ACTIONS

Nationally & locally only a minority with mental disorder receive any treatment, fewer receive interventions to prevent associated impacts, and even fewer receive interventions to prevent mental disorder from arising or promote mental wellbeing (115-121, Tables 11 and 12). Impacts of the implementation gap are broad and costly.

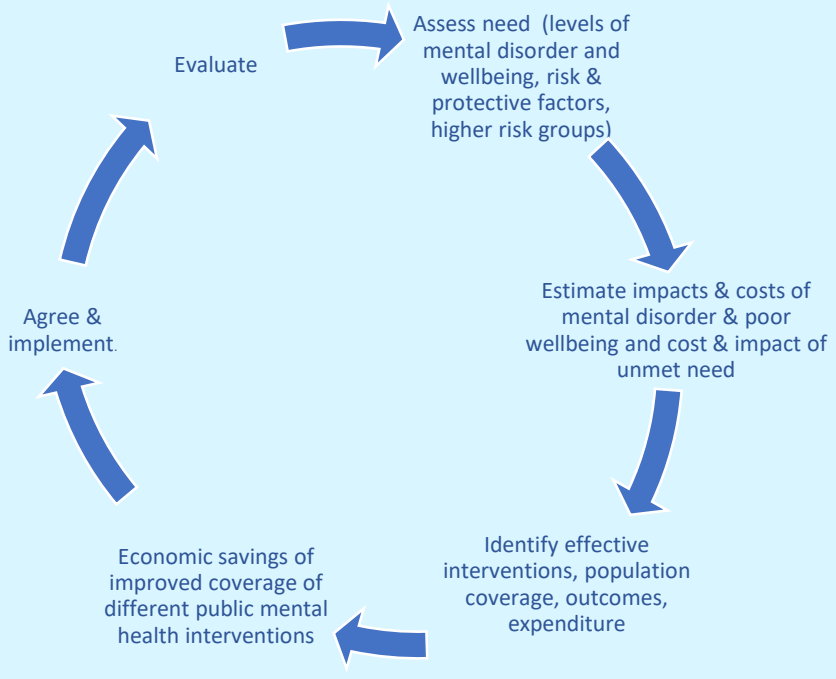
Causes of the public mental health intervention gap (122-125)

- Lack of public mental health knowledge and training
- Lack of information about local and national size of public mental health unmet need
- Lack of appropriate policy targets to reflect parity with physical health and need for coverage
- Inadequate resource
- Specific causes of treatment gap include lack of clinical skills, poor mental health literacy and perceived need, poor concordance with and negative attitudes to treatment, poor quality treatment, and stigma and discrimination

Actions to improve coverage of public mental health interventions (126-137)

- Local mental health needs assessment (MHNA)
- Public mental health practice through (a) MHNA to inform JSNA, policy development, commissioning and coordination (b) Implementation (c) Evaluation of outcomes and coverage
- National MNNA to assess size, impact and cost of PMH gap as well as impact of improved coverage in order to inform transparent decisions about coverage and required resource
- Improved population public mental health literacy
- Training for professionals on public mental health practice and implementation
- Settings based approaches e.g. antenatal classes, preschool, school, workplace, communities
- Integrated approaches to mental health across different sectors
- Use of digital technology to improve mental health literacy and deliver PMH interventions
- Maximising resources including through self-help, task shifting, improving concordance and less intense interventions
- Addressing socioeconomic inequalities
- Particular interventions including parenting programmes, addressing parental mental disorder, addressing child adversity and promoting physical activity
- Legislation, regulation and a human rights approach to mental health
- Public mental health lead roles in primary care, secondary care and local authority settings

4. PUBLIC MENTAL HEALTH (PMH) PRACTICE



Four key steps of PMH practice (139-141):

1) Mental health need assessment of size, impact and cost of unmet need as well as impact and estimated economic savings from improved provision

2) Use of this information to inform mental health policy development and implementation, commissioning plans, inter-agency coordination and wider advocacy to improve public mental health intervention coverage

3) Implementation at population level

4) Evaluation of intervention coverage and outcomes to inform further commissioning and implementation

See also steps for a mental health needs assessment plus data requirements (142-145).

5. DIFFERENT POPULATION APPROACHES

Targeted approach

- Particular groups (53-58) are at higher risk of mental disorder and poor mental wellbeing (50-52)
- Mental disorder is associated with 8-30 fold increased risk of poor mental wellbeing (Table 6)
- Higher risk groups disproportionately benefit from public mental health approaches and therefore require targeted approaches to prevent widening of inequalities and comply with equality legislation (70, 75, 91, 137)
- Population approaches to support improved coverage of public mental health interventions including for higher risk groups (126-137)

Life course approach

- For promotion of mental wellbeing (92-108)
- Majority of lifetime mental disorder arises before adulthood (Table 3)
- Largest opportunities for mental disorder prevention are during pre-teenage years (see risk factors for mental disorder during pregnancy, childhood and adolescence (24-34) although risk factors for mental disorder during adulthood are also important (35-42)
- Largest opportunities for early intervention of mental disorder are during teenage years and early twenties (Table 3)

Whole population approach

Facilitated by PMH practice, improved mental health literacy, training for professionals, settings based approaches, use of digital technology, maximising existing resources, addressing socioeconomic inequalities, legislation/regulation and PMH roles (126-137)

Family approach

- Parental factors increase risk of child mental disorder (27-28) and poor mental wellbeing (50)
- Parental interventions can prevent child mental disorder, treat child mental disorder, and promote parental and child mental wellbeing (61, 73, 91, 93)

6. SUPPORTING PUBLIC MENTAL HEALTH WORK AT LOCAL AUTHORITY AND NATIONAL LEVEL

The tables below provide examples of how the report sections can be used for specific areas of public mental health work. Report sections can be used alongside local analysis of data.

a. Addressing public mental health in school-based settings

Make the case for action	• Majority of lifetime mental disorder arises before adulthood (Table 3) • Therefore, childhood and adolescence offer greatest opportunity to prevent mental disorder, intervene early and promote wellbeing. • Impacts of mental disorder in childhood and adolescence including on educational and behavioural outcomes (10, Table 4) • Half of parents of children with mental disorder had been in contact with teachers in the past year for a mental health reason (115, Table 11) • Low coverage of effective public mental health interventions (115-121) • Legislation (137)
Risk and protective factors, higher risk groups	• Risk factors for mental disorder (24-42) and protective factors for wellbeing (43-49) during childhood and adolescence • Particular groups at higher risk of mental disorder and poor wellbeing (53-58)
Links to national policy and strategy	*Future in Mind* (148), Local Transformation Plans for Children and Young People's Mental Health and Wellbeing (152), other relevant national guidance (150, 158)
Evidence for school based interventions	• School based interventions to prevent mental disorder (71-72), intervene early for mental disorder (76, 87) and promote mental wellbeing (106-7) which require targeting of higher risk groups • Many effective interventions also have cost benefit evaluation (Table 9 and 10) so that local economic savings can be estimated

b. Supporting mental health and wellbeing in workplace settings

Make the case for action	• Workplace mental disorder costs (110) • Value of setting based approaches
Risk factors and higher risk groups	Risk factors for mental disorder during adulthood – employment factors (37-38) Protective factors for mental wellbeing (46)
Links to national policy and strategy	*Five Year Forward View for Mental Health (*150)
Evidence base for interventions	Workplace based interventions to prevent mental disorder (72-73), treat mental disorder (88) and promote mental wellbeing (103)
Estimating the economic impact of interventions	Cost-effectiveness of work based mental disorder prevention (Table 9) and wellbeing promotion (Table 10)

c. Integrating physical and mental health care

Make the case for action	• Impacts (13-16) and associated costs (110) of mental disorder including on health risk behaviour and physical illness • 7-25 year reduced life expectancy for people with different mental disorder (Table 5) • Low coverage of effective interventions to address physical health and health risk behaviour in adults with mental disorder (118-120, Table 12) • Legislative case (137)
Links to national policy and strategy	Mental health strategy and implementation framework (146), Parity in progress? (148), Five Year Forward View for Mental Health (150), Commissioning for Quality and Innovation (CQUIN) (157)
Evidence base for interventions	• Effectiveness of coordinated approach between primary and secondary care (130-131) • Secondary prevention – early identification and intervention for mental disorder, associated health risk behaviour and physical illness (76-79) • Tertiary prevention – ongoing monitoring of health risk behaviour and physical health (81-83) including in primary care (87-88) • Many effective interventions also have cost benefit evaluation (Tables 9 and 10) so that local economic savings can be estimated

Supporting uptake of the report in your organisation

The guidance can support how different levels of mental disorder prevention and mental wellbeing promotion can be integrated into the work of different organisations. For example:

Commissioning leisure services	Leisure promoting protective factors for mental wellbeing (47-48), preventing mental disorder (65) and promoting wellbeing (e.g. green space) (98-100)
Housing	• Poor housing as a risk factor for mental disorder during childhood (26) and adulthood (41) and poor mental wellbeing (52) • Protective factors for mental wellbeing including neighbourhood (47) • Housing interventions to promote mental wellbeing (99-100) and recovery from mental disorder (83)

Other ways to promote the report in the work of different organisations include local projects as examples of what the report can support and further develop as well as support of cross organisational learning

Public Mental Health: Evidence, practice and commissioning has been endorsed by Association of Directors of Public Health, Faculty of Public Health, Health Education England, Local Government Association, Royal College of General Practitioners, Royal College of Psychiatrists and Royal Society for Public Health. The report can be accessed at https://www.rsph.org.uk/our-work/policy/wellbeing/public-mental-health-evidence-practice-and-commissioning.html

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