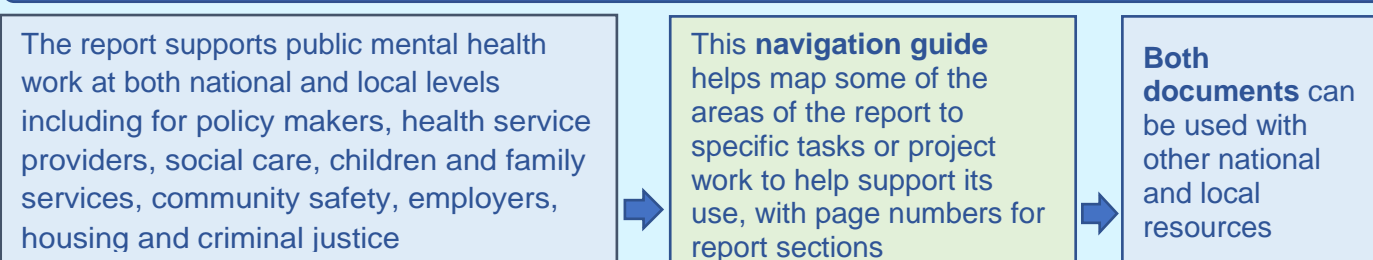


# NAVIGATION GUIDE TO PUBLIC MENTAL HEALTH: EVIDENCE, PRACTICE AND COMMISSIONING

## High-level evidence review covering:

<p>Key messages for public mental health practice and commissioning (3)</p> <p>What is public mental health (6)</p> <p>Impacts of mental disorder (8-16) and wellbeing (20-22)</p> <p>Levels of mental disorder (Table 1) and wellbeing (21-22)</p> <p>Resilience (22-23)</p> <p>Risk and protective factors (24-52)</p> <p>Higher risk groups (53-58, Table 8)</p> <p>Public mental health interventions (59-108)</p>	<p>Economics of public mental health interventions (109-114, Tables 9 &amp; 10)</p> <p>Public mental health intervention gap – size, impact and causes (115-125)</p> <p>How to improve coverage of public mental health interventions (126-137)</p> <p>Public mental health practice and commissioning cycle (138-141)</p> <p>Public mental health data required for mental health needs assessment (142-145)</p> <p>Relevant UK national policy (146-160)</p>
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## How does the report support public mental health work?



## Why is public mental health important?

<b>Impact of mental disorder</b>	<p>Mental disorder causes 20.6% of global disease burden (WHO, 2018) although even this underestimates burden by more than a third (Vigo et al, 2016). Associated global annual economic cost was US \$2,493 billion in 2010 which is projected to grow to \$6,046 by 2030 (Bloom et al, 2011). Such a large impact is due to:</p> <ul style="list-style-type: none"> <li>• Large proportion of the population experiencing a mental disorder each year</li> <li>• Most lifetime mental disorder arising before adulthood</li> <li>• Broad range of impacts of mental disorder across health, education, employment, criminal justice and other areas</li> <li>• Low coverage of effective public mental health interventions</li> </ul>
<b>Evidence based solutions exist</b>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• 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)</li> </ul>
<b>Impact of improved coverage</b>	<p>Improved coverage of effective public mental health interventions results in:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Associated economic savings even in the short term</li> <li>• Meeting wide range of existing policy objectives</li> </ul>

# 1. MAKING THE CASE FOR ACTION

<b>Definitions and key messages</b>	Definitions: Mental illness, mental disorder, mental wellbeing (5) Defining Public Mental Health (PMH) (6) Key points for PMH practice & commissioning (1-2)
<b>Impacts of mental disorder</b>	Arising in childhood and adolescence occurring <ul style="list-style-type: none"> <li>• Before adulthood (10): Increased health risk behaviour, self-harm, suicide, reduced educational outcomes, antisocial behaviour, offending, bullying</li> <li>• In adulthood (11): Adult mental disorder, premature mortality, reduced educational/ employment outcomes, poorer relationships, crime, violence</li> </ul> Arising in adulthood (13-16) <ul style="list-style-type: none"> <li>• Premature birth, health risk behaviour, physical illness, suicide and self-harm, reduced life expectancy (Table 5)</li> <li>• Reduced educational and employment outcomes, unemployment (Table 7), debt and reduced financial capability, violence, stigma and discrimination, homelessness, reduced mental wellbeing</li> </ul> Economic costs of mental disorder (109-110)
<b>Impacts of mental wellbeing</b>	<b>Health benefits:</b> 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) <b>Broader benefits:</b> Improved education/ employment outcomes, healthier lifestyle, increased physical activity and social impacts (20-21)
<b>Public mental health interventions</b>	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. <ul style="list-style-type: none"> <li>• <b>Mental disorder prevention</b> (60-91) can occur at: <ul style="list-style-type: none"> <li>○ Primary level (prevention of mental disorder arising)</li> <li>○ Secondary level (early intervention for mental disorder)</li> <li>○ Tertiary level (prevention of relapse and associated impacts)</li> </ul> </li> <li>• <b>Mental wellbeing promotion</b> (92-108) can occur at: <ul style="list-style-type: none"> <li>○ Primary level (promotion of protective factors for wellbeing)</li> <li>○ Secondary level (early promotion in those with recent reduced wellbeing)</li> <li>○ Tertiary level (promotion in those with longstanding poor wellbeing)</li> </ul> </li> </ul>
<b>Legislation</b>	<ul style="list-style-type: none"> <li>• United Nations reiterates specific rights protection required for people with mental disorder (UNHCR, 2016)</li> <li>• In England, localities have statutory duties to provide information about local levels of health and social care needs and their broader determinants as well as prepare a strategy to meet this need</li> <li>• In the UK, there is a duty under the 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)</li> </ul>

## RISK FACTORS AND HIGHER RISK GROUPS

- Risk factors for mental disorder during
  - Pregnancy: Substance use, low birth weight, prematurity
  - Childhood and adolescence (24-34): 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 (35-42): Demographic, socioeconomic, mental, employment, physical illness & frailty, health risk behaviours including screen time, obesity & underweight, dietary, insomnia, social, violence, housing, environmental, beliefs, dementia factors
- Risk factors for poor mental wellbeing (50-52)
- Groups at higher risk of mental disorder and poor wellbeing (53-58)

## 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)

Parental mental and physical health promotion  
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 improved 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 psychological approaches

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 and internationally, 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/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)

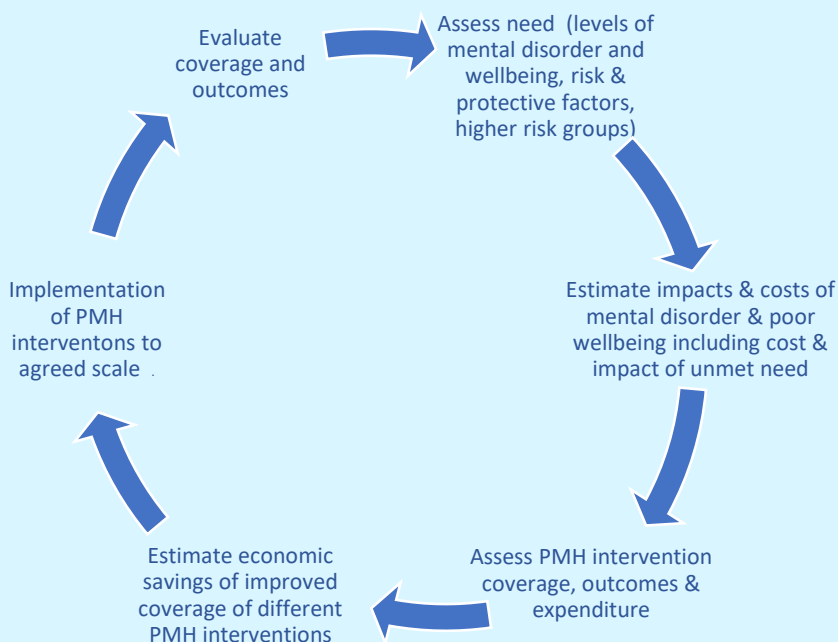
- Mental health needs assessment (MHNA)
- Public mental health practice through (a) use of MHNA to inform policy development, commissioning and coordination (b) Implementation (c) Evaluation of outcomes and coverage
- National MNNA to assess size, impact and cost of PMH gap as well as impact of improved 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 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
- 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 AND NATIONAL LEVEL

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

### a. Addressing public mental health in school-based settings

<i>Make the case for action</i>	<ul style="list-style-type: none"> <li>• Majority of lifetime mental disorder arises before adulthood (Table 3)</li> <li>• Therefore, childhood and adolescence offer greatest opportunity to prevent mental disorder, intervene early and promote wellbeing.</li> <li>• Impacts of mental disorder in childhood and adolescence including on educational and behavioural outcomes (10, Table 4)</li> <li>• In England, half of parents of children with mental disorder had been in contact with teachers in past year for a mental health reason (115, Table 11)</li> <li>• Low coverage of effective public mental health interventions (115-121)</li> <li>• Legislation (137)</li> </ul>
<i>Risk and protective factors, higher risk groups</i>	<ul style="list-style-type: none"> <li>• Risk factors for mental disorder (24-42) and protective factors for wellbeing (43-49) during childhood and adolescence</li> <li>• Particular groups at higher risk of mental disorder and poor wellbeing (53-58)</li> </ul>
<i>Links to national policy and strategy</i>	In England, <i>Future in Mind</i> (148), <i>Local Transformation Plans for Children and Young People's Mental Health and Wellbeing</i> (152), other relevant national guidance (150, 158)
<i>Evidence for school based interventions</i>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Many effective interventions also have cost benefit evaluation (Table 9 and 10) so that local economic savings can be estimated</li> </ul>

## b. Supporting mental health and wellbeing in workplace settings

<i>Make the case for action</i>	<ul style="list-style-type: none"> <li>• Workplace mental disorder costs (110)</li> <li>• Value of setting based approaches</li> </ul>
<i>Risk factors and higher risk groups</i>	Risk factors for mental disorder during adulthood – employment factors (37-38) Protective factors for mental wellbeing (46)
<i>Links to national policy and strategy</i>	In England, <i>Five Year Forward View for Mental Health</i> (150)
<i>Evidence base for interventions</i>	Workplace based interventions to prevent mental disorder (72-73), treat mental disorder (88) and promote mental wellbeing (103)
<i>Estimating the economic impact of interventions</i>	Cost-effectiveness of work based mental disorder prevention (Table 9) and wellbeing promotion (Table 10)

## c. Integrating physical and mental health care

<i>Make the case for action</i>	<ul style="list-style-type: none"> <li>• Impacts (13-16) and associated costs (109-110) of mental disorder including on health risk behaviour and physical illness</li> <li>• 7-25 year reduced life expectancy for people with different mental disorder (Table 5)</li> <li>• Low coverage of effective interventions to address physical health and health risk behaviour in adults with mental disorder (118-120, Table 12)</li> <li>• Legislative case (137)</li> </ul>
<i>Links to national policy and strategy</i>	In England, Mental health strategy and implementation framework (146), Parity in progress? (148), <i>Five Year Forward View for Mental Health</i> (150), <i>Commissioning for Quality and Innovation (CQUIN)</i> (157)
<i>Evidence base for interventions</i>	<ul style="list-style-type: none"> <li>• Effectiveness of coordinated approach between primary and secondary care (130-131)</li> <li>• Secondary prevention – early identification and intervention for mental disorder, associated health risk behaviour and physical illness (76-79)</li> <li>• Tertiary prevention – ongoing monitoring of health risk behaviour and physical health (81-83) including in primary care (87-88)</li> <li>• Many effective interventions also have cost benefit evaluation (Tables 9 and 10) so that local economic savings can be estimated</li> </ul>

## 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	<ul style="list-style-type: none"> <li>• Poor housing as a risk factor for mental disorder during childhood (26) and adulthood (41) and poor mental wellbeing (52)</li> <li>• Protective factors for mental wellbeing including neighbourhood (47)</li> <li>• Housing interventions to promote mental wellbeing (99-100) and recovery from mental disorder (83)</li> </ul>

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 (UK), Faculty of Public Health (UK), Health Education England, Local Government Association (UK), 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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