SDsPH/SHPM Position Statement - Mental Health and Wellbeing

1. Good mental health

There is no health without mental health. Good mental health is vital in supporting improved outcomes in education, employment and health. This benefits individuals, families, communities and society. Investment in the promotion of mental wellbeing and the prevention of mental health problems reaps significant economic returns in the short and longer term.[1,2] Mental illness is the largest single source of burden of disease in the UK and carries large personal, social and economic costs. To date, however, mental health has not been given the same priority as physical health care. Stigma and discrimination continue to affect those who experience mental health problems and can be a barrier to seeking help and being treated fairly. Good mental health can only be achieved by policy and interventions that tackle the social, economic, environmental, individual factors which influence mental health.

Areas for action: *Provide strategic leadership for public mental health to raise awareness of the importance of good mental health as a responsibility for all. Promote better understanding of population mental health and its determinants. Invest in strategies that support behaviour change to improve mental health. Public health data and evidence must be used to understand local population mental health in relation to: determinants; life course; risk groups; and effective strategies for behaviour change.*

2. Early Intervention and prevention

Over three quarters of all mental health problems have emerged by the age of 20, making childhood a key life stage to lay the foundations for future mental wellbeing.[3] Prevention is the most cost-effective intervention.[4] Systemic preventative measures to prioritise include:

- **Reducing Inequality**   as a key determinant of mental illness.
  Action – *Promote mental health in all policies and continue to prioritise reducing inequalities.[5] There is a vital preventative role for public policy in reducing child poverty, promoting attainment, good employment opportunities and thriving communities.*
- **Mentally Healthy Communities** – Resilient communities reduce the risk of mental illness, by offering supportive environments for growing up, working, playing and learning and by fostering control and a sense of agency.[3,6]
  Action: Local and national government need to be proactive in enabling communities to have more control over the issues that matter to them, realising the potential benefits of the Community Empowerment Act
- **Adverse Experiences in Childhood** (ACE's) preventing ACE's and addressing the damaging impact on those affected would have achieve significant mental health gain throughout the life course.[7]
  Action – *co-ordinated, preventative action across all agencies and society is required.*
- **Effective strategies for** early identification of mental health problems, intervention and recovery are also important. Successful programmes use the following approaches:

- o **Co-production** Inter-sectoral links are key to improving mental health and there is added value to be obtained from primary and secondary care, third sector, those with lived experience, working together to co-produce solutions.[2]
- o **Proportionate universalism** – universal provision with more resource and expertise targeted towards higher risk areas or groups.
- o **Strengths based approaches -** Examples include perinatal support such as Family Nurse Partnership; parenting programmes; support for children/young people in schools and communities; access to practical advice and opportunities e.g. debt advice, volunteering, support toward employment, peer support; reducing social isolation/loneliness, workplace programmes to strengthen resilience.[3,9]

3. Holistic health and social care

Reducing mental illness and poor wellbeing in those with physical ill health is cost saving and improves outcomes. Those with mental illness die up to 20 years prematurely from preventable physical conditions. Developing more integrated approaches to mental and physical health should be a key priority. [10,11]

Areas for Action: *Advocate to increase the proportionate spend on mental health. Advocate for evidence informed mental health prevention in national and local implementation plans. Support the health service changes required to deliver responsive services able to meet both physical and mental health needs.*

April 2018

References

1. Royal College of Psychiatrists (2010) No health without Public Mental Health
   http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf
2. NHS Health Scotland (2016) Good mental health for all
   http://www.healthscotland.scot/publications/good-mental-health-for-all
3. Faculty of Public Health (2016) Better Mental Health for All
   http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf
4. NHS Health Scotland (2016) Economics of Prevention
   http://www.healthscotland.scot/media/1089/economics-of-prevention-mar16.pdf
5. Health Scotland (2017)
   http://www.healthscotland.scot/health-inequalities/fundamental-causes
6. NICE Community engagement: improving health and wellbeing and reducing inequalities (2016) https://www.nice.org.uk/guidance/ng44
7. Scottish Public Health Network (2016) 'Polishing the Diamonds' Addressing Adverse Childhood Experiences in Scotland
   https://www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf
8. NHS Health Scotland (2016) Good mental health for all
   http://www.healthscotland.scot/publications/good-mental-health-for-all
9. Knapp, Martin and McDaid, David and Parsonage, Michael (2011) Mental health promotion and mental illness prevention: the economic case. The Department of Health
   http://eprints.lse.ac.uk/32311/1/Knapp_et_al__MHPP_The_Economic_Case.pdf
10. Academy of Medical Royal Colleges (2009) No health Without Mental Health
    https://www.rcpsych.ac.uk/pdf/ALERT%20print%20final.pdf
11. Kings Fund (2011) Mental Health and new Models of Care
    https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/MH_new_models_care_Kings_Fund_May_2017_0.pdf
12. The PLOS Medicine Editors (2013) The Paradox of Mental Health: Over-Treatment and Under-Recognition
    http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001456