



## A vision for prevention

### Priorities for the Government's green paper on health prevention

#### Introduction

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There is a wealth of evidence about the potential for prevention in relation to both physical and mental health. We know more than ever about the things that put our mental health at risk and the things that can boost it. And many local areas have sought to invest in interventions and approaches designed to promote good mental health and prevent mental ill health.

Despite this, prevention activity has for a long time been limited by a lack of priority and resources afforded

to it. And opportunities to work across public services to support better health and reduce inequalities have not systematically been taken.

The development of the Government's green paper on prevention is an opportunity to change that and bring about change in society with significant short- and long-term benefits. This briefing summarises the key areas where prevention can make a difference in relation to our mental health and emotional wellbeing.

## Vision and principles

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A vision for prevention that offers parity of esteem between mental and physical health and that provides value for money would include:

- 1. Action to promote positive mental health and prevent poor mental health:** implementing at scale evidence-based interventions that can help people's mental health and improve wellbeing before people become unwell.
- 2. Action to reduce inequalities:** there is compelling evidence that social and economic inequality drive poor mental health and a need for action to reduce or mitigate this.
- 3. Action to tackle the emotional and psychological causes of poor health:** for example the impact of poor mental wellbeing on smoking and alcohol misuse.
- 4. Action to prevent physical health problems leading to poor mental health:** people with a long-term physical illness have twice the risk of common mental health problems.
- 5. Action to prevent people with a mental health problem dying young:** having a mental illness shortens life expectancy by some 15-20 years.
- 6. Action to prevent loss of life through suicide.**

The Government's vision for prevention will need to address each of these areas to make an impact. Underpinning them, it will also be necessary to bring about system change to make a real impact. This includes:

- Putting health at the heart of policymaking: national and local government decision-making can have a big impact on people's health.
- Investing in public health: local authority public health services have a pivotal role in understanding health in their communities and taking action to improve it.
- Deploying a wide range of resources: to support prevention activity in different settings and to shift resources towards earlier intervention.

Centre for Mental Health has explored evidence in many of these areas and this paper summarises the evidence as it stands in order to inform the Government's green paper and to stimulate wider debate about the topic.



## 1. Action to promote positive mental health and prevent poor mental health

There is growing evidence about the benefits and potential returns on investment of a range of interventions that can promote good mental health and emotional wellbeing or which can prevent mental health problems (Knapp *et al.*, 2011). There is also evidence for ‘secondary prevention’ approaches which support people who have experienced poor mental health to reduce the risk of problems reoccurring.

### Supporting maternal wellbeing and addressing mental health difficulties during the perinatal period

Mothers who experience mental health difficulties during pregnancy and in the year after birth benefit from early help, and this can have a significant impact on the wellbeing of their children. Speedy access to psychological therapies can be particularly important for women with anxiety and depression, and for their partners. Early identification of distress is essential for effective help to be offered before problems escalate. This means that midwives, GPs and Health Visitors need to be trained in how to ask women about how they are feeling, given the time to do this sensitively, and equipped with clear referral pathways (Khan, 2015). Giving GPs an extra ten-minute appointment as part of the six-week post-birth health check would be one means of enabling this to happen (Stubbs *et al.*, 2018).

Maternal smoking during pregnancy is also associated with later mental health difficulties in children so efforts to prevent this can have significant long-term benefits (Gutman *et al.*, 2018).

### Promoting positive parenting and addressing behavioural difficulties

About 5% of children have severe and ongoing behavioural problems that justify a diagnosis of ‘conduct disorder’. Longitudinal studies show that children with conduct disorder starting from a young age tend to have a range of other

mental health difficulties (including anxiety and ADHD) at the same time and face a higher risk of every adult mental health problem, poor physical health and a range of social and economic adversities (Brown *et al.*, 2012).

Interventions to support positive parenting can have a marked and potentially lasting impact on children with or at high risk of conduct disorder. Evidence-based group parenting programmes have been shown to provide particularly good value for money and can have immediate as well as long-term benefits for parents and children (Parsonage *et al.*, 2014).

### Whole school approaches to mental health

There is growing evidence about the benefits of a ‘whole school approach’ to mental health. Schools have a major influence on children’s mental health which can help to reinforce positive influences from home or mitigate negative experiences. But school can also undermine a child’s mental health, particularly where bullying occurs (Khan, 2016).

Schools (primary as well as secondary) can help to promote positive mental health, wellbeing and resilience, for example through:

- Classroom-based teaching using evidence-based Social and Emotional Learning (SEAL) programmes
- Becoming psychologically-informed environments
- Linking children and families to external support when it is needed
- Seeking to prevent exclusions through the management of behavioural difficulties.

Centre for Mental Health helped to create the Mentally Healthy Schools website: [www.mentallyhealthyschools.org.uk/](http://www.mentallyhealthyschools.org.uk/) to provide high quality, up-to-date advice and resources for teachers and schools.

## 2. Action to reduce inequalities

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Social and economic inequalities have been found to bring about higher levels of poor mental health: more unequal societies have a higher prevalence of depression, particularly among those on the lowest incomes (Patel *et al.*, 2018). Reducing inequalities in income may therefore lead to reductions in the risk of mental ill health.

Research has also found that for young people from Black, Asian and Minority Ethnic (BAME) communities, experiences of racism and discrimination (both personal, for example in schools or the justice system, and mediated, through popular culture) can have a damaging effect on mental health. For young African-Caribbean men, who as adults are three times more likely to be subject to the Mental Health Act, day-to-day aggressions and safety fears, negative messages about Black culture and in many cases a struggle to survive financially,

can erode resilience and dramatically increase the risk of poor mental health as they move into adult life (Khan *et al.*, 2017). Action to support young Black people to thrive in school, to prevent exclusions and to boost resilience can have a marked impact on wellbeing and may reduce the risk of later mental ill health.

Many of the most marginalised and excluded young people face very high levels of material, social and racial disadvantage in their day-to-day lives and are often regarded by public services (schools, health and social care) as ‘hard to reach’. This can lead some into cycles of offending. Approaches such as INTEGRATE, developed by MAC-UK, offer an alternative form of engagement with marginalised young people (Durcan *et al.*, 2017) based on coproduced projects, peer referral, a focus on wellbeing and practical support with day-to-day living.

## 3. Action to tackle the emotional and psychological causes of poor health

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Poor mental health may be a contributing factor to unhealthy ‘lifestyles’ that put people at a greater risk of poor physical health. This may include the use of cigarettes, alcohol or unhealthy food to ‘self-medicate’ when people have poor mental health.

Research has identified the significance of ‘psychosocial pathways’ in determining a person’s chances of having good or poor health (PHE & UCL Institute of Health Equity, 2017). Public Health England has noted that “the accumulation of positive and negative effects of social, economic and environmental conditions...is largely responsible for inequalities in health.” For example “stressors experienced repeatedly or over a long period

of time, including stressful living or working conditions, are associated with high blood pressure, development of diabetes and ischaemic heart disease” (ibid).

Actions that may prevent or protect against stressors throughout life can include:

- Reducing child poverty
- Supporting positive parenting and strong family relationships
- Addressing adverse childhood experiences (ACEs)
- Tackling bullying in schools
- Creating good working conditions.

## 4. Action to prevent physical health problems leading to poor mental health

People with a long-term physical illness have twice the risk of common mental health problems such as depression and anxiety. High rates of poor mental health are associated with a wide range of physical illnesses including diabetes, chronic obstructive pulmonary disorder (COPD), cancer (including those who survive), stroke, Parkinson's disease, dementia and rare childhood illnesses.

Comorbid mental health problems in people with long-term conditions increase the risk of both morbidity and mortality and raise the cost of health care by some 45% per person

on average. Across the NHS nationally, this increase in costs amounts to at least £10 billion (Naylor *et al.*, 2012).

Seeking to prevent poor physical health leading to poor mental health is therefore essential. This can be achieved by promoting emotional wellbeing among people diagnosed with long-term conditions, identifying poor mental health quickly and referring to effective help, and, for those with the most complex needs, collaborative care arrangements that integrate mental health support and practical help into long-term condition services (ibid).

## 5. Action to prevent people with a mental health problem dying young

Having a severe mental illness shortens life expectancy by some 15-20 years and the mortality gap between people with a severe mental illness and the general population is widening (PHE, 2018).

Some 40% of people using mental health services in England smoke. This is more than twice the national average. The NHS Long Term Plan pledge to offer smoking cessation support to all people using mental health services in the next ten years is therefore a major step forward in breaking the link between mental illness and smoking.

Further action will be needed to tackle the multiple and complex causes of poor health among people with a mental illness, including:

- Improved medication management and shared-decision making: acknowledging and mitigating the physical side-effects of some antipsychotic medications
- Better access to opportunities for physical exercise: for example through social prescribing programmes

- Improved access to healthy food and dietary advice: including in hospital
- Greater understanding in the whole health workforce: to ensure no one is treated less well in any part of the NHS because they have a mental illness (e.g. in response to self-harm injuries)
- Faster identification and treatment for cancer: ensuring that screening programmes are fully accessible and symptoms are fully investigated when people seek help
- Addressing low incomes, poor housing, debt and other social and economic barriers to good physical health
- Better access to oral and dental health care.

Centre for Mental Health is working with partners to support whole system action which brings about the necessary changes to make equal health a reality through the Equally Well programme: [www.equallywell.co.uk](http://www.equallywell.co.uk).

## 6. Action to prevent loss of life through suicide

Saving lives through suicide prevention measures is a key part of any public health or prevention strategy. There is a growing evidence base about the range of activities and measures that can help to reduce the risk of suicide.

These include:

- Training, including for GPs, railway staff and other workers likely to come into contact with someone at risk of suicide
- Taking action to reduce dangers at high risk locations, for example on transport networks
- Supporting families and communities bereaved by suicide
- Reducing the use of out-of-area hospital admissions for people needing inpatient care for a mental illness
- Reforming prisons and other custodial environments (including immigration centres) to become psychologically-informed and to respond to prisoners (and staff) who seek help (Stubbs and Durcan, 2017)
- Working closely with coroners to identify possible cases of suicide, to offer support to those affected and to detect potential clusters or patterns.

Every local authority in England has written a suicide prevention plan. It is now essential that those plans are implemented in full, supported by government (including with adequate resources), and that the opportunity is taken to learn from the wide range of approaches and activities in order to build the evidence base further on what works.

## Health in all policies approach

Preventing mental and physical health problems requires action across government. A wide range of policies and decisions made by government departments, executive agencies, regional bodies and local authorities all have an impact on mental health. Policies in relation to economic development, housing, social security, education and justice all have profound and long-lasting effects on people's chances of having good mental health. And they may have a bigger influence on a person's

chances of recovering from a mental health problem than the actions of the NHS.

We would therefore advocate that the Government develops a 'health in all policies' approach that requires policymakers to assess and consider the health impacts of policies before they are enacted and to revise proposals that are likely to cause harm. Such an approach could be replicated in other arms of government, including executive agencies, to support health-informed decision-making at every level.

## Investing in public health

Public health services have a pivotal role in local communities. They seek to assess and understand the health needs of the populations they serve: for example by carrying out joint strategic needs assessments (JSNAs). They

develop strategies and plans to address those needs, working through Health and Wellbeing Boards to bring in a range of local partners to implement them. And they provide essential services that prevent problems from occurring

or that intervene early to prevent them from becoming more serious: for example health visiting and school nursing.

Our research identified examples of local authority public health teams that had found creative and effective ways of assessing mental health needs in their communities and translating that knowledge into practice (Bell, 2016). Many went beyond the production of a routine JSNA by engaging with their local communities to understand what affects their mental health and wellbeing, and by working in partnership with a range of local organisations to develop and implement plans that made an impact.

Enabling and resourcing local public health departments to achieve their full potential will be essential for any effective approach to prevention.

The Prevention Concordat for Better Mental Health, developed by Public Health England, offers a route map for local authorities, and with the resources to support local implementation it can help to bring about marked change in communities nationwide. For more information and to sign up visit [www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health](http://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health).

## Deploying a wide range of resources

Preventing mental health difficulties requires a wide range of inputs, including from within communities. For prevention to be successful, it needs to harness resources including from:

- Communities: for example to maximise the benefits of social prescribing by linking people with informal groups and activities (such as the Bracknell Forest 'Warm Welcome' programme: <http://health.bracknell-forest.gov.uk/warm-welcome/>)
- Public services: ensuring that the wider workforce has sufficient awareness about mental health, the early signs of difficulty and how to respond helpfully
- Voluntary and community organisations: particularly those from communities that experience the highest levels of mental ill health.

Bringing about a shift in public spending from high-cost late intervention services (such as hospitals and prisons) towards lower cost earlier interventions is notoriously difficult. Economic evidence demonstrates that straitened public finances and rationing tend to lead towards a favouring of higher cost services

(O'Shea 2019) as more people escalate into crises that require more intensive solutions. The recent University of Birmingham Policy Commission (Burstow *et al.*, 2018) explored ways in which public spending could be shifted towards earlier interventions without putting care for people facing a crisis at risk.

## Digital and social media

Digital and social media can also play a part in promoting better mental health and encouraging help-seeking when people experience difficulties. Public and political debate about social media has to date focused largely on the risks they may pose and their potential for harm. While this focus is welcome, for example to protect children from harmful content relating to self-harm, disordered eating and suicide, we also need to explore the potential for online resources to have a positive impact on mental health and emotional wellbeing. A growing proportion of us seek information online and there is an increasing need for resources that promote mental health literacy (Centre for Mental Health, 2018).

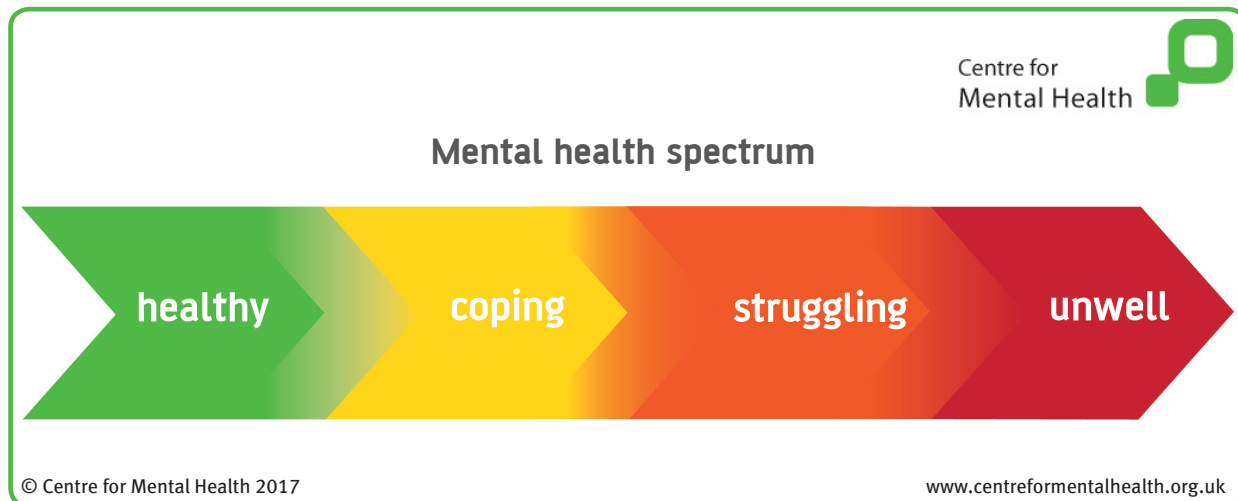
## The mental health spectrum

Centre for Mental Health developed the 'spectrum' below in order to support policymakers and commissioners to explore ways of improving mental health. At any one time, everyone will be somewhere on this spectrum. The majority of us, at some point in our lives, will experience every part of it, including (for an estimated 70% during our lifetime) being unwell.

Policies, services and activities may seek to help people to maintain good mental health; to support those who are coping (for example through difficult periods in their lives) to

stay well; to help those who are struggling to return to 'coping'; and to provide treatment and support for those who are unwell. All have important roles to play in promoting and supporting the public's mental health.

The aim of any policy, decision or action should therefore aim to help people to move towards (or stay at) the green end of the spectrum. The role of policymakers and commissioners is to ensure that they are equitably and effectively applying resources with the best chance of achieving this, particularly for people and communities facing the greatest risks.





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