Written evidence submitted by the Mental Health Foundation (PHP0087)

Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

Public Mental Health

Mental Health is a key public health issue; it is integral to public health given that mental health has a real impact on a range of public health issues, evident by the fact that depression has been found to double the risk of developing heart disease, children born into poverty are two to three times greater risk of developing a mental health problem, and people with mental health problems make up a disproportionate number of all smokers. Public mental health looks at the causes of mental ill health in populations, and works to change practice to promote and protect mental health and well-being, prevent mental ill health and prolong life.

The rational for the changes to the health and social care system in 2013 was to ensure the social determinants of health-housing, education, financial security- were acknowledged and targeted more efficiently by local systems and services. The reforms created an opportunity to focus resources on areas of mental health promotion and prevention. However, the focus has heavily been skewed to addressing physical health needs -through smoking cessation, health eating and alcohol reduction. Although all of these factors can contribute to good mental health, there is more that needs to be done. The reforms made an ill-defined commitment to parity of esteem for mental health, but that has not happened, especially when you look at mental health prevention and promotion.

GPs see the impact of mental health problems on their patients on a daily basis, but levels of skills and awareness of how to prevention poor mental health or promote wellbeing vary and is still quite limited. Health and well-being boards in some areas have successfully placed mental health promotion as a key priority. However, the reforms have put severe pressure on mental health trusts.
Public Health England, formed as part of the 2013 reforms, were tasked with integrating the work of a large number of disparate public health organisations into a single, expert body providing advice and services across the range of public health. Unfortunately, mental health has been underweighted within its overall sourcing and agenda, with little commitment or resource allocation to taking the public mental health agenda forward (although this may be about to improve with the new NHS Mental Health taskforce five-year forward programme of work\(^1\)).

It was hoped that the shift of public health budgets from PCTs to local authorities would encourage the growth of a less medically focused model of public health. Although it is true that there has been an increased awareness of the mental health emotion components of good health and wellbeing, the opportunity to place mental health at the centre of public health initiatives has not been taken up as well as it could have been. One clear reason for this would be that the extreme finding pressure in local authorities means public mental health has gotten lost among the many challenging priorities.

Research by the Mental Health Charity Mind has found that local authorities in England spend an average of 1% of their public health budget on mental health\(^2\). This is despite local authorities having a remit to prevent both physical and mental health problems in the communities they serve, as set out in the Act. There is also no clear reporting of spending by local authorities on public mental health, which is filed under ‘miscellaneous’ instead of being a standalone option in the set list of categories. Although this does not give a full picture for mental health prevention in the country, as mental health funding in isolation doesn’t consider the impact on peoples mental health of a range of other services local authorities provide, such as increasing exercise and reducing alcohol and smoking, it is still a stark underfunding. As well as point to the clear pressure on local authorities to make difficult decisions, it can also be interpreted as possible confusion on the behalf of mental health teams of their responsibility to cover mental health as well as physical health in their work. Moving forward, local authorities need much clearer guidance and support on how best to prevent mental health problems, to help off-set the increasing costs and demands on mental health services, and reduce the number of people becoming unwell.

A key issue is that public health grants are being reduced. We acknowledge that local authorities, who only took over responsibility for public health in 2013, cannot reverse the long legacy of underinvestment in mental health spending overnight, particularly with a shrinking budget and many competing health prioritise. There is a need to ensure mental health features prominently in local health plans, so that people with mental health problems are encouraged to play a part in local decision making processes, and that public health professionals understand that mental health sits in their remit. Mental health does not enjoy the same public health profile of conditions such as cancer, diabetes and heart disease, and is easily overlooked, especially in times of tightened financial resources. We propose that a holistic approach to public mental health be adopted, with the health sector teaming up with other relevant sectors.

Overall, there seems to still be a lack of recognition that good mental health is a key resource underpinning the choice of healthier lifestyles. To have a real impact on mental health, services need

\(^1\) [https://www.england.nhs.uk/mentalhealth/taskforce/](https://www.england.nhs.uk/mentalhealth/taskforce/)

to be based more around models of recovery and seek to promote good mental health and wellbeing in the broader public health context. This has not been achieved.

There has been some progress made in increasing the Government's understanding of the importance of prioritising mental health with the development of the Mental Health Strategy, the focus on mental health during the general elections, the mention of mental health in both the Queen's Speech and the recent Spending review, and the upcoming NHS taskforce five-year plan for mental health. However, a clear undertaking of just how central a role mental health plays for public health as a whole has still not been achieved, which is unfortunately given the considerable economic savings that could be made if mental ill health and the related issues were prevented through public mental health interventions.

Finally, the Mental Health Foundation would recommend to the Health Committee that public mental health is a specific aspect of public health that warrants further investigation and consideration as an individual case study.

16 December 2015

---

3 HMGov (2011) No health without mental health