Mental Health Foundation Consultation Response

Department of Health and Social Care: Prevention Green Paper, October 2019

The Mental Health Foundation

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 and communities 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.

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Mental Health Foundation submission to Advancing our health: prevention in the 2020s

Q1 - Which health and social care policies should be reviewed to improve the health of people living in poorer communities, or excluded groups?

(1) The delivery of public health falls largely on local authorities, yet their funding has been cut since 2014/15. We welcome the news of an uplift to the grant in 2021/22, but this does not restore funding to the necessary level. We also understand that new costs relating to Agenda for Change contracts and HIV drug pre-exposure prophylaxis trials – both expected to be funded through the public health grant – slightly exceed the planned increase to the grant. The Government should back up its commitment to prevention by properly resourcing local authorities to deliver it.

(2) We are pleased that the Green Paper commits to modernising the Healthy Child Programme. As part of this review, the Department should strive to increase the size and expertise of the health visitor workforce, which is central to delivering the policy. The importance of well-trained health visitors cannot be overstated. An international review found that home visiting programmes that provide counselling alongside interventions to strengthen parent-child interaction have robust and lasting benefits, including a 50% reduction in cases of child abuse and neglect, 67% reduction in mental health problems at age 6, and 60% reduction in criminal arrests by age 15.

(3) The department should also review any policies relating to physical health with a view to better integrating mental health. Historically, the realms of physical and mental health treatment have been kept separate, despite the relationship between the two. Addressing a person's mental health needs can have benefits for managing their physical health condition.

Q2 - Do you have any ideas for how the NHS Health Checks programme could be improved?

A general discussion about mental health and wellbeing should be a standard part of the NHS Health Checks programme. The discussion should not use overtly medical language and should cover topics such as feelings about aspects of their life known to have an impact on mental health and wellbeing, including sleep, relationships, work and retirement, exercise, alcohol consumption, and wellbeing related to their experience and management of physical health conditions. Providers should be able to signpost to local mental health offerings, including those provided by the voluntary and community sector, as well as services in areas that interact with mental health, such as housing support and help with debt. The discussion should include at least one suicide risk assessment question and – to enable that – the providers leading this could have first taken the 20-minute online suicide prevention training by the Zero Suicide Alliance.

To increase the reach of health checks beyond those in routine contact with GPs, Local Authorities should deliver these checks in non-health settings such as social prescribing contexts, health outreach in libraries and leisure centres or other community venues. The Scottish Government has done this through their Keep Well health checks. However, it is important that proper time is allowed for the consultations. When working with practitioners in Scotland during delivery of our Living Better programme targeted at managing long-term conditions, we found that health authorities or practices were reducing time spent on checks or doubling up tasks (for example asking wellbeing questions during blood taking).

Q3 - What ideas should the government consider to raise funds for helping people stop smoking?

The government should factor in the fact that people with mental health problems are overrepresented among smokers. The findings of the SCIMITAR+ trial led by York University should be consulted, which is the most comprehensive trial showing a reduction in smoking among smokers with a severe mental illness.

As a member of the Mental Health & Smoking Partnership we support their call for a “polluter pays” levy on tobacco companies based on legislative mechanisms from the Health Act 2006. More detail is available in their full response.

Q4 - How can we do more to support mothers to breastfeed?

DHSC must address the social and community factors, including post-natal depression and domestic violence, that can present barriers to mothers taking up and sustaining breastfeeding. This should be targeted especially at disadvantaged groups and very young mothers where prevalence of breastfeeding is particularly low. Data from the 2010 Infant Feeding Survey showed that 46% of mothers in the most deprived areas were breastfeeding, compared with 65% in the least deprived areas.

PHE found that perceived barriers to breastfeeding include not knowing if the baby is getting enough milk or nutrients and embarrassment about breastfeeding in public. The World Breastfeeding Trends UK Report 2016 additionally found that the professionals interacting with new mothers – including health visitors and community nurses – were insufficiently trained in infant-feeding.

The government therefore needs to ensure that public information and guidance about breastfeeding is reaching people in disadvantaged communities. It must also ensure that health visiting coverage is universal, and that health visitors, GPs, midwives, and community nurses have a good understanding of parent-infant feeding and can impart this knowledge to parents. Fathers and close family should be helped to support and advocate breastfeeding and efforts should be made to grow peer support networks of new mothers to support breastfeeding and help with

post-partum mental health, and also to provide extra support if mothers are experiencing other difficulties.

It is also important that public information campaigns about breastfeeding should not stigmatise women unable to breastfeed due to reasons beyond their control. This can contribute to postnatal depression.

Q5 - How can we better support families with children aged 0 to 5 years to eat well?

We recommend that the concept of eating well should also encompass having a healthy relationship with food. This should be informed by research into how families, particularly parents, can model a healthy relationship with food, as this influences how children think about food their bodies, with important implications for their mental and physical health.

Our review report for the 2019 Mental Health Awareness Week themed on body image highlighted research seeking to gain expert consensus on ways for parents to support healthy body image and eating habits. Parents should seek to: model positive behaviour around body image (avoid criticising their own appearance or that of others, and model healthy eating and activity); praise their children on qualities unrelated to physical appearance; teach children that people have value and deserve respect regardless of their body shape or size; support children to express emotions and communicate their feelings about their bodies; help children develop strategies for coping with comments about appearance; and avoid placing unrealistic expectations on appearance or conveying that they would be more likeable if they changed their weight or shape.

As children get older, it is important to tackle bullying. Research has found that bullied children were more likely to be overweight than non-bullied children at age 18. Bullying also increased the risk of stress-induced chronic inflammation in middle-age, which can bring on fatal heart attacks and strokes. As well as preventing bullying, young victims of bullying need to be given more attention - particularly more mental health support.

Q6 - How else can we help people reach and stay at a healthier weight?

Our report on Body Image for Mental Health Awareness Week 2019 found that there is a bidirectional relationship between mental health and weight. Mental health problems in childhood can predict a high BMI and being overweight is a risk-factor for mental health problems and body image concerns. Eating healthily and increasing physical activity can be challenging for someone with a common mental health problem such as depression, so individual-level interventions should seek to address underlying mental health problems alongside more conventional strategies to address unhealthy weight.

There is considerable emerging evidence that fear- and shame- based public health campaigns do not deliver positive outcomes. Stigmatising health messaging campaigns targeting obesity can sustain a culture of appearance- and weight- based bullying which can be detrimental to the mental health and wellbeing of people targeted by such bullying. The promotion of idealised body types also contributes to people developing unhealthy relationships with food and provides the environment in which eating disorders develop. Government strategy should therefore focus more on making healthy choices easier by targeting the availability and convenience of unhealthy food and drink. As it stands, in disadvantaged communities where people are typically time- and money-poor, it is simply easier to eat unhealthily.

For children, the way parents talk about food can have a strong influence on the way children eat (as above). Parenting and healthy eating advice should therefore seek to educate parents on how they might talk about food to their children and how they can model healthy behaviours.

Q7 - Have you got examples or ideas that would help people to do more strength and balance exercises?

Particular attention needs to be paid to groups which are disproportionately excluded from physical exercise but who would benefit from it. These groups experience barriers to participation which DHSC should seek to address. This includes people with severe mental illness, who are at increased risk from cardiovascular diseases and on average die 10-20 years earlier than the general population.

We are involved in a programme in Northern Ireland called “Empowering People Through Physical Activity” (described in Q8) which aims to increase the uptake of physical activity among people with severe and enduring mental health problems. In running the scheme, we encountered barriers to accessing physical exercise including preconceptions about service users’ own ability to participate; tiredness, including as a result of medication; low motivation; and difficulty securing GP approval.

DHSC should work with local authorities to ensure that there are schemes available with varying levels of physical intensity to meet the needs of people with lower confidence and ability. GPs should feel confident signposting people to these resources. These schemes must also be run by appropriately trained staff. A strength of the programme in Northern Ireland was that the professionals delivering it had specific qualifications and experience of working with mental health service users. The Northern Ireland programme was also coproduced from inception to delivery, which was important in ensuring that the programme met the needs of the participants and helped to strengthen their engagement with the activity.

Q8 - Can you give any examples of any local schemes that help people to do more strength and balance exercises?

We are involved in a scheme in Northern Ireland called “Empowering People Through Physical Activity” which is an exploratory pilot aiming to increase the uptake of physical activity programmes for people with severe and enduring mental health problems. This is a group with high mortality rates who are more likely to be sedentary than the general population and consequently at higher risk of chronic health conditions.

The scheme is coproduced with people with lived experience of mental health problems, with peer researchers having an instrumental role in the programme at all stages, from identifying barriers to physical activity to programme design and delivery. The underlying hypothesis is that people are more likely to engage in a programme that they have helped design and that the relationships developed during the coproduction process could further support and maintain engagement.

The project’s findings will be published on 5 December and we will make sure DHSC receives a copy. We are also happy to respond to questions about the project before then.

Q9 - There are many factors affecting people’s mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

The government’s approach to prevention in mental health needs to be more strategic, comprehensive and long-term than the steps included in the green paper. The government should consult on and develop a cross-government plan for prevention in mental health, with a workplan of policies and outcomes for each department. This strategy should be led by the Cabinet Office and run alongside the NHS 10-year plan. It must meaningfully address the social determinants of mental ill-health – in particular, socio-economic inequality, inequality of access to public services and technology, and discrimination. Given the extensive evidence on poverty and income inequality as risk factors, the plan should have a major focus on reducing these.

The government should take a “mental health in all policies approach”. To ensure buy-in from all departments, the cross-government plan should develop mental health-related outcomes for each department, consistent with their existing priorities and goals. For example, mental health promotion among the unemployed will have benefits for those seeking work, and mental health literacy in the school population can help attainment. This is important to guarantee that mental health is embedded across government in a meaningful way, with departments motivated by clear incentives. DHSC has a role in educating other departments about how mental health promotion can support existing departmental priorities.

The cross-government plan should develop policies at three levels across all departments: action to tackle structural social inequalities, policies and programmes to promote mentally healthy families and community resilience, and mental health literacy across the life course.

Q10 - Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

Technology has the potential to transform the way that people access and experience mental health treatment across the entire continuum of care, from promotion of good health, to screening, assessment, early intervention, continuity of care and ongoing self-management. However, it is important that technology is offered as a choice, not just to save money. We are the UK lead for the eMEN European project that points to strong evidence for using technology as part of "blended therapy", maintaining some level of human interaction. The government should prioritise this – or using technology in entirely novel ways – over replicating or replacing therapy options.

To fully realise the potential of technology the government must address the ethical implications of data use – which is particularly sensitive in mental health – and find ways to give people confidence in the security of what is shared and with which professionals and organisations.

The government should also consider how mental health technology is evaluated. The traditional gold-standard of a randomised controlled trial for an intervention is not achievable by many companies in a fast-moving marketplace. An alternative, pragmatic quality mark should be developed to give consumers confidence that a digital intervention is likely to deliver a positive impact.

We understand that genomic prediction is a priority for the government. However, we recommend caution about its use for mental health. It has proved very difficult to identify genetic markers for mental illness diagnoses. Interventions can already be usefully targeted at a range of known socio-economic risk factors.

Q11 - We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

The Mental Health Foundation has produced guidance on how to sleep better in collaboration with Professor Colin Espie, professor of Sleep Medicine and cofounder of Sleepio – an organisation dedicated to helping people sleep better: https://www.mentalhealth.org.uk/publications/how-sleep-better. Guidance such as this should be available in all primary and secondary care settings.

Improving Access to Psychological Therapies should consistently consider and respond to the specific needs of people with sleep problems, especially regarding access to cognitive behavioural therapy. All IAPT staff should be trained to recognise

and support sleep issues, as these may emerge during sessions and not be the main presenting issue on referral.

Clinical Commissioning Groups should provide the digital CBT programme, Sleepio, which has been shown to help 75% of participants achieve healthy sleep through its randomised control trial, as a way in which CBT for insomnia and sleep issues can be more accessible.

Employers should limit out of hours contact with employees to allow people to fully "switch off", a practice that has been legislated for in France.

Schools should teach pupils about good 'sleep hygiene', and consider amending school hours for older teenagers, whose natural circadian rhythms shift at this time of life so that they go to sleep later and wake up later. Getting up for traditional school start times can negatively affect their mood, concentration and ability to learn.

Q12 - Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?

Pharmacists will see many people with long-term health conditions who are at greater risk of developing mental health problems. They could have a role in asking about wellbeing related to the management of physical health conditions and signposting to further resources or information about managing mental health or accessing additional support.

Pharmacists are also key in addressing social isolation since visiting a pharmacy can be a single point of human contact in a week for a person with a long-term condition. There is a potential role for pharmacies to act as facilitators for instigating contact between lonely and isolated people, for instance by signposting to local schemes such as peer-support groups.

Q13 - What should the role of water companies be in water fluoridation schemes?

No answer.

Q14 - What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

People with musculoskeletal health problems are at greater risk of developing mental health problems. Often, these needs can be overlooked as treatment of the MSK condition overshadows other concerns. The call for evidence should seek to address the holistic needs of people with MSK health conditions and should seek to find routine ways of identifying and addressing patients' mental and emotional health needs. Addressing patients' mental health needs will help them to better manage

their condition and enjoy a higher quality of life. The increased suicide risk for people experiencing chronic pain in particular should be considered as part of regular health checks.

The link between MSK conditions and mental health should also be considered from an Occupational Health perspective. Middle-aged men in intense physical jobs like construction, driving and hospitality are at higher risk of sustaining MSK injuries and are also a high-risk group for suicide. Loss of social networks or even employment related to such injuries further increases suicide risk. Occupation Health should therefore ensure that the mental health needs of people who have sustained an MSK injury in the workplace are addressed alongside physical rehabilitation.

Q15 - What could the government do to help people live more healthily: in homes and neighbourhoods; when going somewhere; in workplaces; in communities?

(1) In homes, children and parents' mental health would benefit from evidence-based parenting programmes; in neighbourhoods, the government should build community resilience by improving the facets of the community that promote interconnectedness and participation. The government should make sure that local authorities are properly resourced to deliver good quality local services, maintain and expand green and blue spaces, and develop the physical and digital infrastructure that allows people to get around and access services and opportunities. Good transport links, especially in rural and deprived areas, are crucial to maximising the opportunities available to residents, decreasing the risk of loneliness and increasing access to services, jobs, and leisure activities, which are all protective factors for mental health. Local authorities should be encouraged to consult the community and coproduce programmes with the people they are intended to benefit.

(2) In workplaces, the government should carry out the recommendations of the Stevenson/Farmer review. In particular, employers should train line managers and senior staff so that they are confident talking to employees about mental health and wellbeing. All organisations should (1) promote good mental health at and through work (2) address work-related psychological hazards and mitigate non-work mental health risk and (3) guarantee access to support for staff who develop a mental illness and/or have a disability protected characteristic under the Equalities Act.

The government should also tackle in-work poverty and insecure work and help people to enjoy "good work" by reforming universal credit including by increasing the work allowance for families with children.

Q16 - What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

- Support people with staying in work
- Support people with training to change careers in later life
- Support people with caring for a loved one
- Improve homes to meet the needs of older people
- Improve neighbourhoods to meet the needs of older people
- Other: _____ **Communities and neighbourhoods**

Later life is a time of transition, and people's support networks can fall away. The most severely isolated and lonely are those aged 75 and over (predominantly women), as they are more likely to be widowed and live alone. Older adults who are widowed or divorced are more likely to present with more symptoms of depression, poorer physical functioning, and face a greater mortality risk than their married counterparts.

The government should therefore prioritise building community resilience – through good transport links, accessible activities to foster new and intergenerational friendships, and access to green and blue spaces – to help replace these networks. Government should work with local authorities to invest in local projects that support emotional and social connections with family, the community and people who are providing care and support services.

Poor transport links, inaccessible buildings and homes, and services that rely too heavily on digital communications can be disabling for some people in later life and contribute to loneliness and isolation. Local governments should consult older residents to find out what challenges they face in their communities and homes and co-produce programmes that address these challenges. Central government must provide funding to make adaptations to private and social accommodation.

Often older people's mental health problems, such as depression and anxiety, go undiagnosed, and older people may also fail to recognise their need for help. A targeted programme should be developed to boost older people's referral to and take-up of IAPT, given that they show good recovery rates.

Q17 - What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3.

Mental health should infuse all policy areas. However, three priorities should be:

(1) The early years and education. Past research has shown that at least 50% of mental health problems develop before the age of 14 and that 75% develop before the age of 24. Preventing adverse childhood experiences (ACEs) would improve mental health in adulthood and later life. Action beyond the health sector is required to prevent ACEs, including evidence-based parenting programmes; home visiting programmes; school-based programmes to reduce violence, aggression, bullying and sexual abuse; adult and parental support; provision of psychological therapies for children exposed to trauma; safeguarding of children; prevention of alcohol abuse; and addressing domestic violence.

At school, social and emotional learning, especially when paired with a whole-school approach including teacher support and parenting programmes, can help children look after their mental wellbeing.

(2) Housing, neighbourhoods and communities. Housing First interventions have been shown to be successful in reducing mental health problems. Rental assistance programmes and improving physical housing conditions of low-income housing have both proved effective at improving wellbeing outcomes in international studies. In neighbourhoods and communities, pro-social spaces and community hubs can help to facilitate a sense of connectedness and reduce loneliness.

(3) Employment and benefits. Work is an important protective factor for mental health, but it must be good quality and fulfilling. The government should make sure that work pays and decrease the number of people in in-work poverty. Employers and line managers need to be mental health-aware and trauma-informed.

Q18 - How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

The government should map all the services it runs that routinely reach people at high-risk of developing mental health problems and assess how the service design, physical environment and staff interact with these people. Each of these services is an opportunity for preventing mental health problems but could cause unintentional damage if people's mental health needs are not considered in the service delivery.

Assets including job centres, GP surgeries and schools should all be viewed through the lens of how the service works for people at risk of developing mental health problems and how it can work to promote a positive psychological environment. This could include adaptations to the built environment, providing literature signposting to related services, and training staff to be mental health-aware and trauma-informed in their approach. These features should be coproduced with service users.

There are also examples of existing pastoral relationships across the public and private sectors. These include line managers at work, personal tutors at university and colleges, and teachers in schools. These relationships have great potential to support people's wellbeing but often do not meet their full potential and are carried out by people who do not have the right qualities and values to provide support. The

government should identify where these relationships exist and produce guidance and commission training to maximise their effectiveness.

Maximising access to green and blue space may also help protect against mental health problems. Spending time in natural environments reduces stress and/or improves mood more than built-up environments.

Q19 - What more can we do to help local authorities and NHS bodies work well together?

Investment in local government, support for alliance contract arrangements and financially incentivising NHS trusts to take more of a role in prevention and early intervention would make a significant difference.

After nearly a decade of cuts to council grants, more investment is needed in local authority services – particularly public health, social care for adults and children, early years programmes and leisure. In public health alone, Health Foundation modelling suggests that by 2020/21 prevention services will have suffered a 25% real-terms cut per head since 2015/16.

Social care has suffered from rising demand and a lack of certainty about how services will be funded in the long-term, with various, non-recurrent versions of the Better Care Fund temporarily patching deep-seated problems. Central government needs to work with councils and the NHS to reform social care to make it sustainable and more joined-up with other health and care provision.

Some local authorities like Salford and Lambeth have used alliance contracting models to more effectively integrate council, NHS and voluntary sector services - breaking down barriers, increasing efficiency and minimising perverse financial incentives in the system. These approaches must be scaled and made the default.

More widely, NHS acute trusts should be financially incentivised to play a more active role in public health and supporting people to stay healthy and independent in their communities rather than attending hospital for avoidable conditions.

Suicide prevention must be a national public health priority and the government must deliver adequate funding to deliver local suicide prevention plans.

Q20 - What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

Education about sexual health and relationships should incorporate evidence and content related to the fact that teenage years are a critical period for both sexual and emotional development. There needs to be greater recognition of and support for LGBT relationships and sexual health.

Healthcare professionals need a good understanding of the prevalence and impact of complex trauma in all areas of sexual health, from sexual relationships to accessing screening and sexual health services. Professionals working in these services must be trauma-informed in their approach.

In collaboration with the Centre for Mental Health, the Mental Health Foundation has produced a guide on providing effective trauma-informed care for women: https://www.mentalhealth.org.uk/publications/engaging-complexity-providing-effective-trauma-informed-care-women.

Q21 - What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

Social and economic inequalities lie at the heart of a large proportion of mental health problems experienced by people in England. There is a significant body of evidence, summarised in the WHO's "Social Determinants of Mental Health" and Marmot's "Fair Society, Healthy Lives" review, which shows the social causes of mental ill-health and the action needed to reduce health inequalities.

The green paper does recognise that there is a social gradient to health and that there are social determinants of mental ill-health but does not propose policies to tackle this. Future government policy on prevention must therefore focus on reducing the gradient in health by working across all the social determinants of mental health. This will require close working with other government departments and a clear, strategic cross-government plan (as proposed in response to Q9).

The government must also ensure that everyone can benefit from its work on prevention by developing the physical and digital infrastructure which allows people to access it. As the government increasingly invests in digital tools for prevention, it is important that people in rural and isolated communities, as well as adults in later life and those living on very low incomes, are not left behind. To guard against loneliness and isolation, the government needs to invest in physical infrastructure and transport links to maximise the range of opportunities available to people.

The government should also introduce minimum unit pricing for alcohol. Modelling of the policy's impact in Scotland suggests a 7.6% reduction in purchases.