



Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care  
**OPEN LETTER - BY EMAIL**

18 November 2020

Dear Secretary of State,

### **The future of public mental health in England**

As your government considers the future of health improvement following the abolition of Public Health England, we write as the leaders of 18 mental health charities and social enterprises to ask you to be the first Secretary of State for Health to put mental health at the heart of future public health strategy and action in England, and to engage in wide consultation on how this can be achieved.

We are at a major turning point for public health: we believe the Coronavirus pandemic is the first time in history that the mental health aspects of a public health crisis have been so prominent. This represents an opportunity for the UK government to be a global leader in public mental health improvement, something that would be supported by the millions of people who are now taking an interest in mental health in an unprecedented way.

It has arguably never been more important to invest in co-ordinated, well-resourced, and sustained action to safeguard the population's mental health. Mental ill-health remains the biggest contributor to overall population ill-health in the UK, and the health of our society depends on making a commitment to protecting and supporting our collective mental health: public health efforts that are inclusive of public mental health will deliver the greatest health dividends.

In the attached joint statement - **The future of public mental health: core requirements of next steps** - we set out our shared view of the core requirements that these future arrangements must meet.

We urge you to turn this crisis to the advantage of the public's mental health, and to use the challenges of the pandemic to make an important and historic change to how we plan for and deliver improved public mental health in our country.

We are available to support you in this endeavour.

Yours sincerely,

Mark Rowland  
**Chief Executive**

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**Also *for and on behalf of:***

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Victoria Hornby, CEO, Mental Health Innovations  
Sarah Hughes, CEO, Centre for Mental Health  
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Dr Adrian James, President, Royal College of Psychiatrists  
Chris Martin, CEO, The Mix  
Paula Ojok, CEO, Helplines Partnership  
Kathy Roberts, CEO, Association of Mental Health Providers  
Catherine Roche, CEO, Place2Be  
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# **The future of public mental health: core requirements of next steps**

## **Joint statement from mental health charities and social enterprises**

### **Introduction**

The health of our society depends on our commitment to protecting and supporting our collective mental health. Public health efforts that are inclusive of public mental health will deliver the greatest health dividends. This is increasingly understood and accepted, as people's knowledge, attitudes and behaviour in relation to mental health have shifted in recent years.

Mental ill-health remains the biggest contributor to overall population ill-health in the UK. Yet, the protection and improvement of public mental health is at risk at a time when it has arguably never been more important to invest in co-ordinated, well-resourced, and sustained action to safeguard the population's mental health.

The decision to abolish and restructure the health improvement functions of Public Health England and to create a National Institute of Health Protection in the midst of an infectious disease pandemic is in many respects extraordinary. At worst, it has the potential to be deeply damaging to both public mental health and to wider physical health improvement, which have so far received little attention in government statements on these reforms.

This must be recognised, and action taken to avert this risk and create an improved public health system that gives parity to mental health, both in its own right, and as an integral component of public health challenges often seen only through a physical health lens, such as obesity, smoking and substance misuse. We ignore this body-mind relationship at our peril.

### **What we want to see**

We need a health improvement function with stature and influence, capable of delivering sustained population health gains for a generation. Action to prevent mental health problems and to intervene early – both early in life, and early when difficulties first arise – will also yield a significant return on investment and save future expenditure on health, social care and criminal justice services.

Restructuring cannot be a cost-cutting exercise; more, not less, funding is needed to prevent non-communicable ill-health including mental health as well as tackling infectious diseases. Any additional spending on health protection must not be at the expense of cuts in funding for health improvement.<sup>i</sup>

Although much has been achieved in public mental health – effective public mental health campaigns, creation and delivery of effective suicide prevention plans nationally and locally – it is still in its infancy, and the inequalities and other determinants affecting mental health have received too little attention.

**To address this, the outcomes of the consultation process to determine arrangements for public health beyond March 2021 must ensure the following:**

**1. A new public health system that gives parity to mental health** and operates in a coherent and integrated way at national, regional and local level to improve public mental health, recognising its wider role in all areas of health improvement.

**2. National leadership from an influential expert body** independent of government and the NHS that coordinates intelligence-sharing on public mental health, and plays a convening role nationally with Government departments, the Cabinet Office, the NHS and its arms-length bodies and a support and delivery role regionally and locally with devolved and Local Authorities, other statutory and voluntary partners and structures and local communities. A strong regional presence is needed to provide practical support, expert advice and active networks for local organisations at the frontline of public mental health.

**This national body must have an inclusive approach** to leadership and evidence evaluation and building. Community engagement and coproduction must be embedded in its model as a central value and approach.

**3. A public mental health strategy with a core focus on better population mental health and reducing inequalities and the social and economic risks to mental health, including racial and other forms of discrimination.** This strategy must aim to tackle mental health inequalities by addressing their wider social determinants such as housing, employment, racial inequality, poverty and access to education and embedding mental health within other health improvement programmes (e.g. 43% of tobacco is smoked by people with mental health problems). It should also include:

- A psychologically-informed approach to all public health provision and preventive efforts.
- Development and scaling of community-centred public mental health action for at-risk groups of all ages.
- Retention of the remit to produce authoritative data and analysis on mental health and its determinants to inform national cross-government policies and locally-delivered programmes to reduce inequalities. This must be enhanced by placing a statutory duty on the new body to share anonymised outcomes and inequalities data with organisations and partners.
- Nationally developed and led mental health literacy campaigns and programmes.
- Retention of a focus on suicide prevention as a public health priority that is not solely an issue for acute services.
- Retention of the programme to improve the physical health of people with severe mental illness (SMI), and reduce the excess premature mortality experienced by this group.
- Development of a comprehensive cross-government approach to mental health at the highest level, setting out and making the case for wellbeing outcomes measures and a Budget for Wellbeing across all government departments, similar to the approach being used in New Zealand.

**4. A clear relationship between the new public health body and the National Institute of Health Protection**, which itself must include public mental health leadership and expertise in its structure and responsibilities, recognising the mental health impacts of communicable disease pandemics.

**5. Enhanced funding for public health improvement:** An analysis by the Health Foundation found that an extra £0.9 billion a year is required to reverse real term per capita cuts since 2015/16 and over £2bn a year extra is needed to allow additional investment in the most deprived areas where there is greatest need. Further, only 1-2% of local public health budgets have historically been dedicated to public mental health (1.81% in 2019/20, or £60m),<sup>ii</sup> underlining the strong need for national leadership in this area.

**November 2020**

**THIS STATEMENT IS SUPPORTED BY:**

Anna Freud National Centre for Children and Families  
Association of Mental Health Providers  
Centre for Mental Health  
City Mental Health Alliance  
Helplines Partnership  
Mental Health First Aid  
Mental Health Foundation  
Mental Health Innovations  
Mental Health UK  
Mind  
NHS Confederation Mental Health Network  
Place2Be  
Rethink  
Royal College of Psychiatrists  
The Mix  
Samaritans  
Student Minds  
YoungMinds

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<sup>i</sup> September 2020, [Second Joint Statement to the Government on Public Health Reorganisation](#), co-ordinated by ASH.

<sup>ii</sup> <https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2020-to-2021-budget-individual-local-authority-data>