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National Mental Health
Development Unit

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SPECIAL
EDITION

JANUARY 2011

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HEALTHY LIVES, HEALTHY PEOPLE

- 1.0 Aims
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Welcome to a special briefing produced by the well-being and public mental health programme on the Public Health White Paper *Healthy Lives, Healthy People*.

If you would like to know more about our work, contact [Katy Davies](#) or [Tony Jameson-Allen](#). For more information go to our [website](#). Click here to [subscribe](#) or [unsubscribe](#) to future editions.

INTRODUCTION

This is a briefing paper on the recent Public Health White Paper, *Healthy Lives, Healthy People* published by the Government on 30 November 2010.

This briefing is primarily aimed at NHS, Local Government, Voluntary sector and Private sector agencies working in or interested in the arenas of population mental health, well-being and / or mental health services and those working in and interested in public health and health improvement.

The Public Health White Paper introduces a new approach for public health, with mental health identified as an integral and complementary part of the proposed new direction for public health in England.

The White Paper presents many opportunities to build on the considerable volume of research and practice evidence for the integration of mental health within an overall public health approach. Furthermore the proposed new public health system at both national and local levels also provides considerable opportunities and scope for mental health to be both complementary and central to future local strategies and improved health and wellbeing outcomes for local communities.

The opportunities lie both in ensuring mental health is complementary and integral to overall approaches to improving public health and well-being and also in ensuring that the promotion of the public's mental health and wellbeing is an action and commitment in its own right.



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HEALTHY LIVES, HEALTHY PEOPLE: MENTAL HEALTH AND THE NEW STRATEGY FOR PUBLIC HEALTH IN ENGLAND

"Better diagnosis and treatment, together with interventions across healthcare services and local government to improve population mental well-being, will help to improve the mental well-being of the local population and prevent mental ill-health, particularly for higher risk groups such as families in lower socioeconomic groups, and families where there are dependent children." – Healthy Lives, Healthy People

1.0: AIMS

This briefing considers the implications, for population mental health, well-being and mental health services, of the Government's new public health strategy: *Healthy Lives, Healthy People* (DH 2010)¹. It covers the importance of population mental health and well-being, key themes in the White Paper and the opportunities presented by the new public health arrangements to strengthen the contribution of public mental health².

2.0: BACKGROUND

"An approach to public health that will reflect the Government's core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility; positively promoting healthy behaviours and lifestyles; and adapting the environment to make healthy choices easier." – Our Health & Wellbeing Today

The White Paper sets out the Government's commitment to:

- protecting the population from serious health threat
- helping people live longer, healthier and more fulfilling lives
- improving the health of the poorest, fastest.

Building on *Equity and excellence: liberating the NHS*, published in July 2010, *Healthy Lives, Healthy People* confirms:

- local authorities will take responsibility for public health and health improvement locally
- Public Health England (PHE), within the Department of Health, will be set up to bring together all health protection, public health and health improvement functions
- the budget for public health will be ring fenced from within the overall NHS budget.

The five chapters of the White Paper cover:

- 1 **Seizing opportunities:** summary of people's health in England
- 2 **Radical new approach:** empowering local government and local communities
- 3 **Health and wellbeing throughout life:** starting well, developing well, living well, working well, ageing well
- 4 **New public health system:** outlines role of local government, NHS and other stakeholders
- 5 **Making it happen:** details of the transition process

The core elements of the new system will be set out in the forthcoming Health and Social Care Bill. *Our Health and Wellbeing Today* (OHWT) (DH2010a) sets out the evidence on people's health in England. The proposals for a Public Health Outcomes Framework are set out in *Healthy Lives Healthy People: Transparency in Outcomes* (DH, 2010b) (Box 1). A national mental health strategy for England will also be published early 2011.



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Box 1: Proposed Public Health Outcomes Framework

Overall aim:

To improve and protect the nation's health and to improve the health of the poorest, fastest.

The Five Domains

- Health protection and resilience: protect the population's health from major emergencies and remain resilient to harm;
- Tackling the wider determinants of health: tackling factors which affect health and wellbeing and health inequalities;
- Health improvement: helping people to live healthy lifestyles, making healthy choices and reduce health inequalities;
- Prevention of ill health: reducing the number of people living with preventable ill health and reduce health inequalities;
- Healthy life expectancy and preventable mortality: preventing people from dying prematurely and reduce health inequalities.

¹ The briefing includes input from national and regional public mental health leads, and also draws on recommendations from a recent Leadership Summit on Mental Health and Wellbeing organised by NMH DU and the NHS Confederation

² This briefing draws on:

White Paper Healthy Lives, Healthy People: our strategy for public health in England
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122239.pdf

Review of the evidence on health *Our Health and Wellbeing Today*
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122238.pdf

Healthy Lives, Healthy People: Transparency in Outcomes Proposals for a Public Health Outcomes Framework http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_122962

3.0: INTRODUCTION: PUBLIC HEALTH AND MENTAL HEALTH

"Health is not just about the presence of disease or illness (be that physical or mental), but also about how well people are." – (OHWT p2)

Healthy Lives, Healthy People (HLHP) presents the most comprehensive understanding of mental health within national public health policy to date and uses a broad definition of health, including physical, social and emotional dimensions:

"This means looking at public health using a number of different health measures, such as life expectancy, quality of life, wellbeing, inequalities (including socioeconomic, gender and ethnic inequalities)." – (HLHP p4)

It recognises the value of promoting the mental health and well-being of the whole community, of preventing mental illness and of supporting those experiencing mental health problems. It also recognises how improving mental health will contribute to wider social and economic goals and to tackling health inequalities. Distinguishing health as a positive sense of well-being, and not merely the absence of mental illness, is an important leap for evidence based policy and planning.



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4.0: THE IMPORTANCE OF MENTAL HEALTH AND WELL-BEING

"We know that mental ill health is responsible for a high proportion of the overall burden of ill health and prevalence has been rising. We also know that mental health and wellbeing are important factors for physical health. Focussing on mental health amongst young people is particularly important with half of all lifetime mental illness starting before age 14. Poor mental health in childhood affects educational attainment, increases the likelihood of smoking, alcohol and drug use and has consequences for poorer physical health in later life." – (OHWT p3)

Public mental health aims to promote the mental health and wellbeing of the whole population, to prevent mental illness and to improve quality of life for people living with mental health problems. It also aims to reduce the sharp inequalities in outcomes between those who have a mental disorder and the rest of the population.

The White Paper focus on the importance of mental health is extremely welcome. Good mental health and wellbeing is fundamental to all our lives. The skills and attributes associated with mental wellbeing (e.g. self respect, confidence, resilience, tolerance, empathy, sense of meaning) influence a very wide range of outcomes. These include physical health, educational attainment, employment, earnings, health behaviour, crime, relationships and quality of life.

Mental health is a positive sense of wellbeing and not only, or necessarily, the absence of mental illness. People with mental health problems may also have good levels of wellbeing. Creating conditions to strengthen the wellbeing of people experiencing mental illness is central to the Recovery agenda³. Local public health systems with a strong commitment to mental health have the potential to make a significant contribution to the health, wellbeing and quality of life of people living with mental health problems.

Traditionally, the mental health of the nation has been measured by looking at suicide rates and levels of mental illness. The ONS launch of a debate on measuring national wellbeing is a radical new development that will have important implications for public health and public mental health⁴. The aim is that the new measures will cover the quality of life of people in the UK, environmental and sustainability issues, as well as the economic performance of the country. Measures of wellbeing will include:

- how people feel about their lives (e.g. subjective wellbeing, happiness, life satisfaction)⁵
- what things improve or detract from national wellbeing (e.g. income/wealth, job satisfaction, social networks, the environment, participation, crime).

³ Recovery is concerned with what people who experience mental health problems need to hold on to, or regain, a valued quality of life, notwithstanding the persistence of symptoms. Although Recovery has been focussed on improving mental illness services, many recovery priorities – housing, education, employment, income, leisure, transport, green spaces – are central to public mental health.

⁴ <http://www.ons.gov.uk/about/consultations/measuring-national-well-being/index.html>

⁵ Some aspects of wellbeing will be measured through the inclusion of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) in the 2010 Health Survey for England.



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5.0: HEALTHY LIVES, HEALTHY PEOPLE: KEY THEMES IN THE WHITE PAPER

"Good wellbeing does not just mean the absence of mental illness – it brings a wide range of benefits, including reduced health risk behaviour (such as smoking), reduced mortality, improved educational outcomes and increased productivity at work." – (HLHP p14)

"Poor mental health is a significant contributor to the overall burden of ill health: estimates of the burden of poor mental health range from 9% to 23% of the total health burden in the UK and had an estimated cost to society of £77.4 billion in 2003. Almost 1 in 5 (17.6%) of the adult population experience mental ill health at any one time and the number of people with significant neurotic symptoms has increased since 1993." – (OHWT p8)

HLHP sets out a vision for improving public health by shifting power to local communities, reducing health inequalities, taking action across government, improving health at different stages of life and working in partnership with business and the voluntary sector.

The White Paper also raises a number of important issues in relation to mental health:

- the prevalence of mental health problems is increasing
- mental health and wellbeing influence a wide range of health and other outcomes
- key attributes of mental wellbeing e.g. self esteem, confidence and resilience have an important impact on health behaviour
- mental health and physical health should be integrated
- behavioural science (i.e. psychological explanations for why people behave as they do) can contribute centrally to effective public health campaigns

The growing burden of depression has long been recognised by the World Health Organisation yet there is more to be done in England to establish this as an urgent public health issue. As the White Paper observes, tackling poor mental health could reduce our overall disease burden by nearly a quarter. The paper is clear that it is better prevention, rather than treatment, that will deliver greater overall increases in healthy life expectancy.

The contribution of both mental well-being and mental illness to physical health is another important link throughout the document; as well as the impact that physical health and long term conditions have on mental health.

There is a strong emphasis on *the latest insights from behavioural science*, which are seen as an antidote to 'central diktats' and Whitehall telling people what to do: *responsibility for health needs to be shared right across society*. Individuals taking more responsibility for looking after their own health is a key theme for young people and adults alike. Mental well-being is seen as key to achieving this, through enhancing self esteem, confidence and resilience. It is acknowledged that personal choices are influenced by how we feel, but also by the level of control that we have within our lives and the circumstances in which we live. This creates a good opportunity to embed mental health and well-being within all action to support people to make healthy lifestyle choices.

Overall, HLHP provides a strong mental wellbeing focus. Tackling violence and abuse, improving mental health at work, supporting people with mental health problems into work, improving people's social networks (especially for older people), reducing stigma and discrimination, promoting volunteering and building stronger communities are all interventions that have the potential to improve the population's mental health.



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5.1: MENTAL HEALTH, INEQUALITIES AND THE WIDER DETERMINANTS

"Health inequalities between rich and poor have been getting progressively worse. We still live in a country where the wealthy can expect to live longer than the poor." – (HLHP p24)

"Almost 1 in 5 adults experience mental ill health at any one time and there is evidence that prevalence has been rising over the last 2 decades. Mental ill health can have a very significant impact on overall health and accounts for a considerable share of the overall burden of disease and tends to be concentrated amongst disadvantaged groups including older people, those who are already sick and those who are poor." – (HLHP)

The acknowledgement of the wider determinants of health is crucial: mental health is strongly influenced by social factors. There is a commitment to addressing health inequalities and the *root causes of people's circumstances* (p.24). Mental health, like physical health, can only be fully understood by addressing the impact of a range of factors, including employment, social networks and the quality of the environment:

Our social and cognitive development, self-esteem, confidence, personal resilience and wellbeing are affected by a wide range of influences throughout life, such as the environment we live in, the place in which we work and our local community. This impacts on our health and our life chances.

Healthy Lives, Healthy People draws on the evidence from the Marmot Review, notably in relation to the social gradient, geographical inequalities and the gap in life and healthy life expectancy between the richest and poorest neighbourhoods (7 years and 17 years respectively). There is also a gradient in prevalence of mental health problems, which is particularly marked in childhood:

Children in the lowest quintile of households classified by household income also have three times more emotional and behavioural problems than those in the highest quintile. People in lower socioeconomic groups experience the highest prevalence of anxiety and depression. (p18)

Central government will continue to tackle child poverty, and they will look at Frank Field's independent review of poverty and life chances to inform the public health outcomes framework. The government aims to eradicate poverty by 2020, and will publish a strategy for child poverty in the spring. The Government's current review of the over-sexualisation of children (e.g. through inappropriate advertising and merchandising) should also contribute to efforts to reduce factors harmful to children's confidence and self-esteem. Public health will continue to have a role in tackling violence and abuse, working to improve the health response to violence in line with the recommendations set out in *Improving services for women and child victims of violence*.

At a community level, a welcome commitment is made to increase access to green space in order to improve everyone's mental health.

"The quality of the environment around us affects any community. Issues such as pollution, air quality, noise, the availability of green and open space, transport, housing, access to good quality food and social isolation all influence the health and wellbeing of the local population." (p11)

While mental wellbeing is seen as one of the determinants of healthy choices, *improvement across three factors is needed to reduce inequalities and improve overall health:*

- wider social influences
- the lifestyles people have
- the services they use.



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5.2: HEALTH AND WELL-BEING THROUGHOUT LIFE

The White Paper takes a life course approach to public health, covering early years and childhood (*starting well, developing well*), adult life and employment (*living well, working well*) and old age (*ageing well*). The life course approach is also part of an emphasis on approaches tailored to the stages, circumstances and transitions of individuals and local communities – *no 'one size fits all'*. This will involve *shifting power to local communities and working in partnership with business and the voluntary sector*.

5.2.1: Starting well, developing well

The focus on early years, through universal parenting support, targeted early intervention and tackling child poverty will provide the foundation for good mental health. The Healthy Child Programme and programmes on healthy schools, healthy further education and healthy universities will continue. Preventing childhood mental health problems and intervening early is also seen as a key strategy, through school nursing, access to talking therapies, mental health promotion, tackling violence and abuse, child protection and supporting transitions into adulthood.

- The Healthy Child Programme will be delivered alongside the Family Nurse Partnership to support families, with an emphasis on building community capacity to improve children's physical and mental health and well-being.
- The number of health visitors will increase significantly (by 4,200). Longer term, health visiting services will be commissioned locally.
- The first phase of single community (pooled) budgets for families with complex needs will focus on prevention.

- The importance of good mental health to educational attainment and health behaviour is recognised: *school-based mental health promotion can improve self-esteem and reduce risky behaviour, particularly for those at higher risk*. This will be achieved through the Healthy Schools programme that includes Personal Social and Health Education and mental health promotion initiatives. DH is also developing a new vision for school nurses. Schools will continue to draw on additional expertise from local health professionals and children's services.
- The focus on self-esteem, personal responsibility, engagement and cohesion will also be promoted through a National Citizen Service, to be piloted for around 10,000 young people in summer 2011.

5.2.2: Living well, working well

Influencing health behaviour will be achieved through partnership, through expansion of the Change4Life programme to reflect behavioural science and a greater emphasis on mental wellbeing.

- 'Responsibility Deals' are planned to increase business responsibility for their impact on public health. Five networks on food, alcohol, physical activity, health at work and behaviour change will be launched in 2011.
- Discussion is underway on steps to influence tobacco and alcohol sales; promote healthy eating and physical activity, align treatment services for drug and alcohol and provide easier access to sexual health services.
- NHS health checks for men and women aged between 40 and 74 will continue.



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Public health is also expected to make a significant contribution to the broader Coalition emphasis on getting people into work and making it pay to work.

- A £1.4 billion regional Growth fund and Government support for *the creation of apprenticeships, internships, work pairing and college and workplace training places, creating opportunities for development for the most disadvantaged including disabled people and promoting volunteering*
- There will be a renewed focus on supporting employers to improve health at work. *Taking a preventive approach to mental health presents a significant opportunity for reducing absence from work: 9.8 million working days were lost in Britain in 2009/10 due to work-related stress, depression or anxiety alone.*
- A range of Work programmes (*Work Choice, NextStep, Fit for Work*) are designed to strengthen back to work/stay in work support for people, including severely disabled people.

5.2.3: Ageing well

"We will enable older people themselves to contribute and participate more through families, communities and work, which also protects their own physical and mental health." – (HLHP p50)

Health in old age is seen as related to opportunities to remain active, to maintain social networks, to contribute and participate and to enjoy a good standard of living. The basic state pension will increase by the highest of the growth in average earnings, prices or 2.5% and people

will also be able to continue working past the current default retirement age. It is recognised that poverty has a strong influence on people's experience of old age: for example people on low incomes are much more likely to experience loneliness and a lack of social support, both risk factors for depression in later life. Age discrimination is also a factor.

Public health is expected to be better integrated with areas such as social care, transport, leisure, planning and housing, keeping people connected, active, independent and in their own homes

Older people dealing with disability and frailty, falls, dementia and depression are seen as the significant public health challenges:

"A quarter of older people in the community have symptoms of depression requiring intervention, and 20–25% of those with dementia also have major depression. Depression can also be misdiagnosed as dementia and, therefore, not treated appropriately in this age group. For older people, living with longstanding illnesses, disability, poverty, social isolation, bereavement, underlying dementia or cognitive impairment and carer stress are all factors that impact negatively on mental health."

There will be additional resources for adult social care to focus on prevention.

DWP Active @60 grants can help to galvanise and demonstrate the value and assets that older people can provide to their communities, helping them to retain resilience and independence.



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6.0: OUTCOMES AND INDICATORS FOR PUBLIC MENTAL HEALTH

"The Outcomes Framework needs to reflect the breadth of contributions all partners should make at the national and local level and across public services." – (HLHP Transparency in Outcomes)

The proposed outcomes framework presents a relationship between public health, adult social care and the NHS in terms of shared outcomes. Also acknowledged are the potential outcomes with other partners for example children's services, employment services, leisure, transport and housing. No details of these are given as yet but the co-production of wider shared outcomes will be vital for public mental health.

The overall indicator of measuring not just how long someone lives, but how healthy their life is, is a welcome progression for mental health. Consideration needs to be given, however, as to how this indicator could more fully capture the burden of mental ill-health throughout life that mainly starts in childhood.

All the five domains are highly relevant to public mental health:

- 1 **Health protection and resilience:** protecting people's mental health and resilience following major emergencies is important to achieving this outcome.
- 2 **Tackling wider determinants of health:** indicators on poverty, housing, employment, domestic abuse, green space, noise, community safety, social connectedness and others are all highly relevant to mental health. Other key determinants might include local democracy and social cohesion, job security, financial security. These together with access to green open space recognise the need to measure community assets as well as deficits, in tackling inequalities which could be developed further and potentially incentivised.
- 3 **Health improvement:** the inclusion of an indicator on self reported well-being, measured through WEMWEBs, will provide a much needed national and local baseline to track improvement over time and also to support measuring effectiveness of local interventions.
- 4 **Prevention of ill health:** attention to self harm is part of the agenda to prevent mental ill-health although hospital follow-up, rather than admissions, may be the preferred outcome. Workplace sickness absence is significantly mental health related and requires a wider system, beyond health, to achieve. Smoking amongst people with serious mental illness is included here which is surely a shared responsibility with the NHS.
- 5 **Health life expectancy and preventable mortality:** suicide rates rightly remain on the list alongside the welcome addition of mortality rates of people with a mental illness – a key health inequality that might be worth incentivising in order to accelerate the much needed attention.



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7.0: OUTCOMES AND INDICATORS FOR PUBLIC MENTAL HEALTH

"Families and communities are the 'missing neighbourhood level support systems' that underpin economic and social development." – (HLHP)

The new arrangements for public health – notably the transition to local authority responsibility and the focus on empowering local communities – present important opportunities for public mental health. Key strengths include greater potential for:

- whole systems approaches to promotion, prevention and recovery
- community involvement, as public health becomes part of the local democratic process
- strengthening the public mental health contribution of primary care
- greater recognition of the role of voluntary and business sectors
- personalisation and identifying/enabling community based and mainstream sources of support for mental health

The mental health and wellbeing challenges are likely to include maintaining a strong focus on the wider determinants of mental health and ensuring that efforts to empower individuals (to adopt healthy lifestyles, to take up employment) also address the significant barriers of multiple disadvantage and deprivation.

Local government already makes a significant contribution to mental health and wellbeing and will now be in a position to provide stronger leadership and a more integrated approach. **Making wellbeing a central unifying theme and outcome** will help to achieve the HLHP goal of responding holistically to the reality of people's lives: supporting mental health and wellbeing where people live and work. The mental health and wellbeing of older people in particular, is likely to benefit from a strong local 'whole systems' approach.

The proposed Health & Well-being Boards bring the opportunity for putting 'mental wellbeing impact' at the heart of strategic planning, for example in housing, transport, environment, education, work, welfare and community engagement. Box 2 demonstrates how mental health and wellbeing can be incorporated, using the HLHP example of how a local public health system might design an integrated approach to climate change and sustainable development.

Box 2: Tackling climate change and improving mental health

- green spaces – *improving mental health and the quality of community life* (offering some protection from the expected increase in heatwaves and flooding);
- active travel – delivering low-cost health improvements (*improving mental health, preventing anxiety and depression, ameliorating symptoms, improving cognitive function*) and reducing emissions;
- spatial planning – promoting local ownership and occupation of public spaces (*enhancing sense of control, influence, participation and inclusion*);
- behaviour change – embedding new ways of sustainable living and working (*five ways to wellbeing and positive steps for mental health*);
- community projects to harness renewable energy – (*mental health benefits of reducing fuel poverty and keeping homes warmer*) mitigating the effects of climate change.



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Localism

Democratic accountability for public health and opportunities for communities to lead efforts to improve health have potentially radical implications. There is likely to be greater scope for new and emerging delivery mechanisms that are already demonstrating a positive impact on mental health, for example co-production, social prescribing and time banks. The focus on assets (the strengths and capabilities of individuals and communities) is a welcome development and is consistent both with the wider wellbeing agenda (e.g. asset mapping, Joint Strategic Assets Assessment) and the spirit of the Recovery movement.

Clearly, public mental health will want to consider how best to influence GP commissioning. Key areas include strengthening community based and non medical sources of support for mental health, integrating mental and physical health (e.g. including mental health in NHS health checks, wellness services) and greater progress on physical health and quality of life outcomes for people with mental health problems. The role of GPs in prevention and health improvement should be strengthened as incentives for GP-led activity (e.g. public health indicators) will make up 15% of the Quality & Outcomes Framework. Health and well-being boards will have a statutory responsibility to commission based on the Joint Strategic Needs Assessment and local health and well-being strategies. Mental health and well-being will need to be adequately addressed in both documents to ensure quality commissioning of appropriate services.

8.0: CONCLUSIONS AND ACTION POINTS

Although recent years have seen growing awareness both of the importance of mental health and the economic case for a greater focus on promotion and prevention, this has not been reflected in public health priorities. The Public Health White Paper however, shows both an awareness of and commitment to both the promotion of good mental health or mental wellbeing and the prevention of mental health problems and early intervention, plus support for improving the quality of life and recovery of people living with mental illness. This is a significant step forward in modern public health policy making.

To help make the greatest gains from this welcome and radical step forward, there are a number of areas for action that can be highlighted. This is not an exclusive list, but rather a series of suggested actions that may help support the welcome presence given to public mental health and its future local implementation.

The following action points are intended to ensure that improving population wellbeing, preventing mental illness and supporting the recovery of people with mental health problems lie at the heart of the new local public health systems.

- The membership and strategic responsibilities of both the Health and Wellbeing Boards (HWBB) and the GP Commissioning Consortia (GPCC) need to reflect the importance of mental wellbeing as a determinant and the contribution of public mental health to reducing health inequalities and increasing disability free life expectancy.
- The Cabinet Sub-Committee on Public Health, working across multiple government departments, will be central to addressing the wider determinants of mental health and wellbeing. A renewed focus on individual, community and local action must be matched by consistent scrutiny of Government's role in influencing wellbeing.



briefing.

policy into practice

National Mental Health
Development Unit

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SPECIAL
EDITION

JANUARY 2011

INTRODUCTION

HEALTHY LIVES, HEALTHY PEOPLE

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- Strengthening awareness of mental wellbeing as part of the democratic process will involve reaching elected members, CVS and business networks and professionals across all disciplines, notably social care, financial services, welfare advice, housing, transport, education, leisure, criminal justice and employment. The Voluntary sector should be designated HWBB and GPCC partners.
- Good quality employment is of central importance to mental health. Interventions to increase employment chances and to improve mental health at work are both effective and cost effective. An integrated approach should include support for people with mental health problems to gain and stay in employment (e.g. Individual Placement and Support programmes) and organisation wide programmes promoting mental health in the workplace.
- Mental ill-health accounts for the largest burden of illness and consequently NHS PCT spend on mental illness services is higher than on any other programme area. There is also considerable variation in spend, largely due to bed days. Strengthening public mental health in localities has the potential to improve acute care pathways and should also reduce variations in Incapacity Benefit claims and unemployment.
- Building individual and community resilience contributes to the shared responsibility for public mental health as well as creating efficiencies across the local system. New partnerships between GP Commissioning Consortia, local government and communities will help provide integrated approaches to tackle physical and mental health holistically through a shared outcome focus on wellness and well-being.
- The call for strong evidence of what works and quality evaluation of new and innovative approaches is particularly welcomed for the area of positive mental health and well-being. This will support demonstrating outcomes across multiple sectors within local systems. The insights of behavioural science alongside evidence on bio-psycho-social, ecological and economic approaches will contribute to public mental health outcomes.
- There is a need to identify public mental health outcomes for local areas and to have ways of measuring progress towards achieving these outcomes. The focus on measures and indicators of wellbeing helps bring a renewed and welcome attention to improving public mental health at both national and local levels. This will strengthen JSNAs to include a better understanding of health assets and variations in well-being and subsequently to inform the commissioning process to achieve better outcomes in well-being across the population.

Resources to support the further development of local public mental health

The role of local government in promoting wellbeing
<http://www.nmhdu.org.uk/silo/files/the-role-of-local-government-in-promoting-wellbeing.pdf>

Mental Wellbeing Impact Assessment (MWIA)
<http://www.nmhdu.org.uk/news/new-edition-of-the-mental-wellbeing-impact-assessment-toolkit/>

Economic Analysis of Mental Health Promotion and Prevention (forthcoming) Knapp M, et al *Mental Health Prevention and Promotion: the Economic Case London*: Department of Health mitigating the effects of climate change.