

RSPH Position Statement: Positive mental health and wellbeing

Introduction

- Historically, the public health challenge has been infectious disease and communicable disease. This has abated as a result of better environmental and living conditions, and the discovery of antibiotics, resulting in a drop in death-rate, population growth and a steady increase in life expectancy.
- Consequently, chronic disease, or long term conditions (including mental illness), cause the greatest burden of disease.
- Globally, mental illness is responsible for the largest burden of disease (World Health Organisation, 2008), with mental ill health affecting more than 1 in 4 people at any one time (Wittchen et al, 2011).
- Financial considerations are a key driver of the focus on how mental health contributes to overall health. It is estimated that mental health problems in England cost the economy £105.2 billion in 2009/10 (Centre for Mental Health, 2010).
- Mental health problems account for 35-40% of work-related health problems, sickness absence, long-term incapacity and early retirement in the UK (Waddell and Burton, 2004). Thus, initiatives to improve mental health in the workplace have “a strong business case in terms of sickness absence reduction and productivity gain” (Marmot, 2010, p.114).
- The recent NHS Mandate for England (Department of Health, 2012a) states that there needs to be parity between mental and physical health. This position is largely driven by the significant life expectancy gap between people with mental illness compared to the general population. Globally, mental health conditions are the leading cause of disability-adjusted life years (DALYs) – the number of years lost due to ill-health, disability or early death (Harvard School of Public Health, 2011).
- The impact of poverty, war and disease on mental health results in an increased burden for developing countries, and this is further exacerbated by the treatment gap: up to 85% of people in low and middle income countries with severe mental disorders receive no treatment, compared to up to 50% in high income countries (The WHO World Mental Health Survey Consortium, 2004).

Importance of good mental health and wellbeing

- There is a growing understanding and recognition that mental health is more than the absence of mental illness and that good mental health underpins everything we do, how we think, feel, act and behave. It is an essential and precious individual, family, community and business resource that needs to be protected and enhanced.

- People with higher levels of good mental health and wellbeing have better general health (NHS Information Centre, 2011), use health services less (Lyubomirsky et al, 2005a; Pressman & Cohen, 2005), live longer (Chida & Steptoe, 2008), have better educational outcomes (NICE, 2009a; NICE, 2009b), are more likely to undertake healthier lifestyles (Lyubomirsky et al, 2005a) including reduced smoking and harmful levels of drinking (Deacon et al, 2009), are more productive at work (NICE, 2009a; Boorman, 2009), take less time off sick (Keyes, 2005; Mills et al, 2007), have higher income (Lyubomirsky et al, 2005a), have stronger social relationships (Pressman & Cohen, 2005; Lyubomirsky et al, 2005a; Dolan et al, 2006) and are more social (Centre for Mental Health, 2009; Coid et al, 2006).
- Higher levels of mental wellbeing are also associated with reduced levels of mental ill-health in adulthood (Lyubomirsky et al, 2005b; Keyes et al, 2010).
- A key argument for promoting mental health and preventing mental illness is the paucity of evidence of effectiveness of interventions once mental illness has been diagnosed. In a population modelled analysis, Andrews et al, (2004) showed that providing mental health interventions of proven effectiveness to all people who could benefit from them, would only alleviate 28% of the burden of mental disorders. In addition, 60% of the burden was deemed unavoidable.

What is good mental health and wellbeing?

- The World Health Organization (2005) defines mental health as “a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.
- As in the WHO’s definition of health (“a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”), mental health is not just the absence of illness, but requires an additional positive ‘something’ to be present in the individual. Thus, the concept of an individual’s mental health state is increasingly being uncoupled from mental illness.
- Mental health and wellbeing consists of emotional wellbeing or happiness, psychological wellbeing and social wellbeing.
- Psychological wellbeing is sometimes defined as consisting of six dimensions: positive evaluation of oneself and one’s past life (self-acceptance); a sense of continued growth and development as a person; the belief that one’s life is purposeful and meaningful; the possession of quality relations with others; the capacity to manage effectively one’s life and surrounding world (environmental mastery); and a sense of self-determination (autonomy) (Keyes, 2006; Deci and Ryan, 2006).
- Social wellbeing has been defined as “individuals’ perceptions of the quality of their relationships with other people, their neighbourhoods, and their communities” (Keyes, 2006, p.5) with social wellbeing being made up of various dimensions including social integration, social acceptance, social contribution, social actualization and social coherence.
- The highest state of subjective wellbeing is seen by many experts as the place where emotional, psychological and social wellbeing are combined: “Wellbeing can be

understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.” (nef, 2012, p.8).

- Thus, rather than simply focussing on preventing and treating mental illness, there also is potential to actively promote positive mental health. However, this needs to be in the context of community: personal wellbeing acquired at the expense of the wellbeing of other people or groups cannot be a good thing.
- The Foresight report on Mental Capital and Wellbeing (Kirkwood et al, 2008) highlights the role of good mental capital (defined as: “the totality of an individual’s cognitive and emotional resources, including their cognitive capability, flexibility and efficiency of learning, emotional intelligence (for example, empathy and social cognition), and resilience in the face of stress”) and being able to successfully use it, in having good mental health.
- The report takes a life course approach to the building up and decline of mental capital, highlighting that at different points in life, the factors (for example, genetics, nutrition or social environment) that influence mental capital most, may change. The importance of the life course approach is that the determinants of mental capital (or lack of) tend to cluster in certain sub-groups of the population and to accumulate throughout life, resulting in significant systematic inequalities. This includes a trans-generational transmission of disadvantage from parents to children, perpetuating cycles of inequality.
- The Foresight Report was informed by a large number of literature reviews that are currently archived and available at <http://webarchive.nationalarchives.gov.uk/+http://www.bis.gov.uk/foresight/our-work/projects/current-projects/mental-capital-and-wellbeing/reports-and-publications>

Determinants of mental health and wellbeing

- Research indicates that mental health and wellbeing is influenced by:
 - a. Parents, through genes and upbringing (50% of variation in wellbeing between people)
 - b. Circumstances, including income, material possessions, marital status, neighbourhood and climate (10% of variation)
 - c. Outlook and activities, including friendships, being involved in community, hobbies and attitude to life (40% of variation) (Lykken, 1999; Lyubomirsky et al, 2005b).
- The World Health Organization (2005) states that “some of the major determinants of mental health are located within social and economic domains and include: social inclusion and access to supportive social networks; stable and supportive family, social and community environments; access to a variety of activities; having a valued social position; physical and psychological security; opportunity for self-determination and control of one’s life; and access to meaningful employment, education, income and housing.” (p.92)
- Thus, there determinants are the same as the determinants of health and they result in social inequalities in mental health outcomes: “The importance of mental health and wellbeing is directly and indirectly related at every level to human responses to inequalities” (Friedli, 2009, p.39).

Improving mental wellbeing

- There are a range of effective approaches and interventions to promote mental health and wellbeing at policy, community and individual levels. As many key determinants of mental health are socio-economic and environmental, the RSPH believes that policymakers at national and local level have a responsibility to ensure that policies help address, not increase, inequalities in mental health and wellbeing.
 - Key to this is the importance of addressing inequalities through fiscal and other economic approaches: the contribution by health and social care agencies, schools and local organisations can only mitigate against these economic determinants.
 - The Department of Health's "No health without mental health" implementation framework (Department of Health, 2012b) provides guidance on how better public mental health can be made a reality by local organisations both individually and collectively. This includes the role of clinical commissioning groups (CCGs), providers of mental health and community health services, local authorities, health and wellbeing boards, social services, community groups, schools and colleges, and the criminal justice system.
 - The challenge for policy implementers is to embed mental health promotion throughout wider policy rather than create a new discipline separate and discrete from other areas, for example, mental health is often seen within its own chapter in Health and Wellbeing strategies whilst work to support parenting and early child interventions sit in a different place.

Some examples of tools and approaches to promote mental wellbeing

- There are lots of examples of interventions to improve mental health and wellbeing, and they can act at different levels – whether population, community or individual.
- One tool available to assess the impact of policies is mental wellbeing impact assessment (MWIA). It ensures that a policy, programme, service or project has maximum equitable impact on people's mental wellbeing – at individual, community or structural level. It also enables policymakers to focus on those population groups most at risk of poorer mental wellbeing, thus reducing health inequalities.
- MWIA aims to reduce the negative impacts on mental wellbeing of a policy, programme or service, and maximise the positive impacts. The key areas that MWIA seeks to address are the protective factors for mental health: enhancing control; increasing resilience and community assets; and facilitating participation and promoting inclusion as well as the wider determinants of health (National MWIA Collaborative, 2011).
- However, it should be acknowledged that mental wellbeing may not be the only consideration of importance, and achieving "maximum wellbeing" for individuals and communities may involve including other impacts, including economic, cultural, environmental and political.
- Foresight commissioned nef to come up with five key messages to address the question of how flourishing mental health could be promoted and increased. The result was their five ways to wellbeing: 'connect'; 'be active'; 'take notice'; 'keep learning'; and 'give' (nef, 2011).

- These five ways are easily applied at individual, community, organisational and strategic levels; and evidence suggests that they are being used in many different settings, for example, by churches, GP surgeries and local radio to encourage improved mental wellbeing.
- The Family Nurse Partnership is an evidence-based approach to developing mental wellbeing of young first time mothers and their children. Through a structured programme of home visits delivered by specially trained Family Nurses from pregnancy until the child is two years old, families are supported and linked to relevant external services (Ormston & McConville, 2012). Research by the Centre for Mental Health highlights the importance of fidelity to the model and the need to target interventions on those most likely to benefit (Brown et al, 2012).
- Building community resilience is an important aim for building community and individual wellbeing. Evidence-based initiatives like Timebanking (www.timebanking.org) can offer benefits for emotional and social wellbeing.
- The Joint Commissioning Panel for Mental Health's Guidance for Commissioning Public Mental Health Services (JCPMH, 2012) is written for those responsible for commissioning mental health and wellbeing services, for example, those working in Health and Wellbeing Boards, Local Authorities and Clinical Commissioning Groups. It provides the rationale for spending on mental health and also explains what good quality public mental health interventions look like
- However, it is important to acknowledge that a focus on mental wellbeing and prevention will not remove the need for specialist mental health services, neither should there be redistribution of resources currently spent on secondary and tertiary mental health care.

The RSPH's work

- In the Department of Health implementation framework supporting "No health without mental health" (Department of Health, 2012b), the Royal Society for Public Health pledges to "develop a range of accessible short training programmes and a linked accredited qualification to support the implementation of the framework" (p.48). The aim of this is to increase awareness of mental health and wellbeing within the professions, practitioner groups and organisations in the voluntary, public hand private sectors who work to improve population health and wellbeing. We pledged to help increase capacity and capability to provide universal and targeted support at community and workplace level.
- The RSPH has developed a new Level 2 Award in Understanding Mental Health and Wellbeing, which will be rolled out nationally during 2013. The qualification draws on theoretical models of the difference between mental illness and mental wellbeing, highlighting the role of the 'five ways to wellbeing' described above. One of the key groups we are targeting for this qualification are health champions and community connectors, who we believe are key to addressing health inequalities at community level.
- We have also developed a national one-day training programme aimed at practitioners with a responsibility for brief interventions in the wider workforce. 'Understanding Mental Health and Wellbeing' sets out the fundamentals of mental health and wellbeing, and the strategies that may be used to promote it. The focus of

the programme is on protecting and improving mental health and wellbeing and identifying local opportunities for doing so.

- Our position statement, 'Tackling health inequalities through an assets-based approach to community development', explains our rationale for working at community level to tackle health inequalities (RSPH, 2013).
- In 2012 we ran a seminar addressing how public mental health would be positioned in England following the transition of public health into local authorities in 2013. This is also a key area of work for the RSPH, as we are very keen to ensure that public health, and public mental health in particular, are given the priority they require within local authorities, health and wellbeing boards and clinical commissioning groups (RSPH, 2012).
- Through our accreditation services we support Mental Health First Aid (MHFA) England's "Train the Trainer" programmes for those working with both the adults and young people.
- We also support the National Association for People Abused in Childhood (NAPAC) is a charity providing support and information for adults who were abused in childhood. The RSPH has supported NAPAC through accreditation of its innovative training programme which provides an understanding of childhood abuse, the enduring impacts for adult survivors and the best practice guidelines to support those on the healing journey.
- The RSPH has supported Signpost UK through accreditation of its "Mental Health Brokerage" training programme, which aims to train those people who wish to become Support Brokers. The Brokers will then support people with estimated personal budgets to work out the best way to meet their social care needs, create a social care plan and use their estimated budget to choose the right support to meet their eligible social care needs.
- The RSPH has accredited the South London and Maudsley NHS Foundation Trust's Mental Wellbeing Impact Assessment (MWIA) training programme. This programme provides an understanding of the factors which support mental wellbeing, the processes involved in an MWIA and, as part of the programme, participants complete an MWIA on a chosen policy, service or project. By the end of the programme, the trainees are able to use MWIA to improve the impact that their own projects and organisations have on mental wellbeing.
- We will continue to work towards promoting mental health related training, education and accreditation support and see mental health and wellbeing as an important building block for RSPH's mission to improve health for all our populations.

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