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Public Health  
England

## Public Mental Health Leadership & Workforce Development Framework

*Confidence, competence, commitment*

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19<sup>es</sup> journées annuelles de sante publique  
December 9<sup>th</sup> 2015, Montreal, Quebec



Public Health  
England

## Summary of presentation

To introduce Public Health England's leadership and workforce development framework:

- Background and context
- Aim and scope
- Core principles
- Six ambitions: key themes and competencies
- Approach to implementation

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## National policy

No health without mental health: Implementation Framework, 2012,  
Department of Health:

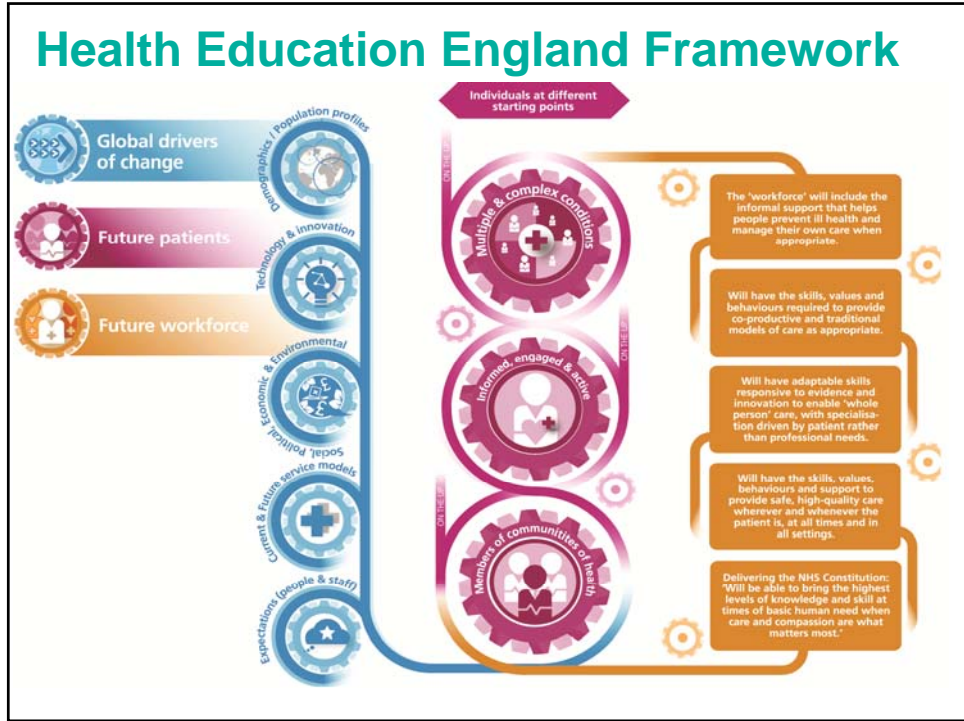
***Help build capacity and capability across the wider and specialist public health workforce in understanding and integrating mental health and wellbeing into public health***

Government Mandate to Health Education England, 2014:

- Treating mental and physical health conditions with equal priority: “*staff awareness of the links between patients’ mental and physical health*”
- Public Health – specialist workforce, making every contact count in the wider workforce, life course approach, embedding public health capacity across the wider system, partnership working and promoting the mental health and wellbeing of the NHS workforce

## National Outcomes

Mental health strategy outcome	More people will have good mental health	Fewer people will suffer avoidable harm	Fewer people will experience stigma and discrimination	More people with mental health problems will have good physical health	More people with mental health problems will recover
Relevant indicator from Public Health Outcome Framework	Self-reported wellbeing School readiness Quality of life (older people)	Suicide Self-harm	Excess under-75 mortality in people with mental illness People with a mental illness in employment and settled accommodation Wellbeing of looked-after children		
PHE programme aims	Promoting good mental health across the population	Preventing mental health problems and suicide	Improving the quality and length of life of people living with mental illness		
Workforce development framework aim	To develop leaders and a workforce that is confident, competent and committed to mental health				




## Aim of the framework

**To build the capacity and capability of leaders and a workforce that is confident, competent and committed to:**

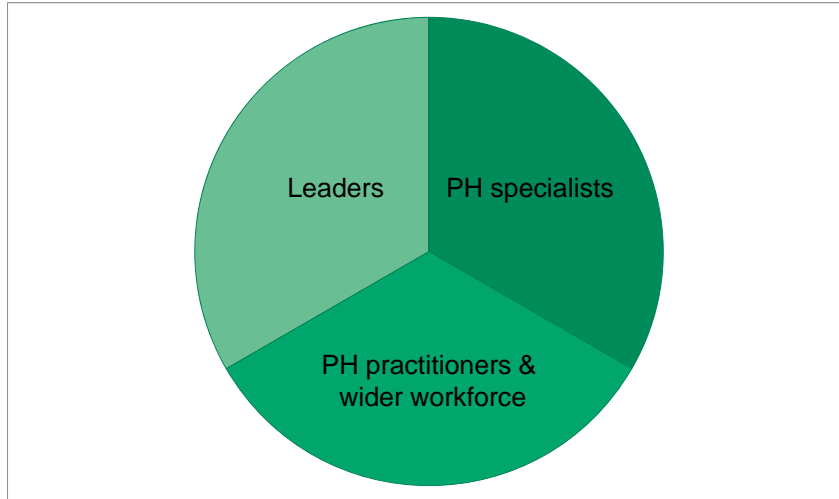
- Promoting good mental health across the population;
- Preventing mental illness, suicide and self-harm;
- Improving the quality of life and healthy life expectancy of people living with mental illness;

**By informing and influencing the development of public health leadership and workforce development**

The overall **recommendation** is for partners responsible for workforce development to use the competencies and priorities to guide action within their work plans.

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## The workforce



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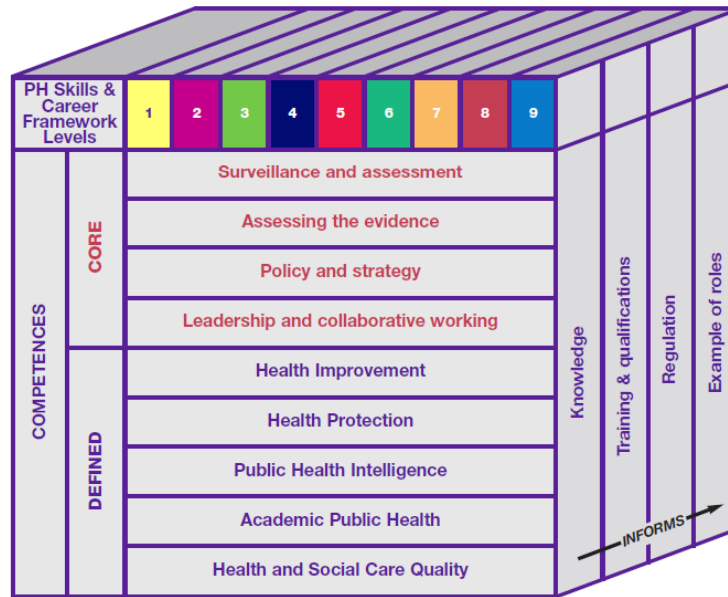
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## Core Principles

Know	Believe	Act
1. Know the nature and dimensions of mental health and mental illness.	5. Understand own mental health, what influences it, its impact on others and how you improve it.	9. Communicate effectively with children, young people and adults about mental health.
2. Know the determinants at a structural, community and individual level.	6. Appreciate that there is no health without mental health and the mind and body work as one system.	10. Integrate mental health into own area of work and address mental and physical health holistically.
3. Know how mental health is a positive asset and resource to society	7. Commitment to a life-course approach and investment in healthy early environments.	11. Consider social inequalities in your work and act to reduce them and empower others to.
4. Know what works to improve mental health and prevent mental illness within own area of work.	8. Recognise and act to reduce discrimination against people experiencing mental illness;	12. Support people who disclose lived experience of mental illness;

Figure 2.1 The Public Health Skills and Career Framework cube

## Competencies



## The Ambitions





Public Health  
England

## Leadership

Ambition 1: Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies

- Our mental wellbeing underpins everything we do and achieve
- The 20 year life expectancy gap is unacceptable
- Mental illness and suicide are preventable
- Our own mental health is important
- Health as wellness, not illness

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**Illness → Wellness**

## Key competencies of leaders

1. Integrate mental health within all policy and take action to mitigate any negative impacts of policy on mental health (PH3)
2. Promote the value of mental health and the reduction of inequalities across settings and agencies (PH4L6)
3. Advocate for mental health (PH4L7) and addressing mental illness as central to reducing inequalities and creating thriving communities and economies.
4. Create organisations that nurture and sustain the mental health of employees

## MWIA: A toolkit for well-being

### Contents



**This MWIA toolkit for well-being** provides an evidence based framework for improving well-being through commissioning processes, project and service design and delivery, community engagement and impact assessment. It enables people and organisations to assess and improve a policy, programme, service or project to ensure it has a maximum equitable impact on people's mental well-being, and to identify ways to measure those impacts.

It has been developed by a partnership of specialists and organisations bringing together mental health and well-being and Health Impact Assessment (HIA) knowledge and skills. There has been a development process over seven years beginning in Lewisham and Lambeth and developed further in the north west of England and latterly supported and funded by the former National Mental Health Development Unit (NMHDU). A National Collaborative steering group oversees the development and implementation of MWIA, including capacity building and policy development.

The MWIA Toolkit introduces the user to the policy and evidence base for mental well-being (in England), and provides a framework and resources to undertake a MWIA. It is published in sections that follow the MWIA process. Some sections can be used as a 'stand alone' resource such as the Screening Toolkit and the Indicator section.

**"Top tips"** are shared throughout the sections to help the

**1** provides an overview of MWIA, including the policy context

**2** is a detailed account of the current evidence and debate on what influences mental health using the evidence base for MWIA. It is fully referenced and can be used as a "stand alone" resource

**3** is a desk top Screening Toolkit. This can be used as a 'stand alone' process, undertaken by one or two people to make an initial assess of the potential impact on mental well-being of the project. It will assist with deciding if further in-depth MWIA would be helpful

**4** How to do a complete MWIA:

- screening – deciding whether to do an MWIA
- scoping – planning your MWIA
- appraisal – gathering and assessing the evidence
- formulating – recommendations, monitoring and evaluating your MWIA

**5** is a detailed discussion on the need to monitor the subsequent impact of the proposal on mental well-being following the MWIA process. It contains detailed guidance on identifying and developing indicators to complete the MWIA process.

**6** is a set of resources to support the MWIA process and a master reference list

## Public Health Specialists

Ambition 2: A public health specialist workforce that has expertise and leadership in mental health as a public health priority.

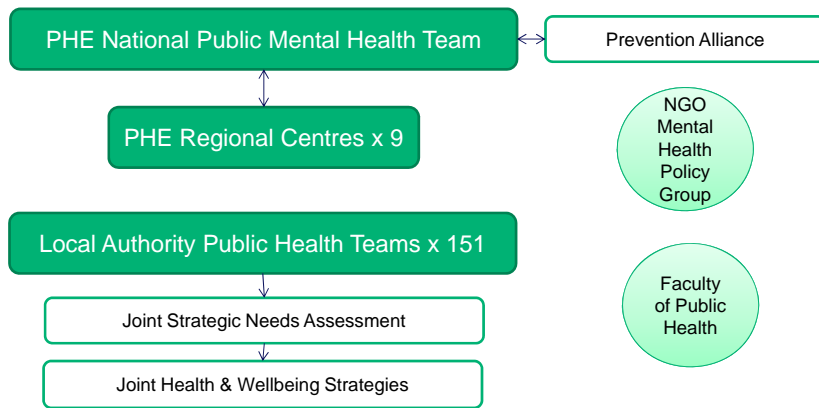


### Key competencies of public health consultants, specialists and senior leads

1. Assess and describe the mental health and illness needs of specific populations and the inequities experienced by populations, communities and groups (PH1L7)
2. Translate findings about mental health and illness, and needs and assets, into appropriate recommendations for action, policy decisions and service commissioning/ delivery/ provision (PH1L8)
3. Influence political/ partnership decision making to maximize the application and use of evidence in achieving change (PH2L9)
4. Set strategic direction and vision for mental health and communicate it effectively to improve population health and wellbeing (PH4L9)
5. Advise strategic partners to determine priorities and outcomes to achieve improvements in quality and cost-effectiveness of treatments for mental illness and associated co-morbidities (PH9L9)



## Capacity



## PH practitioners & wider workforce

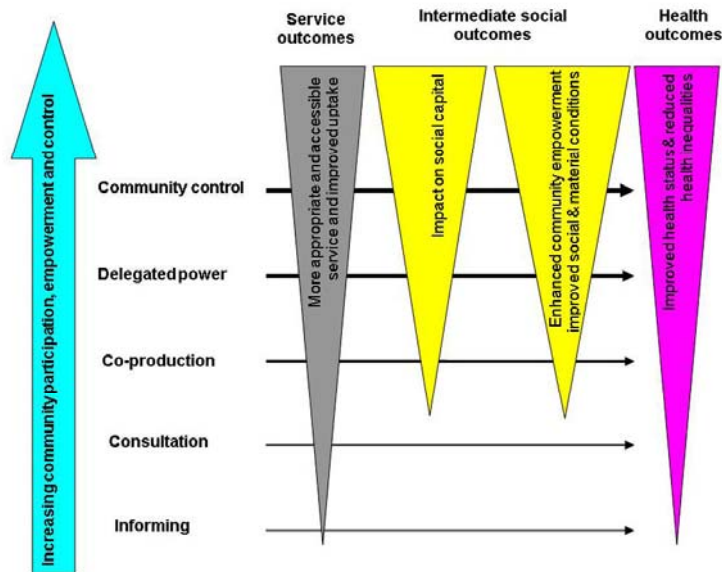
Ambition 3: A local workforce working with communities to build healthy & resilient places



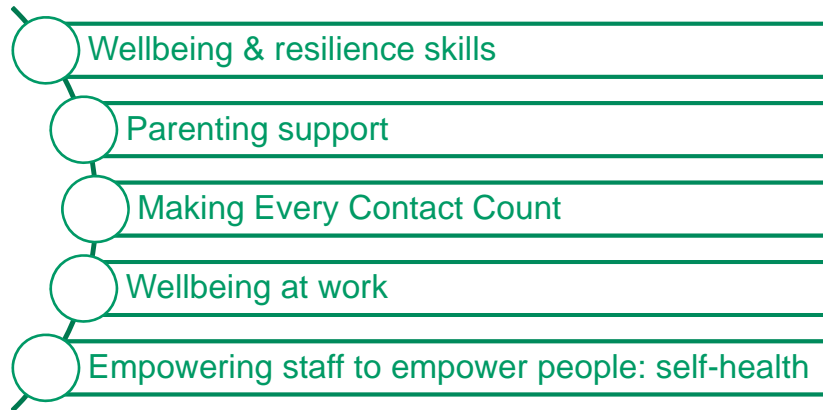
**Key competencies for working with communities:**

1. Identify the existing resources and strengths within a community and the expertise within the voluntary and community sector
2. Offer appropriate support to change, development and capacity building in the community, based on asset approaches (PHS17)
3. Enable communities to develop their capacity to advocate for mental health (PHS18)
4. Engage, empower and work alongside volunteers, lay workers, community leaders and community members, especially the most marginalised and excluded.

**Pathways from community participation, empowerment and control to health improvement**  
Nice guidelines 2009




Ambition 4: Front-line staff are confident and competent in communicating with people about mental health and supporting them to improve it.



#### Key competencies of practitioners to improve mental health:

1. Encourage and enable individuals and families to identify the things that are affecting their mental health, now and in the future, and the things they can do to improve it (HT2)
2. Use appropriate tools and approaches that support people to build their skills and confidence in staying mentally healthy.
3. Help people to develop and implement a personal or family action plan to improve their mental health (HT3)
4. Enable people to get hold of up to date appropriate information and advice when they need it (HT2) and access opportunities in their community.



Connect 5  
MECC

selfmanagement  
resilience  
everydaypractice  
skills self-help  
everycontactcounts  
enable  
confidence  
conversations  
psychologicalmindenes

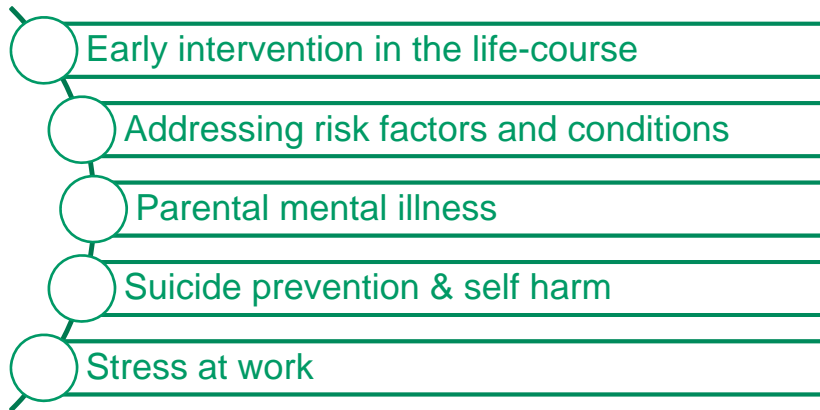
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### Five Ways to Well-being Brief Intervention

Use the grid to discuss and record current activity and personal plans for the *Five ways to wellbeing*. Activity may cut across a number of the five ways.

What am I doing on the five ways?	1 A good start	2 A bit more	3 A fair amount	4 Quite a lot	5 Loads
Connect					
Be Active					
Take notice					
Keep learning					
Give					

Ambition 5: Front-line staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.



Key competencies of practitioners to prevent mental distress and suicide:

1. Recognise when someone may be experiencing mental distress, including self-harm and suicidal thoughts and intentions
2. Judge risks and follow appropriate procedures and guidelines
3. Apply an early intervention or suicide intervention model
4. Link people to appropriate sources of support, to address psychological need and social causal factors

## Wider public health workforce capacity

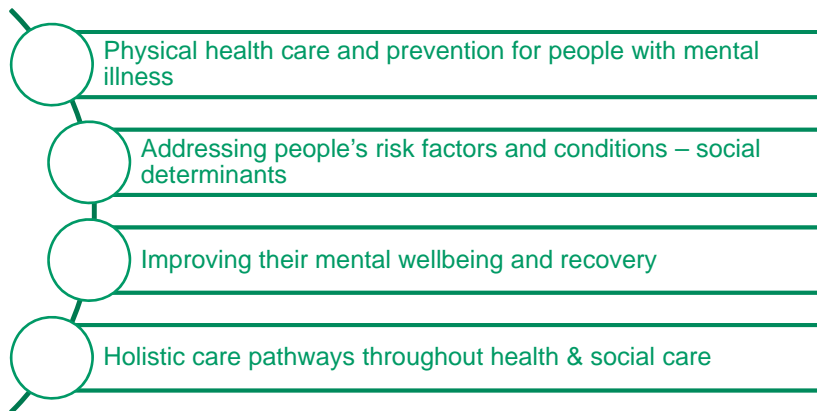
Core public health workforce 40,000

Wider public health workforce 15 million

- 172,686 Allied Health Professionals (AHPs) (including physiotherapists and podiatrists) – *4 million patients every week*
- 292,000 Protective service occupations (including fire service, police, ambulance) – *fire service 'safe & well checks' 670,000 each year*
- 243,000 Welfare and housing professionals
- 72,985 Pharmacists and their teams – *95% of public visit every year*

...postal workers, hairdressers, cleaners, bar staff...

**Ambition 6:** The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.



Key competencies of practitioners to improve the health and wellbeing of people with a mental illness:

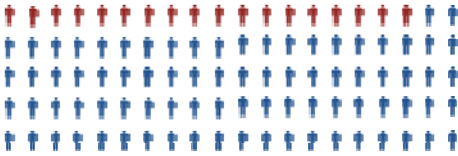
1. Support people experiencing mental illness to make and maintain informed choices about improving their health and wellbeing (PH5L4) as part of recovery (MH20), including:
  - health behaviour and physical health
  - mental health and resilience
  - control and participation
  - welfare support, eg, financial management, benefits uptake, employment, housing
2. Deliver care holistically; through integrating physical, psychological, spiritual and social factors within all care pathways
3. Support individuals and communities in the articulation of their priorities and advocating for health and wellbeing (PH5L6)

## Premature Mortality and Serious Mental Illness<sup>1</sup>

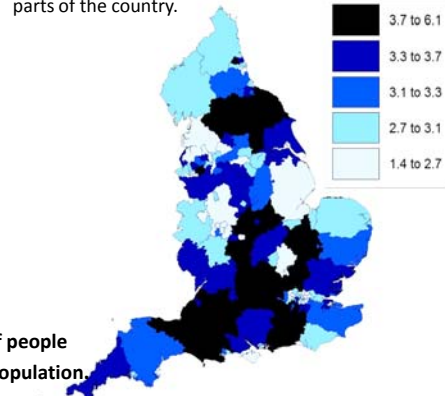
People with SMIs represent 5% of total population<sup>2</sup>...



But 18% of total deaths



People with SMIs face a **3.6 times higher mortality rate<sup>2</sup>** than the general population and even higher in some parts of the country.



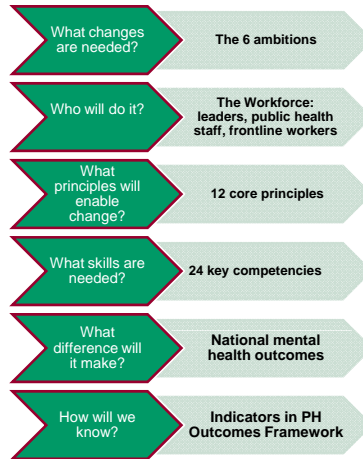
**44,000 fewer deaths** would occur if people with SMIs had the same mortality rates as the general population.

Almost **half** of the excess mortality is due to the **'Big Killer Diseases'**

- 12,000 from Cardiovascular Diseases
- 6,000 from Respiratory Diseases
- 1,000 from Cancer
- 1,000 from Liver Diseases

1. People with SMIs are defined in this slide as people in touch with secondary mental health services (for example with a psychiatrist). 2. Source: Mental Health Bulletin (Health and Social Care Information Centre, 2013) publication based on the Mental Health Minimum Dataset (2011/2012)

## A logic approach

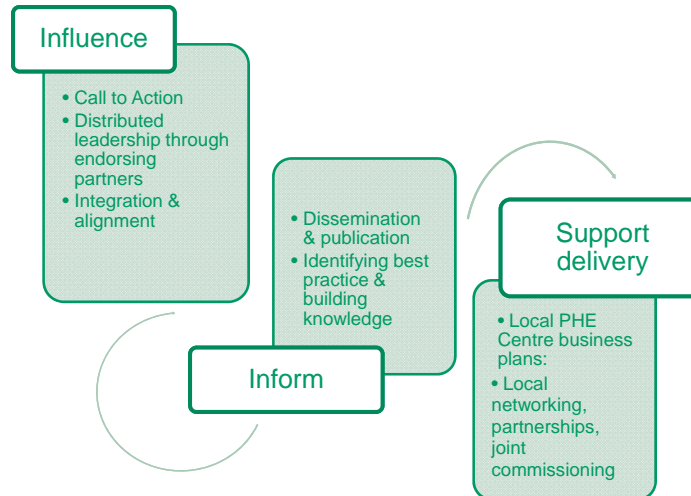


## A 'Call to Action' approach





## Our approach to implementation



## Activity...

- Local Authority Mental Health Champions
- Professional bodies leadership – FPH, ADPH, RCPsych, CIEH
- Systems Leadership programmes
- Mental Health Taskforce & Prevention Alliance
- What Works Centre for Wellbeing
- PHE workplace programme & Health at Work board
- Faculty curricula review
- PH Skills & Knowledge Framework
- Mental Health Core Skills Framework
- Local training programmes, networks, joint commissioning
- Published in Journal of Public Mental Health 14/4  
<http://www.emeraldinsight.com/toc/jpmh/14/4>



## High Impact Changes

1. A mental health member champion in every local authority;
2. Mental health and wellbeing part of every leadership programme;
3. All policies are screened for mental health and wellbeing impact;
4. All public health courses (under-grad and post-grad) include public mental health;
5. Public mental health capacity in every team;
6. Mental health and wellbeing included in every Joint Strategic Needs Assessment;
7. A range of community-centred approaches are delivered through a local infrastructure;
8. There is a common competency framework across sectors for community empowerment;
9. Mental wellbeing is part of every Making Every Contact Count/ brief intervention;
10. Mental wellbeing is part of every care pathway and prevention service;
11. Mental health training is available to every front-line worker in contact with vulnerable people;
12. All mental health service staff are competent at addressing physical health needs and social determinants;
13. Making Every Contact Count is used throughout all mental health services.



## Key challenges

1. Ensuring mental health is key to mainstream system leadership of a 21<sup>st</sup> century public health system.
2. Recognising the burden of mental ill-health on the nation's health and in the public health system.
3. Building staff confidence to discuss mental health.
4. Improving staff skills, not just knowledge and awareness, to promote mental health.
5. Addressing both lifestyle and social determinants of health to increase life expectancy of people with mental illness.
6. Evidencing skill development, practice change, 'patient' impact.

Thank you  
Any questions?

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<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>