



On the wane or waxing lyrical?

Helen Johnson, Managing Director of public affairs consultancy, HJCL, discusses mental health promotion and the need for a more preventive approach

It is impossible to read any recent Department of Health (DH) publication without being reminded of the current policy emphasis on disease prevention and the promotion of wellbeing. The NHS Constitution makes it clear that the NHS exists 'to improve our health and well-being, supporting us to keep mentally and physically well' (DH, 2009a).

In his foreword to Lord Darzi's *High Quality Care for All* (DH, 2008), the Prime Minister stressed the need for 'a more personalised NHS, responsive to each of us as individuals, focused on prevention, better equipped to keep us healthy'. Continuing the theme, Darzi confidently confirmed that 'every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities'.

But the concept of promoting health and wellbeing is not new in the field of mental health; in fact, it's been knocking around for at least ten years. In 1999, the Government published the Mental Health National Services Framework (NSF). At the time, the declared intention was to give mental health the attention it deserved by making it a national clinical priority on a par with coronary heart disease.

Standard One of the NSF required health and social care services to promote mental health

for all, working with individuals and communities, to enhance the psychological wellbeing of individuals, and to tackle local factors within communities which were undermining mental health, such as social exclusion, stigma and poverty.

Quite apart from the health and social aspects, the economic basis for preventing mental illness and maintaining wellbeing was clear. In 1999, mental illness cost in the region of £32 billion each year in England, which included almost £12 billion in lost employment and £8 billion in benefits payments (DH, 1999: 14).

The NSF presented the evidence for a range of effective health promotion interventions, including ones which build on social networks through schools and communities, supporting new parents, exercise, reducing access to and consumption of harmful substances, and teaching interpersonal awareness.

Each service was tasked with putting in place an evidence-based mental health promotion strategy based on local needs assessment by April 2001. The DH's guide to delivering mental health promotion, *Making It Happen*, was published in 2001.

By 2004, however, even though it was possible to point to several best practice examples of effective

and meaningful mental health promotion in the NHS, it seemed clear that the Government had taken its eye off the ball.

According to mental health charity, Mind, 'in the five years since the publication of [the NSF], progress is limited, very little implementation of mental health promotion has been achieved in many areas of the country. A national commitment is needed in order to create a more mentally healthy environment' (Mind, 2004). Mind described the standard as key to the success of the NSF as a whole, and questioned the Government's stated prioritisation of mental health (Fraser, 2004).

In 2005, the Government tried again with a joint strategy for the health and wellbeing of people of working age: *Health, Work and Well-being—Caring for our future* (authored by the DH, Department for Work and Pensions, and the Health and Safety Executive) (DH, 2005). The strategy acknowledged that work was important, both in maintaining mental health and in promoting the recovery of those who have experienced mental health problems.

The strategy went on to list more than a dozen possible approaches to improving the provision of and access to management services, including increasing the choice of psychological

therapies available, extending the roles of clinical staff to deliver an expanded range of interventions, improving access to work-focused services, and piloting service networks. Finally, at the end of the list came the commitment to 'encourage the promotion of mental health and well-being within workplaces' (DH, 2005). How? The publication does not say.

No-one ever said that mental health promotion would be an easy strategy to deliver; by definition, it requires collaboration and cooperation between multiple stakeholders across multiple agencies, including government, schools, employers, the NHS and local communities. But at least the political will was there. After all, we had Standard One of the NSF, right?

Well, maybe. By 2007, Standard One had all but disappeared. In his 2007 (sic) progress report, *Mental Health Ten Years On: Progress in Mental Health Care Reform*, National Director Louis Appleby made no mention of mental health promotion. The Government's silence on this critical topic was deafening, but perhaps not surprising given that the public service agreement (PSA) target at that time was focused on reducing the number of deaths from suicide or suspected suicide by at least 20% from the 1995–1997 baseline.

By early 2008, health promotion was back on the radar. Speaking at an evaluation of 'Well at Work' pilots, Health Secretary Alan Johnson stated that there were three essential

action points, one of which was that 'employers needed to take steps to promote health and wellbeing in the workplace ... we need employee health and wellbeing to be a higher priority for employers and to be championed at the highest level' (see: <http://tinyurl.com/qgbl5l>).

Speaking of the financial burden of mental illness—work-related stress costs a total of £8.4 billion, including £2.4 billion which employers spend on replacing staff who leave their jobs because of poor mental health—Johnson called on small employers in particular to take action to tackle workplace stress and other mental health issues.

There are many excellent examples of NHS good practice in mental health promotion around the country, and voluntary organisations such as the Mental Health Foundation are doing a great deal to promote mental health and wellbeing. But it is the lack of initiative, and the lack of a sustained commitment to mental health promotion at government level, that is so deeply disappointing.

The profile of mental health promotion has waxed and waned in a bewildering variety of policy initiatives over the last decade, culminating in Darzi's 2008 review with the by now all-too-familiar mantra about 'the benefits to general wellbeing and to physical (sic) from stronger mental health promotion' (DH, 2008).

It is frustrating that ten years on from the publication of the NSF, organisations such as the Mental Health Foundation are still calling

for a preventive strategy to be incorporated in the successor strategy, 'New Horizons' (DH, 2009b). The political intent is clearly there, and has been—at least on occasion—over the last ten years. But high-level political intention and the ability and willingness to take concerted and coordinated action are two very different things. And we need more of the latter. BJHCM

Department of Health (1999) National service framework for mental health: modern standards and service models. <http://tinyurl.com/3372ml> (accessed 26 May 2009)

Department of Health (2001) Making it happen: a guide to delivering mental health promotion. <http://tinyurl.com/p30zyt> (accessed 26 May 2009)

Department of Health (2005) Health, work and well-being—Caring for our future: A strategy for the health and well-being of working age people. <http://tinyurl.com/rxfcb3> (accessed 26 May 2009)

Department of Health (2007) Mental Health Ten Years On: Progress in Mental Health Care Reform. <http://tinyurl.com/yv14h2> (accessed 26 May 2009)

Department of Health (2008) High quality care for all: NHS Next Stage Review final report. <http://tinyurl.com/4t6uf8> (accessed 26 May 2009)

Department of Health (2009a) The NHS Constitution for England. <http://tinyurl.com/8e23fe> (accessed 26 May 2009)

Department of Health (2009b) A new vision for mental health and wellbeing. www.dh.gov.uk/en/News/Recentstories/DH_097701 (accessed 26 May 2009)

Fraser M (2004) The National Service Framework for Mental Health—What progress five years on? Mind, London

Mind (2004) Five years on—Progress on the National Service Framework for Mental Health proves patchy at best. <http://tinyurl.com/qh38jr> (accessed 26 May 2009)