Putting mental health at the heart of the public health agenda: what needs to be done

Professor Dinesh Bhugra, President of the Royal College of Psychiatrists

As psychiatrists, we have an important role to play in educating the public, patients and their carers about mental illness, and identifying potential risk factors. It is important for us and other mental health professionals to be aware of strategies related to prevention.

The College’s position statement, No Health without Public Mental Health: The Case for Action, clearly shows that physical and mental health are interlinked. The statistics make disturbing reading, whether we are talking about the lower life expectancy of people with schizophrenia, or the rates of smoking in mental health in-patient wards. Yet the problem of smoking is still not being addressed in national smoking strategies, nor are public health initiatives aimed at preventing mental illness.

The College’s position statement sets out the business case and makes clear recommendations for political action and policy change. We welcome the prioritisation given to public health in the health reforms the government has proposed. It is clear that strategies to tackle public health will only be effective if they address mental health and well-being. It is no doubt that the evidence we present can persuade government at all levels as well as the wider society of the need for action and the benefits it will bring.

The Royal College of Psychiatrists’ work on public health

As part of the College’s commitment to public mental health, the College hosted five stakeholder seminars in 2009 covering public mental health across the lifespan. These were done jointly with other partners, including the Department of Health, the NHS Confederation and the Faculty of Public Health. These seminars have contributed to the creation of the College’s position statement, No Health without Public Mental Health: The Case for Action. Subsequently, Professor Kamaldeep Bhui was appointed College Lead on Public Health and, with Dr Jonathan Campon, Ms Katie Gray, Dr Jo Nurse, Dr Laurence Mynors-Walls, Dr Rowena Daw and Mr Neil Balmer, produced this parliamentary briefing and the position statement. Recommendations in the position statement are drawn from the evidence base and build upon conclusions from the College’s public health seminars. The College continues to work closely with partners in the Future Vision Coalition on this issue.

Important policy changes

- Mental health must have a prominent role in the Government’s public health strategy, including in the Public Health White Paper
- Implement the findings of the Strategic Review of Health Inequalities in England Post 2011 to reduce inequality
- Promote public health interventions that prevent future inequalities by age, gender, ethnicity and social background
- Ensure that a suicide prevention strategy which also addresses self-harm remains a government priority
- Prioritise mental health within smoking prevention and cessation programmes in hospitals and in the community
- Address the discrimination and stigma around mental health issues, for example in employment, and invest in the containment of mental health anti-stigma campaigns, such as Time to Change in England
- Target public health interventions for people at higher risk, for example children in care, those who are unemployed or homeless
- Promote the importance of mental health and well-being in older age
- Provide interventions across the life course, including promoting parental mental health

The Royal College of Psychiatrists

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Mental health is a public health issue

No health without public mental health: the case for action

Parliamentary briefing

Smoking People with a mental disorder smoke almost half of all tobacco consumed and account for almost half of all smoking-related deaths

Heart disease Depression doubles the risk of developing coronary heart disease

Early intervention Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s

Inequality Children from the poorest households have a three-fold greater risk of mental ill health than children from the richest households

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Key points of the Royal College of Psychiatrists’ position statement
No Health without Public Mental Health: The Case for Action

Mental health is a core public health issue

- Mental illness is the single largest source of burden of disease in the UK. No other health condition matches mental illness in terms of its combined extent of prevalence, persistence and burden of impact. Mental health is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-related behaviour mental illness. Mental illness has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year.
- Cost-effective interventions exist to both prevent mental illness and promote wider population mental health. The Royal College of Psychiatrists urges the Government to prioritise public mental health in its public health strategy and to adopt a cross-departmental approach to its implementation.

Investing in prevention and promotion can reduce human, social and economic costs

- The UK is facing severe financial challenges, which will prevent public sector bodies with difficult choices as to priorities in spending and place them under pressure to deliver more with less. A strategy which invests in promotion, prevention and early intervention not only can reduce the burden of mental ill health but also make sound economic sense.

Intervening early to tackle mental illness can prevent future public health problems

- Most mental illnesses begin before adulthood and often continue through life. Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters by mid-20s. Tackling mental illness early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy, economic productivity, social functioning and quality of life. It will also benefit across the generations. Preventing outcomes is also prevention in adulthood and older years. Promoting healthy workplaces will reduce stress and mental ill health at work. Intervening early in the illnesses of older age, such as dementia, will lead to better health for people in later life and lessen their dependence on health and social care services. More vulnerable groups, including those socially excluded or economically deprived children in care, asylum seekers and prisoners, are at higher risk of developing mental illness and require targeted interventions.

Mental health costs the economy £105 billion a year in England alone

Tackling social and economic inequalities can improve mental health and well-being

- In the UK, inequality between the rich and the poor is continuing to widen, with those living in the poorest neighbourhoods dying 7 years earlier than people living in the richest areas. The UK is a major determinant of mental illness: the greater the level of inequality, the worse the health outcomes. Greater income inequality is linked to decreased rates of trust and social interaction in the community, increased levels of hostility, violence and racism, and lower well-being.
- Parental unemployment is associated with a two- to three-fold greater risk of emotional or conduct disorder in childhood – in the UK one in six children now lives in a workless household. People living in the poorest areas of the country in Europe. Worryingly, child poverty has grown. Children from the poorest households are at a three-fold greater risk of mental health problems than children from the richest 20% of households. Inequality also affects the mental health of adults, with men living in the poorest households being almost 3 times more likely to have a common mental disorder than those from the richest households. Poor mental health can have an impact on future generations, contributing further to cycles of inequality and ill health that run through some families. Policies need to be in place to address social and economic inequalities which are systematically and directly contribute to poorer mental health and well-being.

There is an economic cost to not intervening

- Preventing even a small percentage of mental and substance misuse problems will improve the quality of life for individuals, families and communities. Prevention and promotion activities at all stages of life are a part of a systematic approach to prevent illness. By investing in prevention, we will reduce the burden and cost of mental illness, promote well-being and reduce inequalities in outcomes. A number of studies have demonstrated significant cost benefits from early years interventions, particularly for long term outcomes, with benefits achieved mainly through reduced welfare and criminal justice costs and lower educational costs.

Promoting mental health can save money in the short and long term

Evidence shows the cost-effectiveness of early interventions in mental health promotion, mental illness prevention and early intervention strategies.

- Cost-benefit analyses highlight the economic returns of investment, for instance in training programmes for individuals with conduct disorder
- Interventions targeting women at risk of postnatal depression
- School-based programmes, including those for the prevention of violence, bullying, offending and re-offending
- Screening and brief intervention for alcohol problems
- Promotion of well-being and early detection of mental illness
- Support and employment for individuals recovering from severe mental illness
- Cognitive-behavioural therapy for those with depression and anxiety
- Early intervention in psychosis and early detection of pre-psychosis
- Suicide prevention
- Debt advice
- Physical activity programmes for older people
- Anti-stigma campaigns

Promoting mental health can bring great health, social and economic benefits across all sectors of society

Public health not only considers the prevention of illness but also the wider promotion of mental well-being. Mental well-being is fundamental to a good quality of life and the productivity of individuals, families and communities. It impacts is felt across education, health, work and productivity, daily living, social participation, leisure, relationships and family life. Overall, it will increase life expectancy, economic productivity, social and emotional well-being.

Mental health underpins the key public health challenges

- There is vast evidence to show that mental illness is associated with greater risk of physical illness. Physical illness in turn increases the risk of mental illness.
- Premature death: people with schizophrenia and bipolar disorder die on average 20 years earlier than the general population, largely owing to physical health problems.
- Smoking: people with mental disorder smoke almost half of all tobacco consumed and account for almost half of all smoking-related deaths. Rates of smoking on in-patient mental health units are 70%, compared to 21% in the general population.
- Death from cancer and heart disease: people with depression have a significantly worse survival rate from cancer and heart disease.
- Long-term physical conditions: people with two or more long-term physical illnesses have a seven-fold greater risk of mental illness.
- Alcohol: excessive consumption of alcohol is associated with higher levels of depressive and affective problems, schizophrenia and personality disorders as well as with suicide and self-harm.

Mental health has been repeatedly overlooked in government public health strategies

Historically, public health strategies have concentrated on physical health and overlooked the importance of both mental illness and mental well-being. Including mental health at the heart of the public health agenda will improve people’s lifestyles and reduce behaviours that put people’s health at risk, thereby both preventing physical illness and life expectancy. It is therefore an issue to be addressed by all government departments and areas of policy.

The forthcoming Public Health White Paper and local authority public health powers offer key opportunities

This parliamentary briefing on the Royal College of Psychiatrists’ position statement, No Health without Public Mental Health: The Case for Action, summarises the arguments for specific interventions that can improve the physical health of people with mental health problems and the general well-being of the UK population.
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Promoting mental health can bring great health, social and economic benefits across all sectors of society

Public health not only considers the prevention of illness but also the wider promotion of mental well-being. Mental health is fundamental to a good quality of life and productivity of individuals, families and communities. Its impact is felt across education, employment, criminal justice, participation in public life, social behaviour, physical health, recovery from mental and physical illness, and life expectancy. It is therefore an issue to be addressed by all government departments and areas of policy.

Mental health has been repeatedly overlooked in government public health strategies

Historically, public health strategies have concentrated on physical health and overlooked the importance of both mental illness and mental well-being. Including mental health at the heart of the public health agenda will improve people’s lifestyles and reduce the burden of mental illness.

The forthcoming Public Health White Paper and local authority public health behaviours that put people's health at risk, thereby both preventing physical illness and at the heart of the public health agenda will improve people's lifestyles and reduce the importance of both mental illness and mental well-being. Including mental health underpins the key public health challenges.

Mental health is a core public health issue

- Mental illness is the single largest source of burden of disease in the UK. No other health condition matches mental illness in terms of the extent of prevalence, persistence and burden of impact. Mental ill health is consistently associated with severe problems of low income, unemployment, poor education, poor physical health and increased health risk behaviour. Mental Health has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year.

- Cost-effective interventions exist to both prevent mental illness and promote wider population mental health. The Royal College of Psychiatrists urges the Government to prioritise public mental health in its public health strategy and to adopt a cross-departmental approach to its implementation.

Investing in prevention and promotion can reduce human, social and economic costs

The UK is facing severe financial challenges, which will present public sector bodies with difficult choices as to how to spend resources and funding. A strategy which invests in prevention, promotion and early intervention not only can reduce the burden of mental ill health but also makes sound economic sense.

Intervening early to tackle mental illness can prevent future public health problems

Most mental illnesses begin before adulthood and often continue through life. Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters by mid-20s. Tackling mental health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy, economic productivity, social functioning and quality of life. It will also benefit across generations. Preventing mental illness is therefore an important public health priority that should form a key part of any wider strategy.

There is an economic cost to not intervening

- Tackling social and economic inequalities can improve mental health and well-being

In the UK, inequality between the rich and the poor is continuing to widen, with those living in the poorest neighbourhoods dying 7 years earlier than people living in the richest area. There is a major determinant of mental illness: the greater the level of inequality, the worse the health outcomes. Greater income inequality is linked to reduced rates of trust and social interaction in the community, increased fear, loneliness, hostility, violence and racism, and lower life expectancy.

- Investing early in psychosocial and early detection of pre-psychosis

Parental unemployment is associated with a two- to three-fold greater risk of emotional or conduct disorder in childhood – in the UK, one in six children now lives in a workless household. In the USA, 12% of children from the poorest households are at a three-fold greater risk of mental health problems than children from the richest 20% of households. Inequality also affects the mental health of adults, with men living in the poorest households being almost 3 times more likely to have a common mental disorder than those from the richest households. Poor mental health can have an impact on future generations, contributing further to cycles of inequality and ill health that run through families.

- Preventing even a small percentage of mental and substance misuse problems will improve the quality of life for individuals, families and communities.

Promotion and prevention activities are part of a strategic public health approach which will reduce the burden and cost of mental illness, promote well-being and reduce inequalities in health. Promoting mental health can save money in the short and long term

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In the UK, inequality between the rich and the poor is continuing to widen, with those living in the poorest neighbourhoods dying 7 years earlier than people living in the richest area. There is a major determinant of mental illness: the greater the level of inequality, the worse the health outcomes. Greater income inequality is linked to reduced rates of trust and social interaction in the community, increased fear, loneliness, hostility, violence and racism, and lower life expectancy.

Promoting mental health can save money in the short and long term

Evidence shows the cost-effectiveness of investing in mental health promotion, mental illness prevention and early intervention strategies.

Cost-benefit analyses highlight the economic returns of investing, for instance in:

- school-based programmes, including those for smoking cessation, bullying, offending and re-offending.
- screening and brief intervention for alcohol problems
- promotion of well-being and early detection of mental illness
- supported employment for individuals recovering from severe mental illness
- cognitive-behavioural therapy for those with chronic severe mental illness
- early intervention in psychosis and early detection of pre-psychosis
- suicide prevention
- debt advice

Benefits from early-years interventions, particularly for long-term outcomes, with promoting early years interventions across the UK and internationally. There are significant cost savings of £105 billion a year in England alone.
Mental health underpins the key public health challenges

There is vast evidence to show that mental illness is associated with greater risk of physical illness. Physical illness in turn increases the risk of mental illness.

- Premature death: people with schizophrenia and bipolar disorder die on average 20 years earlier than the general population, largely owing to physical health problems.
- Smoking: people with mental disorder smoke almost half of all tobacco consumed and account for almost half of all smoking-related deaths. Rates of smoking in in-patient mental health units are 70%, compared to 21% in the general population.
- Death from cancer and heart disease: people with depression have a significantly worse survival rate from cancer and heart disease.

Long-term physical conditions: people with two or more long-term physical health problems have a seven-fold greater risk of mental illness.

Alcohol: excessive consumption of alcohol is associated with higher levels of depressive and affective problems, schizophrenia and personality disorders as well as with suicide and self-harm.

Promoting mental health can bring great health, social and economic benefits across all sectors of society

Public health not only considers the prevention of illness but also the wider promotion of mental well-being. Mental health is fundamental to a good quality of life and productivity of individuals, families and communities. Its impact is felt across education, employment, criminal justice, participation in public life, social behaviour, physical health, recovery from mental and physical illness, and life expectancy. It is therefore an issue to be addressed by all government departments and areas of policy.

Mental health has been repeatedly overlooked in government public health strategies

Historically, public health strategies have concentrated on physical health and overlooked the importance of both mental illness and mental well-being. Including mental health at the heart of the public health agenda will improve people’s lifestyles and reduce behaviours that put people’s health at risk, thereby both preventing physical illness and reducing the burden of mental illness.

The forthcoming Public Health White Paper and local authority public health powers offer key opportunities

This parliamentary briefing on the Royal College of Psychiatrists’ position statement, No Health without Public Mental Health: The Case for Action

Key points of the Royal College of Psychiatrists’ position statement

No Health without Public Mental Health: The Case for Action

Mental health is a core public health issue

- Mental health is the single largest source of burden of disease in the UK. No other health condition matches mental illness in terms of combined extent of prevalence, persistence and burden of impact. Mental health is consistently associated with deprivation, low income, unemployment, poor education, poverty physical health and increased health risk behaviour. Mental illness has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year.
- Cost-effective interventions exist to both prevent mental illness and promote wider population mental health. The Royal College of Psychiatrists urges the Government to prioritise public mental health in its public health strategy and to adopt a cross-departmental approach to its implementation.

What is public health?

- The UK Faculty of Public Health defines public health as ‘The science and art of preventing disease, prolonging life and promoting health through organized efforts of society.’
- There are two distinct characteristics of public health: it focuses on prevention rather than cure; it operates on the population level rather than the individual level.

Investing in prevention and promotion can reduce human, social and economic costs

The UK is facing seven severe financial challenges, which will prevent public sector bodies with difficult choices as to priorities in spending and place them under pressure to deliver more with less. Strategies which invest in prevention, promotion and early intervention not only can reduce the burden of mental ill health but also make sound economic sense.

Intervening early to tackle mental illness can prevent future public health problems

Most mental illnesses begin before adulthood and often continue through life. Half of all lifetime cases of diagnosable mental illness begin by age 14 and three-quarters by mid-20s. Tackling mental health problems now will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy, economic productivity, social functioning and quality of life. It will also benefit across generations. Preventative investment is also essential in adulthood and older years. Promoting healthy workplaces will reduce stress and mental ill health at work. Intervening early in the illnesses of older age, such as dementia, will lead to better health for people in later life and lessen their dependence on health and social care services. More vulnerable groups, such as those socially excluded or economically deprived children in care, asylum seekers and prisoners, are at higher risk of developing mental illness and require targeted interventions.

Mental health costs the economy £105 billion a year in England alone

Tackling social and economic inequalities can improve mental health and well-being

In the UK, inequality between the rich and the poor is continuing to widen, with those living in the poorest neighbourhoods dying 7 years earlier than people living in the richest areas. Half a million people have a major determinant of mental illness: the greater the level of inequality, the worse the health outcomes. Greater income inequality is linked to increased stress rates at work, lower life satisfaction, loneliness and isolation, hostility, violence and racism, and lower well-being.

Parental unemployment is associated with a two- to three-fold greater risk of emotional or conduct disorder in childhood – in the UK one in six children now lives in a workless household. Inequalities in health, including mental health, are at a three-fold greater risk of mental health problems than children from the richest 20% of households. Inequality also affects the mental health of adults, with men living in the poorest households being almost 3 times more likely to have a common mental disorder than those from the richest households. Poor mental health can have an impact on future generations, contributing further to cycles of inequality and ill health that run through some families. Policies and interventions need to address these health and social and economic inequalities which directly contribute to poorer mental health and well-being.

There is an economic cost to not intervening

Promoting mental health can save money in the short and long term

Evidence shows the cost-effectiveness of investing in mental health promotion, mental illness prevention and early intervention strategies.

Cost-benefit analyses highlight the economic returns of investment, for instance in:

- parenting programmes for individuals with children with conduct disorder
- support programmes for women at risk of postnatal depression
- school-based programmes, including those for the promotion of well-being, bullying, offending and re-offending
- screening and brief intervention for alcohol problems
- promotion of well-behaviour and early detection of mental illness
- supported employment for individuals recovering from severe mental illness
- cognitive-behaviour therapy for those with depression or anxiety
- early intervention in psychosis and early detection of pre-psychosis
- suicide prevention
- debt advice
- physical activity programmes for older people
- anti-stigma campaigns

Preventing even a small percentage of mental and substance misuse problems will improve the quality of life for individuals, families and communities. Prevention and promotion activities are particularly cost-effective as they will reduce the burden and cost of mental illness, promote well-being and reduce inequalities. In particular, a number of studies have demonstrated significant cost benefits from early intervention activities, particularly for long-term outcomes, with programmes achieved mainly through reduced welfare and criminal justice costs and lower savings achieved mainly through reduced welfare and criminal justice costs and lower savings.
The College's position statement, related to prevention, and their carers about mental illness, and identifying potential risk factors. It is important for us and other mental health professionals to be aware of strategies related to prevention.

The College's position statement, No Health without Public Mental Health: The Case for Action, clearly shows that physical and mental health are intertwined. The statistics make disturbing reading, whether we are talking about the lower life expectancy of people with schizophrenia, or the rates of smoking in mental health in-patient wards. Yet the problem of smoking is still not being addressed in national smoking strategies, nor are public health initiatives aimed at preventing mental illness.

The College's position statement sets out the business case and makes clear recommendations for political action and policy change. We welcome the prioritisation given to public health in the health reforms the government has proposed. It is clear that strategies to tackle public health will only be effective if they address mental health and well-being. It is my hope that the evidence we present can persuade the government at all levels as well as the wider society of the need for action and the benefits it will bring.

Putting mental health at the heart of the public health agenda: what needs to be done

Professor Dinosh Bhugra, President of the Royal College of Psychiatrists

As psychiatrists, we have an important role to play in educating the public, patients and their carers about mental illness, and identifying potential risk factors. It is important for us and other mental health professionals to be aware of strategies related to prevention.

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Political action

- Mental health must have a prominent role in the Government’s public health strategy, including in the Public Health White Paper
- MPs should do all they can to ensure that any local authority public health delivery includes plans for public mental health
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- Implement the findings of the Strategic Review of Health Inequalities in England Post 2011 to reduce inequality
- Promote public health interventions that prevent future inequalities by age, gender, ethnicity and social background
- Ensure that a suicide prevention strategy which also addresses self-harm remains a Government priority
- Prioritise mental health within smoking prevention and cessation programmes in hospitals and in the community
- Attend to discrimination and stigma around mental health issues, for example in employment, and invest in the continuum of mental health anti-stigma campaigns, such as Time to Change in England
- Target public mental health interventions for people at higher risk, for example children in care, those who are unemployed or homeless
- Promote the importance of mental health and well-being in older age
- Provide interventions across the life course, including promoting parental mental health

Important policy changes

- Tackle substance addiction through a minimum alcohol pricing policy and a cross-government evidence-based addictions policy
- Implement the findings of the Strategic Review of Health Inequalities in England Post 2011 to reduce inequality
- Promote public health interventions that prevent future inequalities by age, gender, ethnicity and social background
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About the Royal College of Psychiatrists

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No health without public mental health: the case for action

Parliamentary briefing

Smoking

People with a mental disorder smoke almost half of all tobacco consumed and account for almost half of all smoking-related deaths

Heart disease

Depression doubles the risk of developing coronary heart disease

Early intervention

Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s

Inequality

Children from the poorest households have a three-fold greater risk of mental ill health than children from the richest households

Mental health is a public health issue

Read more...

- Read the full College position statement

The points made in this briefing are expanded and the evidence presented in No Health without Public Mental Health: The Case for Action, the Royal College of Psychiatrists’ position statement PS4/2010. You can download this document here: www.rcpsych.ac.uk/publichealth.

For a hard copy or for more information email publicaffairs@rcpsych.ac.uk.
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Political action

Mental health must have a prominent role in the Government’s public health strategy, including in the Public Health White Paper.

Implement the findings of the Strategic Review of Health Inequalities in England Post 2011 to reduce inequality

Promote public health interventions that prevent future inequalities by age, gender, ethnicity and social background

Ensure that a suicide prevention strategy which also addresses self-harm remains a government priority

Prioritise mental health within smoking prevention and cessation programmes in hospitals and in the community

Attend to discrimination and stigma around mental health issues, for example in employment, and invest in the containment of mental health anti-stigma campaigns, such as Time to Change in England

Target public mental health interventions for people at higher risk, for example children in care, those who are unemployed or homeless

Promote the importance of mental health and well-being in older age

Provide interventions across the life course, including promoting parental mental health.

About the Royal College of Psychiatrists

The Royal College of Psychiatrists is the leading medical authority on mental health in the UK and is the professional and educational organisation for doctors specialising in psychiatry. For more information, go to our website www.rcpsych.ac.uk. The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

Smoking People with a mental disorder smoke almost half of all tobacco consumed and account for almost half of all smoking-related deaths

Heart disease Depression doubles the risk of developing coronary heart disease

Early intervention Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s

Inequality Children from the poorest households have a three-fold greater risk of mental ill health than children from the richest households

Mental health is a public health issue

No health without public mental health: the case for action

Parliamentary briefing

Important policy changes

- Tobacco substance addiction through a minimum alcohol pricing policy and a cross-government evidence-based addictions policy
- Implement the findings of the Strategic Review of Health Inequalities in England Post 2011 to reduce inequality
- Promote public health interventions that prevent future inequalities by age, gender, ethnicity and social background
- Ensure that a suicide prevention strategy which also addresses self-harm remains a government priority
- Prioritise mental health within smoking prevention and cessation programmes in hospitals and in the community
- Attend to discrimination and stigma around mental health issues, for example in employment, and invest in the containment of mental health anti-stigma campaigns, such as Time to Change in England
- Target public mental health interventions for people at higher risk, for example children in care, those who are unemployed or homeless
- Promote the importance of mental health and well-being in older age
- Provide interventions across the life course, including promoting parental mental health.

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