Public Mental Health Learning Community Learning Set

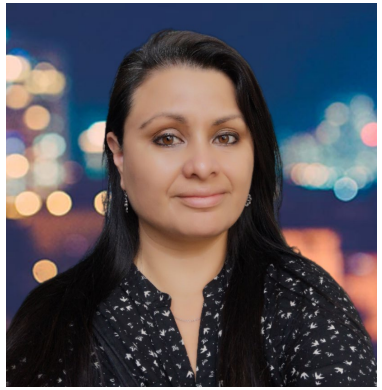
Welcome, and thank you for joining today's event!

Our speakers today include:

Dr Megan Watkins
Head of Public Mental Health Implementation Centre (PMHIC)

Veryan Richards
Lay Reviewer, Invited Review Service

Dr Sophie Behrman
General Adult Psychiatrist, Oxford



Dr Elaine Flores
Senior Research Fellow, LSHTM

Andy Bell
Chief Executive, Centre for Mental Health

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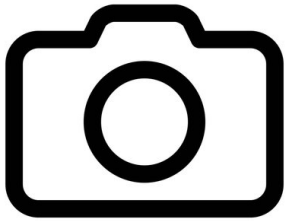
Housekeeping points before we get started

Recording the session

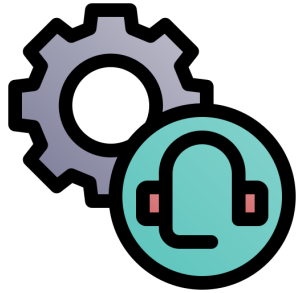
If not speaking, please mute



Camera on please, if comfortable to

Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact public.MH@rcpsych.ac.uk

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Shared principles

Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.

Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.

Collaborate

We seek to make decisions by consensus. Everyone's input is **equally** valued.

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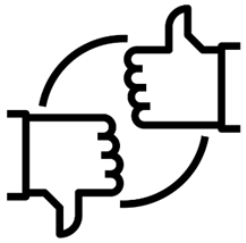
Shared principles

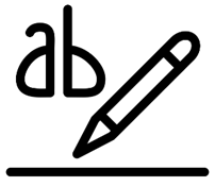
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

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Today's agenda

Time	Speaker	Affiliation	Topic
10.00-10.15	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
10.15-10.40	Veryan Richards and Dr Sophie Behrman	Lay Reviewer, Invited Review Service & General Adult Psychiatrist, Oxford	Menopause Statement Followed by Q&A
10.40-10.50	**Break**		
10.50-11.15	Dr Elaine Flores	Senior Research Fellow, LSHTM	Climate Change Followed by Q&A
11.15-11.40	Andy Bell	Chief Executive, Centre for Mental Health	Priorities for the public's mental health, nationally and locally Followed by Q&A
11:40 – 12:00	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Thank you and closing remarks

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Menopause Statement

Veryan Richards

Lay Reviewer| Invited Review Service

Dr Sophie Behrman

General Adult Psychiatrist| Oxford

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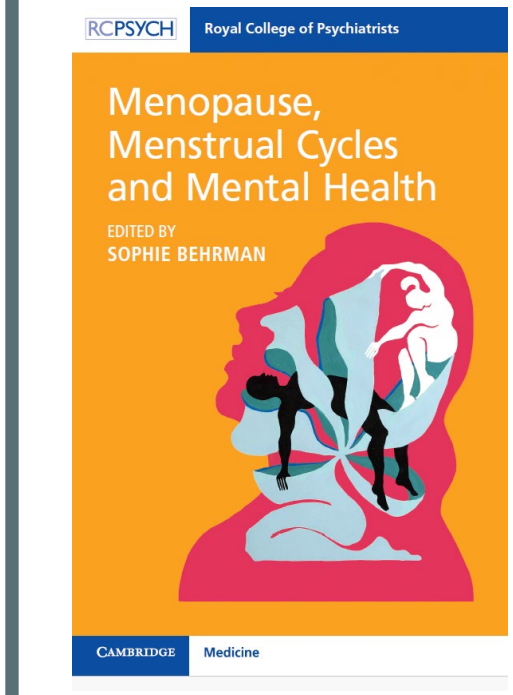
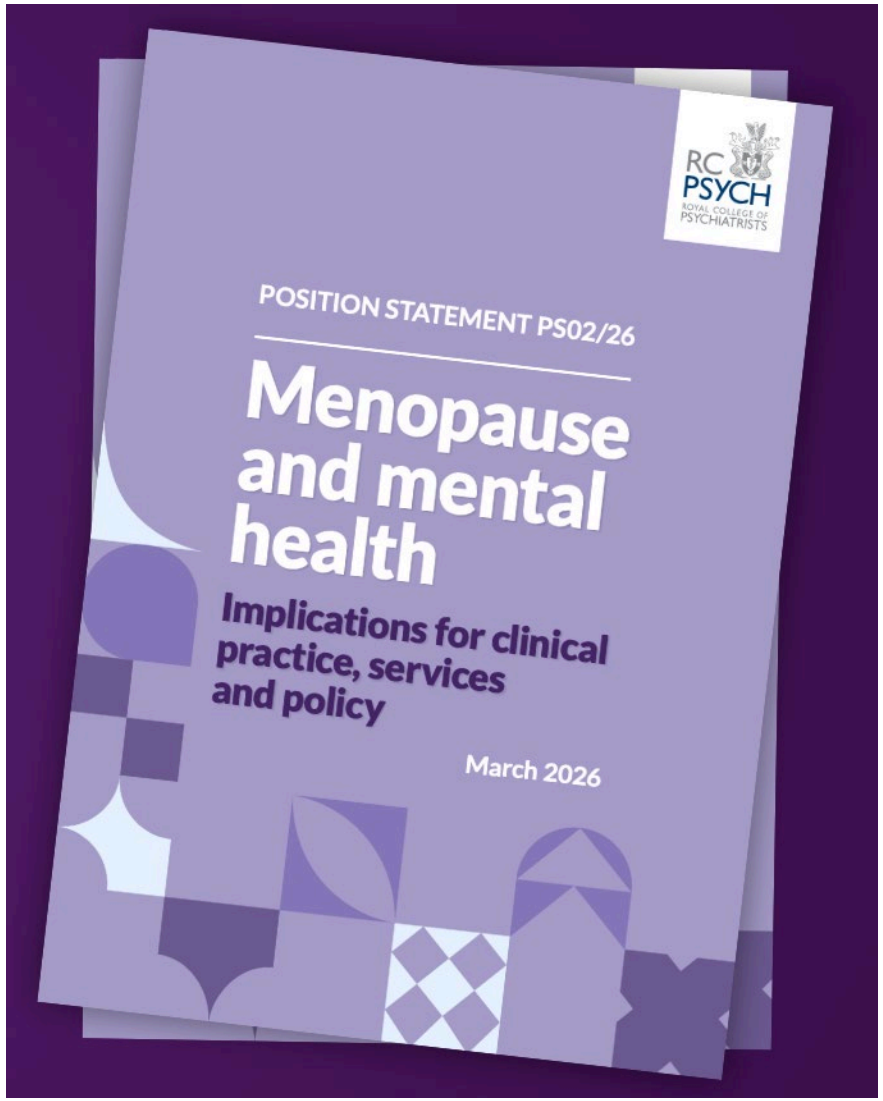


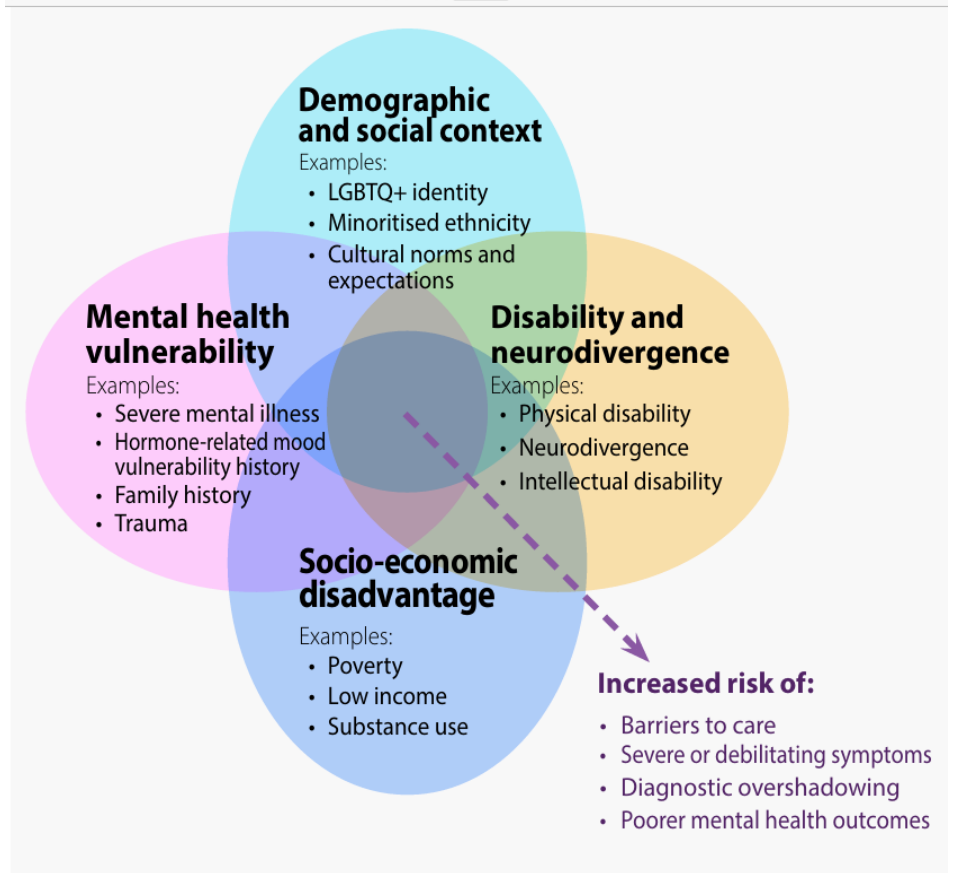


NHS
Oxford Health
NHS Foundation Trust

Health Services Safety Investigations Body

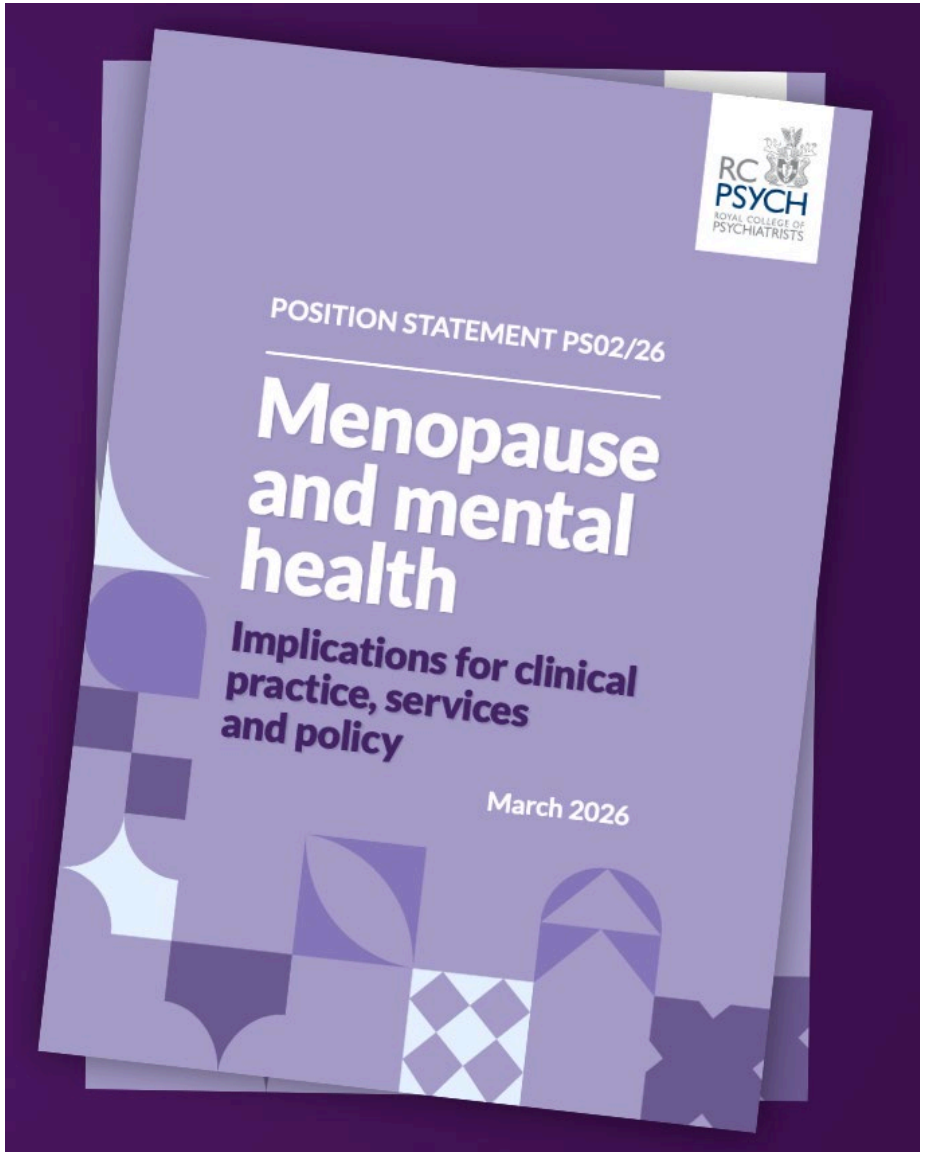
Evidence Base

- 2024 college survey- 41% psychiatrists “not confident at all”
- New onset mental disorder (RR 1.52 CI 1.39-1.67)
- Psychological **symptoms** may exacerbate comorbid mental health problem
- Suicide risk?
- Intersectionality effects
- Psychosocial factors



Recommendations for...

- The College
- Psychiatric Workforce
- Medical school deans and teaching leads
- Policy makers
- Relevant public bodies
- Employers



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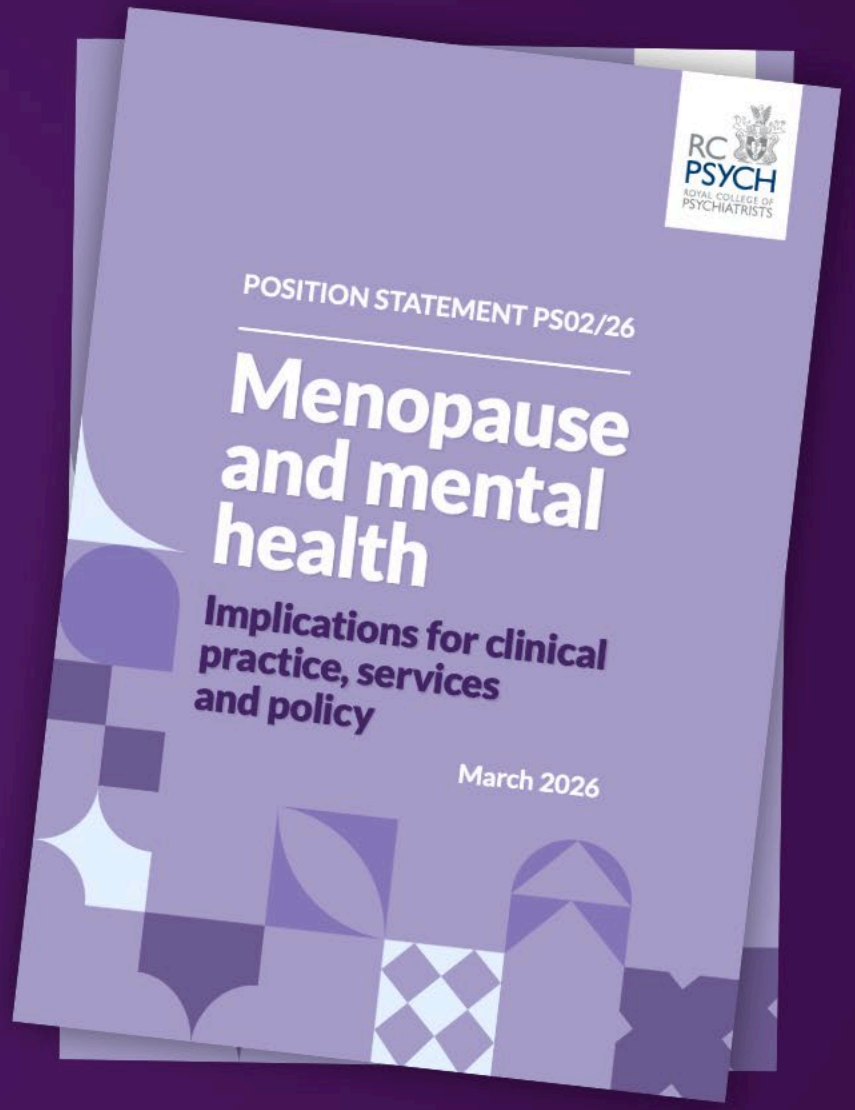
Time for action:
Menopause and mental health

Scan to read our position statement on menopause and mental health



Questions from the audience

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Time for a comfort break
See you all shortly

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Climate Change

Dr Elaine Flores

Senior Research Fellow | Human and Planetary Health at the London School of Hygiene and Tropical Medicine (LSHTM)

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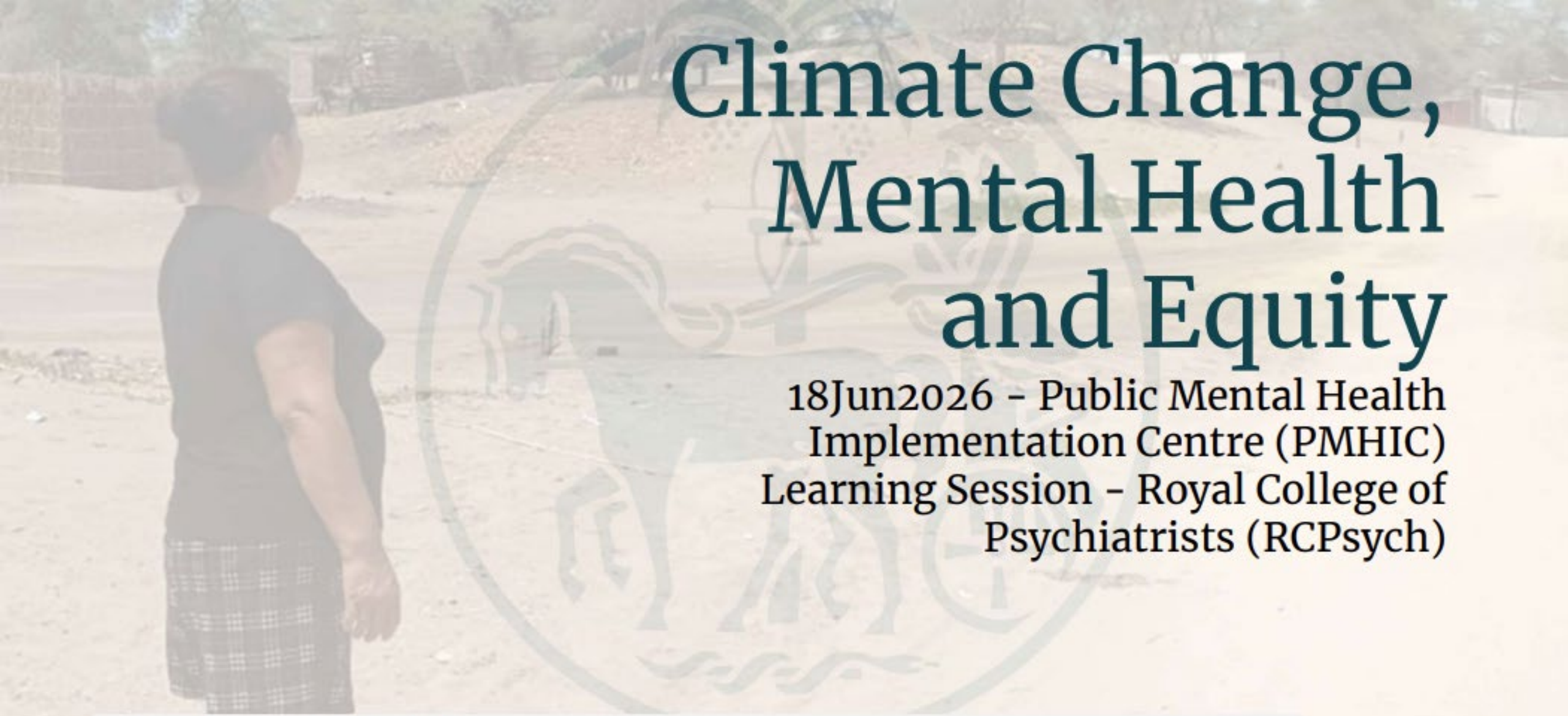

Climate Change, Mental Health and Equity

18Jun2026 - Public Mental Health Implementation Centre (PMHIC) Learning Session - Royal College of Psychiatrists (RCPsych)

Elaine C. Flores PhD, MD, MSc

Senior Research Fellow in Human and Planetary Health, LSHTM elaine.flores@lshtm.ac.uk
Associate Professor, Faculty of Public Health and Administration, UPCH elaine.flores.r@upch.pe

The Accelerating Crisis: Health, Economics, and the Case for Urgency (Lancet Countdown 2025)

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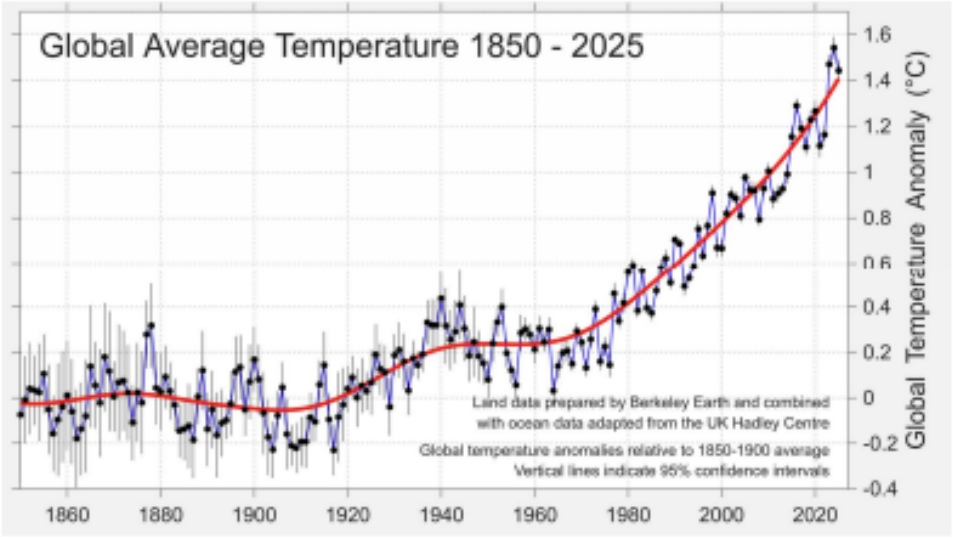
2024 >1.5°C warming; **12/20 climate-health indicators = record highs** → climate change already a **major global health threat**

Extreme heat ↑ rapidly → +63% heat deaths since 1990s (~546k/yr); infants & ≥65 yrs **+304–389% heatwave exposure** → ↑ cardio-respiratory illness, sleep disruption, mental health stress

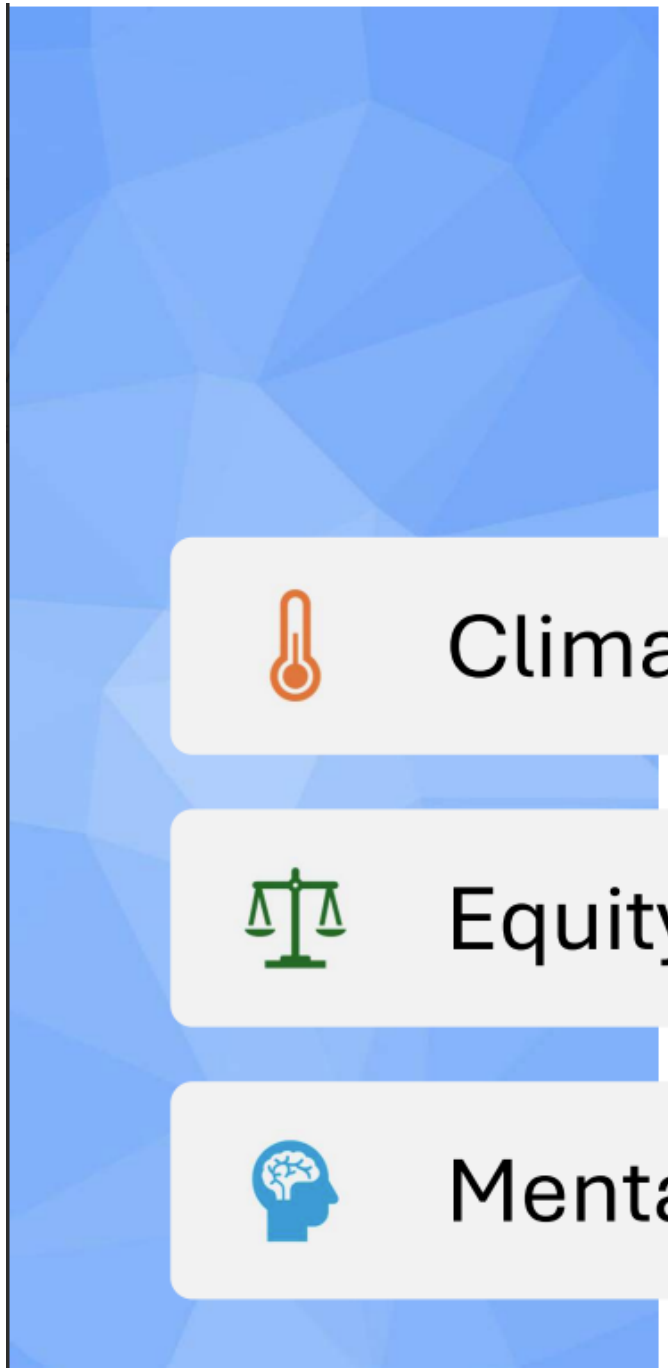
Climate hazards intensifying → 61% global land in extreme drought (2024) + extreme rainfall ↑ → **food insecurity +123.7M people**, wildfire smoke **154k deaths**, vector-borne disease risk ↑ (e.g., dengue)

Economic & system strain → 639B work hrs lost (2024) ≈ $1.09T (~1% global GDP); disasters **$304B losses** → ↑ pressure on **health systems + social stress**

Policy & energy failures → emissions ↑; trajectory **~2.7°C warming**; **$956B fossil subsidies**; **$611B fossil finance (2024)** → lost chance to prevent **millions of avoidable deaths**



Climate Change, Mental Health, and equity: The Interconnected Crisis



Planetary health equity

Today's Lecture

ANALYSE HOW STRUCTURAL DISCRIMINATION SHAPES CLIMATE-MENTAL HEALTH PATHWAYS

EVALUATE EVIDENCE OF DISPROPORTIONATE MENTAL HEALTH IMPACTS ACROSS MARGINALISED POPULATIONS

APPLY INTERSECTIONALITY FRAMEWORKS TO CLIMATE MENTAL HEALTH RESEARCH

CRITIQUE CURRENT INTERVENTIONS THROUGH AN EQUITY LENS

UNDERSTAND THE STRUCTURAL CAUSES OF VULNERABILITY IN THE CLIMATE CRISES

Devakumar, D., Selvarajah, S., Abubakar, I., et al. (2022). Racism, xenophobia, discrimination, and the determination of health. *The Lancet*, 400(10107), 2097–2108.

Through different exposure pathways, climate change effects amplify health inequities

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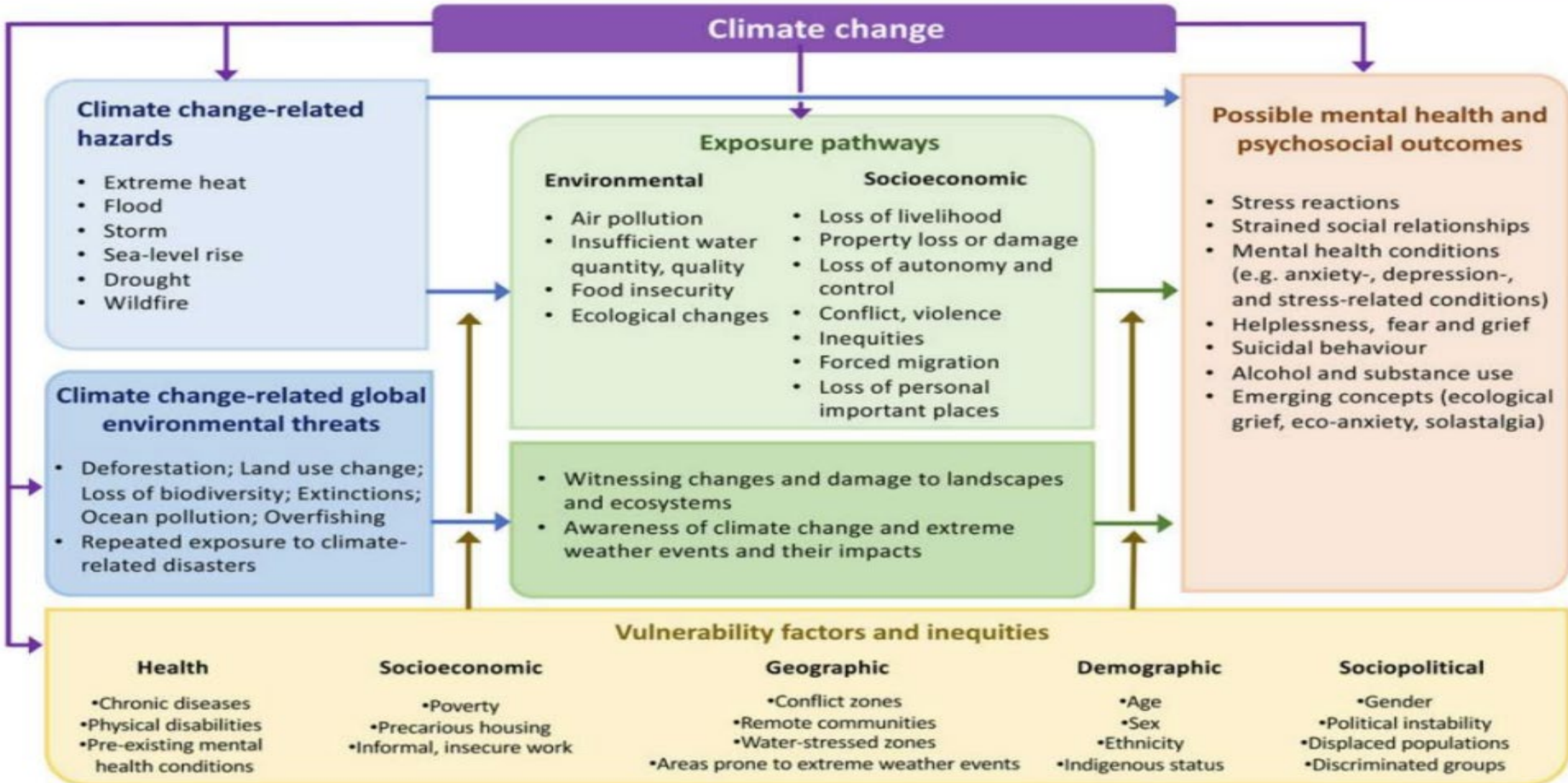


Corvalan et al. 2020

Mental health issues

Direct Effects of Climate Change

Impact of temperatures ↑↑

↑ negative emotions and ↓ positive emotions

Significant correlation with:

- Suicides
- Psychiatric hospitalizations

Epidemiological Key findings:

1↑ °C in temp associated with:

- 2.2% of ↑ mortality
- 0.9% of ↑ in morbidity
- Analysis of 1.7 million cases (Liu et al., 2021)

Proposed mechanisms

Neuroinflammation

Alteration of neurotransmitters

Sleep deprivation

Changes in social behavior

Wang et al. 2020, Christodoulou et al. 2024, Thompson et al. 2023, Liu et al. 2021, Ramadan et al. 2023

Extreme Events & Indirect Impacts

Consequences of extreme weather events

↑ mental disorders: Post-traumatic stress disorder (PTSD); Anxiety and depression; Substance abuse; Suicidal behavior

In children: Attachment disorders, phobias, sleep disturbances

Persistence of effects: *Impacts can last for months or years.*

Prenatal or early childhood exposure associated with: > risk of mental illness in adulthood; Alterations in brain development; > sensitivity to stress

Critical Indirect Impacts

Forced migration and difficulty accessing culturally sensitive care

Food Insecurity – Associated with Mental Health Impairment

Poverty and economic losses – generate and worsen stress, anxiety and depression

Mental health issues

Cuijpers et al. 2023, Burke et al. 2018, Begum et al. 2022, Ritchie et al. 2021, Vergunst & Berry 2022, Sheath et al. 2020, Elgar et al. 2021, Jones 2017, Ridley et al. 2020

Chronic Environmental Stressors: Evidence from Slow-Onset Changes

- Systematic review - effects of chronic, slow-onset climate change on mental health
- Drought is associated with ↑ depression, anxiety, psychological distress, and suicide
- Food insecurity as a mediator: strong links between nutritional stress and mental health
- Loss of place and identity: "*solastalgia*" describes distress from environmental change in one's home environment
- Prolonged stress without recovery periods creates a **cumulative mental health burden**

Burrows et al., 2024, Nature Mental Health

SOCIAL RELATIONSHIPS

Increase in aggression and violence

↑ Domestic Violence and Child Abuse

> interpersonal conflict

Impaired family functioning

Effects on care and support

Emotionally responsive < caregivers

Isolation from social support structures > child vulnerability (Cuartas et al. 2023)

Temperature & social behavior

Correlation between ↑↑ temperatures and aggressiveness

> interpersonal conflicts

↑ Domestic Violence (Miles-Novelo & Anderson 2022)

Forced climate migration

Breakdown of fundamental social ties

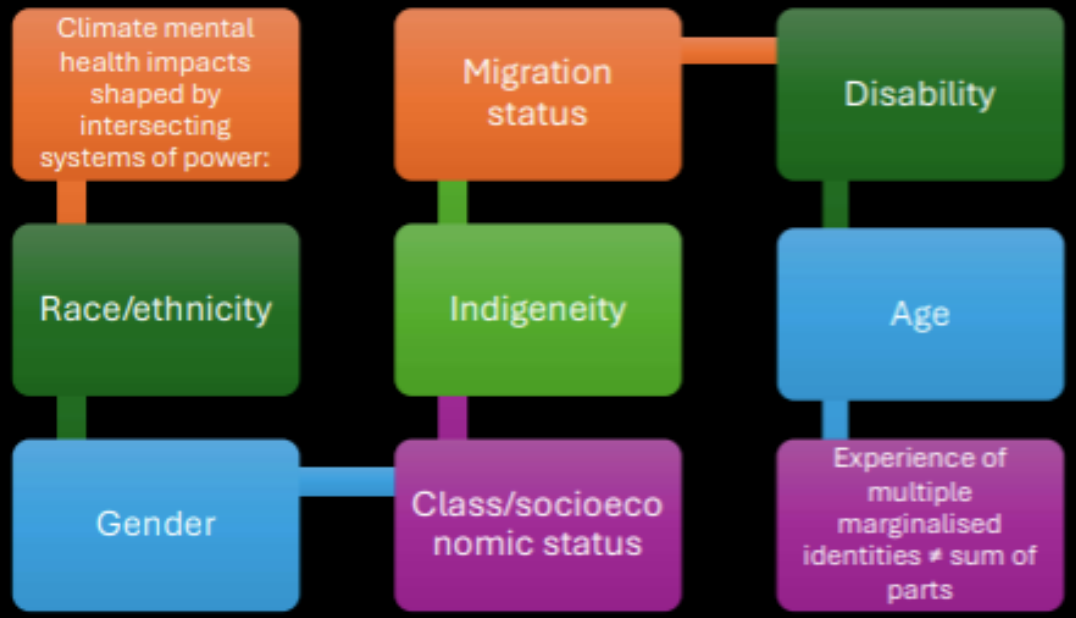
Stress during the immigration process

Discrimination and stigma in new communities

Loss of identity and difficulty finding work

Seddighi et al. 2021, van Daalen et al. 2022, Proulx et al. 2024, Cuartas et al. 2023, Miles-Novelo & Anderson 2022, Jarvis & Kirmayer 2023, Lawrance et al. 2022

Intersectionality in Climate Mental Health: Multiple, Intersecting Vulnerabilities



Groups with heightened vulnerabilities

Wom@n	Elderly
Indigenous groups	People with disabilities, MH& physical conditions
Children & young people	Underserved groups

Shannon, G., Morgan, R., Zeinali, Z., et al. (2022). Intersectional insights into racism and health: not just a question of identity. *The Lancet*, 400(10368), 2125-2136.

Climate Justice: Beyond Environmental Concern

Distributive justice: Who bears the burden of climate impacts?

Procedural justice: Who has voice in decision-making?

Recognition justice: Whose knowledge and experiences are valued?

Restorative justice: Who pays for harm and how is repair made?

Mental health must be integrated across all four dimensions

Deivanayagam, T.A., English, S., Hickel, J., et al. (2023). Envisioning environmental equity: climate change, health, and racial justice. *The Lancet*, 402(10396), 64-78.

How Discrimination Shapes Climate Mental Health Inequities

Colonialism created unequal emissions patterns and unequal vulnerability

Global North: 14% of population, 92% of excess historical emissions

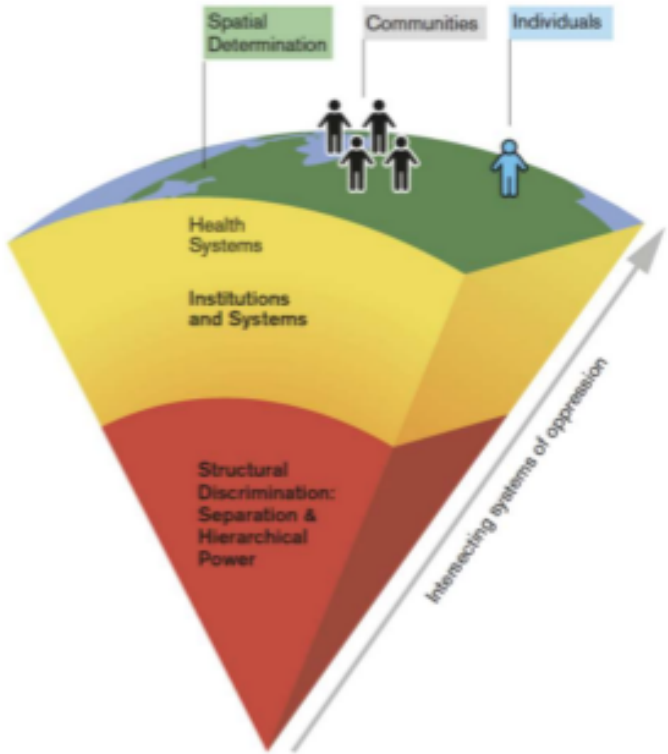
Racism, xenophobia, and discrimination determine:

Exposure to climate hazards (e.g., urban heat islands in minoritized neighborhoods)

Biological sensitivity (embodied stress, allostatic load)

Adaptive capacity (resources, mobility, voice)

Health system access during and after climate events

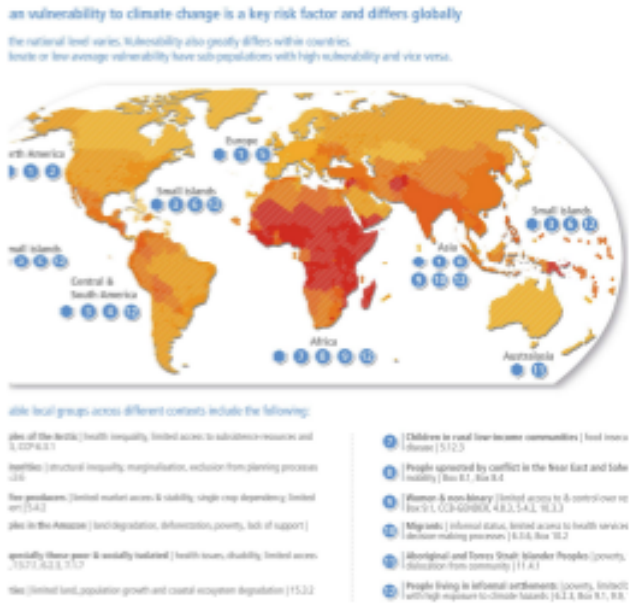


Bolte, G., Dandolo, L., Gepp, S., Hornberg, C., & Lopez Lumbi, S. (2023). Climate change and health equity: A public health perspective on climate justice. *Journal of Health Monitoring*, 8(S6), 3-35.

Devakumar et al. 2022. Racism, Xenophobia and Discrimination: Mapping pathways to health outcomes

Unequal Burden- A Geographical Reality

- Historical emissions responsibility concentrated in Global North and Climate mental health burden concentrated in Global South
- 2050 projections show stark disparities:
- Heat-related mortality: ↑↑ rates in sub-Saharan Africa, South Asia
- Malnutrition-related mental health: concentrated in regions within fair-share boundaries
- Displacement and forced migration: predominantly from the least responsible nations
- Marshall Islands: 0% responsibility, existential threat



Hickel, J. (2020). Quantifying national responsibility for climate breakdown: an equality-based attribution approach for carbon dioxide emissions in excess of the planetary boundary. *The Lancet Planetary Health*, 4(9), e399-e404.

When Distress Becomes a Resource – or a Risk: Evidence on Eco-Anxiety and Agency

Eco-anxiety is a *rational and common* response to climate change - not inherently pathological.

Its mental health impact depends on whether it **erodes agency** or **motivates adaptive action**

- Low-agency climate messaging → compounds distress and blocks problem-focused coping
- Agency-preserving framing → reduces state anxiety and sustains action

Finland (longitudinal, adolescents): Profiles of climate distress tracked over two cohorts; distress was most harmful when paired with low perceived control — *not* distress alone

Germany/USA (experimental): Young people exposed to low-agency climate narratives showed greater anxiety and less adaptive coping compared to agency-framing conditions

***How** we communicate climate risk matters as much as **what** we communicate - framing shapes mental health, not just attitudes*

Veijonaho S et al. (2024). Asbrand J et al. (2025). Hickman C et al. (2021).

Social Capital as Frontline Infrastructure – Community-Level Resilience Across Contexts

Social capital: networks of trust, reciprocity, and mutual aid - is the most consistently supported community-level protective factor for mental health following climate events

- ***Australia (post-wildfire, prospective):*** *Breadth and quality of social group memberships before disaster predicted mental health recovery better than exposure severity - irrespective of pre-existing mental health history*
- ***Rural Kenya (qualitative):*** *Smallholder farmers living with HIV showed that pathways from climate stressors (drought, flood) to emotional distress were mediated by social network disruption and livelihood loss - but buffered where community bonds held*

Coastal Bangladesh (ethnographic): In climate-vulnerable communities, women's mental health was shaped by the intersection of restricted mobility, gender norms, and limited social capital - vulnerability was structured, not individual

Critical caveat: Climate stressors can *erode* the very social infrastructure communities depend on - creating a self-reinforcing cycle where diminished support capacity worsens mental health at precisely the moment it is most needed

Implication for policy: Social cohesion must be treated as an *investable asset* in adaptation financing

Cruwys T et al. (2024). Beyeler NS et al. (2023).Goudet J-M et al. (2024)..

From Evidence to Action – Interventions That Work (and the Conditions That Make Them Work).

Task-shifting, integration, and the structural prerequisites for scale

SOLAR Programme (Skills for Life Adjustment and Resilience): brief, trauma-informed, lay-delivered psychosocial intervention

- Tested following climate-related compound disasters (wildfires + floods) in **Australia, Germany, and Tuvalu**
- Demonstrated moderate-to-large reductions in depression, PTSD, and anxiety - sustained at 2-month follow-up
- Task-shifting to non-specialist community workers: *feasible and effective*, including in high-income post-disaster contexts

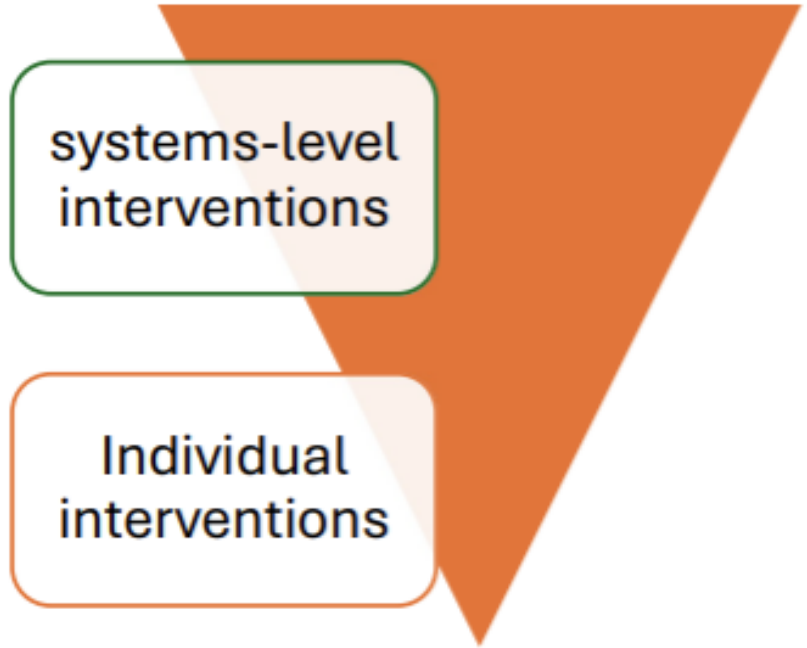
Pakistan (Sindh, flood-affected): Community task-sharing model - community health workers delivering screening, referral, and psychoeducation embedded in public health systems - reinforced social support networks; constrained where governance was fragile

Egypt (older adults, RCT): Psychoeducational programme on climate change significantly reduced climate-related distress & ↑ risk perception vs. control group

USA (minoritised youth, civic science): Place-based environmental action programmes built agency, social trust, and resilience to eco-anxiety - benefits most pronounced for youth facing compounding structural stressors **Structural prerequisites for scale:** trained community workforce; integration into primary care and disaster systems; sustained and predictable financing; equity-centred governance that prevents care burden falling disproportionately on community volunteers

Cowlishaw S et al. (2023). Rabbani F, Siddiqui A, Merali Z (2024). Elzohairy NW et al. (2024). Gallay E et al. (2022). Xue S et al. (2024).

Addressing Root Causes: A Systems Perspective



Individual resilience-building is necessary but insufficient

Must simultaneously address:

- Structural determinants (colonial legacies, extractive economies)
- Institutional practices (fossil fuel investments, discriminatory policies)
- Community-level exclusion (decision-making, resource access)
- Mental health sector's role in dismantling systems of oppression

Abubakar, I., Gram, L., Lasoye, S., et al. (2022). Confronting the consequences of racism, xenophobia, and discrimination on health and health-care systems. *The Lancet*, 400(10368), 2137–2146.

What We Can Do – Individual and Community Actions

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Individual level

- Acknowledge climate emotions as rational responses
- Build personal resilience through social connection, meaning-making, and action
- Practice psychological first aid skills

Community level

- Strengthen social cohesion & mutual support systems
- Preserve cultural practices that provide meaning and connection
- Develop community-based early warning and support systems
- Create spaces for collective processing of climate grief and anxiety
- Integrate mental health into disaster preparedness and response

Health system level

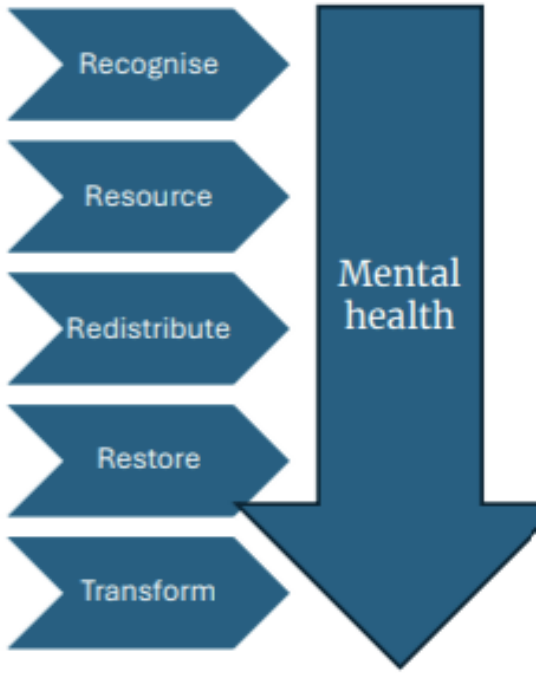
- Climate-mental health surveillance systems
- Training health workers on climate-related mental health
- Climate-resilient mental health services
- Integration of mental health in climate adaptation plans

Policy level

- Mental health as an explicit component of climate policy (NDCs, adaptation plans)
- Recognition of climate-mental health in health financing
- Protection of vulnerable populations through climate-informed social policy
- Just transition frameworks that consider mental health

Reparative Justice and Climate Mental Health

Recognise: Historical and ongoing harm from atmospheric colonisation
Resource: Loss and damage funds must include mental health support
Redistribute: Technology, wealth, and decision-making power
Restore: Land rights, Indigenous knowledge systems, community agency
Transform: Economic systems driving extraction and emissions



Mental health community must advocate for reparations

Reconsidering Reparations (2022) Olúfẹ́mi O. Táíwò

Messages to Take Home

1. Mental health impacts are not secondary→ they are integral to understanding climate change consequences
2. Affected communities possess invaluable knowledge →research must be collaborative, not extractive
3. Climate action itself can be a mental health intervention (agency counters helplessness)
4. Inequality is central → climate and mental health are justice issues
5. Despair and hope coexist → we must hold both

Global Mental Health Practice as Justice Work

- Center voices of most affected peoples and areas in research and practice
- Interrogate power in climate mental health interventions
- Support community-led solutions that address structural causes
- Advocate for reparative approaches in policy spaces
- Practice solidarity, not charity

Friel, S. (2022). Climate change, society, and health inequities. *Medical Journal of Australia*, 217(9), 466-468.

Mental health equity requires climate justice

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- elaine.flores.r@upch.pe

Questions from the audience

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Public Mental Health Implementation Centre

Priorities for the public's mental health, nationally and locally

Andy Bell

Chief Executive | Centre for Mental Health

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Public Mental Health Implementation Centre

PRIORITIES FOR PUBLIC MENTAL HEALTH

Andy Bell

andy.bell@centreformentalhealth.org.uk
@CentreforMH @Andy__Bell__

18 June 2026

WHO WE ARE

Centre for Mental Health is an independent charity.

We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health.

By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all.

A MENTALLY HEALTHIER FUTURE

CENTRE FOR MENTAL HEALTH

Our essential needs are met so we can all have better mental health.

We can all get the mental health support we need at the right time.

No one faces inequity or injustice because of their mental health.

CENTRE FOR MENTAL HEALTH

CENTRE FOR MENTAL HEALTH

Evaluations

Learning partnerships

Research

WE BUILD KNOWLEDGE
for better mental health

WE LEARN
and provide learning opportunities

Training

Policy analysis

System support

WE SPEAK OUT
about inequity & injustice

CENTRE FOR MENTAL HEALTH

WE CONVENE
people and communities

Campaigns

Networks

Anti-racism

WE LEAD
and support leadership in mental health

Coalitions

Communications

Events

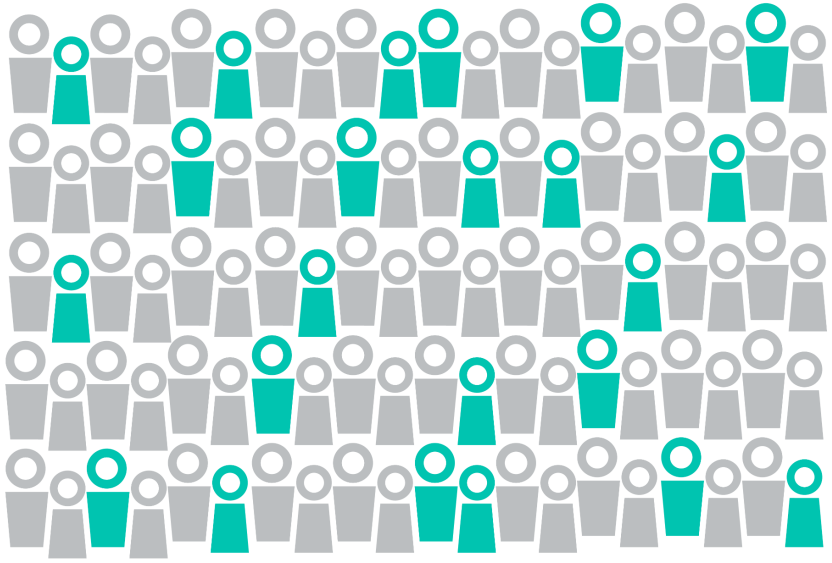
THE NATION'S MENTAL HEALTH IS GETTING WORSE...

- Higher rates of many mental health conditions among both children and adults
- Declining levels of mental wellbeing: over 9% of adults & 10% children rated their wellbeing as low in 2023
- Rising numbers needing disability benefits (among younger age groups predominantly due to poor mental health)
- Rising referrals to mental health services => higher wait times & thresholds
- Rising rates of school anxiety & absence + association between mental health difficulties & bullying + not feeling safe online

PREVALENCE OF MENTAL HEALTH DIFFICULTIES

- Children & young people:

- 1 in 10 in 2004
- 1 in 9 in 2017
- 1 in 6 in 2020
- 1 in 5 in 2023



AMONG 11-19 YEAR OLDS IN ENGLAND,
23 IN EVERY 100 HAVE A MENTAL HEALTH DIFFICULTY

ADULT MENTAL HEALTH SURVEY KEY FINDINGS

CENTRE FOR MENTAL HEALTH

- 22.6% of adults 16-64 have a common mental health problem
- Prevalence rising among all age groups, but lower rate of increase with age
- Higher rates in deprived areas, among unemployed & those with problem debts
- 39% of those with long-term condition (1 in 10 with PTSD)
- Treatment gap is falling (to ½), but medication dominates over talking therapy

WOMEN AND GIRLS' MENTAL HEALTH

CENTRE FOR MENTAL HEALTH

- Higher prevalence of common mental health conditions: women 24.2%, men 15.4%
- Double rate at ages 17-19 (31.6% and 15.4%) and 20-25 (30.4% and 13.4%)
- Much higher rate of eating disorder (for 17-19s, rates are 20.8% and 5.1%)
- Lower levels of hope for the future among young women
- Higher rates of suicidal feelings to men (hidden by lower mortality rate)
- Young women reporting sexism five times more likely to have depression
- Greater risks for trans and non-binary people + neurodivergent
- Especial risks during perinatal period (25.8%)
- Domestic violence & abuse major determinants of women's mental ill health & suicide

RISK AND PROTECTIVE FACTORS

Protective factors:

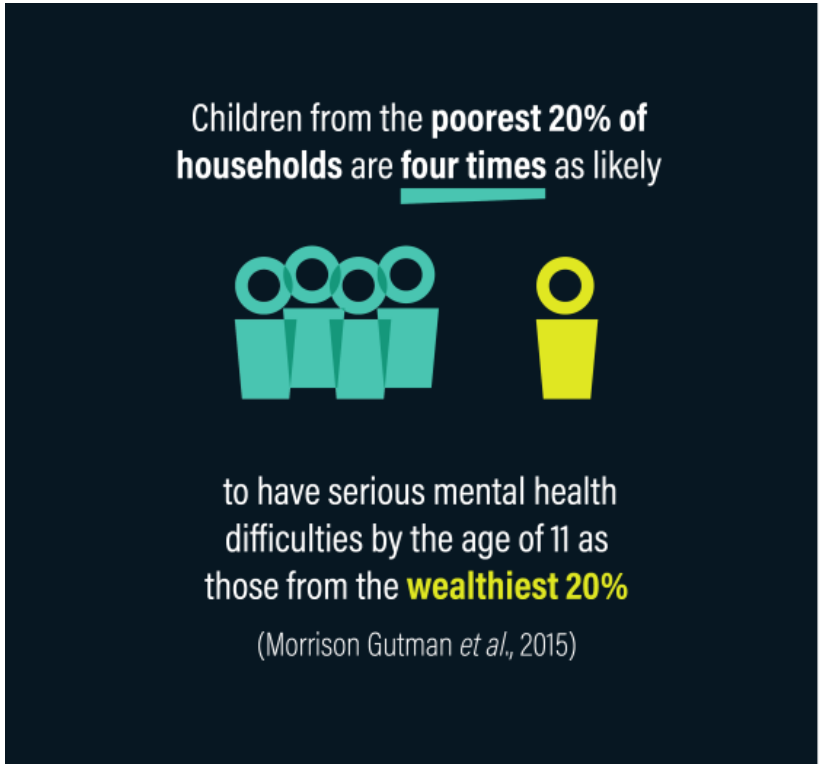
- Secure attachment in infancy
- Positive parenting
- Safe, warm housing
- Economic security
- Positive school experience
- Procedural justice, eg at work
- Access to green spaces and nature
- Social cohesion

Risk factors:

- Traumatic events and experiences
- Abuse and neglect
- Isolation and loneliness
- Bullying
- Poverty and financial precarity
- Wealth inequality
- Insecure housing and homelessness
- (Fear of) crime
- Discrimination
- Racism

GROUPS FACING HIGHER RISKS

People on low incomes
Racialised communities
Disabled people
LGBTQ+
Long-term illness
Neurodivergent
Looked After Children
Criminal justice system
Residential care



MAPPING MENTAL HEALTH INEQUALITY

CENTRE FOR MENTAL HEALTH

Figure 4: Map of County & UA (pre 4/19)s in England for Estimated prevalence of common mental disorders: % population aged 16 & over (Percentage point - per 100 2017)

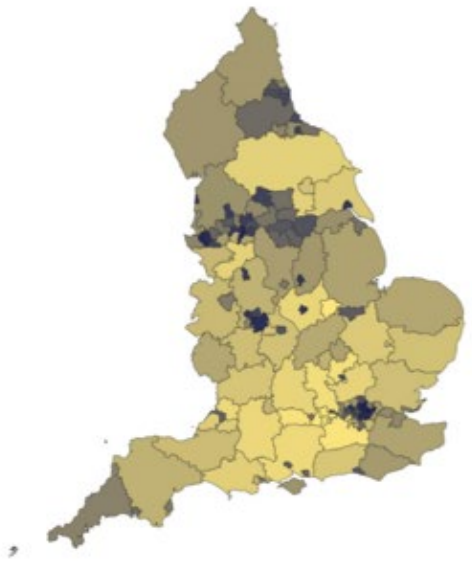
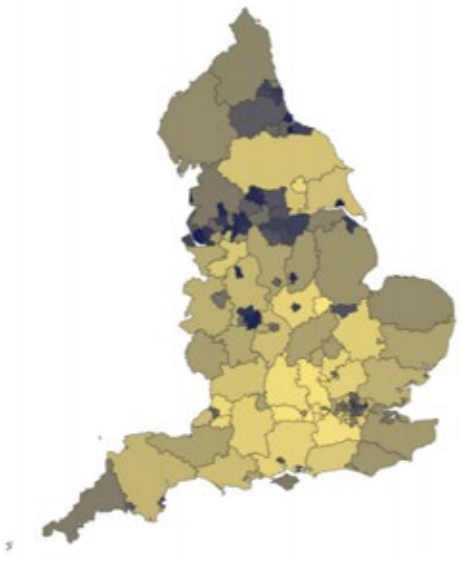


Figure 5: Map of County & UA (pre 4/19)s in England for Deprivation score (IMD 2015) (Score - 2015)



Continuous: Lowest Highest

Figure 2: Map of County & UA (pre 4/19)s in England for Estimated prevalence of emotional disorders: % population aged 5-16 (Proportion - % 2015)

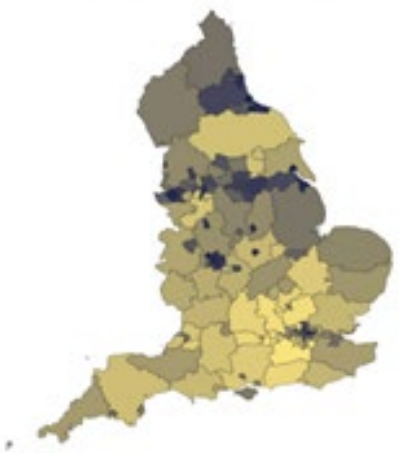
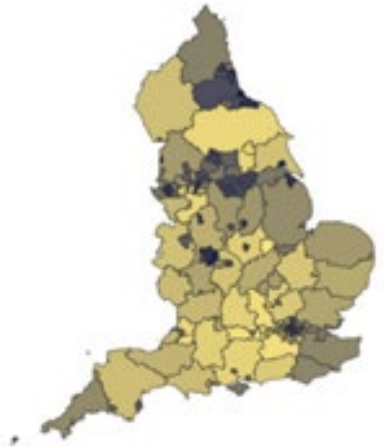


Figure 3: Map of County & UA (pre 4/19)s in England for Children in low income families (under 16s) (Proportion - % 2016)



Continuous: Lowest Highest

Used with permission from Public Health England

RACISM AND MENTAL HEALTH

- Toxic effects of structural and interpersonal racism
- Racist (not so micro-)aggressions in schools and elsewhere
- Intergenerational transmission (in both directions)
- Adultification of girls & hair discrimination
- Higher rates of exclusions among Black boys
- Racialised trauma
- https://www.centreformentalhealth.org.uk/publications/a-space-to-be-me/

WHY IS PREVALENCE RISING?

- Reductions in benefits and more punitive social security system: Universal Credit, Work Capability Assessment, rising pension age, housing benefit changes, two-child limit…
- Cuts to public services, including early years (eg Sure Start), youth services, libraries and social care (child and adult)
- Poorer access to stable employment and housing + financial precarity
- Covid-19 pandemic and its after-effects
- Declining sleep quality and duration (for children and young people)
- Exposure to social media (increasingly compelling evidence of harm)
- More high-stakes testing and punitive behaviour/attendance policies in schools

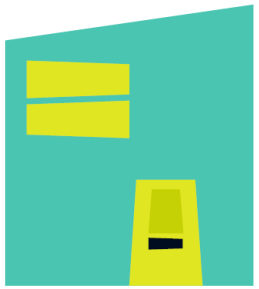
TURNING IT AROUND?

- Focus on prevention: using evidence of what can boost protective factors and/or reduce risks (building on Better Mental Health Fund)
- Sustain mental health literacy work: boost families' and communities' knowledge and understanding (it's not gone too far)
- Reframe mental health as a collective good, not individual characteristic
- Address major inequalities and inequities
- Invest in effective prevention and early help services and interventions
- Support young people to navigate online world safely: regulation *and* education
- Mental health in *all* policies: nationally and locally
- Trauma-informed approaches (in everything)

INTERVENTIONS TO PREVENT MENTAL ILL HEALTH AMONG CHILDREN AND YOUNG PEOPLE

CENTRE FOR MENTAL HEALTH

HOME



- Parental training and support
- Family therapy sessions
- Creating a safe and nurturing environment

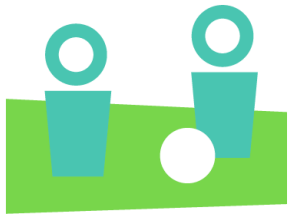
EARLY YEARS

- Play therapy
- Parent-child interaction therapy
- Staff training on mental health and wellbeing

SCHOOL

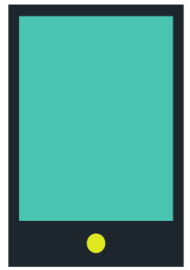
- School counselling programmes
- Mindfulness and relaxation techniques
- Teacher training on mental health
- Anti-bullying programmes

OUTSIDE SCHOOL



- Community-based programmes
- Recreational activities and sports, youth clubs
- Art and music therapy

ONLINE



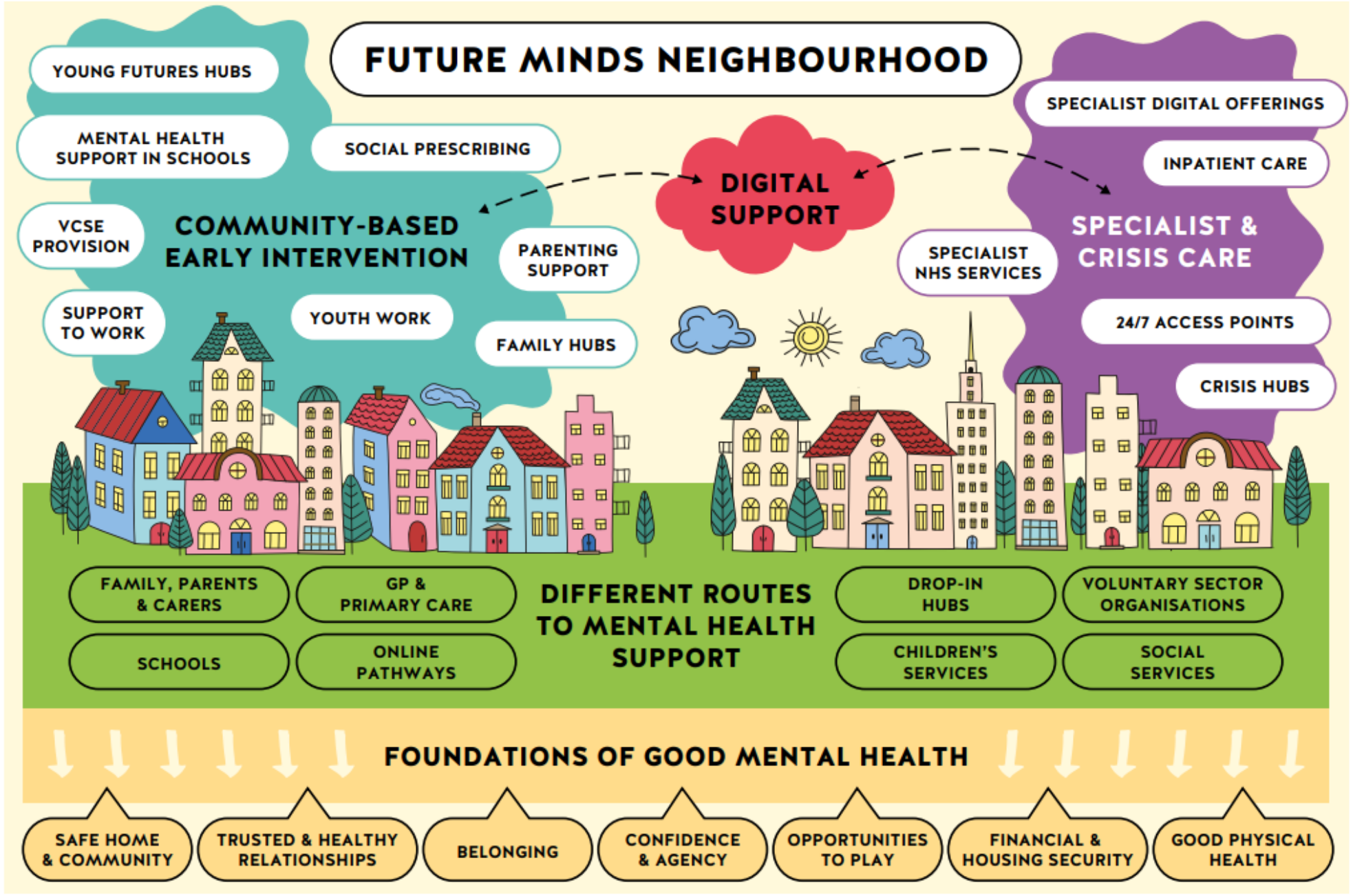
- Online counselling and support groups
- Digital literacy and safety education
- Telehealth services

COLLEGES & UNIVERSITIES

- Mental health resources and workshops
- Peer mentoring programmes
- Access to counselling services

HOUSING & EMPLOYMENT

- One to one support from peers and practitioners
- Life skills programmes



CENTRE FOR MENTAL HEALTH

SEVERE MENTAL ILLNESS

- Address social determinants: money, housing, work, etc
  - Welfare advice embedded within mental health services
  - Housing rights and supported accommodation
  - Individual Placement and Support employment services
- Tackle the life expectancy gap
  - Comprehensive approach including access to preventive interventions
  - Health checks that lead to action and support
  - Social prescribing eg for physical activity and access to nature
  - Join our campaign, Equally Well UK www.equallywell.co.uk

MENTAL HEALTH IN LATER LIFE

- Overshadowed, normalised, misdiagnosed
- Overall older people have better mental health, but some higher risk factors eg physical illness, reduced mobility and social connection, bereavement & loss
- Prevention eg through supporting social networks & volunteering opportunities
- Better access to talking therapies
- Combined mental and physical health support
- Understand (and meet) needs of groups facing higher risks
- Workforce with capabilities to work well with ageing population

REVIEWS, PLANS AND INVESTIGATIONS

- Prevalence Review: rising rate of referrals for mental health, autism and ADHD
- Milburn Review: increasing numbers of young people not in education or work
- 'Supply side review': productivity of NHS mental health services
- Timms Review: Personal Independence Payment
- Special Educational Needs and Disabilities strategy
- Modern Service Frameworks: for 'serious mental illness' and for children & young people
- Mayfield Review: health at work
- Social media restrictions and regulations: consultation under way
- Government mental health strategy: call for evidence May-July 2026

THE (MANY) ROLES OF LOCAL COUNCILS

- Assessing needs (eg through JSNA) and making health & wellbeing strategies
- Public health and social care services
- Suicide prevention strategies and actions
- Housing, planning, licensing and the built environment
- Transport and travel
- Community safety
- Services that enhance mental health, eg parks, libraries, leisure
- Convening role and scrutiny powers
- Leadership and public voice: championing mental health in communities
- Grants and support for VCSE sector

MENTALLY HEALTHIER COUNCILS FRAMEWORK

- Ten evidence-based steps every council can take to support better mental health for all locally
- Co-produced with Network members including in Worcestershire, Leeds, Birmingham and Wandsworth
- Self-assessment tool to help councils see where they're making progress and opportunities to go further
- https://www.centreformentalhealth.org.uk/about-us/networks/mentally-healthier-councils-network/framework-mentally-healthier-council/
- Complements the Prevention Concordat for Better Mental Health

FRAMEWORK FOR A MENTALLY HEALTHIER COUNCIL

1. Embed a mental health in all policies approach.
2. Publish a recent mental health needs assessment and strategy.
3. Adopt the Living Wage Foundation accreditation.
4. Develop and implement an anti-poverty strategy.
5. Ensure planning policies actively promote safe and affordable housing.

Strengthen accountability

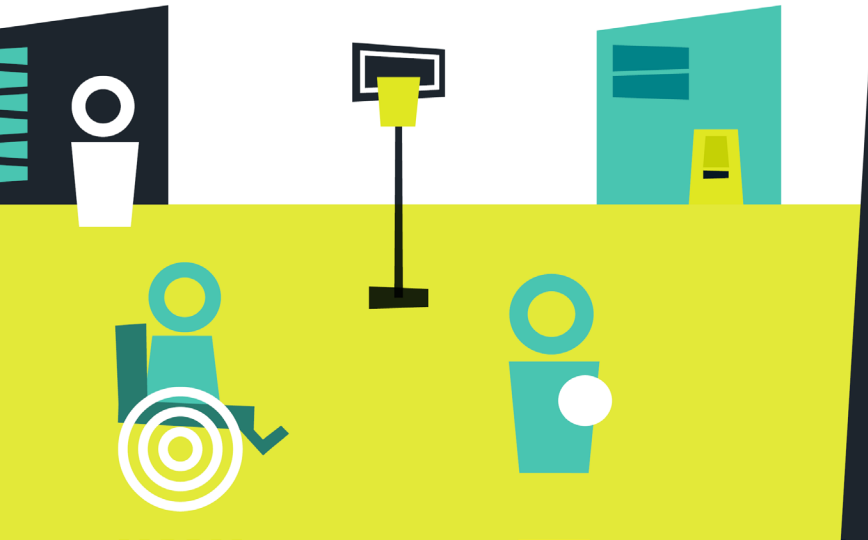
Tackle poverty

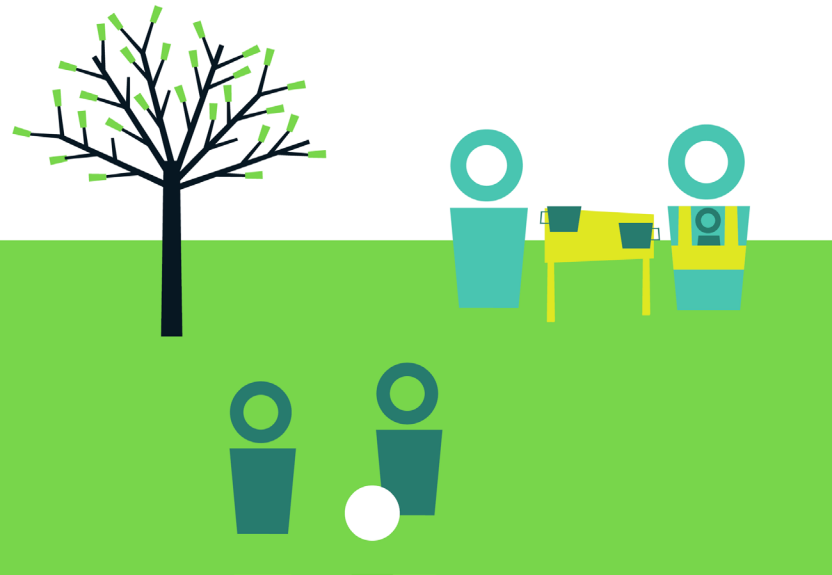
Improve the environment

Support prevention and early intervention

Embed equity and inclusion

6. Adopt planning policies that expand green, play and community spaces.
7. Provide high quality, free parenting support.
8. Ensure sustained investment in early support mental health hubs.
9. Champion a whole school and college approach.
10. Adopt a prevention-focused approach to reducing mental health inequalities.





MENTALLY HEALTHIER COUNCILS NETWORK

CENTRE FOR MENTAL HEALTH

Supported by The Health Foundation

A MENTALLY HEALTHIER NATION

- A national mental health plan: https://www.centreformentalhealth.org.uk/publications/mentally-healthier-nation
- Mental health in all policies: https://www.centreformentalhealth.org.uk/publications/policies-for-better-mental-health/
- A mental health commissioner: https://www.centreformentalhealth.org.uk/publications/a-mental-health-commissioner-for-england/

REPORTS AND RESOURCES

- Mental Health Needs Assessment guide https://www.centreformentalhealth.org.uk/publications/what-makes-a-good-mental-health-needs-assessment/
- Future Minds roadmap https://www.centreformentalhealth.org.uk/publications/future-minds-a-roadmap-to-transform-children-and-young-peoples-mental-health-by-2035/
- Invest in Childhood https://www.centreformentalhealth.org.uk/publications/invest-in-childhood/

THANK YOU

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@CentreforMH @Andy__Bell__ @EquallyWellUK

Questions from the audience

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Public Mental Health Implementation Centre

Thank you and closing remarks

Dr Megan Watkins

Head of PMHIC

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Public Mental Health Implementation Centre

Upcoming Events

- **Workshop (virtual)**
  23rd July 2026 (Thursday) at 2pm

- **Learning Set (virtual)**
  17th September 2026 (Thursday) at 1pm

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

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PMHIC Blog Series: Perspectives on public mental health

Aims to highlight the voices of public health experts, promote public mental health as an intrinsic part of psychiatry, and support College members and the wider public

Authors/co-authors are invited to write blog posts that address current and relevant topics in public mental health

Format – co-produced and including a call to action that encourages reader engagement

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How did you find today's event?

We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you and your work

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