RC PSYCH
ROYAL COLLEGE OF
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A–Z of public mental health

Public Mental Health
Implementation Centre

Public mental health (PMH) is present in every aspect of our lives. In this resource, Dr Peter Byrne (Consultant Liaison Psychiatrist at the Royal London Hospital; Joint Clinical and Strategic Director of the PMHIC and visiting Professor at University of Strathclyde) takes us through his most important PMH terms and factors in an A–Z of PMH. The resource explains terms that people may be less familiar with (in italics), and many more that demonstrate the reach of PMH.

For ongoing evidence reviews, check the Public Mental Health Implementation Centre (PMHIC) webpage.

A is for Alcohol

Alcohol is the most widely misused substance in the UK. Current guidelines recommend <14 units a week over >3 days, but any amount is harmful to physical and mental health and it increases violence (see V is for Violence) and suicide (see S is for Suicide prevention).

B is for Bias

Bias clouds all aspects of promotion and prevention in PMH. What works for some people may not help others; we need (and have) evidence, not value judgments. Also see I is for Inequalities.

C is for Childhood adversity

Abuse, including neglect, and deprivation are major causes of mental disorders: 75% start by early adulthood. PMH works to prevent, and reduce the impact of, *adverse childhood events* (ACEs).

D is for Drugs including nicotine

Misusing drugs and tobacco do not fix mental disorders – they cause and can worsen them. Preventing misuse and engaging people who have a *substance-use disorder* is central to PMH.

E is for Exercise

Walking for 30 minutes at least four times a week improves mood and reduces stress. Exercising with others increases the chance of it becoming a habit.

F is for 'Vitamin F'

In PMH, F is for contact with friends and family. It is the 5+ conversations a day we all need to maintain good mental health, and access to support when needed.

G is for Groups

Doctors see one person at a time – PMH intervenes with groups of people. It can reach everyone (*universal*), or selected groups (*targeted*, such as people who are homeless) that will benefit from specific PMH interventions.

H is for Housing

Suitable, safe and good-quality housing is a *basic human right*. Inadequate or no housing are major drivers of mental disorders and addictions. PMH supports Housing First and sustainable housing (also see N is for Noxious environments).

I is for Inequalities

Inequalities may include forms of exclusion based on age, gender identity, disability, race/ethnicity, sexuality, social class and others. Social determinants are the 'causes of the causes' of poor mental and physical health.

J is for Justice

Achieving the best possible public health is about fairness (*equity*), with equal access to health and other services for excluded groups – then, justice is about outcomes. PMH is rights-based, not an add on.

K is for Knowledge

We live in an era of improved mental health awareness, but there is a lot of knowledge (*evidence*) about mental health that is not widely known or adequately resourced. We call this the *PMH Implementation Gap*.

L is for Life expectancy

In the UK, people's average lifespan had started to fall before COVID-19. More years were lost among the most deprived and people with mental disorders and/or learning disabilities. PMH can reverse this loss of life.

M is for Mental Health in all Policies

Mental Health in all Policies is the key to PMH. Government at every level, from council to parliament, make policies to address specific challenges. We ask of each policy: how will this impact on the public's mental health?

O is for Obesogenic environment

We walk less, look at screens more, eat more ultraprocessed food, and our children are targeted by adverts for unhealthy food. One in three children now leave primary school overweight or obese.

N is for Noxious environments

Toxic air pollution, badly designed living environments with inadequate playgrounds, crime and antisocial behaviour, and lack of access to green and blue spaces all combine to damage our physical and mental health.

P is for Prevention

No one wants to divert money from hospitals. We ask for modest resources to prevent mental disorders and drug misuse, including alcohol and cigarettes. Many forms of dementia are preventable.

Q is for Quality Improvement

Quality Improvement (QI) is a proven way to implement small PMH activities. It is cheaper than randomised trials, and we can scale-up and spread proven actions.

S is for Suicide prevention

Suicide is the worst possible outcome of mental illness. We know how to prevent the final pathways to despair – PMH also works to reduce access to lethal methods. Drinking (see A is for Alcohol) is known to increase the risk.

R is for Recovery

The definition and use of this term in PMH has been debated, but it can be thought of living beyond a mental health condition to live a full, productive and meaningful life. Friends, family, carers and loved ones form a 'triangle of care' between the service user and service staff.

T is for Treatment gap

Treatment gap is the gap between the number of people who have a mental disorder (1 in 4 of us) and how many receive treatment (fewer than 1 in 4).

U is for Urban, rural and the in-between places

Where we live has a strong influence on mental health. PMH gathers data to plan *place-based evidenced interventions.*

V is for Violence

Violence is not a symptom of mental disorder, but PMH activities that reduce alcohol excess and substance misuse also reduce acts of violence. See also A is for Alcohol and D is for Drugs.

W is for Work and workplace

Not having a job or working in an unsupportive workplace can damage mental health. Meaningful work, adequately paid, with reasonable adjustments are key. Voluntary/unpaid work can also have an impact on mental health.

X is for XX chromosomes

Genes can lead to some mental disorders. *Structural discrimination* also means women carry more risks than men of some mental disorders. See the RCPsych Position Statement on supporting transgender and gender-diverse people.

Y is for Years Lived with Disability

Too many people spend the latter years of their adult lives carrying the burden of preventable mental and physical illnesses.

Z is for Zzz

Zzz is sleep! Last but not least, improving sleep is the one thing we can all do to protect and restore mental health. Other changes we can make to improve our sleep quality are: exercising, limiting caffeine, limiting alcohol, not misusing substances.

References

Boardman J, Killaspy H, Mezey G. Social Inclusion and Mental Health: Understanding Poverty, Inequality and Social Exclusion (second revised edition). London: RCPsych; 2022.

Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Reports. 2014;129 (Suppl 2):19-31.

Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. World Psychiatry. 2014;13:153–60.

Dinesh B, Bhui K, Wong SYS, Gilman SE (eds). Oxford Textbook of Public Mental Health. Oxford: Oxford Academic Press; 2018.

Firth J, Solmi M, Wootton RE, Vancampfort D, Schuch FB, Hoare E, et al. A meta-review of "lifestyle psychiatry": the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. World Psychiatry. 2020:19;360–80.

Galea S. Healthier: Fifty Thoughts on the Foundations of Population Health. New York, NY: Oxford University Press; 2008.

Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2017;2:e356–e366.

Jenkins J, Bedirhan Ustin T. Preventing Mental Illness: Mental Health Promotion in Primary Care. London: John Wiley and Sons; 1998.

Livingstone G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, Ames D, et al. Dementia prevention, intervention, and care. The Lancet Commissions. Lancet 2017;390:2673–734.

Marmot M. The Health Gap: the challenge of an unequal world. London: Bloomsbury; 2015.

Murthy VH. Together: loneliness, health and what happens when we find connection. London: Profile Books; 2021.

Scott AJ, Webb TL, Martyn-St James M, Rowse G, Weich S. Improving sleep quality leads to better mental health: a meta-analysis of randomised controlled trials. Sleep Medicines Review. 2021;60:101556.

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