GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Public Health Wales consultation response

Health and Social Care Committee inquiry into mental health inequalities

Summary

- The underlying causes of inequalities in mental health and well-being in Wales are shared with those of all health inequalities.
- Taking action on mental health inequalities will involve tackling the 'wider determinants' of health; i.e. the social, economic and environmental drivers of health, including having the resources for healthy living, education, fair work and a supportive home and wider physical and social environment.
- Some population groups in Wales are particularly vulnerable to poor mental health and well-being, as they are more likely to have adverse, rather than protective, experiences of these factors. They may also be at increased risk due to discrimination and stigma, or as a consequence of their physical health.
- Inequity in the causes of poor mental (and physical) health and well-being can be exacerbated by inequity in access to, and experience of, care and support services.
- People can experience compounding, negative impacts on their mental health and well-being at any one time and throughout their lives. For example, family stressors, including childhood trauma and financial strain, can affect the mental health of children. This, in turn, can lead to reduced educational attainment, affecting their future participation in the workforce/ ability to access services, which can then have further, negative impacts.
- Addressing inequalities in Wales requires a focus on the full spectrum of public health approaches, including: acting on the determinants of mental health inequalities, promoting mental well-being, preventing future mental health problems, and recovering from mental health problems.

Public health approaches

There are a number of public health approaches that can be taken to help address mental health inequalities, including:

- **Improving population-level data collection to support the design and evaluation of services and policies to ensure they are focused on prevention, meet need and deliver the intended outcomes;**
- **Embedding consideration of impacts on mental well-being as part of policy and investment decisions (Mental Health and Well-being in All Policies). This can be supported by implementation of the forthcoming health impact assessment regulations attached to the Public Health (Wales) Act 2017;**
- **Taking action on, and account of, the social, economic and environmental factors that influence mental health, well-being and inequalities (the wider determinants of health) and how they can interact with each other, and other factors such as discrimination, stigma and poor physical health, to have a cumulative, negative impact (intersectional inequalities).**

- **Taking a life-course approach, recognising the vital importance of the early years, children and young people, adults and older adults, with a focus on prevention, early intervention and resilience.**
- **Actively engaging and empowering communities in order to shift the power dynamic that drives inequalities, and re-orienting services to improve access, quality and equity.**

1. Introduction

Due to the breadth of topics felt to be captured by this consultation, Public Health Wales has chosen not to respond in the framework provided**.** However, connections to specific consultation questions have been drawn out where appropriate.

Throughout the response we have included examples of public health approaches for tackling specific aspects of mental health inequalities. In the final section, we identify what further action is needed to embed and build upon these approaches to reduce mental health inequalities in Wales.

2. Public health definitions of mental health inequalities

2.1 Mental health

"*Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community*" (WHO, 2004) 1

In its work, Public Health Wales seeks to recognise and consider the full spectrum of mental health and well-being. This includes mental well-being, medically defined and diagnosed conditions, such as anxiety, depression, psychosis and dementia; as well as symptoms and experiences of mental distress that are affecting someone's life and well-being.

2.2 Inequalities

Inequalities can be defined as measurable differences in mental health and well-being, or in the determinants of health and well-being, between groups and communities. Where these differences are systematic, avoidable and unfair, they are termed inequities. Mental health inequalities relating to socio-economic and structural factors are, by their nature, inequitable.

Specific groups in the population are at increased risk of poor mental health and well-being. This can be due to structural factors, such as the conditions in which they live and work; the impacts of factors such as discrimination and stigmatisation (see section 3); or other health issues, such as living with chronic pain. There can also be inequalities in physical health outcomes for people living with poor mental health i.e. their physical health needs can be overshadowed by their mental health presentations ("diagnostic over-shadowing"), and/or their medication can put them at increased risk of poor physical health.

While this response focuses on mental health and well-being, it is important to note that the underlying causes of inequalities in mental health and well-being are shared with those of all health inequalities. Work to address mental health inequalities needs to take account of this relationship. There is more detail on the factors underlying inequalities in mental health and well-being in section 3.

3. Factors contributing to poor mental health in Wales

Q1: What factors contribute to worse mental health within these groups?

We all have mental health and well-being, which is dynamic and affected – positively and negatively – by a range of factors such as social relationships, economic security, significant life events, community resources, the environment, our physical well-being, our ability to control key decisions that affect our life, our coping resources and more.

3.1 The wider determinants of health

The term 'wider determinants' refers to the social, economic and environmental factors that influence mental health, well-being and inequalities. The WHO has described these as the five 'essential conditions', or building blocks, for a healthy life[2]:

- good-quality and accessible health services;
- income security and an appropriate, fair level of social protection;
- decent living conditions (including housing, communities and the wider environment);
- good social and human capital (including education and skills, trust and relationships);
- decent work and employment conditions.

The wider determinants of mental health also include discrimination and stigmatisation. Experience of this, for example, racism, is associated with worse mental health outcomes[3].

Public health approach: mental health inequalities and work

Unemployed people have a greater risk of poor mental health than those in employment[4]. People experiencing long-term health conditions or disability, younger people and those from our most socioeconomically deprived communities, are more likely to be unemployed. These groups are also more likely to be exposed to other factors that contribute to poor mental health and well-being, increasing their risk.

For those in employment, the nature of their work can also affect their mental health and well-being. Participation in fair work provides people with a sense of purpose, a sense of control in their lives, and means that people have money and resources for a healthy life for them and their families. This reduces psychological stress, can create a stepping-stone out of poverty and helps children have the best start in life. Fair work can also contribute to an economy of well-being, improving mental and physical outcomes for the whole population, including those most disadvantaged.

Poor mental health is one of the main reasons or staff sickness absence across the UK[5] (see also section on 4.1 on the impact of the COVID-19 pandemic). A review of the data related to employment in Wales, suggests that more workers are being pushed towards part-time and/or insecure work where they have to work harder for fewer rewards and with less job security[6]. Lower paid, 'precarious work' is typically characterised by insecurity of employment, poor psychosocial working conditions and worse mental health.

There is evidence that working conditions contributing to workplace mental health and well-being can be improved in a number of ways[7][8][9]. PHW's Healthy Working Wales programme, works with employers to prioritise mental health and well-being in their workplaces, assisting them to develop and deliver a strategic and coordinated programme of delivery. The programme supports organisations to embed a range of evidence-based criteria to ensure that fair work design and organisational culture drives positive mental health and well-being outcomes; that mental health is monitored across the organisation; and that line managers are trained to understand risk factors. In addition, Healthy Working Wales works with partners to signpost to tailored interventions across the organisation, for teams and for individual employees, ranging across the mental health and well-being continuum.

More broadly, supporting participation in fair work can help improve mental well-being for those working and for their families. Employers have a key role in improving access to fair work, as do many public sector and other bodies, including through socially responsible

procurement. Ensuring that jobs have decent pay (fair reward), involve employees, are flexible to their needs and provide healthy environments, can reduce the stress on individuals and families, and improve well-being. PHW has established an expert panel to help influence how participation in fair work can be improved in a way that improves health, well-being and equity.

Public health approach: maximising the potential of the built and natural environments to improve mental health and well-being

Working across sectors to enhance the built and natural environment provides important opportunities for reducing inequalities in mental health. For example, greener environments have been shown to promote mental health and well-being and these benefits are greatest for socioeconomically disadvantaged groups, with inequality in mental well-being narrower in deprived groups that have good access to greenspace, compared to those with less access[10].

The Wales Health Impact Assessment Support Unit facilitates and supports engagement between public health, place making and planning in Wales.

The table below summarises some examples of the factors that influence mental health in Wales, such as low income, exposure to violence and abuse, loneliness, poor working conditions and social and gender inequalities. It also highlights the factors that can promote and protect mental health and well-being such as good parenting, equality, educational achievement and physical health[11].

Inequalities arise when some people or communities experience increased exposure to the adverse factors and/or have less access to protective factors, making them more likely than others to experience poor mental health and well-being. Multiple disadvantage and vulnerability factors can have a cumulative impact on someone's health and well-being, increasing their risk or worsening their experience.

Level	*Adverse factors*		*Protective factors*
Individual attributes	Low self-esteem	↔	Self-esteem, confidence
	Cognitive/emotional immaturity	↔	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	↔	Communication skills
	Medical illness, substance use	↔	Physical health, fitness
Social circumstances	Loneliness, bereavement	↔	Social support of family & friends
	Neglect, family conflict	↔	Good parenting / family interaction
	Exposure to violence/abuse	↔	Physical security and safety
	Low income and poverty	↔	Economic security
	Difficulties or failure at school	↔	Scholastic achievement
	Work stress, unemployment	↔	Satisfaction and success at work
Environmental factors	Poor access to basic services	↔	Equality of access to basic services
	Injustice and discrimination	↔	Social justice, tolerance, integration
	Social and gender inequalities	↔	Social and gender equality
	Exposure to war or disaster	↔	Physical security and safety

Public health approach: recognising intersectional inequalities

People in more marginalised communities can experience less access to protective factors to overcome adversity, leading to a higher risk of a negative social health outcome due to adverse childhood experiences. Public Health Wales has undertaken specific research in this area looking at the experience of refugee and asylum-seeking children as well as the impact of violence on migrant, asylum-seeking refugee women and girls. COVID-19 has exacerbated the inequality of access to support in these communities, as they often rely on community led support based on trust established through face-to-face contact. Public Health Wales worked with the Wales Strategic Migration Partnership and Jahee to produce a leaflet in six languages to provide information about where to access support[12].

Poor physical health is a risk factor for poor mental health and well-being. In addition, there is a growing evidence that the "social and material conditions of daily life act through the mind to affect well-being and health"[13], i.e. that poor mental health and well-being can have consequences for physical health (see Figure 1 below).

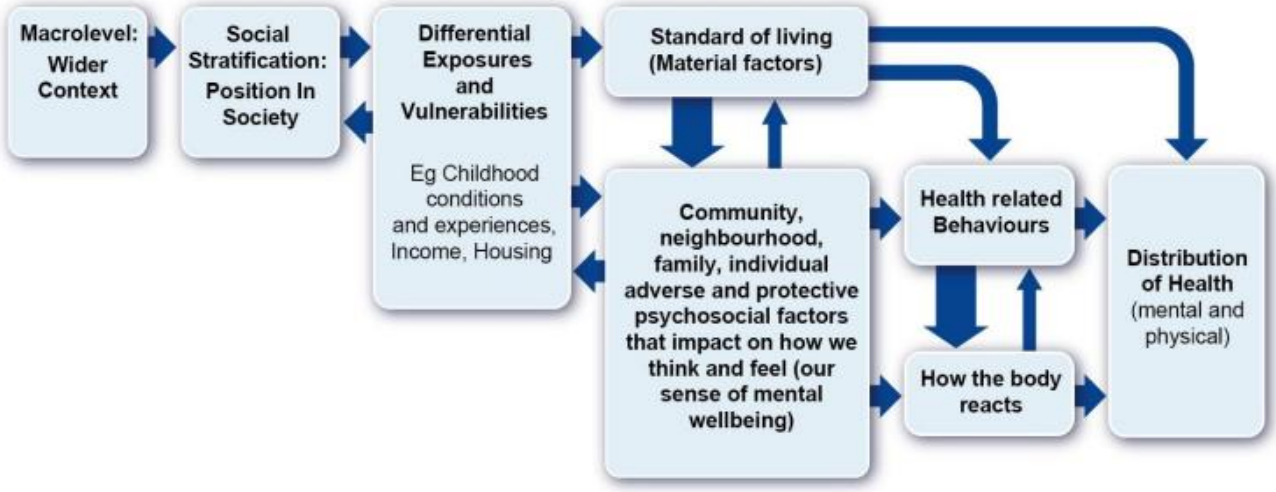

Figure 1: Psychosocial pathways to physical and mental health inequalities (from PHE, 2017)[14]

3.2 A life-course approach to understanding and addressing mental health inequalities

The interaction between mental health and well-being and the underlying factors that can contribute to it can have compounding affects across the life-course. For example, mental health inequalities can drive physical health inequalities and affect wider social outcomes, such as poorer educational attainment and a lack of participation in work, which can further, negatively impact on mental health and well-being.

A life course approach can provide a framework for understanding and addressing the root causes of inequalities, where there are opportunities at different stages in life to promote mental well-being and for interventions to support people and reduce adverse impacts on mental health (Faculty of Public health / Mental Health Foundation 2016).

About 50% of lifetime mental illness starts before the age of 14 and 75% of lifetime mental illness starts by the mid-twenties[15], making investment in childhood and adolescence fundamental to tackling mental health inequalities across the population for the long term[16].

Action is needed across the life-course, encompassing early years, children and young people, adults and older adults. Within this, there is a consensus that giving every child the best

possible start in life, including through support for parents, is fundamental to addressing inequalities in mental health[17].

Public health approach: focus on the First 1000 Days

Social and emotional development in the early years builds the foundation for future mental well-being across the life-course. There is strong international evidence indicating that the first 1000 days – during pregnancy and up to a child's second birthday - is a critical time. Positive influences can have a lasting impact and improve outcomes across the life-course, while susceptibility to negative influences means that the origins of many inequalities in health lie in early childhood and before birth[1819].

Infant mental health describes the development of a child's ability to experience, express and regulate emotions during the first 1000 days. Focussing our efforts on improving infant mental health is an example of taking a life-course approach to reducing inequalities and provides an opportunity to improve the mental health of a generation. Central to achieving this is giving children the opportunity to live and grow up in supportive and nurturing environments that build secure parent-child attachment.

Poor parental mental health can have a significant impact on children's development, health and well-being[20]. It is estimated that perinatal mental illness affects up to 1 in 5 new mothers, and that women from deprived areas and some ethnic minority groups are more at risk[21]. Health Visitors and Midwives play an important role in supporting parents with poor mental health and the development of secure parent-child attachment. However, to optimally tackle inequalities in outcomes these universal services need to be enabled to work flexibly and provide early intervention through additional visits (enhanced universal provision) when families as experiencing increased need.

In addition to parental mental health, work by the First 1000 Days programme at PHW specifically highlighted the importance of adopting a public health approach to parenting support[22]. Social, economic and structural factors can impact on parents' capacity and capability to thrive in their parenting role and support their child to have the best start in life. Action on these factors represents the next key step for reducing inequalities and improving outcomes in the first 1000 days and, as a result, across the life-course.

Public health approach: trauma and ACE informed organisations

The Adverse Childhood Experiences (ACE) Support Hub is funded by Welsh Government and hosted by PHW[a]. It has established a centre of excellence for preventing ACEs, mitigating their impact and supporting those who have experienced ACEs and trauma. The Hub is looking to scale up this approach through collaboration with Traumatic Stress Wales to develop a Wales National Trauma Framework.

There is a need to understand the impact of ACEs and trauma across the life-course, for all ages, including the links to the wider determinants of health and opportunities to access protective factors at an individual, organisational and systems level. The Framework, and practical interventions such as the ACE Support Hub TrACE Toolkit, will help identify sources of resilience and to support peoples' access to them, based on need, and cognisant of historic, cultural and gendered experience.

One example of what has been shown to deliver positive change in this area is the research and development of trauma-informed approaches in Wales. This has included a literature review of trauma-informed terminology; the development of an animation to explain ACEs and trauma; and collaborative work with further and higher education and substance misuse services to develop Trauma and ACE informed organisations.

[a] More information about ACE Aware Wales can be found through their website: https://aceawarewales.com

4. Inequalities in mental health and well-being in Wales

Q1: Which groups of people are disproportionately affected by poor mental health in Wales?

Evidence tells us that mental and substance use disorders are the second largest cause of "Years Lived with Disability" in Wales[23]. There is also evidence to show that some people, communities and population groups within Wales are more likely to experience poor mental health and well-being than others. Unfortunately, the data available only offers snapshots, rather than a comprehensive picture of the situation in Wales.

Whilst there is overlap in the risk factors for low mental well-being and mental health problems, there are some distinctions. The list below gives an overview of population groups that have been identified through a number of studies to experience inequalities in mental health problems specifically[24][25][26]. Here we use this as indicative of who may be at increased risk alongside selected examples of evidence of the mental health and well-being inequalities experienced by these groups in Wales.

- **Socio-economic status**: People living on a low income, including children living in low income families; people in debt, living in fuel poverty, or poor quality housing; people who are unemployed; people living in rented or social housing; and people who are homeless or at risk of homelessness.
    - In Wales, more than double the number of adults over 16 self-reported at least one mental health disorder in the most deprived fifth of the population compared to the least deprived in 2019/20[27].
    - Between 2014 and 2018, people living in the most deprived fifth of communities in Wales were almost twice as likely to die by suicide than in the least deprived (15.0 in 100,000 versus 8.5 in 100,000 people)[28].
    - About one in four children aged 11-16 with low family affluence in Wales rate their life satisfaction below 6, compared to only one in 10 of those with high family affluence[29]; and nearly 10% fewer children aged 11-16 with low family affluence felt they had the emotional support they needed from their family when compared with those with high family affluence[30].
    - Life satisfaction is much higher in adults over 16 in Wales if they are in employment[31].
- **Gender:** Women are more likely to experience common mental health problems and are specifically vulnerable in the perinatal period, with suicide being a leading cause of maternal mortality in a child's first year of life[32]. Men are more likely die from suicide, and have higher rates of substance misuse problems.
    - In Wales, the male suicide rate for 2020 in Wales was 16.7 per 100,000 compared to the female suicide rate of 4.3 per 100,000[33].
- **Ethnicity**: Ethnicity data is poorly collected in Wales. However, analysis has shown that Black, Asian and Minority Ethnic (BAME) groups living in the UK are:
    - more likely to be diagnosed with mental health problems
    - more likely to be diagnosed and admitted to hospital
    - more likely to experience a poor outcome from treatment
    - more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.
    - In Wales, BAME people are less likely to be referred by a GP for support despite this leading to higher percentages than average later being admitted to hospital with chronic mental health problems[34].
- **Sexuality**: Lesbian, gay, bisexual and transgender and questioning people (LGBTQ+).

    - In the 2019/20 Student Health and Wellbeing Survey in Wales, pupils who identified as neither a boy or a girl had lower well-being scores and higher loneliness scores than those identifying as either boys or girls[35].
    - A 2018 survey of 5,000 LGBTQ+ individuals across Wales, England and Scotland found that half (52%) had experienced depression in the previous 12 months and often faced discrimination in healthcare settings[36].
- **Physical health and disabilities**: People with long-term physical health conditions and disabilities. This includes people with autism, who are estimated to be 9 times more likely to die by suicide than the general population[37]. Adults in the UK with a disability report poorer average well-being than people without a disability across all four domains of well-being indicators[38].
    - 40% of Deaf people experience mental health problems, which is twice that of individuals in hearing populations. Wales is the only UK country that does not provide a clear pathway or service to meet the needs of Deaf people experiencing poor mental health[39].
- **Care settings**: Unpaid carers; older people in care homes; care experienced people (looked after children and care leavers)
    - Research undertaken by PHW shows poorer mental well-being of unpaid carers, which worsens with increasing intensity of care, and was affected by employment and education[40].
- **Abuse and violence:** People who have experienced Adverse Childhood Experiences; and people who have experienced violence, abuse or bullying.
    - Individuals in Wales with four or more ACEs are 6 times more likely to have ever received treatment for mental illness and 16 times more likely to have ever used illicit substances compared to individuals with no ACEs[41].
    - A Welsh Adverse Childhood Experiences Study showed that the prevalence of low mental well-being in adults increased with ACE count, rising from 14.2% of those reporting no ACEs to 41.1% of those with four or more ACEs. After adjustment for socio-demographics, the relationship between ACE count and low mental well-being remained with those experiencing four or more ACEs being nearly five times more likely (4.7) to have a low mental well-being than those with no ACEs[42].
- **Criminality**: Offenders and people in prison.

Another population group whose vulnerability to poor mental health and well-being in Wales are those in **farming**[43] **and fishing**[44] **communities**. Specific research by PHW describes how the recent uncertainty and change created by Brexit, in conjunction with challenges these communities were already facing, has increased feelings of anxiety, distress and a lack of control. This work highlights the need to help prevent and protect these communities from uncertainty as much as possible, and outlines approaches that work to promote improved mental health and well-being and build resilience. PHW has previously detailed the relationships between individual and community resilience; showing that strengthening resilience can have positive impacts on mental health and well-being, but the wider context plays a critical role[45].

4.1 Implications of the COVID-19 pandemic and future trends

During the COVID-19 pandemic, a number of the factors linked with increased vulnerability to poor mental health have been exacerbated or exposed, and this has been borne out by people's experiences. Qualitative evidence suggests that during the pandemic, vulnerability rapidly

arose, and was typically found to cluster together and be patterned along pre-existing lines of social inequality[46].

Analysis in Wales suggests that young people, women, those on lower incomes and people from Black, Asian and ethnic minority backgrounds experienced a disproportionate impact on their mental health during the pandemic up to March 2021[47]. In particular, residents in Wales from Black, Asian and ethnic minority groups were more likely to feel very anxious and isolated, worry a lot about their mental health and worry a lot about losing their job than White residents during lockdown.

Analysis in May 2021 of evidence gathered by PHW through it's 'How are we doing in Wales?' surveys during the pandemic revealed that[48]:

- More than 4 in 10 adults (42%) say their mental health is worse now than it was before the pandemic, equivalent to over 1 million people. Females and younger adults were more likely to report that their mental health had worsened.
- The proportion of adults worrying 'a lot' about their mental health and well-being rose from 13% in May 2020 to 31% in January 2021. Worry about mental health and well-being was greater in residents of more deprived communities, females and younger age groups.
- When asked in January 2021 whether, in general, the last 6 months of lockdown and other coronavirus restrictions had affected their quality of life, 22% of people said no, while 76% said it had made their quality of life worse and 3% said it had made it better[49].

The increased worry and anxiety experienced during the pandemic is likely to have impacted on sleep quality, another key influence on mental health and well-being[50].

Those who were asked to shield during the pandemic were more likely to have previous recorded history of mental health condition, and were more likely to seek treatment for mental health condition during the pandemic[51.] Further research is underway on the specific impact for children who were asked to shield, or live in shielding households.

Children and young people have also been disproportionately impacted by the COVID-19 pandemic, with poor mental health being identified as a significant risk factor in a recent report by the Violence Prevention Unit in Wales[52]. A Mental Well-being Impact Assessment of the impact of the pandemic on young people aged 10-24 is also due to be published shortly by PHW.

Healthy Working Wales commissioned research with employers across Wales in 2021 to discover the impact of the COVID-19 pandemic[53]. A key finding was that 'absences due to mental health issues and the long-term effect of COVID-19 on mental health was the largest concern for employers', 'despite individuals not often reporting issues'. The 2021 research found that employers felt the pandemic had exacerbated employee mental health issues in a number of ways, for example: anxiety, depression and low morale due to isolation, burnout and worries over job security.

The COVID-19 pandemic also demonstrated the unequal access to fair, work, compounding previous issues and raising new ones; some have been particularly affected, such as young people, older people, those from disadvantaged backgrounds, women, especially mothers, and ethnic minority groups.

Modelling analysis suggests that rising unemployment, without reparative interventions, could lead to the percentage of adults with mental health problems in Wales increasing gradually over 2020-2023 from 7.9% in 2019/20 to 10.9% in 2022/2[54].

The inequalities in engagement in childcare and education by children and young people, as well as the economic consequences of the pandemic, are likely to have long-term implications for mental health and well-being in Wales and across the UK[55].

A key issue on the horizon, that is already likely to be impacting on the mental health and well-being of people in Wales, is the 'cost of living crisis'. The impacts of increased energy prices, and the knock-on effects of this as well as inflation, is making it harder for people to keep their homes warm or purchase enough, healthy food for themselves and their families, among other impacts. These factors on their own would have negative impacts on mental health and well-being but will be further exacerbated by the stress and anxiety that comes with financial uncertainty[56]. Children living in poverty, people already on low incomes, and/or living in food and fuel poverty, will again be the worst hit after having also been exposed to some of the worst impacts of the COVID-19 pandemic, as set out above.

Other future trends and events that are likely to impact significantly on inequalities in mental health and well-being in Wales are climate change, population change and the changing nature of work. This is explored in more detail in a recent report jointly commissioned by PHW and the Future Generations Commissioner[57]. PHW is also due to publish a Health Impact Assessment on climate change that will highlight how people, particularly children and young people, are already experiencing negative impacts on their mental health and well-being due to anxiety and a perceived lack of agency.

5. Inequity in mental health services

Q2: For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

In addition to inequity in Wales in the underlying causes of poor mental health and well-being, there is also likely to be inequity in access, experience and outcomes of Welsh mental health services. In terms of access, for example, there is evidence that certain population groups may be less likely to seek out support because it does not meet their social, cultural, religious or linguistic needs. Alternatively, they may have inappropriate assumptions made about the care they need based, for example, on their race[58].

Once someone is receiving a service, it is not guaranteed that the way the service has been designed or delivered will ensure that they are as likely to benefit from it, or have as good an experience, as others. To address this it is vital to work with service users with lived experience and, in particular, those who are known to experience inequity, to co-design services and improve accessibility. The same co-design and community empowerment approaches should also be used to enable ongoing evaluation and improvement of mental health services. This reflects the aims of the Quality & Engagement Act, which will come into force in April 2023.

Research from PHW has highlighted variation in the use of mental health services among specific groups. For example, looking at mental health crisis events within acute healthcare services for children and young people, we have found a sharp linear social gradient, with those living in the most deprived areas being twice as likely to have a mental health crisis event in acute care than those living in the least deprived areas[59].

To place these findings on inequalities in access to mental health services in the wider context of mental health needs and outcomes, more detailed, person-level linked data across services, including community care, is needed. The fact that a mental health core data set for community services is being developed is welcome. But more action is needed to link data from across the healthcare system so that the impact of services and policies aimed at tackling mental health inequalities can be evaluated (see section 6).

Public health approach: community engagement & empowerment to improve service design and accessibility

Empowerment is more than the involvement, participation or engagement of communities[60]. Empowerment aims to enable people to take control of the actions and decisions that affect their lives[61]. Community empowerment that initiates greater individual and collective control is health promoting in its own right[6263]. We know that empowerment also improves social relationships at the individual and population level[64], and improves service development and delivery[65].

Power is often referred to as the degree of control that individuals and communities have over their own lives. The amount of power that people feel they have is influenced by a wide range of factors, such as access to money, good education, good work, social status and availability of social support networks. Those experiencing poor mental health and well-being linked to these factors are therefore likely to also feel powerless. It is for this reason that to address inequalities in mental health and well-being it is necessary to work at altering the power imbalance that exists between an organisation, its professionals and its service users. PHW has developed 'Principles of Community Engagement for Empowerment' to support this approach[66].

A crucial element of empowerment is to enable people to communicate in the way that is most useful to them. PHW has championed this approach in a number of ways, including: PHW has also

- Ensuring publicly available information on COVID-19 was provided in a variety of formats including, for the first time, the widespread use of Easy Read formats[67].
- Promoting a British Sign Language version of ACTivate your life - a free online course to support mental well-being[68].
- Promoting an awareness of cultural competence and unconscious bias when proving mental health support[69].
- Ensuring that all specialist resources are available in Welsh, e.g. Improvement Cymru's Guided Self-help Booklet Series[70].

6. What further action is needed?

Q3: To what extent does Welsh Government policy recognize and address the mental health needs of these groups? Where are the policy gaps?
Q4: What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Addressing inequalities in mental health and well-being requires a focus on the full spectrum of public health approaches including: acting on the determinants of mental health inequalities, promoting mental well-being, preventing future mental health problems and recovery from mental health problems[7172].

It also needs to be considered in the context of overcoming an historic lack of focus on this topic within research, population health surveillance, health care policy, workforce development, and health services provision[737475]. Achieving parity of esteem in Wales between physical health and well-being and mental health and well-being would be a significant step forward.

In this response, we have sought to identify specific examples of public health approaches to support tangible action on tackling inequalities in mental health and well-being. These include:

- Taking action on, and account of, the social, economic and environmental factors that influence mental health, well-being and inequalities (the wider determinants of health) and how they can interact with each other, and other factors such as discrimination, stigma and poor physical health, to have a cumulative, negative impact (intersectional inequalities).

- Taking a life-course approach, recognising the vital importance of the early years, children and young people, adults and older adults, with a focus on prevention, early intervention and resilience.
- Actively engaging and empowering communities in order to shift the power dynamic that drives inequalities, and re-orienting services to improve access, quality and equity.

Two additional, overarching public health approaches also require further action:

- Improving population-level data collection to support the design and evaluation of services and policies to ensure they are focused on prevention, meet need and deliver the intended outcomes;
- Embedding consideration of impacts on mental well-being as part of policy and investment decisions (Mental Health and Well-being in All Policies). This can be supported by implementation of the forthcoming health impact assessment regulations attached to the Public Health (Wales) Act 2017.

A broad range of current policy agendas in the Programme for Government provide opportunities to address inequalities in mental health and well-being, including the economic and education recovery programmes, climate change and nature recovery, socio-economic duty, investments in housing and tackling homelessness. Adopting a "Mental Health and Well-being in All Policies" approach across government would enable upstream action to ensure that policies across all sectors have maximum equitable positive impacts on mental health and well-being and avoid widening inequities.

We would hope and expect, given that they share many underlying causes and interactions, that significant progress on reducing mental health inequalities would also significantly reduce health inequalities in the round.

Public health approach: population-level data collection

Alongside input from service users, high quality data on population mental health and well-being is essential for directing investment, and designing and evaluating policies, interventions and services in an evidenced based way to ensure proportionate investment relative to need[76]. Currently, effective policy responses to improving mental health and reducing inequalities in Wales are impeded by significant gaps in high quality and timely population data including:

- Community epidemiological surveys to identify: up to date prevalence data on the full range of conditions that affect mental health (e.g. anxiety, depression, PTSD, bipolar disorder etc.) across the life course; factors associated with higher risk of mental health problems; and demographic inequalities in who is receiving treatment
- Data on utilisation, experience and outcomes of mental health services across primary and secondary care (across the life-course), that enables analysis of equity of access and outcomes for example, by gender, age and ethnicity.

We welcome the development of a mental health core data set for community services as well as ongoing work to improve demographic monitoring and outcome data collection in Mental health services[77]. But in order to have a data-informed, public health approach to service design and evaluation, more action is needed to collect data on mental health service use and outcomes and to link that data with other information from across the healthcare system.

Public health approach: mental health and well-being in all policies

Reducing inequalities in mental health requires action by the whole of government and across all sectors. It is important that all policies across all sectors ensure that their programmes do not widen inequities and consider how they can be reduced[78].

Mental Health in All Policies (MHiAP) is a systematic approach "to promote population mental health and well-being and reduce inequalities by initiating and facilitating action within different non-health public policy areas". It also "reinforces the accountability of (all) policy-makers for mental health impact"[79].

Mental Well-being Impact Assessment provides a comprehensive framework to support MHiAP by systematically assessing the impact of policies, programmes and projects on the protective factors for mental well-being (control, resilience and community assets, and participation and inclusion), social determinants, and population groups at risk of poor mental health[80]. This leads to recommendations and actions to maximise positive impacts, prevent or mitigate negative impacts and identify ways to measure and monitor the impact on population mental health and well-being.

Response prepared by:

- Louisa Petchey, Senior Policy Specialist
- Sumina Azam, Consultant in Public Health, Policy, Research and International Development
- Julie Bishop, Director of Health Improvement
- Nerys Edmonds, Principal Health Impact Assessment Development Officer
- Rebecca Fogarty, Engagement & Collaboration Manager
- Andrea Gray, Mental Health Development Lead for Wales, Improvement Cymru
- Helen Green, Programme Manager, Equality and Diversity
- Karen Hodgson, Population Health Insights Lead, Research and Evaluation
- Ciarán Humphreys, Consultant in Public Health, Wider Determinants of Health
- Nathan Lester, Head of Observatory Analytical Team
- Rachel Lewis, Principal Public Health Practitioner
- Mary-Ann McKibben, Consultant in Public Health, Health Improvement
- Amy McNaughton, Consultant in Public Health, Health Improvement
- Carol Owen, Acting Head of Programmes, Health Improvement Division
- Emily van de Venter, Consultant in Health Improvement

References:

[1] Promoting mental health: concepts, emerging evidence, practice (2004). World Health Organisation. Available at: www.who.intlmental health/evidence/en/promoting_mhh.pdf

[2] Health Equity Policy Tool: A framework to track policies for increasing health equity in the WHO European Region (2019). World Health Organisation. Available at: https://www.euro.who.int/__data/assets/pdf_file/0003/410457/FINAL-20190812-h1905-policy-tool-en.pdf

[3] Paradies, Y; Ben, J; Denson, N; Elias, A; Priest, N; Pieterse, A; Gupta, A; Kelaher: M and Gee, G (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLOS One, 10(9): e0138511. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4580597/

[4] Local action on health inequalities: Increasing employment opportunities and improving workplace health (2014). Public Health England. Health Equity Evidence Review 5. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356064/Review5_Employment_health_inequalities.pdf

[5] Sickness absence in the UK labour market: 2020. (2021) Office for National Statistics. Available at: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2020#sickness-absence-data

[6] Emmerson C, McKibben MA. The Work and Employment Landscape in Wales 2019-30 (2019). Public Health Wales. Awaiting publication.

[7] Brunton G, Dickson K, Khatwa M, Caird J, Oliver S, Hinds K, Thomas J. Developing evidence informed, employer-led workplace health (2016). University College London. Available at: https://eppi.ioe.ac.uk/cms/Publications/Systematicreviews/Employer-ledworkplacehealth/tabid/3672/Default.aspx

[8] Mental health and employers: Refreshing the case for investment (2020). Deloitte. Available at: https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf

[9] Mental wellbeing at work (2009). National Institute for Health and Care excellence. Available at: https://www.nice.org.uk/guidance/ph22/resources/mental-well-being-at-work-pdf-1996233648325

[10] Improving access to greenspace: A new review for 2020 (2020). Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenspace_2020_review.pdf

[11] Risks to mental health: An overview of vulnerabilities and risk factors (2012). World Health Organisation. Available at: https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

[12] Covid-19 help for refugees and asylum seekers - multilingual booklet (2020). ACE Support Hub. Available at: https://issuu.com/acesupporthub/docs/covid-19_multilingual_help_booklet__new2_

[13] Psychosocial pathways and health outcomes: informing action on health inequalities (2017). Public Health England & UCL Institute of Health Equity. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647709/Psychosocial_pathways_and_health_equity.pdf

[14] Health matters: reducing health inequalities in mental illness (2018). Public Health England. Available at: https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness

[15] Kessler, R C et al. Age of onset of mental disorders; A review of recent literature (2007). Current Opinion in Psychiatry Jul;20(4):359-64. Available at: https://pubmed.ncbi.nlm.nih.gov/17551351/

[16] De Girolamo, G et al. Age of onset of mental disorders and use of mental health services: needs, opportunities and obstacles (2012). Epidemiol Psychiatr Sci. 2012 Mar;21(1):47-57. Available at: https://pubmed.ncbi.nlm.nih.gov/22670412/

[17] Social determinants of mental health (2014). World Health Organization and Calouste Gulbenkian Foundation. Available at: https://www.who.int/publications/i/item/9789241506809

[18] From Best Practices to Breakthrough Impacts: A science-based approach to building a more promising future for young children and families (2016). Center on The Developing Child, Harvard University. Available at: http://www.developingchild.harvard.edu.

[19] Marmot, M. Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England post 2010 (2010). UK Government Department of Health. Available at: https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010

[20] Supporting the best start in life. Infant Mental Health Framework for Northern Ireland (2016). HSC Public Health Agency. Available at: https://www.publichealth.hscni.net/publications/infant-mental-health-framework-northern-ireland

[21] Redshaw M & Henderson J. From antenatal to postnatal depression: associated factors and mitigating influences (2013). J Womens Health, 518-25. Available at: https://pubmed.ncbi.nlm.nih.gov/23751165/

[22] The First 1000 Days - A Complex System of Factors (2019). Public Health Wales.

[23] Health and its determinants in Wales (2018). Public Health Wales Observatory. Available at: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/health-and-its-determinants-in-wales-2018/

[24] Campion J. Public mental health: Evidence, practice and commissioning (2019). Royal Society for Public Health. Available at: https://www.rsph.org.uk/our-work/policy/wellbeing/public-mental-health-evidence-practice-and-commissioning.html

[25] McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R. Adult Psychiatric Morbidity in England (2007). The Health & Social Care Information Centre, Social Care Statistics. Available at: https://files.digital.nhs.uk/publicationimport/pub02xxx/pub02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf

[26] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014 (2016). NHS Digital. Available at: https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf

[27] Adult general health and illness by WIMD deprivation quintile (2019/20) National Survey for Wales. General health and illness by WIMD deprivation quintile, 2016-17 to 2019-20. Available at: https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-general-health-and-illness/genhealthillness-by-wimddeprivation

[28] Public Health Outcomes Framework (2019). Public Health Wales Observatory, Public Health Wales. Available at:

https://public.tableau.com/app/profile/publichealthwalesobservatory/viz/PHOF2017Characteristics-Area/Area

[29] Page N, Hewitt G, Young H, Moore G, and Murphy S. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey (2021). School Health Research Network, Cardiff University and Welsh Government. Available at: https://www.shrn.org.uk/wp-content/uploads/2021/08/SHRN-NR-FINAL-23_03_21-en-AMENDED06.08.21.pdf

[30] Page N, Hewitt G, Young H, Moore G, and Murphy S. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey (2021). School Health Research Network, Cardiff University and Welsh Government. Available at: https://www.shrn.org.uk/wp-content/uploads/2021/08/SHRN-NR-FINAL-23_03_21-en-AMENDED06.08.21.pdf

[31] Mental Wellbeing in Wales (2020). Public Health Wales Observatory, Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/mental-wellbeing-in-wales-2020/

[32] Howard L M & Khalifeh, H. Perinatal mental health: a review of progress and challenges (2020). World Psychiatry. 2020 Oct; 19(3): 313–327. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7491613/

[33] Latest suicide data. Samaritans. Available at: https://www.samaritans.org/wales/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/

[34] BME Mental Health. Diverse Cymru. Available at: https://www.diversecymru.org.uk/bme-mental-health/?doing_wp_cron=1644957661.1347069740295410156250

[35] Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey (2021). School Health Research Network. Available at: https://www.shrn.org.uk/wp-content/uploads/2021/03/SHRN-NR-FINAL-23_03_21-en.pdf

[36] LGBT in Britain - Health Report (2018). Stonewall. Available at: https://www.stonewall.org.uk/resources/lgbt-britain-health-2018

[37] Personal tragedies, public crisis: The urgent need for a national response to early death in autism (2021). Autistica. Available at: https://www.autistica.org.uk/downloads/files/Personal-tragedies-public-crisis-ONLINE.pdf

[38] Outcomes for disabled people in the UK: 2021 (2021). Office for National Statistics. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/latest#well-being

[39] Terry, J., Redfern, P., Bond, J., Fowler-Powe, M., Booth, C. Deaf People Wales: Hidden Inequality (2021). All Wales Deaf Mental Health and Well-being Group. Available at: https://www.swansea.ac.uk/media/Deaf-People-Wales_hidden-inequality-2021.pdf

[40] Huang F, Bentley L, Cai Y, Hodgson K, Song J and Davies AR. Unpaid carers in Wales: The determinants of mental wellbeing (2021). Public Health Wales. Available at: https://phw.nhs.wales/publications/publications1/unpaid-carers-in-wales-the-determinants-of-mental-wellbeing/

[41] Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course (2019). Public Health Wales. Available at: http://www.wales.nhs.uk/sitesplus/documents/888/RespondingToACEs_PHW2019_english%20%28002%29.pdf

[42] Adverse Childhood Experiences and their association with Mental Well-being in the Welsh adult population (2016). Public Health Wales. Available at: https://phw.nhs.wales/files/aces/ace-and-their-association-with-mental-well-being-in-the-welsh-adult-population-pdf/

[43] Davies AR, Homolova L, Grey CNB, Fisher J, Burchett N, Kousoulis A. Supporting farming communities at times of uncertainty: an action framework to support the mental health and well-being of farmers and their families (2019). Public Health Wales. Available at: https://www.mentalhealth.org.uk/sites/default/files/Supporting-farming-communities-at-times-of-uncertainty.pdf

[44] Homolova L, Grey C, Burchett N, Davies AR. Building resilience in the fishing sector in Wales (2020). Public Health Wales & Mental Health Foundation. Available at: https://phw.nhs.wales/publications/publications1/building-resilience-in-the-fishing-sector-in-wales-english/

[45] Davies AR, Grey CNB, Homolova L, Bellis MA. Resilience: Understanding the interdependence between individuals and communities (2019). Public Health Wales. Available at: https://phw.nhs.wales/files/research/resilience/resilience-understanding-the-interdependence-between-individuals-and-communities/

[46] Willatt A., Jones D.P., Kyle, R.G., Davies, A.R. Emerging Drivers of Vulnerability to Health Inequity in the Context of COVID-19: Perspectives and response from the Voluntary and Community Sector in Wales (2021). Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/knowledge-directorate/research-and-evaluation/publications/emerging-drivers-of-vulnerability-to-health-inequity-in-the-context-of-covid-19/

[47] Rodriguez, J. Covid-19 in Wales: the mental health and well-being impact. Briefing Paper (2021). Cardiff University, Wales Fiscal Analysis. Available at: https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

[48] How are we doing in Wales? Week 58 (2021). Public Health Wales. Available at: https://phw.nhs.wales/index.cfm?LinkServID=224B2C9F-3801-4EA2-89C1D12D0F91BC0C

[49] How are we doing in Wales? (2021). Public Health Wales. Available at: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/how-are-we-doing-in-wales-reports/week-40-how-are-we-doing-in-wales/

[50] Covid-19 public health road map: Sleep hygiene (2020). The British Psychological Society. Available at: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Covid-19%20Public%20Health%20Road%20Map%20-%20Sleep%20hygiene.pdf

[51] Davies AR, Song J, Bentley L, Akbari A, Smith T, Carter B, John G, Trigg L, Parry G, Dundon J, Cross L. COVID-19 in Wales: The impact on levels of health care use and mental health of the clinically extremely vulnerable (2021). Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/knowledge-directorate/research-and-

evaluation/publications/covid-19-in-wales-the-impact-on-levels-of-health-care-use-and-mental-health-of-the-clinically-extremely-vulnerable/

[52] Cresswell K, Barton ER, Snowdon L, Newbury A, Cowley L. A Health Needs Assessment: The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences. The Wales Violence Prevention Unit & Public Health Wales. Available at: https://www.violencepreventionwales.co.uk/cms-assets/research/Full-Report_The-impact-of-COVID-19-on-children-and-young-peoples-experiences-of-violence-and-adverse-childhood-experiences.pdf

[53] K Holmes, A Thomas and C Wall. Current and Future Health Impacts of the Covid-19 Pandemic on employers and their staff (2021). Opinion Research Services and Public Health Wales (awaiting publication).

[54] Dyakova M, Couzens L, Allen J, Van Eimeren M, Stielke A, Cotter-Roberts A, Kadel R, Bainham B, Ashton K, Stewart D, Hughes K, Bellis MA. Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales (2021). World Health Organization (WHO) Collaborating Centre on Investment for Health & Wellbeing, Public Health Wales. Available at: https://phwwhocc.co.uk/resources/welsh-health-equity-status-report-whesri/

[55] Blundell R, Costa Dias M, Cribb J, Joyce R, Waters T, Wernham T, Xu X. Inequality and the Covid crisis in the United Kingdom (2021). Institute of Fiscal Studies. Available at: https://ifs.org.uk/uploads/WP202201-Inequality-and-the-Covid-crisis-in-the-United-Kingdom.pdf

[56] The cost of living crisis: a Welsh action plan (2022). Bevan Foundation. Available at: https://www.bevanfoundation.org/wp-content/uploads/2022/02/Cost-of-Living-Action-Plan-Final-.pdf

[57] MacBride-Stewart S & Parken A. Inequality in a Future Wales: Areas for action in work, climate and demographic change (2021). Cardiff University, Public Health Wales and the Future Generations Commissioner for Wales. Available at: https://phwwhocc.co.uk/resources/inequality-in-a-future-wales-areas-for-action-in-work-climate-and-demographic-change/

[58] Equality and Diversity Awareness Booklet: Black, Asian and Minority Ethnic Communities Mental Health Awareness Session. Diverse Cymru & Improvement Cymru. Available at: https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/outcome-measures/optimal-environment/equality-and-diversity-awareness-booklet/

[59] Public Health Wales, research awaiting publication

[60] 7th Global Conference on Health Promotion. Track 1 Community Empowerment (2009). World Health Organisation. Available at: https://www.who.int/healthpromotion/conferences/7gchp/track1/en/

[61] Woodall, J., Raine, G., South, J., Warwick-Booth, L. Empowerment & health and well-being: evidence review. Project Report (2010). Centre for Health Promotion Research. Leeds Metropolitan University. Available at: https://eprints.leedsbeckett.ac.uk/id/eprint/2172/

[62] Burton, P., Croft, J., Hastings, A., Slater, T., Goodlad, R., Abbott, J. and Macdonald, G. What works in community involvement in area-based initiatives? A systematic review of the literature (2004). Home Office Online Report 53, 4. Available at: https://research-

information.bris.ac.uk/en/publications/what-works-in-community-involvement-in-area-based-initiatives-a-s

[63] Popay, J., Attree, P., Hornby, D., Milton, B., Whitehead, M., French, B., Kowarzik, U., Simpson, N. and Povall, S. Community engagement in initiatives addressing the wider social determinants of health: A rapid review of evidence on impact, experience and process (2007). Available at: https://www.nice.org.uk/guidance/ph9/documents/socialdeterminants-evidence-review-final2

[64] Popay, J., Attree, P., Hornby, D., Milton, B., Whitehead, M., French, B., Kowarzik, U., Simpson, N. and Povall, S. Community engagement in initiatives addressing the wider social determinants of health: A rapid review of evidence on impact, experience and process (2007). Available at: https://www.nice.org.uk/guidance/ph9/documents/socialdeterminants-evidence-review-final2

[65] Popay, J & Williams, G. Public health research and lay knowledge (1996). Social Science Medicine. March 42(5):759-68. Available at: https://pubmed.ncbi.nlm.nih.gov/8685744/

[66] Principles of Community Engagement for Empowerment (2019). Public Health Wales. Available at: https://phw.nhs.wales/news/rules-of-community-engagement-relinquish-your-power-so-that-communities-can-take-control/principles-of-community-engagement-for-empowerment/

[67] Staying Well at Home - Easy Read Resources. Public Health Wales. Available at: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/staying-well-at-home-easy-read-resources/

[68] Public Health Wales, awaiting publication

[69] Creating an optimal environment to embed outcome measure tools. Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/outcome-measures/optimal-environment/

[70] Guided Self-help Booklet Series. Improvement Cymru. Available at: https://en-gb.padlet.com/ImprovementCymru/Hunangymorth_SelfHelp

[71] Better Mental Health For All: A public health approach to mental health improvement. Faculty of Public Health & Mental Health Foundation. Available at: https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf

[72] Campion J. Public mental health: Evidence, practice and commissioning (2019). Royal Society for Public Health. Available at: https://www.rsph.org.uk/our-work/policy/wellbeing/public-mental-health-evidence-practice-and-commissioning.html

[73] Whole-person care: from rhetoric to reality Achieving parity between mental and physical health, Occasional paper (2013). Royal College of Psychiatrists. Available at: https://core.ac.uk/download/pdf/34719468.pdf

[74] Public mental health leadership and workforce development framework (2015). Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736587/Public_mental_health_leadership_and_workforce_development_framework_executive_summary.pdf

[75] Review of mental health research: report of the Strategic Review Group 2010. (2010) Medical Research Council. Available at: https://europepmc.org/article/CTX/c3433

[76] Better Mental Health For All: A public health approach to mental health improvement. Faculty of Public Health & Mental Health Foundation. Available at: https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf

[77] Outcome measures. Public Health Wales. Available at: https://phw.nhs.wales/services-and-teams/improvement-cymru/our-work/mental-health/outcome-measures/

[78] Social determinants of mental health (2014). World Health Organization and Calouste Gulbenkian Foundation. Available at: https://www.who.int/publications/i/item/9789241506809

[79] Joint Action on Mental Health and Well-being: Mental health in all policies: Situation analysis and recommendations for action. Available at: https://ec.europa.eu/health/system/files/2017-07/2017_mh_allpolicies_en_0.pdf

[80] Cooke A, Friedli L, Coggins T, Edmonds N, Michaelson J, O'Hara K, Snowden L, Stansfield J, Steuer N, Scott-Samuel A. Mental Well-being Impact Assessment: A Toolkit for Well-being (2011). Members of the National MWIA Collaborative (England), 3rd Ed. Available at: https://www.researchgate.net/publication/277016347_Mental_Well-being_Impact_Assessment_A_Toolkit_for_Well-being_Members_of_the_National_MWIA_Collaborative_England