The Meeting of Minds:
Building inter professional learning opportunities across psychiatry and public health registrar training in South London

Foreword

As Head of School for Public Health and the Academy of Public Health, my ambition is to help embed public health skills across the specialty workforce, helping build knowledge and capacity for prevention and promotion of well-being in all areas of care. We are starting this through close working with Emergency Medicine and Paediatrics. I am therefore delighted that Psychiatry is also being explored as a registrar led project in terms of closer working with the Public Health specialty.

There are many areas for collaboration across these two specialty areas, for example, reducing the life expectancy gap for adults with severe mental illness, understanding how we can implement trauma informed approaches to care across the system and collaborating together to deliver high quality community care alongside social care and voluntary sector partners. Allowing space for this collective thinking from a trainee stage upwards, including through inter professional education opportunities, helps equip future consultants with the skills to work successfully and adaptively across different systems.

As a result of the work in this report, we are looking at how we can create training opportunities for psychiatry trainees in public health settings in addition to supporting public health trainees take on more mental health focused training opportunities. I encourage you to read this report and consider the opportunities it offers as we go forward.

Rachel Wells

Head of School for Public Health, London, Kent, Surrey and Sussex

Foreword

I welcome the initiative of this report, which sets out to increase public mental health training for psychiatry and public health specialty trainees.

There are many areas of synergy between public health and psychiatry where we can learn together to help achieve improvements in population health and healthcare. For example, suicide prevention, addiction and children and young people's mental health to name a few. As we have started to do for GP and Psychiatry trainees, I welcome the opportunity to build links across our training programmes that allow us to share respective insights, skills and working processes. I believe in the longer term that this will support the influence sphere of both specialties through an expanded network and enhanced understanding of each other's professional remit, leading to more effective strategies and partnership working.

Following this report, we are working as Head of Schools together with Health Education England to identify further learning opportunities that will benefit both specialty areas. I look forward to being part of this work as it goes forward.

Dr. Vivienne Curtis, Head of School for Psychiatry, London

Introduction

Summary points

This paper explores ways to increase public mental health training for psychiatry and public health specialty trainees.

It makes the case that greater access to public mental health training will improve the capacity and capability of the public health and psychiatry specialty workforce to meet the challenge of improving population mental health and well-being, notably through:

i) Greater understanding of public mental health and its relevance to each specialty area.
ii) Greater understanding of the opportunities and challenges of preventing mental health problems, improving mental health outcomes and reducing related health inequalities through a public mental health approach from a clinical, strategy and commissioning perspective.
iii) Development of partnerships and networks across speciality areas, supporting future collaborative learning.

Background: Aims and objectives

This exploratory report aims to support greater development of and access to public mental health learning opportunities across public health and psychiatry specialty registrar training. Specifically, it focuses on the opening up of training placements in respective settings, for example local authority public health teams and NHS mental health care settings. This will increase opportunities for:

a) Public health speciality trainees to learn about the structures, culture, opportunities and challenges of community and acute mental health service settings including where public health skills can support organisational priorities and areas of quality improvement.
b) Psychiatry trainees to understand population public mental health including the role and responsibilities of local authorities, clinical commissioning groups and partnership working with the voluntary sector, and in turn help inform local area population health programmes.

In addition, cross specialty training opportunities will provide opportunities to advocate for a population public mental health approach across the system by making links between mental health and public health practitioners and services and thereby enhancing approaches to joint working.

This report represents the work and thinking of a cross-specialty working group formed of public health and psychiatry registrars. This group started meeting in November 2018, representing psychiatry trainees currently training at the South London and Maudsley NHS Foundation Trust (SLaM), providing services across Southwark, Lambeth, Lewisham and Croydon, and public health trainees based in the London, Kent, Surrey and Sussex Public Health (LKSS PH) Specialty Training Programme. The purpose of the group was to explore learning opportunities across specialty areas. This work also aspired to build ideas for a greater focus on public mental health in other training regions across the United Kingdom and may also support ideas for learning opportunities for other health professionals that help take forward public mental health, for example, psychologists, occupational health professionals and social care partners.

Report structure

The following chapters describe:

- The case for developing public mental health training opportunities for psychiatry and public health registrars (**Chapter one**)
- A description of the current training programmes at the time of writing the report (end of 2018 to beginning of 2019) including existing opportunities for embedding cross specialty learning and the views of trainees from across the two specialties (**Chapter two**)
- Recommendations for how to embed public mental health learning opportunities across the South London training system for the two respective specialty areas (**Chapter three**)
- A summary of next steps (**Chapter four**)

Chapter one: The case for developing public mental health training opportunities

Summary points

Action at a population health level is required if we are to effectively improve overall levels of mental well-being, reduce the number of people affected by poor mental health and reduce the stark health inequalities that exist between people with severe mental illness and the general population - thus potentially reducing the demand on health care services and supporting the economy. Public mental health focuses on the prevention of mental illness and promotion of mental health across the life course.

Partnership working is essential for taking forward public mental health, whether in terms of health promotion or tackling health inequalities. Partnership working is the direction of travel for health care and other related services, such as set out in the *NHS Long Term Plan* (2019).

The speciality training period is an important opportunity to learn about and understand public mental health. With respect to this, this report explores inter professional learning opportunities for public health and psychiatry trainees in the London, Kent, Surrey and Sussex area.

1.1 Defining public mental health

"The twin aims of improving mental health and lowering the personal and social costs of mental ill-health can only be achieved through a public health approach. Within a public health framework, the activities that can improve health include the promotion of health, the prevention of illness and disability, and the treatment and rehabilitation of those affected." (WHO, 2005)

Public mental health is a term that describes the practice of improving mental health and reducing inequalities at the population level: including mental health promotion and mental illness prevention for all, alongside effective treatment, care and recovery for those with established mental health problems (Faculty of Public Health, 2016).

Variations in mental health across populations can be looked at in terms of mental health promotion, mental illness prevention and treatment, rehabilitation and recovery. These terms are described in more detail in **Box 1** below.
It is important to note that mental health is broader than a lack of mental health challenges and refers to how we feel about ourselves and the people around us, the ability to take decisions and the ability to learn. Building resilience refers to having the mental skills to overcome the difficulties and challenges we can all face at times in our lives.

A core concept is the positive aspect of mental health: mental wellbeing. Mental wellbeing is our ability to flourish, realise our potential, be productive, and contribute to our community. Studies have indicated that those with lowest wellbeing have 8-30 times increased risk of mental disorder (McManus et al, 2016). Those with diagnoses of mental illnesses can still achieve mental wellbeing; and if they do this can positively impact on illness trajectories and quality of life. There are many risk and protective factors that are relevant to both improving mental wellbeing and preventing illness and so the two goals can be addressed in alignment.

1.2 Principles of public mental health

The following principles have been agreed by the cross specialty working group behind the development of this report as a starting point to help share what is meant by a public mental health approach:

- Partnership working - the practice of improving mental health and reducing inequalities at the population level requires a multi-disciplinary and multi-agency approach, recognising the social and economic influences in addition to the role of health care.
- Parity of esteem – Mental health needs to be recognised as highly as physical health (NHS England, 2014).
- Empowerment – People affected by mental health concerns need to be empowered and supported to be part of efforts to improve population health and well-being, for example by co-producing services.
- Stigma reduction – The central importance of recognising the impact of and the need to reduce stigma with regards to mental ill health in the work we carry out.

Box 1

Mental health promotion	Supporting people to live well through the creation of individual, social and environmental conditions. For example, education programmes in school to support social and emotional well-being.
Mental illness prevention	Reducing the incidence, prevalence, recurrence and associated impacts of mental illness. Prevention activity includes: 1) Primary prevention - preventing poor mental health from arising in the first place e.g. parental support programmes, addressing risk factors such as social isolation. 2) Secondary prevention – taking action once some symptoms have developed e.g. early identification of mental health concerns in childhood and adolescent, screening for depression alongside treatment for other long-term health conditions such as diabetes. 3) Tertiary prevention – preventing associated impacts once a mental health problem has developed e.g. providing tailored smoking cessation programmes for people with common mental health disorders and severe mental illness, dietary and exercise support to counteract the side effects of anti-psychotic medication.
Treatment, rehabilitation and recovery	This includes improving access to effective treatment for all population groups including psychological therapies and improving quality of life as part of a recovery process e.g. supporting pathways to or taking steps to maintain good employment opportunities.

1.3 The importance of a public mental health approach

A population health approach is of particular importance in terms of mental health owing to:

- The number of people affected by mental health concerns

- The relationship between mental health and health inequalities
- The benefits of mental well-being promotion at a population level.

These areas are looked at in turn below.

1.3.1 The number of people affected by mental health concerns

Poor mental health contributes to nearly a quarter (23.8%) of the proportion of total years lived with disability in the UK and is estimated to cost England's economy £105 billion annually (WHO, 2018; Centre for Mental Health, 2010). The reasons for this high impact include the early onset of mental ill health (50% of lifetime disorder by age 14 and 75% by mid-twenties (Campion, 2019)) that can then reoccur across a life span. A large proportion of the population are affected by diagnosable mental health conditions, for example the Adult Psychiatric Morbidity Survey estimates this at 23% (1 in 4) (McManus et al, 2016) and the Children and Young People survey at 1 in 8 children (NHS Digital, 2018).

A public mental health approach includes supporting evidence-based interventions to reduce pressures on health care services and wider societal impact. Identification of prevention opportunities is arguably stronger when there is collaboration across public health and psychiatry practise.

1.3.2 The relationship between mental health and health inequalities

Health inequalities refers to differences in health status (for example life expectancy) or in the distribution of 'health determinants', referring to the conditions in which people are born, grow, live, work and age that impact on health and well-being, between different population groups (WHO, 2008).

In terms of mental health and health inequalities, there is now a widely recognised relationship between poor physical and mental health with people with a mental health disorder experiencing a 10-20 year reduced life expectancy (Chesney et al, 2014). In terms of access to care and support, historically there has been poor coverage of mental health interventions to treat mental disorder (the treatment gap), affecting certain population groups to differing extents, with access to support also a measure of inequality.

A public mental health approach takes a population health approach to preventing the associated impacts of mental disorders (such as high smoking and obesity rates) which in turn contribute to the reduced life expectancy for people with severe mental illness (SMI) and common mental health disorders. The approach also aims to widen access to appropriate treatment and community support for a range of population groups, with many forms of support likely to be outside of a clinical care setting such as providing counselling facilities in schools. It also considers the social determinants of mental health, described by patterns of ill health for example that there are higher levels of mental illness in areas of higher socio economic deprivation, with population groups in these areas affected by a wide range of factors such as lower household income, debt, low financial capability, income inequality, unemployment, recession and food insecurity. This is a complex relationship, with poor social circumstances being risk factors for mental illness in addition to mental illness itself potentially exacerbating poor social conditions, such as by reducing employment prospects.

A public mental health approach also uses a life course approach to explore how interventions at different stages can help reduce the impacts of mental health and reduce health inequalities. For example, looking at the impact of childhood adversity (accounting for 30% of adult mental disorder (Kessler et al, 2010)) and the evidence base for how different services can work together to reduce this impact.

1.3.4 Mental well-being promotion at a population level

The places in which we live and grow are strong determinants of wellbeing. A thriving community is one which provides secure and safe environments including housing, supports accessible employment and education, and promotes equal opportunities for all. These wider determinants of mental wellbeing are important because they are modifiable.

A public health approach to mental wellbeing promotion includes providing communities and environments that facilitate wellbeing; promoting healthy early development through safe and nurturing environments; and enhancing individuals' ability to self-manage. Examples of cost-effective health promotion and prevention

programmes include school based social and emotional learning programmes, parenting programmes and workplace mental health strategies (McDaid et al, 2017). Psychiatrist and public health professionals can work together to provide pathways that join prevention and promotion efforts.

1.4 The benefits of increasing workforce capability and collaborative working

"One way to create conditions for parity is to provide further education for healthcare and other professionals in the area of mental health." (Parliamentary Office of Science and Technology, 2015)

Since the publication of *No Health Without Mental Health* (Department of Health and Social Care, 2011) it has been nationally recognised that mental health has historically not been given the same value as physical health, summarised in the phrase 'parity of esteem'. This includes equal status in health education practice. This has been picked up in terms of workforce development needs amongst the health care workforce. For example, the *Five Year Forward View for Mental Health* (NHS England, 2016) recommended that Health Education England (HEE) should work with NHS England, Public Health England (HEE) and other partners to develop a strategy for the future to shape the skill mix of the workforce required to deliver both the above strategy and the workforce recommendations set out in *Future in Mind* (NHS England/ Department of Health, 2012). This has led to a number of publications to help increase the capacity and capability of the public health workforce to improve population mental health and well-being including Health Education England's (HEE) *Public Mental Health Content Guide* (HEE, undated) and Public Health England's *Public Mental Health Leadership and Workforce Development Framework* (PHE, 2015). This work makes specific reference to ensuring that a public health specialist has the expertise to lead on mental health as a public health priority and the ability to be able to advise strategic partners regarding improvements in quality and cost effectiveness of treatments for mental illness and associated co morbidities.

In addition, there has been recognition of the importance of NHS based training placements for the public health workforce particularly following the 2012 Health and

Social Care Act which moved public health teams previously based in Primary Care Trusts into local authorities, potentially reducing opportunities for training in NHS settings. A report undertaken on behalf of PHE recommended that an NHS training placement should be compulsory for all public health specialty trainees (Solutions for Public Health, 2016). Creating more training opportunities in NHS mental health trusts for public health trainees will help support knowledge and skills around healthcare public health in addition to building public mental health knowledge in the trainee workforce.

In turn, national and global health literature has encouraged psychiatrists to adopt a public mental health approach in their work. For example, *No health without public mental health: the case for action* (Royal College of Psychiatrists, 2010) sets out why psychiatrists need to adopt a public mental health approach in their work. This includes:

- When assessing the needs and assets of their local populations to help inform commissioners of the expected prevalence of specific disorders and anticipating levels of service provision, as well as opportunities for health promotion.
- Being advocates and leaders for public mental health.

A systematic review of published literature and a survey of key informants on scaling up access to mental health treatment (Eaton et al, 2011) advocates for the psychiatrist to also be a public mental health practitioner, influencing policy makers, overseeing training, and providing expertise as needed. This is written with reference to low- and middle-income countries but also has currency in a high-income setting. For example, a paper on preventive psychiatry argues that psychiatric specialists have a role to play in informing the development of generic policies (for example around child and adolescent health) highlighting where targeted interventions are essential and helping inform their development (Bhu and Dinos, 2011). A focus on collaborative working across place-based settings is also central to the recently published *Community Mental Health Framework for Adults and Older Adults*, including an aim to work with non-statutory and statutory partners to address health inequalities and social determinants of mental ill health working with public health

teams through Health and Wellbeing Boards and being informed by the content of Joint Strategic Needs Assessments (JSNA) (NCCMH, 2019).

1.5 National policy context for inter-professional training

Recent policy and strategy documents include a clear focus on inter-professional partnership working and system driven approaches to change. This requires an understanding of other health professionals' roles, skill sets and cultures of working. Health Education England's report *Broadening the Foundation Programme* (2014) states "Delivering reshaped services will require a workforce with the right skills, and the ability and experience to work effectively across clinical settings. Increasing, and increasingly effective, cooperation, collaboration, and coordination between health services, social care, public health and the third sector is recognised as essential."

The training period is a valuable opportunity to gain this experience and an important time to build skills in clinical leadership that can work across specialty areas and help build public mental health knowledge and awareness in other partners across the system.

This has been recognised for other specialty areas such as GP training (CMO, 2013). A similar focus on public health and psychiatry specialty training is welcome.

Conclusion

Within the past ten years there has been an increase in political and societal focus around public mental health, understanding the need to consider mental health in all we do, build mentally resilient individual and communities and change how we deliver mental health care services with a greater focus on integrating the delivery of care within community settings. Alongside this focus is recognition that a public mental health workforce is required that is multidisciplinary in approach and is able to work across service settings.

There is a need to reduce the health inequalities experienced by people with common mental health disorders and severe mental illness. Opening up training opportunities across settings for psychiatry and public health trainees is an important step to help meet the current and future vision of population mental health promotion, prevention, treatment and longer-term care.

Chapter two: Overview of existing training structures and interest public mental health

Summary points

An overview of both specialty training programmes provides an insight into respective training structures in addition to potential opportunities for training in public mental health.

a) In terms of public health, there is at the time of this analysis (2018 to early 2019) no approved training placement in London, Kent, Surrey and Sussex (LKSS) in a mental health trust setting in contrast to acute trusts. There are opportunities to develop public mental health knowledge in other placements, which could be promoted more widely.

b) In terms of psychiatry, higher trainee skill development could include time in public health training settings, for example looking at regional and national policy influences.

c) A local survey of public health and psychiatry registrars carried out to inform this work shows:

- Interest in developing more understanding and skills in public mental health.
- A view from both specialty areas that there are currently not enough opportunities to develop this knowledge.
- Strong interest for training experience in each other's respective settings in addition to informal and formal learning opportunities.

It is noted that these survey results only represent the views of trainees from SLaM and the public health LKSS training programme. However, they provide valuable evidence to progress ideas on supporting inter specialty training opportunities within an appropriate support structure.

Introduction

This chapter gives an overview of the training structure of the two specialty programmes: public health and psychiatry. The aim is to provide a useful knowledge base for registrars and supervisors of the respective training areas and an opportunity to start thinking critically about where the opportunities are for embedding learning. In addition, the chapter sets out the results of two local surveys

to public health and psychiatry registrars on interest in public mental health and how well this is met through existing training opportunities.

2.1 Public health registrars: Training overview

This section describes the current public health registrar training structure and looks at opportunities for embedding public mental health learning and cross specialty training opportunities.

2.1.1 Training structure

The public health specialty training programme is regulated by the General Medical Council (GMC) and the UK Public Health Register (UK PHR) with training taking place over a four or five-year period, depending on prior qualifications. The Faculty of Public Health (FPH) sets the standards for and maintains quality within the training. Entry can be for medical graduates, either from Foundation or from a different specialty area, in addition to non-medical graduates from a range of relevant qualifications.

The latest curriculum for Public Health Specialty training was approved by the GMC and the UK PHR in 2015[1]. The training period is set out across two phases: phase 1 supporting basic core public health skills and knowledge and passing of membership examinations, and phase 2 training supporting registrars to develop special interests in key areas and particular settings. Successful completion leads to gaining a Certificate of Completion of Training (CCT) in public health and allows the individual to gain entry to the GMC specialist medical register or the UK Public Health Register and apply for public health consultant posts.

2.1.2 Arrangements for training placements

Each registrar is assigned a Training Programme Director (TPD) for the duration of their training. An Educational Supervisor (ES) needs to be in place for each approved training placement. Movements between training locations need to be approved by the TPD.

[1] Available at: https://www.fph.org.uk/training-careers/specialty-training/curriculum/

The public health specialty training placement guide states that placements are made on educational and service grounds with personal preference and individual circumstance considered as far as possible. A formally approved placement needs an accredited Educational Supervisor and GMC approval. However other arrangements may be possible, for example, an accredited ES who works at an approved placement can supervise a project at another location for one day per week (equivalent to two training sessions).

2.1.3 Opportunities for embedding public mental health learning and cross specialty training opportunities

To understand current opportunities in place for public health specialty registrars, a desk top review took place of the London, Kent, Surrey and Sussex placement guide. Using this information, the following analysis was made:

- At the time of this analysis there were no approved training placements in a mental health care NHS Foundation Trust*. This compares to three approved placements in acute trust settings. The healthcare placements in acute trusts settings may have the potential to cover aspects of mental health care (such as a project example cited of a public health approach to tackling youth violence) but are unlikely to provide the breadth of experience that can be gained in an NHS mental health care setting.
- The only example of a mental health project listed for a healthcare public health placement is with PHE (example given of developing national prevention programmes and pathways).
- Other mental health projects are known about through intelligence from registrars but are not currently in the placement guidance and may need to be made more visible to registrars in training.

Additionally, there are opportunities to gain mental health public health care experience via Fellowships accessible to registrars through competitive application whilst on the training programme, for example Darzi Fellowships.

*A public health accredited training placement became available at the East London Foundation Trust in 2019 but after the report analysis.

2.1.4 FPH curriculum 2015

The FPH curriculum[2] provides a framework within which registrars and supervisors can determine and understand the knowledge, skills, attitudes and behaviours which will allow a registrar to achieve the level of competence required of a specialist to undertake consultant level practice. This includes a wide range of skills which are suitable for public mental health project work. Examples of mental health are cited in four competency areas of the curriculum and a learning outcome specifically focuses on evidence with regards to promoting mental health and well-being at an individual level and in a range of other situations (learning outcome 4.11).

2.2 Psychiatry training structure overview

This section describes the current training structure for psychiatry trainees and the core trainee curriculum. Information is supported by similar exploratory work carried out in the East of England by Dr Carol Wilson during her time as a registrar (now a Consultant Psychiatrist in Hertfordshire).

2.2.1 Training structure

This is described in terms of core psychiatry trainees and higher psychiatry trainees:

a) Core Psychiatry Trainees (CT1-CT3)

Core psychiatry trainees rotate around psychiatry sub-specialties, typically spending six months in each post. Most trainees in the first year will do 6 to12 months of general adult psychiatry to acquire core generalist clinical skills.

As part of core training, psychiatry trainees sit the MRCPsych examinations and are required to pass these in order to achieve membership and to apply to higher training. Support for this includes attending 'in house' teaching on Wednesdays afternoons. For CT3 who have passed their membership exams there may be an opportunity to take part in special interest days on a Wednesday afternoon

[2] Available at: https://www.fph.org.uk/training-careers/specialty-training/curriculum/

b) Higher Psychiatry Trainees

These trainees have achieved core competence in psychiatry and are now completing further sub-specialty training in preparation for consultant practice. This lasts 3 years (4 years for dual specialism).

Higher trainees do not need to sit any further exams but are encouraged to develop special interests (clinical or non-clinical), engage in research/service improvement and develop their leadership potential. They have two sessions (one day) a week as well as having up to 30 days study leave a year to achieve these aims. In addition, they attend 'in house' teaching /CPD on Wednesday afternoons.

Higher trainees should:

- Apply more advanced research, audit and clinical governance skills to their role.
- Look at regional and national level policy influences.
- Acquire a better understanding of NHS structures and that of social care organisations.
- Start to understand how to manage limited financial and personnel resources.

Arrangement for special interest days

Psychiatry trainees can pursue a wide range of interests through special interest days. Ideas for special interest days can form during the CT stage and are also promoted in a booklet. In terms of cross specialty learning, the Director of Postgraduate Education at SLaM is supportive for the booklet to include public health placements in this guide.

2.2.2 Psychiatry curriculum

The psychiatry curriculum is currently being reviewed with a greater focus on areas of capabilities and emphasis on the knowledge, skills and attitudes that can be applied to a wide range of circumstances[3]. In the existing curriculum for core trainees, there are a number of areas that overlap with public health, for example knowledge on substance misuse and the impact of environmental factors in addition to skills-based learning such as critical appraisal and evaluation.

[3] See https://www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-review-project

Specialty training curriculums vary by area, with specialties covering general adult, old age, child and adolescent, forensic, learning disability and medical psychotherapy. In addition, subspecialty training is provided in liaison psychiatry, substance misuse psychiatry and rehabilitation psychiatry.

2.3 Public health specialty registrar survey results

Questions on public mental health were sent to public health specialty trainees in London, Kent, Surrey and Sussex deanery as part of their annual registrar survey. There were 79 responses to the survey from approximately 110 trainees; a 72% response rate. There was an even split in responses between medical and non-medical registrars. The results are described below.

2.3.1 Interest in obtaining Public Mental Health experience

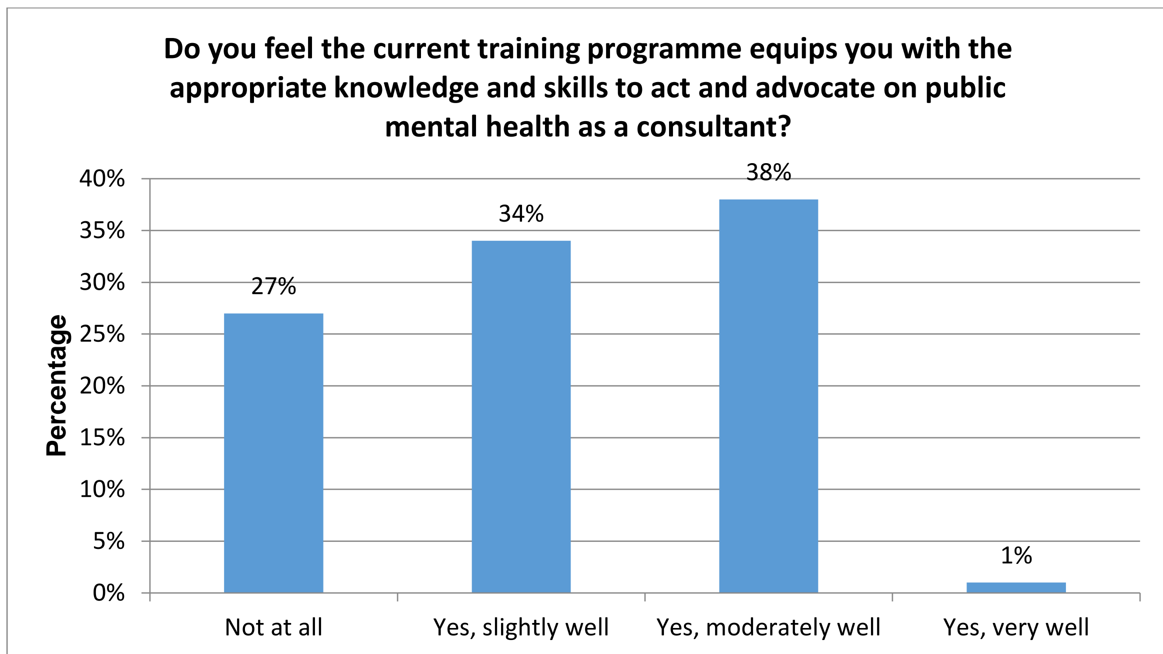
A third of the responses (34%) were very interested in obtaining PMH experience, increasing to 42% when only including non-medical registrars. 85% of responses identified an interest in public mental health (ranging from some to very).

2.3.2 Confidence in taking forward public mental health at a consultant level

1% felt very confident and 38% 'moderately' well equipped (see **Figure 1**). However, many also did not feel equipped (27% not at all and 34% only slightly well).

Confidence level did not correlate with length of training period. For example, 40% of ST5 trainees cited 'not at all well' equipped compared to 9% of ST1s. This may reflect greater knowledge of the training programme and its opportunities at the latter stages of training and/or increased awareness of the level of skills required as a consultant. However, it may also reflect the increasing profile of PMH in the past few years, leading to more learning opportunities that can be accessed at an earlier stage in training (such as in a local authority environment). There was little difference in results between medical and non-medical background registrars.

Figure 1



2.3.3 Preference for ways to develop public mental health knowledge

Survey responses showed a high preference for training placements in NHS mental health settings (70%) as a way to develop public mental health knowledge, followed by placements at PHE and local authorities (see **Table 1**). This may relate to the fact that there are currently no training placement opportunities in NHS mental health trusts in London, Kent, Surrey and Sussex compared to opportunities that exist to some extent in other settings included as survey categories. This is supported in a free text survey response regarding how individuals had built up existing PMH experience, the most common way being through local authority work (two-thirds), followed by training days (with a training day in 2018 focusing on public mental health). Masters programmes were recognised by 10% of responders.

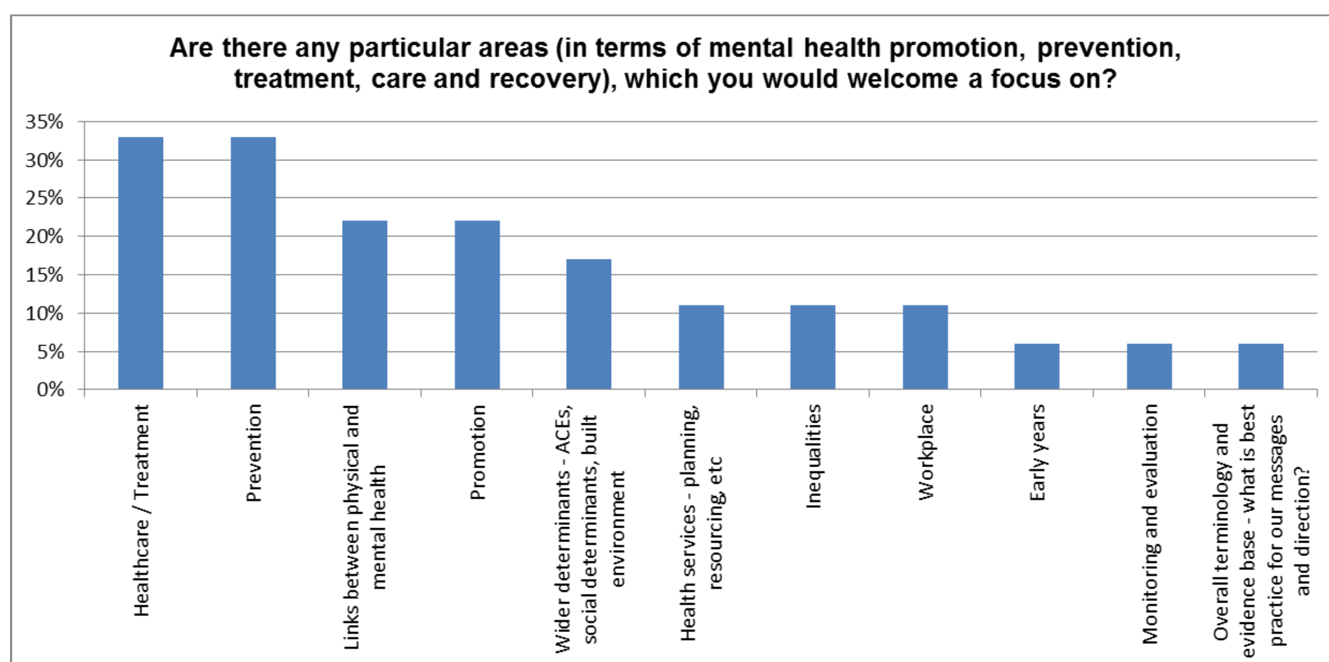
Table 1: Preference for public mental health training placement settings

Way to develop Public Mental Health knowledge	Response
Training placement opportunities in NHS mental health trusts	70%
Training placement opportunities in other relevant settings, such as Public Health England	54%
Specific inclusion of public mental health in future versions of the curriculum and competency framework	39%
A stronger focus on public mental health in Local Authority placements	38%
Greater focus on public mental health in academic courses	28%
More focus on public mental health in registrar training days	20%

2.3.4 Public mental health knowledge gaps

In terms of public mental health knowledge gaps (**Figure 2)** there was the greatest level of interest in learning about healthcare, treatment, prevention and the relationship between physical and mental health. Reasons for this need exploring in more detail, for example whether these are the areas that are least taught in public health training. Knowledge around healthcare and treatment potentially corresponds with NHS mental health settings being the highest preference area for training experience.

Figure 2



2.3.5 Public health registrar survey summary

In summary the survey results from a small sample of public health specialty registrars (n=79) suggest:

- Nearly all SpRs have some interest in public mental health, with a third expressing strong interest. This is stronger amongst people with a non-medical background.
- 61% of registrars questioned do not feel equipped or only slightly equipped to act and advocate on public mental health as consultants, with increasing uncertainty amongst the higher ST grades.
- The preferred way of developing public mental health knowledge for over two-thirds of respondents is via a NHS mental health care setting.
- Healthcare public health and prevention are areas where public health registrars welcome greater training focus.

It is acknowledged that these findings require deeper exploration and may benefit from similar surveys being carried out in other regions of the UK to see any corresponding trends.

2.4 Psychiatry survey results

Questions on public mental health were sent to psychiatry core and specialty trainees currently training at the South London and Maudsley NHS Foundation Trust. There were 38 responses to the survey out of approximately 260 trainees, with some of that number currently being out of programme. The majority of respondees (n = 27) were core trainees with 11 specialty trainees.

The smaller number of responses compared to the public health registrar survey is likely to be owing to the survey being amongst one of many circulated at the time (compared to being part of the annual registrar survey) plus possibly less awareness of public mental health compared to amongst public health registrars.

The responses to the survey are likely to be from psychiatry trainees with some understanding of public mental health and/ or interest in this area, therefore showing some degree of selection bias. When asked about previous experience or training in

public health (taken before or during training) 59% (n=22) of responses stated none compared to 30% (n=11) stating some previous experience. This was most likely to be a previous degree or a public health elective or fellowship.

2.4.1 Interest in obtaining public mental health experience

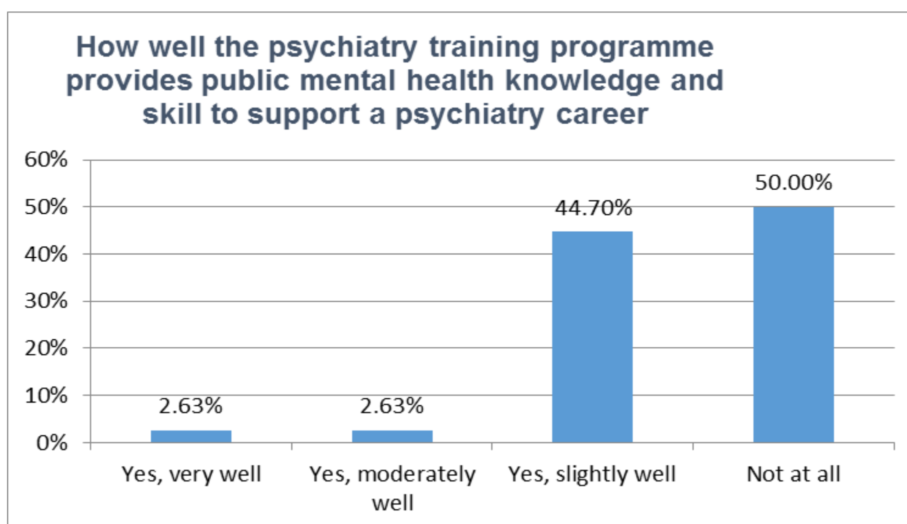
In terms of interest in obtaining public mental health experience in the psychiatry training programme, 76.2% (n=29) stated strong interest and 21.05% some but this is not my main area of interest. One response stated no interest in gaining experience in public mental health.

2.4.2 How well public mental health knowledge and skill is provided in training

In terms of supporting a psychiatry career, only a small percentage felt the current training programme provided good support, with the largest responses being for slightly well (44.7%) and not at all (50%) (see **Figure 3**).

Where yes was answered, participants were asked which particular areas of training have supported this knowledge. Only 19 people answered this question, with responses including the core psychiatry curriculum and exam preparation and on the job training, such as working with social care teams, community teams and providing smoking cessation advice. One comment also stated that it is not the job of a psychiatrist to practice public health but they would feel comfortable to talk about psychiatry to inform policy based on review of evidence and experience.

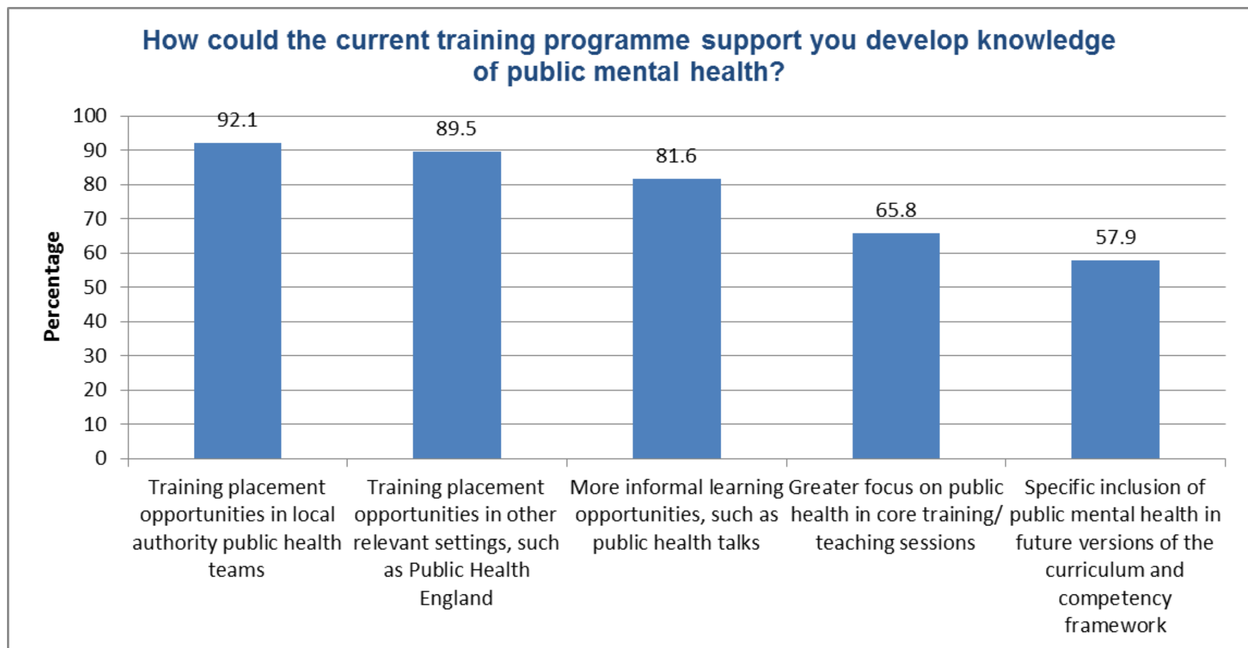
Figure 3



2.4.3 Preference for ways to develop public mental health knowledge

Great interest was shown through the survey responses for training placements in public health settings, such as local authorities and Public Health England (92.1% and 89.5% respectively). In addition, there was strong support for more informal public health learning opportunities (81.6%) and some interest in a greater focus on public health in core training/ teaching sessions (65.8%) and specific inclusion of public mental health in future versions of the curriculum and competency framework (see **Figure 4**).

Figure 4



In addition, a question was asked on any particular learning focus areas with some examples provided (such as the impact of poverty on mental health, the role of community support, commissioning of related services such as around substance misuse and weight management support). This led to 13 responses agreeing with interest in the example areas in addition to:

- Multiple disadvantage and how clusters of multiple adverse childhood and adulthood experiences interact to influence physical and mental health
- More focus on culturally diverse groups and disadvantaged populations e.g. refugees, asylum seekers
- Social media and it's mental health effects on people of all ages

- Linking up with wider statutory, GP and council services locally in terms of increasing community support and improving integration between services.
- Schools work in terms of prevention.
- Advocating for better policies in terms of welfare, immigration status and housing
- Integration of physical and mental health services, preventive measures, mental health in vulnerable groups

There was also a view that these areas are the remit of public health and this should be kept as a separate specialty area.

2.4.5 Psychiatry registrar survey summary

In summary the survey results from a small sample of psychiatry trainees (noting likely bias towards those with an interest in public health) suggest:

- Strong interest (76.2%) in obtaining public mental health knowledge through the psychiatry training programme.
- Nearly 95% of respondents feeling that the current training programme only slightly well or not at all provides opportunities for public mental health knowledge development.
- Strong support for gaining learning through training placements in local authority and other public health settings in addition to opportunities for formal and informal learning.
- A rich range of public mental health areas of interest from respondents, helping support ideas for learning development.

As with the public health registrar survey, it is acknowledged that these findings require deeper exploration and may benefit from similar surveys being carried out in other regions of the UK to see any corresponding trends.

Conclusion

The review of current training arrangements in addition to the survey results show that there are opportunities and interest in both specialty areas to progress the development of inter specialty training opportunities.

Chapter three: Recommendations going forward

Summary

Using examples of similar types of cross specialty training, such as *Learning Together Psychiatry*, in addition to learning from one off training placements, several pragmatic steps are put forward to open up opportunities to a wider number of trainees. This includes:

For public health trainees:

- Supporting trainees in local authority placements identify a mental health healthcare special interest placement as part of their project portfolio, for example by being part of a quality improvement project.
- Committing to a long-term goal of an NHS mental health care setting as an approved training site for London, Kent, Surrey and Sussex public health trainees.
- Making public mental health learning opportunities more visible across the current training system.

For psychiatry trainees:

- Developing public health special interest placements in local authority settings, in addition to other interested public health training sites (such as Public Health England and the Greater London Authority).
- Providing public mental health learning opportunities through CT training and the cross-specialty network.

This is in addition to regional and national actions to support a focus on learning and networking across specialty areas, identifying ways to include a population mental health focus in curriculum reviews in addition to making the case for making it easier for public health and psychiatry trainees to develop knowledge, skills and competence through exposure to different placement settings.

Introduction

Chapter two describes potential opportunities for developing public mental health training in existing training structures in addition to showing a strong interest in such opportunities amongst public health and psychiatry trainees. However there needs

to be consideration as to how these opportunities are developed, sustained and coordinated in the future, including assuring a high-quality education experience. This chapter focuses on this issue, including learning from case study examples of training placements to date and other initiatives for cross specialty learning, such as between Psychiatry and General Practice (see **Box 2**). The chapter is structured by exploring:

- Local opportunities for increasing access to public mental health training for public health specialty registrars (3.1)
- Local opportunities for increasing access to public mental health learning for psychiatry core registrars (3.2)
- Regional opportunities (3.3)
- National opportunities (3.4)

To note that 'local' in this report refers to SLaM psychiatry trainees (generally based in Lambeth, Southwark, Croydon or Lewisham) and for public health trainees based in the London, Kent, Surrey and Sussex region.

Box 2: *Learning Together Psychiatry*

Learning Together is an integrated learning model created in 2012 and piloted across North London in 2013/14 for Paediatric and GP trainees. This then led to the development of a Psychiatry and General Practice education initiative in 2017, including elements of inter-speciality training days and paired learning between GP Registrars and higher trainees in Psychiatry.

The GP/ Psychiatry learning model is useful to consider in relation to Psychiatry and Public Health. For example:

- A comparison of learning objectives, with the GP and Psychiatry objectives including the creation of better understanding of care systems, services, patient journeys and the generation of cross-specialty networks that may continue post CCT.
- Exploring ways to maximise learning, for example following paired learning placements, a workshop was recommended involving trainees and supervisors to

reflect on new areas of knowledge, present case studies and summarise key learning points from the joint clinics.

This initiative is organised by the Departments of Primary Care for the three London LETBs in partnership with the School of Psychiatry. For more information see: https://www.lpmde.ac.uk/training-programme/general-practice/learning-together-psychiatry

3.1 Local opportunities for increasing access to public mental health training for public health specialty registrars

Three recommendations for increasing access to public mental health training for public health specialty registrars are set out below:

3.1.1 Developing opportunities through existing approved placement settings

The survey results show a strong preference for placement opportunities in a NHS mental health care setting, supported also by a keen interest in learning more about treatment in addition to prevention. However, with no approved NHS mental health trust as a public health training site in London, Kent, Surrey and Sussex, training time based in a clinical care setting is limited to one day (two training sessions) a week. This arrangement requires the support of an educational supervisor in an approved training site in addition to a suitable project and project supervisor in a NHS setting to ensure a good educational environment.

This type of arrangement has recently been explored by two public health specialty registrars based in Southwark council. Case studies of these placements are provided below (see **Case study 1** and **Case study 2**). Learning from these placements supports a possible approach:

1. Public health specialty registrars with an interest in understanding NHS mental health services to discuss ways this can be supported in a Phase 2 local authority placement with the educational supervisor in this setting.
2. Ways to identify a suitable project opportunity is then discussed in partnership with a local NHS Mental Health Trust, through the following approaches:

- Making contact with the Medical director in the borough where the public health trainee is keen to work in to discuss interests, learning outcomes and possible project opportunities (for example, a project aligned to a place based strategy in the local area).
- Looking at quality improvement projects being promoted by SLaM which may benefit from public health trainee support.

3. An honorary contract is then arranged with SLaM for the project period in addition to supervision arrangements. To note, this may require a two to three-month lead in time.

To provide additional support during these placements, it is advised that the public health registrar joins the regional communities of practice network for public health and psychiatry trainees (see 3.3 below) as this is likely to be a useful place for project ideas, links with work across neighbouring boroughs in addition to reflective learning. It is also advised that the public health specialty registrar takes advantage of the learning opportunities provided at SLaM to trainees, such as core trainee teaching sessions and weekly Wednesday lunchtime lectures.

Case study 1: Healthcare public health training experience at the South London and Maudsley NHS Foundation Trust (SLaM)

A public health registrar (ST3) carried out a number of projects with SLaM whilst based at Southwark Council over 2018 to 2019. This was agreed as a pilot placement to explore educational benefits in terms of public health training.

The evaluation of the placement noted success in a number of areas:

- Adding value to the healthcare environment, for example leading work to support self-management strategies amongst patients with psychosis and working with two psychiatrists to improve the quality of GP referrals to CAMHS.
- Increased understanding of the structures and associated challenges and opportunities of a health and care setting recorded through reflective practise and types of training attended.

- Increased knowledge and skills regarding public mental health and its applications to a health and care setting.

The placement was possible owing to the on-site supervision of a Director of Public Mental Health based at SLaM in addition to the educational supervisor support at Southwark Council. In terms of challenges, it was noted that the placement could at times feel isolating owing to the difference between public health approaches and clinical work, which may be alleviated by greater peer support.

Case study 2:

A public health registrar (ST5) led on a self-harm case note review in collaboration with SLaM whilst based at Southwark Council in 2019. This involved gaining an honorary contract with SLaM and accessing supervision and oversight by the Service Development Group in order to access and collect data on risk factors, management and presentation from A&E and psychiatry assessment notes. Quantitative data was integrated with qualitative data from focus groups with frontline professionals and young people, to explain trends and expand knowledge of system management. The review will both feedback to inform clinical care and inform a self-harm strategy for Southwark as part of a wider suicide prevention agenda.

Benefits of this project include:

- A chance to understand a system where both hospital and community settings are relevant to care;
- Engaging clinical and non-clinical stakeholders in tackling a problem at population level.
- Exposure in understanding clinical management through data collection processes
- Exposure to working with NHS datasets and data governance processes.

Challenges to establishing such collaborative projects include:

- *Bureaucracy: 3 months passed between application for an honorary contract and access to data*
- *Data sharing agreements: the complex agreement in place mean that disaggregated data cannot be shared with council and only reports with aggregated analysis can be fed back.*

- *Difficulty in establishing lines of accountability in the acute trust when in an honorary position and outside of organisational frameworks.*

3.1.2 Work towards securing an NHS Trust provider of mental health care in London, Kent, Surrey and Sussex as an approved General Medical Council setting for public health training

It is noted that this is a longer term but important goal as an approved public health training placement in a NHS mental health trust would support a number of educational goals including:

- Supporting healthcare public health training in an NHS trust settings, as recommended in reports such as *Healthcare Public Health: Ensuring Sustainability and Capability of Health Care Public Health across the system* (Solutions for Public Health, 2016)
- Creating parity of esteem in terms of education opportunities for public health registrars, noting that there are three acute NHS trusts in the region that are approved training sites but no approved NHS trust providing mental health care.
- Support a number of public health objectives as set out in the *NHS Long Term Plan* (2019), for example around prevention, reducing health inequalities, integrated care and the roll out of population health management tools.

In addition, the lack of public health registrars training in NHS mental health trusts reduces the visibility of the skills of the profession in terms of healthcare public health. This could be considered a vicious cycle, leading to less likelihood of a public health consultant being employed in such a setting. Creating an approved training placement as a result of the recruitment of a public health consultant helps break this cycle and brings public health skills to a trust setting on a consistent basis.

3.1.2 Greater visibility of existing opportunities for building public mental health knowledge

The analysis in chapter two noted that there are a number of opportunities to take forward public mental health projects in approved trainee placements however they may not be widely known amongst the trainee cohort. Ways to increase visibility of

these opportunities include public mental health projects to be listed in the placement guides and also profiled at the annual registrar conference and at training days where appropriate.

Case study 3 is an example of a project carried out in a local authority setting and also profiled at a London, Kent, Surrey and Sussex 2018 training day focusing on public mental health.

Case study 3: Improving the mental health and wellbeing of staff working at Haringey Council

This trainee project (taken forward in 2017) delivered a strategic approach to improving mental health and wellbeing of staff in a local authority environment through the following approach:

- Developing a specification for tendering and commissioning a programme of training for managers to enable them to better support their staff who experience mental health problems.
- Two action plans to deliver improvements and recommendations from Time to Change (the anti-stigma campaign) and the MIND Wellbeing Index.
- Proposed, developed and delivered a “mental health and wellbeing week”, which included a range of activities for staff (e.g. resilience, mindfulness, active travel and physical health sessions), the launch of a number of training opportunities, a re-statement of Chief Executive Officer commitment and publishing lived experience stories of staff.
- Built closer working relationships between Public Health and Human Resources (HR) to ensure better alignment of work and improve the effectiveness and take up of the manager mental health training, particularly in priority areas.

3.2 Local opportunities for increasing access to public mental health learning for psychiatry core registrars

Two recommendations for increasing access to public mental health training for psychiatry trainees are described below:

3.2.1 Developing special interest day placements in public health settings

As mentioned in chapter two, higher trainees can use special interest sessions for public health related projects relevant to mental health. This could be one day (two sessions) a week for a minimum six-month period (full time equivalent) with the opportunity to extend this up to a twelve-month period.

A public health special interest placement for psychiatry trainees requires an educational supervisor on site and a brief description of the placement, covering the opportunity, approximate length of placement and person to contact to take forward further discussion. Learning objectives need to be agreed at the beginning of the placement. There are many skills and insights that a psychiatry trainee can bring to local authority work in addition to other approved placement settings such as Public Health England and the Greater London Authority, for example, around substance misuse commissioning, mental health interventions in schools, suicide prevention plans, the social determinants on health (for example income and housing), global mental health and reducing youth violence. **Case study 4** provides an example of a placement that took place in Bromley local authority.

Case study 4: Special interest day placement for a Forensic Psychiatry trainee in a local authority public health team

A specialist registrar in forensic psychiatry (ST5) used her special interest days to complete a placement within the Bromley local authority public health team. The placement consisted of a couple of days per month over a one-year period and occurred under the supervision of the Director and Assistant Director of Public Health for that team.

The specialist registrar participated in the development of the Bromley suicide strategy and completed a service evaluation of a local mental health service providing specialist input for individuals with co-occurring mental health and substance misuse needs. The service evaluation was completed in collaboration with the service provider and included a clinical audit as well as service user and clinician feedback. The findings will help to inform future commissioning, auditing and monitoring and were followed by a change in the structure of the service.

3.2.2 Create more informal and formal public mental health learning opportunities for psychiatry registrars

Suggestions for this include:

- Half day teaching/tutorials on public mental health as part of CT training. This can take place within existing time allocated to educational/ training activities.
- The ongoing development of a regional communities of practice network to support informal learning opportunities (see 3.3).
- Exploring in partnership with the Royal College of Psychiatry the opportunity of a fellowship in public mental health.

3.3 Regional opportunities

It is proposed that the cross-specialty interest group formed to support the development of this work continues to meet and widens to become a community of practice network. This provides a space to support informal learning, networking across specialty areas and reflective practice following training placements in respective settings. Discussions regarding support for resourcing the group will take place with the Royal College of Psychiatry, Faculty for Public Health in addition to Health Education England.

Other regional opportunities include holding a joint training day for trainees across the two specialities.

3.4 National opportunities

National opportunities include looking at ways to increase a focus on population mental health in the respective specialty curriculums, using the Public Mental Health Content Guide developed by Health Education England to help inform this work (HEE, undated).

In addition, with recommendations from national reports for doctors to develop their capabilities across a range of settings to help better respond to changes in the future healthcare system (HEE, 2014) it would be useful to consider how greater flexibility

in the system can be supported for specialty trainees. **Box 3** provides an example of such an approach in terms of a consensus statement to support individuals undertake placements in the field of public health.

Box 3

Placements in the Public Health System: Career Mobility in Action (2018)

Public Health England (PHE) and system partners have developed a consensus statement which will support organisations and individuals to undertake placements in the field of public health. Partners include the Association of Directors of Public Health, Faculty of Public Health, Local Government Association, Health Education England, NHS England and the UK Public Health Register.

The statement acknowledges that placements are a fundamental and highly effective method of personal and organisational development, providing a platform to:

- understand working environments
- gain skills and experience
- build flexibility, capability, capacity and resilience

Placements are defined as 'Temporary postings of an individual to an organisation within the public health, health and care system, undertaken formally or informally, and involving project, programme, topic-based work or for the purposes of shadowing or experiential learning and/or development'.

The statement commits signatory organisations to providing flexibility and reducing bureaucracy where possible and that placements should be of mutual and lasting benefit and value to the individual and organisations involved. Examples of placements are provided in the statement though none are in a mental health care setting. The report is available at: https://www.gov.uk/government/publications/placements-in-the-public-health-system-consensus-statement

Conclusion

This chapter sets out practical ways to increase opportunities for public health and psychiatry registrars in respective training sites. It also sets out longer term

ambitions to sustain learning and the development of a workforce with a broad appreciation of different working environments and the capability of using skills and experience in a range of settings.

Chapter 4: First steps to taking forward report recommendations

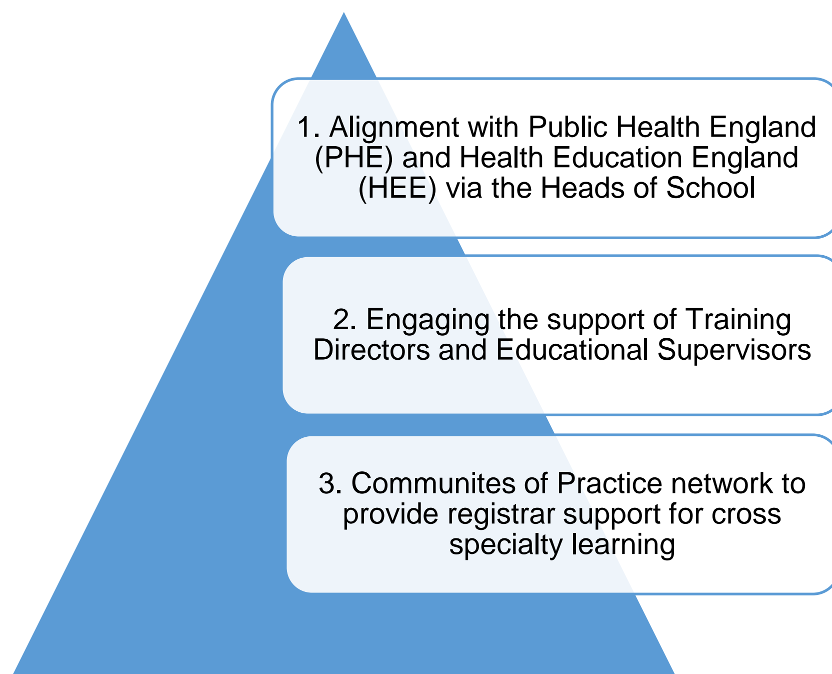
A number of partnerships are required to take forward the report recommendations. These are summarised in **Figure 5** below and include:

a. Ensuring that the report ambitions are supported and in alignment with Public Health England in terms of their role in advocating for greater emphasis on public mental health training in addition to supporting the ambitions of the Heads of School for Public Health and Psychiatry for the relevant geographical training programmes.

b. Gain Educational Supervisor support to develop Special Interest day placements in local authorities and other relevant settings for psychiatry trainees and ensure that supervision arrangements are in place in partnership with SLaM.

c. Continue to develop a Communities of Practice network for psychiatry and public health trainees to provide space for reflective learning and informal education opportunities.

Figure 5: Partnerships to support cross specialty training placements



The report also recognises national opportunities for exploring opportunities further such as:

a) Using intelligence from this report to help inform curriculum reviews
b) Sharing this work with other regions to support similar learning and development of cross specialty learning
c) Identifying where public health consultants are in place in NHS mental health trusts and exploring different roles and functions in terms of illustrating how these two specialty areas complement existing work.

We welcome a conversation with interested others as we take this work forward.

References:

Annual report of the Chief Medical Officer (2013) Public Mental Health Priorities: Investing in the Evidence
Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413196/CMO_web_doc.pdf (accessed 16 April 2019)

Bhui, K and Dinos, S (2011) *Preventive psychiatry: a paradigm to improve population mental health and well-being*, The British Journal of Psychiatry, 198, 417-419

Campion J (2019) Public mental health: Evidence, practice and commissioning. Royal College of Psychiatrists/ Royal Society of Public Health
Available at: https://www.rsph.org.uk/our-work/policy/wellbeing/public-mental-health-evidence-practice-and-commissioning.html
(accessed 16 September 2019)

Centre for Mental Health (2010)
https://www.centreformentalhealth.org.uk/sites/default/files/2018-10/Economic_and_social_costs_2010.pdf (accessed 21 February 2019)

Chesney E , Goodwin, G, Fazel, S (2014) Risks of all-cause and suicide mortality in mental disorders: a meta-review', World Psychiatry 2014: volume 13, issue 2, pages 153 to 160

Department of Health and Social Care (2011) *No Health Without Mental Health: a cross government mental health strategy for people of all ages*. Available at:
https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

Eaton et al (2011) *Scale up of services for mental health in low-income and middle-income countries*, Volume 378, Issue 9802, pp 1592-1603

Faculty of Public Health (2016) Better Mental Health for All: A public health approach to mental health improvement. *Full report available at: https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement)*

Healthcare Public Health: Ensuring Sustainability and Capability of Health Care Public Health across the system (Solutions for Public Health, 2016)

Health Education England, *Public Mental Health Content Guide* Available at:
https://www.hee.nhs.uk/sites/default/files/documents/Public%20Mental%20Health%20Content%20Guide%20-%20For%20public%20health%20academic%20courses%2C%20professional%20training%20programmes%20and%20professional%20development.pdf (accessed on 23 April 2019)

Health Education England (2014) *Broadening the Foundation Programme* Available at: https://www.hee.nhs.uk/our-work/better-training-better-care/broadening-foundation-programme (accessed on 25 April 2019)

Kessler RC, McLaughlin KA, Green JG et al (2010) Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. British Journal of Psychiatry 197(5):378-85

McDaid, D, Park, A, Knapp M (2017) Mental health services: Cost effective commissioning (Public Health England) Available at: https://www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning (accessed 14 May 2019)

McManus S, Bebbington P, Jenkins R et al (eds) (2016) Mental health and well-being in England: Adult Psychiatric Morbidity Survey 2014 Leeds: NHS Digital 2016. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014 (accessed 1 August 2018)

National Collaborating Centre for Mental Health (2019) *Community Mental Health Framework for Adults and Older Adults*. Available at: https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/ (accessed 3 November 2019)

NHS Digital (2018) Mental health of children and young people in England, 2017 [PAS] Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

NHS England (2014) *Five Year Forward View* Available at: *https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf* (accessed 16 April 2019)

NHSE (2016) The five-year forward view for mental health. NHS England https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
(accessed 16 September 2019)

NHS England (2019) NHS: The Long Term Plan. Available at: https://www.longtermplan.nhs.uk/

NHS England/ Department of Health (2012) Future in Mind. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
(accessed 16 April 2019)

Parliamentary Office of Science and Technology (POST) (2015) Parity of Esteem for Mental Health. Available at: https://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-485 (accessed 16 April 2019)

PHE (2015), Public Mental Health Leadership and Workforce Development Framework. Available at: https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework (accessed 16 April 2016)

Royal College of Psychiatrists (2010) No health without public mental health: the case for action Royal College of Psychiatrists Position statement. Available at: https://www.rcpsych.ac.uk/improving-care/public-health-and-its-role-in-mental-health

Solutions for Public Health (2016) *Healthcare Public Health: Ensuring Sustainability and Capability of Health Care Public Health across the system* Available at: https://www.sph.nhs.uk/wp-content/uploads/2016/03/Healthcare-public-health-capability-in-England-March-2016.pdf (accessed at 11 April 2019)

World Health Organization (WHO) (2005) Promoting Mental Health: Concepts, Emerging Evidence, Practice: Summary Report. Geneva: WHO.

World Health Organisation (2008) Closing the gap in a generation. Available at: https://www.who.int/social_determinants/thecommission/finalreport/closethegap_how/en/

WHO (2018) Global health estimates 2016: Disease burden by cause, age, sex, country and region, 2000-2016. World Health Organization
Available at:
https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html
(accessed 16 September 2019)

Acknowledgements

This report was written by Laura Austin Croft, Public Health Specialty Registrar, with thanks to the many people who have contributed to this report either by sharing of knowledge, providing opportunity for joint learning or by direct contribution. This includes:

Dr Jane Scarlett MRCGP FFPH Consultant in Public Health, Public Health England

Dr Jonathan Campion, Director for Public Mental Health/ Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust

Dr Richard Pinder, Public Heath Consultant/ *Director of Undergraduate Public Health Education*, Imperial College London

Jude Stansfield, National Adviser: Public Mental Health, Health Equity and Mental Health Division, Public Health England

Margit Veveris, Project Manager – Public Mental Health, Health Education England

Dr Carol Wilson Consultant Old Age Psychiatrist, Bedfordshire and Luton Mental Health and Wellbeing Services

Kathryn Faulkner, Public Health Specialty Registrar, East of England

Dr Susanna Martin, Specialist Registrar in Forensic Psychiatry

Members of the Psychiatry and Public Health Trainee network (London, Kent, Surrey and Sussex Public Health (LKSS PH) Specialty Training Programme and South London and Maudsley NHS Foundation Trust) with special mention to:

Dr Neha Shah, Public Health Specialty Registrar

Dr Amabel Desain, Psychiatry Core Trainee

Dr Felicity Callendar, Psychiatry Specialty Trainee

Dr Selina Rajan, Public Health Specialty Registrar