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Health System Sustainability: Encouraging Mental Health literacy and Cross-Sector Responsibility



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1.0 Introduction

This report has been developed in response to Recommendation 3 of the B20 Health & Life Sciences Task Force's recommendations to the G20: Contribute to health systems sustainability and promote healthy workforce lifelong learning and development.

The recommendation encompasses development of strategies and policies to respond to demographic and lifestyle changes, sustainability in health services, increasing wider awareness of healthy lifestyles and enhancing prevention in health care. The policy action relates to prevention and wellbeing, promoting healthy lifestyles as drivers for sustainable improvement of wellbeing, leveraging on education, information and innovation, reducing the pressure of acute care on national health services as well as the spread of non-communicable diseases.



mindfulness

This report will focus specifically on the prevention and management of mental ill health primarily through developing mental health literacy, awareness, and sustainable approaches to mental health and wellbeing through non-clinical approaches to complement health services and decrease the burden on clinical intervention. The responsibility for preventing and managing mental wellbeing no longer purely rests on health services but is an industry and world-wide concern as the health and economic impacts of poor mental health and wellbeing continue to grow. Poor mental health does not discriminate between industries, age or socioeconomic backgrounds (though it can be exacerbated by individual circumstances relating to these factors) and it is incumbent on all of us to respond to this epidemic in sustainable and productive ways, both in professional and individual capacities. Business leaders are responsible for the culture within which their organisations operate, setting the tone for how (if) mental health is embedded, talked about and supported. The importance of this cannot be overstated.



1.1 Mental health within a wider context

The UN's Sustainable Development Goals (SDG), in particular SDG 3, 'Ensure healthy lives and promote wellbeing for all ages', have direct relevance to this recommendation, in particular the following:

- **Target 3.4** 'By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing';
- **Target 3.5** 'Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol'.

The links between poor wellbeing/mental ill health and substance abuse are clear. The Mental Health Foundation cites that 'half of people with drug dependence were receiving mental health treatment in 2014 and adults with drug dependence are twice as likely as the general population to be using psychological therapy'.



The Priory reports that '70% of individuals with mental health disorders who engage in community resources in the UK, also have substance abuse issues'. The National Statistics Agency includes, as part of their 'Adult Substance Misuse Treatment Statistics', that over half (53%) of adults starting treatment said they had a mental health treatment need, ranging from 49% for people with opiate problems to 59% for people with non-opiate and alcohol problems'. These needs are correlated in the charts below:

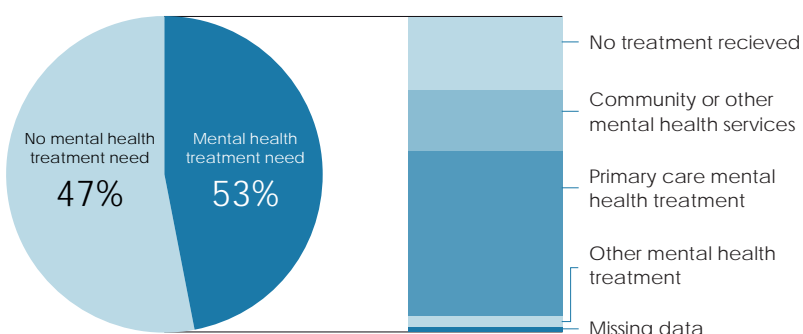


Figure 12: Mental health need and treatment received for people starting treatment in 2018 to 2019 (National Statistics Agency, Public Health England, 2020)

The clear links between mental ill health/poor wellbeing and substance reliance/abuse (also referred to as self-medication, alongside or sometimes in lieu of formal treatment) render these two areas important to consider in synergy.

The indicators for each target under SDG 3 only begin to scratch the surface of the more significant issues. On Target 3.4, the relevant indicator for mental health is: 'suicide mortality rate'; Target 3.5 lists its indicators as i) 'Coverage of treatment interventions for substance abuse disorders and ii) 'Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol'. What Target 3.4's indicators fail to take into account is the inordinate amount of time lost in poor quality of life due to mental ill health, and not just suicide. In Target 3.5, a much more thorough view is presented, highlighting both the interventions and reduced harmful use of alcohol. The cross-indicators and implications both of, and for, mental ill health impact across a range of factors. It is often difficult to pinpoint catalysts such as alcohol as either the cause or the effect of mental ill health, but the common denominator to promote change is recognition, education and information relating to mental health, producing a society that is more cognisant and more comfortable in discussing mental health and wellbeing. Reducing stigma and establishing mental health and wellbeing as important as physical health (parity of esteem) is one of the grand challenges facing both the UK and the world more widely.





This recommendation directly responds to the multiple points of intervention, providing opportunities to educate, innovate and influence before illness reaches crisis point or suicide. This report explores the recommendation through key areas. Firstly, it provides an overview of mental health in the UK with current statistics, moving on to the impact of Covid-19 on mental health. Following this, it explores in more detail the UN SDG 3 and its particular relevance to mental health and provides an overview of strategies for the prevention of mental ill health and the promotion of positive wellbeing in the UK.

The report then discusses three key areas for action: the sustainable improvement of wellbeing; encouraging mental health literacy through information and education, and non-clinical approaches to encouraging positive mental health and wellbeing, and the report ends with some concluding remarks. The focus on sustainable and non-clinical approaches to mental health offers alternative ways to engage people with mental ill health other than referrals to an already-overburdened NHS, finding accessible, engaging ways to encourage people to think about their mental health and take positive action in ways that are sustainable both for the individual and for their environment.

2.0 Mental health in the UK

Mental health is a fundamental component of everyone's life, as much as we all have physical health. Whilst our awareness of this as a society is greater now than ever, there is still a long way to go before the prevention, access to treatment and understanding of mental illness equals that of physical conditions. The need for change is vital: mental illness is the second largest cause of disease in England; **one in four adults** and one in ten 5 to 16-year-olds experience at least one diagnosable mental health problem in any given year (MHFA, 2021; Mind, 2021). The human cost of this is enormous, as poor mental health can not only have a detrimental impact on people's quality of life, but also their educational attainment, income and life span (MHFA, 2021). People living with severe mental illness die 15 to 20 years earlier than the general population (BMA, 2020). Moreover, **suicide is the leading cause of death for men under 50**, and for young people aged 20 to 34 (BMA, 2020).

Mental health conditions are largely treatable. However, just **one in eight adults in the UK with a mental health problem is currently getting treatment** (Mind, 2021). NHS services are overwhelmed, especially those aimed at young people, half of whom wait over 18 weeks between being assessed as requiring help and starting any treatment. In addition to this, our overall understanding of mental ill health is limited by the underfunding of research into this field. Each year, an average of just £8 per person affected is spent investigating mental illness, in comparison to £178 per cancer patient (MQ, 2015).



Alongside the effect on individuals, the impact of poor mental health on the workplace is similarly huge. In England alone, mental ill health costs employers 72 million working days and almost **£40 billion each year**. People who have long-term mental health conditions are made unemployed at twice the rate of those without. This accounts to around 300,000 people losing their jobs annually, equivalent to the entire population of Nottingham (MHFA, 2021). Furthermore, though most working days lost to health issues are due to stress, depression or anxiety, only 9% of employees feel able to disclose mental health issues to their line manager (MHFA, 2021).



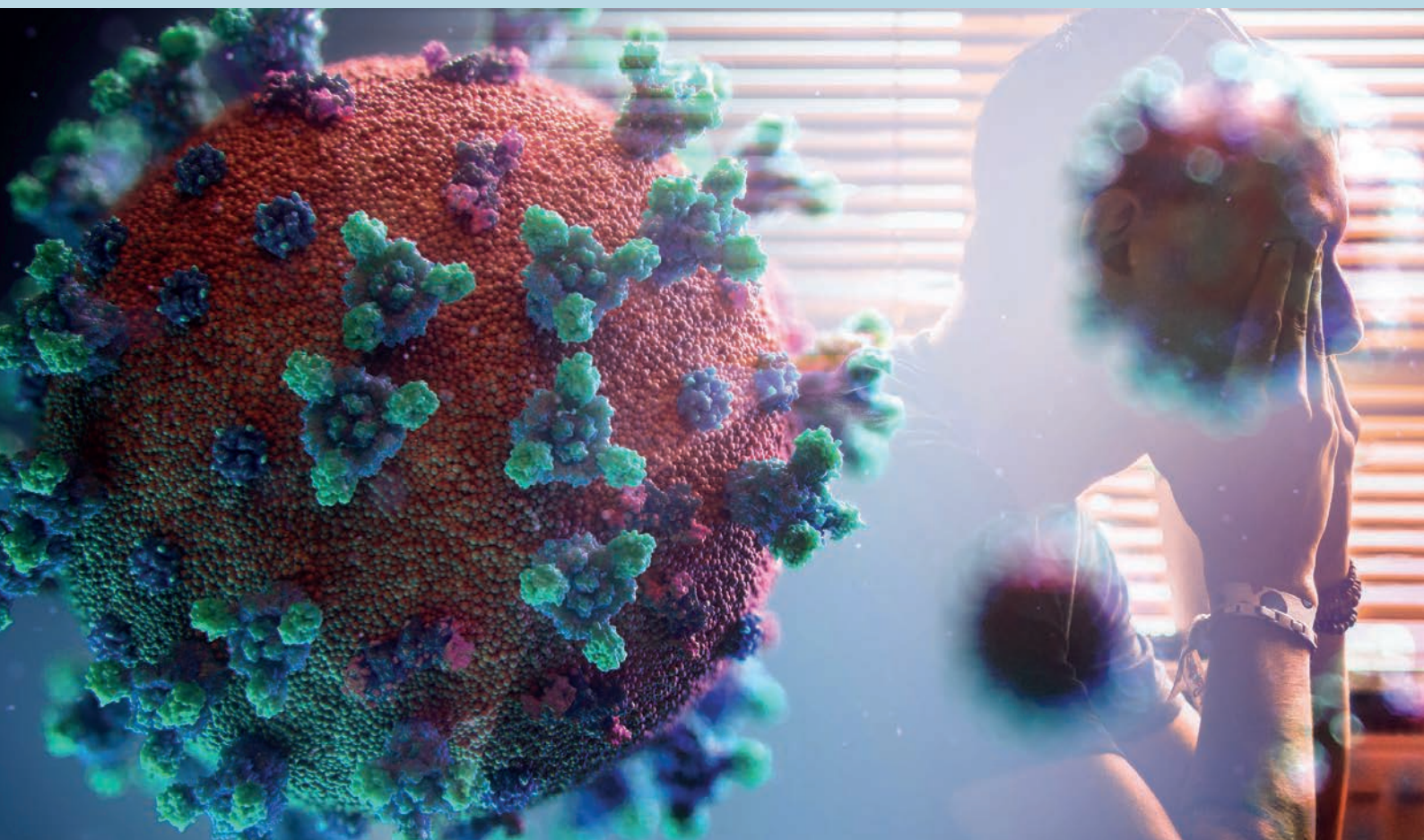
It is also worth highlighting that, although the causes of mental illness are complex, **some groups are at higher risk** than others. This is due to wider social conditions which intersect with factors such as gender and ethnicity. For example, women aged 16 to 24 are almost three times as likely to experience a common mental health problem relative to their male peers (Mental Health Foundation, 2016). 23% of Black British people experience a common mental health problem in a given week, in comparison to 17% of White British people (Mind, 2021). Alongside this, half of all LGBT people report having had depression in 2017 (Centre for Mental Health, 2020). Poverty is another important risk factor, with children from the poorest 20% of households being four times as likely to have serious mental health problems by age 11 than those from the wealthiest 20% (Centre for Mental Health, 2020). Groups with higher rates of mental illness also tend to face barriers when accessing effective support services and experience lower levels of success with treatment.

Finally, negative attitudes towards mental health conditions are still widespread. One in eight people believe that anyone showing signs of mental ill health should be immediately hospitalised; and one in ten that a lack of self-discipline is one of the main causes of mental illness (Time to Change Wales, 2019).

Subsequently, **90% of people with mental health problems experience stigma and discrimination**; and one in five are uncomfortable talking about their mental health with family and friends (UK Parliament, 2015). This issue particularly affects men: 45% of men who feel very depressed say that they have never spoken to anyone about their mood (Time to Change Wales, 2019).

These figures all demonstrate the urgent need not only for action on mental health, but for approaches that are sustainable and will have an impact in the long-term. However, the impact of Covid-19 must be taken into account when proposing key areas of action.





3.0 The impact of Covid-19 on mental health

COVID-19 has already had a profound impact on mental health of the UK, with **40% of people reporting that the pandemic has negatively impacted their mental wellbeing** (Centre for Mental Health, 2020). Some of this can be directly attributed to the virus: 15% of us have lost a relative or close friend to COVID-19 (Centre for Mental Health, 2020). Of those who have survived severe illness, 17% report having anxiety and 14% mood disorders six months after being diagnosed with COVID-19 (Taquet, 2021). Furthermore, the symptoms faced by those living with long COVID are associated with poor mental health (NIHR, 2021). Whilst ongoing research is still determining long-term effects, patients who had SARS (severe acute respiratory syndrome) in the 2002-04 epidemic were still at a higher risk of both mental illness and suicide 12 years afterwards (Tzeng, 2020).

Moreover, we have all lived through unprecedented changes to everyday life, including multiple lockdowns, mass government restrictions and economic insecurity.

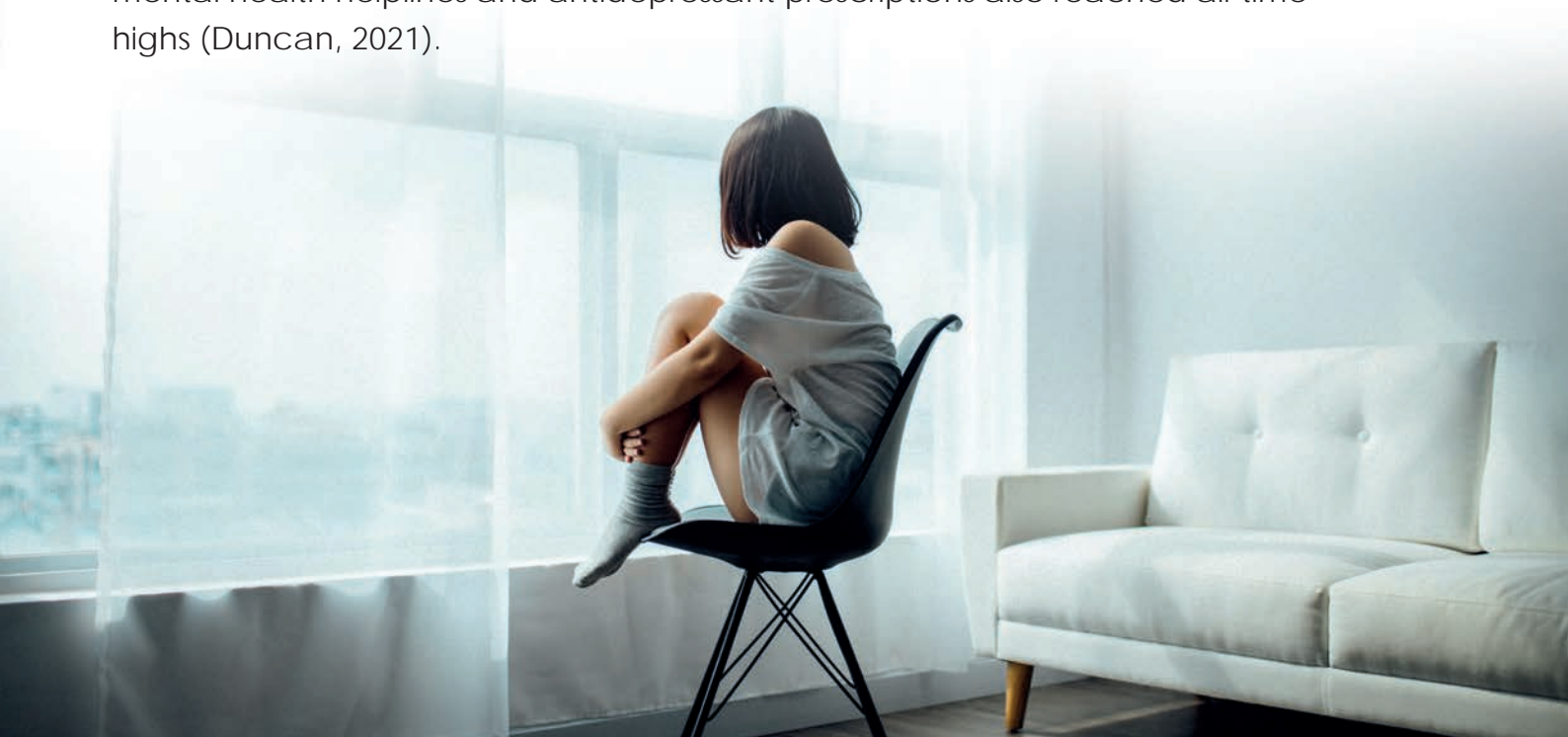


Many of us have gone months without face-to-face contact with friends and relatives; and young people have faced severe disruptions to their education. Unemployment is predicted to reach 6.5% this year, a steep rise from 3.8% in November 2019 (British Academy, 2021). Furthermore, those in employment may have gone through furlough, isolation from colleagues, and the challenges of balancing their workload alongside caring responsibilities. Working conditions on the frontline of the COVID response have been highly stressful and sometimes traumatic, with 45% of doctors reporting mental health conditions caused or exacerbated by the pandemic (BMA, 2021).

Stressors such as unemployment, loneliness, poverty and bereavement are all risk factors for mental illness. This is reflected in the fact that **one in five adults experienced some form of depression in June 2020**, almost double the level pre-pandemic (ONS, 2020). More than one in six adults increased their alcohol consumption over lockdown, a trend that was associated with lower mental wellbeing (Jacob, 2021). This was reflected in the 10% increase in days off from work due to mental ill health in 2020 in comparison to the previous year; and the fact that over a third of employees report feeling that their mental health is affecting their productivity on a weekly basis (Westfield Health, 2021). Rates of stress, mental illness and grief will only be exacerbated by future waves of the virus.

Moreover, it is vital to note that the **inequalities in health** which have been magnified by the pandemic **are reflected in mental wellbeing**: generally, those who have been most affected were worse off before. This is clear as younger people, especially those from Black, Pakistani and Bangladeshi communities, are more likely to have lost their job or have had their hours reduced. More widely, those from Black, Asian and minority ethnic backgrounds experienced higher levels of depression and anxiety during lockdowns (British Academy, 2021). Women reported greater levels of loneliness and worse mental health than men, especially during periods of lockdown, when they were likely to take on most of any childcare responsibilities (British Academy, 2021). Alongside this, two thirds of adults with pre-existing mental health problems experienced worse mental health in lockdowns (Mind, 2020). This effect also appears to be bidirectional, as those who had a pre-existing mental health condition are at a significantly increased risk of Covid-19 infection (Wang, 2021).

Whilst it can be expected that some individuals will recover as society gets 'back to normal', many will require mental health interventions. The importance of this cannot be overstated: it has been estimated that up to **10 million people in England alone will require new or additional mental health support**, approximately 20% of all adults and 15% of all children (Centre for Mental Health, 2020). This surge in demand can already be seen in mental health services, as record numbers of adults sought out emergency mental health treatment between April and December last year (Royal College of Psychiatrists, 2021). Twice as many young people were urgently referred to eating disorder services in March 2021, in comparison to March 2020 (Solmi, 2021). Calls to mental health helplines and antidepressant prescriptions also reached all-time highs (Duncan, 2021).



Worryingly, these figures are unlikely to reveal the full scale of this crisis: a third of adults who wanted mental health support during lockdown said that they did not believe their issue was serious enough to seek help; and **a quarter of those who tried to access services were unable to** (Mind, 2020). Another cause for concern is economic challenges faced by third sector organisations which usually pick up the shortfall of NHS services.

The pandemic has exacerbated existing problems in mental health, whilst simultaneously demonstrating that large scale societal change is possible. If we are going to ‘build back better’, we need to prioritise policies which support those with mental illness and promote good mental health. In 2008, Professor Sir Michael Marmont was commissioned by the then Secretary of State for Health to chair an independent review focusing on evidence-based strategies to reduce health inequalities in England. The report ‘Fair Society Healthy Lives’ (2010) concluded that, in order to reduce health inequalities, the following policy objectives would be required:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standards of living for all
- Create and develop healthy, sustainable places and communities
- Strengthen the role and impact of ill-health prevention

The outstanding status of all of these policy actions, eleven years on, means that healthy inequality remains a critical issue for the UK. In society afflicted by the Covid-19 pandemic, the urgency of these actions is intensified. Prioritisation of these actions is desperately required at a microcosmic level (businesses, for example), when national prioritisation is not forthcoming.



4.0 The UN's Sustainable Development Goal 3 and mental health

Globally, progress towards the UN's SDG 3, 'to ensure healthy lives and promote wellbeing for all ages' (UN, 2021) has been severely undermined and de-railed by the pandemic. In the UK, disruptions to NHS services have caused a backlog in routine operations, treatments, appointments, and mental health referrals with experts predicting it will take a minimum of 18 months to recover (Rimmer, 2021). It is no secret that pre-pandemic the NHS was under-funded and over-stretched often at the expense of provision for mental health treatments. The Government originally aimed to reduce waiting times for treatment after a diagnosis to two weeks by the end of 2020 (HM Government, 2015) but in October 2020, 25% of people were waiting 3 months or more for therapy treatment, with two-fifths of patients waiting for mental health treatment contacting emergency services, and 11% of these people ending up in A&E (Royal College of Psychiatrists, 2020).

As the UK recovers from COVID-19, it is likely that physical illnesses and chronic conditions requiring medical attention will be given priority, for instance only 73.9% of cancer patients were treated within 2 months of a referral in March-April 2021, below the NHS's target of 85% of patients (BMA, 2021). The significant backlog in the NHS for treatment is staggering: the BMA further notes that the number of patients in May 2021 waiting for treatment was **13-fold** the number waiting for this period in May 2020 and **326-fold the number** waiting in May 2019. The likelihood, therefore, is that interventions aimed to improve public wellbeing, therapy training and individual referrals to mental health specialists will be side-lined. A long history of under-sourcing and stigma surrounding mental illnesses coupled with the inability to access NHS mental health services means that people are beginning to fall through the gaps, triggering a 'mental health pandemic' (Health, 2020a) in the UK which threatens positive wellbeing.

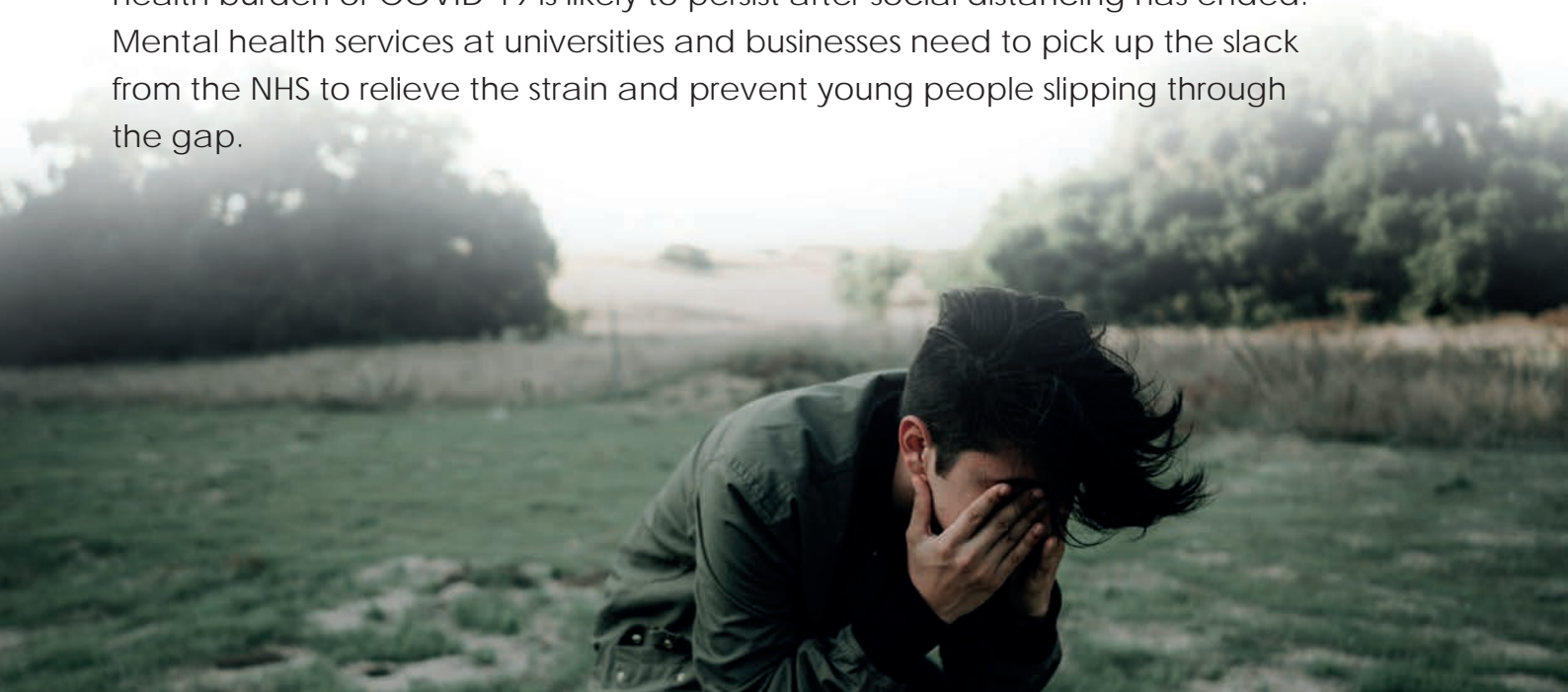


Additionally, there has been a simultaneous increase, and therefore demand, in those suffering from poor mental health as a direct consequence of COVID-19 related stress. Research shows that young adults or students (18-25-year-olds), people with pre-existing mental health issues, those from single households, and those from lower socio-economic backgrounds are more vulnerable to adverse mental wellbeing caused by COVID-19 lockdown restrictions (Maugeri et al., 2020). Recent statistics estimate that 42% of 18-29-year-olds exhibited depression symptoms during 2020, a worrying increase from 11% in 2019 (ONS, 2020).



Another study in a population of young adults found that 30.3% reported poor mental health yet two thirds did not have a formal diagnosis (Dewa et al., 2021). It is also important to note that even prior to the pandemic, young people are less likely to seek a formal clinical diagnosis or help due to stigma associated with mental health (Mind, 2021)

Additionally, social distancing, university and business closures provoked significant social and lifestyle changes, for instance 80% of students worldwide did not stay on their university campus in 2020 (Health, 2020b) and therefore could not access welfare assistance from their relative institutions. COVID-19 has exacerbated the demand from students and young workers and highlighted the issues with inconsistencies in mental wellbeing protocols within universities and businesses. It is too soon to comment on the impact of the most recent lockdown on young people's mental health, however, the long-term mental health burden of COVID-19 is likely to persist after social distancing has ended. Mental health services at universities and businesses need to pick up the slack from the NHS to relieve the strain and prevent young people slipping through the gap.



It seems then that there is a 'triple challenge' (Champion et al., 2020) undermining progress towards the UN SDG 3 in the UK. Firstly, mental wellbeing services need to prevent further increases in mental health disorders across all age groups with specific attention to higher risk populations such as young adults. Secondly, the NHS, universities and businesses need to protect those with pre-existing mental health issues from COVID-19 related stress by resuming or adapting mental wellbeing interventions. Thirdly, there is a need for appropriate public health interventions, such as promoting healthy behaviours like adequate physical activity, sleep, and the importance of a balanced diet (Dewa et al., 2021) to enhance public mental wellbeing. The pandemic has concurrently worsened the strain placed on the NHS whilst also highlighting the holes in public mental health services. There is an urgent need to address these weaknesses via new mental health implementation services to improve wellbeing, prevent further strain on the NHS, and ultimately achieve the UN's SDG 3.



5.0 Prevention of mental ill health and poor wellbeing

The COVID-19 pandemic has brought forward mental health and wellbeing to the forefront of our minds. Wellbeing is a key component that facilitates mental health which has important implications for both long-term mental and physical health issues (Vieira et al., 2020). Higher levels of mental distress, for example, can cause an inflammation effect from the immune system, thus increasing the risk of infection and chronic diseases (Fancourt & Steptoe, 2020). Due to the marked increases in people experiencing markers of reduced mental wellbeing to those suffering from severe mental health disorders provoked by COVID-19 related anxiety and stress, more people are requiring help protecting their mental wellbeing. Changes to daily routine, diet, physical activity habits, social isolation, and restrictions meant that people, specifically younger adults, or those with a pre-existing mental health issue, were more likely to experience adverse mental health implications during 2020 (Dewa et al., 2021). The need, therefore, for measures to safeguard the public's mental wellbeing has never been more important.

The UK Government released a Mental Health and Wellbeing Recovery Action Plan (HM Government, 2021) to mitigate and react to the mental health consequences of the pandemic in 2021-2022. The Plan aims to support the public to look after their mental wellbeing, to address risk factors to prevent further increases in mental health difficulties, and to expand specialist support services to meet the increased demand. This echoes research that there is a



subtle difference between preventing mental health issues and promoting wellbeing, but both are equally as important for long-term mental health management in the UK (Kanekar & Sharma, 2020). Mental health prevention concerns the provision of specialist services from health providers, academic institutions, and businesses to intervene to diagnose and treat mental health conditions such as depression and or anxiety. In the context of COVID-19, new methods of intervention need to be considered to adhere to social distancing measures, such as telephonic technology for therapy sessions (HM Government, 2021). On the flipside of the coin, mental wellbeing promotion aims to increase the societal importance placed on maintaining positive mental health status via increasing public awareness and advocating proactive coping mechanisms when required (Kanekar & Sharma, 2020). It is thought that by increasing the status of mental wellbeing, the onset of severe mental illnesses and their associated consequences can be avoided in order to prevent the 'mental health pandemic' facing the NHS.



Resources that promote mental wellbeing and resilience on an individual level are needed to protect the population's health. These resources can then be used by the Government and distributed to organisations which have access to the groups which are most vulnerable to mental distress caused by COVID-19. Recent research (including by Sport England and as noted below) has identified several habits or healthy behaviours which can be adopted as coping mechanisms and protect against COVID-19 related stress and anxiety. National lockdowns and social isolation have contributed to dysfunctional coping mechanisms such as decreased physical activity and increased screen time, substance abuse, irregular sleep patterns, and self-blame (Dewa et al., 2021), simultaneously preventing physical activity by imposing criteria for taking exercise (creating 'Covid barriers'). Physical activity has long been advocated as a means of reducing stress and associated mental and physical health benefits (Stults-Kolehmainen & Sinha, 2017) but gym closures, reduced access to leisure facilities, and social restrictions lead to a significant decrease in daily active time across all age groups in 2020 (Guintella et al., 2021). Young adults, however, who met daily physical activity guidelines during the first national lockdown were less likely to report increased stress or sleep issues (Vogel et al., 2020; Pálvölgyi et al., 2020; Savage et al., 2020). Although more data is needed to confirm findings, resources promoting healthy behaviours, such as daily physical activity, could be a cost-effective means of promoting public mental wellbeing, within the context of health inequalities and differences in physical ability.



6.0 Encouraging sustainable improvement of wellbeing

It is important to first clarify that mental health and wellbeing are not the same thing. This section of the report will look at how best to improve wellbeing rather than simply treat mental illness. Wellbeing reaches beyond an individual's health to their community and the daily opportunities, challenges and habits that shape their lives. A complex combination of a person's physical, mental, emotional and social health factors, wellbeing is strongly linked to happiness and life satisfaction. In short, wellbeing could be described as how you feel about yourself and your life (Better health, 2020). Promoting wellbeing therefore requires engaging individuals in self-care, making them active decision makers concerning how they live their lives (Koussa, 2015). The NHS provides 5-step guides for individuals to help increase their mental wellbeing which incorporates connecting with others, staying active, learning new skills, giving to others, and paying attention to the present moment (mindfulness). Activities such as art, cooking, connecting with nature, yoga and other physical activities have also been shown to improve wellbeing (NHS, 2019). Within this advice we can begin to identify how wellbeing has implications that reach beyond an individual's immediate life into their wider environment. In order to sustainably improve wellbeing, it therefore needs to be tackled from both an individual and a societal point of view.





60% of employees say that they'd feel more motivated and more likely to recommend their organisation as a good place to work if their employer took action to support mental wellbeing. Mind has developed a three-pronged approach to help employers manage mental ill health in the workplace by:

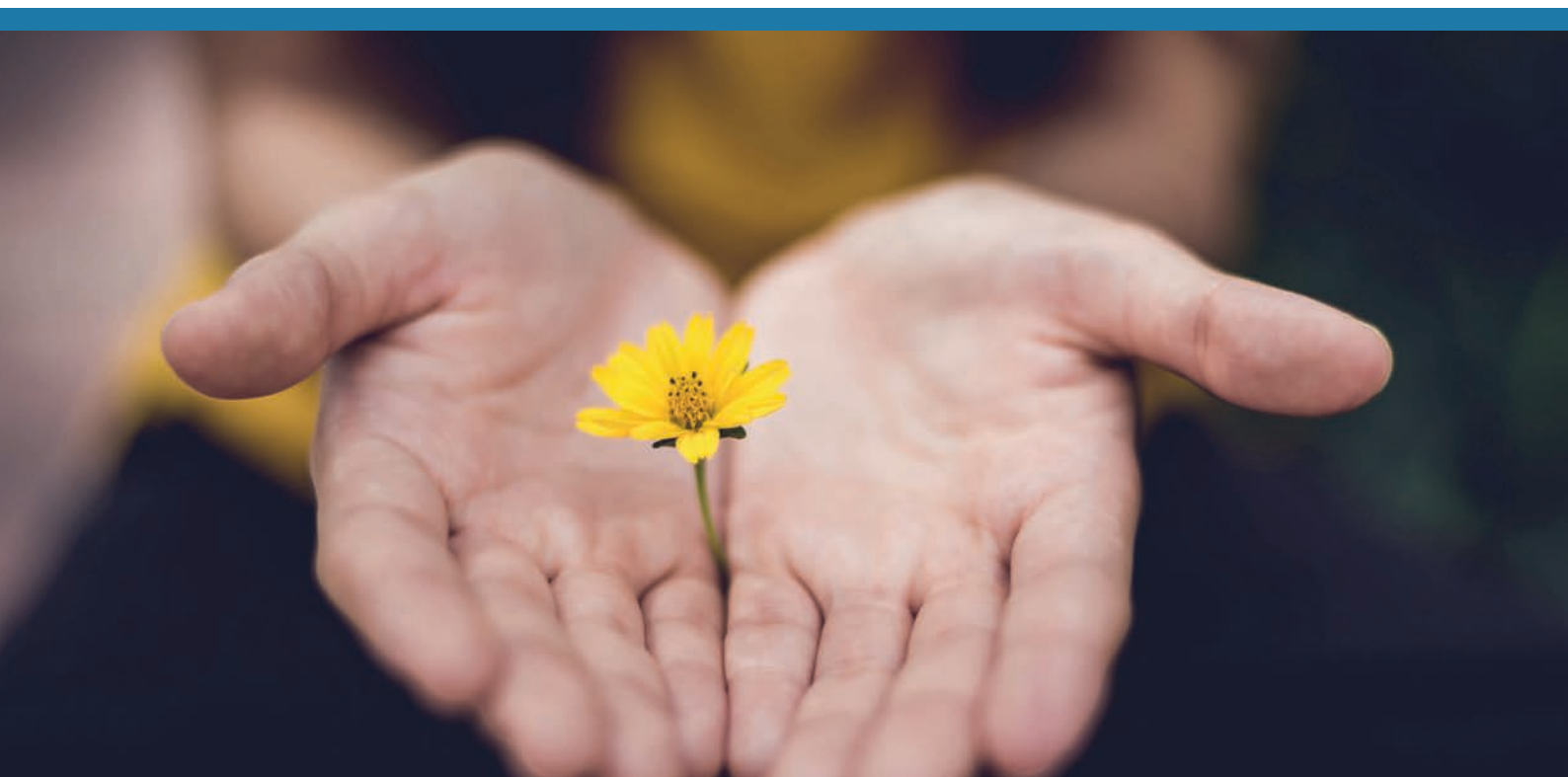
1. promoting wellbeing for all staff;
2. tackling the causes of work-related mental health problems;
3. supporting staff who are experiencing mental health problems (Mind, 2013).

The charity Scope also provides important information on how to improve accessibility for employees in the workplace such as taxi journeys, specialist equipment and an onsite support worker (Scope, 2021). Accommodating employees as individuals with their own needs improves job satisfaction and therefore makes a positive contribution to wellbeing.

Schools play a major role in designing humankind's future. Therefore, it is vital that educational programs are developed to promote wellbeing in schools. By intervening at this early age before the typical onset of mental illness (usually around age 14), adolescents are shown to be more susceptible to attitudes that promote seeking help and accommodation of others who are struggling. We are therefore able not only to improve mental health literacy and understanding of mental illness and its treatments and reduce stigma surrounding the illnesses, but also to sustainably improve wellbeing (Kelly, Jorm and Wright, 2007).

Factors such as relationships and a sense of purpose and belonging are essential to human wellbeing, influencing human happiness more than income or economic power. The happiest societies foster a culture of dignity for all, through investment in public services and a holistic approach to education. Although it might appear that sustainability goals such as reduced spending habits or limited travel run contrary to wellbeing as we understand it today, research indicates that they can in fact be complementary. By emphasising pro-social attitudes and behaviours necessary to live in better balance with nature, we can tend to our own individual wellbeing and increase levels of resilience and fulfilment in life, rather than living by a sacrificial work ethic (Barrington-Leigh, 2017). A balance of clinical and community support is necessary to achieve this. By allocating personal wellbeing budgets (which could be implemented through Standard Development and through identifying internal resources) to individuals we can accommodate costs for preventative activities such as community engagement, hobbies, and peer support. We need to ensure that people have the knowledge, skills, confidence and motivation to influence local health structures, ensuring that our health service works for us all – not just those most able to meet it on its terms (Koussa, 2015).

Finally, with the increasing reportage and awareness of the environmental crisis, there has been an alarming rise in what has been termed 'eco-anxiety'. Although there are currently no figures for UK incidence, almost 70% of Americans are worried about climate change and 51% feel helpless about



addressing the issue. The term incorporates both short term impacts of climate change such as flooding or loss of crops as well as more gradual impacts such as changes in weather patterns or rising sea levels (Medical News Today, 2019). Alongside this, research shows that an individual's surroundings, the environment in which they live, has a strong impact on their mental wellbeing. Being able to connect with nature has proven to be a crucial means of solace, particularly during the Covid-19 pandemic, when contact with others has been severely limited (AHRC, 2021). 'Sustainable wellbeing' integrates aspects of individual wellbeing, the wellbeing of other members of society and the wellbeing of the environment. Research suggests adopting a CBT (cognitive behavioural therapy) approach to mutually and holistically address self-care and care for the planet concurrently in schools. This method helps to eliminate the feelings of helplessness many people feel when thinking about how they can begin to tackle environmental issues, by emphasising focus on solutions or to act in small steps. The quality of human life is completely intertwined with the quality of the environment in which we live; so the promotion of sustainable environmental values and ways of living through a common language of sustainable wellbeing literacy can be very effective (Ronen and Kerret, 2020).



7.0 Developing mental health literacy through education and information

Mental health literacy arises from the concept of health literacy and is defined as understanding how to obtain and maintain positive mental health; understanding mental health problems and their treatments; decreasing stigma related to mental health problems; and enhancing help-seeking efficacy. Without mental health literacy, people may be unable to recognise signs of distress in themselves or others, which can stop them from seeking support. Furthermore, a lack of understanding about mental health in the general public can lead to discrimination and stigma towards those living with mental health problems. Mental health literacy is therefore a tool of empowerment: it increases people's resilience and control over their mental health conditions and enhances help-seeking efficacy. This includes knowing when and where to seek help and developing life-management skills. This can empower people to better cope with long-term mental health conditions therefore decreasing the burden on health and social care services and reduce health inequalities. (Mentalhealth.org, 2019).



Improving mental health literacy can be done through whole-group approaches, for example promotion through community campaigns, peer-support approaches or school and work-based interventions. It could also include improving the literacy of professionals through training and education. Identifying key groups, likely to have low levels of mental health literacy and personal resilience, could help to tailor programmes for people in most need and with least access to resources. Combining mental health education (including information, strategies for resilience and empowerment) with further education provision, such as general literacy, language and numeracy skills, could embed mental health literacy within learning as a whole and help to combat stigma (Mentalhealth.org, 2019).

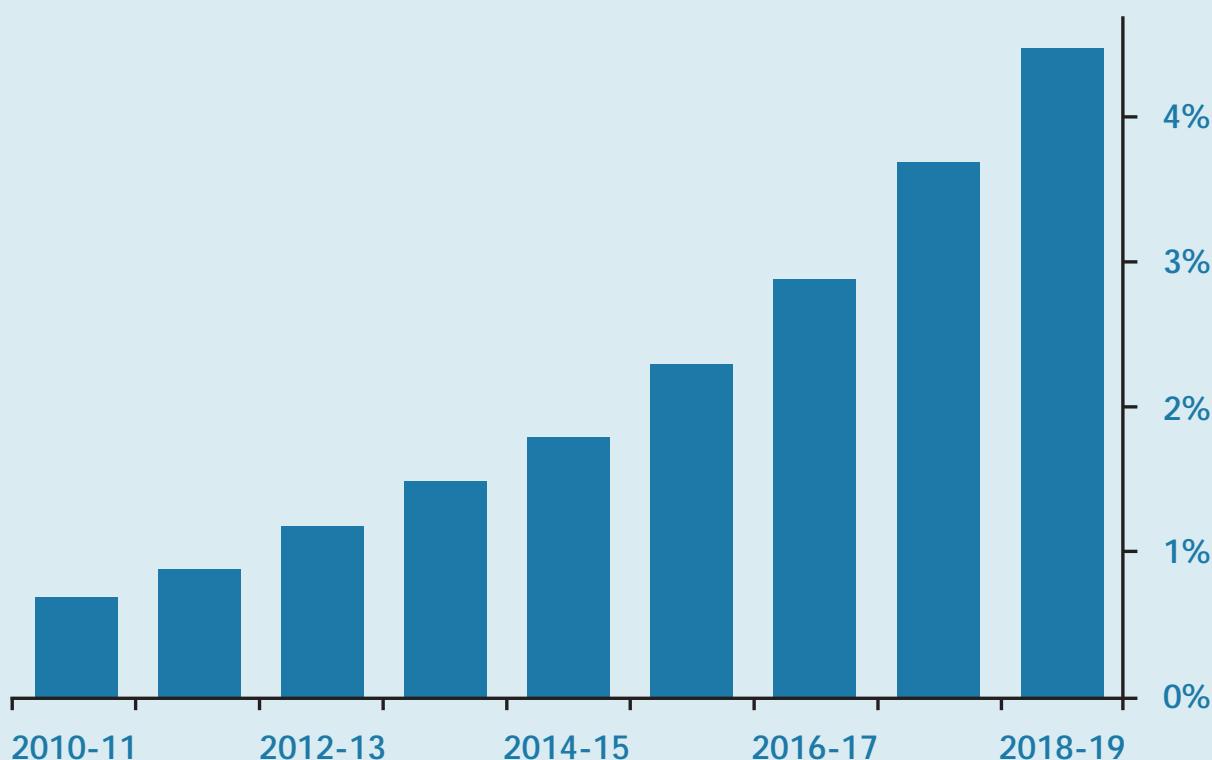
Mental ill health can often arise for the first time in adolescents or young adults, with about half of mental illnesses developing by the age of 14. (Fretian, Kirchhoff, Bauer, 2020) If they are recognised and treated early, this may increase the chances of a better long-term outcome. However, professional help is typically not sought at all or only sought after a delay. Early recognition and appropriate help-seeking will only occur if young people and their supporters (family, teachers, and friends) know about the early changes produced by mental disorders, the best types of help available, and how to access this help. It is also important that the supporters know how to provide appropriate first aid and ongoing help. These knowledge and skills all fall within mental health literacy and can be provided through information, education and training programmes, such as mental health first aid (Kelly, Jorm and Wright, 2007).



Educare is one platform that provides digital resources for schools and educators aimed at targeting mental health literacy amongst pupils and their carers. For example, they provide online courses on how to develop digital resilience within pupils so that carers are better able to identify the risks of using social media and address the impact of it on emotional wellbeing. Similarly, the charity YoungMinds provides resources for teachers and school staff to build their skills and make mental health and wellbeing a core, rewarding part of their job.

Sixfold increase in student mental ill health since 2010

Home students reporting a mental health condition, England



There has been a sixfold increase in mental ill health amongst university students since 2010, leading to suggestions that we are now facing a crisis. This crisis has only been exacerbated by the Covid-19 pandemic with restrictions leaving students feeling more isolated than ever. (Hubble and Bolton, 2020) Moving away from home, students could now face homesickness, loneliness, financial concerns, exam pressure and difficulties meeting new people. Research shows that many people first experience mental health problems or first seek help when they are at university. According to recent research, 1 in 5 students has a diagnosed mental health problem. (Mind, 2018). UKRI (UK Research and Innovation) has set up a mental health research network to specifically address

mental ill health amongst university students called SMaRteN. They have conducted research into the efficacy of community interventions, peer support groups and a campus app to promote wellbeing through increasing social connectedness.

It is vital that services continue to receive funding to support young people at these important moments in their lives. Charities such as Student Minds and Student Space provide phone and email support services as well as digital resources for students suffering, and signposting them towards professional help and outside guidance. Yet at the same time, these resources depend upon students and young people being familiar with mental illness and the kinds of treatments available. Only with increased education and information to improve literacy will these services be fully benefited from.

Mind provides resources to help improve the quality of mental health support in the workplace with tips for employers that include getting senior leaders on board, raising awareness of mental health and wellbeing, promoting a healthy work/life balance and cultivating a culture of openness. (Mind, 2013) We can see from these strategies that individual mental health literacy is not sufficient and what it takes is a community-wide effort to improve our understanding of mental illness, its causes, treatments and how to manage long-term issues.



8.0 The role of the arts in positive mental health and wellbeing

Clinical approaches to the prevention of mental ill health and management of effective mental health are well established. The approaches range from spoken therapy, cognitive behavioural therapy, a range of medications and more targeted interventions by mental health professionals. The benefits of non-clinical approaches, however, can offer more sustainable interventions, more closely connected with individuals' lifestyles, potentially offering greater chance of success through more immediate 'buy in'.

Hobbies such as yoga, arts and crafts, reading and exercising have long been known as having positive effects on mental health and wellbeing. There are a range of different approaches to non-clinical interventions, which have received both critical attention and directed funding. Sport England has invested more than £8 million of exchequer and National Lottery funding in projects relating to mental health, additionally partnering with mental health charities to make a difference to the lives of people in the UK. The Faculty of Sport and Exercise Medicine UK and the Sports and Exercise Psychiatry Special Interest Group of the Royal College of Psychiatrists issued a joint position statement in 2018 on the role of sport for positive mental health. A recent article on greenspace interventions for mental health in clinical and non-clinical populations highlights that this is a rapidly growing area of research, currently with limited understanding of the mechanisms for success, and signalling the



development of a conceptual framework for such interventions. The research stresses the importance of these practices both for accessibility in mental health intervention but also reducing strain on mental health and social care services. The 'beneficial effect of nature on human health and wellbeing is a concept that has been widely accepted since the 1800s', and the WHO has supported the 'establishment and maintenance of urban greenspaces to promote health and wellbeing' (Masterton et al, 2020).

One area less considered is the role of the arts in private leisure activities (alone, as opposed to within a group), and its benefits for promoting wellbeing. Particularly in the current climate, where more of us are confined to our homes and it's less possible to pursue activities with others, reading and watching/ listening to media on our own offers routes to promote wellbeing and decrease loneliness. An All-Party Parliamentary Group (APPG) - informal, cross-party groups brought together to discuss particular areas of priority in the UK - for Arts, Health and Wellbeing was established in 2014. The Group produced a report 'Creative Health: The Arts for Health and Wellbeing' (2017) that demonstrates the potential for generating productive conversations between the arts and humanities and wellbeing. This report presents the findings from discussions, research, and evidence gathered from health professionals, patients, academics, local government, and policy-makers from both Houses of Parliament.





In a culture where more people are demanding that the arts are more relevant, do more for society, and have tangible benefits, more research is now being carried out on the benefits of the arts for positive mental health and wellbeing. The APPG report values the practices of reading aloud, or ‘shared reading,’ but does little to recognize the benefits of private reading. As the report notes, ‘the work of the Reader [organisation] involves group reading of literary works by people experiencing physical and psychological pain [and] seems to be effective precisely because of its verbal nature’ (APPG 2017: 40). While the report notes that ‘The Mental Health Foundation advises reading books [...] as a way to preserve mental health in older age’ (APPG 2017: 124), this activity is not pursued with such alacrity and afforded as much prominence as reading aloud. While book or reading groups can offer an essential way in which more isolated people can establish social relationships and interact with others in a shared pursuit, it is important to recognise the significant benefits of reading alone. Maya Angelou is quoted in the Report saying: ‘When I look back, I am so impressed with the life-giving power of literature. If I were a young person today, trying to gain a sense of myself in the world, I would do that again by reading, just as I did when I was young’ (APPG 2017: 84).

As Wilson et al. explored, reading on a regular basis improves and sustains cognitive function, with fiction boosting personal creativity and fostering a more open mind (Wilson et al. 2013). Within mental health discourse, activities within private time are a significant component. The concept of self-care has become more prevalent and mainstream, particularly in the last 5 years. The idea essentially legitimizes ‘alone time’ and recognises the value in taking time

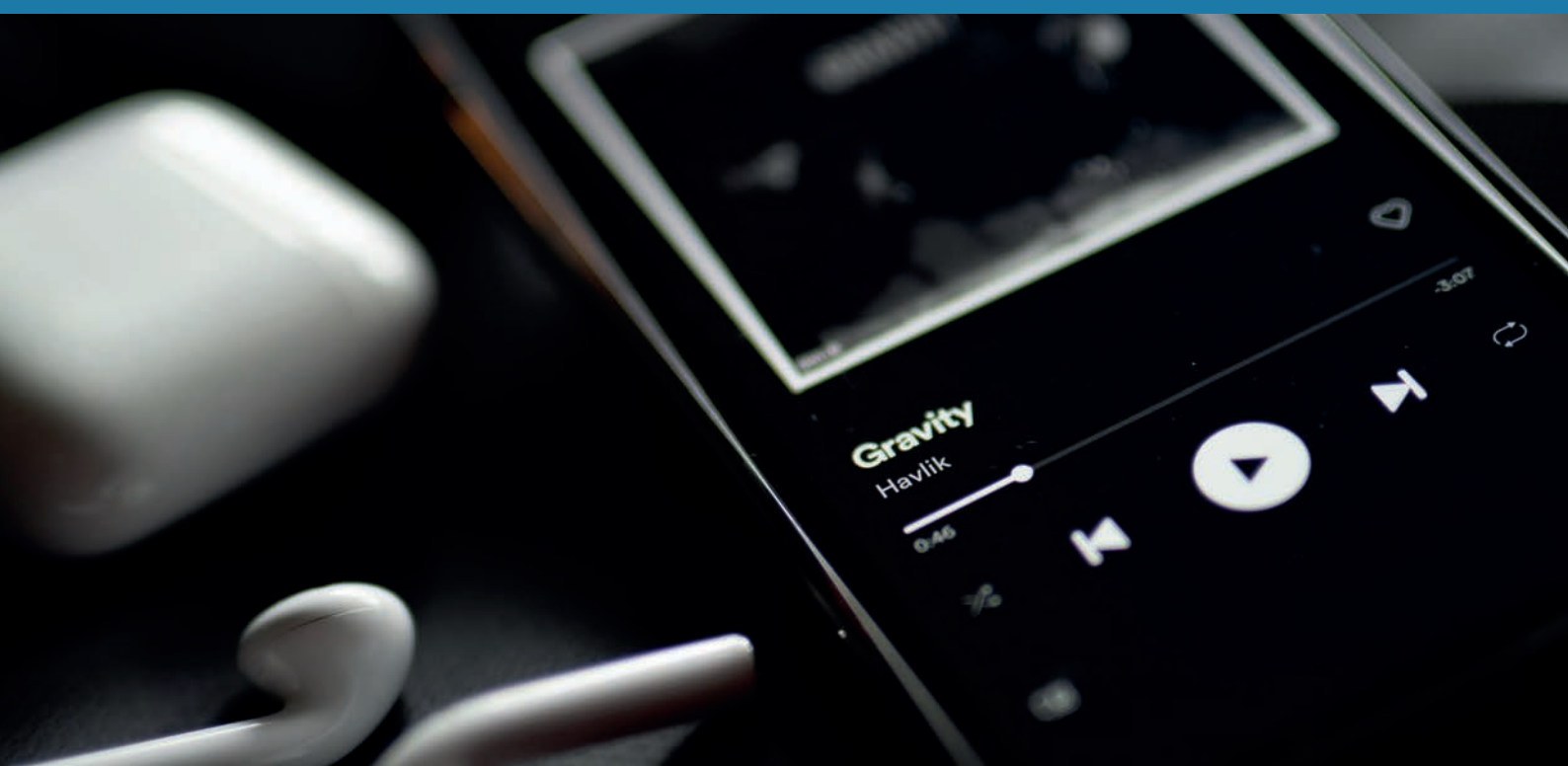
for oneself without any feelings of guilt. A respondent within Granneman's 'The Secret Lives of Introverts: Inside Our Hidden World' noted that 'Introverts gain energy from solitude. [. . .] I play games on the computer or watch Star Trek. Basically[,] any escapist behaviour. I recharge ten times faster if I'm engaged in something fantastical' (Granneman 2017: 112).

The benefits of the arts for positive wellbeing and mental health are clear. Fantasy literature and media has been a guiding light through the Covid situation. Harry Potter at Home launched in 2020 as a way to 'cast a Banishing Charm on boredom' during lockdown, though its benefits were much more significant than purely stopping us being bored. This initiative featured special chapter readings of Harry Potter and the Philosopher's Stone by famous actors and cast members, 'filmed at home' chapter readings by Potterhead families, provided ideas for crafting challenges and games and a dedicated online space with useful resources to manage wellbeing, and much, much more. Described as a 'digital Dumbledore's Army', 'to help children, parents, carers and teachers find comfort and escape whilst we continued to stay at home', the Harry Potter At Home hub attracted seven million viewers over lockdown. The publisher Scholastic reported that sales of Harry Potter and the Philosopher's Stone doubled at the height of lockdown. The take-up alone speaks volumes,



and reaches a far broader audience than more targeted clinical or formal interventions might have. In the Whovian world, the Doctor Who watchalongs/ tweetalongs were a staggering success as the Whoniverse united to get each other through the various lockdowns. Developed by Emily Cook (Doctor Who Magazine) this initiative sees fans come together online for a communal viewing experience, tweeting under a designated hashtag along with stars of the series, producers and writers. 34 watchalong/tweetalongs have been held since 21 March 2020 and the phenomenon keeps going, including attracting coverage by The Guardian. David Tennant, Michael Sheen and Neil Gaiman reunited for a lockdown audio special of Good Omens. Gaiman tweeted that 'this is our present to all of you. It's to make people happy, because too many of us are sad'. Fantasy really has stepped up during this period to support its fans even more than it already does.

Lancashire Teaching Hospitals NHS Trust is piloting a groundbreaking trial in which a theory is being tested around whether an algorithm can curate musical playlists to reduce stress and suffering in Alzheimer's patients, in addition to medical staff. The Guardian reported that 'A test among people with dementia found an algorithm that 'prescribes' songs based on listeners' personal backgrounds and tastes resulted in reductions in heart rate of up to 22%, lowering agitation and distress in some cases'. Described as a 'musical drip', the Trust is also intending to extend its pilot to include critical care patients in recovery, children with needle-phobia and patients with chronic pain, 'in the



hope of reducing opiate prescriptions'. As Bob Marley sang, 'one good thing about music: when it hits you, you feel no pain'. An article in The Guardian in March 2021 declared that 'Phil Elverum's songs of loss gave me a language for that shapeshifter, grief', elaborating that 'Elverum's Microphones and Mount Eerie helped me make sense of a bleak world'. The ability of music to create and reinforce emotional connections between and within people and their feelings is well known. Recognising this innate power and using its benefits to process and understand complex feelings is a therapeutic endeavour. An article in 2017 explored how singer-songwriters 'are turning trauma into art', demonstrating that it's not just the act of listening to music that resonates with us, but creating music offers benefits similar to cathartic writing.

The Comics Youth community interest company (based in Liverpool) works in partnership with local primary and secondary schools and health services to 'empower youth across the Liverpool City Region to flourish from the margins of society: harnessing their own narratives, finding confidence within an inclusive community, and developing the resilience to succeed on their own path'. The organisation's therapeutic, creative and inclusive approach appeals to a wide range of people, working to give young people 'a chance to see themselves represented by narratives - and, crucially, as the authors of narratives, too'. Comics Youth is particularly committed to working with young people experiencing health challenges or special educational needs; young people in care or leaving care; young carers; young people experiencing abuse; and young people facing bereavement. Channeling the power of comics and graphic novels to empower young people in a complicated world, building resilience and sharing ways of communicating about difficult situations, this CIC brings together influential, multi-agency partners in the city to work towards a common cause.

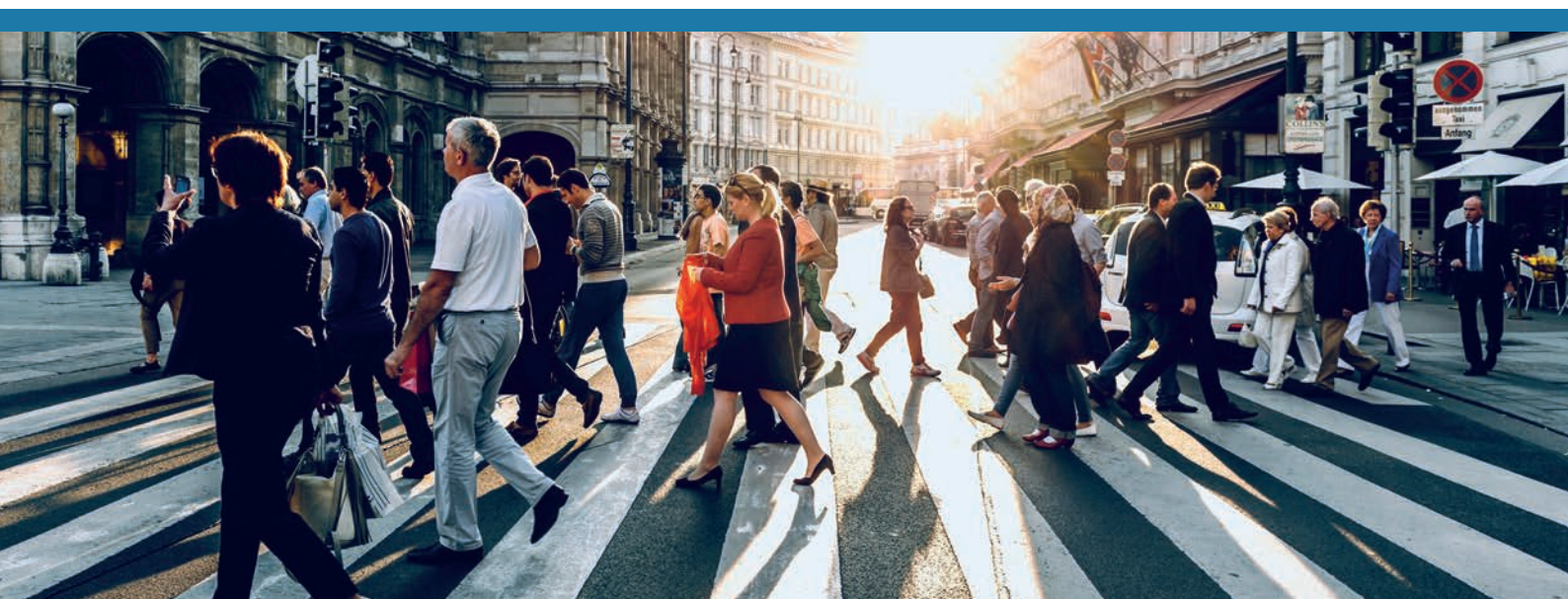
The impact of the arts on contemporary culture and life has been underestimated. Recognising and channeling these benefits can offer impactful approaches that significantly reduce the burden on the NHS, cost relatively little money, they are sustainable, accessible and can have a strong chance of success in promoting positive mental health and wellbeing.

9.0 Conclusion

It is clear that there is a long way to go in educating people about mental health and becoming more comfortable in discussing personal health and wellbeing. Organisations and employers can play a key role in encouraging mental health literacy and dialogue through leading from the top. Ensuring that organisations have effective strategies for health and wellbeing is a starting point, with further conversations and initiatives stemming from this.

The stigma surrounding negative mental health is a pervasive and damaging force which needs to be overcome. A recent study from the Institute of Psychiatry at King's College London, demonstrates that stigma around mental ill health remains a key barrier to seeking treatment. Including over 90,000 participants from around the globe, Professor Graham Thornicroft stated that 'we now have clear evidence that stigma has a toxic effect by preventing people seeking help for mental health problems. The profound reluctance to be a 'mental health patient' means people will put off seeing a doctor for months, years or even at all'. The report cites the well-known statistic that one in four people will have mental or emotional health conditions, but up to 75% of Americans and Europeans do not seek help or treatment, and stigma is a key cause of this reticence.

What can business leaders do to address the continuing crisis in mental health support? Businesses have a duty of care towards employees to increase awareness of healthy lifestyles (both mental and physical) and this can be implemented in different ways to cater for different individuals, for example, promoting arts-based or sports-based routes to wellbeing and positive health.





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Health System Sustainability: Encouraging Mental Health literacy and Cross-Sector Responsibility



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