Call to action

Public Mental Health Leadership for Workforce Development

Yorkshire and the Humber Mental Health and Suicide Prevention Community of Improvement

April 2018

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Summary

This call to action supports Public Mental Health Leadership and Workforce Development across Yorkshire and the Humber. The work has been produced by the Yorkshire and Humber Public Mental Health and Suicide Prevention *Community of Improvement* (CoI).

The aims are to:

- **support public health staff to become leaders for public mental health, and to specifically;**
- **improve workplace mental health, and**
- **support the workforce to recognise mental health problems and take appropriate action.**

This supports workforce aspirations and competencies for mental health that are set out in the Public Mental Health Leadership and Workforce Development Framework (PHE), namely that:

1. Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.
2. The public health specialist workforce has expertise to lead mental health as a public health priority.
3. The local workforce works with communities to build healthy and resilient places.
4. Frontline staff are competent in communicating with people about mental health and supporting them to improve it.
5. Frontline staff are competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.
6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

The document also covers the results of a regional audit of public health capacity to influence public mental health workforce development. Resources and case studies are included to support local action by Public Health teams and partners.

Recommendations are made for Public Health Departments, local/regional workforce and mental health networks (and STPs), and DPHs under the five domains of the Prevention Concordat for Better Mental Health.

For Public Health Departments

Needs and assets assessment: effective use of data

1. Develop a mental health training needs assessment (using the six national ambitions) & undertake resource mapping to identify key staff groups, local training assets and potential gaps in resources and expertise.

2. Use the Mental Health JSNA resource pack and local intelligence to describe the local mental health profile (and key risk groups).

Partnership and alignment

3. Develop mental health champion networks (organisational and community based) to improve mental well-being and to support recovery, taking a life course approach.
4. Develop a strategy and action plan for public mental health leadership and workforce development, aligning with existing strategies (e.g. Prevention Concordat, suicide prevention strategy, local workforce strategy).
5. Include the Prevention Concordat and the public mental health leadership and workforce development framework within Public Health CPD programmes.

For the Mental Health Community of Improvement (and local/regional networks):

Translating need into deliverable commitments

6. Develop and distribute resources (liaising with other networks), to support quality improvement and common standards for basic mental health and suicide awareness training.
7. Develop simple how to guides for key workforce groups (e.g. elected members; police; private employers) to be specific on the leadership and actions we want others to take
8. Support and align basic mental health training within Workplace Well-Being programmes (including the private sector), and consider collaborative commissioning of training across Y&H.

Define success outcomes

9. Develop key evaluation metrics (some of which are likely to be process and knowledge based outcomes) for measuring the success of mental health leadership and workforce development.

For Directors of Public Health

Domain 5: Leadership and accountability

10. Share the call to action and recommendations with senior leaders in organisational development & mental health roles (for Council and partners), & via STP governance.
11. Identify a local leader to lead and develop public mental health leadership and workforce development.
12. Explore funding and/or pooled resources to deliver a public mental health workforce and training strategy and a training network.
13. Clarify local governance structures (e.g. HWB board, STP, workforce partnership boards) and key stakeholders for accountability of this work.

[This document does not cover formal public health workforce accreditation and training schemes, or specialist mental health and psychiatry professional training.]

Contents

Introduction

Prevalence, scale and impact

An estimated one in four people experience a mental health problem in a given year (2/3 during their lifetime) and 1% of the population has a severe and enduring mental health condition[1]. In Yorkshire & Humber, the estimated prevalence of common mental health disorders in those aged 16-74 is 15.9%, compared with 15.6% of the population nationally. 6.2% of respondents to the 2016/17 GP Patient Survey in Yorkshire & Humber reported living with a long-term mental health problem. This is significantly higher than the national average.

The Mental Health Foundation reports that 1 in 7 people nationally experience mental health problems in the workplace (14.7%) and evidence suggests that 12.7% of all sickness absence days in the UK can be attributed to mental health conditions. Women in full-time employment are nearly twice as likely to have a common mental health problem as full-time employed men (19.8% vs 10.9%). There is a strong link between parental (particularly maternal) mental health and children's mental health. Perinatal mental health problems affect between 10 to 20% of women during pregnancy or in the first year after having a baby (with some studies suggesting this figure may be as high also for fathers during the perinatal period).

Parity of esteem is the principle by which mental health must be given equal priority to physical health. This covers equal access to treatment and high quality services, and equally high aspirations for service users. 30% of people with long-term physical health conditions also have mental health problems (co-morbidity). These can lead to significantly poorer health outcomes and reduced quality of life. Effective local partnership working is therefore required to ensure that professionals involved in treating physical illness are also aware of and can appropriately address mental health risks. Additionally, many people are reluctant to access mental health services due to the perceived stigma of being labelled "mentally ill".

Workplace mental health, absenteeism and presenteeism

The need for action

Costs to the UK in relation to sickness absence and loss of productivity due to work related ill-health are staggering. In 2014/15 it was estimated that economic costs of **£14.1billion** were attributed to workplace injury and ***new cases*** of workplace ill health[2]. It is noted that this figure does not consider the wider impacts of sickness absence and workplace ill health to society in terms of the full impact

[1] Department of Health (2012) Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing' London, UK , *and*.
Faculty of Public health and Mental Health Foundation (2016) Better mental health for all: a public health approach to mental health improvement London, UK

[2] Health & Safety Executive (2016), Health & Safety at Work; Summary Statistics for Great Britain 2016, HSE.

from working days lost and worklessness, estimates considering the wider societal economic impact are thought to rise to **£100bn** per year which is equivalent to the annual running costs of the NHS[3].
Presenteeism is a term given to employees that are 'attending work whilst sick,' and often not performing to their full potential, experiencing reduced productivity or reduced standards to their work[4,5]. It is often commonly associated with employees whose job security is threatened, workplace stress and workload demands may be high, and those who have history of sickness absence or managing long term conditions such as mental health issues. Presenteeism is a growing concern and calculated efforts have found that for every £1 cost associated to absenteeism there is a £2.50 additional cost associated with presenteeism[3].

Workplace Mental Health

Almost **1 in 6 people** of the working age population are diagnosed with a mental health condition and mental health is the second highest cause of work-related ill health in the UK contributing towards **37%** of cases after musculoskeletal disorders, and impacting on **19%** of long-term sickness absence cases[1,6].

It is one of the main reasons given for sickness absence with **15.8 million working days lost** in the UK in 2016 through time off for mental health issues such as stress, depression, and anxiety accounting for **7.7%** of reasons given for sickness absence overall[7]. There is possibility these figures do not give a true reflection of the current situation as many may not report the real reason for sickness absence due to the stigma associated with emotional wellbeing and 'Mental Ill Health.'

Not only does mental ill health in the workplace impact on absence rates it also has a substantial effect on presenteeism. Although difficult to measure the economic impact on businesses and the wider society it is thought that presenteeism related to mental ill health costs the UK economy £15bn per year highlighting the massive impact this can have on productivity and estimated costs to wider society in terms of a combination of lost productivity, social benefits, and health care treatments rises to £70bn per year[3,5,6].

[3] Black, C. (2008), Dame Carol Black's Review of the Health of Britain's Working Age Population; Working for a healthier tomorrow. London: TSO.

[4] ERS (2016), Health at Work: Economic Evidence Report 2016, ERS Research & Consultancy

[5] ONS (2017), Sickness absence in the Labour Market: 2016, Analysis describing sickness absence rates of workers in the UK labour market, ONS

[6] Public Health England (2016), Health and Work Infographics: Spotlight on Mental Health, The Work Foundation, Part of Lancaster University.

6. Garrow, V. (2016), Presenteeism: A Review of Current Thinking, Institute of Employment Studies. Report No. 507.

7. Hafner, M. et. Al. (2015), Health, Wellbeing and Productivity in the Workplace: A Britain's Healthiest Company Summary Report, Cambridge, RAND Corporation.

What works – the evidence

Evidence supports investment in employee's health and wellbeing which can have both positive outcomes for the organisation, employees and also to wider society by helping more people to lead fulfilled and healthy working lives.[8]

Being in good employment can benefit health and wellbeing, consequently interventions are required to support those with mental health problems to be supported and to remain in employment. Steps need be taken to reduce long-term sickness absences by going above and beyond legal requirements to implement policies and protocols designed that enhance employee wellbeing.

These steps include;

- promoting mental health awareness in the workplace and highlighting support mechanisms
- help with healthy lifestyle
- offering flexible working practices
- appropriate absence management procedures
- fostering a workplace culture and environment that values employees emotional wellbeing, and
- creating a more 'mentally healthy,' aware working environment, explicitly addressing stigma and discrimination.

Evidence based **universal approaches** include workplace Well-Being Charters (with two thirds of employees reporting increases to the health of their organisation).

Targeted approaches[9] that can improve the mental health of individuals within the work place are:

- stress management support for em**ployees experiencing distress**
- promoting line management training to create mentally healthy environments
- increasing access to talking therapies for those who are experiencing common mental health problems
- supporting local employers to engage with evidence based supported employment programmes to enable people to join the workforce, i.e Individual Placement and Support (IPS) and Access to Work
- **embed** recommendations made by **the** Chartered Institute of Personnel and Development **(**CIPD**)** around managing actual or potential problems due to alcohol or substance misuse.

[8] PHE (2017). Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Healt. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/640714/Commissioning_effective_mental_health_prevention_report.pdf [pages 24-29]

[9] FPH and Mental Health Foundation (2016). Better Mental Health For All: A public health approach to mental health improvement http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

Policy context

The importance of developing a workforce that is knowledgeable, confident and competent in addressing mental health as well has physical health is recognised in a number of national policy and guidance documents.

The national strategy for mental health, **No Health without Mental Health**[10], published in 2011, saw a shift in approach, reinforcing the idea that the responsibility for mental health goes beyond the boundaries of mental health services and the wider mental health system.

Public Health England published a **Leadership and Workforce Development Framework**[11] in 2015 introduced a framework to inform and influence the development of public health leadership and the workforce in relation to mental health. It sought to build the capacity and capability of leaders and a workforce that is confident, competent, and committed to:

- promoting good mental health across the population
- preventing mental illness and suicide
- improving the quality and length of life of people living with mental illness.

The frameworks six ambitions are used to frame the recommendations within this call to action.

In 2017 Public Health England published a suite of resources and toolkits under **The Prevention Concordat for Mental Health**[12]**.** The concordat (a multi-agency local agreement) aims to 'deliver a tangible increase in the adoption of public mental health approaches' across local authorities, the NHS, employers and other public, private and voluntary sector organizations. The wide scope of this ambition would suggest that it can only be delivered via investment and commitment to public health capacity building and change programmes. To deliver this growth and transformation we require a motivated, knowledgeable and competent workforce – multi-professional but with a core understanding of public mental health and preventative approaches.

The recently published **Stepping forward to 2020/21: The mental health workforce plan for England**[13], July 2017 (HEE) outlines the national aspiration to improve access to services at an earlier stage by 2020/21 including people gaining access to evidence based interventions and with a greater focus on prevention and mental wellbeing. The strategy provides a high level mental health workforce plan which sets out the workforce transformation through an analysis of gaps, skill mix, and recruitment and retention issues. This strategy emphasises the role of joint working across provider, commissioner and voluntary and community sector to produce the required workforce to achieve the aspiration. This will require a whole system approach, as it encompasses a diverse range of professionals and occupations, training and education levels. Public health has a central role and

[10] HM Government (2011) No Health without Mental Health: a cross government strategy for people of all ages London, UK.

[11] Public Health England (2015). Leadership and Workforce Development Framework. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/410351/Public_mental_health_leadership_and_workforce_development_framework_executive_summary.pdf

[12] Public Health England (2017) Prevention concordat for mental health. London. UK

[13] Health Education England(2017) Stepping forward to 2020/21: The mental health workforce plan for England, London , UK

contribution to make as part of the mental health system. The plan draws attention to training such as Making Every Contact Count and is supported by a report of **Emerging practice examples of mental health promotion and prevention training programmes**[14]**.**

The Faculty of Public Health (FPH) drafted a **Workforce Strategy & Standards** document for consultation in 2017. A key objective of this strategy is that the FPH will support the development of an effective public health practitioner workforce and enable the wider workforce to deliver improvements to the public's health (which will include to mental health). The Royal Society for Public Health SPH's **Rethinking the Public Health Workforce** report published in 2015 identifies a number of occupations which have already started to support public health work. It builds on the findings of a separate paper, **Understanding the Wider Public Health Workforce**, which has also been jointly published by the Centre for Workforce Intelligence (CfWI) and RSPH.

Sustainability and Transformation Partnerships

Mental health and wellbeing is recognised as a priority across Sustainability and Transformation Partnerships in Yorkshire & Humber with a focus on prevention and early intervention, reducing mental health stigma, ensuring parity of esteem between physical and mental health and improving support for those with mental health needs. Aspirations of the three key STPs covering the region are:

- Ensuring that mental health is seen to be equally important as physical health and that the services we offer promote the best mental health for our local population
  Humber Coast and Vale STP
- Joined-up community services across physical and mental health as well as much closer working with social care
  West Yorkshire and Harrogate STP
- A strong local focus on mental health and learning disabilities to remove the stigma and promote both physical and emotional wellbeing
  South Yorkshire and Bassetlaw STP

Workforce

Research commissioned by the Department of Health, Public Health England and Health Education England, and produced by the CfWI and RSPH, includes the following estimates for professionals with the opportunity or ability to positively impact health and wellbeing outside of core healthcare settings:

- 172,686 Allied Health Professionals (AHPs) including physiotherapists and podiatrists
- 292,000 Protective service occupations including fire service, police, ambulance
- 243,000 Welfare and housing professionals
- 72, 985 Pharmacists and their teams
  [Data for England]

[14] PHE & HEE (2016). Mental health promotion and prevention training programmes Emerging practice examples. http://www.yhscn.nhs.uk/media/PDFs/children/Docs%20and%20Links/Mental-health-promotion-and-prevention-training-programmes.pdf

Many of these occupations have regular contact with the public. For example, Fire and Rescue undertakes some 670,000 safe and well checks each year, AHPs see over 4 million patients every week, and 95% of the public visit a pharmacy at least once a year. The report also identifies further occupations that could support public health efforts.

NHS Hospital & Community Health Service (HCHS) workforce data in the Health Education Yorkshire and the Humber area for March 2017 demonstrates the potential scale of the opportunities to improve mental health and wellbeing at a regional level by building public mental health knowledge and competencies beyond the mental health system.

HCHS doctors	10,749
Nurses & health visitors	32,211
Midwives	2,560
Ambulance staff	1,895
Support to clinical staff	40,343
Total	**87,758**

[Data for Yorkshire and the Humber]

Workforce data for General Practice is also available for the region:

All General Practitioners	3,907
All Nurses	2,463
Total	**6,370**
Yorkshire and the Humber	

Scope and aims of the call to action

This call to action aims to:

- **support public health staff to become leaders for public mental health, and to specifically**
- **improve workplace mental health, and**
- **support the workforce to recognise mental health problems and take appropriate.**

The resources and recommendations are to support place based working, and to provide public health teams with guidance to influence STP planning for mental health and workforce development.

The call to action has been produced by the Yorkshire and Humber Public Mental Health and Suicide Prevention Community of Improvers (CoI). It takes forward the national ambitions for public mental health workforce development and supports implementing these at a local level across Yorkshire & Humber.

The call to action does not cover general public health workforce accreditation and training schemes, or specialist mental health and psychiatry professional training**.**

Workforce aspirations and competencies for mental health are set out in the **Public Mental Health Leadership and Workforce Development Framework**[15] published by Public health England in 2015. This framework sets out a structure and competency framework across the wider public health workforce and mental health system. The framework acknowledges the role of and contribution of the workforce through six ambitions:

7. **Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.**
8. **A public health specialist workforce that has expertise to lead mental health as a public health priority.**
9. **A local workforce working with communities to build healthy and resilient places.**
10. **Frontline staff are competent in communicating with people about mental health and supporting them to improve it.**
11. **Frontline staff are competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.**
12. **The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.**

In support of these aspirations, this call to action champions Public Mental Health Leadership and Workforce Development across Yorkshire and Humber.

[15] Public Health England (2008) Public Mental Health Leadership and Workforce Development Framework, London, UK

The framework recognises the value of action across a number of roles and boundaries. Leaders are recognised as cultural leaders, who can influence public mental health values and approaches in others. The potential for customer facing roles to have a direct impact on mental health is also acknowledged and thus a requirement to broaden the knowledge base to utilise opportunities to promote mental health and wellbeing or deliver services differently.

Audit of local capacity for Public Mental Health Leadership for Workforce Development (Yorkshire and Humber)

In order to establish current capacity and activity at both a place-based and regional level across Yorkshire & Humber, an audit was conducted by the CoI on public mental health training and local leadership.

Results

All but one local authority (fourteen in total) responded. For ten of these areas, public mental health training and workforce development was identified as a local priority in a range of strategies. For eleven, there was an identified local lead; these ranged from a member of the LA public health team, to a consultant, to the Director of Public Health, to the local Health and Wellbeing Board or Strategic Partnership Board.

Role of Local Authority public health teams

The key themes to emerge from the audit were around:-

- Providing local leadership for the Public Mental Health agenda and contributing at a strategic level with Directors of Public Health as champions at local, regional and national levels;
- Influencing policy around workforce development and advocating for inclusion of Public Mental Health in workforce initiatives;
- Skilling up the public health workforce and embedding into HR processes, i.e. appraisals;
- Helping to develop, procure and deliver training and facilitate sharing of best practice in the local area;
- Ensuring Mental Health awareness is a core part of commissioned services;
- Working in partnership where necessary to achieve the above.

Local frameworks, strategic programmes and needs assessments

Only one area had implemented a local set of Public Mental Health competencies or a framework used for Public Mental Health training/workforce development. However, all but two areas have strategic programmes of work underway locally which range from local audits of need to bespoke programmes of work, to use of external accredited programmes.
All but three areas have also identified both gaps and priorities locally as part of a needs assessment process, although this process is still ongoing for a number of areas. Examples of identified gaps and

priorities include; perinatal mental health, self-harm, suicide prevention, workplace mental health, primary care and training for frontline staff.

Local training

Nine areas deliver training in-house. In-house training varied from simple Mental Health awareness and mindfulness to more in-depth programmes including suicide prevention training for frontline staff. A number of areas made reference to providing a menu of interventions. Externally commissioned training varied widely – Safe Talk, ASSIST and MHFA were mentioned more than once. Seven areas include basic Mental Health training and information within wider training programmes, primarily MECC.

All but one area has identified priority staff for training and those identified include Local Authority officers, school staff, elected members, taxi drivers and probation officers.

Funding
Nine areas have identified funding for training from a variety of sources both internal and external (e.g. bids to NHS England, Youth MHFA, etc). Three areas were able to disclose the amount of funding received.

Mental health champions

Nine areas have a mental health champion scheme locally, with the majority of these situated with either elected members or workplace champions. A couple of community-based schemes were also identified.

Identified gaps

- To develop a clear call to action;
- Best practice examples and sharing of practice;
- Access to funding/resources and assistance with fundraising;
- Support to develop partnerships and programmes;
- Awareness raising through social marketing;
- Collaborative approaches to commissioning;
- A regional strategic approach.

A repeat of this audit is also planned across the emergency services within Yorkshire & Humber to start to determine the current training capacity of the wider workforce.

Full audit results and questionnaire

Audit - Overview of Results Nov 17.docx

Challenges

Particular challenges for local public mental health leadership and workforce development are:

- Resources and local willingness to integrate basic mental health training into physical health pathways.
- Reducing mental health stigma. Patients are less likely to be asked, screened and diagnosed for mental health problems than long term physical health conditions.
- The absence of any national mental health screening programmes akin to physical health screening (e.g. NHS health checks, national cancer screening programmes).
- Leadership capacity and funding for local public mental health workforce development programmes.
- Continuing austerity and pressure on health and social care budgets and staff capacity. This can lead to restrictions or reductions in non-mandatory training aimed at improving workforce mental health and mental health awareness.
- A focus (in financial terms) within STP planning on medical services rather than broader workforce initiatives including investment in mental health prevention.

Recommendations for action in Yorkshire and Humber

Recommendations are grouped under the **five domains** of the **Prevention Concordat for Better Mental Health**:

- Needs and asset assessment - effective use of data
- Partnership and alignment
- Translating need into deliverable commitments
- Defining success outcomes
- Leadership and accountability

and **six ambitions** of the **PHE national framework for public mental health leadership and workforce development**.

Domain 1: Needs and assets assessment: effective use of data

For Public Health departments:

1. Develop a mental health training needs assessment (using the six ambitions) & undertake resource mapping to identify key staff groups, local training assets and potential gaps in resources and expertise.
2. Use the Mental Health JSNA resource pack and local intelligence to describe the local mental health profile (and key risk groups).

Domain 2: Partnership and alignment

Ambition: A local workforce working with communities to build healthy and resilient places.

For Public Health departments:

3. Develop mental health champion networks (organisational and community based) to improve mental well-being and to support recovery, taking a life course approach.
4. Develop a strategy and action plan for public mental health leadership and workforce development, aligning with existing strategies (e.g. Prevention Concordat, suicide prevention strategy, local workforce strategy).
5. Include the Prevention Concordat and Public mental health leadership and workforce development framework within Public Health CPD programmes.

Domain 3: Translating need into deliverable commitments

Ambition: Frontline staff are confident and competent in communicating with people about mental health; recognising signs of mental distress; and offering appropriate support.

Ambition: The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

For the Mental Health Community of Improvement (and local/regional networks):

6. Develop and distribute resources (liaising with other networks), to support quality improvement and common standards for basic mental health and suicide awareness training.
7. Develop simple how to guides for key workforce groups (e.g. elected members; police; private employers) to be specific on the leadership and actions we want others to take
8. Support and align basic mental health training within Workplace Well-Being programmes (including the private sector), and consider collaborative commissioning of training across Y&H.

Domain 4: Define success outcomes

For the Mental Health Community of Improvement (and local/regional networks):

9. Develop key evaluation metrics (some of which are likely to be process and knowledge based outcomes) for measuring the success of mental health leadership and workforce development.

Domain 5: Leadership and accountability

Ambition: Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.

Ambition: A public health specialist workforce that has expertise to lead mental health as a public health priority.

For Directors of Public Health:

10. Share this call to action, its recommendations (and outlined challenges) with senior leaders in organisational development & mental health roles (for Council and partners), & via STP governance.
11. Identify a local leader to lead and develop public mental health leadership and workforce development.
12. Explore funding and/or pooled resources to deliver a public mental health workforce and training strategy and a training network.
13. Clarify local governance structures (e.g. HWB board, STP, workforce partnership boards) and key stakeholders for accountability of this work.

Local case studies (referenced against these recommendations) are included in the Appendix.

The COI will support implementation of this call to action and monitor its uptake/review in order to maintain and build this regional strategic approach.

Appendix: Resources and case studies

Local Case studies


Microsoft Word Document

These examples were provided by members of the Yorkshire and Humber Mental Health and Suicide Prevention Community of Improvers and do not cover the full breadth of work in this are across Yorkshire and the Humber.

Public Mental Health Workforce Development Framework

Public mental health leadership and workforce development framework: executive summary

Typology of mental health training courses

Mental health promotion and prevention training programmes: Emerging practice examples

Literature search about Mental Health Training and Leadership

[by Public Health England Knowledge & Library Services]
Search terms: mental health awareness training' , 'mental health promotion training', 'suicide prevention training', 'lay-worker training in mental health', 'mental health leadership', 'mental health training for health staff', 'physical health and mental illness training', 'mental health workforce training to meet physical health needs'


KLS search results_ MH Training.docx

The economic case for investment

http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf
Knapp, Martin and McDaid, David and Parsonage, Michael (2011) Mental health promotion and mental illness prevention: the economic case. Department of Health, London, UK

Further references

Mind Workplace Well-Being index https://www.mind.org.uk/workplace/workplace-wellbeing-index/

PHE blog on building workforce knowledge and skills
https://publichealthmatters.blog.gov.uk/2016/10/10/building-knowledge-and-skills-in-public-mental-health/

Workplace Well-Being charter

Developing a Wellbeing and Strengths-based Approach to Social Work Practice: Changing Culture
Better mental health: JSNA toolkit

Mental Health and Wellbeing JSNA toolkit

Mental Health Taskforce (2016). The Five Year Forward View for Mental Health. London: NHS England