Editorial

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This month I seem to have had the same conversation again and again, with different people: how can public health evidence influence policy-makers? Each time, different colleagues gave differing answers, and few were hopeful that, for example, the US President or the UK Prime Minister responds to any such "evidence". As I compose this editorial, the UK Conservative Party is choosing its new leader, who then becomes the next Prime Minister. The outcome of postal voting from that limited electorate has been the selection of Mr Boris Johnson. I am just waiting to see what a Johnson Government might do for Mental Health policy (Simple Politics, 2019). Johnson has a long history of both print and broadcast journalism. A week before his election, he wrote explicitly about population mental health (Johnson, 2019), mainly a common mental illness: "depression". Johnson's proposal to improve mental health is based on neither epidemiology nor experiment, but on a single, deceased, case from History, Winston Churchill. "It was with work that he pitchforked off his depression; and what was true for Churchill is basically true for all of us". The policy of our new Prime Minister is to offer tax cuts to employers who offer "counselling" to depressed employees. He asserts that "we can chase away those Black Dogs, boost the economy and save money, all at once" (Johnson, 2019).

There are many flaws in that policy, for example, "just 43% of people with mental health problems are in employment" and "half of all mental health problems have been established by the age of 14" (Mental Health Taskforce to the NHS in England, 2016). Tax breaks might interest large, Private sector employers but many people with mental health problems are self-employed or work in the Public or Community sectors. Depression (in Johnson's language, that "Black Dog") is a global problem that needs a high priority for policy-makers (Caan, 2015). Adults with depression who are in employment often benefit from psychological treatments (Caan *et al.*, 2006) but if they are pushed back into "full-time" work "too quickly", their depression tends to re-emerge. However, the most serious flaw in our Prime Minister's thinking that the "cure is work" (Johnson, 2019) is that it promotes victim-blaming by employers, services and governments: someone who continues to affected by depression must be lazy, irresponsible or subversively obstinate.

At the population level, depression is a major risk factor for suicide. In the USA, suicides among young people aged 15 to 19 years have risen alarmingly (Mahase, 2019). The same age group in the UK has shown a similar rise (7.9 per cent annual increase in suicides, during 2010 to 2017, Bould *et al.*, 2019). As noted above, depression often begins during teenage, and this week's Channel 4 television schedule is showing a programme on "Young, British and Depressed" that promises to explore this "crisis". There are many determinants of depressive symptoms in adolescence, but new work from Canada (Boers *et al.*, 2019) suggests that the increasing engagement with social media seen in many countries has a dose-related effect, increasing the number of such symptoms. Here in Cambridgeshire, emergency services such as the police and ambulance are stretched to their limits by people with urgent, unmet mental health needs (especially young people). Our mental health trust has created a First Response Service (NHS England, 2019) to provide community-based support in a crisis, and this is already reducing use of: the emergency department, acute hospital beds, ambulance call-outs and out-of-hours general practice doctors. However, increasing professional mental health support, by itself, can never prevent the rising incidence of depression. The advice of the United Nations to Governments about population mental health is clear:

- they need to reduce inequality, poverty and social isolation (Arie, 2019).

Reducing violence and all forms of abusive relationship is the aim of a new Commission hosted by *Lancet Psychiatry* (Oram *et al.*, 2019). In London, fatal stabbings give rise to more and more headlines, and it is refreshing to see prevention with a public health model in the "Save London

Lives" initiative involving 16 charities (Comment, 2019). Both physical and mental health are closely associated with human rights, and it was encouraging to read the UN special report that highlights Governments' obligations to create "enabling environments" (Human Rights Council, 2019). These environments are characterised by a rights-based approach to mental health, non-violent and healthy relationships that build "connection" at the individual and societal levels, throughout a lifetime. Currently, across the UK disconnected, lonely people struggle with life. There is evidence for many interventions that can reduce loneliness (Caan, 2019): the challenge is to develop imaginative patterns to knit them together, in ways that are meaningful and engaging.

The Cabinet Office and the Department of Health & Social Care (2019) have just produced a consultation on "Prevention in the 2020 s". They propose launching a mental health prevention package that includes a national initiative "Every Mind Matters". Perhaps this could open new channels to evidence-based policy? This week, the National Council for Voluntary Organisations is hosting a webinar on "Working with a new government" for campaigners to discuss "principles for engagement and practical tips to further your influencing work".

A question of Influence

Which works best to promote evidence-based Policy:

Numbers, Narratives or Knitting?

(Answer: all three, in combination).

References

Arie, S. (2019), "Mental health: tackle poverty, inequality, and isolation, says UN", *BMJ*, Vol. 366 p. l4521, available at: https://doi.org/10.1136/bmj.l4521 (accessed 25 July 2019).

Boers, E., Afzali, M.H. and Newton, N. (2019), "Association of screen time and depression in adolescence", *JAMA Pediatrics*, pp. E1-E7, doi: 10.1001/jamapediatrics.2019.1759.

Bould, H., Mars, B., Moran, P., Biddle, L. and Gunnell, D. (2019), "Rising suicide rates among adolescents in England and Wales", *Lancet*, Vol. 394 No. 10193, pp. 116-17.

Caan, W. (2015), "The global crisis of depression: the low of the 21st century?", *Perspectives in Public Health*, Vol. 135 No. 2, p. 62.

Caan, W. (2019), "Fighting loneliness with architecture, agencies and activities", *BMJ*, Vol. 365, p. l348, available at: https://doi.org/10.1136/bmj.l4348 (accessed 24 June 2019).

Caan, W., Stanley, N. and Manthorpe, J. (2006), "Depression and persistent effects on work: an 'expert patient' survey of 500 social workers", *Journal of Public Mental Health*, Vol. 5 No. 4, pp. 38-44.

Cabinet Office and Department of Health & Social Care (2019), "Advancing our health: prevention in the 2020s. Consultation Document, available at: www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document (accessed 24 July 2019).

Comment (2019), "Prevention is key to reducing violent crime", *Evening Standard*, 26 July, p. 14.

Human Rights Council (2019), *Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health*, United Nations, Geneva.

Johnson, B. (2019), "We can improve mental health, save money and boost GDP all in one go", *Daily Telegraph*, 15 July, p. 16.

Mahase, E. (2019), "US suicide rates in young people are highest since 2000", *BMJ*, Vol. 356, p. l4289, available at: https://doi.org/10.1136/bmj.l4289 (accessed 25 July 2019).

Mental Health Taskforce to the NHS in England (2016), *The Five Year Forward View for Mental Health*, NHS England, London.

NHS England (2019), *Integrated Health and Care in Action: Mental Health*, NHS England, Leeds.

Simple Politics (2019), "Waiting for the action to begin", The Right Ethos' Guide to the week ahead in Parliament, 12 July 2019 (email list circulated on 17 July 2019).