

Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!
We will start at 10:00

Our speakers today include:



Dr Megan Watkins
Head of Public Mental
Health Implementation
Centre (PMHIC)



Dr Jaimee Wylam
Acting Consultant in Public
Health
Rotherham Metropolitan
Borough Council



Dr Aron Sherry
Research Fellow
Lifespan and Population
Health
School of Medicine
University of Nottingham



Dr Aravind Komuravelli
Consultant Psychiatrist
Memory Services and
Public Health in
Warrington

PMHIC Staffing update



Dr Megan Watkins
Head of PMHIC



Dr Blossom Fernandes
Research Fellow



Hebah Bhatt
Research Assistant



Joanna Popis
Project Manager

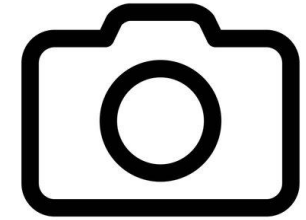
Housekeeping points before we get started



Recording the session



If not speaking, please mute

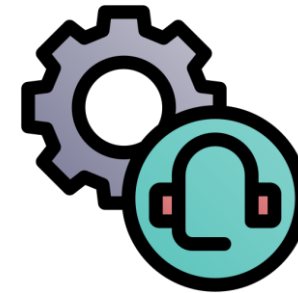


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact
public.MH@rcpsych.ac.uk

Shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

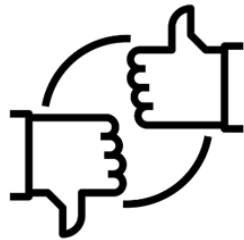
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



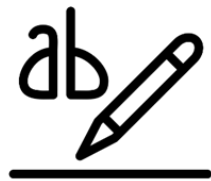
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

Today's agenda

Time	Speaker	Affiliation	Topic
10:00-10:15	Dr Megan Watkins	Head of PMHIC	Welcome and introductions
10:15-10:45	Dr Jaimee Wylam	Acting Consultant in Public Health Rotherham Metropolitan Borough Council	Health Inequalities Briefing Pack Followed by Q&A
Break (10min)			
10:55-11.25	Dr Aron Sherry	Research Fellow Lifespan and Population Health School of Medicine University of Nottingham	The National Institute of Health Research's evaluation of public mental health training Followed by Q&A
11.25-11.55	Dr Aravind Komuravelli	Consultant Psychiatrists Memory Services and Public Health in Warrington	Dementia prevention strategies Followed by Q&A
11.55-12.00	Dr Megan Watkins		Thank you and closing remarks

Health Inequalities Briefing Pack

Dr Jaimee Wylam

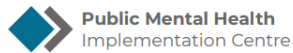
Acting Consultant in Public Health

Rotherham Metropolitan Borough Council

Health Inequalities Briefing Pack

Dr Jaimee Wylam - Acting Consultant in Public Health | Rotherham
Metropolitan Borough Council

Overview



HEALTH INEQUALITIES BRIEFING PACK

Quick guides to public mental health and health inequalities



What is it?

A briefing pack of short summaries on key topics relevant to public mental health.

Who is it for?

- Staff in mental health settings
- ICBs
- Primary care
- Public Health

Purpose



Short summaries,
quick guides



Support staff to
understand and
consider a range of
health inequalities

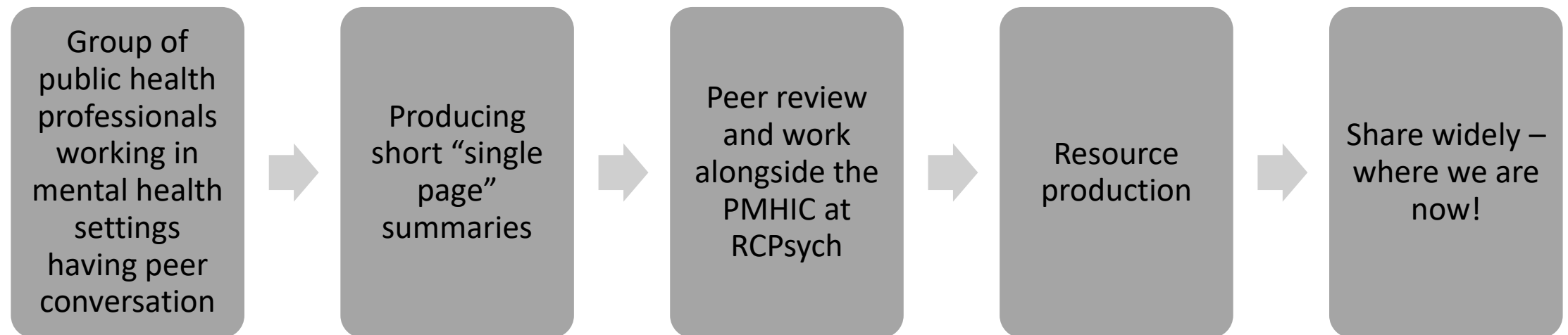


Provide
opportunities to
enact positive
change



Signpost to
additional
resources

Process of production



Included topics

- Anchor institutions
- Core20PLUS5
- Criminal Justice
- Elective Recovery
- Ethnicity and discrimination
- Health literacy
- Housing
- Neurodiversity and sensory-friendly environments
- Poverty
- Research
- Smoking cessation
- Substance misuse
- Suicide prevention
- Sustainability and the climate emergency
- Trauma
- Unemployment

An example topic

Health literacy



Why does it matter?

What are the impacts?

What can be done?

Additional resources

Why does health literacy matter?

Health literacy refers to people having the skills, ability and confidence to understand and use information to make decisions about their health^{1,2}. This includes being able to navigate health and care services¹. Evidence shows that 4 in 10 people struggle with health information provided for the public². This figure rises to 6 in 10 if numbers or statistics are included².

Health literacy is a health inequality, with certain groups more likely to experience low health literacy than others, and therefore more likely to be impacted¹. Groups include those from lower socioeconomic status, economically disadvantaged groups, migrants, older people, and people with a disability^{1,2}.

What are the impacts?

- Low health literacy has been linked to:
 - poorer health outcomes
 - increased inequality
 - unhealthy behaviours (such as poor diet, smoking and a lack of physical activity)¹
 - low use of preventative services (such as vaccinations and screenings)²
 - difficulty taking medicines correctly²
 - increased use of emergency care (such as accident and emergency department [A&E] attendances and hospital admissions)¹
 - reduced life expectancy¹.



What can clinicians do?

- Ensure that information is clear and accessible for all.
 - The NHS' [Health Literacy Toolkit](#)³ provides practical tips for communicating in writing and verbally.
- Take opportunities to share health information with service users, including facilitating goal setting. For example, explaining that smoking is harmful and supporting a goal to reduce smoking¹.
- Use visual means and videos to communicate health information. For example, show someone how much of their medication they should take, or use videos to explain cancer screening⁴.
 - Tools such as NHS Scotland's [Talking Mats](#) can also support engagement.
- Increase education in the local community.
- Use trained community workers and health champions to relay messages¹.

What can ICBs do?

- Increase staff training on improving the provision of clear and accessible information to patients.
- Ensure staff have access to resources and guidance on the production of materials to explain health information.
- Develop and promote user-friendly digital tools to improve digital access and help people understand and manage their health conditions.
- Set up feedback channels for patients, so they can give feedback on the clarity and usefulness of the information they receive.
 - Act on the feedback that is received.

See also the [References and useful resources](#)



Questions from the audience

Time for a comfort break

See you all shortly



The National Institute of Health Research's evaluation of public mental health training

Dr Aron Sherry

Research Fellow

Lifespan and Population Health School of Medicine

University of Nottingham

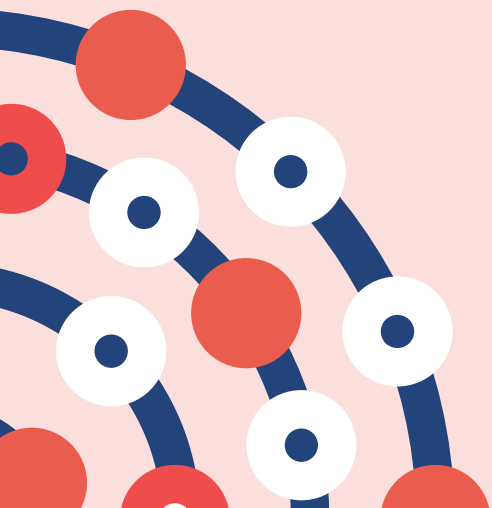
PHIRST-Light Evaluation: Councillor Mental Health Training



Dr Aron Sherry

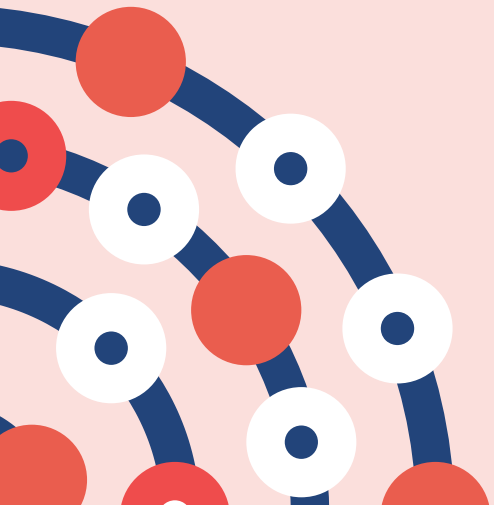
Research Associate, University of Nottingham







Who are we?



The PHIRST Light Team



Prof Mark Gussy
University of Lincoln



Dr Julie Bayley
University of Lincoln



Dr Hayden Bird
University of Lincoln



Prof Elizabeth Orton
University of Nottingham



Dr Jo Morling
University of Nottingham



Prof Jo Leonardi-Bee
University of Nottingham



Dr Holly Knight
University of Nottingham



Prof Adam Gordon
University of Nottingham



Dr Aron Sherry
University of Nottingham



Prof Pip Logan
University of Nottingham



Pam Rees
Public Co-applicant



Prof Denise Kendrick
University of Nottingham



Prof Holly Blake
University of Nottingham



Prof Lauren Sherar
Loughborough University



Dr Jo Barnes
Loughborough University



Dr Florence Kinnaick
Loughborough University



Dr Luisa Pereira-Vargas
Loughborough University



Dr Yvanna Todorova
Loughborough University



Dr Kristen (Kris) Clements
Loughborough University

Councillor Mental Health Training

Across Greater London and Greater Manchester, poor mental health outcomes (e.g., depression, anxiety) and the social factors of mental health problems (e.g., poverty) are widespread. A community-level approach to reducing mental health inequalities is needed.

Thrive LDN (London), a local authority partnership, and Ed Davie, a mental health charity professional and former London borough councillor, developed the Councillor Mental Health Training (CMHT) programme in 2021 – A 2-hour online training session.



Councillor Mental Health Training

Purpose

Educate councillors on:

- Principles of mental health
- How to manage personal mental health effectively
- The importance of the social and environmental factors influencing community mental health
- Ways to improve mental health outcomes within the community by using local authority powers and influence- **13 practical actions – e.g., more genuinely affordable jobs**



CMHT evaluation

Our research questions:

1. Is the CMHT a feasible and acceptable intervention aimed at councillors for understanding and improving personal and / or mental health in the community?
2. Is the CMHT viewed as effective in educating local authority councillors on the importance of personal and /or community mental health and how to improve them?
3. Does the training influence intentions and / or actions from councillors towards community mental health policy change?

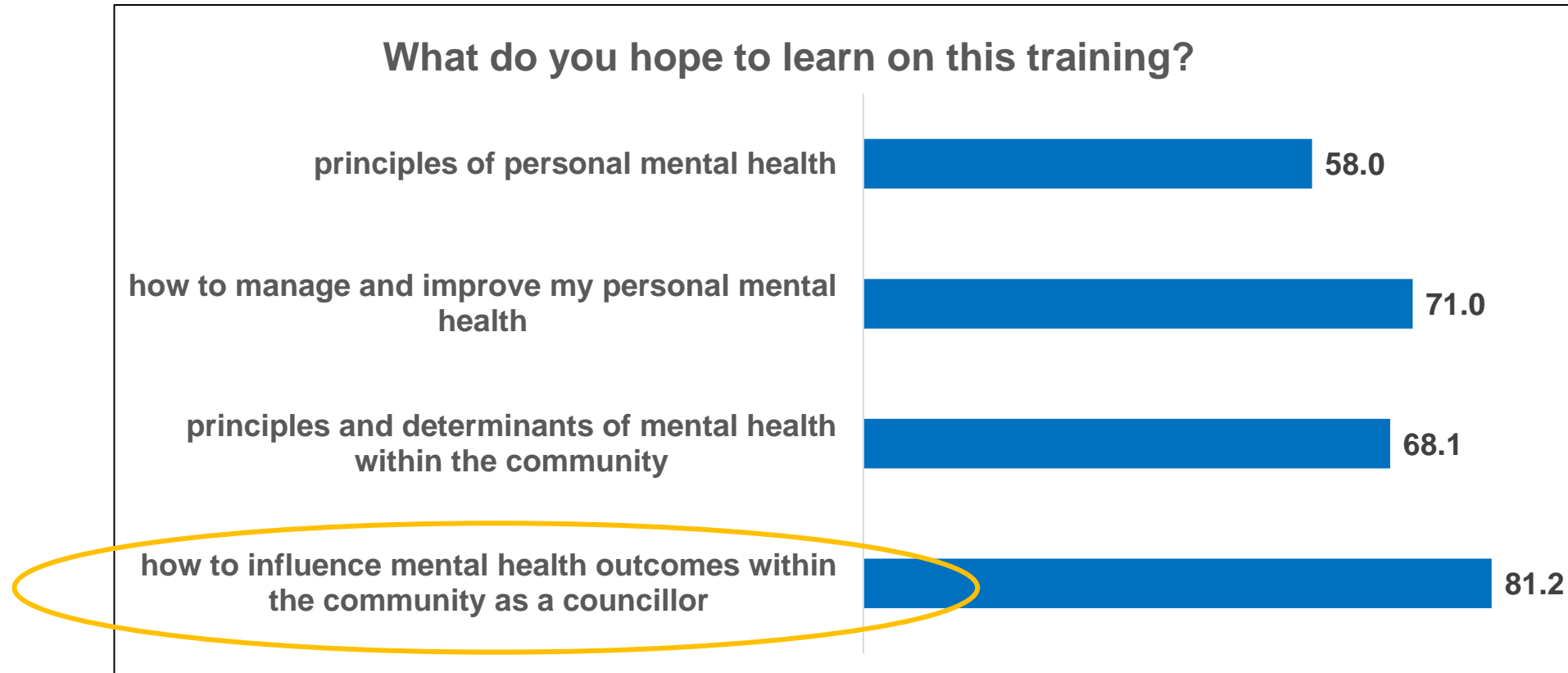
Mixed-methods evaluation across Greater London (phase 1) and Greater Manchester (phase 2). Interviews, surveys, cost data, expert analysis on content / structure / style, training attendance records, review of existing related training for councillors.

Findings

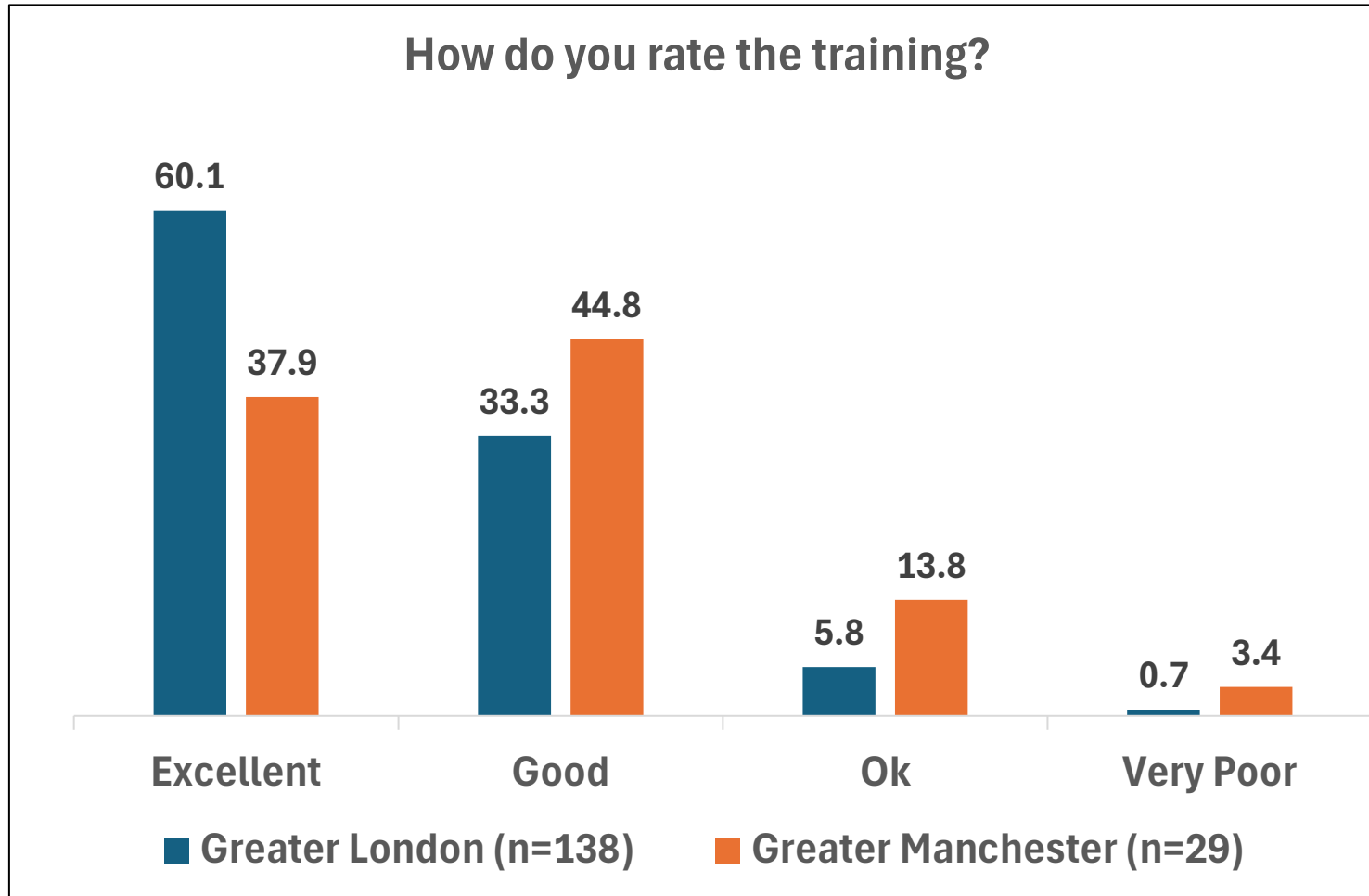
Attendance and costs overview

	Greater London	Greater Manchester
Total sessions	48	4
Total attendance	585	98
Average attendance per session	12.2	24.5
% of boroughs / areas targeted	100%	100%
% of councillor attendance across region	Approx. 30%	15.1% (2024)
Total regional charge from trainer, £	20,000	5,000
Cost per session, £	416.7	1,250
Average cost per attendee, £	34.2	51.1

PHIRST-Light baseline survey data Greater Manchester (n=68)



Trainer post training survey data



Positives

- relevant, informative
- Interactive elements
- Poverty and minority groups

Improvements

- More interaction
- More practical advice
- Split into 2 sessions

Qualitative data

Greater Manchester (n=15)

Theme	Description
Engagement and satisfaction	The training was enjoyable, engaging and relevant and delivered by the right person.

“here [local politics] can be a **macho** kind of **environment** in local politics where you feel that it’s a leadership role so **you need to be strong** and it’s a **privilege** to do it so **we shouldn’t complain** but there are things that people find **challenging and difficult**. I think the session made me realise and some of my colleagues realise that you can actually talk about it and ask for help.”

Qualitative data Greater Manchester (n=15)

Theme	Description
Reinforced knowledge, attitudes and motivations	Most did not learn anything new regarding personal mental health and mental health in the community rather, the training served as a reminder of the importance of mental health. This was partly due to many trainees having a specific interest in the subject matter.

Qualitative data

Greater Manchester (n=15)

Theme	Description
Training too generic	The training was not specific enough to the councillor role. Trainees would have valued more advice on how to manage the unique challenges of the role.

Qualitative data

Greater Manchester (n=15)

Theme	Description
Poor retention of information	Many did not remember specific content of the training despite the short timeline between the training and interview.

Qualitative data

Greater Manchester (n=15)

Theme	Description
The potential of councillor connections	There should have been more interaction and connection between councillors, sharing examples of licensing, policy, projects and initiatives to improve resident mental health, and the development of collaboration and support networks.

Greater Manchester follow-up survey data (n=27)

66.7% (n=18) started looking after their mental health following the training.

48.1% (n=13) started taking action towards improving mental health in the community via councillor powers of influence, following the training:

- Generating more discussions in committee meetings and across political groups about resident mental health and how they can be better supported.



Conclusions

- 1. Is the CMHT a feasible and acceptable intervention aimed at councillors for understanding and improving personal and / or mental health in the community?**

Yes – training needed. Described as relevant, useful and informative. Open honest interactions were the biggest strength.

- 2. Is the CMHT viewed as effective in educating local authority councillors on the importance of personal and /or community mental health and how to improve them?**

Yes – although many already valued mental health personal / in community. Retention of content was poor.

- 3. Does the training influence intentions and / or actions from councillors towards community mental health policy change?**

Trainees already motivated to take action.

Many did not take action following training or were unsure of how.

More specific guidance needed on the councillor role and preventative action for the community

CMHT evaluation

❖ Recommendations

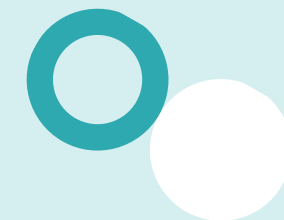
Trainer and the CMHT

- Provide clear objectives of the training for trainees.
- Integrate more interaction into the training.
- Dedicate more content towards the unique challenges of the councillor role.
- Dedicate more content towards specific step-by-step guidance for implementing community interventions via licensing, policy, and other initiatives to improve mental health outcomes in residents.
- Consider separating the training into two sections that are delivered separately (e.g., 2 hours each).

Local authorities

- Implement buddying and mentoring schemes for councillors.
- Facilitate the development of councillor support networks.
- Create skills development training on relational skills with residents.
- Consider commissioning training for councillors on the step-by-step process of implementing preventative mental health interventions within local communities.





Thank you for listening!

Aron.sherry1@nottingham.ac.uk

<https://phirst.nihr.ac.uk/about-phirst/phirst-light/>





Questions from the audience

Dementia Prevention Strategies

Dr Aravind Komuravelli

Consultant Psychiatrists

Memory Services and Public Health in Warrington




Mersey Care
NHS Foundation Trust

DEMENTIA PREVENTION STRATEGIES

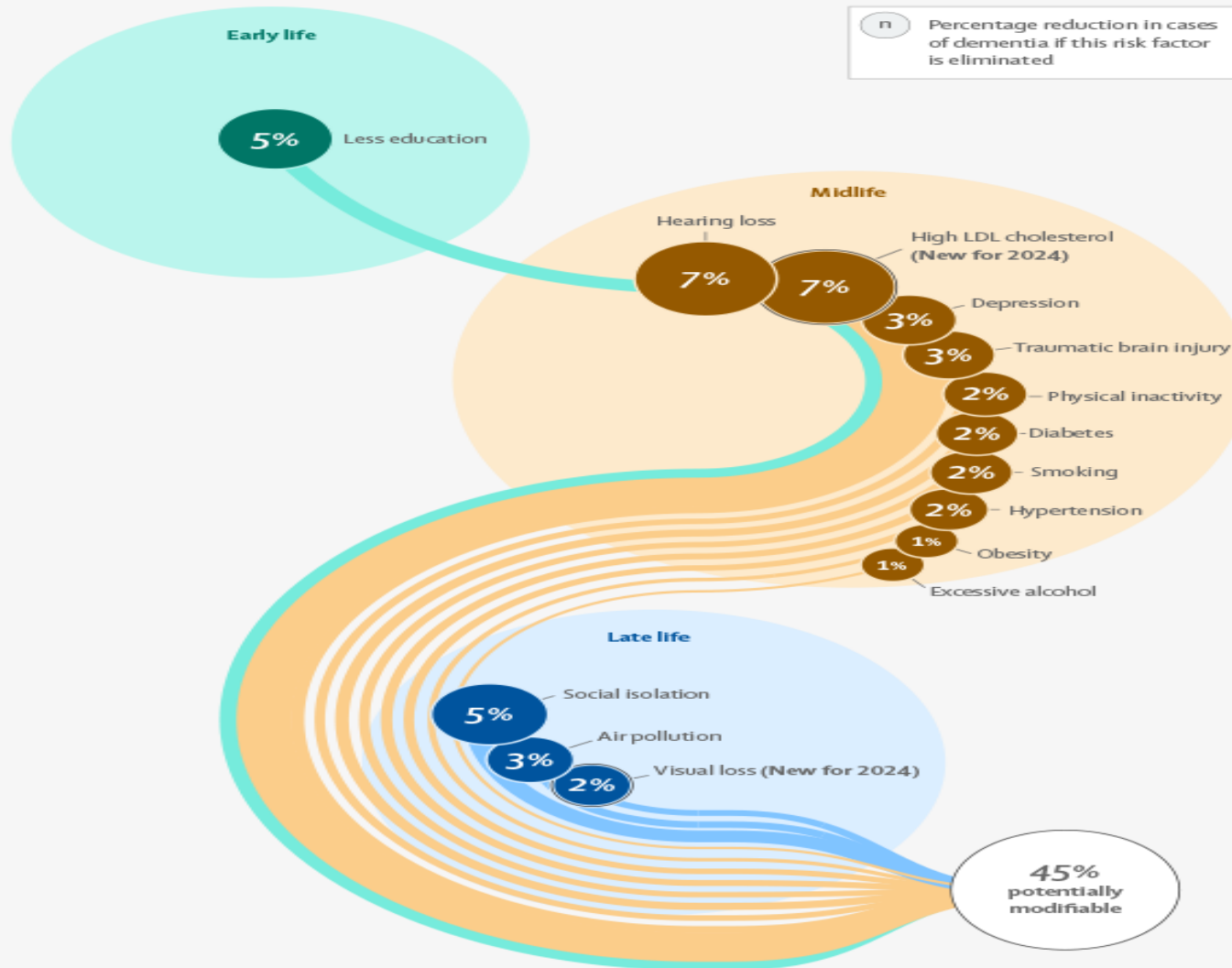
Aravind Komuravelli
Consultant Psychiatrist

DEMENTIA PREVALENCE

- There are currently around a million people living with dementia in UK.
 - This number is likely to increase to 1.4 million by 2040.
 - 1 in 3 people born in the UK today will be diagnosed with dementia in their lifetime.
 - Dementia prevalence is increasing globally due to an ageing population and increased life expectancy.
 - Dementia is the leading cause of mortality in Western countries and the biggest health and social care crisis.
- 

Risk factors for dementia — 2024 update

The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care adds two new risk factors (high LDL cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors.



Read the full commission update at [thelancet.com/commissions/dementia-prevention-intervention-care](https://www.thelancet.com/commissions/dementia-prevention-intervention-care)


Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet* 2024; published online July 31. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0).

TOP PUBLIC HEALTH ACHIEVEMENTS OF THE 21ST CENTURY

SMOKING BAN

- Soft drinks industry levy (sugar levy)
- Marmot review into health inequalities
- Sure Start children's centres
- Minimum Unit Pricing on alcohol in Scotland
- HPV vaccination for boys and girls
- Congestion charge and ultra-low emission zone

CAN DEMENTIA BE PREVENTED

- Healthy diet, Lifestyle and Physical Activity:.
 - Limit Alcohol and Quit Smoking:
 - Control Blood Pressure and Diabetes
 - Mental Activity/stimulation and Lifelong Learning:
 - Head Injuries: Protecting your head from injuries is crucial, as head trauma can increase dementia risk.
 - Hearing and visual Loss: Addressing sensory impairment can improve cognitive function and potentially reduce dementia risk.
 - Air Pollution: Reducing exposure to air pollution can protect brain health.
 - Social Isolation and depression
- 

NHS PREVENTION PROGRAMME INITIATIVES

- Obesity
- Alcohol dependency programme
- Tobacco dependency programme
- HIV prevention
- TB
- Diabetes prevention
- Cancer
- Cardiovascular diseases

SMOKING AND CANCER

- Most popular prevention programme probably because of the linear nature of causation and illness which was easy to understand and for implementation.
- Dementia on the other hand has a complex aetiology which is not easily understood.
- None the less, dementia prevention message needs to be communicated more widely and effectively.
- Lung cancer mortality rates in the UK decreased by more than 30% for both sexes combined since 1970s.
- Cancer research UK figures show that there are around 34,800 lung cancer deaths in the UK every year (2017-2019).
- In 2023, dementia remained the leading cause of death in the UK, accounting for over 66,870 deaths (ONS).

DEMENTIA BURDEN

- In 2021, the estimated cost of dementia on the health and social care in the UK was £25 billion.
- By 2030 the figure is estimated to rise to £30 billion and in 2050 by around £47 billion (Alzheimer's Research UK).
- The current total cost of dementia to the UK is forecast to be £42 billion in 2024, rising to £90 billion in 2040 (Alzheimer's society).

LANCET COMISSION 2024 RECOMMENDATIONS

- Policy makers should prioritise resources to enable risk reduction to prevent or delay dementia and interventions to improve symptoms and life for people with dementia and their families.
- This preventive approach should be directed at addressing risk factor levels at an early stage.
- The recent evidence that now exists is much more supportive of interventions can help to retain cognition and prevent dementia compared to that of the 2020 Lancet Commission.
- These interventions should be targeted at people who need them most.

PUBLIC HEALTH MEASURES

- Public health measures that reduce dementia risk could save up to £4bn
- A previous study led by Dr Mukadam (University College London) in 2020 found that individual interventions, such as hearing aids, nicotine gum to quit smoking, or medication to treat high blood pressure, could save £1.9bn annually in England. This was revised to £4 billions in their 2024 study.
- By working with Warrington Public Health and Live wire Warrington in 2023, funding for £60,000 was allocated for dementia prevention.
- This is a 2 year programme delivered by Warrington Public Health, Mersey Care NHS Trust and Live Wire Warrington.

DEMENTIA PREVENTION WORK IN WARRINGTON

- Dementia prevention training and awareness
- **Training delivered in 2024:** Training has been delivered to 210 individuals. With 2 more sessions to be delivered this financial year.
- **To whom:** Primary care staff, voluntary sector staff, WBC staff (including social workers, community workers, carer support workers, lifestyles advisors and wellbeing workers), occupational therapists, physiotherapists and Housing support staff.

TARGETED WORK ON HIGH-RISK GROUPS

- Movement and Memory Classes for 12 weeks
- Location – Bewsey and Dallam (one of the most deprived areas in Warrington)
- Starting: March 2025
- Eligible people - People with MCI and Carers of people with dementia resident in Warrington and/or registered with Warrington GP for the first cohort.
- Second cohort will include people in the age group of 50-65 with hearing impairment.
- Referred by i) Livewire routes/Carers centre/Neighbourhoods ii) people with MCI from Later Life And Memory Services. Then Lifestyles advisor to make contact and do letters and invites.

TARGETED WORK ON HIGH-RISK GROUPS

- 40-50 mins exercise + 15 mins meditation/wellbeing/mindfulness/relaxation + 30 mins social activity including games and card games.
- Evaluation of psychological wellbeing using Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), cognition screening tool 6 CIT and physiological variables like BP, heart rate and weight before and after 12-week movement and memory classes.

A framed sign with the text "THANK YOU" is mounted on a dark grey wall. The sign has a white background and a black border. Below the wall is a wooden floor with a light brown finish and vertical planks.

THANK YOU



Questions from the audience

Upcoming Events

➤ **Workshop (virtual)**

Wednesday 18 June 2025, 15.00-16.00

➤ **Learning Set (virtual)**

Wednesday 16 July 2025, 10.00-12.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

Thank you and closing remarks

Dr Megan Watkins

Head of PMHIC