
Citation:

Stansfield, J and Shah, N (2021) Editorial Mental health recovery and transformation: lessons for action. *International Journal of Health Promotion and Education*, 59 (3). pp. 131-134. ISSN 1463-5240 DOI: <https://doi.org/10.1080/14635240.2021.1905967>

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/12301/>

Document Version:

Article (Accepted Version)

Creative Commons: Attribution-Noncommercial 4.0

This is an Accepted Manuscript of an article published by Taylor & Francis in *International Journal of Health Promotion and Education* on 04 May 2021, available at: <https://doi.org/10.1080/14635240.2021.1905967>

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

IJHPE Editorial, March 2021

Jude Stansfield, School of Health and Community Studies, Leeds Beckett University, Portland Building, PD519, Portland Place, Leeds LS1 3HE, UK. ORCID ID: <https://orcid.org/0000-0002-7989-5630>

Dr Neha Shah, School of Health Sciences, City University, Northampton Square, London EC1V 0HB, UK. ORCID ID: <http://orcid.org/0000-0002-2875-7836>

The COVID-19 pandemic has reminded us that mental, physical and social wellbeing are closely interconnected and that the disciplines of health promotion, health protection and healthcare public health need to work in harmony. As the virus becomes more controlled and our physical health protected there is potential for a mental health crisis to unfold unless public health attention is given to it (The Lancet Public Health editorial 2020).

Distress is a normal response in any disaster. Whilst average population mental health dropped significantly in the first lockdown in England it then rose to near-normal levels as people adapted (Daly and Robinson 2021). However, recent research shows variation across six distinct population groups, with 77% of the population having consistently good or very good mental health throughout the pandemic and a significant minority of 7% having very poor or steadily worsening mental health throughout (Matthias, et al. 2021). Mental health and its determinants were not equally distributed across the population before the pandemic and further changes in social determinants following the pandemic are unlikely to return life to normal for those most disadvantaged. Whilst many impacts on mental health are still unknown, there are lessons from the first year of the pandemic that could transform our future way of working.

First, the pandemic has made us acknowledge the importance of maintaining our mental health and that it is central to societies health and functioning, especially in recovery from the pandemic and for resilience to future disasters and crises. The lockdowns have focussed our attention on many aspects of mental health - personal resilience to adversities, the importance of having meaning, purpose and routine, of cultural practices and identity, social connectedness and resilient relationships, a sense of coherence and control, adaptability and resourcefulness, and importance of the natural environment, physical activity and spending time doing things we enjoy. Mental health is an asset, individually and collectively, and as such should be protected, promoted and valued as a social goal, not least for children and young people and as an asset for future generations. There have been many studies taking place over the last year into population mental health and it would be beneficial to continue to track changes, based on the outcomes that matter to people and the determinants that affect it. Developing research can also help us understand better how mental health affects our immune system, through trauma, stress and other biopsychosocial pathways.

Second, a whole-of-government approach is needed to address the wider social factors that impact our mental health. Studies have shown that financial loss from quarantine creates significant socioeconomic distress and is found to be a risk factor for developing symptoms of psychological disorders (Brooks, et al. 2020). The financial support packages put in place during COVID-19 have provided immediate social protection to many and have arguable been the best protection of mental health in the short-term. Financial wellbeing is likely to be of significant influence on mental health as nations recover, and a financial recession follows the immediate impacts of the pandemic. The 2008 recession resulted in increased rates of suicide in England, especially in the regions most impacted by economic decline (Barr, et al. 2012). The recession also impacted ethnic groups differently, those most likely to be in persistent poverty following the recession were the Pakistani and Bangladeshi groups, followed by Black African and Black Caribbean groups (Fisher and Nandi

2015). The pandemic has highlighted the extent that socio-economic and ethnic inequalities influence health (Public Health England 2020) and reinforced that physical and mental health inequalities won't be reduced without action on the social determinants.

Third, the global awareness of racial inequalities and that racism is structural and is killing people must be a catalyst for change. Discrimination influences mental health, mental illness and stress responses (McManus, et al. 2016) (Pascoe and Smart Richman 2009) that in turn influence physical health directly and indirectly (Stansfield and Bell 2018). Whilst this has been known for decades, the pandemic inequalities and societal response has given confidence within the public health system to make tackling racism a priority (Faculty of Public Health 2020) (Association of Directors of Public Health London Network 2021). This should include the stark inequalities experienced by black and ethnic minority people in contact with mental health services, such as adverse experiences, poorer outcomes, high rates of compulsory admission and treatment (The Synergi Collaborative Centre 2018).

The fourth lesson is on the inequalities experienced by those with mental health conditions and the need to accelerate action to improve the healthy life expectancy of people experiencing severe mental illness (SMI). In last issue's editorial McMahon described 'syndemic vulnerability' to understand those groups most impacted through multiple factors and culminating epidemics and the need for complex system approaches (McMahon 2021). One in three people with common mental health disorders receives treatment (McManus, et al. 2016) and the gap in life expectancy between people with a SMI and the general population, estimated at 20-25 years (Chesney, Goodwin and Fazel 2014) has been widening over recent decades (Hayes, et al. 2017). Data on excess mortality amongst mental health service users early in the COVID-19 pandemic has shown rates increasing further (Stewart, Broadbent and Das-Munshi 2020). Related impacts include lack of access to services, loneliness and isolation, family and social adversities and importantly positive impacts in relation to individual self-management strategies and peer and community support (Sheridan Rains, et al. 2021).

Fifth, the pandemic has shone a light on the role of communities in the pandemic and the need to put communities more central to public health practice. Communities responded swiftly to support neighbours in need, inequalities widened at the community level and the need for a more community-oriented response became evident (South, et al. 2020) (Lent and Studdert 2021) (The Kings Fund 2021). The needed public health system change includes sustaining the practice we've seen in the pandemic to gather and respond to community insight, work alongside and support community action, foster trusting relationships to make decisions with communities, invest in a thriving voluntary and community sector, measure and value community determinants of health such as sense of belonging and community resilience and scale a range of community-centred approaches into all public health action to reduce health inequalities (Stansfield, South and Mapplethorpe 2020).

A recent 18-month Commission investigating inequalities in mental health in the UK concluded in November 2020 that system change was needed across four key elements: addressing the socioeconomic determinants of mental health, creating transparency and accountability in services, committing to change across sectors and empowering communities to support good mental health (Commission for Equality in Mental Health 2020). The lessons we highlight echo these points. If COVID-19 can be a catalyst to transform our future, it should be one where mental and physical health are equally promoted and where individual, community and structural resilience are strengthened together through whole system approaches to reduce inequalities.

Declaration: Both authors hold honorary academic positions at Public Health England.

References

- Association of Directors of Public Health London Network. 2021. *Policy position: Supporting Black, Asian and minority ethnic communities during and beyond the COVID-19 pandemic*. ADPH London. <http://adph.org.uk/networks/london/wp-content/uploads/2021/02/ADPH-London-Position-statement-Supporting-Black-Asian-and-Minority-ethnic-communities-during-and-beyond-the-COVID-19-pandemic-1.pdf>.
- Barr, B, D Taylor-Robinson, A Scott-Samuel, M McKee, and D Stuckler. 2012. "Suicides associated with the 2008-10 economic recession in England: time trend analysis." *BMJ* (BMJ) 14;345:e5142.
- Brooks, S.K., R.K. Webster, L.E. Smith, L. Woodland, S Wessely, N Greenberg, and G.J. Rubin. 2020. "The psychological impact of quarantine and how to reduce it: rapid review of the evidence." *The Lancet*.
- Chesney, E, G M Goodwin, and S Fazel. 2014. "Risks of all-cause and suicide mortality in mental disorders: a meta-review." (*World Psychiatry*) 13 (2).
- Commission for Equality in Mental Health. 2020. *Mental health for all? the final report of the Commission for Equality in Mental Health*. London: Centre for Mental Health. [https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/Centre forMH_Commission_FinalReport.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/Centre%20forMH_Commission_FinalReport.pdf).
- Daly, M, and E Robinson. 2021. "Longitudinal changes in psychological distress in the UK from 2019 to Septemebr 2020 during the COVID-19 pandemic: evidence from a large nationally representative study." *PsyArXiv*. doi:doi:10.31234/osf.io/mjg72.
- Faculty of Public Health. 2020. *Faculty of Public Health statement on racism and inequalities*. FPH. <https://www.fph.org.uk/news-events/fph-news/faculty-of-public-health-statement-on-racism-and-inequalities/>.
- Fisher, P, and A Nandi. 2015. *Poverty across ethnic groups through recession and austerity*. Joseph Rowntree Foundation. <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/poverty-ethnic-groups-recession-full.pdf>.
- Hayes, J F, L Marston, K Walters, and M B King. 2017. "Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000-2014." (*The British Journal of Psychiatry*) 211 (3).
- Lent, A, and J Studdert. 2021. *The Community Paradigm: why public services need radical change and how it can be achieved*. New Local. https://www.newlocal.org.uk/wp-content/uploads/2019/03/The-Community-Paradigm_New-Local-2.pdf.
- Matthias, P, S McManus, H Hope, M Hotopf, T Ford, S Hatch, and A John. 2021. "Different mental health reponses to the COVID-19 pandemic: latent class trajectory analysis using longitudinal UK data." *The Lancet* pre-print. <https://dx.doi.org/10.2139/ssrn.3784647>.

- McMahon, N E. 2021. "Understanding COVID-19 through the lens of 'syndemic vulnerability': possibilities and challenges." *International Journal of Health Promotion and Education*. doi:DOI: 10.1080/14635240.2021.1893934.
- McManus, S, P Bebbington, R Jenkins, and T Brugha (Eds). 2016. *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.
- Pascoe, E, and L Smart Richman. 2009. "Perceived discrimination and health: A meta-analytic review." *Psychological Bulletin* 135 (4): 531-554.
- Public Health England. 2020. *Disparities in the risk and outcomes of COVID-19*. London: PHE. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf.
- Sheridan Rains, L, S Johnson, P Barnett, T Steare, J J Needle, S Carr, and B Lever Taylor. 2021. "Early impacts on the COVID-19 pandemic on mental health care and on people with mental health conditions: framework synthesis of international experiences and responses." *Social Psychiatry and Psychiatric Epidemiology* 56: 13-24. <https://doi.org/10.1007/s00127-020-01924-7>.
- South, J, J Stansfield, R Amlot, and D Weston. 2020. "Sustaining and Strengthening resilience during the COVID-19 pandemic and beyond." *Perspectives in Public Health* (Pers) 140 (6): 305-308. <https://journals.sagepub.com/doi/10.1177/1757913920949582>.
- Stansfield, J, and R Bell. 2018. "Applying a psychosocial pathways model to improving mental health and reducing health inequalities: practical approaches." *International Journal of Social Psychiatry* 65 (2): 107-113. <https://doi.org/10.1177%2F0020764018823816>.
- Stansfield, J, J South, and T Mapplethorpe. 2020. "What are the elements of a whole system approach to community-centred public health? A qualitative study with public health leaders in England's local authority areas." *BMJ Open* 10 (e036044): 1-11. doi:10.1136/bmjopen-2019-036044.
- Stewart, R, M Broadbent, and J Das-Munshi. 2020. "Excess mortality in mental health service users during the COVID-19 pandemic described by ethnic group: South London and Maudsley data." *MedRxiv preprint* 1-15. <https://doi.org/10.1101/2020.07.13.20152710>.
- The Kings Fund. 2021. *COVID-19 recovery and resilience: what can health and care learn from other disasters?* London: The Kings Fund. <https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/>.
- The Lancet Public Health editorial. 2020. "COVID-19: from a PHEIC to a public mental health crisis?" (The Lancet Public Health).
- The Synergi Collaborative Centre. 2018. *The impact of racism on mental health*. Briefing paper, The Synergi Collaborative Centre. <https://synergicollaborativecentre.co.uk/wp-content/uploads/2017/11/The-impact-of-racism-on-mental-health-briefing-paper-1.pdf>.