



## A Citywide Mission for Prevention

### Driving change for a mentally healthier London through energy, action, and movement

#### Key messages

- Thrive LDN was invited by the Leaders' Group to develop options for how the system could be rebalanced towards mental health prevention. Further information on scope, methodology and limitations can be found in [Appendix 1](#).
- It is important to acknowledge that the health and social care system is not currently geared towards prevention and, whilst this option paper has considered many areas, our key line of enquiry has been to answer the 'how' – identifying potential routes to implementation and change, which acknowledge the current landscape and which are fair, sustainable and low-cost/ cost neutral.
- Throughout development, we have engaged extensively across the health and social care system and with community groups and Londoners with lived experience, which is detailed in [Appendix 2](#). There is strong desire for a more preventative mental health system, support for greater regional coordination, and enthusiasm about the actions proposed. There is a need to harness the appetite for change.
- The increased focus on prevention has come at a particularly opportune time. Thrive LDN recently published a new impact report reflecting on eight years of partnership working to build a global exemplar in public mental health.<sup>1</sup> Furthermore, in 2024/25 Thrive LDN begins three new partnerships, which together represent £25m of additional investment in public mental health in London: PROMISE<sup>2</sup> Network will establish an infrastructure for public mental health "policy to evidence and evidence to policy," SOAS University's Centre for Anthropology and Mental Health Research and Action, and City Bridge Foundation's Suicide Prevention Funding Programme. Together, these demonstrate the huge potential to draw in additional investment from academia and philanthropy to create additional infrastructure for a more preventative mental health system, with further research bids awaiting responses and new partnerships, such as with Climate Cares Centre,<sup>3</sup> developing.
- We recognise the significant financial challenges across the public sector; there is not an ask for additional financial investment. The ask is for a clear mandate and continued leadership from Leaders' Group for Thrive LDN to move forward with the options outlined and endorsement from Leaders' Group for Thrive LDN to continue to diversify and grow alternate partnerships and income streams to foster an environment which values public mental health and prevention.
- Following Leaders' Group our next steps will be to focus on a more detailed mobilisation phase. This will include a detailed Equity Impact Assessment and programme/ project scoping exercise which will identify more detailed outcomes aligned to individual programmes/ projects.

#### The need and the gap

Poor mental health demands action, as demonstrated by the data on the current state of mental health in London ([Appendix 3](#)). The prevalence of poor mental health is high and projected to increase. This is borne out by pressure on the system: referrals, waiting times and caseloads continue to increase, while resources do not. The wider economic cost of

poor mental health has been equated to £14.7 billion a year for London. The failure to invest in prevention and early intervention has been shown to increase demand elsewhere in primary or urgent and emergency care. Preventing just one Londoner a month from taking their own life, over the course of a year, could save up to £20.4m in direct and indirect costs.

Prevention cannot rely solely on traditional mental health settings. Evidence demonstrates that the conditions contributing to mental health outcomes are mostly outside the scope of healthcare: structural inequity and socio-economic disparity, adverse childhood experiences, the interlinking of physical and mental health and humanitarian and climate crises. [Appendix 4](#) provides more details on the factors shaping Londoners' mental health and wellbeing.

There is a gap in the system when it comes to mental health prevention: mental health services are under huge strain, and yet a significant unmet need remains. In a detailed study in Southwark, only one third of children with a mental health condition were receiving any form of care. In London, we have a unique opportunity to fill the prevention gap by building on the foundations of partnership already in place.

### **Achieving prevention: a feasible plan for collective action**

Given the significant challenges currently faced by the health and social care system, we have continuously reframed approaches around what is possible and what can be achieved in the short to medium term to embed prevention. This has allowed us to set out:

- A **shared framework** for understanding and developing prevention in London.
- An **iterative toolkit for integration** to future-proof London and ensure prevention is part of business as usual at all levels of the health and social care system.
- A series of **direct action areas** which require urgent attention and application of the framework.

The framework, toolkit and direct actions aim to breakdown the complexity of prevention, so action can be taken at all levels to establish London as a mentally healthy place in which to live, grow and thrive. They are designed to focus on the relationships and practices of everyone involved in mental health from grassroot leaders to ICB executives, to establish a shared journey to embed prevention at all levels of our health and social care system. Elements can be used on an as-needed basis to inform decision making or the development of specific pieces of work.

## A shared framework for mental health prevention in London

<p><b>Step 1: Fundamentals to focus on</b></p>	<p><b>Equity at the core:</b> Only when there is collective and sustained effort to drive equity will it be possible to create improved opportunities for good mental health and wellbeing. In February, Thrive LDN facilitated a London Health Equity Group (HEG) mental health deep dive, which made the case for prioritising public mental health and explored the intersections between mental health and wider HEG themes (anti-racism, the cost-of-living/poverty and inclusion health). We see the resulting action plan as connected to the this work and a critical component for success. In summary, these actions are the following; 1. Provide system leadership, 2. Support the Thrive LDN partnership in creating conditions for change needed for progressing priority actions, 3. Embed lived experience in all that we do, 4. Develop land leverage our workforce, 5. Support the system to embed public mental health in all that we do, and 6. Strengthen the evidence base.</p>
	<p><b>Establishing mental health as a right and public value:</b> If we are to unlock participatory energy towards prevention, a social justice framing is important. This means recognising the importance of protecting mental health as a human right and investing in its social value to guarantee that the mental health of all Londoners is prioritised and guarded. This view is supported by changing perceptions of mental health since the COVID-19 pandemic, which had a significant impact on people’s awareness of mental health and understanding of how life factors, social injustices and inequality impact their wellbeing.</p>
	<p><b>Participatory action:</b> Community or citizen participation is the active involvement of people in formal or informal activities, programmes and/ or discussions to bring about planned change or improvements in community life, services and/or resources.<sup>4</sup> It has long been a central tenet of public health and health promotion.<sup>5</sup> Participation directly addresses the marginalisation and powerlessness caused by entrenched health inequalities.<sup>6</sup></p>
	<p><b>Resilience as a simple concept for complex times:</b> Resilience is regarded as an essential component of good mental health. Resilience is the process by which individuals, communities, and systems adapt to challenges.<sup>7</sup> It is critical to note that resilience does not just include building strengths and capabilities internally but involves having access to and receiving resources and support externally throughout life.<sup>8</sup> Whichever areas we choose to focus on, ensuring a collective approach that builds the resilience of individual, community, and systems will be critical.</p>
<p><b>Step 2: foundations to build on</b></p>	<p><b>Build from what’s working:</b> Effective interventions are explored further in other sections of this document, and summarised in ‘Public mental health: Evidence, practice and commissioning.’<sup>9</sup> Promising work that is already happening or planned can be found in <a href="#">Appendix 5</a>.</p>

	<p><b>Use the existing policy levers in place:</b> Multiple strategies and policies have been published in the last two years with the aims of protecting and promoting health and wellbeing. See Thrive LDN’s paper ‘Setting direction for public mental health in London’ for further information.</p>
	<p><b>Harness the appetite for change:</b> Thrive LDN has facilitated several discussions across health and social care partners at different spatial levels, VCSE organisations and community groups, and with Londoners who have lived experience. There is a strong desire for a more preventative mental health system and support for greater regional coordination.</p>
<p><b>Step 3: feedback</b></p>	<p>Innovating and testing new models of working must be backed up by feedback and evaluation, with a balanced and collaborative approach to how feedback is gathered and how evaluation takes place. The potential for utilising academic partnerships and resources is demonstrated in the two research centres Thrive LDN has established, which are due to launch in 2024. Opportunities to test, evaluate and scale interventions to prevent poor mental health already exist through the PROMISE Network and wider academic collaborations. However, these will need to be built on to identify causal and preventative evidence around the direct actions areas (listed later in this document), further strengthening an infrastructure that enables “policy to evidence and evidence to policy.”</p>

## A toolkit for integrating prevention

Line of enquiry		What does this look like?	Status	Current strength	Areas for improvement	Actions
Strategic factors	Leadership	Continuous effort to inspire action towards improving the conditions of society to prevent poor mental health and provide advocacy for people who are marginalised and vulnerable, ensuring their voices are heard.				
	Governance	Strengthen public mental health partnerships to enhance governance mechanisms that maintain priorities and accountability across the health and social care system.				
	Mental Health in all Policies	Working across national, regional and sub-regional departments to embed mental health in all priority areas, recognising the interconnected and interdependent relationships between mental health and the wider determinants of health.				
Analytics	Data and monitoring	Identify regional and sub-regional data sources to drive outcomes for public mental health through established indicators recognised in reliable population health management systems.				
	Equity impact assessment	Ensure all activities undergo equity impact assessments to identify and attend to barriers to equality.				

Intelligence	Assets and needs assessment	Deliver a pragmatic assessment of London's public mental health assets and needs.				
	Best practice	Develop networks and mechanisms to share examples of successful primary and secondary prevention activities for potential scaling-up.				
Infrastructure	Digital technology	Utilise digital technology opportunities to enable population-level prevention, personalised to individual experiences.				
	Communications	Continue to coordinate and scale-up public mental health campaigns, with a renewed focus on stigma and changing attitudes to mental health. Mobilise community engagement.				
	Anchors and paths	Explore opportunities for anchor institutions in London to integrate mental health considerations within their wider work and act as distribution paths.				
	Resource	Working with new types of funders such as philanthropy to develop an accelerator fund for London's next generation, with priorities determined by pan-London asset-based needs assessments.				

## **Direct action for future generations of Londoners**

### **Direct action 1: young Londoners' mental health**

The mental health of children and young people remain a priority across London and align with existing commitments at sub-regional and local levels. A children and young people's focus is supported both by the available evidence in mental health, given that for mental health childhood is the most impactful time for interventions, and second, it's a focus which would align with existing priorities across London.

#### **Evidence for interventions**

The strongest evidence-based interventions for children and young people include:<sup>10</sup>

- Interventions targeting the pregnancy and post-partum period.
- Parenting programmes which prevent childhood mental disorders, substance use, reduce injury, improve child health outcomes, and promote parental mental health.
- Home visiting and parenting programmes to improve attachment and prevent child adversity.
- School-based interventions to prevent mental disorder and alcohol/tobacco/drug use, reduce child adversity, promote mental wellbeing and resilience, and improve social and emotional skills, prioritising school superzones.
- Digital therapies have been around for some time as an alternative means of accessing high-quality mental health and wellbeing support for young people. NICE has approved four digital options that can support children and young people with common mental disorders, such as depression and anxiety symptoms.<sup>11</sup>

### **Direct action 2: Climate, environment, and mental health**

Research and interventions tackling the intersection between climate, environment and mental health are still emerging, but we know that the mental health harms of climate change are not inevitable: individual-level, community-level, and systems-level resources can be made available to support individuals be resilient in the face of the geophysical impacts of climate change.<sup>12</sup>

The evidence shows that climate action improves health, including mental health: actions we take to address the climate and nature crises directly improve our health and the health of others. There is a significant win-win opportunity to harness the action of building psychological resilience in service of positive climate action, and vice versa: for example, through nature restoration.

Climate action is an area where there is already significant energy, providing a participatory lens through which to take action to prevent poor mental health. Most Londoners (89%) are motivated to help prevent climate change.<sup>13</sup> Additionally, the feedback from clinical leadership in London has been very positive around the potential for this work, potentially providing a trusted public voice for the work. The participatory energy around climate and nature activities could also benefit mental health, engaging individuals and communities who might not otherwise be involved in preventing poor mental health.

London is known for its world-leading action to tackle air pollution and the climate crisis; the London health and social care system has a significant opportunity to join up and better coordinate existing cross-sector activities to become a global exemplar for action across the climate, environment and mental health space.

#### **Evidence for interventions**

Evidence suggests that win-win action should be taken to achieve both environmental and health improvements.<sup>14</sup> There is also a clear case for education and training around mental

health and climate change for health leaders, policymakers, educators, and mental health professionals.<sup>15</sup> Institutional upskilling is another major area of potential intervention, to support resilience and foster collective climate action.<sup>16</sup>

A major study from the Climate Cares Centre has recommended the following:<sup>17</sup> incorporating mental health into climate interventions; providing climate-informed mental health support; supporting coping and acting and prioritising co-beneficial policies and practices. Concretely, Climate Cares suggests interventions at the institutional, social, and individual levels. At the institutional level, action would include multi-sector collaboration, climate-informed training for mental health practitioners and community leaders and toolkits for community leaders and institutions. At the social and policy levels, proportionate, inclusive, and just climate action will help combat the climate distress of inaction and betrayal from social leaders. Maximising access to high-quality green spaces in London should be a key focus area too. For individuals, actions would translate to green social prescribing, advice on processing eco-emotions, particularly for children and young people and in schools, and support around forced displacement due to domestic or foreign climate disasters. Sharing hopeful and imaginative narratives will be vital to engage and uplift people in the face of climate catastrophe.

### **Direct action 3: Physical and mental health**

A focus on the interconnectedness of physical and mental health energises a shift from a bio-medical model of health to a bio-psycho social model. Not only does this enrich our practice in health care, it also reduces the pressures on the health and social care system by de-medicalising our methods and integrating holistic pathways.

Acknowledging how the interaction of biology, psychology, and society contributes to illness and disease, challenges the notion that the mind and body are distinct<sup>18</sup> and recognises the physical body as a source of, and expression of, emotional distress<sup>19</sup>. A one-dimensional view of health inhibits our comprehension of physical symptoms and their relationship to emotional states of being. Poor mental health contributes to poor physical health and vice versa.

Major conditions such as cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD) together are responsible for 60% of ill health in England. Chronic conditions and comorbidities are more likely in older people although it can affect people at any stage in their life. As people age multimorbidity is more likely with adults experiencing one or more conditions accounting for 50% of hospital admissions. With increasing age and more years spent with chronic disease there is a key role for primary and secondary prevention.

People with long-term physical conditions commonly experience poor mental health. They are more likely to experience anxiety and depression which lead to worse outcomes in managing chronic conditions due to the comorbidity with mental health. Depression is three times more common with some chronic conditions like cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, and musculoskeletal disorders. People with long-term physical conditions are also likely to be disproportionately from a low socioeconomic background, thus maintaining inequality in health through the relationship between deprivation and poor health<sup>20</sup>. Additionally, the impact of chronic diseases is unequally evident in Black and Asian communities. Highlighting the synergy between health and social inequities<sup>21</sup>.

### **Evidence for interventions**

Chronic conditions can be defined as health conditions lasting for a year or more, which may require medication and may limit functioning capacity for daily living. They are influenced by genes, lifestyle, and social behaviours, community influences, and environmental determinants of health. Behavioural interventions that address smoking, poor diet, and



physical inactivity are an effective way to prevent and manage chronic conditions at primary, secondary, and tertiary level.<sup>22 23 24</sup>

Effective interventions include early diagnosis, interventions that stop or delay disease, and preventative measures that reduce incidence of disease and illness.<sup>25</sup> Early diagnosis may include screening programmes that help patients be treated earlier, increasing their chances of a healthy outcome. Interventions that stop or delay disease happen at secondary prevention and may include NHS health checks or weight management services. Preventative measures that aim to reduce the number of people who develop a chronic condition take place at primary prevention level and will include interventions targeting behaviour and lifestyle, for example, promoting physical activity.

Physical activity is a known prevention strategy for both physical and mental health. This would be impactful given that the benefits of physical exercise would cover people with common mental health conditions as well as for those with long term mental illness and other chronic physical conditions.

At system level, a personalised care approach looking at the whole person integrates physical and mental health. Examples of existing models include the NHS comprehensive model of personalised care<sup>26</sup>. Supported self-management of chronic conditions are effective and affordable ways to manage ill health by empowering individuals to be in control of their own health. These can be strengthened by peer support or in group settings.

#### **Direct action 4: Suicide and self-harm reduction for young Londoners**

Suicide is the main cause of death in young people under the age of 35 in the UK.<sup>27</sup> While the suicide rate in under-20s is relatively low compared with older age groups, rates across all age groups under 25 have been increasing over the last decade in England.<sup>28</sup> One study of deaths by suicide in those under the age of 20<sup>29</sup> found that 25% had been bereaved (including by suicide), 15% had a mental illness and 30% had a physical health condition, 6% percent reported being LGBT or uncertain, and 8% had experience of the care system. Additionally self-harm rates have also been rising in children and young people,<sup>30</sup> which is supported by insights from Thrive LDN's Real Time Surveillance System which found that A&E presentation in 2023 for self-harm have been more commonly by younger age groups (up to age 34) and that children and young people accounted for 50% of all inpatient admissions for self-harm in 2023 to date.

The rate of maternal death in the UK has risen by 15% in 10 years.<sup>31</sup> Perinatal mental health covers the period of pregnancy and the first year after birth. 27% of new and expectant mothers experience poor perinatal mental health. Suicide makes up the leading direct cause of death for new mothers up to the first 12 months post-birth.<sup>32</sup> The impact of families and children are long lasting which makes acting on perinatal mental health critical. Children with mothers who experienced poor mental health were more likely to experience poor mental health outcomes themselves.<sup>33 34</sup>

#### **Evidence for interventions**

In September 2023, the Department for Health and Social Care (DHSC) published a new national suicide prevention strategy for England<sup>35</sup> and accompanying action plan.<sup>36</sup> It sets out clear commitment for action across eight priority areas, including tailored and targeted support for children and young people. Evidence based interventions include:<sup>37</sup>

- Parenting programmes, those that address parental mental disorder and child adversity, and promoting physical activity. Parental peer support.
- Interventions that reduce or address poor perinatal mental health, specifically Interpersonal psychotherapy (IPT), and CBT based intervention and education for parenting.

- School based mental health programmes that promote good mental health, for example those that build resilience by tackling bullying. Interventions that prevent mental disorder also reduce suicide.
- Targeted support for those bereaved by suicide.
- Targeted support for those experiencing self-harm.

## Intervention options

The table below outlines evidence-based prevention actions in each direct action area. Actions are categorised by scale: national advocacy, systems, communities and individuals.

Direct action area	National advocacy	Systems	Communities	Individuals
<b>1. Young Londoners' mental health</b>	<ul style="list-style-type: none"> <li>• Advancing prevention agenda through collaboration between systems and national bodies.</li> <li>• Advocating for implementation of existing policies expanding mental health support for children and young people.</li> <li>• Working across government departments to prioritise mental health of children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>• Professional mental health support in secondary schools.</li> <li>• Creating open-access mental health hub for children and young people in every community, with integrated support offers that advance skills development.</li> <li>• Provide targeted, integrated mental health and financial support to disadvantaged families most impacted by the ongoing cost-of-living increase.</li> <li>• Collaborate with partners on school 'Superzones' to embed a mental health in all action approach.</li> </ul>	<ul style="list-style-type: none"> <li>• Building on findings from previous insights projects, such as the Emotional Support for Young People, support families to have conversations about mental health and wellbeing and the transition to adulthood.</li> <li>• School-based interventions that look at building resilience and good mental health in children and young people by tackling bullying, discrimination, and applying anti-racism approaches.</li> <li>• School-based interventions based on trauma-informed practice for young people and staff.</li> <li>• Interventions that support creative, healthy outlets for young people, including nature, creativity, cultural, and artistic activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing digital interventions that support the mental health and wellbeing of children and young people.</li> <li>• Targeted work with older younger people (16-24) and women within this age group who have a higher incidence of poor mental health, focusing on building skills and employability.</li> </ul>
<b>2. Climate, environment and mental health</b>	<ul style="list-style-type: none"> <li>• Advancing climate, nature and mental health action through facilitating national, systems-level collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a 'Climate, Environment and Mental Health Action Forum' to bring together multi-agency</li> </ul>	<ul style="list-style-type: none"> <li>• Work with philanthropy to explore innovative funding models for VCSE organisations and grassroots</li> </ul>	<ul style="list-style-type: none"> <li>• Develop awareness-raising campaigns that improve understanding of the links between climate, nature and</li> </ul>

	<p>between healthcare and environmental organisations.</p> <ul style="list-style-type: none"> <li>• Advocating for mental health to be considered in all national climate and nature policies, and vice versa.</li> </ul>	<p>statutory partners, VCSE organisations and community groups to improve collaborative learning and to develop mutually beneficial opportunities and projects.</p> <ul style="list-style-type: none"> <li>• Integrate mental health considerations into climate-related initiatives, potentially through establishing a Mental Health and Climate 'Concordat.'</li> <li>• Build academic partnerships to conduct democratised, participatory, interdisciplinary research and evaluation to build the evidence base on impacts and interventions.</li> <li>• Explore low-cost, quick-win opportunities for anchor institutions in London to integrate mental health considerations within wider climate and nature action.</li> <li>• Extend public mental health and crisis response and recovery capabilities in London to consider mental health impacts of climate events.</li> <li>• Work with NHS mental health services to support and promote initiatives like the Centre for Sustainable Healthcare's 'Green Space for</li> </ul>	<p>groups to develop, test and evaluate climate, nature and mental health projects.</p> <ul style="list-style-type: none"> <li>• Work to expand green social prescribing initiatives focusing on mental health.</li> <li>• Work with groups to trial gardening-based mental health projects, inspired by the 'natural health service' concept proposed by The Wildlife Trust.</li> </ul>	<p>mental health, for frontline workers and Londoners.</p> <ul style="list-style-type: none"> <li>• Provide more training opportunities for frontline workers and Londoners to develop psychological resilience knowledge, awareness, and skills.</li> <li>• Develop behavioural changes campaigns that link mental health and climate action, such as an active travel campaign.</li> </ul>
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		Health' Program and the NHS Forest initiative.		
<b>3. Physical and mental health</b>	<ul style="list-style-type: none"> <li>• Acting on the wider determinants of health to tackle the root causes of ill health.</li> <li>• Advance equity by addressing health inequalities that lead to and maintain poor health, acknowledging the relationship between inequality and distress in the body.</li> <li>• Enabling systems action through better data and digital innovations.</li> </ul>	<ul style="list-style-type: none"> <li>• Further integrate mental and physical health at the clinical level, through adjustments made by wider systems by co-ordinating clinical support across primary, community and secondary care.</li> <li>• Ensuring equal access to NHS screening programmes for early detection of chronic illness. Targeted and culturally competent screening based on personal and behavioural risk factors for chronic illness.</li> <li>• Building cross-sector relationships with sports, leisure, fitness, and wellness industries to explore the implementation of affordable and/or free medical interventions and/or 'medical gyms' beyond clinical settings.</li> <li>• A workforce that is skilled with an understanding of the interconnectedness between mental and physical health. Multidisciplinary teams and practitioners embedded in community settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Embed community-based multidisciplinary teams and practitioners to deliver integrated care.</li> <li>• Promoting targeted NHS screening services for groups with increased risk with a culturally competent lens.</li> <li>• Exploring role of social prescribing as a route to better self-care, self-management, peer support, local gym and leisure offers, and further opportunities for managing health and wellbeing.</li> <li>• Cultivating relationships with local fitness, leisure, sports, and wellness spaces to offer affordable and/or free physical exercise programmes, classes, and 1-2-1 sessions to communities.</li> <li>• Nurturing an awareness of affordable and/or free local community networks, such as running and walking groups, exercise classes and other activities. In addition to resources that support self-mobilisation of groups.</li> </ul>	<ul style="list-style-type: none"> <li>• A focused, multi-channel 'Are we OK LDN'-style campaign to raise awareness of the link between mental and physical health, centring lived experiences and marginalised voices.</li> <li>• Supporting people to manage their own health, with a sustainable and long-term emphasis, through self-management and health promotion (which is a cost-effective intervention).</li> <li>• Promoting physical activity and movement as a protective factor for overall health, prioritising offers that are free and/or affordable - acknowledging financial barriers to participation.</li> </ul>
<b>4. Suicide and self-harm reduction for</b>	<ul style="list-style-type: none"> <li>• Call for real-time learning from the implementation and</li> </ul>	<ul style="list-style-type: none"> <li>• Promote online safety and responsible media content to reduce harms and improve</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Universities UK to support London universities to</li> </ul>	<ul style="list-style-type: none"> <li>• Systematically improve awareness and education around suicidal behaviours</li> </ul>

<p><b>young Londoners</b></p>	<p>evaluation of the National Suicide Strategy.</p> <ul style="list-style-type: none"> <li>• Advocate on behalf of individuals and groups whose behaviours and risk factors for suicide go unaddressed. Demand the delivery of mental health provision and its expansion to ensure these individuals receive mental health support when they need it.</li> </ul>	<p>support; signposting must be prioritised in London.</p> <ul style="list-style-type: none"> <li>• Provide effective bereavement support to children and young people impacted by suicide.</li> <li>• Expand maternal mental health services that combine reproductive health and psychological therapy for women experiencing mental health difficulties related to their maternity experience.</li> <li>• Targeted interventions, including parenting programmes, addressing parental mental disorder and child adversity, and promoting physical activity.</li> </ul>	<p>embed its Suicide-safer universities guidance.</p> <ul style="list-style-type: none"> <li>• Deliver further school-based awareness programmes, prioritising school 'Superzones'.</li> <li>• Work with grassroot organisations and services in communities to increase a sense of community, reduce isolation, build relationships, teach self-compassion and instil other protective factors.</li> <li>• Widen conversations and campaigns about suicide to reduce stigma associated with suicide.</li> </ul>	<p>and risk factors across publicly funded services and sectors, such as the youth criminal justice system or autism services, through training and campaigns.</p> <ul style="list-style-type: none"> <li>• Access to joint financial and wellbeing services.</li> <li>• Culturally competent bereavement support for those impacted by suicide.</li> </ul>
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## Appendix 1: scope, methodology and limitations

### Scope

- A focus on public mental health prevention, including primary and secondary prevention, to identify a limited number of priority areas to focus efforts.

### Understanding the need and gap

- Analysis of the current state of mental health in London – population mental health factors, insights from mental health services, financial case.

### Methodology

- Research into public mental health prevention policies, interventions, and recommendations.
- Evidence analysed and synthesised.
- Review of national, regional, sub-regional (ICSs), and local policy.
- Grey literature by national charities and organisations including mental health and policy think tanks.
- Insights gathered from diverse perspectives through Thrive LDN engagement, activities, and projects.
- Input from subject matter experts.
- Identification of routes to implementation.

### Challenge sessions

- Regular challenge session between the core team for feedback and input, and to test interpretation of data and assumptions.

### Engagement

- Open conversations with community groups, partners, and academics to test and review ideas and focus areas.

### Limitations

- There is limited capacity to capture the depth and breadth of available data on the subject, there will always be information sources not covered. Additionally, insights are limited by the availability of data and information due to the breadth and depth of community engagement at this time. This work continues to be refined and explored to include evolving feedback and insights from engagement with communities and health and care system partners.

## **Appendix 2: engagement to date**

In a short space of time, Thrive LDN has met with:

- 100+ VCSE colleagues, patient representatives, healthcare professionals and more through Thrive LDN's 'unconference' Together LDN.
- 40+ VCSE organisations through the Economic Wellbeing Forum and wider networks.
- Health and Wellbeing Board Chairs and elected members as part of London's Mentally Healthier Councils Network.
- CELC Health sub-group.
- The London's Public Mental Health Network (OHID London and ADPH London).
- London Association of Directors of Adult Social Services.
- London's Academic Health Science Networks.
- Colleagues from each London Integrated Care Board.
- Colleagues from regional health agencies.
- Members of the London Health Equity Group.
- London's Climate and Health Advisory Group
- Members of the London Mental Health Board.
- Thrive LDN Advisory Group.
- Academics through the PROMISE Network and wider academic relationships.
- Various clinical and subject matter experts.



## Appendix 3: current state of mental health in London

### Prevalence remains high and is projected to increase further

- Prevalence of poor mental health among children and young people has increased. In 2023, around 1 in 5 children and young people aged 8 to 25 years in England had a probable mental disorder. This was 20.3% of 8 to 16-year-olds, 23.3% of 17 to 19-year-olds and 21.7% of 20 to 25-year-olds.<sup>38</sup> In young people aged 17 to 25, mental disorders were twice as high in young women compared to young men.
- National prevalence data for adults is out of date, with the next Adult Psychiatric Morbidity Survey due for publication in 2024. The latest estimates from the Public Mental Health Dashboard placed the estimated rate of common mental disorders (anxiety or depression) at just below 20% of all Londoners.<sup>39</sup> In England, depression and anxiety prevalence is projected to rise by 16% by 2040.<sup>40</sup>
- Prevalence at a population level often hides differences between groups and some groups are more vulnerable to poor mental health.
- Around 10 people a week take their own life in London.<sup>41</sup>

### Referrals, waiting times and caseloads have increased

- In London, the number of new referrals for Children and Young People's Mental Health Services received each month increased overall from 7,605 in June 2019 to 12,585 in May 2023. Additionally, since March 2021, the number of referrals waiting for a first contact has steadily increased from 12,785 to 23,200.<sup>42</sup>
- During 2021/2022, secondary mental health services in England received a record 4.6m referrals, up 26% from 2018/19. There were also an estimated 4.8 million referrals in 2022/23.<sup>43</sup>
- In London, there has been a year-on-year increase in the number of Community Mental Health Team caseloads with the average wait time from referral to first care contact for community mental health services has doubling between 2020/21 and 2022/23 to 43 days. London Talking Therapies services are exceeding 6-week and 18-week referral to treatment targets, however, waits between first and second sessions remain significantly below target. Furthermore, patients known to mental health services presenting at Emergency Departments has increased by 18% between April 2019 and March 2023.<sup>44</sup>

### Financial case

- It is not possible to fully access the cost and implications of individuals and communities' experiences of poor mental health, but we know that the wider economic costs of mental illness in England have been estimated at £105.2 billion each year.<sup>45</sup> This includes direct costs of services, lost productivity at work and reduced quality of life. Using a crude estimate based on population this equates to £14.7 billion a year for London.
- Each suicide is estimated to cost £1.7 million and the societal impacts and effects on the bereaved are immeasurable.<sup>46</sup> In one year, preventing one Londoner a month from taking their own life could save up to £20.4m in direct and indirect costs.
- The impact of austerity is having a direct impact on Londoner's equal opportunity for good mental health and wellbeing. The public health grant has been cut by 27% on a real-terms per person basis since 2015/16.<sup>47</sup> The failure to invest in prevention and early intervention leads to demand elsewhere in primary or urgent and emergency care.<sup>48</sup>

## **Appendix 4: Factors shaping Londoners' mental health and wellbeing**

Mental health refers to the capacity to be in a positive state to experience life and deal with challenges and not just the absence or presence of diagnosable conditions.<sup>49</sup> Mental health is complex and the conditions that contribute to mental health outcomes are mostly outside the scope of healthcare.

### **Structural inequity and socio-economic disparity**

There is a social gradient to poor mental health with prevalence much higher among people facing existing disadvantages.<sup>50</sup> Structural inequalities such as institutional racism, sexism, ableism, and socio-economic disparity add to the accumulation of risk factors that influence poor mental health outcomes. These inequalities result from enduring and interconnected systems (i.e. ideas, beliefs, and values) that privilege certain groups over others. The ongoing cost-of-living crisis is pushing even more Londoners who are 'just about managing' towards poverty.<sup>51</sup> The cost of housing has dramatically increased with 35% of adults reporting difficulty affording rent or mortgage payments in the first half of 2023.<sup>52</sup> In London, poverty rates almost double from 14% to 25% when housing costs are included.<sup>53</sup>

### **Childhood and adolescence**

The foundations for good mental health and wellbeing are built early in life. Evidence suggests that most mental disorders arise before the onset of adulthood, with half established by age 14, and 75% by age 24.<sup>54</sup> Risk factors that multiply adverse childhood experiences (ACEs) contribute significantly to adult mental health conditions. For example, up to 30% of adult mental disorder is attributable to ACEs, and ACEs are one of the strongest predictors of mental disorder when paired with dysfunctional family life.<sup>55</sup>

### **Physical and mental health**

People with long-term physical conditions commonly experience poor mental health. They are more likely to experience anxiety and depression, which lead to worse outcomes in managing chronic conditions due to the comorbidity with mental health. Depression is three times more common with some chronic conditions like cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, and musculoskeletal disorders. This group of people are also disproportionately likely to be from a low socioeconomic background, and we know that deprivation and poor health create and maintain health inequalities.<sup>56</sup>

### **Humanitarian crises**

London is a diverse, global city with large expatriate and diaspora communities. Global conflict can cause significant emotional, physical and economic costs for some Londoners, due to their connections with family and friends in other countries. Trauma of any kind can result in lingering distress not only for direct sufferers, but also for those who witness or read about emergencies and tragedies.<sup>57</sup>

### **Climate change**

Evidence shows the climate and environmental crisis is already causing harm, from generalised worry to traumatic stress, including in London.<sup>58 59</sup> International research based on 10,000 children and young people aged 16-25 found that climate anxiety is widespread in these groups and impacts their daily functioning, with 50% reported feeling sad, anxious, angry, powerless, helpless, and guilty, and 75% believing the future is frightening.<sup>60</sup> Additionally, Londoners' mental health is increasingly being directly impacted by flooding, heat and air pollution.<sup>61</sup>

## Appendix 5: what's already working

An illustration of work already happening

<p><b>International</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">A roadmap to Care+Change</a>: A roadmap for developing psychological resilience as part of climate adaption and resilience efforts, development by Billion Minds Institute and COP<sup>2</sup>.</li> <li>• <a href="#">Resilient Sydney</a>: A program for metropolitan Sydney to build the capacity of individuals, communities, institutions, businesses and systems to survive, adapt and thrive in the face of chronic stresses and acute shocks.</li> </ul>
<p><b>National</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Prevention Concordat for Better Mental Health</a>: The concordat promotes evidence-based planning and commissioning to strengthen a prevention-focused approach to improving the public's mental health.</li> <li>• <a href="#">Every Mind Matters</a>: A digital tool which helps people to create a tailored self-care plan to improve and maintain their mental health.</li> <li>• <a href="#">All Our Health</a>: The Department for Health and Social Care have produced a resource promoting the protection of green spaces, and implementing nature-based interventions for health, such as green walking for mental health or green social prescribing.</li> </ul>
<p><b>Regional</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Thrive LDN</a>: A citywide public mental health partnership to ensure all Londoners have an equal opportunity to good mental health and wellbeing. Thrive LDN delivers activities across several capabilities: (1) Strategy and Coordination; (2) Communications and Campaigns; (3) Research, Insights and Evaluation and (4) Programme development and delivery.</li> <li>• <a href="#">Good Thinking</a>: London's free NHS-approved digital wellbeing service for people living, working and studying in London, accessible 24/7, 365 days a year.</li> </ul>
<p><b>Sub-regional</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">South London Listens</a>: Working together to promote recovery, prevent a mental ill-health crisis and find solutions to our most pressing challenges.</li> <li>• <a href="#">ICS Suicide Bereavement Support services</a>: London's 5 ICS's have specialist Suicide Bereavement Liaison Services which aim to support people bereaved by suicide and connect them with appropriate bereavement and mental health services.</li> </ul>
<p><b>Local</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Made in Communities</a>: Centre for Mental Health's evaluation of OHID's Better Mental Health Fund demonstrates showcases the value of investing in local councils and communities to boost people's mental health and wellbeing and illustrates how working alongside community organisations to deliver evidence-based interventions can make a tangible difference to people's lives.</li> <li>• <a href="#">Community Wellbeing and Good Neighbours Scheme</a>: Supporting local communities to look after their health and providing access to holistic services is a priority for North Central London ICB, Islington Council and partners in the voluntary and community sector.</li> <li>• <a href="#">Hackney Mental Health Week</a>:</li> <li>• <a href="#">Just Transition</a>: Newham Council's Just Transition is a new approach to adaptation and net zero that aims to tackle "climate stress" in Newham, as "an intersectional issue." It looks at the wider determinants of mental health, including "leveraging the Just Transition to improve the employment opportunities, living conditions, health and wellbeing of all Newham residents."</li> </ul>

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