

## About the Prevention Concordat

The Prevention Concordat for Better Mental Health Programme is a national agreement published by Public Health England in 2017 to mobilise an evidence-based, preventative approach to mental health problems.

The Concordat was designed so that all stakeholders (such as local authorities, NHS organisations, voluntary sector organisations, employers and educational organisations) could sign up to it.

Signatories have a shared commitment to work together as a whole system to prevent mental health problems and promote good mental health.

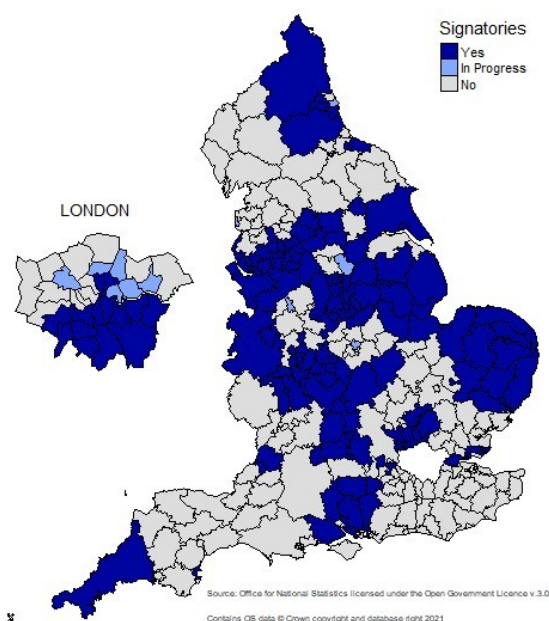
Commitment to the reduction of mental health inequalities is achieved by taking action to address the following factors:

- **Protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion
- **Risk factors** – poverty, discrimination, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination

## Signatories

Signatories include a variety of organisations, including health and care organisations, professional bodies, local authorities, government departments, and voluntary organisations.

So far, 46 local authorities, including 4 districts (Bassetlaw District Council, Castle Point Borough and Rochford District, Gedling Borough Council, and Rushcliffe Borough Council), and 14 local health partnerships have signed up to the Concordat. Hampshire County Council is one of the 60 signatories.



## How to become a signatory

Those who wish to sign up are currently offered 'commitment level', a pledge to take action over a minimum of 12 months.

To be recognised as a Prevention Concordat signatory, we need to agree to the consensus statement and produce an action plan addressing the 5 domain framework:

### 1. Understanding local needs and assets

For example,

- Are we undertaking or planning a **mental health needs assessment** that takes prevention of mental-ill health and promotion of wellbeing into account?
- How will that take account of Covid19's disproportionate impact on different groups?

### 2. Working together

For example,

- Are we **collaborating with other organisations** (e.g. local employers, voluntary sector, other public sector - e.g. NHS/local authorities, emergency services) and **working collaboratively within our organisation**?
- Are we working with a **diverse range of communities** (eg: Black Asian and minority ethnic groups, LGBT plus, those with long-term health conditions/disability), including those with lived experience of mental ill-health?

### 3. Taking action for prevention and promotion, including reducing health inequalities

For example,

- Are we planning on delivering both **universal interventions** and **targeted interventions**?
- Are we taking action on the **social determinants of mental health** (employment, education, housing/homelessness, poverty, debt, etc)?
- What steps are we taking to address the **social and economic disadvantages** that underlie mental health inequalities?
- What steps are we taking to **address discrimination, racism and exclusion** faced by particular local communities?
- How are we addressing **mental health stigma**?

### 4. Defining success and measuring outcomes

For example,

- What is the **impact** we are looking to measure?
- What are our **agreed outcomes** and how will they be monitored?

### 5. Leadership and direction

For example,

- Do we have a **Mental Health Champion**?
- Is there a **stated commitment and support from 'the top level'** of the organisation?

Once the application form is submitted to the Office for Health Improvement and Disparities (OHID), the Prevention Concordat assessment panel will review the application and provide feedback within 6 weeks.

## Appendix I – Consensus Statement

Prevention Concordat signatories agree the following:

“Strengthening protective factors and reducing risk factors sit at the heart of our commitment to promoting good mental health. COVID-19 has highlighted long-standing social and economic inequalities. There is evidence that protective and risk factors for mental health are unequally distributed across the country, in our communities and for those with existing mental health conditions.

“We are committed to reducing mental health inequalities by taking action to address the following factors:

- Protective factors – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion
- Risk factors – poverty, discrimination, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination

“This is an opportunity to build back better to create a fairer society, working with our voluntary and community partners, the health and social care sector, emergency services, local and national stakeholders. Signing the concordat means becoming part of a community of practice committed to taking evidence based preventive and promotional action to support the mental health of the whole population, those at greater risk of poor mental health, and those receiving treatment.

“Keeping people mentally well is as important as providing early help, and many interventions will also result in social and economic benefits, even in the short term.

“As signatories, we will work as a whole system and across organisational boundaries. We commit to supporting place-based population mental health through co-ordination of partnerships at ICS, local authority and neighbourhood levels. We will do this using needs assessment in partnership with local stakeholders, communities, people with lived experience and carers, all of whom know what matters most. As system leaders, we will also use employment and procurement levers to improve population mental health and wellbeing.

“We believe that the transformation of mental health services set out in the NHS Long Term Plan will be supported through strong prevention and early intervention, as we know that evidence-based prevention and promotion interventions reduce demand on the mental health system and support recovery. The inter-relationship between good mental and physical health should also inform the delivery of physical health improvement.

“We will encourage local and national stakeholders to invest in promoting mental wellbeing, preventing mental health conditions and preventing suicide. This will reduce demand for services and create savings not just for the NHS and social care, but also for employers, education providers, emergency services and justice systems.

“We will lead by example, taking action based on the best evidence. Where there is promising evidence, we are committed to building on this and to evaluating its efficacy. We will share our good practice and promote learning. We will regularly review and refresh our prevention approach and our action plan, giving an annual account of progress.”