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How much are senior UK public health professionals taught about mental health?

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Summary

Directors, consultants and specialists in public mental health play a major role in developing and implementing local and national mental health policy. This study focuses on what academic training they receive about mental health via Master of Public Health (MPH) programmes. If you are a clinical psychologist involved in teaching on a MPH course we would be interested in hearing about your experiences.

Introduction

As the pandemic has reminded us, the UK has a cadre of public health professionals who focus on health at the level of the population as a whole. Although few clinical psychologists work in such settings a number of health psychologists do (Division of Health Psychology, 2015) and health psychologist Jim McManus is Director of Public Health in Hertfordshire. Public health professionals have a significant impact on the development of local and national mental health policy and so the level of their knowledge about mental health is an important topic. Master of Public Health programmes are the main academic qualification for senior public health staff, and, in this article, we examine the extent to which mental health is covered by these courses.

In general, public health in the UK is delivered by local authorities, supported by national level bodies in each of the devolved nations. There are Directors of Public Health and public health departments for each local authority and these are assisted by Public Health Scotland, Public Health Wales and the Health and Social Care (HSC) Public Health Agency in

Northern Ireland. In 2021, Public Health England (PHE) was disbanded and its functions are now taken up by the UK Health Security Agency (UKHSA) – via nine pan-regional centres -- and the Office for Health Improvement and Disparities (OHID) which is located within the Department of Health and Social Care.

The public health workforce can be broadly categorised into two groups: senior public health staff who usually hold a Master of Public Health qualification; and public health practitioners who usually have particular experience and expertise and may hold an undergraduate degree (in a range of disciplines). There are approximately 10,000 public health practitioners (Centre for Workforce Intelligence, 2014) providing services like health promotion, smoking cessation, addressing teenage pregnancy, nutritionists, substance misuse and so on (Centre for Workforce Intelligence, 2014).

In this article we will be focusing on senior staff. A recent review jointly conducted by Higher Education England and Public Health England estimated the senior public health workforce in England as comprising: 1,013 Full Time Equivalent (FTE) Directors of Public Health and Public Health Consultants; 459 FTEs public health specialist staff in local authorities; 89 FTEs public health specialists working in the NHS; 315 FTEs public health specialists working in PHE; and 150 FTEs Specialist Higher Education Institution workforce, like professors, senior lecturers, readers, and lecturers in public health (Milsom et al., 2019).

The majority of senior public health staff undertake one of the specialty training programmes which are run across the UK in 14 demarcated regions or 'deaneries'. Training normally lasts for five years, comprising at least four years of service work plus a period of academic training, normally a Master of Public Health course. Kidney (2019) reported that, in 2017, 91 people successfully completed public health specialist training. Four fifths took the specialty training programme route whilst a fifth utilised the alternative portfolio route. Just over a third were medical doctors or dentists and the remainder were from other professional backgrounds.

Before it was disbanded in 2021, Public Health England (PHE) had been pursuing a project aimed at developing a public mental health workforce and it had investigated the extent to which public health professionals received training in mental health. PHE's (2015) *Public mental health leadership and workforce development framework* was focused on clarifying which public health professionals had a responsibility for mental health, what knowledge they had about it, what knowledge was needed and what kinds of training might be needed to increase the capacity of the workforce. PHE (2015) suggested that, in England, there were about 70 senior staff (i.e. Directors of Public Health, consultants or specialists) with responsibility for wellbeing and mental health. Since there are nearly twice as many public health departments it is clear, therefore, that the coverage is variable. PHE (2015, p.10) identified four key areas of knowledge for the public mental health field:

- The nature and dimensions of mental health and mental illness
- The determinants at a structural, community and individual level
- How mental health is a positive asset and resource to society
- What works to improve mental health and prevent mental illness within own area of work

It identified seven priorities including the need to 'develop a shared understanding across organisations on mental health within the public health (and wider) system' (PHE, 2015, p.13). It also set out seven priorities for senior public health staff: managers, commissioners, specialists, consultants and directors. One of these priorities was to ensure that 'the curricula and formal academic training of the public health workforce adequately addresses mental health and mental illness as public health priorities' (PHE, 2015, p.16).

Master of Public Health (MPH) courses are accredited by the Faculty of Public Health (FPH; www.fph.org.uk) and its guidelines (Faculty of Public Health, 2022) focus on broad competency domains rather than disease or domain-specific competencies, and content is designed so that those without a medical background can access training. The content of these Masters programmes varies considerably but courses aimed at people taking the speciality training tend to be aligned to the Faculty curriculum. To our knowledge the only study of the mental health content of these MPH programmes was a 'desktop study' which 'found that only … 20% of postgraduate courses have a public health curriculum that clearly includes mental health' (PHE, 2015, p.7). In the present study we aimed to replicate the PHE desktop survey by:

- Identifying UK Master of Public Health programmes
- Investigating the extent to which mental health was explicitly addressed in MPH courses by examining course websites to see what core or optional modules specifically referred to mental health.

This study of course content formed part of a larger investigation involving interviews with 14 senior staff (i.e. academics, public health staff etc.) involved in public health training (Frenken, 2021) – a publication analysing the interviews is currently in preparation.

Method

In order to identify Master of Public Health (MPH) courses currently offered in the UK, a desktop search and cross-check of online databases (www.prospects.ac.uk, www.mastersportal.com, www.findamasters.com) was conducted in 2021. Courses were included if they led to a MPH qualification (rather than Master of Science or Master of Philosophy – as a result Queen Mary University of London's Public Mental Health MSc was excluded). Some courses with specialist variants were excluded where the specialist element replaced other core elements and the omitted teaching could not be accessed through optional modules. For example, four specialist courses at Glasgow University were included because four out of the five core modules in each variant were the same, whilst the fifth module could be accessed optionally. In contrast, whilst the generic MPH programme at Northumbria University was included, we excluded Northumbria's MPH with Nutrition programme as it omitted three of the five core modules found in the generic MPH

programme. Institution websites were searched for information about course module content.

Results

TABLE 1 ABOUT HERE

Forty-three courses were identified and are listed in Table 1: 30 in England; 11 in Scotland (though this included four specialist variants of the MPH at the University of Glasgow); one in Wales; and one in Northern Ireland

TABLE 2 ABOUT HERE

As can be seen in Table 2, none of the 43 MPH courses offered a core module where mental health was the primary focus. However, mental health was included in the module description of seven core modules (across six courses: 14% of the courses identified) which had a primary focus on other topics (e.g. Globalisation and Public Health). Only four courses (i.e. 9% of the courses identified) offered a module focusing on mental health and these were all optional. Only one of these modules focused specifically on public mental health.

Discussion

Our findings suggest that the situation has not improved since PHE's (2015) report that only 20% of postgraduate public health courses had a public health curriculum that clearly included mental health. Indeed, it may even have worsened. However, a limitation both of our and PHE's (2015) study, is that information on course and module content was gathered from course websites and it is possible that mental health is covered more thoroughly than these materials indicate. Institutions were contacted for course handbooks but only two courses sent these.

One reason there may be so little explicit mental health content is that the Faculty of Public Health's curriculum guidelines are structured by 10 Key Areas designed so that they can be applied to a range of different health problems and specialties – for example, 'use of public health intelligence to survey and assess a population's health and wellbeing' (Faculty of Public Health, 2022, p.7). Each Key Area is accompanied by a 'knowledge base' section which lists key topics to be addressed (77 in total) and guidance for assessing the competency, which lists learning outcomes (89 in total). Mental health is mentioned in the knowledge base list for three Key Areas. Thus, the list of 16 knowledge base items to be addressed for Key Area 5 (Health improvement, determinants of Health and health communication) includes 'definitions of health (physical, mental and social)' and 'understanding the evidence on bio-psycho-social pathways to disease and importance of mental wellbeing as a determinant of physical health' (Faculty of Public Health, 2022, P.55). Psychological knowledge is referred to in the list of knowledge base items for two Key Areas.

Two of the 89 learning outcomes specifically relate to mental health: 'demonstrate and apply an understanding of how individual and population mental health and wellbeing can be managed and promoted in others in a range of situations' and 'understand the role personal mental health and wellbeing plays in competent practice, and take responsibility for nurturing your own wellbeing and seeking help as appropriate' (Faculty of Public Health, 2022, p.54 and p.80 respectively). In addition, for a further 12 learning outcomes, there are examples drawn from mental health of how they could be addressed. For instance, one way of meeting the learning outcome on health needs assessment is to 'develop a system approach to strengthening mental well-being and reducing risk factors for poor mental health at a local area level' (Faculty of Public Health, 2022, p.36).

The number of mental health examples and knowledge base items in the 2022 revision of the curriculum has increased from the 2015 version (Faculty of Public Health, 2015) but a danger of addressing mental health predominantly through examples of higher-level competencies is that there may be little consistency across MPH courses in how this is done. The nature and extent of mental health-specific teaching may be largely shaped by the interests and expertise of the staff associated with a particular course. Moreover, in viewing mental health simply like other health problems there is a risk of privileging the role of biological factors and of neglecting debates more specific to mental health. For example, diagnostic categories are much less contested in other areas of health than they are in psychiatry, but such issues may not be addressed adequately in MPH courses. Public health trainers might argue that the academic curriculum is only one element in the specialty training programmes and that specialist expertise in mental health is more likely to be gained in placements where the higher-level content taught in academic courses is applied. However, this again, runs the risk that the knowledge gained may be uneven, inconsistent and overly shaped by the particularities of local placements and the interests and expertise of those supervising these placements.

One way of addressing this problem might be to formulate what kinds of specific knowledge and skills would be useful for mental health, co-producing this with different mental health disciplines and service user groups. Examples could be generated for most if not all of the 89 outcomes to ensure these are addressed. For example, given the contested status of diagnosis the learning outcome on needs assessment could include identifying how different groups might perceive their problems differently from diagnostic categories. Another approach might be to follow a similar co-production process in order to develop additional competencies to those in the MPH curriculum for those seeking to become public mental health specialists and consultants -- there could also be CPD programmes designed specifically for these staff. In addition, co-production could inform the development of mental health variants of MPH courses.

There might be ways in which clinical psychologists could contribute to the MPH and other public health training, for example, by providing a more critical perspective on diagnosis and offering different alternatives, aiding the conceptualisation of the social determinants of mental health problems and unpacking concepts like 'wellbeing', 'vulnerability', 'empowerment' and 'resilience' often found in public mental health literature (Harper, 2017). The *Power Threat Meaning Framework* (Johnstone & Boyle, 2018), for instance, could

provide a way of understanding psychological distress as threat responses to adversity which can be understood at the level of communities and populations, leading to alternative approaches to prevention. Clinical psychologists could seek to become involved in MPH courses -- the list in Table 1 might be a useful resource since there are clinical psychology programmes at many of the educational institutions identified. If you are a clinical psychologist involved in teaching on a MPH course we would be interested in hearing about your experiences.

Prevention is an important recent trend in health policy – see, for example the *NHS Long Term Plan* (NHS, 2019) and PHE's *Prevention Concordat* (Public Health England, 2017). However, many clinical psychologists work in services that are incentivised to prioritise treatment (e.g. via 'payment-by-results') rather than prevention. Where preventative approaches are offered these are generally Early Intervention, identifying problems once they have occurred, rather than more upstream approaches. The discipline's most dominant models are of treatment rather than prevention and are often focused on individuals or families rather than communities or populations. To what extent, therefore, does clinical psychology training equip trainees to work at the population level, oriented towards prevention? In the section on psychological intervention, the Society's Accreditation guidelines make reference to:

> e. Knowledge of, and capacity to conduct interventions related to, secondary prevention and the promotion of health and wellbeing.
>
> h. Understanding social approaches to intervention; for example, those informed by community, critical, and social constructionist perspectives.
>
> British Psychological Society (2019, p.18)

It would be useful, therefore, to survey clinical psychology programmes to investigate how they cover topics like prevention and population health including the extent to which they offer trainees placements in public health – see Jenkins and Ronald (2015) and Bone et al (2020) for examples of such trainee placements.

Although there are some potential tensions as well as benefits in getting more involved with Public Health as a specialism (Harper, 2017), clinical psychologists could play a more direct role in shaping the development of a public mental health workforce. Indeed, perhaps some might be attracted to train as Public Mental Health Specialists and develop and evaluate preventative approaches.

In closing, we would encourage clinical psychologists to build relationships with colleagues in public health as this is likely to be beneficial on both sides. To facilitate this, it would be useful for the DCP to develop a relationship with the Association of Directors of Public Health (ADPH; www.adph.org.uk). and the Faculty of Public Health (https://www.fph.org.uk). There are also some useful networks which readers should be aware of:

The Faculty of Public Health has a Public Mental Health Special Interest Group: https://www.fph.org.uk/policy-advocacy/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/

Behavioural Science and Public Health Network: https://www.bsphn.org.uk

Royal College of Psychiatrists' Public Mental Health Implementation Centre (PMHIC): https://www.rcpsych.ac.uk/improving-care/public-mental-health-implementation-centre

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Table 1: Masters in Public Health courses identified

Educational Institution	Course Title
Aberdeen University	Public Health
Birmingham City University	Public Health
Birmingham University	Public Health
Bradford University	Public Health
Cardiff University	Public Health
Chester University	Public Health
City, University of London	Public Health
Derby University	Public Health
Dundee University	Public Health
Edinburgh University	Public Health
Essex University (Online)	Public Health
Exeter University	Public Health
Glasgow University	Public Health
Glasgow University	Public Health (Health Economic)
Glasgow University	Public Health (Epidemiology)
Glasgow University	Public Health (Health Promotion)
Glasgow University	Public Health (Data Science)
Glasgow Caledonian	Public Health
Hertfordshire University	Public Health
Huddersfield University	Public Health
Imperial College London	Global Public Health
Imperial College London	Public Health
Kings College London	Public Health (International)
Leeds University	Public Health
Liverpool University	Public Health
Manchester University (Victoria)	Public Health
Manchester Metropolitan University	Public Health
Newcastle University	Public Health
Northumbria University	Public Health
Nottingham University (School of Medicine)	Public Health
Nottingham University (School of Health Sciences)	Public Health
Oxford Brookes University	Public Health
Oxford Brookes University	Global Public Health Leadership
Plymouth Marjon University	Public Health
Queens University Belfast	Global Public Health
Stirling University	Public Health
Sheffield University	Public Health
Sheffield University	European Masters in Public Health
Teeside University	Public Health
Warwick University	Public Health
West of Scotland	Public Health
Wolverhampton University	Public Health
York University	Public Health

Table 2: Overview of Core and Optional Mental Health Teaching across 43 MPH Courses

		Frequency	Module Titles
Core Modules	Mental health as primary focus	0	n/a
	Mental health covered as part of another topic	7 modules across 6 courses (14% of courses)	Globalisation and Public Health Epidemiology and Statistics (2 courses) Issues in Public Health Key Issues in Global Public Health Behaviour Change
Optional Modules	Mental health as primary focus	4 modules across 4 courses (9% of courses)	Mental Health and Illness Assessment Workplace Wellbeing Introduction to Global Mental Health Public Mental Health and Wellbeing