Figure 2 (***supplemental online***): Public health (PH) perspectives on falling life expectancy, with solutions

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| Population data, life course perspective, transdiagnostic, plastic risk & protective factors, interactions of biological, social, economic and other societal factors for example discrimination (based on race, gender, sexuality etc.), place-based (urban, rural, intermediate) | PH **solutions** –invisible (sanitation), often hard won e.g. victories over Big Tobacco: Gallea Chapter 48, 2018. |
| Sources: 1. NHS England inequalities definition from Barnard-Kelly KD, Cherñavvsky D.(2020); 2. Singer M (2017); 3. Baciu, Negussie (2017) | Applied to public mental health:  Galea (2018) urges PH colleagues to follow a “scholarship of consequence”, placing their work at the centre of the public good that is Health. (It) “gets messier (as public health intrudes into) fields such as economics and sociology”  The *World Health Organisation* advocates three solutions to reverse the social determinants: social protection, universal healthcare and health equity in all policies (WHO, 2008).  Principle of **proportionate universalism** that is, delivering health and other interventions to the people whose need for them is greatest (Marmot, 2005).  Getting it right for every child, Scotland <https://www.gov.scot/publications/girfec-national-practice-model/>  Bristol One City initiative to prevent or mitigate adverse childhood experiences: <https://www.bristolonecity.com/health-and-wellbeing/adverse-childhood-experiences/> |
| Marteau et al (2021) reported **falling life expectancy** in England 7 years between 2012 - 2018:  Male life expectancy gap between most and least deprived areas increased from 9.1 to 9.5 years;  for women, the gap increased from 6.8 to 7.1 years; time spent in poor physical health increased over the same 7 year period in England: in men, from 15.8 to 16.2 years for women, from 18.7 to 19.4 years; healthy years losses were greatest in most deprived.  Delgado et al (2021) define ***population health improvement*** as “concerted, intentional and systematic efforts by those working together towards measurable improvement of health and wellbeing outcomes, co-produced with and for the population in their locality”; their shared method is:  Assess (problems + systems) → Agree key aims → Act / Intervene → Measure → Acknowledge | Universal solutions: restore income lost during austerity years, improve housing and PH resources, invest in early years; policies to reduce smoking, obesity, alcohol misuse, addiction and other drivers of physical illnesses and mental disorders  Selective: Deep End projects in primary care to reverse Inverse Care Law e.g. Dublin: Kiely, Clyne (2021) |

Table Two: ***(supplemental online)*** Understanding the effects of Four or More ACEs (Adverse Childhood Experiences): data based on 14,661 young adults in education from Karen Hughes, Lancet Public Health, 2017 - The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis

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| Physical inactivity | 1·25 (1·03–1·52) |  | Anxiety | 3·70 (2·62–5·22) |
| Overweight or obesity | 1·39 (1·13–1·71) |  | Low life satisfaction | 4·36 (3·72–5·10) |
| Diabetes | 1·52 (1·23–1·89) |  | Depression | 4·40 (3·54–5·46) |
| Cardiovascular disease | 2·07 (1·66–2·59) |  | Illicit drug use | 5·62 (4·46–7·07) |
| Heavy alcohol use | 2·20 (1·74–2·78) |  | Problematic alcohol use | 5·84 (3·99–8·56) |
| Poor self-rated health | 2·24 (1·97–2·54) |  | Violence victimisation | 7·51 (5·60–10·08) |
| Cancer | 2·31 (1·82–2·95) |  | Violence perpetration | 8·10 (5·87–11·18) |
| Smoking | 2·82 (2·38–3·34) |  | Problematic drug use | 10·22 (7·62–13·71) |
| Respiratory disease | 3·05 (2·47–3·77) |  | Suicide attempt | 30·14 (14·73–61·67) |

Table Three: **(supplemental online)** Kings Fund Recommendations from “Bringing together physical and mental health A new frontier for integrated care”

Source: <https://www.kingsfund.org.uk/publications/physical-and-mental-health>