REFRESHMENT

The case for global public mental health training

Mariana Pinto da Costa, MD, MSc, PhD, is a consultant psychiatrist at South London and Maudsley NHS Foundation Trust, London, UK, a senior lecturer in the Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK, and an Invited Professor at the Abel Salazar Institute of Biomedical Sciences, University of Porto, Portugal. **Charlotte Mulcahy** has been a medical student at King's College London, UK.
Jonathan Campion is Director for Public Mental Health and a consultant psychiatrist at South London and Maudsley NHS Foundation Trust, London, UK, and Honorary Professor of Public Mental Health at the University of Cape Town, South Africa. Details of the authors' affiliations to public mental health initiatives of international bodies are given in the Declaration of interest section of this article.
Correspondence Dr Mariana Pinto da Costa. Email: mariana.pintodacosta@kcl.ac.uk

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Mariana Pinto da Costa, **Charlotte Mulcahy** & **Jonathan Campion**

SUMMARY

Only a minority with mental disorders worldwide receive treatment with negligible coverage of interventions to prevent associated impacts, prevent mental disorders or promote mental well-being. Reasons include insufficient public mental health (PMH) skills and training. An electronic search found limited availability of PMH courses globally. Improved access to PMH training informed by a core curriculum will support sustainable reduction of mental disorders, promotion of population mental health well-being and broad associated impacts across sectors. Regular assessment of PMH training coverage and impact will support sustainable progress.

KEYWORDS

Public mental health; education and training; community; mental health professionals; implementation gap.

A large proportion of global disease burden is due to mental disorder, and this burden has been consistently underestimated (Vigo 2016; Arias 2022). Effective public mental health (PMH) interventions exist to treat mental disorders, prevent associated impacts, prevent occurrence of mental disorders and promote mental well-being and resilience (Campion 2022a). Particular groups, often from disadvantaged populations, are at increased risk of developing mental disorders and require more targeted approaches to prevent widening of inequalities.

Public mental health implementation gap

Globally only a minority of people with mental disorders receive treatment, with particularly poor coverage in low- and middle-income countries (World Health Organization 2025; Campion 2022a). Coverage of interventions to prevent associated impacts is even lower, while coverage of interventions to prevent mental disorder or to promote mental well-being and resilience is negligible even in high-income countries. This implementation gap breaches the right to health and results in population-scale preventable suffering, broad impacts and associated economic costs (Campion 2019, 2022a).

Public mental health practice takes a population-based approach to improve coverage, outcomes and coordination of interventions provided by different sectors (Campion 2022a).

Reasons for public mental health implementation failure

Several reasons contribute to this failure, including insufficient skills and training, which in turn results in insufficient knowledge about the extent of unmet PMH need in the population, insufficient use of evidence in the development and implementation of PMH relevant population policies and programmes across different sectors, and insufficient knowledge about the required actions to scale up implementation of PMH interventions (Campion 2022a).

Public mental health training

Public mental health training is essential for leaders, professionals and trainees across different sectors, including health (primary and secondary mental healthcare), public health, social care, education, employment and criminal justice, as well as commissioning and policy-making (Campion 2019, 2022a). By involving professionals and others from different sectors, this training fosters interdisciplinary collaboration and strengthens the collective capacity to address the PMH gap. Such training should also be included in undergraduate medical education, which would help reduce the high prevalence of mental disorders and burnout among healthcare workers, including doctors and medical students.

Recommended components of PMH training include: impacts of mental disorders and mental well-being; prevalence of mental disorders and well-being; risk and protective factors; higher-risk groups; effective PMH interventions, including their cost-effectiveness; assessment of the size, impact and costs of the PMH implementation gap,

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including for higher-risk groups; estimation of the impact and associated economic benefits of improved coverage of PMH interventions; use of mental health needs assessment to inform policy and decision-making at national and local levels; scaling up of interventions according to population need; and communication and leadership skills (Campion 2019, 2022a, 2022b). Public mental health training in different countries also needs to take account of the cultural context, because the most appropriate training approach in one country might not be suitable for another.

Global availability of public mental health training

To understand the current availability of PMH training, we carried out an electronic search. Search criteria included training that adopted a population-based approach for implementation of PMH interventions and existence of weblinks to training resources. Information was searched regarding the country and organisation providing the training, its objectives, the type of course, mode of delivery, duration, eligibility, cost, how long the programme had been running, number of students attending and information about evaluation.

Results indicated limited global availability of PMH training which was delivered in various ways and settings, including face-to-face teaching and digitally (Supplementary Table 1, available online at https://doi.org/10.1192/bja.2025.10127). More PMH courses were available in high-income compared with low- and middle-income countries. In some world regions, courses were offered in partnership with organisations from particular high-income countries. Some courses were free, although most charged fees. Regarding eligibility criteria, some courses targeted (mental) healthcare professionals, whereas others accepted applicants from any discipline. For public health, some Masters of Public Health (MPH) courses included PMH relevant modules, although studies suggest insufficient PMH content in MPH courses (Frenken 2022). Information about evaluation of most PMH courses was limited. Digitally delivered PMH training such as the NHS England/MindEd PMH e-learning module (Campion 2024) has the potential to reach large numbers especially if free to access.

International and national public mental health training initiatives

The World Psychiatric Association (WPA) Action Plan for 2020–2023 made PMH a central priority. The WPA Public Mental Health Working Group recommended PMH training to help psychiatrists and other professionals address the PMH implementation gap, including through the development of a core PMH curriculum with training targets and milestones (Campion 2022b). The European Psychiatric Association (EPA) established a Public Mental Health Section, an objective of which is to support PMH training, including as part of the European Board Examination in Psychiatry. The UK Royal College of Psychiatrists' Public Mental Health Implementation Centre considers PMH to be an intrinsic part of psychiatry and recommends training for the development of related knowledge and skills. Furthermore, the World Federation of Public Health Associations (WFPHA) established a Public Mental Health Working Group in 2023, one aim of which is to facilitate PMH training, knowledge and practice (WFPHA 2023).

In conclusion, a PMH approach is advocated by both psychiatry and public health to sustainably address the PMH implementation gap, including through appropriate training, which requires coordinated action by different sectors. Despite the large impact of mental disorders and the scale of PMH implementation failure, availability of PMH training is limited and requires scale up. Opportunities to address the gap include the integration of PMH into training of different sectors, such as psychiatry and public health, as well as digitally delivered training. Regular assessment of coverage and the impact of PMH training across different sectors is important to monitor the development of required PMH skills. This will support sustainable reduction of the impact of mental disorders and the promotion of population mental well-being.

Supplementary material

Supplementary material is available online at https://doi.org/10.1192/bja.2025.10127.

Data availability

All data generated or analysed during this study are included in this published article.

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Author contributions

M.P.d.C: conception, supervision, methodology and drafting of the manuscript. C.M.: lead on data collection and analysis. J.C.: conception, methodology and drafting of the manuscript.

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