



Brexit and mental health

Key points

- Ahead of the UK's departure from the EU, what do we know about the possible impact this may have on mental health services?
- This briefing outlines analysis relating to future workforce supply and legislation, research, regulation, cross border healthcare and public health.
- It also outlines the policy positions the Mental Health Network has been advocating for, in conjunction with our partners in the Cavendish Coalition and the Brexit Health Alliance.
- The Mental Health Network will continue to monitor the implications of Brexit on mental health services.

Introduction

In December 2017, 18 months on from the UK's vote to leave the European Union, the first stage of negotiations relating to the UK's departure from the EU concluded. At this stage in the process, what do we know about the possible impact on mental health services?

This briefing sets out an assessment of the possible implications of Brexit and some of the key questions that will need to be addressed as negotiations progress. It also outlines the policy positions the Mental Health Network has been advocating for, in conjunction with our partners in the Cavendish Coalition and the Brexit Health Alliance, and will continue to do so as the government's plans develop.

Background

The outcome of the June 2016 EU referendum will have a range of profound implications for public services. Many aspects of the UK's health and social care services have been influenced by EU policies and legislation over the 45 years of the UK's membership of the EU.

In February 2017, the government published a white paper, *The United Kingdom's exit from, and new partnership with, the European Union*,¹ which sets out its objectives in negotiating the UK's exit from the EU. The following month, on 29 March 2017, the Prime Minister triggered Article 50, marking the UK's formal notice of its intention to withdraw from the EU on 29 March 2019. A timetable for the intervening two-year period of talks, as set out by EU's chief negotiator, Michel Barnier, is set out below in figure one.²

On 8 December 2017, the EU negotiators and UK government published a joint report on progress during the first phase of negotiations.³ The report sets out agreements in principle relating to the rights

of EU citizens in the UK and UK citizens in the EU, the framework for addressing concerns relating to Northern Ireland and the financial settlement.

Over the coming period, negotiations are expected to enter a second phase with the aim of reaching a final agreement by October 2018. If talks progress as currently expected, we will then enter a process of ratification by the European Council, European Parliament and by the UK. It has previously been promised that the UK Parliament will be given time to debate, scrutinise and vote on the final deal with the EU.⁴

The Mental Health Network, in partnership with the Brexit Health Alliance and the Cavendish Coalition (both of which the Mental Health Network is a member), will continue to monitor the progress of the negotiations and the implications for mental health providers.

Figure one: EU's proposed timetable for the Brexit negotiations



Adapted from the Institute for Government analysis of European Commission documents, 22 May 2017

Implications of Brexit for mental health services

The implications of the UK's departure from the European Union for the NHS are far reaching. Some of these implications will require clarity as talks progress at home and with the EU – for example, around future workforce supply and regulation. Some implications, such as the impact on Brexit for the future funding of the NHS and demand for services are less clear. This section outlines our analysis of some of the major implications for mental health services.

Workforce supply

According to analysis by the Cavendish Coalition, approximately 165,000 health and social care workers across the UK are from the European Economic Area (EEA).⁵ Around 11 per cent of doctors registered to practice in the UK gained their medical qualification in another EEA country,⁶ a figure that rises to 17.1 per cent when we look at the registrations of specialist doctors. Five per cent of nurses on the Nursing and Midwifery Council (NMC) register trained within the EU and 10 per cent trained outside the EU.⁷

Those working in the NHS will want to support the economic and social health of the communities they serve by creating opportunities for training and employment. However, in the short to medium term it will not be feasible to meet current health and social care sector staffing needs through either additional domestic recruitment or training activity alone.

Due to the complexity and restrictive nature of the immigration process for non-EEA nationals, meeting the staffing needs of the social care and health sector through non-EEA recruitment is similarly unfeasible in the view of the group. In developing a new immigration model we need to ensure that we recognise the social value to the population we serve and not just use salary as a proxy for determining value.

NHS Digital's provisional workforce statistics from June 2017, show that amongst NHS hospital and community services staff across England, 5.2 per cent are EU nationals. According to the same dataset, 9.4 per cent of doctors, and 6.9 per cent of nurses and health visitors, are EU nationals. 9.7 per cent of staff working in the general psychiatry speciality are EU nationals.⁸

Any immigration system that comes into place after the UK leaves the EU will need to support the ability of our sector, alongside our domestic workforce strategy, to provide the best care to our communities and people who use our services. The Cavendish Coalition has previously called on the UK government to confirm the right to permanent residence of all people from the EEA working in social care and health across the UK at the earliest possible stage in the Brexit negotiations. The group has warned that continued uncertainty in the absence of such an agreement on this issue could have unintended consequences for the social care and health system.

The UK government subsequently announced that EU citizens looking to remain in the UK will be asked to apply for settled status through a new scheme which will be launched in 2018. EU citizens who arrive in the UK by 29 March 2019 and have five years of continuous residence in the UK will be eligible for settled status. EU citizens who have not had five years of continuous residence by that date, but have arrived by this time, will be able to apply to stay until they have reached the five-year threshold.⁹

The government also state that rights to healthcare, pensions and other benefits 'will remain the same'.¹⁰ While this has been welcomed in some quarters as providing EU citizens greater certainty about their future in the UK, others – such as the 3million campaign – have raised concerns and called for alternatives to be considered.¹¹

A revised directive on Mutual Recognition of Professional Qualifications (MRPQ), agreed at European Level at the end of 2013, was enacted in Member States on 18 January 2016. The NHS European Office significantly lobbied to influence the new EU rules, securing important changes for the NHS. The directive on the Recognition of Professional Qualifications aims to facilitate the free movement of EU citizens by making it easier for professionals qualified in one member state to practise their profession in another. Clarity will be needed on any future arrangements relating to the mutual recognition of such qualifications after the UK exits the EU.

Employment legislation and policy

Beyond the issue of workforce supply, we must also consider the issue of EU legislation impacting on employers.

A substantial proportion of UK employment law originates from the EU and provides important protections for health and social care staff. In particular, current rules on health and safety at work, information and consultation on collective redundancies and safeguarding employment rights in the event of transfers of undertakings (TUPE), are all aspects of employment practice which are covered by EU legislation.

EU health and safety related directives also provide a legal framework for employers to reduce the risks of musculoskeletal disorders, biological hazards, stress and violence to health and social care staff. As the Cavendish Coalition has highlighted, agreements have also been reached, and adopted as EU directives, to ensure part-time workers and those on fixed-term contracts are treated no less favourably than full-time permanent employees in terms of leave and access to training, for example.¹²

As the Cavendish Coalition has stated, it should be recognised that UK employment law and policy is not an issue for external negotiation. It is however a priority issue for the UK government to discuss and agree a way forward with partners that has a positive impact on individuals, employers and promotes good employment practice.¹³

Research

There has long been underinvestment in mental health research. Research by MQ found that 85 per cent of funding for mental health research in the UK is provided by just three funders: the Wellcome Trust; the National Institute for Health Research and the Medical Research Council.¹⁴ On average, the UK invests approximately £115 million per year in mental health research – which constitutes 5.5 per cent of total UK health research spend.¹⁵

However, significant support for research into mental health has been secured from EU programmes, which have also supported collaboration between researchers in the UK and across the EU. According to

a study by Rand, the EU is the eighth largest funder of mental health research globally (measured by number of citations), beaten only by US, Canadian and Australian government funders.¹⁶

Developing new treatments and furthering our understanding of various health conditions depends on investment in cutting-edge research and collaborating with partners. As highlighted by the Brexit Health Alliance,¹⁷ a recent Royal Society report demonstrated that 80 per cent of UK international research includes co-authors from the EU.¹⁸

The UK received a total of €8.8 billion of EU science funding between 2008 and 2013.¹⁹ Horizon 2020, the EU's research and innovation programme, is making nearly €80 billion of funding available over seven years (2014–2020).²⁰ UK organisations have received €3.2 billion since 2014 through Horizon 2020, with €420 million of this coming from the health strand of the programme²¹ – which includes significant investment in mental health research. The UK has also benefitted from the collaborative research partnership between the EU and the European pharmaceutical industry, receiving €302.8 million from the Innovative Medicines Initiative, the EU's public-private partnership scheme that aims to speed up the development of better and safer medicines for patients.

EU regulatory frameworks for medical research – spanning from clinical trials to data protection to the use of animals in research – help build consistent research standards between countries. Working within the same regulatory framework as EU partners opens up opportunities to collaborate and affords opportunities to work on a larger scale. Shared frameworks can facilitate the exchange of ideas, research samples and data. This can be particularly important for research into rare disease populations where multi-nation, multi-centre studies are the only way to access the number of patients needed for robust research.²²

It is in all our interests to ensure that both investment and opportunities to collaborate with international partners are maintained after the UK's departure from the EU. The Brexit Health Alliance has suggested that a possible desirable outcome would be to ensure

that UK patients, the public and organisations can take part in pan-European research, innovation networks and clinical trials and that these could be supported through UK involvement in EU funding programmes such as Horizon 2020 (and its successors) and the EU Health programme.²³

Regulation

As the UK prepares to leave the EU, it will also be imperative to ensure that service users have access to the widest range of innovative new treatments.

The UK is currently part of the EU's European Medicines Agency (EMA) network covering more than 500 million people. The EU accounts for 25 per cent of all global pharmaceutical sales. On its own, the UK is thought to account for around 3 per cent.²⁴ Divergence from the EU medicines regulatory system may result in the UK becoming a second-tier market after the US, EU and Japan, meaning that patients would gain access to new medicines later.²⁵ The experience of Switzerland (outside of the EMA network) shows that they have an average of around 6 months' delay for new licences compared to the EU.²⁶

There are numerous other questions relating to the future of regulation which must be addressed if the UK government is to ensure consumers both have access to the latest treatments and to ensure supply is not negatively impacted from the date of departure. It will be essential for providers of health products to have legal certainty from 'day one' of Brexit to ensure continuity of supply to avoid negative impacts for patients and the public's health both in the EU and UK.

Cross-border healthcare

The impact of the UK leaving the EU on reciprocal healthcare arrangements is currently unclear. Presently, UK nationals in the EU (and vice versa) can benefit from access to healthcare abroad through a system of reciprocal arrangements.

The future of those reciprocal arrangements is to be determined. If this were to end, the Brexit Health Alliance propose that new provisions should be made domestically for the planning and funding of healthcare for UK nationals currently in the EU and vice versa. The Alliance also calls for action to be taken to ensure that, should UK health providers be required to

handle any new administrative and funding processes as a result, those burdens are kept to a minimum.

Public health and demand for services

There are currently a wide range of collaborative European initiatives in the field of public health, including co-ordinating mechanisms and networks such as the European Centre for Disease Prevention and Control and the European Food Safety Authority. As the UK departs from the EU, we must ensure future co-ordination between the UK and EU on pandemics and other public health threats continues to function effectively.

Further to this, is the question of what impact the UK's exit from the EU may have on public mental health. This question has been the source of speculation from a number of sources. While it is impossible to conclude presently whether Brexit will have impact on demand for mental health services amongst certain population groups, it is important to acknowledge such concerns exist.

A 2016 editorial in the British Journal of Psychiatry highlighted that the public debate leading up to the EU referendum had displayed elements of intolerance, and reminded readers that experiences of discrimination have been shown in the UK to be associated with common mental health disorders.²⁷ For many people, uncertainty over their future – whether they are an EEA national living in the UK or a UK citizen living in an EEA country – will understandably be a cause for concern and potential worry.

Funding of the NHS

The longer-term impact of the UK's departure from the EU on the economy is yet to be clear and continues to be the subject of contentious political debate. At the time of the referendum, for example, the leave campaign argued that ending UK contributions to the budget of the EU could allow for increasing levels of public spending – most memorably, that an additional £350 million a week could be used to boost NHS investment.²⁸ Others have continued to argue that leaving the EU would have a severe long-term negative impact on the economy, as highlighted by HM Treasury analysis.²⁹

Continued uncertainty around the UK's future relationship with the EU continues to represent a major risk to the economy.³⁰ If future economic growth remains slow, then important questions remain to be answered about the impact this will have on future public spending decisions by the UK government. Despite additional investment pledged in the November 2017 Budget, few NHS leaders believe the revised settlement will be enough to deliver the big improvements to care needed over the coming years.³¹

Mental health services have experienced historical underinvestment. Given such economic uncertainty in the medium to long term, and the continued constraints in the short term, many NHS leaders will inevitably remain concerned about the ability of the system to invest in the improvements to mental health care which the sector has long called for.

MHN viewpoint

The UK's departure from the EU will have significant implications for mental health services and the wider NHS. This comes at a time when our services are already experiencing significant challenges. With this in mind, it will be critical to ensure that – as far as possible – the UK's exit from the EU does not create additional pressure or instability within the system.

The Mental Health Network will continue to work with colleagues, including the Brexit Health Alliance and the Cavendish Coalition, to further monitor the implications of Brexit on mental health services and inform the position of the UK government on the issues highlighted in this briefing as talks develop.

Cavendish Coalition

The Mental Health Network is an active member of the Cavendish Coalition, a grouping of 37 health and social care organisations working together on the workforce related implications of Brexit. In its statement of purpose, the Coalition states:³²

“We recognise that the talented and diverse group of people we employ and represent... make a vital contribution to delivering care to the UK's population. We are committed to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care. We have committed to secure the workforce required to deliver continuing quality in health and social care through:

1. supporting the economic as well as social health of the communities we work within through the creation of opportunities for training and employment
2. promoting employment policy and practice which ensures that the UK continues to be able to attract vital skills from Europe and around the world to work in health and social care
3. seeking certainty for those already working in the UK by advocating for the right of the current health and social care workforce originating from European Economic Area (EEA) members to remain here.”

For further information, please visit:
www.nhsemployers.org/brexit

Brexit Health Alliance

The Mental Health Network is a member of the Brexit Health Alliance.³³ The Alliance was established so that those who use health services, healthcare commissioners and providers, educators, researchers, the healthcare industry and those working to improve population health and wellbeing and to reduce inequalities in health can have a strong, collective, evidence-based voice as the formal process of leaving the EU gets underway. The Alliance complements, but does not duplicate, the work of the Cavendish Coalition which focuses on the implications of Brexit for the health and social care workforce.

The Alliance advocates a negotiated implementation period that adequately reflects the time needed to achieve the following desired outcomes:

1. Maximum levels of research innovation collaboration

- UK patients, the public, researchers and organisations can take part in pan-European research and innovation networks and clinical trials and that these can be supported by UK involvement in EU funding programmes such as Horizon 2020 (and its successors) and the EU Health Programme.
- A target of combined public and private UK research and development investment at 3 per cent of GDP by 2025 is set.
- UK patients can benefit from the UK leading and participating in European Reference Networks for rare and complex diseases post Brexit.
- An immigration system that is straightforward and welcoming to researchers, innovators, and their families, at all career stages and from all over the world.

2. Regulatory alignment for the benefit of patients and population health

- Patients and the public do not suffer from possible disruptions in the supply and trade of medicines, other health technologies and goods, or a reduction of standards or patient safety.
- Patients have early access to new medicines and medical devices by securing maximum

cooperation and alignment with the EU on the regulation of medicines and medical devices to deliver proportionate, robust and effective regulation of medicines and medical devices in the UK.

- Pragmatic solutions allowing patients and the public to benefit from the UK's participation in EU systems such as data sharing networks, pharmacovigilance and the clinical trials portal and databases post Brexit.

3. Preservation of reciprocal healthcare arrangements

- UK nationals in the EU and vice versa can benefit from access to healthcare abroad through a system of reciprocal arrangements.
- If this is not possible, provisions should be made domestically for the planning and funding of healthcare for UK nationals currently in the EU and vice versa.
- No increased burden for UK healthcare providers in the event they will be required to handle new, more complex administrative and funding processes when providing care to EU citizens.

4. Robust coordination mechanisms on public health and wellbeing

- Strong coordination between the UK and the EU in dealing with pandemics, as well as other health threats, and more broadly on health promotion and disease prevention programmes. This could happen, for example, through the creation of a new EU-UK joint coordination mechanism on public health issues.

5. A strong funding commitment to the health and public health sectors

- High standards of population health and wellbeing and patient care through a strong focus on prevention of ill health and secure that any possible shortfall resulting from the economic impact of leaving the EU is offset.
- An appropriate funding level for both healthcare and population health that is linked to Gross Domestic Product.

For further information, please visit:
www.nhsconfed.org/brexithealthalliance

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