Mental Health Network
NHS Confederation

Consultation response: mental health and wellbeing plan

This document captures our submission to the online consultation for the mental health and wellbeing plan. We have listed each of the questions we responded to.

Key asks

- Implementation of mental health impact policy tool across government.
- Commitment to implementing new clinical access targets.
- Commitment to 100 per cent coverage of mental health support teams in schools.
- Revenue and capital funding to support the implementation of the Mental Health Act reforms.
- Targeted funding to improve performance against children and young people eating disorder targets.
- New target to eradicate out-of-area placements for adult and children and young people's inpatient services.
- Reducing the risk factors, including insecure housing, deprivation and bullying, and increasing the protective factors is one of the most effective ways we can reduce the number of infants, children and young people experiencing mental health problems.

Q. How can we help people to improve their own wellbeing?

Children and young people – Teaching children and young people about mental health and wellbeing in pre-school, schools and colleges is essential, as it gives children and young people the vocabulary and knowledge they need to understand issues that will affect themselves, their peers and their families. Learning about mental health and wellbeing needs to be part of a whole school approach to mental health, as set out in guidance published by Public Health England.[1]

There are a number of evidence-based programmes that work in schools to support children and young people's mental health. Public Health England has collated a number of them.[2] The Bounce Forward programme provides training for teachers and parents to help improve resilience in children and young people.[3] Mentally Healthy Schools, which is linked to the Royal Foundation and the Anna Freud National Centre for Children and Families, is a useful resource, for anyone working in schools and contains information about quality-assured resources.[4]

The government's 2017 green paper on transforming children and young people's mental health provision, included two key proposals to improve mental health support in schools:[5]

1. Embed mental health support teams (MHSTs) in schools, and they now cover around 35 per cent of the student population.

2. Designated senior lead for mental health in schools' initiative, which involves training up school staff to have a better understanding of mental health and enables schools to have a better understanding of mental health issues and feel more confident to support children and young people's wellbeing.

The ambition was to roll out all the designated senior leads and the MHSTs to at least a fifth to a quarter of the country by the end of 2022/23, and to offer training for these lead roles to every school by 2025. The roll out of the MHSTs is progressing, but training for senior leads has been delayed in part because of the COVID-19 pandemic and was only launched in September 2021.

Training up school staff and developing the MHSTs are both important. The former will help the school to embed whole-school approaches to mental health and, importantly, change the culture within the school to improve awareness of mental health. The latter will provide mental health expertise and provide direct therapeutic support to children and young people.

Online and digital resources such as the Think Ninja app from Healios, provides access to mental health support. Some areas, such as Hampshire and Isle of Wight have

[1] Promoting children and young people's mental health and wellbeing - GOV.UK (www.gov.uk)
[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/842167/Descriptions_of_interventions.pdf
[3] https://bounceforward.com/
[4] Home: Mentally Healthy Schools https://www.mentallyhealthyschools.org.uk/
[5] Transforming children and young people's mental health provision: a green paper - GOV.UK (www.gov.uk)

commissioned this service, making it is free at the point of access.[6] Kooth, is an online platform, that provides a range of online support for children, young people and adults. They are also being commissioned across the country to provide their service free at the point of delivery. Obvious benefits to digital services are that they are usually available 24/7, can help people to support their own mental health, but can provide different levels of service depending on the needs of individuals and be used to help support people while they are on waiting lists or actually using face-to-face mental health services.

Children and young people do not exist in isolation, and we need to consider their wider family/community and the circumstances in which they are living. The wider determinants of mental health and wellbeing, such as housing, relationships and poverty, have a huge impact on a child's mental health and wellbeing. While it is important to help people to think about their own mental health and wellbeing and how they can improve it; it does need to be seen in a wider context. For instance, if a child is being bullied, lives in poor housing and in poverty and has parents with mental health issues, the positive impact of attending wellbeing classes will be low.

Working age adults – Similar to children and young people, there are a range of actions people can do to support their own wellbeing, but the context they live in must be taken into consideration. Secure and good-quality housing, employment or something meaningful to do, good-quality relationships and financial security all play an important role in supporting an individual's wellbeing.

We develop resilience through the challenges, opportunities, and relationships we build, rather than them being an innate part of our personality or character.[7] Experiencing challenges can help build resilience, but we know that there is a strong link between adverse experiences and poor mental health both in childhood and in adulthood.[8] For instance, bullying during someone's teens increases the risk of adult mental health problems by more than 50 per cent.[9] So reducing the number of adverse experiences is important.

Poverty – Poverty is a key driver for poor mental health, with the poorest fifth of the population being twice as likely to be at risk of developing mental health problems as those on an average income.[10] The cost-of-living crisis will increase poverty levels. In a recent survey, 6 in 10 UK adults said the cost-of-living crisis has had a negative impact on their mental health, such as leaving them feeling anxious, depressed or hopeless.[11]

There is also a strong link between poverty, debt and risk of suicide. After the 2008 financial crisis, suicide rates increased, but did not reach their highest level until 2012. However, a rise in suicides does not have to be inevitable and we welcome the government's

[6] Think Ninja - Maintaining emotional wellbeing during the Coronavirus situation | Family Information and Services Hub (hants.gov.uk)
[7] evidence-review-2-building-childrens-and-young-peoples-resilience-in-schools.pdf (instituteofhealthequity.org)
[8] Adversity in childhood is linked to mental and physical health throughout life | The BMJ
[9] Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation (eif.org.uk)
[10] 2. Mental health: environmental factors - GOV.UK (www.gov.uk)
[11] Cost-of-living-crisis-policy-note-1.pdf (moneyandmentalhealth.org)

commitment to update the suicide strategy. To prevent increases in mental health issues or the suicide rate, easy access to debt, welfare and employment advice would be beneficial.

Employment – Adults spend a lot of their time in a work environment. We know that having a good work-life balance, taking lunch breaks, having flexible working arrangements and not experiencing discrimination are all crucial to supporting wellbeing. Some of these aspects are within the individual's control, but it is largely dependent on the employer and the culture within organisations. We also know that line managers play a key role in supporting the mental health and wellbeing of staff. There has been huge progress in how employers protect and support the physical health of their employees over the previous decades, and we would like to see similar progress around mental health.

Coping strategies – People of all ages will have different strategies for how they support their own wellbeing. It is important to ensure this is reflected in any national literature or campaigns. While it is important for people to have their own coping mechanisms, we know that some people develop unhealthy and/or dangerous coping mechanisms to support their own wellbeing and manage mental health issues. For instance, self-harming can be a way for people to cope with extreme emotional distress. Self-harm is not necessarily linked to an intention to take their own life, but we know that self-harm is a large risk-factor for suicide. Rates of self-harm have increased significantly in young women, and due to the links between self-harm and suicide, this should be a focus of the new suicide strategy.[12] The misuse of alcohol and drugs is also a common mechanism to manage distress. It is essential to encourage people to use safer coping mechanisms, by working with people and taking a harm reduction approach.

Q. How can we support different sectors within local areas to work together, and with people within their local communities, to improve population wellbeing?

In order to support different sectors to work together to improve population wellbeing, it needs to be clear that mental health is not just an issue for mental health services or the NHS to address on their own, and that it's everyone's responsibility to 'think mental health'.

Mental health impact policy tool - According to the World Health Organisation, the social determinants of health account for up to 55 per cent of health outcomes.[13] Therefore, the wider determinants of mental health such as secure housing and financial security, must be addressed if we are to improve people's mental health and wellbeing. Responsibility for most of these determinants are largely outside of the NHS. Different sectors, such as housing, urban planning and design, social security, education and criminal justice sectors may not understand what their role is in supporting mental health and wellbeing at population level.

We welcomed the government's commitment to exploring a mental health impact policy tool that would allow policymakers to examine the impact of their proposals on mental health, and this will help wider departments understand their role in supporting mental health and

[12] college-report-cr229-self-harm-and-suicide.pdf (rcpsych.ac.uk)
[13] Social determinants of health (who.int)

wellbeing. It is important that the final tool is used across government, that negative impacts that are flagged through the tool are mitigated before the policy is put in place.

Integrated care boards (ICBs) and integrated care partnerships (ICPs) - The formation of ICBs, and ICPs should support different sectors to understand their role and encourage more joint working to improve wellbeing, as their key aims include bringing together different parts of the system, improving population health and reducing inequalities. To do this, integrated care systems (ICSs) need to prioritise mental health support, based on the needs of their population, in their strategies.

Voluntary, community and social enterprise (**VCSE) sector** – Including the local VCSE sector in joint ICS planning is essential as these organisations often provide services for people who are less likely to access mainstream services and who are more likely to experience inequalities when they do. The formation of ICPs should help as these structures will bring together local partners, including the VCSE sector, and ICSs have a responsibility to develop a formalised agreement on how they will work with the VCSE sector. Smaller VCSE organisations that are often the best at supporting groups that face high levels of inequalities will struggle to engage at ICS level, so relationships and contracting between the NHS and VCSE sector at place level are important.

Public mental health – There needs to be a strong public mental health voice in ICSs and at place level as public health professionals have the expertise in supporting mental health at population level. We were happy that the government listened to calls from the mental health sector and took the decision to include public mental health within the new Office for Health Improvement and Disparities. Public mental health work needs to be properly funded and be appropriately staffed to undertake this work. To do this, the public health grant needs to be reinstated to 2015/16 levels as a minimum, with 4 per cent ring-fenced annually for public mental health.

MHSTs – For children and young people, MHSTs in schools have been shown to increase joint working between education providers and specialist mental health services, by locating mental health teams within schools, and by providing training and support for school staff. This joint working has been evaluated as being beneficial for children and young people and we would like to see a commitment from government to ensure 100 per cent of the student population has access to these teams.

Q. What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?

Children and young people – Defining what the most important thing that needs to be addressed to reduce the number of children and young people that experience mental ill health is incredibly difficult as there are so many risk factors, that are all interlinked. These exist in the child, their family, school and wider community and there is a good illustration of the risk and protective factors for mental health in this Public Health England report.[14] The

[14] Mental health of children in England (publishing.service.gov.uk)

more risk factors a child experiences, the higher the risk of developing mental health issues. The social determinants of mental health such as bullying at school, abuse, poverty, and family problems, all have a more significant impact on the child than issues linked to the child itself such as their IQ or their temperament.

Reducing the risk factors, including insecure housing, deprivation and bullying, and increasing the protective factors is one of the most effective ways we can reduce the number of infants, children and young people experiencing mental health problems.

The infant brain has a higher degree of neuroplasticity, so the first few years of their life has a major impact on their life course. For children to have a good start in life, they need to be securely attached to a main carer in the first years of life and not experience high levels of stress and trauma, also known as toxic stress. There is a good evidence base for how this supports healthy brain development and puts children on a good trajectory in terms of having good mental health, being better at forming relationships, being more confident and generally having better outcomes throughout their life.[15] However, that trajectory can be impacted on by other significant life events such as family disharmony, a traumatic bereavement or being bullied in school.

There is a good evidence base for targeted, upstream interventions that prevent the onset of mental health issues and/or reduce the impact later in life. For instance, group parenting programmes can help children and young people who have conduct disorders or other antisocial behaviours,[16] and for every £1 invested it gives £3 benefit to society.[17] We know that bullying has a significant impact on people's mental health. School-based anti-bullying initiatives are very cost effective. They improve outcomes in the child such as improving emotional wellbeing, but also for every £1 invested they give £14 of benefit to society.[18]

We know that parental mental health problems increase the risk of the child having mental health issues. Often when the parent is seeking mental health support, the needs of the child are not considered. Having a child with mental health issues or other health or behavioral concerns puts considerable pressure on the rest of the family. Moving to a more family-orientated approach to mental health services would help support both parents and children. Healios, an organisation that provides support for children and young people and families, is a great example of a family-wide approach. In Coventry and Warwickshire, 85 per cent of families that accessed Healios' services would recommend them[19].

An issue with upstream interventions is which agency saves the most. For conduct disorders it can be the justice system that makes the biggest saving as children are being supported and not ending up in the youth justice estate or prison, but it is often the NHS or local authorities who invest in parenting programmes. Unless the savings are shared equally or there is a pooled or aligned budget, this can act as a disincentive to prevention.

[15] Final-F1001D-Briefing-Delivering-the-Best-Start-for-Life.pdf (parentinfantfoundation.org.uk)
[16] Overview | Antisocial behaviour and conduct disorders in children and young people: recognition and management | Guidance | NICE
[17] Investing in children's mental health | Centre for Mental Health
[18] Investing in children's mental health | Centre for Mental Health
[19] https://healios.org.uk/casestudies/rise/

Those most at risk – We know that certain groups of people have a higher prevalence of mental health issues and face challenges in accessing mental health support. This is linked to the prejudice and discrimination they face, rather than any predisposition to develop mental health issues. These groups include people from ethnic minorities,[20] those who have learning disabilities[21] [22]or neurodevelopmental conditions such as autism,[23] people who identify as LGBTQ+,[24] children in the care system,[25] and people in the justice system.[26] Health services, including mental health services often fail these groups of individuals. Systems need to understand who their population is and what its collective and individual needs are, so they can provide responsive services. Using data and population health management techniques will help, along with working with people with lived experience from these different communities to co-develop services and evaluate them as part of a quality improvement mechanism.

Working age adults – Around 50 per cent of adult mental health issues are present by the age of 15, therefore one of the best ways to prevent mental health issues is to implement preventative approaches in childhood.[27]

As with children and young people, there are a variety of interlinked determinants of mental health that impact on adult mental health and focusing on one area is incredibly challenging and can be unhelpful. Stress related to work, family problems, economic issues, poor housing and job insecurity can all contribute to poor mental health. It is important not to medicalise these problems as the response needed usually sits outside the NHS.

People with or at risk of developing mental health problems often need social care to support concerns that are social issues but if not addressed can impact negatively on their mental health. A joined-up approach at system, place and at national level can help by ensuring that all organisations or departments understand their role and can act on it to improve people's lives.

As mentioned elsewhere in our response, addressing the social determinants of mental health is key, and these often sit outside of health. For instance, ensuring that people have financial security and are not living in poverty, have access to good-quality housing, don't feel discriminated against, are not feeling lonely, but have good support networks, access to open spaces and are encouraged to take exercise, can afford and are encouraged to have a healthy diet. The Mental Health Foundation has produced a very useful visualization for a whole city socio-economical model for public mental health.[28]

[20] Layout 1 (raceequalityfoundation.org.uk)
[21] Learning Disability and Mental Health - Mental Health Research | Mencap
[22] Overshadowed | CYPMHC
[23] Anxiety (autism.org.uk)
[24] LGBT in Britain - Health (stonewall.org.uk)
[25] Improved mental health support for children in care - GOV.UK (www.gov.uk)
[26] Criminal justice system failing people with mental health issues – with not enough progress over the past 12 years (justiceinspectorates.gov.uk)
[27] Chief Medical Officer: Prevention pays - our children deserve better - GOV.UK (www.gov.uk)
[28] Frontiers | A Visualization of a Socio-Ecological Model for Urban Public Mental Health Approaches (frontiersin.org)

Q. Do you have ideas for how employers can support and protect the mental health of their employees?

Working age adults spend a significant proportion of their life in a work environment, therefore employers have a huge impact on employees' mental health and wellbeing. Progress in this area has been made, for example the creation of the City Mental Health Alliance which supports large financial institutions to better support the mental health of their staff, however there is still a long way to go to get all employers to take a consistent approach to supporting the mental health and wellbeing of their staff.

There are many opportunities for organisations to implement policies and types of support. This could include having wellbeing conversations with staff,[29] enabling flexible working,[30] anti-discriminatory and anti-bullying policies, actively supporting wellbeing, but also providing access to counselling and occupational health and making reasonable adjustments where necessary.

The Stevens/Farmer report, Thriving at Work[31] states that poor mental health costs employers between £33bn and £42bn a year. To help address this, the report sets out a number of mental health core standards that employers should be meeting:

- Produce, implement and communicate a mental health at work plan.
- Develop mental health awareness among employees.
- Encourage open conversations about mental health and support available when employees are struggling.
- Provide employees with good working conditions.
- Promote effective people management.
- Routinely monitor employee mental health and wellbeing.

Supporting the mental health and wellbeing of NHS staff – As the largest employer in the UK, the NHS can make a significant contribution to health and wellbeing by supporting its own workforce. The NHS Staff Survey shows that there are significant mental health pressures on NHS staff with high levels of work-related stress. The long-standing issues have been added to by the experience of sustaining healthcare services during the pandemic. Working under extreme pressure for the last two years has had a significant impact with more than 4 in 10 staff describing themselves as regularly burnt out. Research studies have shown staff in some settings had a severe impact on their mental health from the pressures of COVID-19 and the full extent and impact of long COVID is still not clear.

There has been a greater recognition of mental health as an issue within the NHS in recent years and the pandemic acted as a catalyst for improved mental health support.

[29] https://www.nhsemployers.org/articles/health-and-wellbeing-conversations
[30] Flexible working – enablers for change | NHS Employers
[31] https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers

Organisations developed support[32] ranging from physical provision such as 'calm rooms' to online counselling services. The online counselling services became part of a national health and wellbeing framework[33] and have continued to be offered free to staff. There is now a network of regional health and wellbeing hubs to support individual employer provision. There is a challenge to sustain provision post pandemic as some sources of funding through donations have declined and space is now an issue as services have returned to pre-pandemic levels.

There is also a need to ensure staff are aware of what is available, and support is offered in a way that is most useful to them. NHS Employers provides information, signposting and develops resources for employers to support the experience of their staff [34] and shares learning and good practice on current issues such as how to provide an effective wellbeing approach[35] and mental health in the workplace. NHS Employers brings together a number of networks to share ideas and approaches including the health and wellbeing network[36] and staff experience steering group. These groups also enable NHS Employers to represent employers voice at a national level to share and enhance future work, this includes being a member of the National Wellbeing Forum[37] which focuses on improving the workplace wellbeing in the UK and globally.

NHS staff gave a 56 per cent positive rating to action on health and wellbeing by their employer and 7 in 10 feels supported by their line manager. These scores improved during the pandemic but there is clearly scope for improvement and in particular action is needed to tackle the causes of stress and burnout as well as provide support for those affected.

Q. What is the most important thing we need to address in order to prevent suicide? This is split into groups.

The are many reasons why a person may take their own life and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) have identified ten common issues that have been linked to childhood suicides:[38]

- Family factors such as family problems, but also parents having mental illness or physical illness.
- Abuse and neglect.
- Bereavement and experience of suicide in the family or a friend.
- Bullying – face to face or online.
- Suicide-related internet use.
- Academic pressures especially related to exams.

[32] COVID-19 shared learning from NHS trusts | NHS Employers
[33] NHS health and wellbeing framework | NHS Employers
[34] Staff experience, culture and change | NHS Employers
[35] Eight elements of workplace wellbeing | NHS Employers
[36] Health and wellbeing network
[37] Health and Wellbeing at Work Forum | Alliance MBS (manchester.ac.uk)
[38] National Confidential Inquiry into Suicide and Safety in Mental Health

- Social isolation or withdrawal.
- Physical health conditions that are longstanding, e.g. asthma, or that may have social impact, e.g. serious acne.
- Alcohol and illicit drugs.
- Mental ill health, self-harm, and suicidal ideas.

Most of the above are also relevant to adult suicides, but one additional issue for adults is economic problems. Debt advice and other financial support need to be included in any prevention plan as there is a strong link between debt and risk of suicide. This is particularly important as we know that the economic crisis in 2008 was linked to the rise in cases of suicide, and the current cost-of-living crisis will increase the amount of people falling into debt. Specialist debt advice services co-located in mental health services would be beneficial, and a greater understanding in services of the links between debt and suicide. The Money and Mental Health Institute published a briefing on how to ensure that debt advice works for people with mental health issues, including the need for both remote and face-to-face provision.

What the issues listed above highlight is why a multiagency approach to suicide prevention is necessary. While mental health services are important partners, so are other NHS services such as primary care and ambulance services. Involving train companies and other organisations that have a link to methods of suicides is also essential. We know from previous experience that this has been helpful with the existing suicide prevention strategy.

With our colleagues in the Mental Health Policy Group, we have agreed a number of recommendations for ensuring the updated suicide prevention plan is effective:

- A robust multi-year delivery plan sitting alongside the strategy to drive change and hold the government to account for reducing suicide rates.
- Funding for local action after 2023/24 when the NHS Long Term Plan funding runs out.
- Strengthened accountability and progress measures: during the current strategy period, too often it has felt like reporting has been done retrospectively rather than suicide prevention being proactively built into cross-government policymaking from the outset.
- A new ambition for suicide reduction with the new plan enabling us all to see a clearer line between national and local activities and their impact on suicide rates.
- Include greater recognition of the links between suicide and inequalities.
- The promised comprehensive real-time surveillance system for suspected suicides needs to be fully operational as a matter of urgency.

Continuing to focus on the uptake of Zero Suicide training across health and care staff as well as the general population is also important as it raises awareness and gives people the confidence to talk to people they are concerned may have suicidal intentions.

Supporting people bereaved by suicide, or postvention support is already in the NHS Long Term Plan, and it is crucial that it remains in any long-term plan refresh or cross-government

strategy. This is because we know that people bereaved by suicide are at a considerable risk of taking their own lives as well. Postvention support also needs to be available to NHS staff, especially those working in mental health, where a patient or colleague has taken their own life. This is because it puts significant stress on the health or mental health professional personally, but also impacts on their work.[39] We are working with the Samaritans and NHS England to develop a toolkit to help NHS organisations support their workforce after the death of a colleague by suicide and there is also ongoing long-term research, supported by NHS Employers, on postvention support in the NHS.

Q. What more can the NHS do to help people struggling with their mental health to access support early?

Children and young people

- Commit to 100 per cent of students having access to an MHST.
- Implement new waiting time standards for children and young people, supported by additional resources.
- Provide local areas with the resources they need to meet the 95 per cent children and young people's eating disorder targets.
- Ensure easy and timely access to appropriate support.
- Ensure that support is joined up and provides a seamless pathway, so that children with high levels of need can be escalated to specialist support.
- Ensure that all children and young people can access digital support where appropriate.
- Not all children will want to or be able to access support through school, so there must be other routes available.
- Roll out early support hubs to all areas.

For all ages, it is important that people with mental health needs, and those supporting them know how to access care and understand what is available locally. There is still a lot of stigma attached to mental health, and there needs to be an ongoing campaign to help tackle this and ensure that it is not a barrier to people seeking help.

We know that the prevalence rate of mental disorders in children and young people is increasing. In 2017, 1 in 9 or 11.6 per cent of 6-16-year-olds had a probable mental disorder, and this increased to 1 in 6 or 17.4 per cent in 2021.[40] In some groups of children, the prevalence is even higher. For instance, about 36 per cent of children and young people with a learning disability also have mental health problems,[41] and those who identify as LGBTQ+

[39] college-report-cr229-self-harm-and-suicide.pdf (rcpsych.ac.uk)
[40] Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital
[41] Overshadowed.pdf (cypmhc.org.uk)

are twice as likely to report poor mental health and have a much higher risk of suicide and self-harm.[42]

While children and young people will have different needs in terms of the support required, timely access to appropriate mental health support is important. Early intervention will help pick up issues when they first arise, and timely support will help reduce these problems escalating and becoming more serious and enduring.

It is essential to support children and young people who experience mental health issues in childhood, as we know that about 50 per cent of adult mental health problems are present by age 15 and 75 per cent by age 24.[43] While the children and young people's mental health transformation programme has been effective, there is still much more to do. Prior to the pandemic, only about 40 per cent of children and young people with a mental disorder were accessing mental health support. While that was a significant improvement, the increase in prevalence of children and young people with a mental disorder means that the percentage accessing mental health support has reduced to about 30 per cent.[44] Improving access to mental health support for these vulnerable young people is crucial.

Early intervention – Speeding up the roll out of MHSTs to cover 100 per cent of schools is essential for increasing capacity, providing additional workforce and for picking up issues early. These teams need to link into their local children and young people's mental health services and existing VCSE sector provision to provide a seamless pathway to ensure that those children with the highest risk are escalated to the appropriate service.

We know that schools already provide a wide range of support, even if they do not have a MHSTs. For instance, schools commission VCSE sector services such as Place2Be which provides counselling and mental health support in schools and work with pupils, families and school staff. Additional capacity can also be provided by digital services such as Kooth, which already works in many schools to provide safe, online mental health support for pupils.

There are already early support hubs in existence that provide community based one-stop shop approach for young people up to the age of 25. They are largely VCSE sector organisations that are commissioned by the NHS or local authority. 42nd Street in Manchester[45] and the Young Person's Advisory Service (YPAS) in Liverpool[46] are good examples of these services. We support the Fund the Hubs campaign which looks to ensure that every young person can access one of these services by making early access hubs available in every local authority area.[47]

0-25 model – Continuing to develop services that support children and young people from 0-25 years is important. This approach is essential for improving the transition from children to adult mental health services, as often young people get lost in the transition gap between services. Too often, young people aged 16 and onwards can find they are not accepted into

[42] Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review - ScienceDirect
[43] Ibid Chief Medical Officers report
[44] Presentation from Prathiba Chitsabesan, Mental Health Network's Annual Conference, 2022.
[45] 42nd Street | Home |
[46] Young Person's Advisory Service – Young Person's Advisory Service (ypas.org.uk)
[47] CentreforMH_TimeForAction.pdf (cypmhc.org.uk)

children and young people's mental health services as they are too old, but at the same time they did not meet the threshold for adult mental health services because their needs were not deemed high enough. It risks leaving some young people without any care at a critical time, as it is this period when most serious mental illnesses often start. While there should be flexibility with regards to the timing of transitions, this does not always happen in reality. The 0-25 approach is helping to address this, but the offer needs to include adult mental health services as well. The roll out of the transformation of community mental health services is important for providing services for young adults and will help their eventual transition to adult mental health services should they need it.

Increased demand – The pandemic has had a significant impact on the mental health of children and young people, and we have seen a huge increase in referrals in general, but also for treatment for eating disorders. The number of referrals of children and young people to mental health services increased by around 77 per cent compared to before the pandemic.[48] During the height of the pandemic, the number of children and young people completing an urgent pathway for eating disorders increased rose by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22.[49] These numbers have dropped back to some extent, but are still very high, with the numbers waiting for urgent support with an eating disorder 92 per cent higher than the same time last year.[50]

Children and young people's eating disorder services – The increase in demand has impacted on the performance against the waiting times standard of 95 per cent of children and young people seen in one week for urgent cases and four weeks for routine cases. In Q4 2021/22, only 61.9 per cent of urgent eating disorder cases for children and young people were seen within one week and 64.1 per cent of routine cases within four weeks. While the whole country has seen an increase in cases, there is considerable regional variation in terms of how well services are meeting the standard.

The new community eating disorder services that were developed pre-pandemic added much needed additional capacity and we welcomed the government's additional funding for children and young people's mental health services for 2021/22 in the 2020 spending review. We need to build on these services and ensure that people of all ages have easy access to support for eating disorders at an early stage, including intensive community support, which will help reduce the reliance on inpatient admissions. To do this, there will need to be targeted funding to further develop services and workforce capacity, to ensure all services are meeting the eating disorder waiting time standards by 2023/24.

Waiting time standards – Due to historic underfunding, waiting times for children and young people's mental health support are often too long. National data on waiting times is not published so we are unable to accurately assess where additional resourcing is required. Data shared by NHS England stated that 374,000 of the 1.6 million people waiting for mental health services are under-18.[51]

[48] Analysis: the rise in mental health demand | NHS Confederation
[49] Reaching the tipping point | NHS Confederation
[50] Analysis: the rise in mental health demand | NHS Confederation
[51] Strain on mental health care leaves 8m people without help, say NHS leaders | Mental health | The Guardian

The NHS Long Term Plan committed to implementing waiting time standards for children and young people's mental health services. The pilot site testing the new standards were delayed due to COVID-19, but the pilots have been completed and it is important that the government commit to implementing the new standards, supported by additional resourcing.

Working age adults – There are a number of transformation programmes in the NHS that are being rolled out and it is important that this continues, with lessons being learnt from trailblazer projects.

New clinical standards – It is essential that the mental health waiting time standards developed as part of the clinically-led review of standards is implemented. While ambitious, there is support for them from mental health services as a means of improving services. They will help drive parity in access to mental health services, and improvements in data collections. It is important that performance against the standards is used to identify where additional resource and barrier to accessing care early exist, rather than used as a performance management tool. Implementing them cannot be cost neutral and will need an aligned workforce plan.

Primary care – About 50 per cent of primary care's workload concerns mental health and it is estimated that 9 in 10 people with a common mental disorder and up to 50 per cent of people with a severe mental illness (SMI) are solely supported in primary care. However, primary care staff do not have the capacity or the specialist training to support the level of demand and complexity of mental health presentations they are seeing. Too often referrals to specialist services are refused, or waiting lists are too long, leading to frustration from both the patient and the primary care professional.

The Additional Roles and Reimbursement Scheme (ARRS) has helped put in place additional support including one mental health practitioner in each primary care network (PCN) (rising to two in 2022/23), and social prescribers. There are examples where they are making a real difference for patients, and primary care staff. These additional roles can be put in place for adults, but also children and young people. Stort Valley and Villages PCN has reduced the number of young people referred to mental health care through social prescribing in primary care.[52]

The mental health practitioner role has the potential to improve mental health support in primary care, by supporting people whose needs are too complex for the adult Improving Access to Psychological Therapies programme (IAPT), but not complex enough for secondary services. The mental health practitioner scheme is working well in some areas, but there are challenges that exist with implementing this new policy.

The posts are a way to drive integration between primary and secondary care and agreements need to be made between the two around areas such as contracting, risk managements and job descriptions. In areas where relationships between PCNs and trusts are more developed, this has been easier than in those where relationships are less mature.

[52] https://www.nhsconfed.org/case-studies/children-and-young-peoples-social-prescribing-service

There is also the wider issue of availability of staff, therefore recruiting and retaining appropriately qualified staff has been challenging. Anecdotally we heard that in some areas, commissioners have too many demands on their budgets and are not able to release the funding for the additional role for 2022/23, meaning that the ARRS funding cannot be utilised.

We welcomed the increased flexibility in how the funding can be used in 2022/23, as this will help overcome some of the recruitment barriers, but we would like to see a stronger ring-fence for this funding, to support the development of these roles and of the greater integration of primary and secondary care.

There are also examples of consultant clinical psychologists who are embedded in primary care and have helped to reduce GP consultations, and fewer A&E, outpatient attendances and inpatient stays. The British Psychological Society has published guidance which sets out how embed clinical psychologists in primary care and the benefits they bring.[53]

Community mental health transformation – The community mental health transformation programme is helping to improve the pathways between primary and secondary care for people with serious mental illness. Sheffield was one of the initial pilot projects and they have brought together PCNs in the city, the mental health trust, VCSE sector organisations and other partners to create a responsive mental health service that has helped reduce health inequalities.[54] [55] For instance, they saw nearly a 90 per cent increase in mental health access rate for minority ethnic groups presenting secondary care.

Crisis services – People experiencing mental crisis often dial 999 or attend A&E. These are not always the best routes to accessing mental health services if you are in a crisis. NHS Hampshire, Southampton and Isle of Wight CCG worked with partners including the local mental health trust and service users to develop an NHS 111 mental health triage service.[56] This is an all-age service, which has mental health nurses working in NHS 111. The service has increased the number of calls that were supported by home management/self-care from 11 per cent before the service was in place to 88 per cent after it was in place. This has reduced pressures on the wider system - with only 1.9 per cent of calls needing an emergency ambulance, 0.3 per cent of calls needed to go to A&E and a major reduction in the number of referrals to primary care from 69 per cent before the service was in place to only 10 per cent.

Q. How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

(You might want to consider barriers faced by individuals, as well as how health and social care services engage with those people.)

[53] New report calls for more clinical psychologists to be embedded into GP practices | BPS
[54] Sheffield primary care mental health transformation | NHS Confederation
[55] https://youtu.be/VCLcbHSMqWc
[56] NHS 111 mental health triage service | NHS Confederation

Primary care – We know that over a third of people with long-term health conditions have a co-morbid mental health problem.[57] Currently, fragmented care and training for physical health staff can mean that mental health problems be overlooked. Mental health professionals working in primary care as part of a multidisciplinary team can help by supporting primary care staff to identify people who require mental health support.

Psychiatric liaison – Psychiatric liaison services also improve mental health support in physical health settings, by locating specialised mental health clinicians in acute services. Evidence shows that investment in these services produces a substantial return on investment, with around £3 saved for every £1 spent, mainly through reducing length of inpatient stays and delayed transfers of care.[58] Psychiatric liaison services also have long-term positive effects by upskilling general hospital staff to better support those with mental health problems.[59]

An estimated 45 per cent of all GP appointments and half of all new visits to hospital clinics in the UK are due to medically unexplained symptoms (MUS),[60] and the most effective treatment is psychological support. An evaluation of the primary care psychological medicine (PCPM), which operates in Rushcliffe, Nottingham, has shown that psychological interventions are cost-effective. [61]

Q. What needs to happen to ensure the best care and treatment is more widely available within the NHS?

There needs to be more of a focus on prevention and early intervention, with a more joined-up approach between early intervention and more specialised support. The move to system working, especially the new ICPs, will help but mental health needs to be a priority in the both the ICP and ICBs strategies, and the funded needed to support improvements made available.

Workforce – In order to support the expansion and improvement of services, we must improve workforce capacity across the NHS. This should include both registered clinical roles such as mental health nurses, but also other professionals working in mental health such as allied health professionals and peer support workers. Workforce plans need to commit to increasing diversity of NHS staff, working at all levels, to improve the care that people from ethnic minorities and those with protected characteristics receive. As ICSs take on more responsibility for workforce planning and development, it is important that they understand the need to look after the wellbeing of staff supporting them to stay well, and understand the needs and challenges of the mental health workforce and the innovative ways that the sector is addressing workforce pressures, for example developing clinical

[57] IAPT-LTC Full Implementation Guidance (rcpsych.ac.uk)
[58] Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance (england.nhs.uk)
[59] The raid model of liaison psychiatry (ucl.ac.uk)
[60] https://www.nhs.uk/conditions/medically-unexplained-symptoms/
[61] CentreforMH_A_New_Approach_To_Complex_Needs_0.pdf (centreformentalhealth.org.uk)

associate psychologist roles and working closely with the VCSE sectors, including supported housing providers, to expand the workforce.

The children and young person's mental health workforce has increased by 40 per cent since 2017 and the oversubscription for the new educational practitioner roles in schools show that there is appetite for people to work in children and young people's mental health services. This is encouraging and is another reason why we want to see a commitment to 100 per cent coverage of MHSTs in schools. More generally, research from Think Ahead in 2020 found that around 11 per cent of the population, or four million people, would consider a career in mental health.[62] It is vital that we capitalise on this interest and showcase the wide variety of roles in mental health.

Co-production – Co-production of services has been proved to improve outcomes and services and can reduce emergency admissions[63] and needs to be the default setting when planning, commissioning, delivering and evaluating services.

Supported housing – For people living with serious mental illness, housing can be a critical factor in helping them to live as independently as possible, while also accessing the support they need to live and thrive in local communities. Embedding supported housing into care pathways improves patient flow and helps free up hospital beds for those who need them. It is essential if we want to move people out of hospitals into the community.[64] A lack of suitable housing, in mainstream or supported housing cause difficulties with timely discharge from hospital. Around 20 per cent of delayed discharges are linked to the number of people waiting for appropriate housing.

The NHS Confederation's Mental Health Network's Mental Health and Housing Forum held a Mental Health and Housing Summit with HACT and published Healthy Foundations[65] which included a number of key recommendations that will help expand and embed supported housing into mental health pathways:

- Homes England should develop a national supported housing strategy, endorsed by NHS England and NHS Improvement, underpinned by long-term investment.
- NHS England and NHS Improvement should develop a clear vision and national strategy for mental health and housing.
- The cross-government mental health plan currently in development must recognise and propose action on housing, recognising how important it is for good mental health and wellbeing for the whole population.
- Development of expertise and workforce programmes that deliver a higher consistency of specialist skills in multidisciplinary teams across health, housing and social care settings.

[62] https://thinkahead.org/news-item/report-public-knowledge-and-perceptions-of-careers-in-mental-health/
[63] https://www.rethink.org/media/2256/co_production_getting_started_guide.pdf
[64] Healthy foundations: integrating housing as part of the mental health pathway | NHS Confederation
[65] Healthy foundations: integrating housing as part of the mental health pathway | NHS Confederation

- Development of more consistent and explicit models of supported housing services are needed that are built on good practice, quality and collaboration between people with lived experience and their clinical, supported housing and social care teams.
- Investment in developing a comprehensive evidence base that addresses both the quality case and the financial case for investment, clinical integration and excellence.
- Enhanced appreciation of mental health and the impact current policy and practice by mainstream housing and homelessness services has on people experiencing poor mental health. A commitment to 'doing no harm' in mainstream housing management by landlords.

Mental health social care – Mental health social care needs to be properly supported for working age adults, as well as older adults. £1 in every £12 spent on social care goes toward mental health social care support. The April 2021 ADASS survey found that 'the biggest area of concern' for directors of social care is for younger adults, many of whom have increasingly complex needs resulting from learning disabilities and mental health issues, up from 17 per cent in 2017/18 to 40 per cent in 2021/22.[66]

Mental health social care provides the foundation of good community support, reducing the risk of crisis and allowing people to live as independently as possible. Community transformation work that is ongoing will not be successful without a properly funded social care system. It is essential to increase the understanding of the benefits of mental health social care to the wider system, including ICSs.

We know there are long-term, structural challenges with the social care workforce that have been exacerbated by the cost-of-living crisis. A good example of an innovative and successful approach to building the mental health social care workforce is Think Ahead, which, similar to Teach First, provides fast-track training for mental health social workers to graduates.

Mental Health Act reform – The implementation of the Mental Health Act reforms will be critical to improving mental health support, including in reducing the unacceptable disparities in the use of the act on some ethnic minorities. Implementation has resource implications for the NHS, local authorities and the Ministry of Justice as additional staff, increased community support, improved inpatient environments and opportunities for patients to challenge decisions come into force. These must be properly resourced with capital and revenue funding and appropriate development and expansion of the workforce. The government must work with the mental health sector to ensure that the implementation plans are realistic, and we look forward to continuing to engage with the government to assist with implementation.

Out-of-area placements (OAPs) – Eradicating inappropriate OAPs will help ensure more people can access good-quality care. OAPs take patients away from their support networks, are expensive and outcomes are worse. Pre-pandemic the system was making good progress on eliminating OAPs, however increased demand has seen them rise again, with a handful of systems responsible for most OAPs. Eradicating OAPs will require a system-wide

[66] https://www.adass.org.uk/media/8766/adass-spring-survey-report-2021-final-no-embargo.pdf

approach, with commitment and buy in from ICBs, but will save vast amounts of resource in both the short and long term. This recent briefing published by the Royal College of Psychiatrists outlines the key barriers and enablers to reducing OAPs.

We would support a renewed commitment to eradicate OAPs for adults, and to be extended to include children and young people as moving children and young people away from their support networks can be particularly damaging. Mental health provider collaboratives have been successful in reducing OAPs for children and young people. Our Mental Health Economics Collaborative with the Centre for Mental Health and the LSE evaluated six of the pilot sites and found improved patient outcomes and significant financial savings.

Digital services – Expanding the availability of digital services across the mental health pathway is a key opportunity to increase access to quality services. There are many benefits to digital services to both service users and the workforce, however they will not be appropriate for all, and we must be mindful that they do not increase health inequalities. More research in this area would be beneficial. The Mental Health Network's Digital Mental Health Forum includes the largest digital mental health providers and NHS trusts, who are working together to improve digital provision in the mental health pathway. The forum has published a guide to help increase choice and improve access to digital mental health services, and a practical guide to help people working in mental health to build their digital confidence and skills.

Those most at risk – People with neurodevelopmental conditions, such as autism, learning disabilities and other disabilities, often have higher incidence of mental health issues. For instance, according to the National Autistic Society, about 40-50 per cent of autistic people have anxiety issues.[67] People with these conditions can find accessing services challenging. Services can be busy places, with lots of noise and lights. Autistic people can experience sensory overload, which can cause considerable distress, anxiety and potentially lead to meltdown. All of which are not conducive to accessing therapy. Services need to make reasonable adjustments to help people access services and reduce health disparities. The National Autistic Society has produced a guide to help services make reasonable adjustments for IAPT services.[68]

We know that there is a lot to be done to improve the mental health care provided to those from the LGBTQ+ community. The NHS Confederation's LGBTQ+ Leaders Network has worked with the NHS to develop recommendations to improve services and the workplace for people who identify as LGBTQ+.[69] Recommendations include:

- LGBTQ+ leaders should aim to be visible, bringing their whole selves to work.
- When co-producing and commissioning services, ensure LGBTQ+ voices are included.

[67] Anxiety (autism.org.uk)
[68] NAS-Good-Practice-Guide-A4.pdf (thirdlight.com)
[69] Supporting-LGBTQ-population-through-COVID-and-beyond.pdf (nhsconfed.org)

Q. What is the NHS currently doing well and should continue to support people with their mental health?

Children and young people

We need to continue the good work to improve the number of children and young people with a mental disorder accessing mental health support. Especially as the number of children and young people with mental health issues has increased during the pandemic.[70]

Supporting mental health in schools via the MHSTs is increasing capacity and improving access for children and young people. Every child should have access to these teams, and the government should commit to achieving this. However, we need to develop these services and implement findings from the national evaluation[71] – which include ensuring that schools understand the scope of the MHSTs and that education mental health practitioners are trained to deliver therapies that are suitable and effective for all children and young people.

Services are putting in place models to support 0-25s. Forward Thinking Birmingham is one of the first areas in the country to adopt this approach. It is crucial that we continue to develop services that support under-fives and improve parent-infant relationships,[72] but also to provide services for young adults who are at risk of falling through the gap between children and adult's mental health services.

VCSE youth hubs work well with NHS services to provide early intervention, but only a limited number of young people has access to them. They often provide services for 13–25-year-olds, so are an important part of the 0-25 approach. An example of a successful youth hub is 42nd Street in Manchester.[73] We support and fund the hub's campaign to ensure every local authority has a VCSE youth hub.

As previously noted, there has been a 40 per cent increase in the children and young people's workforce in five years, which must continue to be built on across all mental health provision.

Working age adults

Community mental health transformation – Community mental health transformation work is providing better pathways between primary care, secondary care and other services including housing and employment. This is improving support for people with serious mental illness, helping them to live as independently as possible in the community. These services need to continue to develop. Mental health social care, an integral part of community support, must be properly funded, estimated in 2018 as requiring an additional £1.1bn per year. The VCSE sector also plays a huge role in supporting people to live in the community and in some areas is leading the community mental health transformation. Somerset Open Mental Health, led by Rethink Mental Illness is a positive example of how community transformation is improving care.

[70] Reaching the tipping point | NHS Confederation
[71] Early evaluation of the Children and Young People's Mental Health Trailblazer programme: Interim report (birmingham.ac.uk)
[72] Building a supportive and empowering first 1,000 days of life | NHS Confederation
[73] 42nd Street | Home |

New clinical standards – It is essential to improve equity and speed of access to mental health services. The NHS have developed some ambitious, but essential, standards to improve access to mental health services.[74] and the government should commit to implementing these standards.

Primary care – We must build on the work to improve mental health primary care support. Embedding mental health practitioners into PCNs is step in the right direction and we hear from areas where they do exist, they are very well received by patients, taking pressure off primary care staff and improving relationship between primary and secondary providers.

Mental health provider collaboratives – The development of mental health provider collaboratives should continue as they are improving effective inpatient provision and saving money by reducing out-of-area treatment and long inpatient stays.[75] It is likely that the responsibility to deliver the mental health commitments from the NHS Long Term Plan will be delegated by ICSs to provider collaboratives. However, ICSs must remain accountable for successful implementation, provide strategic support, protect funding and help create an environment for success.

Digital services – There are a number of high-quality digital providers, such as Kooth, Healios, IESO, Silver Cloud and Togetherall, that are already commissioned by the NHS and provide an effective and safe service to people with mental health issues. These were available before the pandemic but came into their own during the last few years. There are examples of how services pivoted to digital delivery.[76] [77] We need more of these services, but to enable this, we need to improve digital inclusion as well.[78] NHS England is developing a digital mental health strategy, which has potential to help improve digital provision.

Inequalities – We know that certain groups face inequalities in access, outcomes and experience in mental health services. This rapid review by the Race and Health Observatory into health inequalities outlines the inequalities that people from ethnic minorities face in mental health care.

The Advancing Mental Health Equalities Strategy and the Patient and Carer Race Equality Framework (PCREF) are important tools in reducing these inequalities. It is essential that these are implemented and ICSs understand the importance and wider benefits of implementation. South London and Maudsley NHS Foundation Trust is one of the pilot sites for the PCREF and has found an approach that works with local community groups is vital to success.

[74] NHS England » Mental health clinically-led review of standards
[75] CentreforMH_BringingCareBackHome_0.pdf (centreformentalhealth.org.uk)
[76] Pivoting to digital peer-led mental health support | NHS Confederation
[77] Improving cognition and reducing mental health waiting lists | NHS Confederation
[78] Digital inclusion in mental health | NHS Confederation

Q. What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

Improving outcome data collection for mental health will be necessary to drive better treatment outcomes. It will help support the move to outcomes-based commissioning which is an important lever in driving treatment outcomes. This data needs to include patient-reported outcome measures (PROMs).

To supplement this, data on patient experience is also important and this needs to be part of quality improvement processes. This will help identify what is working for patients, what is not working and what possible solutions are.

Data needs to be captured in a standardised way to help with analysis. To help enable this, staff will need to be trained in how to capture data and the importance of consistent data collection and data quality.

While data on protected characteristics is said to be better quality in the mental health sector than in other parts of the system, there is still huge room for improvement.

It is important to capture data concerning digital inclusion, barriers and digital preferences and digitisation of mental health care records will aid the sharing of information and integrating care pathways. Qualitative research is needed to look into perceptions of remote working/digitisation. This will enhance our understanding of service users' needs.

There is currently large inequality between the amount of funding in mental health research and in other areas of health. This needs to be addressed, so there is parity in mental health research compared to physical health research. There also needs to be more focus on translational research and how to implement research findings into practice.

Q. What should inpatient mental health care look like in 10 years' time, and what needs to change in order to realise that vision?

We need to continue with the move to reduce reliance on inpatient provision and increase availability and access to high-quality community care, but there needs to be a sufficient number of beds, in the right locations, for those who need them.

Pressures on beds can lead to OAPs. It is accepted that OAPs are not generally helpful for the patient and finding a bed can be time consuming for clinicians. We support a new target to eradicate OAPs, including children and young people's inpatient services.

The independent sector provides the majority of inpatient beds and care for patients with the most complex mental health needs. They are an integral part of the mental health pathway and in mental health provider collaboratives. The wider mental health sector relies heavily on

the capacity and expertise they provide, and they will be key partners in any ambitions to improve mental health inpatient environments.

All providers face significant challenges in recruiting inpatient staff, and this can impact on the level of support provided. While there has been increases in the overall mental health workforce, only around 40 per cent of the target number of mental health nurses and psychiatrists have been recruited. For inpatient services to be improved, there must be a drive to train, recruit and retain more mental health nurses and psychiatrists.

There has been a significant increase in the number of children and young people needing to be admitted due to eating disorders since the pandemic. Some extremely ill young people were placed on paediatric wards and some on adult mental health wards due to pressures on specialist beds. This should be the last resort, but paediatric units do have a key role to play in supporting children and young people, especially those with eating disorders. We support the joint statement from the Royal College of Psychiatrists and partners about meeting the needs of children and young people in acute hospitals.[79] Services do need to work together to support our most vulnerable patients, but we have to provide training on children and young people 's mental health for staff in acute units or A&E.

If we want to reduce delayed discharge and improve patient flow, we need to also improve access to high-quality supportive housing. Housing needs to be part of the pathway and not an afterthought. People with mental health issues often need access to social care, or they might have physical health issues as well, that need to be addressed before they can be discharged.

Implementing Mental Health Act reforms will also help improve inpatient care, and reforms need to be appropriately resourced with both revenue and capital funding.

We have commissioned the Centre for Mental Health to complete a piece of research looking at what the whole mental health and learning disabilities system – not just inpatient services - should look like in ten years' time. The Centre for Mental Health is working with representatives from across the mental health and learning disabilities sector, including people with lived experience and will publish the final version in autumn 2022. A draft copy will be shared directly with the Department of Health and Social Care to feed into this consultation.

Q. What do we (as a society) need to do or change in order to improve the lives of people living with mental health conditions?

(You might want to consider priorities at national and local government, wider public services such as social care and education settings, and the private and VCSE and community sectors.)

[79] Joint College statement on meeting the mental health needs of children and young people in acute hospitals (rcpsych.ac.uk)

At national level, it is essential that the impact of government policies should not adversely affect mental health, and the creation and implementation of a policy impact tool will help mitigate risks of wider government policies undermining work of the health and care sectors.

Employment – We know that being in meaningful employment is good for our mental health and around two-thirds of people with SMI want to work, however only around 25 per cent are in paid employment.[80] We want to encourage people with mental health problems to work, but there needs to be awareness and flexibility both in terms of employers but also in terms of benefits.

For example, if people need to take time off work due to poor mental health, they need to feel they are supported by their employer and statutory sick leave arrangements and do not feel like their job is in jeopardy or feel pressurised to come back to work when they are still too unwell. If people are receiving benefits, the Department for Work and Pensions (DWP) needs to appreciate that people with serious mental illness may be able to work for periods of time, but it is likely that there are times when they are too ill to work. Greater flexibility and understanding of this is required.

There are evidence-based initiatives such as Individual Placement and Support (IPS) that help people with serious mental illness get into work.[81] Systems need to consider this approach when they are developing plans for supporting people with mental health issues. Progress on expanding IPS has stalled during the pandemic and we welcomed that ICSs are being encouraged by NHS England to focus on expansion and the wider health benefits that employment brings.

Housing – People need to have good-quality housing that meets their needs.[82] Housing needs to be an integral part of the community mental health transformation work and, as stated previously in our recent Health Foundations report, there is an opportunity for the government and NHS England to drive this agenda. Locally, ICSs or place-based systems need to work with housing associations and organisations that provide supported housing to ensure that people with mental health, but also people with learning disabilities and/or autism, can live as independently as possible.

Poverty – Poverty is a key driver for poor mental health and the cost-of-living crisis will impact more on those with a mental illness as they are more likely to live in poverty.

Nationally, the government needs to look at how it financially supports people on benefits and the lowest paid workers. We are concerned about the impact that managed migration of some benefits will have on those with a mental illness, and we co-signed a letter with number of charities which outlines our concerns in more detail.

Systems need to look at how they can ensure people have easy access to debt and welfare advice.

[80] https://link.springer.com/article/10.1007/s00127-021-02088-8
[81] IPS & Employment | Centre for Mental Health
[82] Healthy foundations: integrating housing as part of the mental health pathway | NHS Confederation

Children and young people – Only around 30 per cent of children and young people who need specialist support currently receive it, so one of the best ways to improve the lives of people with a mental illness is to increase access to support. Rolling out the MHSTs to all schools and colleges will help improve access. Linked to this, continuing to provide mental health training for school staff will help embed whole school approaches to mental health within schools and work with MHSTs will also be beneficial.

MHSTs need to be linked into the NHS, especially mental health services, but also social care, the wider NHS and the VCSE sector so there is a coherent and joined-up pathway. This is to ensure that MHSTs are not working in isolation and can refer into statutory services if there is a concern that is too risky for them to hold, or the needs of the child cannot be met within schools.

Mental health social care and the VCSE sector – Mental health social care plays a huge role in supporting people with a mental illness to stay well and live as independently as possible. Continuity of care is important and the current high turnover of staff makes building relationships between service users and staff challenging. We would like to see more parity in pay between NHS and social care staff, and better career pathways developed for social care staff.

The VCSE sector is an important partner and often provide person-centred support for people with mental health issues. Some larger charities already work with statutory services and are delivery partners within ICSs. A challenge for the VCSS is the short contracts that are too often commissioned. ICSs and anyone in a commissioning role can help by giving VCSS longer contracts and ensuring that they are integrated within NHS ways of working.

Q. What more can we do to improve the physical health of people living with mental health conditions?

(This will support our ambition to reduce the gap in life expectancy between people with severe mental illness [SMI] and the general population.)

The wider NHS can help by ensuring that every healthcare opportunity is taken to check in regarding people's mental health and physical health.

Physical health checks for people with SMI are a key vehicle in reducing the gap in life expectancy. Performance against the target for physical health checks slipped during the pandemic, but we welcomed a marked improvement in the last quarter for which data was available, and for the re-inclusion of physical health checks under the Quality and Outcomes Framework.

Continuing to develop IAPT services for people with long-term conditions will be beneficial as we know that people with long-term health conditions often have mental health issues.

Smoking is the biggest cause of preventable death for those with SMI, therefore the gap in life expectancy will never be closed without sustained focus to reduce smoking rates. This

was highlighted in the recent Khan review and we support the recommendations of the review.[83]

Work in the mental health sector to reduce smoking rates is ongoing. Cygnet Health developed a bespoke e-cigarette in partnership with mental health inpatient experts by experience which was recognised by HSJ in their partnership awards.

Q. How can we support sectors to work together to improve the quality of life of people living with mental health conditions?

Improving access to electronic patient records will help multidisciplinary team and partnership working, so that anyone working with an individual can have access to the information they need to support that person.

Improving training is key. Staff working in physical health often have little or no training in mental health. Similarly, staff working in mental health often have little training in physical health.

There are good examples in primary care where mental health professionals are working with other staff to provide mental health support and training.

Q. What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support?

It is essential that service specifications and referral criteria into services do not exclude people with co-occurring mental health and drug and alcohol problems. ICPs and ICBs need to work together to ensure that people with both conditions do not fall through the gaps between mental health and drug and alcohol services. NHS England and NHS Improvement operational planning guidance can be a lever to ensure this happens.

Q. How can we improve the support offer for people after they experience a mental health crisis? Split into groups (there are two questions – improvements during, and after a crisis.)

During

The roll out of the NHS mental health crisis lines across England during the pandemic, a year ahead of the NHS Long Term Plan target, has helped ensure people can access help quickly when they are in crisis. There are some very good examples of how NHS 111, the

[83] The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)

ambulance service and other partners are working together to provide easy access to support.[84]

The ambulance service has developed some good practice examples, which include mental health nurses working in call rooms such as the NHS 111 mental health triage service in Hampshire, Southampton and Isle of Wight.[85] London Ambulance Service has a paramedic and mental health joint response car and it has reduced the number of patients needing to be conveyed to A&E. This work still needs investment and to help systems, NHS England and NHS Improvement has produced a commissioning guide which sets the long-term plan commitments and good practice examples, including the London Ambulance Service mental health joint response car, and there is a national specification for mental health vehicles.[86]

While there have been improvements and expansion in mental health crisis support, we need to ensure that there are appropriate NHS mental health crisis services that are open 24/7 and are easily accessible for children and young people and for those most at risk, such as people with a diagnosis of borderline personality disorder.

The SHOUT text helpline for children and young people sees highest levels of contacts between around 10 – 3am, showing the need for a 24/7 service and need for statutory organisations to link in with digital and VCSE sector services to create a pathway for children and young people who are facing crisis and need higher level of support.

After

A&E is often not the best environment for people experiencing mental crisis, but often there are no alternatives. One solution is to develop and commission more alternatives such as crisis cafes, and sanctuaries. These are often provided by the VCSE sector, are more cost effective and often more appropriate for people experiencing a mental crisis than attending A&E.

The £150m capital funding that was announced as part of the 2021 spending review to improve mental health facilities in A&E and increase alternatives was very welcome. Local areas will need time to develop and sign off plans to improve therapeutic space in A&E and to work with the VCSE sector.

People who have experienced a mental crisis may need to be referred into other mental health services. There needs to be a smooth pathway, so these people can access the care they need.

[84] NHS 111 mental health triage service | NHS Confederation
[85] NHS 111 mental health triage service | NHS Confederation
[86] Commissioning Guidance - NHS England and NHS Improvement National Adult and Older Adult Mental Health Programme - FutureNHS Collaboration Platform

Q. What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?

It is already possible for blue light services, NHS services and other partners to work together as there is a shared concern. For example, the NHS 111 mental health triage service.[87] This service has shown some good outcomes, but it requires commitment from commissioners to develop the approach, fund it and work with providers to deliver it. Systems can learn from the good work that is already in place and think about how they could implement something similar in their area that works for their population.

ICSs are working in an integrated way with the VCSE sector, which can provide alternatives to A&E. If they haven't already, they could extend this way of working to work with blue light services as well.

Q. What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

- wellbeing and health promotion
- prevention
- early intervention and service access
- treatment quality and safety
- quality of life for those living with mental health conditions
- crisis care and support
- stigma
- other – please specify.

Q. Explain your choice

All are important to address as they are often interlinked.

The demand for specialised care will never be met if we do not prioritise early intervention. This is a challenge for ICSs, as they only have a limited financial envelope to work with, so it will be difficult for them to prioritise early intervention, while also funding the high number of people needing more expensive specialist mental health care.

The Mental Health Economics Collaborative report looking at mental health investment found that the return on investment is three times higher for preventive care than specialist treatment. However, less than 3 per cent of NHS investment is in preventive or health-enhancing interventions.[88] Frontloading funding into evidence-based, preventative services

[87] NHS 111 mental health triage service | NHS Confederation
[88] https://www.nhsconfed.org/sites/default/files/2021-07/Centre-for-Mental-Health-Now-or-Never.PDF.pdf

will release savings in the short, medium and long term. The services should be co-produced and address local population needs.

Q. What ‘values’ or ‘principles’ should underpin the plan as a whole?

‘Principles’ and ‘values’ can help us to agree what the purpose of a plan should be, and what it should be seeking to achieve for people.

- **Co-production** – essential if we want to develop services that work for people and reduce health inequalities.
- **Integrated working** – there are so many different organisations that play a part in supporting people’s mental health. They need to work together in an integrated way to plan and deliver the full range of services and support needed.
- **Population health** – understanding your population and knowing what their needs should be the basis for planning and commissioning services. This should be based on data, but also on what people say they want.
- **Cost effectiveness** – we all work within a limited financial envelope, so ensuring that all services are cost effective through evaluation is essential.
- **Early intervention** – the earlier we can intervene the better as this improves outcomes and realises significant financial benefits.
- **Evidence based** – we need to ensure that what we do is guided by evidence and we are not wasting resources on services or interventions that do not work.
- **Outcomes focused** – we need to know that the money we are investing is improving people’s mental health and wellbeing.

Q. How can we support local systems to develop and implement effective mental health plans for their local populations?

The development of ICPs should help with this process but they need to ensure that they have buy in and ownership of the plan and how it is implemented. It is important to ensure that people with lived experience of mental health problems of all ages and represent the local population are involved in planning.

Ensuring that the mental health representative on ICBs is a full member of the board with voting rights will help the needs and challenges of mental health to be understood at the highest level of ICSs, where key strategic and funding decisions will be made.

Plans cannot be cost neutral, although improvements in the mental health of populations will realise savings across the public purse almost immediately. ICBs have a limited financial envelope and have many competing demands. The government allocated an additional £44bn to the NHS over the current spending review period, however none of this is to

support mental health services. Additional, ring-fenced funding to improve mental health is required.

Implementation of clinically-led waiting times standards will be helpful as a quality improvement tool, as we know that targets are a useful tool in directing and increasing resourcing.

Q. How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

Implementing the waiting times standards for mental health will help improve the collection of data. Making more data public will also be beneficial as it can help to identify areas of particular concern or best practice and can play a role in holding services and the government to account.

NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The NHS Confederation's Mental Health Network represents providers from across the statutory, independent and third sectors. We work with government, regulators, opinion formers, media and the wider NHS to promote excellence in mental health services and the importance of good mental health.