MENTAL HEALTH POLICY GROUP

Mental Health Policy Group 2021 Comprehensive Spending Review submission

The Mental Health Policy Group (MHPG) is an informal coalition of six national organisations working together to improve mental health, comprised of Centre for Mental Health, the Mental Health Foundation, NHS Confederation Mental Health Network, Mind, Rethink Mental Illness and the Royal College of Psychiatrists. Together we represent providers, professionals and the hundreds of thousands of people who use mental health services, and advocate for cross-government approaches to improve services and support early intervention and prevention of mental health problems.

MHPG are very concerned that the government will not recognise the significant impact that Covid-19 has had on the mental health of the population in the Comprehensive Spending Review. The CSR settlement will determine spending for the next three years, which are likely to be the toughest that mental health services and efforts to tackle mental health inequalities in communities have ever faced.

The supporters and drivers of mental ill health are complex, and an effective response from the government will include recognising the importance of early intervention and prevention, supporting the NHS to go some way to meeting the additional demand and providing extra resources to reduce the risk of mental health problems becoming a part of children and young people's adulthood as well as their childhood.

The impact of the pandemic on the nation's mental health cannot be overstated and the effects will be with us for some time. If adequate funding is not made available to support people with mental health needs and prevent mental illness then we risk falling into a new crisis – a mental health pandemic, which will have far-reaching, negative and long-term consequences for society.

Great progress has been made in mental health in the past few years, and we welcomed the government's dedication to building on this progress through commitments such as the NHS Long Term Plan, reforming the Mental Health Act and the Covid-19 Mental Health and Wellbeing Recovery Action Plan. However, these commitments and the progress we have made are at risk, due to increased levels of demand and higher levels of need caused by the pandemic.

Mental health services need to receive a fair share of the NHS funding settlement so it can meet existing commitments; communities need to be strengthened so that early intervention and preventive support can be provided to reduce demand on the NHS; and there must be targeted support to protect our children and young people, who have been amongst the most negatively impacted by the pandemic, from developing life-long mental health issues.

1. Ensuring the NHS can deliver existing plans and meet post-covid mental health demand

- The mental health treatment gap has widened because of the pandemic. The level of unmet need was high before Covid-19, and long waits for support cause significant harm and make good outcomes less likely. Financial insecurity, bereavement, loneliness, substance misuse and domestic violence have all risen during the pandemic and are strong indicators and risk factors for poor mental health. Centre for Mental Health estimate that 10 m people will need new or additional support for their mental health as a result of the pandemic[i].

Evidence

- Around 1.6m people are on waiting lists for mental health treatment. Approximately 800k adults and 450k children and young people are waiting for secondary mental health services and 380k people are waiting for IAPT services[ii].
- 8m people would benefit from support for their mental health, but do not meet the current thresholds for care. This includes 1m additional adults with severe mental illness (SMI), up to an additional 1m children and young people and up to an additional 6m people for IAPT services[iii].
- There has been a 57% increase in referrals to Children's and Young Person's Mental Health Services (CYMPHS) in last six months of 2020/21 compared to the same time in 2019/20[iv].
- Only 23.4% of people with SMI received physical health check between April 20 to March 21, a significantly short of the Government target of 60%[v]
- Between Jan 21 and June 21 there have been over 430 new Out-of-Area Placements (OAPs) per month[vi].
- Urgent referrals to crisis care teams increased by 16% in Q1 2021/22 compared to Q1 2020/21[vii].

Solutions

1a. Additional funding to support implementation of Long Term Plan

- Implementation of the NHS Long Term Plan (LTP) is a government commitment that will reduce the level of unmet need, improve the quality of services and allow more people to live more independent and fulfilling lives. It will help reduce demand on the rest of the health and care system, including primary care, urgent and emergency services and social care, and reduce unemployment.
- Steps to successfully implement the LTP are baked into service planning until 2023/24, however the LTP financial settlement was agreed pre-pandemic and does not take into

account increases in demand and additional costs that the system has faced and that will remain within the sector for some time.

- Higher staff absences and related agency spend, opening and staffing additional wards to comply with infection control, increased infection control measures, costs to deliver PPE within trusts, staff and patient testing, additional health and wellbeing support for staff and costs relating to remote working have all increased costs to mental health trusts by an estimated 3.84% and to combined mental health and community trusts by 2.73%. Across England **this equates to approximately £472m[viii] in additional costs directly linked to the pandemic**.
- The £36bn of additional funding for the NHS and social care will go some way to helping the health and care system meet the additional demand for services, however there is consensus from across the system that this does not go far enough to meet the additional demand caused by the pandemic.
- Within this settlement it is vital that **mental health services receive their fair share and that, as a minimum, the Mental Health Investment Standard (MHIS), continues to be met.** We estimate that **£1bn in additional revenue for mental health services in 22/23, a further £540m for 23/24 and around a further £900m in 24/25 would be the minimum amount that would ensure the MHIS continues to be met**. This would go some way in supporting the system to meet the LTP commitments considering higher levels of acuity and demand for mental health services due to the pandemic.
- The CSR three-year settlement goes beyond the current LTP, which only runs to March 2024. **It is important that planning for the next phase of the mental health service development beyond the existing Long Term Plan begins soon**, so that the growth and improvements made can continue. The existing LTP made some longer-term commitments, such as ensuring that 100% of CYP who need specialist support can access it by 2029, which will require significant resources and plans on how to achieve this.

1b. Mental Health Act Reform

- Reform of the Mental Health Act is a welcome existing government commitment that will bring necessary modernisation to mental health services. The overarching aims of the reform are to reduce the number of people who are detained and reduce the unacceptable disparities in the use of the Act experienced by certain racialised communities.
- **Decreasing the number of people who are detained under the Act will reduce the need for expensive inpatient services and related Tribunal and social care costs**. Detentions also often impact negatively on patient outcomes, increasing the need for mental health support in the longer-term.
- As one of the **main aims of the reforms is to reduce the unacceptable disparities in the use of the Act on some racialised communities**, we were disappointed to see that

the government's response to the consultation on the White Paper made no reference to this. **We want to see a renewed commitment from the government on this point.**

- The introduction of the Patient and Carer Race Equality Framework is one of the main planks of the reform that is expected to help address racial inequalities under the Act. While previous programmes such as the Equality Delivery System and the Workforce Race Equality Standard have helped drive some improvement in reducing race inequalities within the NHS, some areas, such as bullying and harassment of Black, Asian and Minority Ethnic staff have worsened. The introduction of the PCREF is a welcome step, but the outcomes of the implementing framework must be closely monitored to ensure they are making a positive impact on reducing racial inequalities. Long-term funding must also be made available to support the implementation of the PCREF.
- Ensuring patients who are detained under the Act have access to culturally appropriate advocacy is another key area of the reforms that aims to reduce racial inequalities. We welcomed the announcement of a programme of pilots, which are being completed jointly with local authorities and other partners. **The inclusion of access to culturally appropriate advocacy in the legislation is dependent on both successful learning from these pilots and additional funding, which needs to be recognised in the spending review settlement**.
- Many of the other White Paper proposals are also contingent on securing funding from Treasury. These include: expanding advocacy; greater access to tribunals; infrastructure improvements; workforce expansion and training; and investing in initiatives to address cultural barriers facing certain groups seeking services.
- **The White Paper estimates investment of £1.79bn**[ix] is needed for the Health and Social Care system and the Tribunal Service to implement the reforms over a twelve-year period from 2021/22. However, ongoing research externally commissioned by the Royal College of Psychiatrists into the required medical workforce investment suggests this may be an underestimate.
- The estimated costs of additional workforce requirements per annum contained within the paper are £13m for Independent Mental Health Advocates (IMHAs); £4m for Approved Mental Health Professionals (AMHPs); £2m for Second Opinion Appointed Doctors (SOADs), and £137m for clinical teams.
- In the Justice system the costs of changes in Mental Health Tribunal activity (including Legal Aid) are estimated to cost £113m per year.

1.c Capital investment

- We strongly support the work NHS England are doing to develop a ten-year mental health capital strategy to feed into the refreshed Health Infrastructure Plan.
- While we welcomed the £400m announced last autumn to help the system to begin to eradicate dormitory accommodation from mental health facilities, we were disappointed

that only three mental health sites received funding in the previous Health Infrastructure Plan (HIP) announcement.

- Later this year there will be a competition for eight more hospitals to receive funding by 2030, and we expect that a fair proportion of this capital funding should be allocated to mental health facilities to make up for years of neglect and underfunding.
- **We need to see a multi-year capital funding settlement in order to deliver both the Long Term Plan and the Mental Health Act Review** recommendations. A ring-fenced total of around £3bn is needed for the three years, plus £1bn for day-to-day capital budgets (based on £335m invested by mental health trusts in 2019/20 on equipment, backlog maintenance and investment in existing buildings) and the remaining £465m from our Mental Health Infrastructure Plan due in the second half of the decade. An indicative and draft breakdown for the £3bn is as follows:
    - £535m for the first six mental health hospital investment projects (inclusive of seed funding) in the Mental Health Infrastructure Plan to support modernisation of the estate and to begin to alleviate inpatient care gaps
    - £750m investment to improve the therapeutic environment and address critical safety issues – beginning to eliminate mixed-sex accommodation and procure en-suite facilities for all single rooms, safety improvements, making the estate more suitable for disabled people
    - £700m for building and redevelopment schemes to support the rapid expansion of community mental health services in the LTP, including digital infrastructure, clinical and office space
    - £300m to reaffirm the commitment to eradicate dormitories during 2022/23 and 2023/24
    - £270m for crisis alternatives, A&E mental health spaces and mental health ambulances/transport vehicles
    - £204m to address the high, significant and current moderate risk areas of backlog maintenance in mental health and learning disability sites[x].
    - £120m for research and development covering areas such as prevention, improving effectiveness and productivity and life sciences
    - £90m for capital investment in drug and alcohol services to support implementation of the Dame Carol Black review
    - £36m for a new mental health innovation fund

1d. Introduction of new clinical standards

- **We welcome the government's commitment to implementing additional mental health waiting time standards for adult and children and young people, as they are a step towards parity of esteem**. Due to historic underfunding, currently too many people wait too long for mental health support. Long waiting times have a negative impact on patient outcomes, and mean people are more likely to require a higher

intensity of support or experience mental health crisis. The standards should help reduce waiting times, which not only will improve patient outcomes but also reduce the risk of more expensive care being required.

- The implementation of new the standards will also provide the opportunity to forge better partnership working between mental health, acute and primary care sectors, as meeting the standards will require these parts of the system to work together.
- Performance against these standards should be used a way to determine where additional resource is required, rather than as a way of admonishing providers.
- The biggest barrier to increasing and improving access to mental health services is the lack of availability of appropriate staff, particularly in children and young people's mental health services. In order to improve access and waiting times, **mental health must receive its fair share of the money allocated to HEE for workforce training and development**, and this needs to be accompanied by comprehensive workforce strategy.
- Due to the increases in demand for mental health services, and the additional costs that providers have and will continue to face due to Covid-19, **the system cannot be expected to meet the new standards from the existing NHS Long Term Plan funding settlement,** and additional funding will be required. If it is not, it is highly unlikely that the system will be able to make progress against these targets.

1e. Continuation of funding for physical health checks outreach beyond 2021/22

- People with severe mental illness (SMI) have a higher prevalence of several physical health conditions, even with factors such as deprivation, age and sex taken into account. A 2018 study by Public Health England shows that people in contact with mental health services have a higher prevalence of obesity, asthma, diabetes, COPD, coronary heart disease, stroke and heart failure.[xi] They are also at greater risk of premature mortality – Public Health England data released in November 2019 shows that people severely affected by mental illness were 4.5 times more likely to die before the age of 75.[xii]
- Rethink Mental Illness research suggests that the Covid-19 pandemic and related restrictions may have exacerbated issues with physical health. Over half of respondents to a Rethink Mental Illness survey[xiii] said that they were exercising less and eating less healthily under lockdown conditions.
- Physical health checks for SMI are designed to identify possible physical health issues early and allow patients and their clinicians to take appropriate steps to minimise future risk.
- The LTP established a commitment for 390,000 people to receive a full annual physical health check, with an expectation that 60% of people on GP Practice SMI registers to receive a check. However, in January to March 2020, the percentage of people who had received a check in the preceding year stood at 36%. This number has fallen further during the Covid-19 pandemic, reaching a low of 21.6% at the end of December 2020.[xiv]

- We welcomed the Government's recognition of this challenge in *Staying Mentally Well: winter plan2020-2021* and *Covid-19 Mental Health and Wellbeing Recovery and Action Plan*, supported respectively by £5m and £14m of investment to support the physical health of people with severe mental illness. This has supported the introduction of outreach schemes supporting people to receive support for the physical health, including Physical Health Checks. The **£24m that was invested into QOF from April 2021 is also welcome and another incentive for increasing physical health checks. We would like to see this repeated in future years to continue to drive improvements in this area**.
- Significant and promising progress has been made towards establishing and beginning delivery of the physical health outreach programmes across the country, and the impact of this work is just beginning to be reflected in further advances towards the 60% target in several CCG areas. NHS England statistics show that the percentage of eligible people who had received a full Physical Health Check in the previous year increased by over 10 percentage points in 18 CCG areas in just one quarter (Q4 of 2020/21) despite the country being in lockdown conditions during this period.
- Within the new command paper[xv] outlining plans for health and social care, the government has rightly emphasised the importance of prevention and the role of ongoing Health Checks in supporting individuals to be healthier and to access the right treatments. As we emerge from restrictions, it is more crucial than ever that people with SMI are supported to deal with physical health issues that may have emerged during the pandemic. Outreach around physical health driven by the Voluntary Community and Social Enterprise (VCSE) sector will play a vital role in supporting GPs to deliver key commitments around physical health and SMI as primary care recovers from the pandemic. **£14m per annum is needed to allow for the continuation of physical health outreach programmes**, ensuring continued progress towards the NHS Long Term Plan target.
- Physical health outreach funding is also expected to be used to increase uptake of Covid-19 vaccines for people with severe mental illness (SMI). People with SMI were included in priority group six for the Covid-19 vaccine as they are significantly higher risk of dying from Covid-19 than the general population, however vaccine rates for those with SMI are around 10% lower than the general population. As the vaccine booster programme is rolled out and we move into winter, **Integrated Care Systems must be encouraged to use this outreach funding to increase uptake of physical health checks and Covid-19 and flu vaccines**.

1f. Workforce

- **Investment in the workforce, including wellbeing support.** We welcome the additional £111m in the Recovery Plan for workforce, but we are still a long way behind on the trajectories set out in the Mental Health Implementation Plan. Recent workforce projections from ICSs showed a higher level of need for psychiatrists and mental health

nurses than has been factored into current workforce projections, which are also not currently funded.

- **We now need sustained investment to grow the workforce**, as well as funding for additional staff training to equip staff to implement new ways of working set out in the Mental Health Act Review.
- Higher levels of acuity in patients and higher demand for mental health services also increases the need to grow the mental health workforce. **We estimate that HEE require around £250m per annum to train and develop the additional workforce needed to implement the LTP in light of the consequences of the pandemic**.
- The government have committed to several programmes to improve the diversity of the workforce, which was a key recommendation of the Review of the Mental Health Act. As the system continues to work towards growing the mental health workforce, we are concerned that data around the diversity of the workforce has not been routinely shared. To be transparent about the progress the system is making against this commitment, we want to see this data shared publicly. This will also allow any worrying trends to be identified, and steps to address these put in place.
- The LTP commitments cannot be realised without a sufficient workforce. The LTP requires 1,040 new consultant psychiatrists by 2023/24 compared to 2016, yet workforce forecasts from HEE in 2020 indicated that only 71 additional consultant psychiatrists will be added to the mental health NHS workforce by that date if urgent action is not taken. Similarly, according to HEE projections, only 257 mental health nurses will be added to the NHS workforce by 2023/24 against a requirement of 7,000 needed to deliver the LTP.
- **The government must commit to increase the number of medical school places in England to 15,000 by 2029**, at an estimated cumulative cost of £802m by 2024/25 (based on growing the available places from 8,000 to 11,000 over three years) or an annual cost of £1.73bn when fully implemented in current prices. These additional places should be allocated to medical schools that have a clear plan to encourage more students to choose a shortage specialty, including psychiatry. This would equate to £138m per annum when fully implemented in current prices if 8% of the new places are taken by doctors choosing psychiatry.
- The Government should commit to a multi-year settlement for workforce training and education to allow for the growth in the mental health workforce, including via new roles, necessary to deliver the LTP and the recommendations of the Independent Review of the Mental Health Act.
- There needs to **be significant investment in retention and in mental health support for health and care staff**, particularly after the strain put on them during the pandemic.
- Research from Centre for Mental Health found that staff absences for mental health reasons are significantly increasing in real terms. Total absences for all reasons among clinical staff across the NHS fluctuated between 4% and 5% between 2015 and February 2020, with depression and anxiety being the most cited reasons[xvi].

- Centre for Mental Health calculated that **preventing a 1% increase in the rate of FTE absence rate of NHS staff saves approximately £476,000,000 per annum**, based on the £47.6bn staffing cost in 2016/17[xvii]. This is the equivalent of providing a quarter of a million staff with mental health treatment worth approximately £2,000 per person as a breakeven exercise to reduce staff absence.
- The Covid-19 mental health and wellbeing recovery action plan committed to £30m of funding mental health hubs, which is equivalent to approximately £30 per NHS staff member, which is clearly an inadequate amount, given the huge pressures staff have faced. NHS staff have accessed the health and wellbeing offer 750,000 times which shows that there is demand for these services. **A long-term commitment to funding these mental health hubs is required**. Published data on outcomes, number of contacts and the breakdown of protected characteristics of the staff accessing the hubs would allow us to evaluate the effectiveness of the hubs, build on success and address gaps or concerns.

2. STRENGTHENING COMMUNITIES

- Existing inequalities have been exacerbated by the pandemic. Strengthening communities to provide early support will help reduce demand on the NHS, and action to prevent mental illness has been shown to be excellent value for money and vital for reducing inequalities.
- The groups who are most likely to be negatively impacted are ones that already faced stark health inequalities, including racialised communities; people living in poverty; unemployed people; people with existing mental health problems; people with long-term conditions, single parents and infants, children, and young people.
- The *Covid-19 Mental Health and Wellbeing Recovery and Action Plan* is a good foundation for a cross-government approach to mental health, and the commitment to implementing a mental health assessment tool for new government policies is a positive step, but we must go faster and further. There is an opportunity for the "new" plan for mental health that was proposed by the Secretary of State for Health and Social Care to build on the *Covid-19 Mental Health and Wellbeing Recovery and Action Plan*.

Evidence

- Adults living in the most deprived neighbourhoods are significantly over-represented in groups experiencing mental health problems in 2020[xviii]
- 35% of adults who wouldn't be able to afford an unexpected expense of £850 are experiencing symptoms of depression compared to 13% who could afford it[xix]
- The Coronavirus: Mental Health in the Pandemic study found that 40% of single parents, 48% of people with pre-existing mental health conditions and 40% of people with long-term health conditions feel anxious or worried as a result of the pandemic, compared with 33% of the UK general population.[xx]

- Pre-pandemic, people from ethnic minority communities were more likely to experience a mental health problem, less likely to receive support, and have poorer outcomes from mental health care[xxi]
- People from ethnic minority communities have been disproportionately affected by Coronavirus infections, bereavement, and negative economic impacts from the pandemic[xxii].

Solutions

2a. Retention of the universal credit uplift

- The £20 uplift in Universal Credit has been a lifeline for many. This reduces money worries, provides some income security, and helps with additional costs caused by the pandemic, such as higher eating and food bills, increased transport costs etc. Given the levels of financial hardship and insecurity that many will face for some time, **the £20 uplift for Universal Credit must be retained**, and extended to people receiving legacy benefits, the cost of which is estimated at approximately £6.4 billion a year.

2b. Prevention and Promotion Fund

- The *Covid-19 Mental Health and Wellbeing Recovery and Action Plan* allocated a £15 million Prevention Stimulus Fund for local authorities in the most deprived areas to help stimulate and boost prevention and early intervention mental health support services for a one-year period. While this additional funding is welcome and will help reduce inequalities that we know have increased during the pandemic, short-term funding makes commissioning and implementing new services and approaches, often provided by the VCSE sector, more challenging and difficult to sustain. **We would like to see this funding continued, sustained and expanded into a long-term Promotion and Prevention Fund of £25m per annum for three years.**

2c. Public Health Grant

- Investment in prevention and promotion will be critical to prevent clinical mental health services being overwhelmed. The evidence is clear that it is the places and circumstances in which people are born, grow, study, live and work that have a powerful influence on their mental health.
- A successful future for public health will require improved and sustained investment that must recognise it is funding in many areas of government not formally termed either 'public health' or 'mental health' that have some of the greatest impacts on mental health, such as economic and benefits policies**. A commitment to a national plan for public mental health must be supported by guaranteed funding that matches the**

rate of budget increase of the NHS, with a proportion earmarked for public mental health.

- At a local level the Public Health Grant to local authorities is vital for achieving good mental health, but without adequate funding local authorities are being held back from fulfilling their potential to protect the public's mental health. While spending on public health will also generally improve the mental health and wellbeing of populations, in 2018/19, only 1.6% of local authorities' total public health budget was spent on mental health[xxiii]
- **We support the call for the grant to be restored, at a minimum, to 2015/16 levels** by investing an extra £1 billion a year, and for it then to keep pace with growth in NHS England's spend[xxiv] **We suggest 4% should be ring-fenced annually for public mental health.** While we welcomed the uplift in the public health grant in 2021-22, The Health Foundation calculated the value of the grant is still 24% lower on a real terms per capita basis than in 2015/16.
- Following the abolition of Public Health England, public mental health from 1 October 2021 will move into new the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care. We welcome the inclusion of public mental health within OHID and would like to see this followed through with the development of an appropriately resourced cross-government plan for improving public mental health.
- The public mental health element of the Public Health Grant should be focused on building resilience in communities, but there should also be funding for tackling the bigger factors that affect mental health. This could include targeted funds for partnership working at a local place-based level, with co-production at its centre, so that citizens shape the solutions for their communities, and are part of commissioning systems and structures such as ICS Boards. The Prevention Stimulus Fund is a good example of targeted funding for working with the most deprived and marginalised communities at greatest risk of poor mental health to provide early support before people require intensive clinical services
- We must also think more broadly about where investment is needed. Local authorities also manage assets vital to the public's mental health, such as housing and planning functions, elements of education, children's and adult social care services, health visiting services the maintenance of parks and open spaces, and the provision of libraries, children's centres and youth services. All of these have the potential either to enhance and protect people's mental health, or – including in their absence - to diminish and harm it. Yet their important role in public mental health is under great pressure following too many years of austerity cuts.
- Every Mind Matters is an important tool to allow people to manage their mental wellbeing. We welcome the confirmation of the full 2021/22 budget for children and young people's Every Mind Matters. However only 50% of the adult budget for 21/22 has been confirmed. **We want to see a long-term commitment to fully fund both adult**

and children and young people's Every Mind Matters platforms, **including an element designed for and with adults in later life**.

2d. Social Care and discharge funding

- **Mental health social care plays a vital role in supporting people living with severe mental illness to recover following hospital care, stay well and prevent further crises**. Social care funding for people with mental illness and their carers could be the difference between living a fulfilling, independent life and a relapse leading to a hospital stay.
- We welcomed the £87m provided by the Covid-19 mental health and wellbeing recovery action plan to provide additional support for those leaving hospital, such as temporary accommodation or care at home. This funding must continue over the next three years to address increased need for community mental health services and enable Trusts to move service users out of hospital beds as quickly as possible. **The £87m discharge funding for 2021/22 has been critical this year to help address a growing issue of high levels of bed occupancy. At a minimum this funding needs to continue over the next three years.**
- We also need a vision and detailed plans for comprehensive social care reform. While we are pleased that the government is taking long-awaited action on social care, the proposals thus far are a distant cry from the detailed plans promised by the Prime Minister in December 2019. One in every £12 spent on social care goes toward mental health social care support.[xxv] Therefore, no plans for social care reform can be considered comprehensive without it.
- The proposals announced on 7th September[xxvi] are based on recommendations put forward by the Dilnot Commission in 2011, with a focus on allowing mostly older people with care needs to both receive support and protect their assets. They do not take into account the huge pressures put on the social care system over the last ten years, with real terms spending on social care only returning to 2010/11 levels last year,[xxvii] amid a picture of significantly rising demand.[xxviii]
- A cap on total lifetime care costs from 2023 will apply to people of all ages living with severe mental illness, as will the increased asset threshold for help with the costs of care. Many people severely affected by mental illness are unlikely to have assets that meet this threshold, and thus will have their costs covered by the state. This is welcome.
- However, it leaves many problems with the current social care system in place. This funding does not provide the stability that stretched social care providers need, or address the lack of funding that means that local authorities are often unable to provide adequate care to all people living with mental illness that need this vital help.
- **The government must set out reforms that address the broader challenges facing social care and an appropriate funding settlement that goes further than just a cap on care costs and changes to means testing. Within this, the government must**

detail how social care reforms will meet the needs of those severely affected by mental illness.

- **Without investment in mental health social care services, estimated at £1.1 billion per annum in 2018[xxix], significant pressure will continue to be placed on NHS emergency and inpatient services**, alongside continued missed Government targets such as ending out of area placements.
- Well-resourced social care is similarly vital to ensure the successful delivery of the Community Mental Health Framework (CMHF) – which sets out a transformative vision for treatment of people severely affected by mental illness - in the LTP.
- Mental health social care is also required to ensure the provision of the services that local authorities have a duty to provide under the Care Act 2014, Mental Health Act and Mental Capacity Act, including community preventative support, social workers and care coordinators, employment support, supported living/housing, crisis services, advocacy services, continuity of support for those discharged from hospital, welfare rights, information, debt and money advice, and specific carers support reflecting the unique needs of carers of people with severe mental illness.
- The Covid-19 pandemic has had a significant impact on unpaid carers, with three-quarters reporting feeling exhausted and an alarming 44% close to burnout.[xxx] Around one in five carers support someone with a mental health issue.[xxxi] While some challenges they face are similar to that of other carers, those supporting someone with a mental health issue also face unique challenges, such as tackling stigma or dealing with a loved one refusing their treatment.
- A third of carers said they had accessed general mental health support, but only 29% said that this had met all or most of their needs. Conversely, around 64% of this group said the service they would most benefit from would be specialist carers support for those supporting someone with a mental illness.[xxxii]
- With tightened budgets and ever-increasing demand for support, carers services have battled to deliver more support with fewer resources against the backdrop of the Covid-19 pandemic. However, given their role in supporting carers to manage their situation, protect their wellbeing and continue to provide care**, investing in carers services makes considerable financial sense. The cost of the support provided by the average carers service is a fraction of the value carers provide to the system.**
- If the average carer was to be paid for the support they provided during the pandemic, they would receive £38 per day[xxxiii], or £13,870 during the last financial year. **The average cost per carer[xxxiv] of providing the kind of support offered by the typical carers service is approx. £515, less than 1/25 of this amount.**
- When friends and family members feel unable to continue providing care, it falls to stretched NHS and social care services to fill this gap. ADASS's Autumn survey for 2020 reported an 11% increase in the proportion of individuals presenting with need to local authorities because of carer breakdown, sickness and unavailability between June and October/November 2020.[xxxv]

- During the recent press conference announcing the government's new Health and Care levy, the Secretary of State for Health and Social Care stated that a portion of the £0.5bn allocated to support the social care workforce would go towards ensuring unpaid carers receive "more support, advice and respite."[xxxvi] **Following a uniquely debilitating year for carers of those affected by a mental illness, investment in specialist carers support and wellbeing services is vital to protect carers' own health and stop the charge of carer burnout.**

2e. Supported housing

- **Mental Health supported housing is an essential foundation to reduce out-of-area placements, inpatient admissions and delayed discharges** which routinely cost tens of thousands to the NHS and harm outcomes by keeping people on wards when they are medically well enough to be discharged simply because there is nowhere else for them to go.
- Provision of adequate supported housing will become even more necessary as the reforms of the Mental Health Act are implemented, and people with more complex needs are supported in the community.
- According to the Crisp Commission[xxxvii], Mental Health Trusts reported that 39% of delayed discharges were caused by a lack of appropriate housing. Between May 2020 and April 2021, there were a total of 37,051 days of delayed discharge due to mental health inpatients awaiting supported accommodation.[xxxviii]
- Inability to discharge patients who are well enough to leave hospital can lead to others being sent far from home for treatment. Sending patients out of area to receive treatment is not only more expensive[xxxix] for the NHS but can harm recovery by treating individuals far from their family, friends and local community. Despite a commitment to end inappropriate out-of-area placements by the end of March 2021, these have instead climbed in recent months. These peaked at a high of 775 active placements in February, with 64,780 out of area bed days in the first three months of 2021.[xl] CQC data shows that 59% of placements in mental health rehabilitation services were out of area in 2019.[xli]
- Support funding is used to cover non-housing costs such as staff visits to help people live independently. The Supporting People Programme was introduced to cover these costs, but the ring-fence for this funding was removed in 2009 by the previous Labour Government. Between 2010/11 and 2016/17 spending fell by 69%[xlii] and this cost now comes largely from social care budgets.
- A supportive living service in North East Lincoln run by Navigo CIC and North East Lincolnshire CCG eliminated out-of-area placements in their locality and realised savings of £1.45million through fewer admissions and shorter length of stays[xliii].
- Analysis[xliv] of four accommodation services provided by Rethink Mental Illness suggests that between April 2019 and March 2020 these services saved the NHS at least £750,000 in reduced inpatient costs.[xlv] These represent a snapshot of the different types of

accommodation someone severely affected by mental illness might need: short term crisis accommodation, low level supported housing, medium level supported housing and a CQC registered care home. Every person's recovery journey will be different, and thus these settings cater to a spectrum of needs. However, the cost per day in any of these settings amounts to less than a third of that for a mental health hospital.

- **We need a sustainable social care settlement to ensure local authorities can continue to cover supported housing costs.**

2.f Substance misuse

The pandemic has had a negative impact on substance misuse. In particular:

- 'Harmful drinking' (Alcohol Use Disorders Identification Test survey scores of 8 or more) peaked at 18.7% in the three months to June 2020 compared to 12.4% in the three months to February – signifying 2.88 million further people aged 16 and above drinking at harmful levels if extrapolated to the full population in England.[xlvi]
- The latest Adult Psychiatric Morbidity Survey confirmed that 16.6% of adults drank at hazardous levels (AUDIT scores of 8 to 15), and 3.1% of adults showed signs of dependence on drugs (NB stable since 2000).[xlvii]
- The number of young people accessing treatment in England has fallen by 40%, down from 14,802 in 2014/15 to 8,835 in 2020/21, across the period from April-January. The largest decrease was in 2020/21 which could reflect additional difficulties for young people in accessing services during the pandemic.[xlviii]
- Covid-19 is likely to have a worse effect on the health of people who use alcohol or drugs.[xlix] People living with an alcohol use disorder are more likely to develop serious complications, such as atypical pneumonia and acute respiratory distress syndrome if they contract Covid-19.[l] Similarly, people who inject drugs are more likely to get certain viral infections and cancers, which weaken their immune system. Recreational drug users are likely to consume drugs in social settings and engage in behaviour which increases their risk of exposure to Covid-19.
- The recently published Dame Carol Black independent review of drugs: phase two report sets out a way forward for drug treatment and recovery, providing 32 recommendations on the way forward. The report starkly makes the case that "Government faces an unavoidable choice: invest in tackling the problem or keep paying for the consequences." We welcomed this report and its call **to increase investment in addiction services by an additional £552m ringfenced funding per year**, to begin to undo the decade of cuts, to enable local communities to improve the quality and access to addiction treatment and support. After adjusting for inflation local authority net current expenditure on drug and alcohol misuse services has decreased by 30% between 2013/14 and the planned level for 2020/21/total expenditure has decreased by 29% between 2013/14 and 2019/20.[li]

- We believe the Government should commit the investment advocated by Dame Carol Black in her recent independent report on drugs **to restore funding for substance use disorders to a comparable share of public health spending to that of 2013/14**. This would provide £396m additional investment to services a year by the end of the SR period or £550m when fully implemented.
- Similarly, we are **calling on DHSC to allocate £90m of capital funding** for drug and alcohol use disorder services by 2024/25 to support implementation of the Dame Carol Black review with new facilities and estate.

3. CHILDREN AND YOUNG PEOPLE

- Infants, children and young people have been amongst the most negatively impacted by the pandemic. Parental and infant isolation, increases in domestic violence and lack of usual informal family support and community resources are all important factors in this. Supporting the mental health of children and young people is one of the most cost-effective interventions that can be made over the longer term as it reduces the chances of mental health problems becoming entrenched into adulthood. It also increases the life chances of children and young people, allowing for better educational and employment-related outcomes.

Evidence

- 450k CYP are waiting for secondary mental health services. Up to 1million CYP would benefit from support but do not meet the current thresholds for care[lii].
- 18% (722k people) of 11–16-year-olds have a probable mental health problem[liii]
- 32% of young people with mental health problems have self-harmed to cope in the last year – twice the adult rate[liv]
- The number of young people completing an urgent or routine pathway for eating disorders has increased by 160% between Q4 in 2019/20 and Q4 in 2020/21[lv].
- There has been a 57% increase in referrals to Children's and Young Person's Mental Health (CYMPH) services in last six months of 2020/21 compared to the same time in 2019/20[lvi].
- There was a 64% increase in the number of urgent and emergency crisis referrals in under-18s between Apr-Jun 2021 compared to Apr-Jun 2019[lvii].
- During the pandemic 59% of teenagers have felt anxious, 50% have not been able to stop worrying, 51% felt down, depressed, irritable or hopeless and 42% have felt afraid, as if 'something awful might happen'. Ten per cent wanted support, were able to access it and found it helpful; nine per cent wanted mental health support but were unable to access it, and seven per cent received support that was unhelpful[lviii].

3a. Investment to deliver Early Support Hubs across England

- The roll out of Early Support Hubs presents a cost-effective solution for providing young people with timely and early help with their mental health. These costs represent a positive limited investment, when compared to the significant socio-economic costs of failing to deal with these mental health challenges early, both to the NHS when young people's needs become more acute, and to society more broadly, let alone to children and young people themselves. If we do not address these issues now, we risk leaving behind an entire generation.
- **An estimated 500,000 young people would be reached annually at a cost of approximately £103m, with a one-off set up cost of £24m.**
- In comparison, the average cost of treatment per child in NHS Children and Young People's Mental Health Services is £2,338 and the total cost of treating 226,500 young people in CYPMHS would equate to £529,557,000. Whilst these services would not be intended to replace existing statutory provision, they would reduce the significant pressures on services and help to reduce the likelihood of young people's needs escalating to a point where they need more intensive and more expensive mental health support.

3.b Mental Health Support Teams and Whole School Approach to mental health

- The commitment made in 2020 to expand Mental Health Support Teams in schools further and faster than the timescales set out in the LTP shows an acknowledgment of the increased mental health needs for children and young people. **The early evaluation of the MHST trailblazer sites shows some positive outcomes, but as is to be expected from innovative services, there is also learning from pilot sites that should inform the next phase of their rollout.**
- The evaluation highlighted that MHSTs were not always able to meet some of the most urgent and unmet mental health needs and retention of staff was a challenge.
- Increased investment for the development of staff, which should include attachment and trauma-informed training would help the MHST model to better meet the needs of children and young people and improve staff retention.
- It is important that rigorous and ongoing evaluation of MHSTs is completed so that any gaps can be addressed before full rollout is considered.
- **A whole school approach is about developing a supportive and inclusive culture within schools, promoting good mental health and wellbeing**. A whole school approach requires partnership working with all school staff, parents, carers and the wider community, and needs a senior leadership team that understands the links between mental health and achievement, and which supports the mental health and wellbeing of both children and staff.
- Embedding this culture within schools is a long-term process and can be achieved in a variety of ways, including encouraging openness in talking about mental health; identifying strengths both within the school and local community that can be used and built on to improve mental health and wellbeing; ensuring staff have the skills to

recognise signs of mental health problems and having a clear process when a pupil is recognised as needing a higher level of support.

3.c Extra investment on top of LTP funding to meet demands on CYP mental health services

- **Having access to early intervention is vital, but some children and young people will continue to need support from specialist services.** The government needs to increase the capacity of CYPMHS, in order to ensure there are enough trained mental health professionals, day care resources and inpatient beds as well as outreach and crisis teams to provide alternatives to hospitalisation. Any improvements to mental health support for children and young people will always heavily rely on having a robust mental health workforce, hence the importance of having a multi-year settlement for workforce training and education. The expansion targets for the children and young people's workforce are particularly ambitious making this even more important.

- **Increase capacity of children and young people's eating disorder services**
  Demand for support for young people's eating disorder services has risen dramatically over the course of the last year. **The number of young people completing an urgent or routine pathway for eating disorders has increased by 160% between quarter four in 2019/20 and quarter four in 2020/21**[lix]. We welcomed the additional funding from the 2020 spending review to support both community and inpatient CYP eating disorder services, and while services have coped well with the increased demand, performance against the targets for CYP eating disorders is beginning to drop and waiting lists are growing. Timely access to specialised care is vital for CYP with an eating disorder and additional capacity to ensure targets continue to be met is important.
- Innovative services, such as a nurse practitioner-led day service in Greater Manchester support CYP with eating disorders, who would normally be admitted, with the same level of care but they can return home to their families for evenings and weekends. This helps free up beds for children and young people with a higher level of need and reduces pressures on paediatric beds which are seeing an increase in CYP with a mental health need. As the service is nurse practitioner led it helps reduce demand on the stretched CYPMHS consultant workforce.
- While we welcomed the allocation of 2020 spending review funding to support increased capacity in both community and inpatient CYP eating disorder services, **long-term funding will be needed in order to meet the additional demand**.
- **The Long Term Plan commits to increasing the proportion of the mental heath budget that is spent on children and young people** and this commitment must continue to be honoured.

3.d Support infant mental health through effective early parenting and family support

- Research[lx] has shown that evidenced-based parenting interventions are one of the most cost-effective interventions that can be made to promote mental health, prevent the development of mental health problems, and improve mental health outcomes from an early age.
- They can benefit children, parents, schools and communities. The evidenced-based Triple P programme has been found to reduce child and adolescent behavioural and mental health problems and to improve parental mental health[lxi].
- The new Family Hubs programme would benefit from having parental support embedded in them from the start.
- **Nearly 2m families could be supported through evidence-based parenting support models over three years at a cost of approximately £61m, which works out as £31 per family.**

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