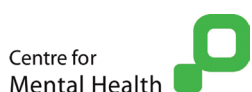


TOWARDS EQUALITY FOR MENTAL HEALTH

DEVELOPING A CROSS-GOVERNMENT APPROACH



The Mental Health Policy Group
July 2019



Mental Health
Foundation



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ABOUT THE MENTAL HEALTH POLICY GROUP

The Mental Health Policy Group consists of six national organisations working together to improve mental health: Centre for Mental Health, the Mental Health Foundation, Mental Health Network, Mind, Rethink Mental Illness and the Royal College of Psychiatrists.

On July 8 2019, we published *Towards Mental Health Equality: a Manifesto for the Next Prime Minister*, setting out five areas that the next Prime Minister must address to improve the lives of people with mental health problems, promote the nation’s mental health and bring us closer to a fair deal for mental health:

- 1** Take action to prevent mental illness;
- 2** Create a cross-government plan for mental health and establish a ‘mental health in all policies’ approach across government;
- 3** Reform the Mental Health Act;
- 4** Ensure everyone can access the right mental health support, in the right place, at the right time;
- 5** Build a mental health workforce fit for the future.



ABOUT THIS REPORT

This report considers in more detail the steps that must be taken if the ambition of ‘parity of esteem’ for mental health is to be achieved in England. Its starting point is the belief that improving the nation’s mental health cannot be achieved through a focus on health services alone, vital though these are. A much more ambitious, cross-government approach to mental health is also required.

In this report we set out our recommendations for what should be included in such a strategy, together with the action required to give people the right care, at the right time and in the right place from a well-configured, well-trained and well-supported workforce.

This report reflects the collective view of members of the Mental Health Policy Group. In developing our thinking we sought the views of a broad range of organisations and professionals from the wider mental health and voluntary sectors, including those representing physical health conditions, money and debt, homelessness and addiction. In December 2018, many of these organisations signed a Consensus Statement on the principles that should inform the NHS Long Term Plan (**Annex A**); these principles remain important as it is implemented.

We hope that our recommendations for future action will gain support from everyone who shares our ambition for achieving equality for mental health.



INTRODUCTION: THE CASE FOR A CROSS-GOVERNMENT APPROACH

The past few years have seen a step change in the public's awareness of, and interest in, mental health. Rightly, government and the NHS have increased their focus on the services and support available to people experiencing poor mental health. This attention came at a critical time, when mental health services were on the brink of collapse after decades of underinvestment and neglect.

Programmes such as the *Crisis Care Concordat* (2014), *Future in Mind* (2015) and the 2016 *Five Year Forward View for Mental Health* (FYFVMH) established that serious, system-level change is possible, and they have started to have a direct impact on the experiences of people needing support for their mental health.

In January this year, NHS England (NHSE) restated its commitment to improving services by making mental health a central priority of its Long Term Plan (LTP). Building on the work of the FYFVMH, this latest strategy emphasises the financial commitment needed to make up for the years mental health services had been largely neglected.

Although the extra £2.3 billion per year by 2023-24 promised to mental health is less than some analyses say is needed for transformational change¹, it nevertheless represents a serious commitment to improving the current levels of care for people with mental health problems.

We welcome this investment, together with the wide range of specific commitments on mental health made in the Long Term Plan, as there is much more that must be done to improve the support people receive at the point of need.

The key challenge now is putting the plan into action, and we will be watching closely to ensure these national commitments are translated into effective local plans for delivery.



THINKING BEYOND THE NHS

Making sure people receive high-quality treatment and support when they need it is only part of the picture. As we set out in this report, a comprehensive approach to mental health must also promote good mental health for all. It must both prevent people from developing mental health problems and make life fairer for those who experience them.

Just as with physical health, preventing a mental health problem is better than treating it. However, we have yet to see the degree of focus on public mental health and prevention that we believe is required. In chapter one, we set out our recommendations for action to reduce the number of people who develop mental health problems. Continuing the theme of prevention, in chapter two we look more closely at the role of stigma, discrimination and socio-economic factors in causing mental ill health, and the importance of tackling inequalities in mental health.

The NHS is the focus of chapter three, while chapter four considers the support structures necessary for, and available to, people in the community living with long-term mental health problems. They face many challenges and disadvantages in life and have contact with a wide range of public services - services that provide essential life support but have come under significant strain in recent years.

Finally, in chapter five we highlight the importance of supporting and growing the mental health workforce. We need to invest in people across the NHS, and also those in local authorities, schools and across the voluntary and community sector who provide the support and care that people with mental health problems need. Getting this right, and being ambitious for what the mental health workforce can be, will be critical to achieving our vision for mental health equality.

NATIONAL LEADERSHIP

There is much to do, and this work will need to involve all public bodies and services, from local authorities and the police to communities, schools, colleges and universities and employers.

Though the improvements we want will benefit people locally, our recommendations are aimed at national government. This is because our core message is that national leadership is needed to make any of this happen.

This is why throughout our report we recommend ways in which different parts of government can support people with mental health problems, and people at risk of developing them, in all aspects of their lives, in particular but not exclusively: the Ministry of Housing, Communities and Local Government, the Department of Health and Social Care (and its arm's-length bodies), the Department of Work and Pensions, the Department for Education and the Ministry of Justice.

This will require real commitment and determination from the very top of government and throughout Whitehall across all the government's responsibilities, as improving the nation's mental health goes well beyond the NHS.

We are therefore calling for a cross-government strategy that addresses the many inequalities that cause and exacerbate mental health problems. Only then will we all enjoy mentally healthy lives.

RECOMMENDATIONS

1. **The Cabinet Office should establish a Mental Health Cabinet Committee to ensure collective responsibility for improving the mental health of the nation.**
2. **The Cabinet Office should ensure a 'mental health in all policies' approach is adopted across all departments, in relation to new and existing policies.**
3. **The Cabinet Office should lead the development of a 10-year long-term, cross-government mental health strategy to run alongside the NHS Long Term Plan. This should inform and align with the 2019 Spending Review.**



CHAPTER ONE: PROMOTING GOOD MENTAL HEALTH AND PREVENTION

There has been increased interest in the role public health can play in promoting good mental health and preventing people from developing mental health problems. However, we are yet to see the step change needed to tackle the increasing rates of poor mental health we are seeing.

We need local and national leadership that supports communities to be mentally healthy and help prevent poor mental health. This should include a strong focus on preventing mental health problems in children and young people and continuing to fight against stigma and discrimination in our communities.

The government's consultative document setting out proposals for prevention in the coming decade² made welcome recognition of the 'mental health prevention gap'. There is much to do to close this gap, and we hope that the Cabinet Office, Department of Health and Social Care and other government departments will sustain, deepen and extend this focus by taking serious and sustained action to promote better mental health and greater equality, as discussed here and elsewhere in this report.

INVESTING IN PUBLIC MENTAL HEALTH AND OTHER LOCAL SERVICES

Local authorities have a critical role to play in promoting good mental health and delivering initiatives that identify and support those in their communities most at risk of developing mental health problems. However, cuts to local authorities' public health funding from central government means councils have faced increasing pressures on their budgets over the last decade. This has affected their ability to create change in their areas.

There has been a four per cent year-on-year cut to local authority public health budgets to 2020. The Public Health grant is £850million lower in real terms than in 2015/16 and facing a further real-term cut of £50million in 2020/21 under provisional plans.³ With population growth factored in, the King's Fund and the Health Foundation have argued that £1billion will be needed to restore funding to 2015/16 levels.⁴



Reduced resourcing for local authorities overall is resulting in cuts to health visiting services, children's centres, drug and alcohol services and increasingly stretched social care services. These and other effects will increase the risk of poor mental health.

To address this, the forthcoming Spending Review must protect existing funding and prioritise extra funding for public health, social care and other local authority funding.

We also want to see the success of Public Health England's Prevention Concordat built on and the *Every Mind Matters* campaign expanded across the country, with more community engagement and peer support to help more vulnerable groups to benefit from it.

We need a greater focus on public mental health, to make mental health equivalent with other public health issues. All local councils should have a comprehensive public mental health strategy, one created in partnership with their communities, including people who have experienced mental health problems. Councils should also be encouraged to work with their local communities and their local Healthwatch, and partners like the NHS. Local housing associations should continue to review and improve local approaches to suicide prevention.

CHILDREN AND YOUNG PEOPLE

For children and young people, building an understanding of emotional and mental health and resilience can prevent mental health problems developing. It can also help people identify when they need support early on. Seventy-five per cent of mental health conditions in adults start before the age of 24,⁵ so it is essential to have a strong focus on work with children and young people to prevent future mental health problems.

Supporting families

Taking a family-based approach is crucial for promoting good mental health among children and young people, and for supporting children who experience mental health problems. Parental wellbeing and relationships can have a significant effect on a young person's mental health, with positive relationships and a warm, consistent parenting style being protective factors.

We need investment in services that offer evidence-based support to families, including NICE-approved parenting programmes and whole-family support. Preventative approaches should include a focus on family-centred, generational prevention. Approaches informed by evidence about the effects of trauma and Adverse Childhood Experiences (ACE) should be adopted more widely, and more specialist provision is needed for parents with mental health problems and addictions, so that these families are also given appropriate support to thrive.

Prevention in schools

Schools, youth clubs, colleges and other services that come into contact with children and young people have a role in promoting their positive mental

wellbeing and mental health literacy. They also have an essential part to play in picking up issues early so that young people experiencing mental health problems can get the support they need as quickly as possible.

Every school should be encouraged and supported to take a 'whole school approach' to mental health. This should include having a designated senior lead for mental health who can signpost students and parents to appropriate services and support colleagues to become more mental health-literate. It also means taking action to prevent bullying and using evidence-informed classroom-based programmes to boost healthy behaviour and wellbeing and prevent exclusions. School counselling services can also provide an important opportunity for young people to be given psychological support.

The education system should be designed to maximise wellbeing and resilience and minimise risks. The government should review how the current system supports or undermines wellbeing (for example considering the ways children are tested academically), and make changes where indicated in order to help protect the mental health of future generations.

The quality of alternative education should also be improved, so that young people have educational routes tailored to their strengths. Many pupil referral units are not currently providing high-quality support for vulnerable children,⁶ and more needs to be done to keep children at risk of exclusion in school. These children need a community psychology approach that can help them create change in their social environments rather than one that focuses on individual behaviours.

Co-production approaches are needed to work with vulnerable young people at risk of exclusion, and those who have entered the criminal justice system, to create services that adequately fit their needs and help them thrive.

Community mentoring programmes, provided through local government or the voluntary sector, should be attached to youth services and build on existing relationships between young people and youth workers. These relationships can be particularly important for vulnerable young people, and those who are more at risk, including LGBTQ+ and Black, Asian and Minority Ethnic (BAME) young people.

FIGHTING STIGMA AND DISCRIMINATION

Almost nine out of ten people with a mental health problem face stigma and discrimination.⁷ This can have a profound effect on a person's life, affecting their work, their social life and their relationships. Locally, all NHS and other public sector staff should be trained and supported to challenge and eliminate stigmatising attitudes and behaviours towards people with mental health problems.

Time to Change is the UK's biggest campaign to combat stigma and discrimination. Changing attitudes and behaviours takes a generation, and yet funding for Time to Change ends in March 2021.



RECOMMENDATIONS

4. The Government must reverse the recent cuts to Local Authority public health budgets. In its forthcoming Spending Review, it must protect existing funding and prioritise additional funding for public health, social care and other local authority funding alongside the NHS settlement, so that resources are available for effective prevention, early intervention and relapse prevention work.
5. Investment in public mental health should be accompanied by an expectation for mental health of similar (in some cases joint) outcomes to those for smoking cessation and programmes to tackle obesity.
6. The Ministry of Housing, Communities & Local Government (MHCLG) should take concerted action to reduce child poverty and housing insecurity. It needs to support families to keep out of poverty and find stable, uncrowded, high-quality housing. This is likely to protect children against severe and persistent multiple mental health problems.
7. Through the Spending Review, HM Treasury should ensure that local authorities invest in evidence-based interventions to support positive parenting. NICE-approved programmes should be made available across the country through a national expansion programme. There should also be peer-led self-management programmes to help parents with a mental health problem and earlier access to education and support services for parents at risk of or living with addictions.
8. The Department for Education (DfE) and Department of Health and Social Care (DHSC) should ensure every school, higher and further education student receives appropriate mental health literacy lessons at every stage of their education. They should also be able to access early support through their education provider. All schools should be supported to take a 'whole school approach' to mental health, drawing on best quality evidence.
9. DfE and DHSC should ensure that reforms to mental health support in schools prioritise children with multiple risks from a young age, including those with a learning disability. This should include investing in effective classroom-based programmes to boost health behaviour and wellbeing and offering evidence-based support to children and families.
10. MHCLG and DHSC should prioritise and invest in emotional and mental health support for all Looked After Children and for young people leaving care.
11. Public Health England (PHE) should ensure that trauma and adverse childhood experiences are a priority for public health. It should produce clear guidance and support for local authorities to coordinate efforts to improve prevention of, and responses to, trauma.
12. DHSC should continue to fund the Time to Change campaign at its current level to help end the stigma and discrimination often experienced by people with mental health problems.

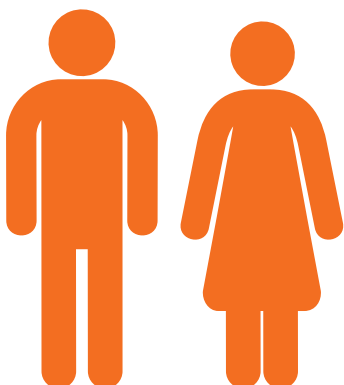
CHAPTER TWO: TACKLING INEQUALITIES IN MENTAL HEALTH

Social factors such as age, race, sexual orientation and socioeconomic status, all have an impact on how likely someone is to develop a mental health problem.⁸ Inequalities also affect people's experience of living with a mental health problem and the quality of care they receive.

Too often a person's background can mean they are unable to access the right services, or that the services they receive are poorly suited to their needs. When people do not have the right support or treatment, their mental health often worsens.

We know that:

- men are less likely to seek support than women⁹ and are more likely to take their own life¹⁰
- people from Black African and Caribbean communities are less likely to receive treatment for common mental health problems¹¹, but are much more likely to be diagnosed with schizophrenia¹² and detained under the Mental Health Act¹³
- people from LGBTQ+ communities¹⁴ and people with learning disabilities¹⁵ are much more likely to experience a mental health problem but too often feel misunderstood or mistreated by services
- people with mental health problems are more likely to be living in poverty¹⁶ or experiencing problem debt¹⁷
- more people with mental health problems are unemployed¹⁸ or in insecure work¹⁹ and are more likely to live in poor housing or be homeless²⁰
- poor physical health and disability²¹, loneliness and isolation²² disproportionately affect people with mental health problems.



Tackling inequalities in mental health means taking a wider approach to tackling inequalities in our society. Fundamentally, it means accepting that all public bodies, both national and local, have a responsibility to ensure services and support meet the needs of people from all communities.

TACKLING RACIAL INEQUALITIES

Black or Black British people are more than four times more likely to be detained under the Mental Health Act than white people.²³ They are also almost nine times more likely to be given a Community Treatment Order (CTO).²⁴

We urgently need to tackle these disparities, which must be understood and addressed in their social, demographic and cultural context.²⁵ We need to improve the representation of BAME people at all levels of the mental health workforce, and mental health services should reflect the diversity of the communities they serve – from the board, to clinical staff and the wider workforce. Mental Health Tribunals should also be reflective of the people whose cases come before them.

Best practice, for example the community-led co-production work of services such as Black Thrive in London, should be replicated more widely. Nationally, we need a cross-Government approach to tackle the structural causes of racism and social exclusion. We need to see engagement with, and joint work between, communities, schools, youth services, the police and local authorities.

GENDER AND SEXUALITY

We need to provide inpatient care for women that is consistent with the recommendations of the Women's Mental Health Taskforce report and its principles for providing gender- and trauma-informed care.²⁶ Use of physical restraint in inpatient services should be limited, as it can traumatise (or re-traumatise) people. We need to end face-down restraint and ensure wards are single-sex spaces to reduce sexual assault and harassment in inpatient care.

One in seven women aged 16-24 has Post Traumatic Stress Disorder (PTSD).²⁷ Services for women should use the best practice guidance recently developed for the Voluntary and Community Sector Health and Wellbeing Alliance²⁸ to avoid the risk of their care practices retraumatising people.

People who identify as lesbian, gay or bisexual are two to three times more likely to experience a mental health problem compared to the general population.²⁹ They are also at higher risk of self-harm and suicide attempts. Forty-seven per cent of young trans people attempt suicide.³⁰

An affirmative practice model can allow services to create a safe place where people can be open about their sexual orientation and gender identity. This requires services to undertake a process of learning, reflection, analysis and planning to ensure they understand homophobia, biphobia, transphobia and heterosexism, and the impact these can have on the experiences of LGBTQ+ people accessing services.

ACHIEVING EQUALITY AT EVERY LEVEL

We need to embed mental health equality in all policy and decision-making at national, regional and local levels. The Department of Health and Social Care should appoint a permanent Equalities Champion to tackle mental health inequality throughout the NHS and the activity of its arms-length bodies.

Similar appointments should be made across government. Their role should be to work assertively within government and across public services to ensure all policies, strategies and decisions are assessed for their effect on mental health equality. They should take every opportunity to improve the experiences of people with mental problems by helping to shape decisions before they are made.

Respect for human rights should be at the heart of our legal system, which must protect people with mental health problems from human rights abuses when they are vulnerable.

Currently, our legal framework does not put mental health problems on an equal footing with physical health problems and disabilities. The definition of disability in the Equality Act needs to be extended so that people with fluctuating conditions such as depression are protected from discrimination.³¹ The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act has had a disproportionate impact on the ability of people with mental health problems ability to access justice. They are often left to handle legal problems without legal advice or help. This needs urgently to be reviewed.³²

Future legislation needs to be based on the principles of human rights, equality, respect and dignity. The Mental Health Act Review is an opportunity to improve legislation to better respect people's wishes and ability to make their own decisions.

RESEARCH

Twenty-five times more per person affected by cancer is spent on cancer research (an average of £228) than on mental health research (an average of £9 per person affected by mental health problems).³³ The disproportionately low levels of research funding for mental health is a major inequality that needs to be addressed.

We need a much greater focus on research to build evidence on existing treatments, developing new treatments, effective prevention measures and detection and screening of mental health problems. We also need more investment to guide and evaluate the cross-government action we describe in this report.



RECOMMENDATIONS

13. The DHSC should confirm permanent appointment of an Equalities Champion for mental health to drive change and have a major role in monitoring the impact of delivery on people at increased risk of poor mental health. Similar appointments should be made in other government departments.
14. The government should commit to acting on the recommendations of the Mental Health Act Review to address the disproportionate use of detentions and restrictive practices among people from BAME communities. This should include setting year-on-year targets for closing the gap in the access, experience and outcomes between different ethnic groups. As part of this work, it should implement an Organisational Competence Framework (OCF) and Patient and Carer Experience Tool to support efforts to reduce these inequalities for people from BAME communities.
15. Building on the Race Disparity Audit, the government should produce a strategy for reducing race inequality in mental health, including work with schools, the police, youth and community services and mental health services to improve access, outcomes and experiences for people from BAME communities.
16. NHS England, Clinical Commissioning Groups (CCGs) and mental health providers must develop and monitor data relating to access and outcomes for groups of people with protected characteristics, including by gender, age, sexuality and ethnicity and disability.
17. The government and NHSE should take forward in full the recommendations of the Women's Mental Health Taskforce.
18. NHSE should take steps to improve access and outcomes for LGBTQ+ communities and set an expectation that commissioners will recognise the value of specialist LGBTQ+ services, commissioning them to meet local need.
19. The government should legislate to extend the definition of disability in the Equality Act to protect people with fluctuating mental health problems.
20. DHSC and the Ministry of Justice (MoJ) should reform the criminal justice system to make prisons safer and to divert more people to community options.
21. The MoJ should conduct a detailed assessment on the impact of changes to Legal Aid on people with mental health problems and ensure improved and fair access to adequate legal advice and support.
22. The government should provide sustained increased funding for inter-disciplinary mental health research that addresses prevention of mental health problems and multi-morbidities³⁴ as well as treatments and services.

CHAPTER THREE: THE NHS AND SUPPORT AT THE POINT OF NEED

Over the next decade, we must see real improvements in ensuring people with mental health problems receive the right support, in the right place, at the right time.

We warmly welcome the NHS Long Term Plan and its ambitions to get us closer to parity of esteem for mental health. We now need to see this national strategy delivered locally, with funding reaching the front line and significantly improved access and choice in mental health services, provided as close to home as possible.

However, the NHS Long Term Plan will not be able to deliver parity on its own. We therefore recommend that the DHSC reviews the NHS Constitution, to ensure it fully reflects the principle of parity of esteem for mental health.

AVAILABILITY OF PSYCHOLOGICAL THERAPIES

Over the past decade access to talking therapies, particularly Cognitive Behavioural Therapy, has been a focus of service improvement efforts.

The *Five Year Forward View for Mental Health* (FYFVMH) set an ambition to ensure 25 per cent of people with anxiety or depression could access care by 2020/21. We are pleased the NHS Long Term Plan commits to rolling out the Improving Access to Psychological Therapies (IAPT) Programme further, so that 380,000 more people will be able to access this service, including people with long-term physical health conditions.

However, more needs to be done to provide a wider range of non-CBT-based psychological therapies. We also need to provide more support for people with complex needs, such as experience of trauma, alcohol addiction, and Personality Disorder.

We must also take steps to ensure older people have enough mental health support. Too often older people experience undiagnosed depression and anxiety, as well as other mental health problems. Too few are offered the evidence-based therapies that could help them to recover, despite this group having the best recovery rates.³⁵



PROVIDING COMMUNITY MENTAL HEALTH SERVICES

The All-Party Parliamentary Group on Mental Health report on the impact of the FYFVMH expressed concern about prioritising specialist services at the expense of 'core' mental health services.³⁶ Too many people severely affected by mental illness are unable to access the services they need at the time they need them; Rethink Mental Illness highlighted that people were waiting an average of 14 weeks for an assessment, with no support in the meantime.

We therefore warmly welcomed the NHS Long Term Plan which set out ambitions to give 370,000 people severely affected by mental illness more choice and control over their care. Community services will be redesigned, leading to increased access to mental health therapies and trauma-informed care, physical health and practical support. In addition, a four-week waiting time standard for community mental health teams will be trialled for adult and older adult services.

By keeping people well in the community, we will be in a far better position to reduce avoidable admissions to inpatient units and to reduce the numbers of people detained each year under the Mental Health Act.

CRISIS CARE

We all rely on the NHS at times of crisis to provide us with the treatment and support we need, but too often people with mental health problems have difficulty accessing care when they most need it. When they do, they are not always treated with the dignity and respect they should be given.

Crisis care is a key priority in the NHS Long Term Plan. Its commitments for service expansion include: a 24/7 community-based crisis response, anyone being able to call NHS 111 when needed, expanding liaison services in A&E and improved ambulance staff training.

We hope this will go a long way to improving crisis care. However, it is only part of the picture. As the Independent Review of the Mental Health Act³⁷ stated, police officers work to protect our communities and keep us all safe. In a crisis, sometimes the police are first on the scene. Over recent years, using police cells as a place of safety has reduced – by 95 per cent over the period from 2011/12 to 2017/18. This is positive progress, but the number of people detained by the police has risen.

We must end use of police vehicles to take people with a mental illness to a safe place, and the use of police cells as a place of safety for adults. We support the recommendations of the Independent Review of the Mental Health Act and call for government and national bodies to implement these in full.

INPATIENT SERVICES

For some people experiencing a mental health crisis, a stay in hospital can be necessary to help keep them safe and ensure they receive the treatment and support they need. When this happens, their experience must support their recovery. One way of doing this is to meet the existing commitment to eliminate inappropriate out of area placements (where people are in hospital far from friends and family) by 2021.

All too often, the buildings we use are old and poorly maintained. A focus on environmental safety over the past decades has helped reduce the number of lives lost to suicides. We now need a renewed focus on how the same built environment can be made as therapeutic as possible. The government should commit in the 2019 Spending Review to a major multi-year capital investment programme to modernise the NHS mental health estate.

We also know that action needs to be well informed. For this reason, we also call on the Care Quality Commission to reinstate its annual inpatient survey of service users in mental health settings.

MEETING PHYSICAL AND MENTAL HEALTH CARE NEEDS

It is a shocking fact that people with severe mental illness are likely to die 15-20 years earlier than the general population. Despite increasing focus on this, people seeking care for a mental health problem still feel they are not listened to, and that their physical health is either ignored, or they are not given the full picture about the side-effects of their medication.³⁸ We urge Health Education England (HEE) to progress the FYFVMH recommendation to deliver standard prescribing guidance on mental health medications.

We are pleased that the NHS Long Term Plan has embedded the need to address physical health in new community service care models for people with severe mental illness, along with extending the roll-out of physical health checks.

However, it is vital people are guided to further support, such as social prescribing, physical activity initiatives and smoking cessation services. We recommend that all Sustainability and Transformation Partnerships (STPs) develop local operational plans to increase local support services to meet local premature mortality reduction targets. This will require PHE and NHS Digital to set out premature mortality reduction targets, as per the recommendation in the FYFVMH, nationally and locally. These should be in line with the WHO Sustainable Development Goal 3.4: 'By 2030 reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing'.

Community pharmacists should be upskilled so they can carry out physical health checks for people with severe mental illness and support people with common mental health conditions. They should also be able to identify when someone is at a particularly vulnerable time in their life.

CHILDREN AND YOUNG PEOPLE

There are continuing concerns about children and young people's mental health. While more young people are seeking help, they are finding that the system is unable to provide the help they want. Approximately one in eight children have a clinically diagnosable mental health problem, yet only one in four children have accessed specialist mental health services in the previous year.³⁹

We warmly welcome the NHS Long Term Plan commitments that funding for children and young people's mental health services will grow faster than overall NHS funding and total mental health spending, plans to extend Child and Adolescent Mental Health Services (CAMHS) from ages 0-25, and the aim to ensure that over the next decade 100 per cent of children who need specialist services will receive them.

This is an encouraging start and should ensure more children have access to help when they need it.

It is also essential that:

- ▶ we give more attention to infant mental health, given the extensive evidence that the earliest years are vital for babies' healthy emotional development. More funding should be available for specialist parent-infant relationship teams – recent research has found that there are only 27 such teams in the UK.⁴⁰
- ▶ we continue to improve transition from CAMHS (including 0-25 services) to adult services
- ▶ we continue to transform children's mental health services so that more children and families receive help at an earlier stage
- ▶ there is better support in a crisis, whenever possible without the need for a hospital admission
- ▶ urgent attention is given to the mental health needs of children with learning disabilities and neurodevelopmental difficulties including autism.⁴¹

CO-PRODUCTION AND SUPPORTING COLLABORATION

Co-production is key to making sure more people have access to the treatment and care they want. The way services are delivered and designed must be underpinned by genuine co-production. This includes collaboration between people working in public services, the people who use them and their carers.

NHS England must deliver the FYFVMH recommendations to embed co-production principles in commissioning.

USING DIGITAL TECHNOLOGY

Digital technology presents new opportunities to deliver NHS services differently and can help more people access the treatment and support they need. People experiencing mental health problems, and the clinicians treating them, will want to make best use of new tools and platforms to support their recovery.

This will mean embracing change and new opportunities in mental health services. NHS England should establish a dedicated fund to support adoption of new technologies and establish a digital innovations network to spread learning across the system.



RECOMMENDATIONS

23. **The government must follow through previous pledges made on mental health investment.**
24. **NHSE must ensure the commitments set out in the NHS Long Term Plan result in improvements to, and investment in, frontline services in all areas.**
25. **DHSC should undertake a review of the NHS Constitution, to ensure that it fully reflects the principle of parity of esteem for mental health.**
26. **NHSE, PHE, CCGs and mental health providers should consider how they can support improving access to appropriate mental health services for older people, including those living in residential care homes.**
27. **DHSC, NHSE and other relevant bodies must take forward the recommendations set out in the Independent Review of the Mental Health Act.**
28. **The government and the NHS should commit in the 2019 Spending Review to a major multi-year capital investment programme to modernise the NHS mental health estate and address backlog maintenance.**
29. **The Care Quality Commission should reintroduce an annual national survey of the experiences of mental health inpatient services.**
30. **All the recommendations of the *Five Year Forward View for Mental Health* and associated funding commitments must be delivered in full. Progress against these must continue to be publicly tracked, so that both national bodies and local areas can be scrutinised and held accountable for delivering better mental health services.**



31. NHSE should create an adoption fund to support mental health services to make best use of promising digital technology and establish a digital innovation network to support the spread of good practice and collaborative approaches.
32. NHSE should fund the roll out of integrated psychological therapy services for people with medically unexplained symptoms and long-term physical health conditions (LTCs) across all CCGs post-2020/21.
33. DHSC and NHSE should invest in innovative mental health services for young adults aged 16-25, and replicate these services based on their impact. This should be part of a concerted effort to review mental health support for young adults and identify effective models to support transitions into adulthood, building on the commitment in the NHS plan Long Term Plan.
34. CCGs should commission specialised parent-infant relationship teams to provide holistic help at an early stage, when babies' emotional wellbeing and later mental health is identified as being at risk.
35. NHSE should invest in an effective whole-system approach to crisis care for children and young people's mental health. This should include the provision of alternatives to hospital admission and assurances that children will not be admitted to hospital outside their local area or to adult wards where this is inappropriate.
36. NHSE should review the availability of services for children and young people with neurodevelopmental disorders and their families, from early diagnosis and post-diagnostic support, through to specialised services and a good transition to a developmentally appropriate service.
37. NHSE must ensure that there is adequate coverage nationwide of health-based places of safety that accept children and young people. It should seek to develop new models of places of safety in partnership with young people to design services they find welcoming, non-stigmatising and helpful.

CHAPTER FOUR: HELPING PEOPLE WITH MENTAL HEALTH PROBLEMS TO LIVE WELL IN THE COMMUNITY

People with mental health problems face many injustices and disadvantages.

These include:

- higher levels and increased risk of physical health problems
- disability
- unemployment
- poverty
- debt
- homelessness
- poor housing
- drug or alcohol dependency
- crime victimisation
- contact with the criminal justice system.

Many of the biggest injustices are not about services but the way society still marginalises, impoverishes and discriminates against people with a mental health problem.

Tackling these injustices and inequalities requires a holistic approach to mental health, and the NHS cannot do this on its own. It means reviewing a range of national policies for the impact they have on people with mental health problems and being prepared to make fundamental changes where needed. It means considering how all public services relate to people with mental health problems in their day-to-day lives. It also means creating a crucial role for local government in coordinating collaborative work in communities to enable more people to live well.

This section focuses on some of the biggest areas for cross-government action to support people with a mental health problem to live well in our communities.



NATIONAL AND LOCAL LEADERSHIP AND COORDINATION

A wide range of services have a role in supporting people with mental health problems to live well. This means there needs to be an overarching cross-government national strategy, designed in a way that enables local public services to align their efforts and resources.

We welcome the NHS Long Term Plan commitment for NHS England to target a higher share of funding towards areas with high health inequalities, the introduction in 2019-20 of a more accurate assessment of need for community health and mental health services, and ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need.

To complement this focus on inequalities, a Mental Health in All Policies approach (MHiAP)⁴² is needed. This emphasises the effects of public policies on the social, economic, environmental and other factors that affect mental health, strives to reduce mental health inequalities and extends responsibility for improving mental health to all areas of national and local government. Some local authorities have taken this or similar approaches already. We believe this should be routine practice at every level of government.

Local authorities are uniquely placed to assess and understand the needs of their communities, make strategic plans for reducing inequalities and act as a catalyst for partnership working and change management. They need to be supported to take this role and to inform decisions made by other local agencies including NHS commissioners and providers.

EMPLOYMENT AND RIGHTS AT WORK

Employment is closely related to our mental health. For many of us, being in work protects and promotes mental and physical health. For others, being in a workplace that undermines mental health can cause great and lasting damage.

For people in insecure and low-paid work, without fixed hours, the stress of making ends meet can have a negative effect on their mental health. And for some, being out of work, and being denied the opportunities to get work, is toxic to their health.

Work insecurity and in-work poverty are among the most common reasons for people to contact Samaritans. The independent Farmer/Stevenson report (*Thriving at Work*) made important recommendations about how all employers can improve mental health at work and called on the public sector to lead the way.⁴³

Work is also changing. Increasingly insecure work, pay and hours, plus companies' failure to pay workers even statutory holiday, sickness and maternity pay, is negatively affecting the mental health of precarious workers and their families^{44,45} and means they lack access to the usual forms of support when they become unwell. Insecure work⁴⁶ and an increasingly

punitive social security system⁴⁷, can result in people getting into debt, which can further endanger their mental health. If the gig economy is going to continue, we need to radically re-evaluate how we prevent mental ill health and financially support people who experience it.

Currently, 300,000 people living with long-term mental health problems lose their jobs each year.⁴⁸ We need to act on this, to support people who can remain in work to continue. The *Thriving at Work* recommendations need to be implemented as an urgent priority.

The proportion of people using specialist mental health services who are in paid work remains small. Many more people would like support with employment. Programmes that support people into employment when they want this, on their own terms, should be expanded, and we welcome the commitment in the NHS Long Term Plan to increase access to Individual Placement and Support (IPS).⁴⁹

We also need to look beyond secondary mental health services and extend the principles of IPS to mainstream employment service provision. There are pilot projects in some local areas extending and adapting IPS to IAPT and primary care, to addiction services, to armed forces veterans and to people leaving prison.

SOCIAL SECURITY

Social security benefits play an important role in enabling people with a range of mental health problems to live well. For many, these entitlements provide an important safety net during times of ill health and offset the extra costs of living with a disability. Yet too often we hear that people with mental health problems struggle to receive the benefits they are entitled to and have poor experiences of the system and sanctions.

The system for assessing benefit entitlements must ensure that people are accurately and honestly assessed. It must also ensure the impact of individual health problems is understood and that assessments achieve the right results first time, without needing to be reviewed.

DEBT AND PERSONAL FINANCE

Problem debt is closely associated with poor mental health. Difficulties managing personal finances can trigger relapses in people with mental health problems. For some people having a mental health problem can lead to financial difficulty.

People with problematic debts have half the recovery rates in IAPT of those without.⁵⁰ Routine screening for financial difficulty and high-quality advice on debt, finance and associated issues is likely to be highly cost-effective for the NHS, and could significantly reduce the risk of homelessness among people with mental health problems.

The Money and Mental Health Policy Institute has concluded that aggressive debt collection has a significant impact on mental health and is a key risk

factor for suicide.⁵¹ The Institute has called for independent regulation of the bailiff industry and action to improve the government's own debt collection, for example, by only using collections agencies with good mental health policies.

The London Borough of Hammersmith and Fulham has become the first council to abolish using bailiffs to collect council tax debt.⁵² Other local authorities should follow this example.

HOUSING

Having somewhere safe, stable and secure to live is essential for good mental and physical health. For too many people, housing insecurity and poor mental health reinforce one another. Up to one-third of people using mental health services say they do not have secure housing. For some a stay in hospital can mean losing their home.⁵³

According to Mind, four out of five people with mental health problems say their housing has worsened their mental health problems.⁵⁴ Insecure tenancies, the risk or experience of homelessness and poor-quality housing, can all affect mental health. A Rethink survey found that three-quarters of its members said they needed appropriate supported housing, yet fewer than half of them received it.⁵⁵

Securing the housing rights of people with mental health problems is an essential cornerstone of a fair society. It can also increase the efficiency of mental health services and reduce the risk of costly and distressing out of area placements. Indeed, sufficient supported housing and community provision is vital for NHS England to meet its commitment to end out of area placements.

A range of provision, from residential services to 'floating' support in people's own homes, is essential to facilitate safe and timely discharge from hospital. This is particularly important for people who have spent long periods in 'locked rehabilitation' services or in secure hospital.

This requires funding; but in recent years funding for housing support services through local authorities has been reduced significantly. This has left many without the help they need to stay or become independent.⁵⁶ The National Housing Federation estimates that there will be a shortfall of 35,000 supported housing places by 2020/21.⁵⁷

Eighty per cent of homeless people report they have a mental health problem. Many have complex needs including substance misuse and histories of trauma.⁵⁸ Access to mental health support and other essential services is vital for homeless people. The Housing First approach to supporting homeless people with complex needs has the strongest evidence for achieving positive outcomes,⁵⁹ and is now being tested in pilot projects across England. If successful, it should be expanded nationwide with mental health support available to all.

SOCIAL CARE

Adult social care services play a significant role alongside the NHS in providing mental health care. This includes specific statutory responsibilities in relation to the Mental Health Act, Mental Capacity Act and Care Act 2014.

Social care has been on the margins of national mental health policy for many years. There has been little data about service provision, staffing and funding. Mental health social work has also been marginalised within social care and in social care policy, which has been dominated by the needs of older people. Net current expenditure on adult social care for mental health support was £1.05billion in 2016/17 (out of the total adult social care net current expenditure of £14.91billion).⁶⁰

Local authorities have a key role in commissioning a range of social care services. These include supported housing, home care and enablement, employment and day/activity services (including specific services for young people and those with autism).

Local authority social work services are also responsible for the effective transition of young people moving to adult services and joint working with children's services and Child and Adolescent Mental Health Services.

Joint working between the NHS and local authorities (such as embedding social workers in NHS community teams) is well established, and widely seen as a model for other services. But in some areas this is breaking up because some local authorities are struggling to meet their Care Act obligations.⁶¹

Social care also plays an important part in managing hospital admissions for people in a crisis. This includes preventing inappropriate out of area admissions and facilitating timely and effective discharge for people who need inpatient care.⁶²

The Mental Health Act Review has significant implications for adult social care, for example, in relation to Approved Mental Health Professional (AMHP) provision and Independent Mental Health Advocacy (IMHA) commissioning. The next generation of mental health policy is an opportunity to bring social care (and other vital local government functions) closer to health service provision. This can raise the profile of mental health in social care, to ensure parity between the NHS and local government.

SOCIAL PRESCRIBING AND SOCIAL CONNECTION

Isolation, loneliness and exclusion are too often a reality of life for people with mental health problems. Enabling people to maintain, build or rebuild social connections can have a significant impact on mental and physical health.

Social prescribing approaches, connecting people with mental health problems with sports, arts or other activities in local communities, can bring major benefits.⁶³ We welcome the NHS Long Term Plan commitment that within five years more than 2.5 million people will benefit from 'social prescribing', a personal health budget and new support for managing their health in partnership with patients' groups and the voluntary sector.

Local authorities have a vital role in enabling this to happen in their local areas. They can encourage the development of groups and activities and map what is available, linking people to relevant opportunities. However, significant reductions in local authority budgets will affect the availability of these much-needed community resources.

SUPPORT FOR CARERS

Carers can have an important role in supporting a person living with a mental health problem, and may have mental health problems of their own, such as depression.

However, too many carers feel excluded by mental health services and poorly supported in their role. A survey by Rethink Mental Illness found that only one in four carers (23 per cent) felt well informed and respected as a partner in care. A similar proportion (24 per cent) received a carers assessment under the Care Act 2014⁶⁴.

Future strategies need to recognise and value the role of carers and ensure they are fully engaged. The Triangle of Care⁶⁵ approach has shown considerable promise in ensuring that carers are appropriately involved in decision-making, supported in caring and given help for their wellbeing.



RECOMMENDATIONS

- 38. Local authorities should appoint a 'member champion' for mental health as part of the Mental Health Challenge for Local Authorities in order to lead the way in their local areas.**
- 39. The government should work with employers to ensure they support the wellbeing of their staff, including fully implementing the *Thriving at Work* report. Public sector organisations should be at the forefront of change and making use of their economic power (for example supply chains) to encourage wider uptake. This should take into account the changing nature of work and the recommendations of the Taylor Review.**
- 40. DHSC and the Department for Work and Pensions (DWP) should work together to give a guarantee that anyone with a serious mental illness who wants help with employment is able to access IPS.**
- 41. NHS mental health services should consider how best they can identify and support service users experiencing financial difficulty, and wherever possible ensure people have access to high-quality housing, debt and financial advice.**
- 42. Local authorities should stop using bailiffs to collect council tax, social care debts and rent arrears.**



43. DHSC and NHSE need a long-term plan for CCGs and local authorities to prioritise step down housing with adequate funding for people who require transitional accommodation and support to live independently.
44. DHSC and MHCLG should reform the social housing system so that it better meets the needs of people with mental health problems and adopt a sustainable funding model for supported housing to ensure everyone who needs supported housing is able to access it.
45. HM Treasury, DHSC and MHCLG should agree a new long-term funding settlement for social care to complement improvements in mental health services support. This must incorporate the needs of people with mental health problems, regardless of their age.
46. DHSC should ensure that carers are fully supported by overseeing progress and resourcing local authorities to implement the Care Act 2014.
47. DWP should ensure Universal Credit is rolled out in a way that does not disadvantage anyone with a mental health problem.



CHAPTER FIVE: THE MENTAL HEALTH WORKFORCE

Without the right NHS workforce in place, it will not be possible to realise the ambitions of this report or deliver the NHS Long Term Plan. We know that difficulties in recruiting enough psychiatrists, mental health nurses and other members of mental health teams has had a major impact on patient care. We are pleased that the Interim NHS People Plan recognises that more must be done so that the NHS has the staff it needs.

In the final quarter of 2018/19, the overall vacancy rate in mental health trusts was 9.6 per cent (ranging from 8.2 per cent in the North to 11.8 per cent in London).⁶⁶ Gaps in the workforce are currently plugged with temporary staff, which is expensive and may undermine continuity of care and relationships.⁶⁷

Between March 2014 and March 2018, there was a 3.18 per cent reduction in the number of nurses registered in mental health.⁶⁸ Vacancy rates are also worryingly high, with 12.5 per cent of nursing posts in mental health trusts vacant in the final quarter of 2018/19.⁶⁹

More encouragingly, we are beginning to see an improvement in the number of psychiatrists working in the NHS, with a 1.5 per cent increase between February 2018 and February 2019.⁷⁰ The number of doctors choosing to train in psychiatry in the first recruitment round across England increased by 37 per cent between 2017 and 2019 (from 280 to 384) and by four per cent between 2018 and 2019 (from 368 to 384).⁷¹ However, the UK remains reliant on overseas psychiatrists.

Building a workforce fit to deliver the mental health services of the future will require radical action across and beyond the NHS. We urgently need to build a workforce that better reflects the diversity of people who use services. We also need urgent action to create an NHS workforce of psychologically-informed staff able to provide holistic, whole-person care to anyone who needs it.



We also need to look at how new roles can bring people with relevant skills into the NHS and its partner agencies. Developing new roles in the mental health sector such as peer support workers, employment specialists, physician associates, nursing associates and care navigators, is very welcome.

NURSES

We urgently need to increase the number of mental health nurses in permanent roles. This will reduce an over-reliance on bank and agency staff, which in turn leads to high turnover of permanent staff, an inappropriate skill mix and a lack of continuity of care.

These can cause:

- an increased risk of suicide and self-harm among patients on wards
- delays and cancellation of escorted leave from wards and therapeutic activities
- high caseloads in community teams - limiting time with patients and leading to delays in treatment and limited access to care.

Increasing applications to nursing programmes is essential. Mature students are more likely to choose Mental Health Nursing⁷², yet applications from these students have dropped by 28 per cent since the introduction of tuition fees.⁷³ With falls in applications across all age groups, the loss of bursaries for student nurses needs to be urgently reassessed.

PSYCHIATRISTS

Psychiatry is particularly reliant on doctors who qualified outside the UK. In England, the National Health Service Data (NHSD) from June 2018 showed that 46.1 per cent of psychiatrists (all grades) qualified abroad, compared to 36.55 per cent for all other doctors.⁷⁴ UK immigration policy must allow for this, but we also need to be training enough psychiatrists in the UK. As it takes 13 years to train a consultant psychiatrist, comprehensive workforce planning needs to be urgently completed to ensure we have a medical workforce that meets future population needs.

We need to increase the number of medical students who complete specialist training in psychiatry, and all medical schools should have a plan in place to encourage students into psychiatry. They can achieve this by increasing exposure to psychiatry among undergraduates through high-quality placements and 'tasters' in the subject, which will increase the likelihood of students choosing psychiatry.^{75,76}

The Royal College of Psychiatrists will be publishing a report detailing factors affecting medical students' likelihood to choose psychiatry as a career and/or become psychologically-minded doctors, which will also help to develop strategies to increase their number.

In the final quarter of 2018/19 the medical vacancy rate across all mental health trusts was 12.7 per cent (ranging from 10 per cent in London to 14.6 per cent in the Midlands & East).⁷⁷ We urgently need a retention action plan. Developing solutions to create more time for consultants to provide skilled care for patients not only maximises the care the workforce can provide, but is also likely to support retention.

The NHS Interim People Plan highlights the work of the staff retention programme, which includes an online platform for trusts to share ideas and case studies. Figures from NHS Improvement (NHSI) show that mental health trusts in the initial cohort have reduced their turnover rates by 1.1 per cent in the first three quarters of 2018. Trusts not involved in the retention programme reduced it by 0.7 per cent in the same period. This work should be rolled out to all mental health trusts.⁷⁸

PSYCHOLOGISTS AND THERAPISTS

Psychology graduates are an under-used resource in the mental health workforce. Psychology degrees are growing in popularity, yet there are few opportunities for psychology graduates to move into mental health employment after university.

The National Collaborating Centre for Mental Health (NCCMH) is currently carrying out research to understand the often complex career pathways that psychology graduates take and how to promote a mental health career to this group.

PRIMARY CARE PROFESSIONALS

Primary care is often the first place people go to receive care and support for a mental health problem. Based in communities, GP services often have excellent links to other community-based and non-health services. We need to support GPs and their colleagues to provide excellent care for people with mental health problems.

Some local areas are developing specific new roles in primary care, for example for psychologists, care navigators, social prescribers and community nurses. These roles may provide new career opportunities and meet people's needs in different ways.

Primary care link-workers can also be crucial in helping people to live well with their mental health condition. Offering advice and support relating to housing, benefits and other practical needs in a familiar environment can help people navigate the complex world of social welfare support. Ensuring that link-workers are well-trained and rooted in the communities they work with is crucial to ensuring people are offered holistic care that is sensitive to their situation.

COMMUNITY PHARMACISTS

Community pharmacists have a role in supporting people with mental health problems and helping to develop services in primary and community care settings.⁷⁹ These include providing physical health checks for people with severe and enduring mental illness in a space focused on wellbeing and empowering patients to self-manage their physical health.

For this to happen more widely, community pharmacists need to be able to start conversations on mental health, in order to identify problems earlier. Community pharmacists are in a strong position to make a difference, as pharmacies might be more attractive to patients who distrust or dislike clinical settings.

STAFF WELLBEING

NHS Trusts and commissioners need to prioritise staff engagement and wellbeing to support the mental health of staff. Many NHS staff feel stressed at work and improving their welfare is essential to lowering attrition rates. Almost 40 per cent (39.8 per cent) reported feeling unwell due to work-related stress in the last 12 months. This measure has been worsening since 2016 (36.8 per cent), with 2018 the worst result in the last five years. Also, 56.5 per cent said they have gone to work in the last three months despite not feeling well enough to do their duties.⁸⁰ We must urgently address the stress, distress, burnout, self-harm and loss of life caused by this stress.

Employers of healthcare staff must recognise and act on their responsibilities in this area. Staff wellbeing and mental health have a strong impact on patient health outcomes, productivity and financial costs in the NHS. It should be a key element of quality improvement initiatives and recruitment and retention strategies.

This starts with ensuring good line-manager training and support so that staff are given high-quality clinical supervision to help them deal with the stresses of the job. They must also receive good personal development so that they feel they have the right skills and competencies.





RECOMMENDATIONS

48. HEE and others should develop a new long-term workforce strategy for mental health, to follow on from the *Stepping Forward to 2020/21* plan. This should include an assessment of how far the current mental health workforce plan has been implemented and its lessons learned.
49. The workforce strategy must utilise the full breadth of the mental health workforce and make use of the expertise in the voluntary and community sector. This should include: expanding the use of peer support workers and the availability of independent advocates, and making it easier for psychology graduates and psychological therapists to become part of the mental health workforce.
50. The government should fund a collaborative Mental Health and Learning Disability Careers campaign aimed at secondary-school and further-education students to actively promote mental health and learning disability career options.
51. The government must grow the NHS workforce by expanding the number of places available at medical and nursing schools and urgently review the impact of tuition fees on access to mental health nursing training, taking action on the results.
52. All medical schools should have plans in place to encourage more medical students to choose psychiatry.
53. HEE, NHSE, DHSC and NHS Trusts and Commissioners should support the mental health and wellbeing of staff across the mental health workforce and take action to encourage more staff working in mental health services to stay in the NHS and social care. This should include acting on the recommendations of the Commission on NHS Staff and Learners' Wellbeing and Mental Health led by Sir Keith Pearson.
54. NHSE and DHSC should build on the promising Time to Change pilots to tackle the stigma and discrimination still pervasive in the NHS workforce and fully adopt its Health and Wellbeing Framework.
55. DHSC should urgently deliver the *Five Year Forward View for Mental Health* recommendation to consider how to introduce regulation of psychological therapy services provided in non-secondary mental health care settings.
56. HEE should work to upskill staff who are not mental health specialists to be more confident in identifying and supporting people with mental illness. This should involve HEE, the General Medical Council and the Nursing and Midwifery Council working to improve the quality and quantity of mental health training and development for trainee and registered GPs, practice nurses, other primary care staff and non-psychiatric medical specialities.

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DECEMBER 2018

PRINCIPLES FOR MENTAL HEALTH IN THE LONG-TERM NHS PLAN

A CONSENSUS STATEMENT

The Mental Health Policy Group is pleased to present the following Consensus Statement with partner organisations committed to improving the lives of people with mental health problems. Together we represent providers, professionals, the voluntary and community sector and hundreds of thousands of people who use the NHS and services in the wider community that support their mental health.

Mental health problems remain one of the largest single causes of disability in England¹ affecting one in five mothers during pregnancy or in the first year after childbirth,² one in eight children and young people³ and one in six adults.⁴

Mental health services have undergone significant transformation in recent years, primarily through the publication and roll-out of the *Five Year Forward View for Mental Health*⁵, as well as a step-change in the priority given to mental health by politicians, health leaders and opinion formers. The Prime Minister's pledge to bring forward a long-term funding plan for the NHS is welcome⁶ and comes at a time when mental health is high on the nation's agenda.

As health leaders set out their vision for the NHS over the next 10 years, we urge that it be underpinned and informed by the following seven principles.

1

The next decade must see real parity of esteem for mental health delivered

Over the next ten years this will mean that vastly more people living with a mental health condition will have access to high-quality treatment and support.

2

Mental health should be threaded throughout the Long-Term NHS Plan

In addition to significant investment in mental health services themselves, there are other priorities in the plan that will play a key role in improving support for people with mental health problems and tackling the factors which can cause or exacerbate these. This includes priority areas such as prevention, primary care, children and young people's health and support for people with multiple long-term conditions.

3

Improved mental health support is not just about the NHS

The Long-Term NHS Plan must be accompanied by a similar long-term cross-government strategy to effectively tackle the wider social determinants of poor mental health and enable all of us to enjoy mentally healthy lives from cradle to grave. This must include commitment to invest in public mental health initiatives and social care, and should bring about changes in education, social security, criminal justice and other public services to better support lifelong mental health.

4

'Holistic' support is needed to help people of all ages manage both their physical and mental health

This should include improved support for people to navigate the health and social care systems and other vital services such as housing and benefits, as well as better use of the voluntary and community sectors in reducing inequalities and marginalisation. It should also include a bigger role for co-produced services that are designed in partnership with the people who use them.

5

Ambitious pathways and waiting time standards are needed to ensure people with mental ill health receive the right treatment at the right time

This must be accompanied by improved data to ensure accountability.

6

A psychologically-informed workforce should be developed across all parts of the NHS, and is vital for providing a truly holistic, whole-person approach to all healthcare

Such a workforce should be able to support people's mental health whenever they require help, whichever part of the system they are in contact with and should also include support for NHS staff to manage their own health and wellbeing.

7

The disproportionately low levels of research funding for mental health should be addressed

We need a much greater focus on research to build the evidence base on existing treatments, effective prevention measures, detection and screening of mental health problems and the development of new treatments.



Our thanks go to everyone who contributed to a stakeholder roundtable discussion on the NHS 10-Year Plan in September 2018.

Signed:

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The Mental Health Policy Group



Mental Health Foundation

