

#MHN2014

The future of mental health

Key points

- By 2030 there will be approximately 2 million more adults in the UK with a mental health problem.
- Society's attitudes towards mental health problems are changing, as are the expectations of people who use services.
- In the next decade, the NHS could experience a funding gap of between £44 and £54 billion.
- Bold leadership will be required to build a common vision for the future of mental health services. Tackling the investment challenge is critical.

Introduction

What might mental health services look like in ten to 20 years' time?

Our population demographics are changing. Technology continues to develop at a rapid pace. The recovery movement in mental health continues to grow, as does a focus on integration. At the same time, demand continues to increase and significant questions are being asked about where future investment in the NHS might come from. Currently, there is a lack of a sustainable and coherent national plan to tackle these issues.

This paper discusses what these challenges might mean for the future of our nation's mental health.

Let us know what you think – email us at mentalhealthnetwork@nhsconfed.org or join the debate on twitter at **#mhn2014**

The challenge

Improving the nation's mental health is one of the major social policy challenges of our era.

Poor mental health impacts on our employment rates, welfare spending and wider health inequalities. Poor mental health costs Britain £70 billion a year through productivity losses, higher benefit payments and the increased cost to the NHS – equal to 4.5 per cent of Gross Domestic Product (GDP).¹

Employment, or lack of it, is a major contributor to these productivity losses. Between 10 per cent and 16 per cent of people with a mental health condition, excluding depression, are in employment.² However, between 86 and 90 per cent of this group want to work.^{3,4} Mental health problems are the cause of 40 per cent of the 370,000 new claims for disability benefit each year.⁵

There is also a much higher rate of mental health problems amongst people in the criminal justice system. Approximately 70 per cent of prisoners have a mental health problem, of whom 7 per cent of men and 14 per cent of women experience psychosis.⁶ Around 70 per cent of people accessing homelessness services have a mental health problem.⁷

People who have mental health problems also experience some of the starkest health inequalities. People with poorer mental health more frequently experience problems with drugs or alcohol, and are more likely to smoke. A third of those reporting mental health problems have a concurrent drug or alcohol problem, whilst half of those reporting substance abuse issues have a mental health problem.⁸ Taking an inclusive definition of a mental health problem, which includes people with alcohol or illicit drug dependencies, about 42 per cent of all cigarettes smoked by the English population are smoked by people with a mental health problem.

People with a mental illness are almost twice as likely to die from coronary heart disease as the general population, four times more likely to die from respiratory disease,^{10,11} and are at a higher risk of being overweight or obese.¹² Rethink Mental Illness estimates that a third of the 100,000 annual 'avoidable deaths' amongst under-75s involve someone with a mental health problem. Between 4,000 and 4,500 people commit suicide in England each year.¹³

We also know there is a significant challenge around intervening early with children and young people. Around one in ten children aged between five and 16 years old has a mental health problem.¹⁴ Half of those with lifetime mental health problems first experience symptoms by the age of 14.¹⁵ For those children, poor mental health can negatively impact on a wide range of outcomes, including educational attainment, which can have a fundamental impact on their adult lives.

The policy challenge around mental health is clear. The current mental health strategy, *No Health Without Mental Health*, acknowledges these issues. But do we have a coherent plan to deal with future demands upon the system?

“The policy challenge around mental health is clear. But do we have a coherent plan to deal with future demands upon the system?”

Future outlook

Population change

The UK population is predicted to increase by 10.9 million over the next 25 years, to 73.2 million by mid-2035.¹⁶ Population change will inevitably mean demand for mental health services will increase significantly over the coming decades.

Our population will also become increasingly diverse. The Economic and Social Research Council predicts that in 40 years' time people from minority ethnic groups will make up 20 per cent of the population (from 8 per cent in 2001).¹⁷ It also predicts that this population group will become less concentrated in larger urban areas, moving out from the inner city to suburbs and surrounding towns. Black and Asian populations of affluent local authority areas are predicted to increase significantly.¹⁸

Our society is also ageing. Compared to 2010, by 2030 there will be 51 per cent more people aged 65 and over, and a doubling of the numbers of people aged 85 and over in England.¹⁹

Increasing prevalence and demand

The Mental Health Foundation states that by 2030, even assuming rates of prevalence stay the same as they are now, there will be approximately 2 million more adults in the UK with mental health problems than today, due to population growth.²⁰

However, evidence points to prevalence rates of common mental health disorders rising over time. The 2007 adult psychiatric morbidity survey found that the proportion of the English population aged between 16 and 64 meeting the criteria for one common mental disorder increased from 15.5 per cent in 1993 to 17.6 per cent in 2007.²¹ Depression is predicted to be the second leading cause of global disability burden by 2020.²² Unmet need is already high. The London School of Economics and Political Science recently estimated that just a quarter of people with mental health problems currently receive any treatment.²³

Much has also been written about the future challenge of rising numbers of people with dementia and the impact this will have on services in future. The Alzheimer's Society estimates that, as of 2012, there were 800,000 people in the UK with a form of dementia. By 2021 this is projected to rise to 1 million, and then to 1.7 million by 2051.²⁴

“By 2030 there will be approximately 2 million more adults in the UK with mental health problems.”

Changing attitudes and expectations

Society's attitudes towards mental health problems are changing, as are the expectations of people who use services.

The recovery movement represents a paradigm shift in terms of thinking about the purpose of mental health services. Expectations of service users, carers and professionals are now very different to the expectations of a generation ago. This emphasis has led to a much greater focus being placed on the importance of housing, employment and social networks. Programmes such as ImROC, jointly delivered by the Mental Health Network and Centre for Mental Health, are supporting providers to make practical steps in support of delivering recovery orientated services. Whilst there remains a long journey ahead, we expect the concept of recovery to be central to the future design and delivery of services.

Wider societal attitudes are also changing for the better. Increasingly, people are starting to regard mental illness as an illness like any other. Time to Change's latest *Attitudes to mental illness* report,²⁵ found that attitudes have markedly improved in a number of different areas. Acceptance of people with mental illness taking public office has grown. The percentage agreeing that 'anyone with a history of mental problems should be excluded from public office' decreased from 29 per cent in 1994 to 18 per cent in 2012.

The proportion of people saying they know someone close to them who has had some kind of mental illness increased from 58 per cent in 2009 to 63 per cent in 2012,²⁶ perhaps indicating a growing openness about discussing mental health amongst friends and family.

Generational differences

There are also some differences evident between generations relating to their attitudes to, and expectations of, the NHS.

Older people are more likely than younger people to be more positive about their local NHS services. Eighty four per cent of over-65s agree that their local NHS is providing them with a good service, compared with 69 per cent of 25–34 year-olds.²⁷

With an ageing population, and a 'baby boomer' generation about to enter retirement, public spending on state pensions, health and social care are all predicted to increase significantly over the longer term. Spending on healthcare is predicted to rise from 7 per cent of GDP in 2017/18 to 8.8 per cent of GDP in 2062/63.²⁸ Government spending, other than on debt interest, is predicted to rise from 36.7 per cent of GDP in 2017/18 to 40.6 per cent of GDP by 2062/63. This equals an increase of 4 per cent of GDP, or £61 billion in today's terms.²⁹

Some commentators have questioned whether this upward trajectory in spending could place an undue burden on younger, and future, generations. Similarly, some speculate whether or not that might be an extra cost younger generations will be willing to shoulder. It should be noted, however, that whilst significant generational differences are evident in views around welfare spending,³⁰ research has demonstrated that both younger and older groups support the collective funding of healthcare.³¹

“Expectations of service users, carers and professionals are now very different to the expectations of a generation ago.”

Digital revolution

The UK is increasingly a digital society, where internet usage and digital communications have become central to the way in which most of us live. Eighty three per cent of homes now have internet access.³² We have one of the most developed e-commerce markets in the world. Seventy two per cent of all adults have purchased goods or services online, 50 per cent of users are accessing internet banking, and 53 per cent of adults in the UK access social media sites, such as Facebook.³³

For service providers looking to build and sustain relationships with consumers, developing a digital engagement strategy is now a business necessity. Customers are increasingly expecting 24-hour online access to information and services. This has led to the transformation of some industries, such as retailing and banking, from 9 to 5 offline organisations to 24-hour online digital organisations.

People are increasingly making use of online resources to support their own health. Forty three per cent of internet users have used the internet to access health information, up from just 18 per cent in 2007.³⁴ Over half (54 per cent) of the public say they would find it useful to be able to book GP appointments online.³⁵ However, just 1 per cent of the public have used email to consult their GP.³⁶ The NHS has been slow in responding to this transformation.

Investment gap

In this Spending Review period to 2014/15, the NHS is targeting efficiency savings of between £15 billion and £20 billion. The Nuffield Trust has argued that after 2014/15 the NHS “must either achieve unprecedented sustained increases in productivity, or funding will need to increase in real terms.” It predicts that cost pressures on the NHS will grow at around 4 per cent a year up to 2021/22. These pressures arise from growing demand for healthcare – to meet the needs of a population that is ageing, growing in size and experiencing more chronic disease. Upwards pressure will also result from increases in the cost of providing healthcare, of which the largest item is workforce pay.

The Nuffield Trust argues that if NHS funding is held flat in real terms beyond this Spending Review period, the NHS in England could experience a funding gap of between £44 billion and £54 billion in 2021/22, unless productivity gains are delivered to offset this.³⁷

Investment in mental health services has fallen in real terms over the past three years. Funding for adult mental health services (ages 18–64) fell by 1 per cent in real terms from 2010/11 to 2011/12.³⁸ Funding for older people’s mental health services fell by 3.1 per cent in real terms over the same period.³⁹ The BBC and Community Care published figures in December 2013 based on Freedom of Information requests to 51 mental health trusts. They found there had been a reduction of 2.36 per cent in real terms over a two-year period from 2011/12 to 2013/14.⁴⁰ We might ask, given the continued squeeze on NHS finances, what this will mean for investment in mental health services in the future should this trend continue?

What does it all mean?

Given the predictions outlined above, what might this all mean for mental health services in the future?

Undoubtedly, there are some major challenges ahead. A growing population can only mean demand for mental health services will continue to increase. Unmet need is already high. Projections for a significant gap in investment are cause for great concern, and bold leadership will be required to tackle it.

However, there is also cause for hope and optimism. Societal attitudes are shifting significantly, and the stigma surrounding mental health problems is reducing. The opportunities presented by digital technology may yet prove to be a game changer in how we deliver care and support to ever increasing numbers of people.

No one can predict exactly what this might mean for how services might look like in the future. However, below we discuss what the impact of some of these trends and changes might have on providers.

What might the recovery model mean for the future workforce?

The journey of mental health services in recent years has been characterised by a move away from a medically focused model of treatment and care, towards an approach centred on recovery. As this evolution continues, some commentators have pondered what this might mean for the mental health workforce of the future.

The Mental Health Foundation says a running theme in this debate is what the balance between specialists and generalists should be, and whether this should change over time. Some have argued for the need to move away from specialist roles and teams, towards greater numbers of staff with generalist skills focused on helping people to live fulfilling lives in the community. Others have passionately defended the need to retain clinical roles and specialist teams – valuing the importance of clinical expertise and input.⁴¹

The Mental Health Foundation⁴² and Centre for Mental Health⁴³ have both talked of the potential to increase the opportunities for people with lived experience of mental illness to play a role within the future mental health workforce, both formally and informally.

In a 2009 paper on implementing recovery, the Centre for Mental Health stated that a shift towards recovery focused services will “lead to a fundamental review of skill-mix and professional/service user ‘balance’ within the workforce of mental health organisations.” Whilst professionals “will remain important”, the Centre for Mental Health expects to see a “greatly expanded role for ‘peer professionals’ in the mental health service workforce.”⁴⁴

A point impossible to ignore is that workforce costs account for around 40 per cent of the NHS budget.⁴⁵ If investment in the NHS does not keep pace with demand, issues of cost will become ever more important in determining the future make up of the workforce – which could become a point of considerable controversy in future discussions.

What is clear is that any debate around the future shape of the workforce will attract a wide variety of views. However, there is no consensus about what shape our workforce needs to take in future. Change in this area will require real leadership to drive debate and to form a consensus around a coherent vision for the future.

“There is no consensus about what shape our workforce needs to take in future.”

What will increased demand mean?

As stated earlier, by 2030, even assuming rates of prevalence stay the same as they are now, there will be approximately 2 million more adults in the UK with mental health problems than today.⁴⁶ However, all the evidence points to prevalence rates of common mental health disorders rising over time.

We might also ponder what impact reducing stigma may have on demand. Currently, 75 per cent of people experiencing depression and anxiety related problems access no treatment.⁴⁷ It is commonly thought that the stigma around mental health problems may prove a barrier to these people seeking help. Given that attitudes are, at least gradually, starting to change, we might wonder whether this will result in individuals being more forthcoming in seeking treatment – and therefore what that might mean for future levels of demand.

Predicted demographic change might also impact in a number of other ways. Given increases in the numbers of older people, services for this group are likely to see an increase in activity. Given that we already know this is a group which historically has experienced high levels of undiagnosed depression,⁴⁸ there will be a need to focus more on supporting the mental health and wellbeing of this group. As stated earlier, rising numbers of people with dementia is a significant challenge. The Alzheimer's Society estimates that by 2051 there will be 1.7 million people in the UK with a form of dementia.⁴⁹ Considering investment in mental health services for older people fell by 3.1 per cent in real terms in 2011/12,⁵⁰ it is clear that a credible plan needs to be developed as to how older people's mental health services will cope with these sorts of projected increases in demand.

“Making real strides in terms of outcomes for service users from BME groups, and delivering culturally appropriate services, is a critical challenge for the future.”

Furthermore, predictions around the future diversity of our population warrant closer attention. As stated previously, in 40 years' time people from Black and Minority Ethnic (BME) groups will make up 20 per cent of the population⁵¹ and will become much less concentrated in larger urban areas. Rates of admission to inpatient units, and rates of detention, at present are proportionally higher for Black African, Black Caribbean and other groups.⁵²

Inequalities and areas of concern in relation to variations based on ethnicity have been highlighted in the national census of psychiatric inpatients, *Count me in*, the final edition of which was published in February 2011.⁵³ Similar concerns are evident within national reports on monitoring the use of the Mental Health Act.⁵⁴ Whilst numerous initiatives, at a national and local level, have aimed to improve access, experience and outcomes for BME service users, concrete evidence of improvement is still lacking. Making real strides in terms of outcomes for service users from BME groups, and delivering culturally appropriate services, is a critical challenge for the future. The fact that our population is predicted to become ever more diverse over the coming decades, makes the scale of this challenge all the more apparent.

A digital future?

The NHS has not yet fully grasped the opportunities presented by digital technology to engage with patients and service users differently.

The case for change is clear. Pressure on resources across public services creates a powerful incentive for developing new ways of delivering care and support. Meeting rising demand, and ensuring more people have access to treatment and support, is a significant challenge for the mental health sector – and one where technology may present us with new ways of delivering services more efficiently.

There are a number of examples of where making better use of technology is helping to make better use of resources. For example, in 2011 the Veterans Health Association in the United States introduced a programme of remote mental health support. Analysis of patient data indicated patient satisfaction levels were greater than 85 per cent, and the programme was associated with a greater than 40 per cent reduction in bed days, as compared with pre-enrolment figures.⁵⁵

Greater use of technology can also support cultural change in services, empowering service users to exercise greater choice and control.

Pockets of innovative practice certainly exist within the mental health sector, and slowly their use is growing. Organisations such as Big White Wall are working to integrate digital into care pathways and are working with a number of NHS providers in the statutory sector. Other mental health providers are making use of smartphone applications to improve efficiency – for example, by monitoring medication adherence and symptoms remotely. Applications such as Clintouch and Buddy App are examples of such innovations.

However, we are not yet at a point where digital is being leveraged to its full potential – as we can see in other industries such as personal banking. Significant barriers exist, including lack of skills and knowledge, plus a lack of a shared service vision championed nationally. We believe leadership is required at a national level to develop a framework for e-mental health which supports service transformation.

Integration – further, faster?

An increased focus on integrated treatment and support makes sense for two reasons. Firstly, we know that by doing so we can make significant savings – given the strain on resources, it makes sense to target this area. Secondly, we know that doing so would help support improving health and wider recovery outcomes, as well as being key in addressing physical and mental health inequalities.

“The health inequalities experienced by people with mental health problems are a source of continuing concern.”

We should focus more on improving the mental health of people with long-term physical health conditions. At least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing. This means that between £8 billion and £13 billion of NHS spending in England is attributable to mental health problems co-morbid with long-term conditions.⁵⁶ A 2012 Mental Health Network report highlighted a range of innovative services that have both generated savings and improved outcomes for patients with diabetes, chronic obstructive pulmonary disease and a range of other conditions.⁵⁷

The health inequalities experienced by people with mental health problems, particularly amongst people with severe and enduring mental illness, are a source of continuing concern. As highlighted earlier, Rethink Mental Illness estimates that a third of the 100,000 annual ‘avoidable deaths’ amongst the under-75s involve someone with a mental health problem. Improving the physical health support offered to our service users must be an area for increased focus. Ensuring service users are offered targeted smoking cessation services, diet and exercise advice, and improving uptake of national screening programmes, are practical steps that all mental health services can take, in partnership with colleagues in primary care. National leaders must ensure this is an issue that continues to be highlighted and that the right levers are being used to incentivise change.

Recently, the policy debate around integration has centred on issues of physical and mental health, including on the organisational structures that deliver services. However, we should think more broadly about what true recovery orientated services might look like from the point of view of integration.

It is clear that a focus on recovery will require closer integration with a wider range of public services – from employment, housing, social care and physical care. Focusing on organisational structures as a means of achieving this would be a mistake. The focus must be on improving coordination and inter-agency working, rather than tinkering with structures. In terms of workforce, some say there is a need to develop roles in the mental health workforce which would support people to access integrated care packages. The Mental Health Foundation supports establishing roles where “a single individual... can help

people navigate their way through complex systems across health, social care, housing, employment and education (among other services) and access integrated care packages.”⁵⁸

Looking at employment, many mental health services are embracing this challenge, and are delivering employment services in line with the Individual Placement Support model. As the OECD points out, given the economic impact of poor mental health, should we not consider building on this and ensure that successful pilot approaches are made more widely available as a priority?⁵⁹

How will we be able to fund services?

As stated earlier, the NHS is facing significant upwards cost pressure over the coming years as a result of a growing demand for healthcare and associated costs. If NHS funding is held flat in real terms beyond this Spending Review period, the NHS in England could experience a funding gap worth between £44 billion and £54 billion in 2021/22, unless productivity gains can be delivered to offset this.⁶⁰

The obvious question to ask is how might this gap be addressed?

The King’s Fund argues that “spending nearly one-fifth of the UK’s entire GDP on health and social care over the next 50 years would be affordable... if projections for a trebling in real GDP are achieved.” However, they say “such spending would consume around half of all government revenues”, and that such increases may not be considered affordable if the economy experiences more sluggish growth.⁶¹

Alternatively, increasing taxation might be an option. If no additional investment were to be found, then the choices available would be limited. This might involve difficult, and potentially politically unpalatable, decisions being made around recasting the role of the state in healthcare. Decisions would need to be made about what services would, and would not, be funded through public spending.

According to polling by Ipsos Mori, almost nine in ten people (88 per cent) agree that the NHS will face a severe funding problem in the future.⁶² However, few are said to accept that this is on a scale which would justify altering the principle of the NHS being a universal service, free at the point of use. Any reduction of quality would likely be viewed as unacceptable. A recent King’s Fund paper has argued that the public would need to be convinced that the current system is working as efficiently as possible before considering radical change. The strong sense of attachment to the founding principles of the NHS suggests that an incremental approach is likely to be more acceptable.⁶³

This paper has set out a number of ideas where productivity gains might be realised, in tandem with improving the quality of care. However, the sheer scale of the gap means these measures will almost certainly not deliver the levels of savings required on their own. Either additional investment will be required, or a fundamental reimagining of what level of service the public can expect from their NHS will become necessary. This is an issue which requires leadership and a real public debate.

“If NHS funding is held flat in real terms, the NHS in England could experience a funding gap worth between £44 and £54 billion in 2021/22.”

Mental Health Network Viewpoint

Over the coming decades, mental health services are facing a number of major strategic challenges. Our population is growing and will become increasingly diverse. Attitudes and expectations are changing. Fundamental questions are beginning to be asked about where future investment might come from, which must be addressed.

These are not far-off challenges – to a certain extent mental health services are already dealing with this reality. But we cannot allow demands on the system to grow exponentially without a clear and sustainable plan for how we are going to tackle them.

At a local level, providers need to start setting the agenda around redesigning services, developing innovative new models of care, and making use of technology to deliver more efficient services. As our society ages and becomes increasingly diverse, it will be of paramount importance that services keep pace with this change and appropriate services are being commissioned.

At a national level, we need real leadership from our politicians and NHS leaders. We need a credible strategy for how we will tackle increasing demand for mental health services. A consensus must be built to establish what our future workforce needs to look like. A framework for making best use of technology is a necessity. We need our politicians to support efforts to move more care out of hospitals into the community – it is only through this kind of action we can help ensure our health service is working as efficiently as possible, and that services remain sustainable for future generations. We need a public debate on where investment will come from. In the immediate term, we must ensure mental health services are not subject to a fourth year of real terms cuts in investment.

It is only on the back of these actions, at a local and national level, that we can ensure mental health services are fit for the future.

Join the discussion

Let us know what you think about the issues and ideas raised in this paper. You can email us at mentalhealthnetwork@nhsconfed.org or join the discussion on twitter using the hashtag **#mhn2014**

Further reading

Mental Health Network factsheet: *Key facts and trends in mental health, 2014 update.*

Mental Health Network discussion paper 12: *E-mental health: what's all the fuss about?*

Mental Health Network (2012), *Investing in emotional and psychological wellbeing for patients with long-term conditions.*

Available at www.nhsconfed.org/mhn

References

- [1] Organisation for Economic Co-operation and Development (Feb 2014), *Mental health and work: United Kingdom*.
- [2] HM Government (2009), *Work, recovery and inclusion: employment support for people in contact with secondary mental health services*.
- [3] Stanley, K and Maxwell, D (2004) *Fit for purpose?* IPPR.
- [4] Secker, J Grove, B and Seebohm, P (2001) 'Challenging barriers to employment, training and education for mental health service users: the service user's perspective', *Journal of Mental Health*, 10 (4) pp395–404.
- [5] Organisation for Economic Co-operation and Development (Feb 2014), op. cit.
- [6] Prison Reform Trust (June 2009), *Bromley briefings*.
- [7] Homeless Link (2011), *Homelessness, mental health and wellbeing guide*.
- [8] Department of Health (1999), National Service Framework for Mental Health.
- [9] McManus S, Meltzer H and Campion J (2010) *Cigarette smoking and mental health in England*. National Centre for Social Research.
- [10] Harris E and Barraclough B (1998) 'Excess mortality of mental disorder', *British Journal of Psychiatry*, 173, pp11–53.
- [11] Phelan M, Stradins L and Morrison S (2001) 'Physical health of people with severe mental illness', *British Medical Journal*, 322, pp443–444.
- [12] Kivimäki M et al (2009) 'Common mental disorder and obesity: insight from four repeat measures over 19 years: prospective Whitehall II cohort study', *British Medical Journal*, 339.
- [13] Appleby L, Kapur N, Shaw J, Hunt I M, While D, Flynn S, Windfuhr K, Williams A (July 2013), *The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Annual Report*. University of Manchester.
- [14] Green h, McGinnity A, Meltzer h et al. (2005), *Mental health of children and young people in Great Britain, 2004*. Palgrave Macmillan.
- [15] Kessler R, Berglund P, Demler O et al. (2005), 'Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication', *Archives of General Psychiatry*, 62, pp593–602.
- [16] Office for National Statistics (2012), *National population projections*.
- [17] Economic and Social Research Council (2013), *What happens when international migrants settle? Ethnic group trends and projections for UK local areas under alternative scenarios*.
- [18] *ibid.*
- [19] House of Lords Select Committee on Public Service and Demographic Change (2013), *Ready for Ageing?*
- [20] Mental Health Foundation (2013), *Starting today: future of mental health services*.
- [21] Health and Social Care Information Centre (Jan 2009), *Adult Psychiatric Morbidity in England – 2007*.
- [22] World Health Organization (2013), *Gender and women's mental health*.
- [23] Centre for Economic Performance (June 2012), *How mental illness loses out in the NHS*. London School of Economics and Political Science.
- [24] Alzheimer's Society (July 2013), *Demography* (web page).
- [25] Time to Change (2013), *Attitudes to mental illness 2012 research report*.
- [26] *ibid.*
- [27] Ipsos Mori (2013), Public perceptions of the NHS and social care.
- [28] Office for Budget Responsibility (2013) *Fiscal sustainability report, July 2013*.
- [29] *ibid.*
- [30] Duffy, B Hall, S O'Leary, D. Pope, S (2013), *Generation strains: a Demos and Ipsos MORI report on changing attitudes to welfare*.
- [31] Galea, A Dixon, A, Knox and Wellings, D (2013), *How should we pay for health care in future? Results of deliberative events with the public*. The King's Fund.
- [32] Office for National Statistics (2013), *Statistical Bulletin: Internet Access – Households and Individuals 2013*.
- [33] *ibid.*
- [34] *ibid.*
- [35] Ipsos Mori (2013), op. cit.
- [36] *ibid.*
- [37] Nuffield Trust (2012) *A decade of austerity?*
- [38] Mental Health Strategies for the Department of Health (2012a), *2011/12 National Survey of Investment in Adult Mental Health Services*.
- [39] Mental Health Strategies for the Department of Health (2012b), *2011/12 National Survey of Investment in Mental Health Services for Older People*.
- [40] BBC News (12 Dec 2013), 'Funds cut for mental health trusts in England.'
- [41] Mental Health Foundation (2013), op. cit.
- [42] *ibid.*
- [43] Sainsbury Centre for Mental Health (2009), *Implementing recovery: a new framework for organisational change*.
- [44] *ibid.*
- [45] Imison C, Bohmer R (2013), *NHS and social care workforce: meeting your needs now and in the future?* The King's Fund.
- [46] Mental Health Foundation (2013), op. cit.
- [47] Centre for Economic Performance and London School of Economics and Political Science (2012) *How mental illness loses out in the NHS*.
- [48] Mental Health Foundation (2009), *All things being equal*.
- [49] Alzheimer's Society (July 2013), *Demography* (web page).
- [50] Mental Health Strategies for the Department of Health (2012b), op. cit.
- [51] Economic and Social Research Council (2013), *What happens when international migrants settle? Ethnic group trends and projections for UK local areas under alternative scenarios*.
- [52] Care Quality Commission and National Mental Health Development Unit (2011), *Count me in 2010*.
- [53] *ibid.*
- [54] Care Quality Commission (2010), *Monitoring the use of the Mental Health Act in 2009/10*.
- [55] Broderick A (2013) *The Veterans Health Administration: taking home telehealth services to scale nationally*. The Commonwealth Fund.
- [56] Naylor C et al (2012) *Long term conditions and mental health: the cost of co-morbidities*. The King's Fund.
- [57] Mental Health Network (2012), *Investing in emotional and psychological wellbeing for patients with long-term conditions*.
- [58] Mental Health Foundation (2013), op. cit.
- [59] Organisation for Economic Co-operation and Development (February 2014), op. cit.
- [60] Nuffield Trust (2012), op. cit.
- [61] Appleby, J (2013), *Spending on health and social care over the next 50 years – why think long term*. The King's Fund.
- [62] Ipsos Mori (June 2013), op. cit.
- [63] Galea, A Dixon, A, Knox and Wellings, D (April 2013), *How should we pay for health care in future? Results of deliberative events with the public*. The King's Fund.

Mental Health Network

The NHS Confederation's Mental Health Network (MHN) is the voice for mental health and learning disability service providers to the NHS in England. It represents providers from across the statutory, for-profit and voluntary sectors.

The MHN works with Government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of its members and to influence policy on their behalf.

For further details about the work of the MHN, visit www.nhsconfed.org/mhn or email mentalhealthnetwork@nhsconfed.org

Further copies or alternative formats can be requested from:

Tel 0870 444 5841

Email publications@nhsconfed.org

or visit www.nhsconfed.org/publications

© The NHS Confederation 2014. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered Charity no: 1090329

Stock code: INF36901



NHS Confederation

50 Broadway London SW1H 0DB

Tel 020 7799 6666

Email: mentalhealthnetwork@nhsconfed.org

www.nhsconfed.org/mhn

Follow the Mental Health Network on Twitter [@nhsconfed_mhn](https://twitter.com/nhsconfed_mhn)