

IMPROVING ENGLAND'S MENTAL HEALTH: THE FIRST 100 DAYS AND BEYOND



The Mental Health Policy Group - General Election 2015

Centre for
Mental Health



Mental Health
Foundation



FOREWORD

The new Government has a historic opportunity ahead of it to make a genuine difference to the lives of millions of people – by turning the rhetoric about improving mental health into reality.

We cannot afford to not act. Poor mental health carries an economic and social cost of £105 billion a year in England.¹ The business cost of mental ill health among the UK workforce is thought to total £26 billion.² Over the last Parliament, demand has grown rapidly. Referrals to community mental health teams have risen nearly 20 per cent.³ By 2030 there will be approximately two million more adults in the UK with mental health problems than there are today.⁴

For too long, mental health services have been massively underfunded – which in turn means far too few people are able to access the help and support they need. During the last Parliament, funding for mental health services were cut, in real terms, by 8.25 per cent – almost £600 million.⁵ We must also address the issue of under-investment in research. Today, just 5.5 per cent of the UK health research budget is dedicated to mental health.⁶

The challenges facing us are stark. Whilst public attitudes are changing for the better, far too many people experience stigma and discrimination. We know much more needs to be done to improve access and outcomes for certain people, particularly those from black and ethnic minority communities. We must also do more to intervene early, as well as improve the physical health of people with mental health problems. People with severe mental illness experience some of the starkest health inequalities – dying, on average, between 10 and 25 years earlier than the rest of the population.^{7,8}

The Conservative manifesto commits to increasing spending on the NHS by at least £8 billion by 2020 over and above inflation, so that the NHS stays free at the point of use.⁹ The new Government has also committed to continue to take mental health as seriously as physical health. That includes ensuring that there are therapists in every part of the country providing treatment for those who need it, that new access and waiting times standards are enforced, and ensuring women have access to mental health support during and after pregnancy.

The manifesto also commits the new government to increase funding for mental health care. These commitments are all absolutely vital. Our organisations look forward to working positively with Ministers to help turn those commitments into reality.



Furthermore, the Conservative manifesto makes a commitment to provide significant new support for people with mental health problems to secure employment. For people unable to work, it is important that there is a sensitive, fair and accurate process for them to access the support they need. There is also clear and robust evidence base about how to support people with mental health problems into work – through the Individual Placement and Support (IPS) approach.¹⁰ Again, we stand ready to work with Ministers on the detail of these commitments, so that they best meet the needs of people with mental health problems.

These first 100 days are crucial. At the top of the ‘to-do’ list are a number of vital tasks new Ministers will have to urgently tackle.

In the run up to the election, our Manifesto for Better Mental Health¹¹, set out five areas where a range of actions are needed. Those were to:

- Ensure fair funding for mental health services
- Give children a good start in life
- Improve physical health care for people with mental health problems
- Improve the lives of people with mental health problems
- Enable better access to mental health services

This publication builds on each of those five themes, setting out a range of actions which we believe are vital in the first 100 days, and over the lifetime of the Parliament.

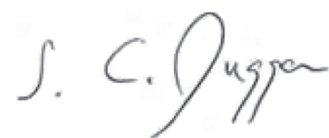
Together, over the next five years, we can make a real difference and change millions of lives for the better.



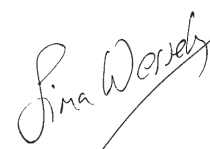
Stephen Dalton
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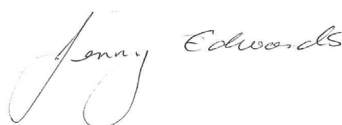
Paul Farmer
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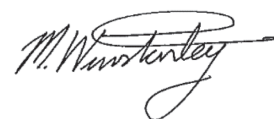
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ENSURE FAIR FUNDING FOR MENTAL HEALTH SERVICES

As part of our manifesto, we called for a number of changes in support of improving levels of investment. These were to:

- **Commit to real terms increases in funding for mental health services for both adults and children in each year of the next Parliament.**
- **Commit to ensuring that national funding decisions are assessed for impact on the existing legislative commitment to parity of esteem.**

Why do we need urgent action?

The first priority for action must be tackling levels of investment. Without urgent action to tackle this problem, services are heading for a real crisis.

Demand for mental health services is rising, and will continue to do so. By 2030 there will be approximately two million more adults in the UK with mental health problems than there are today.¹² Mental health services must be equipped to respond to increasing demand and able to tackle unmet need.

During the last Parliament, funding for mental health services was not protected. Budgets for mental health trusts were cut, in real terms, by 8.25 per cent – by almost £600 million. Simultaneously, demand has grown rapidly. Referrals to community mental health teams have risen nearly 20 per cent over the past five years.¹³

We must also address the issue of under-investment in research. Today, just 5.5 per cent of the UK health research budget is dedicated to mental health.¹⁴





What must happen in the first 100 days?

- A commitment in the expected June budget, and the Comprehensive Spending Review (CSR) later in the year, to increase levels of investment in mental health services in real terms, over the lifetime of the Parliament. The Government should also restate the commitment made in the March 2015 budget to increase investment in mental health services for children and new mothers by £1.25 billion over the Parliament.¹⁵

The Secretary of State for Health must hold national and local commissioners to account to ensure those commitments are delivered on the ground.

- Commit to reinstate the annual Department of Health investment surveys of mental health services for adults and children and young people, reporting on national and Clinical Commissioning Group levels of investment to improve transparency.
- In line with the Government's commitment to parity of esteem, commit to increase investment in mental health research to better reflect the prevalence of mental health problems and their cost to society.



What must happen beyond the first 100 days?

- Develop a framework for assessing the impact of all national funding decisions against principles of parity of esteem.
- The mental health taskforce, commissioned by NHS England and chaired by Mind's Chief Executive, Paul Farmer, is due to report in the Autumn. The Government should ensure the full range of recommendations are acted upon, including any recommendations the taskforce makes around investment in mental health services and research.

GIVE CHILDREN A GOOD START IN LIFE

As part of our manifesto, we called for a number of changes in support of improving the mental health of children and young people. They were to:

- **Ensure all women have access to mental health support during, and after, pregnancy by committing to include measurable objectives in the NHS Mandate following the General Election.**
- **Commit to raising awareness of mental health and well-being among young people, by ensuring mental health education forms an enhanced part of the Personal, Social and Health Education (PSHE) curriculum.**
- **Commit to ensuring mental health education forms a key part of training for teachers and school nurses.**
- **Commit to investing in parenting programmes across England.**

Why do we need urgent action?

As a country, we must do better to support the one in ten¹⁶ children and young people who have a mental health problem. Half of those people who go on to have lifetime mental health problems first experience symptoms by the age of fourteen.¹⁷

75 per cent of children and young people experiencing a mental health problem do not access treatment.¹⁸ The consequences of failing to support those children and young people properly are profound. Schools have a golden opportunity to protect and promote children's mental health at the same time as helping children attain good educational outcomes.

More than one in ten women during pregnancy and in the first year after childbirth experience a mental health problem.¹⁹ If left untreated this can not only impact on the health of mothers, but also can have longstanding effects on children's emotional, social and cognitive development.

We must also support families better. Evidence-based parenting programmes can be highly cost-effective where children have behavioural problems.²⁰ The average cost of bringing a child with conduct disorder below a clinical threshold as a result of a parenting programme is around £1,750 per case. Set against this, the lifetime costs of conduct disorder, measured against a baseline of moderate behavioural problems, have been put at around £175,000 per case. Lifetime costs thus need to be reduced by just 1% to cover the costs of the intervention - a strikingly small proportion.²¹





What must happen in the first 100 days?

- Make perinatal and maternal mental health care an identified ministerial responsibility.
- Commit to take forward the recommendations of the recently published Children and Young People Mental Health Taskforce²² report, *Future in Mind*, including through the next iteration of the NHS Mandate. Government must also recommit the £1.25 billion set aside for improving services for children and new mothers over the Parliament in the upcoming emergency budget, as originally announced in March 2015.
- Commission a new national prevalence survey of child and adolescent mental health, with a commitment to repeat this in 2020.
- Commit to raising awareness of mental health and well-being among young people, by ensuring mental health education forms an enhanced part of the Personal, Social and Health Education (PSHE) curriculum. In the first year, the Government must commit to funding, developing and promoting evidence-based programmes and approaches for mental health education, as it has done for alcohol and drug education programmes used in schools. This includes funding definitive studies to establish the most effective programmes of education for mental health.
- Commit to ensure mental health education will form a key part of training for teachers and school nurses.
- Invest and begin the process of rolling-out parenting programmes nationally.



What must happen beyond the first 100 days?

- Ensure all women have access to mental health support during, and after, pregnancy by committing to include measurable objectives in the first NHS Mandate following the General Election. Building on the work of the Maternal Mental Health Alliance, this should include ensuring:
 - Community specialist perinatal mental health teams meeting national quality standards are available for women in every area of the UK.
 - Specialist mother and baby inpatient units are appropriately commissioned on a regional basis across the country.
 - Training in perinatal mental health care to all professionals involved in the care of women during pregnancy and the first year after birth is delivered.
- Take practical steps to support schools in improving the mental health and wellbeing of primary and secondary pupils, and examine whether strengthening the current OFSTED inspection framework would be appropriate.
- To embed the Department for Education evidence-based schools counselling strategy to encourage more, and better, use of counsellors in schools.
- In the first year, the Government must commit to funding, developing and promoting evidence-based programmes and approaches for mental health education, as it has done for alcohol and drug education programmes used in schools. This includes funding definitive studies to establish the most effective programmes of education for mental health.
- The mental health taskforce, commissioned by NHS England and chaired by Mind's Chief Executive, Paul Farmer, is due to report in the Autumn. The Government will want to ensure the full range of recommendations are acted upon, including any recommendations the taskforce makes around children and young people.

IMPROVE PHYSICAL HEALTH CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

As part of our manifesto, we called for a number of changes in support of improving the physical health of people with mental health problems. They were to:

- Ensure that the current 18.5% target for smoking reduction by 2015 applies equally to people with mental health problems.
- Introduce a quantified national reduction in premature mortality among people with mental health problems.

Why do we need urgent action?

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^{23,24}, and are at a higher risk of being overweight or obese.²⁵

Poor physical health can be caused by a number of factors. These can include the side effects of medication, including anti-psychotics, which can be associated with weight gain. Difficulties in accessing health and care services are also commonly cited, including the effect of stigma and other barriers. Harmful behaviour, including smoking, over eating, harmful drinking and drug abuse can also contribute. 42 per cent of all cigarettes smoked by the English general population are smoked by someone with a mental health, drug or alcohol problem.²⁶

Without immediate and substantial action, people with mental illness may continue to die anything between 10 and 25 years earlier than the rest of the population.^{27,28}





What must happen in the first 100 days?

- Consult on what a quantified national reduction in premature mortality among people with mental health problems should look like, and commit to introduce this.
- Publicly state that all existing and future targets for smoking reduction apply equally to people with mental health problems. Consult on what appropriate milestone measures to measure progress would look like over the lifetime of this Parliament and beyond.
- Commit to invest in a national smoking cessation programme for people with mental health problems.



What must happen beyond the first 100 days?

- Develop tailored public health programmes for people with mental health problems, with a particular focus on Public Health England's priorities of obesity, smoking, and harmful drinking.
- Government and Public Health England should review the current arrangements for the commissioning of alcohol and drug services, and the quality of treatment provided to people using these services. Provision for people with the most complex substance use and mental health problems must be undertaken by staff with appropriate expertise.
- Establish a named clinician and / or navigator for all individuals in contact with secondary mental health services.
- Develop robust data and indicators on the physical health of people with mental health conditions.
- Undertake a review of mental health indicators within the Quality Outcomes Framework, including substantial engagement with people with mental health problems.
- Review the curriculum for health professionals to ensure that they receive mental health training as part of their continuous professional development.
- Through Time to Change and others, work with NHS staff to improve attitudes towards people with mental health problems and challenge stigma.
- The mental health taskforce, commissioned by NHS England and chaired by Mind's Chief Executive, Paul Farmer, is due to report in the Autumn. The Government will want to ensure the full range of recommendations are acted upon, including any recommendations the taskforce makes around improving the physical health of people with mental health problems.

IMPROVE THE LIVES OF PEOPLE WITH MENTAL HEALTH PROBLEMS

As part of our manifesto, we called for a number of changes in support of improving the lives of people with mental health problems. They were:

- **Commit to a continuation of government funding for the Time to Change programme over the 2015-20 period.**
- **Commit to offer integrated health and employment support to people with mental health conditions who are out of work and seeking employment.**

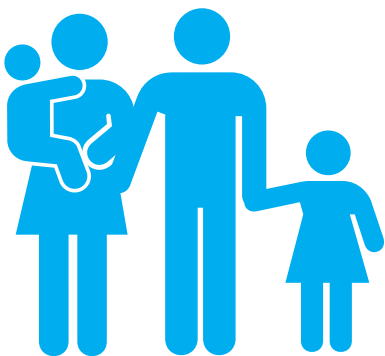
Why do we need urgent action?

Stigma and discrimination affect nearly nine out of ten people with mental health problems, restricting people's working lives, curtailing their social lives and relationships and leading to social isolation.²⁹ At its worst, the stigma people face can mean giving up on life.

Time to Change, England's biggest programme to challenge mental health stigma and discrimination, is run jointly by Mind and Rethink Mental Illness. Since 2007, when the programme began, public attitudes towards mental health have improved by 6.4 per cent.³⁰ Since 2008, the average levels of discrimination that people with mental health problems report has dropped by 5.5 per cent.³¹ Changing attitudes is the work of a generation. Current funding for Time to Change stops in March 2016 – leaving a real chance that hard-won gains may be lost.

Being in paid work benefits physical and mental health and can be part of the road to recovery for people with a mental illness. Figures covering 2011/12 show that 8.9 per cent of adults in contact with secondary mental health services were in paid employment.³² For people unable to work, it is important that there is a fair and accurate process for them to access the support they need.

Current government employment programmes are not effectively meeting the needs of people with mental health problems. There is a clear and robust evidence base about how to support people with mental health problems into work – through the Individual Placement and Support (IPS) approach.³³ Currently some, but not all, mental health services offer IPS. The Work Programme and Work Choice do not.



For employers, the business case for supporting the mental wellbeing of staff is clear. Many organisations, from the private, voluntary and public sectors, are running effective workplace programmes to raise awareness, tackle stigma and offer practical support. The public sector, including the NHS, must lead by example and ensure staff have access to the right support at work.



What must happen in the first 100 days?

- ▶ Commit to extending Time to Change funding over the five years of this Parliament.
- ▶ Urgently review the effectiveness of the use of benefit conditions and sanctions among people with mental health problems.
- ▶ Commit to review the reliability and validity of the Work Capability Assessment, investigating alternative means of determining eligibility for Employment and Support Allowance (ESA) and other disability benefits. In addition, review the implementation and effectiveness of the Fit for Work service.
- ▶ Commit to implement the next phase of the Individual Placement Support (IPS) in the Improving Access to Psychological Therapies (IAPT) programme, scaling up the pilot scheme to test it for longer and in more areas.
- ▶ Review the Work Programme and Work Choice to identify ways in which investment could be used more cost-effectively for people on both Jobseeker's Allowance (JSA) and ESA with mental health problems. Commit to 'passport' Access to Work funding for people with mental health problems who may benefit from it prior to attending job interviews.



What must happen beyond the first 100 days?

- ▶ Boost the uptake of Access to Work by publicising the scheme's benefits among employers, Jobcentre Plus, General Practitioners and the wider public.
- ▶ Pilot alternatives to the Work Programme and Work Choice for disabled people, forging stronger links with local health and social services to achieve better value for money and improved integration.
- ▶ Collect and publish regular data on outcomes from publicly funded employment programmes according to disability or health condition.
- ▶ Encourage employers to take action on mental health in order for people to stay at work, or return as early as advisable, if they experience mental health problems. This should involve taking positive action in the public sector, including the NHS.
- ▶ The mental health taskforce, commissioned by NHS England and chaired by Mind's Chief Executive, Paul Farmer, is due to report in the Autumn. The Government will want to ensure the full range of recommendations are acted upon, including any recommendations the taskforce makes around improving the lives of people with mental health problems, including employment and reducing stigma.

ENABLE BETTER ACCESS TO MENTAL HEALTH SERVICES

As part of our manifesto, we called for a number of changes in support of enabling better access to mental health services. They were to:

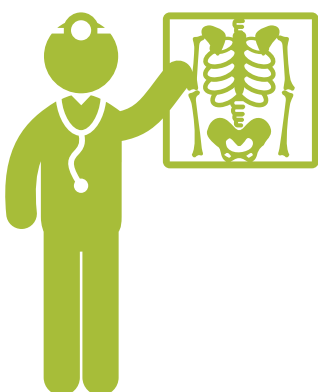
- **Commit to a clear, transparent programme for introducing maximum waiting times for mental health services, and amend the NHS Constitution to embed these during the next Parliament. These actions must be guided by the best outcomes for people using mental health services and not short term affordability.**
- **Commit to continued momentum around the Crisis Care Concordat including comprehensive liaison psychiatry services on hand around the clock in every hospital.**
- **Commit to continue funding for a national network of liaison and diversion mental health services, working with police and the courts.**

Why do we need urgent action?

When people experience a mental health problem, early access to effective treatment and support can make a huge difference. However, only 25 per cent of people with depression or anxiety access help³⁴, and too few are able to benefit from the full range of recommended NICE treatments. Similarly, 35 per cent of people with psychosis are thought to not access treatment.³⁵

In addition, we know that much more needs to be done to address inequalities in access to mental health treatment and care. In particular, concerted action to address some of the biggest inequalities, including with black and minority ethnic communities, homeless people, survivors of violence and abuse, lesbian, gay, bisexual, and transgender (LGBT) groups and people with disabilities will be key. We must urgently take action to address these issues.

We call on the next Government to deliver a clear, transparent programme to introduce maximum waiting times to mental health services including by strengthening the rights set out in the NHS Constitution. In addition, too many people struggle to access appropriate crisis care, 24 hours a day, seven days a week. We must continue the focus on this, including through continuing work relating to the Crisis Care Concordat.³⁶



Furthermore, we must continue to fund vital liaison and diversion services. These services identify people with mental health problems or learning disabilities who come into contact with the police, including in custody, and in the courts system. They can secure immediate support for those who need it, advise the police and courts and link people in with longer-term help if they need it. Relatedly, we must also improve mental health support for people in custody, including in prisons, youth custody and immigration removal centres.



What must happen in the first 100 days?

- Commit to consult on proposals to introduce new national waiting time guarantees for mental health services in the first year of the Parliament. This is likely to include changes to the NHS Constitution and the associated Handbook. Rights should apply to a broad range of mental health services, including talking therapies.
- Commit to complete the national roll-out of liaison and diversion services for adults and children, including continuing vital investment.
- Commit to work with national partners to complete the local roll out of the Crisis Care Concordat, including ensuring comprehensive liaison psychiatry services are on hand around the clock in every hospital.



What must happen beyond the first 100 days?

- Include in the next iteration of the NHS Mandate a focus on addressing inequalities in access, experience and outcomes - particularly for people from black and minority ethnic communities, homeless people, survivors of violence and abuse, LGBT groups and people with disabilities.
- Also in the next iteration of the NHS Mandate, commit NHS England to publish a comprehensive timetable for the introduction of new access standards and maximum waiting times across all mental health services.
- Review the provision of mental health support in custody and related services – including prisons, probation, youth offending services and immigration removal centres.
- Continue the focus on improving crisis care, including ensuring comprehensive hospital psychiatric liaison services, crisis helplines, home treatment responses, section 136 suites and appropriate transportation are all available 24 hours a day, seven days a week. Appropriate measures should be included in the next iteration of the NHS Mandate.
- Support and evaluate the National Liaison and Diversion Development Programme, ensuring that newly established services are embedded in local systems and funded beyond the national programme.
- Work with NHS England and Public Health England to improve mental health data relating to access, quality of care and outcomes.

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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.

Those organisations are the Centre for Mental Health, Mental Health Foundation, Mental Health Network, Mind, Rethink Mental Illness and the Royal College of Psychiatrists.

The Mental Health Policy Group – General Election 2015

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