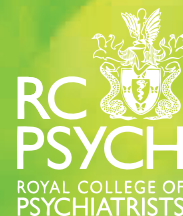


Opportunities for a new mental health strategy



Introduction

The Future Vision Coalition (FVC) is a group of eleven national bodies with an interest in mental health policy. More information about the FVC, its membership, and its policy priorities can be found at Appendix A.

The Government's pledge to create a reshaped mental health strategy for England represents a major opportunity to refocus attention on mental health and wellbeing. In the current public spending climate and with a renewed focus on outcomes, it will be of paramount importance for the new government to consider where earlier intervention with at-risk groups could save taxpayers money and help reduce overall public expenditure.

In opposition, both Coalition government partners spoke positively about the need to improve the mental health and wellbeing of the population. Speaking to the Mental Health Network in 2008 about the economic downturn, Andrew Lansley said "as people everywhere face unprecedented levels of stress, and the demand on services increases, it is more vital than ever that the Government act now to stop a financial crisis becoming a mental health disaster" (Andrew Lansley, 2008).

We believe that opportunities exist for positive cross government action on mental health and wellbeing. Those departments include the Department for Communities and Local Government, Department of Education, Department of Health, Department of Work and Pensions, Home Office, Ministry of Justice, and the Ministry of Defence.

This paper sets out where those opportunities lie, and how they align with the priorities we set out in our July 2009 report *A Future Vision for Mental Health*. We look at two broad areas: at opportunities for better promotion, prevention and early intervention in mental health; and at creating more responsive and effective services for people with mental health problems.

We set out our priorities for what a new mental health strategy should aim to achieve over the next decade and where mental health issues need to be considered in a range of other policy areas.

1 Promotion, prevention and early intervention

Focusing more attention upstream on promotion, education, prevention and early intervention has a strong moral case (to avert avoidable suffering) and makes sound economic sense. Mental ill health costs England over £105 billion every year (Centre for Mental Health, 2010).

The ability to promote and protect mental health is not exclusively in the gift of one agency, profession or government department. Our vision for mental health calls for collective action for collective benefit. Based on what we already know about the government's emerging policy agenda, we can already see that there is real potential to take work forward on promotion, prevention and early intervention.

The opportunities include:

Department for Education

Various coalition agreement commitments, plus Commission on Early Intervention.

The Coalition agreement (HM Government, 2010) contained a number of commitments relating to children and families policy that link in with the wider mental health and wellbeing agenda, including:

- “We will take Sure Start back to its original purpose of early intervention, increase its focus on the neediest families, and better involve organisations with a track record of supporting families...”
- We will refocus funding from Sure Start peripatetic outreach services, and from the Department of Health budget, to pay for 4,200 extra Sure Start health visitors.”

The Prime Minister has established a Childhood and Families Task Force and an independent Commission into Early Intervention has been established as one of the first pieces of work to be remitted to the Social Justice Cabinet Committee. The commission will be chaired by Graham Allen MP and will report by the end of January 2011 on best practice and on funding by May 2011 (Department for Education, 2010).

It has also been announced that Children's Trusts will no longer be a statutory requirement on schools (Children and Young People Now, 2010).

Department of Health

Equity and excellence: liberating the NHS

The white paper, published on 12 July 2010, announced the creation of a new Public Health Service and the move of health improvement functions to local government. A white paper on public health, and an outcomes framework specific to public health, is expected later in the year. Among the proposals in the subsequent consultation documents was the idea of creating a Health and Wellbeing Board in each local authority area to pull together public health, social care and health care strategies.

Ministry of Defence

Armed Forces Health Review

The coalition agreement contained a number of commitments to serving members of the armed forces, and to veterans. It states “we will work to rebuild the Military Covenant by.....providing extra support for veteran mental health needs”. The Prime Minister has asked Dr Andrew Murrison MP to lead a review into the health of both serving and ex-service personnel to see what more can be done to assess and meet these needs, a key focus of which will be on mental health. The review is expected to report imminently.

Ministry of Justice

Various ministerial speeches on criminal justice reform

The government's plans for criminal justice reform are still emerging, with a green paper expected later in 2010. However, the coalition agreement made reference to a ‘rehabilitation revolution’, with policies that would deter crime, protecting the public, punishing offenders and cutting reoffending. It also promised a greater focus on the needs of

sentencing for drug users and that the government “will explore alternative forms of secure, treatment-based accommodation for mentally ill and drugs offenders” (HM Government, 2010).

In addition, a number of statements and speeches have been made by MoJ ministers during the first few weeks in office that are potentially indicative of a direction of travel.

In a speech to Policy Exchange on 23rd June 2010 Nick Herbert, Minister of State for Policing & Criminal Justice, said that early intervention is vital “to prevent young people slipping into crime”. He noted the prevalence of mental health problems among the prison population and said reducing crime would come through “better policing, punishment and rehabilitation, and through working with partners outside the criminal justice system entirely” (Home Office, 2010).

On 30th June 2010 the Secretary of State for Justice, Kenneth Clarke, made a high profile speech in which he noted the limitation of prison sentences to make meaningful change in the lives of the offenders (Ministry of Justice, 2010a).

On 22nd July, Justice Minister Crispin Blunt spoke at Nacro about the need for better support for vulnerable groups, including those with mental health problems. He also said that the new Cabinet Committee on Social Justice will have as its task “to drive change across Whitehall to tackle the issues that put many young offenders into the criminal justice system in the first place” (Ministry of Justice, 2010b).

HM Treasury

The above developments in emerging government policy demonstrate where elements of that approach are already being taken forward. A further relevant development are changes to the cross government performance framework.

Of particular relevance to cross government action on mental health and wellbeing were Public Service

Agreement targets, which were abolished in June 2010. Three PSAs explicitly made reference to wellbeing (PSA 12: Improve the health and wellbeing of children and young people, PSA 17: Tackle poverty and promote greater independence and wellbeing in later life and PSA 18: Promote better health and wellbeing for all). One other PSA had particular relevance to the wellbeing agenda. PSA 16 aimed to increase the proportion of socially excluded adults in settled accommodation and employment, education or training.

With a renewed focus on outcomes, the design of any new system of performance metrics for public services will need to include meaningful measures that relate to mental health and wellbeing, including on housing and employment.

Our analysis

It is greatly encouraging that within the first 100 days of the new government we can already see policy emerging in areas that have relevance to promotion, prevention and early intervention. We hope that the new mental health strategy will help to pull those strands together to create a coherent approach to promoting mental wellbeing and intervening early. It is vital that all government departments are aware of the role they have in promoting mental wellbeing and their impact on the lives of people with mental health problems.

Our report, A Future Vision for Mental Health, made a number of recommendations relating to promotion, prevention and early intervention. The central plank of those recommendations was the development of a three tier public mental health strategy, to include universal interventions to build resilience in people of all ages; targeted prevention work with at-risk individuals, for example in schools, workplaces, the armed forces, prisons, hospitals and care homes; and early intervention with children and families, including parenting support for families with pre-school children.

We recommend:

1. Promotion, prevention and early intervention in mental health should form a substantial part of the forthcoming public health white paper, building on the areas already being examined by government and linking closely with the new mental health strategy. It should include universal interventions to build resilience in people of all ages; targeted prevention work with at-risk individuals and groups; and early intervention with children and families.
2. The public health strategy should also set a clear course of action against stigma and discrimination, and set out how to improve the skills and knowledge of public service workers such as teachers and police officers to identify and respond to emerging mental health needs.
3. Outcome measures for improving mental health and wellbeing should be included in the forthcoming public health outcomes framework.
4. The recommendations of the Bradley Report should be implemented. This is essential to fulfil the Government's aspiration to reduce the prison population and cut the number of short prison sentences.
5. Joint Strategic Needs Assessments should be required to assess mental health and wellbeing needs of adults, children and young people. Emotional wellbeing should be integrated into all aspects of services for children and young people e.g. maternity services and sexual health.
6. We welcome the additional resource for Health Visitors. It is vital to maximise the potential of the Health Visitor relationship and offer training in babies' emotional development, in parenting and in how to build relationships of trust and respect.

2. Improving services for people with mental health problems

As well as promoting better mental health in the population, there remains much to be done to build better support for people with mental health problems. The Future Vision Coalition believes that mental health services improved markedly as a result of the National Service Framework for Mental Health and of the subsequent expansion in funding and staffing. But people with mental health problems still do not enjoy the same opportunities for a fulfilling life as others in society. Mental health services are not as responsive as they could be to the needs and wishes of those who use them and the stigma of mental illness still holds back many people from achieving their potential.

The major recent policy developments that will have an impact on mental health services include:

Department of Health

Equity and excellence: Liberating the NHS

The Government's white paper for health service reform was published on 12 July 2010. The NHS Confederation has published a series of online briefings on the White Paper, the associated consultations on outcomes, regulation, commissioning and democratic accountability, plus a summary of the Arms Length Bodies Review.

The following headlines are particularly relevant for mental health:

The future of commissioning: responsibility for commissioning most health care will be transferred from primary care trusts to consortia of GPs, supported nationally by a Commissioning Board. It is as yet not clear which mental health services GP consortia will be responsible for commissioning, and which specialist services will sit with the NHS Commissioning Board. GP consortia will need to develop significant capacity and capability to effectively commission mental health services and may need additional support from the Commissioning Board to achieve this. Good commissioning will require multi-professional involvement, for example psychiatrists,

psychologists and other professionals who have a greater depth of knowledge of the services they provide, as well as the meaningful involvement of service users and carers.

The role of new Health and Wellbeing Boards in coordinating commissioning across health, social care and health improvement, and the potential for 'place-based budgeting' to pool resources for some groups of people, could also be significant.

Outcome measures: the NHS will be given a new Outcomes Framework to replace existing performance targets. The Government is now consulting on the development of 'clinically credible and evidence-based outcome measures', the first of which will be available in April 2011, with full implementation expected a year later. Among the outcome measures the Government suggests are 'ability to work' among people with long-term conditions and the creation of patient-reported outcome measures (PROMs) for people using mental health services.

Extension of choice into mental health from April 2011. A further tranche of Personal Health Budget (PHB) pilots will be encouraged with general roll out informed by evaluation in 2012. Proposals have also been unveiled to create a new system for patient and public involvement in the NHS through local authority-commissioned Healthwatch schemes.

Payment by Results: to bring mental health services into line with the way most other health services are commissioned, 'currencies' for adult mental health services will be introduced from 2012/13, and plans to develop currencies for child and adolescent services will follow. Payment mechanisms to support the commissioning of psychological therapies will also be formulated.

In addition to this, on the 23rd June 2010, the Secretary of State announced the continued roll out of the Improving Access to Psychological Therapies programme. The existing Improving Access to Psychological Therapies (IAPT) programme is focused on depression and anxiety, predominantly

for people of working age, and does not extend to people with severe mental illnesses such as schizophrenia or bipolar disorder.

Department for Work and Pensions

21st Century Welfare consultation

Welfare reform has a major impact on the lives of people with mental health problems. Some 40% of people receiving incapacity benefits do so because of mental health problems, most commonly depression; while just one person in five who uses specialist mental health services is in employment or full-time education.

The DWP launched a consultation on welfare reform, 21st Century Welfare (Department for Work and Pensions, 2010), at the end of July 2010 proposing changes to the benefits system. The consultation closes on October 1st 2010 with legislation expected to be introduced in 2011. In the meantime, plans for a new Work Programme to replace existing welfare-to-work schemes including Pathways to Work, are being developed.

The Coalition Agreement also pledges to reform the Access to Work scheme, which pays for adaptations to workplaces for disabled people, including to extend support to people with mental health problems.

Cabinet Office

What works: tackling multiple disadvantage locally

The Cabinet Office has initiated work to improve the support offered to people facing multiple disadvantage, with the aim of increasing self-reliance while making more efficient use of public money. Many of the most excluded people in society have poor mental health but are often excluded from a range of services because their needs are complex and do not meet thresholds for individual providers. The What Works programme began in July 2010 and will run for 12 months.

Home Office

ALB Review: National Treatment Agency to be abolished by 2012

Drugs policy, and the National Treatment Agency, currently fall under the remit of the Home Office. As announced in the Department of Health's report of the arm's length bodies review, the National Treatment Agency will be abolished as a statutory organisation and its functions will be transferred to the Department of Health as part of the new Public Health Service (Department of Health, 2010).

Our analysis

The changes outlined by the health care White Paper are radical. FVC members will be making individual submissions to the associated consultation papers. Overall, however, the focus in the White Paper on empowering patients and service users is welcome, as is a focus on measuring outcomes. Offering choice and control are crucial to improving mental health care quality and cost-effectiveness.

As with promotion and prevention, a cross-government approach to improving the life chances of people with mental health problems is vital, not just to ensure that services pull together to meet people's needs and aspirations but to achieve good value for public money. Ensuring that services are able to meet the needs of those with the most complex, multiple needs will benefit everyone in society and particularly those who are most vulnerable and excluded.

We recommend:

1. The NHS Outcomes Framework should include measures of how well the NHS supports people with mental health problems in achieving their personal recovery aspirations. This should include measures on employment (included in the consultation) and housing (currently not included) as well as creating PROMs to assess progress on people's self-defined goals. It should also include measures aimed at improving the physical health of those with severe and enduring mental illness, especially through primary care.
2. We call for action to ensure that National Institute for Health and Clinical Excellence (NICE) recommended treatments and interventions are universally available. In particular, we hope that the Government's commitment to psychological therapies will lead to the extension of the Improving Access to Psychological Therapies (IAPT) programme from its current focus on depression and anxiety to offer choice of evidence-based therapy to people with severe mental illness, to children, older people, people from diverse communities, prisoners, and those with long-term health problems.
3. The creation of Healthwatch as a new vehicle for articulating public and patient voice in health services brings with it the opportunity to shift the balance of power in health services to a more equal relationship between patients and their clinicians. Healthwatch should build on the achievements to date of the service user movement within mental health and strengthen the voice of service users at all levels of the system.
4. Inequalities in access and outcomes exist across a variety of groups. The mental health strategy should address inequalities in service provision and treatment, particularly for older people and for BME groups, and these should be linked to the NHS Outcomes Framework.
5. The NHS Commissioning Board should ensure that all GP consortia have the capacity to commission mental health services.
6. The incorporation of the functions of the National Treatment Agency into the new public health service represent an opportunity to address issues of access for people with a dual diagnosis. The FVC would like to see progress made on this as a priority for the new service.
7. The Government should actively support and incentivise public and private sector employers to recruit, support and retain people with experience of mental health problems in work. People using mental health services and seeking paid employment should be offered evidence based employment support, with alternatives for service users looking to move into further education and voluntary work. There should be increased recruitment of people with personal experience of mental distress to mental health services.
8. Action should be taken to increase the proportion of people with mental health problems and complex needs in safe and settled accommodation. A cross-government response is especially important to pull services together to support people with multiple needs to improve their lives.
9. The Government should ensure that efforts to tackle discrimination against people with mental health problems, and the prejudice and ignorance that underpin it, are sustained by supporting the Time to Change campaign. Action to tackle stigma is vital to level the playing field for people with mental health problems in our society.
10. Mental health services for children and young people should involve young people in all aspects of care planning, service design and commissioning. This will improve transition from children's to adult services, increase young people's self confidence and improve both engagement with treatments and outcomes.

References

Andrew Lansley CBE MP (2008), *Action needed to stop the recession creating a mental health crisis*: Speech to Mental Health Network Conference, 21 November 2008. Available at www.conservatives.com/News/Speeches/2008/11/Andrew_Lansley_Urgent_action_needed_to_stop_the_recession_creating_a_mental_health_crisis.aspx

Centre for Mental Health (2010) *Economic and social costs of mental health problems in 2009/10*. London: Centre for Mental Health. Available at www.centreformentalhealth.org.uk

Children and Young People Now (2010), *Schools to be able to opt out of children's trust arrangements*, 22 July 2010. Available at: www.cypnow.co.uk/news/ByDiscipline/Education/1018069/Schools-able-opt-childrens-trust-arrangements

Department for Education (2010), *Early intervention: Key to giving disadvantaged children the opportunities they deserve*, 28 July 2010. Available at: www.education.gov.uk/inthenews/pressnotices/a0063345/early-intervention-key-to-giving-disadvantaged-children-the-opportunities-they-deserve

Department of Health (2010), *Liberating the NHS: Report of the arms-length bodies review*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117691

Department for Work and Pensions (2010), *21st Century Welfare*. Available at: www.dwp.gov.uk/docs/21st-century-welfare.pdf

HM Government (2010) *The Coalition: Our Programme for Government*. Available at <http://programmeforgovernment.hmg.gov.uk/files/2010/05/coalition-programme.pdf>

Home Office (2010), *Nick Herbert speech to Policy Exchange*, 23 June 2010. Available at: www.homeoffice.gov.uk/media-centre/speeches/nick-herbert-policy-exchange

Ministry of Justice (2010a), *The Government's vision for criminal justice reform*, speech to Centre for Crime and Justice Studies by Kenneth Clarke, Lord Chancellor and Secretary of State for Justice, 30 June 2010. Available at: www.justice.gov.uk/news/sp300610a.htm

Ministry of Justice (2010b), *Churchill Speech: Crispin Blunt at NACRO*, West Norwood Centre, 22 July 2010. Available at: www.justice.gov.uk/news/sp220710a.htm

Comments or questions?

Email Rebecca Cotton (Policy Manager for Mental Health at the NHS Confederation) at rebecca.cotton@nhsconfed.org or Andy Bell, co-chair of the Future Vision Coalition, at andy.bell@centreformentalhealth.org.uk.

Appendix A

The Future Vision Coalition: future priorities

Key facts

- Mental health problems are common. One in four people experience mental health problems at some point in their lives.
- Many of the causes of mental health problems are socially determined, and many of the changes that can lead to better mental wellbeing and to recovery also lie in the wider social environment.
- Nine out of ten people affected by mental health problems report having experienced stigma and discrimination, for example in gaining employment, with friends and family, and in services such as health, welfare and justice.
- The economic costs of not investing in mental health are clear: mental ill health costs England over £105 billion every year.

Our policy priorities

A national public mental health strategy

We call for a robust public mental health strategy for England outlining the actions to be taken across government to help the whole population build resilience for times of stress, and targeting specific support for people at the highest risk of mental ill health.

Eradicating stigma

We call for government to commit to eradicating mental health stigma and to fund a national anti-stigma campaign building on Time to Change.

Early intervention

All public services should be able to offer the earliest possible help to people experiencing mental distress and their families. Teachers, GPs, employers and police officers, for example, should have the knowledge and skills to identify someone in distress and to help them to find the support they need.

National Institute for Health and Clinical Excellence (NICE) guidelines

We call for urgent action to ensure that treatments (most importantly psychological therapies) that have been recommended for the NHS are made universally available wherever people live. This should include the provision of appropriate support and information to carers. NICE public health guidance such as that on promoting mental wellbeing at work also needs to be comprehensively implemented.

Recovery

All mental health services should have as their primary aim helping people to get back the lives they want for themselves. Their role should be to offer assistance and support to people of all ages and backgrounds to attain their personal recovery goals, however long it takes. This should include support with accommodation, employment, education and personal life: whatever matters most to the person concerned and the people around them.

Transition services

We call for better support for people with mental health problems at critical times in their lives. People aged 14 to 25 need support tailored to their needs, not to fall into the gap between child and adult services. And we call for improved care for those moving from working age to older people services.

Employment

Everyone using community mental health services who is seeking paid work must be offered employment support based on the best evidence of what works. The Fit for Work scheme should be evaluated and its successful elements extended across the country to help people in work to keep their jobs. And employers should be supported and incentivised to recruit, support and retain people with an experience of mental health problems and to provide mentally health workplaces for all their staff.

Tackling inequality

There are wide inequalities in mental health between communities in England. Community engagement and joint local commissioning are vital for better prevention, treatment and support among communities with the highest rates of mental ill health. We call for sustained government support to narrow the mental health gap and ensure that all communities are actively engaged in the commissioning process.

Background

2009 was the final year of the National Service Framework for Mental Health, launched in 1999. As the Department of Health began to consult on what the next state of mental health policy in England should be, eleven leading organisations formed the Future Vision Coalition in order to contribute to the debate.

At the end of 2009, the Department of Health published New Horizons, a comprehensive programme of action for improving the mental wellbeing of the population and for reforming services for people with mental health problems and their carers and families by 2020. The Future Vision Coalition is now focused on building on this programme and ensuring that policy gets turned into action. This paper sets out our priorities for action to begin now to create the future to which we all aspire.

The Future Vision Coalition consists of the following organisations:



Centre for
Mental Health



Mental Health Foundation



rethink



together
WORKING FOR WELLBEING