

Parliamentary briefing from Mind



Westminster Hall Debate: Report from the independent mental health taskforce to the NHS in England

2.30-4pm Wednesday 13th April 2016

About Mind

We're Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Background: The Mental Health Taskforce

"Promoting good mental health and responding to mental health problems does not start or stop at the doors of the NHS."

For too long, people with mental health problems have had to put up with second rate, second class services. This has affected lives and it has cost lives.

There is widespread recognition that things need to change and last year NHS England commissioned an independent Mental Health Taskforce – a panel of experts, chaired by Paul Farmer, Mind's Chief Executive – to point the way ahead. More than 20,000 people who live with a mental health problem or work in the mental health sector gave their views on how the NHS needs to improve its response to people's mental health needs.

The Mental Health Taskforce report sets out a five year plan for the NHS bodies in England (Care Quality Commission, Health Education England, NICE, NHS England, Public Health England and NHS Improvement) to improve mental health services. To ensure its recommendations are implemented, the Government needs to show commitment to delivering the strategy.

If the Taskforce recommendations are implemented, then by 2020/21, one million extra people will be provided with support for their mental health problems.

The current state of mental health in England

One in four people will experience a mental health problem in any given year. Mental health problems are wide-ranging, including common mental health problems - such as anxiety and depression - through to more complex or severe conditions - such as psychosis, schizophrenia, bipolar disorder, and personality disorder.

Who's at risk?

People at greater risk of developing mental health problems include those who have experienced poverty, unemployment, poor housing, social isolation and loneliness, inequality, traumatic experiences and stressful life events. Addressing social determinants for the primary prevention of mental health problems is possible, and important.

What are the costs?

Poor mental health carries an economic and social cost of £105 billion a year in England. The personal costs of mental health problems are significant. People experiencing mental health problems can have lives that are harder, poorer and shorter than those without them. Left untreated, mental health problems have a huge impact for people of all ages throughout their lives.

People's experiences of care

There is a significant treatment gap in mental healthcare in England. About 75% of people with mental health problems receive no treatment at all. Many children and young people find it difficult to get the help they need, and most get no support for their mental health problem.

Waiting times for GPs vary dramatically across England – in some places 60% of people wait over 90 days to receive treatment. In other places, over 95% of people wait less than 28 days. Similarly, many people are unable to access adequate 24/7 crisis services and people are increasingly sent out of area when beds are not available locally.

“I have experienced very mixed crisis care services depending on where I have lived – an example of the ‘post-code lottery’ in the provision of mental health services.”

Too many people from Black and Minority Ethnic communities have problems accessing quality mental health care and have lost faith in services. The Taskforce demands urgent action to ensure that everyone gets the help they need, irrespective of their background or the communities to which they belong.

Actions for the NHS and system partners

The majority of the Taskforce's recommendations are aimed at the NHS and system partners. The report calls for broad system reforms in the NHS in order to meet the scale of the task.

It highlighted the need for an additional £1bn NHS investment by 2020/21 to help an extra 1 million people of all ages, and the creation of a Mental Health Delivery Board to publicly update on progress against recommended outcomes.

Three key themes the Taskforce identified as needing particular focus:

- High quality 7-day services for people in crisis
- Integration of physical and mental health care
- Prevention of mental health problems

1. A 7 day NHS – right care, right time, right quality

“If you feel unwell in the evening, during the night or at the weekends and bank holidays there is no choice but to go to A&E. There’s no support out there during these times. It’s crucial that this is changed for the benefit of service users, their families and carers.”

- Safe and immediate 24/7 emergency mental health care for people in crisis needs to be a reality and investment is needed to expand crisis support in the home and community.
- People being sent out of area for care should be reduced and ultimately eliminated as quickly as possible. There needs to be a major drive to reduce suicide by 10% by 2020/21.

2. An integrated mental and physical health approach

“Making physical and mental health care equally important means that someone with a disability or health problem won’t just have that treated, they will also be offered advice and help to ensure their recovery is as smooth as possible, or in the case of physical illness a person cannot recover from, more should be done for their mental wellbeing as this is a huge part of learning to cope or manage a physical illness.”

- More women need to have access to evidence-based specialist mental health care during the perinatal period.
- More people with severe mental health problems need to have their physical health needs met.
- Increase access to evidence-based psychological therapies to reach 25% of need so that more adults with anxiety and depression can access care.

3. Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

“If I’d had the help in my teens that I finally got in my thirties, I wouldn’t have lost my twenties.”

- There needs to be more emphasis on mental health prevention and promotion among children and young people as well as early intervention to help access quality mental health care.
- Employment is vital to health and should be recognised as a health outcome. The NHS needs to play a greater role in supporting people with mental health problems to get and stay in work.
- Individual Placement and Support (IPS) is the most effective model of back-to-work support for people with mental health problems. The NHS and the Joint Work and Health Unit needs to increase access to psychological therapies for common mental health problems and double investment in IPS, to support more people into work.

Actions for Government

Mental health touches every home and every community, every public service – every part of our lives. Strong leadership from Government, Parliament and civil society is needed if we are to see the outcomes for mental health in England for which the Taskforce strives.

The Department of Health, Cabinet Office and NHS England should put in place clear mechanisms for ensuring the cross-government recommendations are implemented in full, and show leadership to combat stigma and discrimination towards mental health problems.

Ending stigma and discrimination

“There have been many occasions when I’ve been told that I was lazy and selfish. Some people were of the opinion that I should easily be able to pull myself together and shrug off my problems.”

Improving attitudes and ending stigma around mental health problems is critical. Nearly nine out of ten people with a mental health problem consistently say they have faced stigma or discrimination. It makes them feel isolated and excluded from everyday activities, makes it harder to get or keep a job, and can prevent people from seeking help. There is a strong economic case for doing much more.

Recommendation:

The Department of Health should work with Public Health England to continue to support proven behaviour change interventions, such as Time to Change. Within local government, Mental Health Champions should be established to contribute to improving attitudes to mental health by at least a further five per cent by 2020/21.

Supporting working communities

“Many years ago before all this happened, when I had my breakdown, I had a really good job and I loved it. And hopefully one day I do want to go back into work and be more independent.”

The employment rate for people with mental health problems is unacceptably low, and this is despite the fact that the majority want to work. Addressing this is crucial to achieving the aims of the Mental Health Taskforce, and there is a clear role here for Government.

Recommendations:

- There should be improved access to talking therapies and specialist back-to-work support (Individual Placement and Support) for people with mental health problems – to help people find and stay in work.
- The Department for Work and Pensions should ensure that current funds for people on Employment and Support Allowance be reallocated to more effective and health-based back-to-work support.
- The Department for Work and Pensions should invest to ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.

Reducing suicides

“If you feel unwell in the evening, during the night or at the weekends and bank holidays there is no choice but to go to A&E. There’s no support out there during these times.”

The Taskforce’s target is to reduce the rate of suicide in England by 10% by 2020. The main driver to achieving this is to see the full implementation of the National Suicide Prevention Strategy – published under the Coalition Government in 2012

Recommendations:

- The Department of Health, Public Health England and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017
- Out of area placements should ultimately be eliminated.
- NHS Improvement and NHS England, with support from Public Health England, should identify steps to ensure all deaths by suicide in mental health settings are learned from to prevent repeat events.

Transforming care for children and young people

“My 12 year old daughter is currently struggling with acute mental health problems and has been begging for help. I have had to chase her referral through the NHS system and all the while, I am begging for affordable, accessible and efficient private NHS approved contacts to get a quicker diagnosis to help my daughter!”

One in ten children aged 5-16 has a diagnosable mental health problem, yet most children and young people get no support. The Taskforce is calling for wider promotion of good mental health and for waiting times for evidence-based care to be substantially reduced.

Recommendations:

NHS England should continue to work with Health Education England, Public Health England, Government and other key partners to resource and implement *Future in Mind*, building on the 2015/16 Local Transformation Plans and going further to drive system-wide transformation of the local offer to children and young people.

Additional recommendations

Funding

Within the context of a growing demand for care, unmet need and constrained budgets, national leadership from the NHS and from Government is key to really improving the lives of people with mental health problems over the next five years.

Mental health has been chronically underfunded for decades, and this issue underpins the whole of mental health. To fully achieve parity of esteem, we need to get the funding right.

The Prime Minister's recent announcement on mental health funding is welcome. However, while the announcement of additional funding for mental health services is a good start, it is vital that we see this money reaching local services, and increased investment in mental health from NHS England, if we are to achieve the turnaround we so desperately need.

The Mental Health Taskforce recommends that an additional £1 billion is invested by 2020/21. This will generate significant savings.

It builds on the £280 million investment each year already committed to drive improvements in children and young people's mental health, and perinatal care.

A 'black hole' of data

Good and consistent data for mental health still lags behind physical health. There is good information available, but it is not co-ordinated or analysed usefully. This leaves a gap in mental health data, and affects both those who use mental health services, and service delivery. The information gathered should reflect social as well as clinical outcomes – education, employment and housing, for example – that matter to people with mental health problems.

Recommendation: By 2020/21, Clinical Commissioning Groups should be required to publish a range of benchmarking data to provide transparency about mental health spending and performance.

What MPs can do

Having waited a long time for a fair deal, this is a landmark moment in transforming mental health care in England. As an MP you have an essential role to play in raising the bar for mental health.

The recommendations in the report are clear: mental health care needs to be transformed. Now it's down to the Government, NHS and other organisations to get the job done. We need you to join our calls for change, and hold these bodies to account.

What you can do:

- Speak with your local NHS leaders, and ask how they will be implementing the Mental Health Taskforce recommendations for your constituents. Ask them how they are spending money allocated to transform services for children and young people, people experiencing psychosis and mothers in perinatal period.
- Write to the Prime Minister to ask what governance arrangements he intends to put in place to support the delivery of this strategy.
- Ask PQs on how the relevant ministers (health, as well as in areas such as employment and education) are responding to the Taskforce recommendations.

We welcome the opportunity to discuss this briefing in more detail.

If you would like to talk to us about this briefing, please contact:

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