



Department
of Health &
Social Care

National Policy Developments in Mental Health

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The Government has made mental health a top priority

‘the burning injustice of mental health and inadequate treatment that demands a new approach from government and society as a whole’ – Theresa May, January 2017

Mental Health Prevalence

Approximately **1 in 4** people in the UK will experience a mental health problem each year

1 in 6 adults have a common mental disorder, according to latest figures, published in 2016

1 in 10 children aged between 5 and 16 years has a mental health problem, and may continue to have mental health problems into adulthood (and we expect new prevalence data this autumn)

Half of those with lifetime mental health problems first experience symptoms **by the age of 14**, and three-quarters before their mid 20s

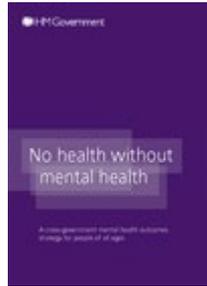
1 in 10 new mothers experience postnatal depression

Over **70% of prisoners** have a mental health problem, substance misuse problems, or both

Suicide is the biggest cause of death in men under the age of 50 and more women are taking their own lives every year

There were **18,998** deaths caused by suicide in England between 2011 and 2015

There have been a significant number of policy developments in recent years



‘No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages’ – February 2011

Health and Social Care Act 2012 – Legislated for parity of esteem between mental and physical health

‘Closing the Gap: priorities for essential change in mental health’ – January 2014



‘Achieving better access to mental health services by 2020’ – October 2014

Policy developments continued

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



'Future in Mind: Children and Young People's Mental Wellbeing' – March 2015

'The Five Year Forward View for Mental Health' – Independent Mental Health Taskforce, February 2016



A report for the Independent Mental Health Taskforce to the MHIC England February 2016



'Implementing the Five Year Forward View for Mental Health' – NHS England, July 2016

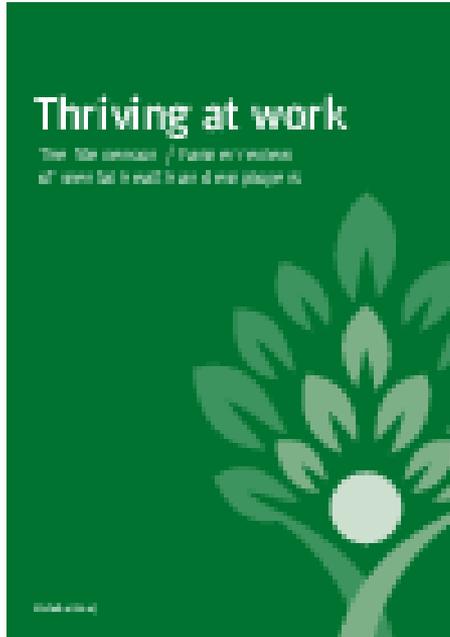


The Government's response to the Five Year Forward View for Mental Health

'The government's response to the Five Year Forward View for Mental Health' – January 2017

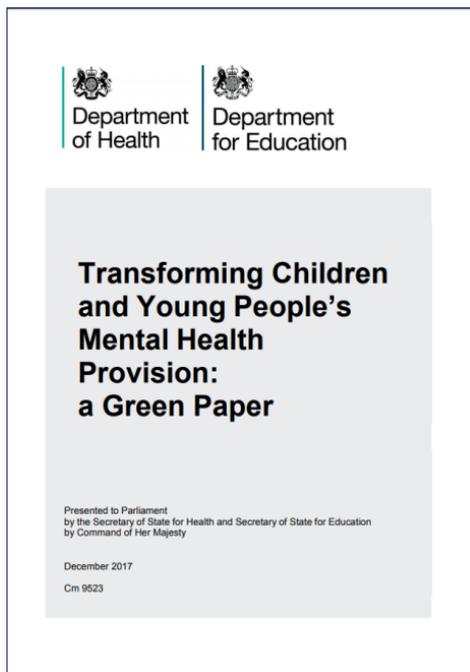


Supporting mental health in the workplace



- The Prime Minister commissioned Paul Farmer and Lord Dennis Stevenson to undertake a review of mental health and employers
- 'Thriving at Work: the Stevenson/Farmer review of mental health and employers', published in November 2017, sets out what employers can do to better support all employees, including those with mental health problems to remain in and thrive through work.
- Includes a detailed analysis that explores the significant cost of poor mental health to UK businesses and the economy as a whole. Poor mental health costs employers between £33 billion and £42 billion a year, with an annual cost to the UK economy of between £74 billion and £99 billion.
- The key recommendation is that all employers, regardless of size or industry, should adopt 6 'mental health core standards' that lay basic foundations for an approach to workplace mental health. It also details how large employers and the public sector can develop these standards further through a set of 'mental health enhanced standards'.

Transforming children and young people's mental health provision



- Published in December 2018 by the Department of Health & Social Care and Department for Education, the Green Paper sets out a range of proposals to strengthen how schools and specialist NHS mental health services work together and to **reduce the amount of time that children and young people have to wait to access specialist help.**
- It includes plans to:
 - Train a senior designated mental health lead in every school and college to improve prevention work.
 - Create brand new mental health support teams working directly with schools and colleges.
 - Pilot a new four week waiting time for NHS children and young people's mental health services.
- The proposals are backed by an additional £300 million of funding.
- Consultation response published in July 2018, with trailblazers to be selected this autumn.

Reviewing the Mental Health Act

Chaired by Professor Sir Simon Wessely, a former President of the Royal College of Psychiatrists, the Review is looking at how legislation is used and how practice can improve.

It is specifically examining **why use of the Act is rising**, why such high numbers of people from **black and minority ethnic groups** are being detained, and concerns it is **out of step with a modern mental health system**.

October 2017

In its first six months the Review invited **service users, carers, professionals** and organisations to contribute their views and help shape the recommendations that will be published. It heard from well over 2,000 people and organisations.

1st May 2018

The interim report published in May has found that and time again that service users and carers feel they were **not treated with dignity and respect** when subject to the Act, and that the experiences of African and Caribbean heritage are particularly poor.

Autumn 2018

The final report containing detailed **recommendations** on how to improve legislation, institutional practices and behaviours will be **published in December**.

Interim report of the independent review gave its views on opportunities to transform care for people with serious mental illness

- **‘We have an opportunity to replicate the advances delivered for people with common mental illness for those with more serious conditions’**
- **‘We have heard time and time again from service users and carers who feel they were not treated with dignity and respect when subject to the Act.’**
- **‘The Act can be made far more enabling of a person’s wishes**, including provision for advance statements, reforming the ‘Nearest Relative’ rules, alongside reform of the poorly evidenced ‘Community Treatment Orders’.’
- **‘Any changes to the Act must be underpinned by improvements to mental health services.’**
- **‘Experiences of people from African and Caribbean heritage is particularly poor – they are detained more than any other group. Too often this can result in police becoming involved at times of crisis. We have heard that services can improve, taking proper account of people’s cultural circumstances and needs’**
- **‘The interaction between the Mental Health Act and the criminal justice system can be significantly improved.** Patients are left far too long in prisons when they should be in hospital, and decision making about restricted patients by MoJ on behalf of Justice Secretary is often delayed. We are pleased to see a broad support amongst the statutory services to make improvements here.’
- **‘Advocacy is seen as a hugely impactful safeguard by service users, and something we can act on quickly – but provision is currently patchy, standards are variable, and the role of different types of advocates is confusing.’**
- **‘We want to rescue the notion of the ‘informal patient’ who isn’t subject to legislation – As well as tackling rising detention rates, we intend consider what should, and should not, amount to a ‘deprivation of liberty’ at the interface of the Mental Health Act and the Mental Capacity Act. This builds on the Government’s acknowledgement of the urgent need to reform Deprivation of Liberty Safeguards.’**

Tackling suicide reduction

- The National Suicide Prevention Strategy aims to improve the way we target high risk groups such as men and aim to reduce suicides nationally by 10% by 2020/21.
- The suicide rate in men has reduced in England for the third consecutive year and national rates are at a six-year low. However suicide remains the biggest cause of death in men under 50 in England.
- The Government is ensuring that every local area has a robust multi-agency suicide prevention plan in place which is supported by £25million over the next three years
- The Secretary of State has also set out a 'Zero Suicide' ambition, aiming to eliminate inpatient suicides wherever possible

The Women's Mental Health Taskforce

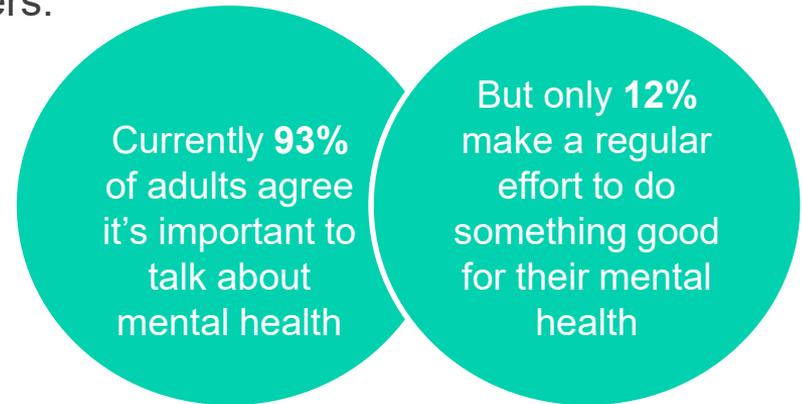
The Women's Mental Health Taskforce was set up in response to the findings of the Adult Psychiatric Morbidity Survey, which found a significant rise in mental ill health among women, particularly between 16-24 years old. The Taskforce's principle objective **'is to develop proposals and deliver action collaboratively to improve women's mental health'**. It brings together a range of Government departments and national bodies as well as key experts from the sector and will conclude its work later this year.

Taskforce Priorities:

- 1 Engaging with a range of women from diverse backgrounds who have experiences of mental ill health or expertise in this area
- 2 Addressing challenges and improving practice and services for women for women who have experienced trauma, violence and abuse and embedding gender specific and sensitive support
- 3 Improving our understanding of women's mental health through data and research
- 4 Influencing existing DHSC and Government wide initiatives which could have a positive impact on women's mental health

Promoting public awareness

- **Time to Change:** Programme was established in 2007 and has developed into a successful partnership programme under the leadership of people with lived experience of mental health problems and the communities in which we live, charities, funders and government.
- Since 2007, Time to Change has delivered an improvement in over **4 million** people's attitudes to mental health problems.
- In the Autumn, a new Public Health England campaign will aim for 1 million members of the public to be **trained in mental health awareness**. They will be better informed to look after their own mental health and support others.



Global mental health

- The UK Government has recently co-launched the **Alliance of Champions for Mental Health and Wellbeing** with Canada and Australia
- Developing **international benchmarking** to understand how different countries' systems compare
- Hosting a **Global Mental Health Summit** in October 2018 to bring together Ministers around the world to build momentum and political leadership on mental health
- Active members of **International Initiative on Mental Health Leadership (IIMHL)**

Mental Health – we interface with every OGD



NHS Long Term Plan

- In June, the Prime Minister announced that the NHS will receive an average 3.4% a year real-terms increase in funding over the next 5 years.
- This means that the NHS will receive increased funding of **£20.5bn** in real terms per year by the end of the 5 years compared to today.
- The increase will mean the NHS can regain core performance and lay the foundations for service improvements. The funding will be front-loaded with increases of 3.6% in the first 2 years, which means **£4.1 billion extra next year**.
- This long-term funding commitment means the NHS has the financial security to develop a **10-year plan**. The plan will be developed by the NHS, working closely with government and be published later this year.
- The Government has been clear, that **better access to mental health services** is one of the key priorities for the long-plan to help achieve the government's commitment to parity of esteem between mental and physical health.

Priorities for the new Secretary of State

In July, our new Secretary of State, Matt Hancock, gave a speech in which he set out his three priorities for the health and social care system: Workforce, Technology and Prevention.

Workforce

Online platform to seek ideas on improving staff experience.

<https://dhscworkforce.crowdcity.com/>

Technology

Using technology to

- Get basics right, make staff jobs easier and free up time for patient care
- Share information –interoperability is a strong part of the vision which will then allow developments, like empowering patients with their own care records.
- The NHS will be a world leader, supporting the best use of technology, with NHS led innovations eg AI and the NHS App



Priorities for the new Secretary of State

Secretary of State defined **prevention** as:

- Keeping people healthy and treating their problems quickly
Empowering people by giving them the tools they need to manage their own physical and mental health needs closer to home.
- Delivering care in the right place in settings that suit them and their needs

With an ageing society and 10 million more people projected to be living with a long-term condition by 2030, it is more imperative than ever that we look to make a radical shift in our approach – focusing on preventative, joined-up care that's centred around individuals.

Prevention cannot be solved purely by the health and care system alone. Everyone has a part to play. To make serious progress on prevention we need to understand that.

From the education we receive, to the home we live in to the job we do and so much more - all of this shapes our physical and mental health.



The department is now working to set out this ambition in greater detail, and consider what this means for how we, as a nation, manage our health and care needs.

In conclusion; a busy autumn ahead for mental health policy!

Any Questions?

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