

10-year plan for Mental Health and Wellbeing: Our response to the Department of Health and Social Care's call for evidence

St Andrew's Healthcare is a Charity working with people with mental illness, learning disabilities or autism. We have been in existence since 1838 and work in partnership with the NHS and others to deliver specialist services to people with complex needs and presentations as well as increasingly working with people in community settings.

We have developed our response through the engagement of patients, service users and colleagues, in co-produced conversations discussing the questions outlined in the consultation. This has enabled sharing of perspectives from the experience of those 'roles' but also more broadly as citizens and users, or future users, of health and care services. These responses have been supplemented by views and ideas through contributions through an email channel and wider conversations throughout the Charity.

Our detailed response is below.

How can we help people to improve their own wellbeing?

How can working age adults improve their own wellbeing

The themes that came through from our co-produced focus groups were those of personal responsibility, awareness and early / ongoing dialogue about wellbeing:

- People need to have greater awareness of what positive wellbeing is and conversely the signs of poor wellbeing and how these manifest for them individually
- Promotion that it's everyone's responsibility to look after their own wellbeing and to look out for others
- Talk about how you are feeling and that *"it's OK to talk about mental health"*

How can older adults improve their own wellbeing

We identified that continuing to be an active part of a community where you have social contact is critical as is the need to keep yourself active both physically and mentally: engaging in purposeful and rewarding activity.

Do you have any suggestions for how we can improve the population's wellbeing?

How can we improve the wellbeing of working age adults

From our focus groups we heard that it is important that we continue to reduce stigma – especially for those people with severe and complex mental health conditions.

We need to continue to campaign around awareness of the importance of mental wellbeing and promote the idea that we can all contribute in some way to support wellbeing through 'keeping an eye out for one another'. One specific idea that we identified was a campaign / toolkit for mental health and wellbeing similar to the 'Couch to 5k' campaign.

Employers should have greater responsibility for wellbeing promotion, ensuring that they take proactive steps to ensure that their employees work in environments that enable positive wellbeing: this makes sense from a commercial as well as a 'human' perspective. One specific idea was for Mental Health First Aiders in workplaces.

How can we improve the wellbeing of older adults

Encouraging activity, having a purpose and ensuring ongoing social interaction were identified as crucial to improving the wellbeing of older adults. We discussed the need for awareness of this not just in old age but at an earlier point and particularly around life events that may lead to a decline in these: retirement, bereavement of a partner etc. Public health campaigns in support of this would be beneficial.

How can we improve the wellbeing of children and young people

It was felt that we should ensure that we do not over-medicalise normal feelings for CYP, but focus on wellbeing more than 'mental health'.

Schools can continue to help through early years wellbeing education as well as being a point of surveillance for CYP at risk or displaying signs of poor mental health. However, the correct infrastructure, services and training must be in place to support teaching professionals.

One specific idea was for Mental Health First Aiders in schools, colleges & clubs.

Zero tolerance for bullying (online and off) – and greater vigilance for spotting it and routes to addressing it – would also contribute to the wellbeing of CYP.

The media – in all its forms, but social media in particular – should have a greater responsibility for ensuring that CYP are exposed to positive messaging around wellbeing and that content that could / does have a negative impact is more tightly controlled. There should be a balance though: censorship is likely to be counterproductive.

How can we support different sectors within local areas to work together, and with people within their local communities, to improve the populations wellbeing?

This includes a wide range of public services, including education settings, social care, the NHS, voluntary sectors, housing associations and businesses

Providing access to education and training that enables a greater understanding of mental health and wellbeing for the range of organisations, groups etc. that can play supportive roles. Such training and education needs to ensure that it enables people to offer inclusive understanding and support. This would include people with the most complex needs who are often highly marginalised as well as people from diverse backgrounds who may require a different understanding of their needs to ensure that they can have equitable support.

One of the barriers to working together is a lack of understanding of 'who does what' and how access is structured and how information is shared. For example, a housing association may have concerns about a tenant, but how easy is it to highlight this concern to mental health professionals so that an appropriate intervention can be made at the earliest opportunity?

For truly integrated working these barriers need to be overcome and it is likely that this will occur within localities and through local solutions, but there may be some directive duties that can be levied on certain types of organisations, similar to the NHS duty to collaborate, that will encourage / enable greater engagement.

What is the most important thing we need to address in order to reduce the number of people who experience mental ill-health?

What is the most important thing we need to address in order to reduce the number of working age adults who experience mental ill-health?

Our focus groups were consistently clear on the need for highly preventative intervention and approaches, many of which would sit outside of the NHS or wider 'mental health service provision':

- A focus on the wider determinants of mental ill health incl. housing, educational attainment, employment, health care, being part of a community etc. etc. as well as ensuring equity of access for all people and consistency of availability across the country
- Positive mental health / wellbeing promotion and stigma reduction – enabling people to discuss their mental health and wellbeing earlier and more clearly (with a focus on groups who are more likely not to do so e.g. men)
- Education and awareness for all, commencing at an early age and that builds resilience so people are better prepared for life
- Early and easy access to services that are able to take a holistic view of the person and tackle the root causes rather than just addressing the symptoms and don't exacerbate a persons anxiety / stress etc.

Another theme that came through was the need for much greater understanding and responsivity to more complex and / or challenging mental health conditions and the creation of early diagnostic and intervention approaches that could prevent onset or impact. It was reflected that help and support – particularly for CYP – often comes when a persons situation and / or health has deteriorated past the point where prevention or impact reduction is possible.

Finally, workforce came through as a critical issue that needs to be resolved. There must be a sufficient quantity of registered and skilled non-registered professionals to deliver the range and diversity of mental health services that are and will be required. This will include the creation of new roles and career pathways and the promotion of working within the sector as a rewarding and viable career prospect.

What is the most important thing we need to address in order to reduce the number of older adults who experience mental ill-health?

A greater awareness of the early signs of older age mental health conditions amongst the general public and a wider range of health, care and support professionals such that the earliest diagnostic and treatments interventions can be made.

It was also suggested that public health campaigns aimed at people in earlier adult life, outlining wellbeing approaches that can have a preventative impact would be beneficial.

What is the most important thing we need to address in order to reduce the number of children and young people who experience mental ill-health?

The earliest possible interventions and preventative actions in the areas that we know are determinants of poor mental health outcomes for children from an early age: targeted at those we know will be most at risk

We want this plan to set out a clearer role for the private sector, including businesses, employers, and online platforms, in preventing the onset of mental health conditions and mental ill-health. Please share your ideas of how employers can support and protect the mental health of their employees.

We have set out in earlier responses our ideas around providing access to education and training that enables a greater understanding of mental health and wellbeing for a range of people.

This would be the platform upon which employers would gain the awareness and understanding of supporting mental health & wellbeing alongside practical approaches to be able to do so. One such idea would be for employers to have Mental Health First Aiders in workplaces.

It would be valuable to help employers to understand the economic value of supporting and protecting the mental health of their employees and incentivising the establishment of both employee assistance programmes with a clear mental health focus and occupational health services that are equipped to support across the mental health continuum.

This is particularly important in facilitating and enabling people with more complex mental health conditions / needs to enter the workplace and stay working. This of course brings value to the individual, the employer and the state.

Thought should be given to how a cost effective solution could be made available to smaller employers: could services be commissioned by local systems and made available to such employers in those areas?

Workforce issues remain central to any expansion of mental health services (in the broadest possible sense): what skills will be required, who will the workforce be and what may the impact on existing services be. As more community focussed roles have been developed – for example those in primary care – we have seen a draw of registered professionals away from inpatient and / or more intensive services towards those that are perceived to be less stressful or career advantageous.

Without a replenishing pipeline of registered professionals services will be unsustainable. New roles and professions are likely to be required in any future state of mental health services and we should be developing these and at the same time vastly increasing the numbers of people qualifying in 'traditional' roles, both with immediate effect.

We want to understand what you think are the most important issues we (the government) need to address to reduce the numbers of people who die by suicide.

What is the most important thing we need to address in order to reduce the number of working age adults who die by suicide?

A general theme around suicide prevention would be for data / intelligence led targeting of people at high risk to intervene early and take preventative action.

We would also advocate for specific (and sustained) campaigning around other groups / populations of people for whom suicide is a specific risk. Raising the awareness of risks and

trigger points and what help is available and crucially how to access it. This is likely to mean co-ordinated national and local campaigns.

Workplaces have an important role to play linked to the wellbeing promotion (see previous responses) and we would suggest that a greater understanding of the social antecedents of suicide is established and creative solutions that target these created, noting that health and care provision is only one dimension of prevention and early intervention that is possible.

What is the most important thing we need to address in order to reduce the number of older adults who die by suicide?

Suicide in older adults can be associated with specific trigger situations / events such as bereavement, loneliness and physical health. To reduce this we should increase the awareness of the risks and signs & symptoms amongst a wider range of people who may come into contact with older people. This will include professionals working in non- mental health specific services such as community nursing, general practice etc. as well as the wider population so that friends, family and communities are able to have vigilance. All of this must be coupled with clarity of understanding of what the next action needs to be and ease of taking that action.

A general theme around suicide prevention would be for data / intelligence led targeting of people at high risk to intervene early and take preventative action.

What is the most important thing we need to address in order to reduce the number of children and young people who die by suicide?

A general theme around suicide prevention would be for data / intelligence led targeting of people at high risk to intervene early and take preventative action.

However we would echo some of our previous comments and reflect that the identification of signs and symptoms is likely to occur in the places CYP spend a large part of their time and this is in schools and colleges. Enabling teaching staff to have the understanding of signs and symptoms, the skills to have conversations about suicide and the knowledge of what to do next / where to go for additional support is crucial, as is the availability and ease of access of that next step.

What more can the NHS do to help people struggling with their mental health to access support early?

What more can the NHS do to help working age adults struggling with their mental health to access support early?

One of our focus groups specifically identified an issue with people in prison who are struggling with their mental health:

“We’ve noticed a change in the patient group over some recent time: we are getting a lot of admissions coming from prison who have not had a mental health problem before. Therefore, we should be equipping our prisons with the tools and expertise for them to be able to identify mental health problems earlier, so they can get the right support instead of being in the wrong environment”

What more can the NHS do to help children and young people struggling with their mental health to access support early?

It was felt that one of the most important areas to focus on was to invest and improve CAMHS services so that they can respond to the ever growing needs within the population of children and young people. It was strongly expressed that this should be a focus as it will improve the mental health of the whole nation in the future with a new generation being more informed in how to identify problems.

Supporting this would be the improvement of awareness and understanding amongst parents, teachers and other professionals who have regularly contact with children and young people and the ability to get the right help at the right time. Anecdotally it was felt that the 'threshold' for getting adequate support was so high that currently early intervention is not possible.

Do you have any suggestions for how the whole of society (beyond the NHS) can better identify and respond to signs of mental ill-health?

How can the rest of society (beyond the NHS) better identify and respond to signs of mental ill-health in working age adults?

A number of ideas came up in our discussions:

- Reducing isolation and a range of other interventions to help people to take part in groups, community, art and other programmes
- A focus on schools with good pastoral care and education around wellbeing for all students
- Normalise conversations around mental health with our friends and families etc.
- A focus on wellbeing for everybody incl. in the workplace, clubs etc.
- Public health campaigns around fundamental things that can help: sleep, diet, exercise, substance use reduction, social interaction etc.

How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

The theme that came through in relation to this was that it is the awareness and understanding by both the individual themselves (linked to the wellbeing work we are suggesting is required in our earlier responses) and the services that are supporting them with their wider health problems.

These services (which may be the persons GP) must also be able to have ease of access to expert help, advice and support as well as a simple route of escalation. The premise here being that, where they can, it is these services that should be supporting the person with the mental health as well as their wider health problems.

What needs to happen to ensure the best care and treatment is more widely available within the NHS?

It was felt that there needs to be continued and increased investment in mental health in its widest sense – i.e. not just health focussed. Additionally it was felt that care and treatment may sometimes be better provided by providers with more specialist skills and experience or by those better placed to meet diverse needs.

What is the NHS currently doing well and should continue doing, in order to support people struggling with their mental health

It was felt that there was not a single answer about a set of things that the NHS does well universally. People had differential experiences but it was broadly felt that the sorts of services – from primary care through to specialist – were what was needed, perhaps delivered with greater consistency.

However, the leadership and focal point that the NHS provides, in particular as the ‘trusted brand’ for the greater population, was an important role that should continue to be played, unifying and embracing a greater set of providers incl. those from the VCSE sector.

What should be our priorities for future research, innovation and data improvements over the coming decade to drive better treatment outcomes?

What should be our priorities for future research, innovation and data improvements for working age adults over the coming decade to drive better treatment outcomes?

One of our patients put forward a plea for greater research into medication that was as effective at reducing positive symptoms as some of the current medications available but did not have side effects that were as negatively impactful as their mental ill health (e.g. weight gain, sexual dysfunction, excessive salivation). As he put it “*why do I have to choose between my mental health and my physical health?*”

What should be our priorities for future research, innovation and data improvements for older adults over the coming decade to drive better treatment outcomes?

A focus on early detection and intervention to prevent and / or slow the impact of mental health conditions that impact in older age.

What should be our priorities for future research, innovation and data improvements for children and young people over the coming decade to drive better treatment outcomes?

We would suggest that the focus – in line with all of our previous comments – is attuned to prevention and early intervention and that this has a very broad focus that covers all of the factors that we know or believe to be contributory to poor mental health in CYP. It should also explore how we may proactively and prospectively use techniques that are often deployed later in a persons mental health pathway to intervene earlier.

The importance of a focus on children and young people cannot be exaggerated given the long term impact that this could have.

What should inpatient mental healthcare look like in 10 years' time? What needs to change in order to realise that vision?

'Inpatient care' is not a homogenous entity and what it looks like in 10 years will depend on the type (continuing healthcare for older adults, acute services for assessment and treatment, specialist rehabilitation, secure care etc.) However we would suggest that all inpatient services should reflect some core design principles:

- Smallest viable 'ward' size, as closely located to the persons community as is possible
- Supporting independent living and meaningful occupation of time (people are not de-skilled through their time in hospital and are in fact re-skilled)
- Shortest possible length of stay: presumption is towards 'how can we...' help the person return to their community and highest possible level of independent living
- Wards operating on the basis of least restriction with individualised risk based restriction where needed
- A risk enabling approach is taken to drive recovery and independence
- Technology is used intelligently and supportively to underpin the approaches

We would like to see a reduced need for inpatient services through the greater and more sophisticated provision of preventative and community based services – including those that are able to meet the needs of people with the most complex conditions and presentations.

To facilitate this it will require both investment in services – community and inpatient – the development of technologies and workforce and a significant mindset shift: we must *believe* that we can care and support people who present with complex presentations and risks to themselves and others outside of the institutions of inpatient wards, before we do so.

What do we (as a society) need to do or change to improve the lives of people who live with a mental health condition?

What do we (as a society) need to do or change to improve the lives of working age adults who live with a mental health condition?

Our focus groups identified a number of broad factors that would be an enabler for improved lives:

- Stigma reduction
- Awareness and understanding
- Volunteering support
- Greater community cohesion

Building upon these it was felt that greater opportunities for work would be beneficial for some people as would opportunities for developing relationships and making a meaningful contribution as a citizen would for others.

What more can we do to improve the physical health of people living with mental health conditions?

What more can we do to improve the physical health of working age adults living with mental health conditions?

Greater health promotion with this population with targeted / bespoke campaigns and approaches. Better training, skills and knowledge within those working in mental health around physical health conditions and how to treat / intervene for improvement: they are likely to know the person best and are better placed to support them.

Improved awareness, understanding and reasonable adjustments for people with mental health conditions when accessing physical healthcare services. Such services should be mindful of the persons mental health condition and ensure that communication etc is tailored to their needs. It is not OK to deploy a 'one size fits all' approach.

How can we support sectors to work together to improve the quality of life for people living with mental health conditions?

How can we support sectors to work together to improve the quality of life for working age adults living with mental health conditions?

We have seen with our work within specialised commissioning provider collaboratives the power of shared goals, defined partnership working principles and a willingness to engage in a discourse about the differences between NHS and non NHS providers and the different constraining and enabling factors that each have. These factors have enabled a collaborative maturity that is allowing the partnership to thrive and be greater than the sum of its parts, improving quality, equity of access and a focus on the future.

This is one example of working across the NHS and non NHS sectors and we would suggest gives some of the tools to encourage cross sector working. This may require further direction in different sectors (which may be through incentives and / or mandates) but at the heart of it is helping to find the shared purpose.

What can we change at a system level to ensure that individuals with co-occurring mental health and drug and alcohol issues encounter 'no wrong door' in their access to all relevant treatment and support?

Reflections from peoples experiences suggest that both mental health and substance misuse services can make 'engagement' with addressing the opposite element of their needs / presentation as a pre-requisite of accessing their service. This leads to people falling between services or not getting adequate support for both.

At a system level, commissioning and contracting functions could be used to ensure that this practice does not occur and that mental health and substance misuse services have a duty to collaborate to help deliver positive outcomes for people. Much like our answer to the previous question, incentivising or mandating that collaboration and helping to find the shared aim would support this occurring.

What can we do to improve the immediate help available to people in crisis?

What can we do to improve the immediate help available to working age adults in crisis?

The theme of ensuring that knowing how and where to get help and support came through in our discussions. It was reflected that sometimes mental health professionals do not know how / where to access such support and this knowledge needs to be much more widely disseminated.

Additionally, ideas such as mental health ambulances were felt to be a positive intervention to support in the immediate crisis phase, alongside those it was felt that the wider view of a person's crisis must be considered and what is important to them. This may mean more practical support and the need to involve other agencies or services (e.g. housing) in the crisis phase being able to mobilise these elements at pace.

What can we do to improve the immediate help available to children and young people in crisis?

The reflections from our conversations were again that ease and rapidity of access is crucial. Enabling CYP and their parents / carers to gain the help that is needed, probably via different engagement routes is key and that when they are engaged, the help must be proportionate and appropriate to the individual and their wider situation (family etc.). We would reiterate previous points about the need for a more holistic view of what crisis may mean (it should be self defined).

How can we improve the support available for people after they experience a mental health crisis?

How can we improve the support available for working age adults after they experience a mental health crisis?

Our focus groups identified that the continuity of care, not only of people but with the activities and quality of support is vital. Shared / portable care plans between agencies would help this which will entail greater data sharing capabilities and more universal record systems / platforms.

What would enable local services to work together better to improve support for people during and after an experience of mental health crisis?

We believe that better working would be supported by two key factors:

- The ability to effortlessly share vital information relating to care, treatment and support between providers across the phases of a person's journey into, through and out of their crisis in a way that allows continuity of the focus of that person's life and / or recovery goals throughout (although we believe that individuals must retain ownership and control of their data – see our later thoughts on this).
- 'smoothing' of transitions between services so that a person does not experience 'hard transfers of care'. Possibly achieved through a more fluid and flexible set of organisational boundaries and / or design.

These would need to be underpinned by access to / consistency of patient record systems and also a shared person centred, holistic ethos of care, treatment and support.

What do you think are the most important issues that a new, 10-year national mental health plan needs to address? Select up to 3 options

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Wellbeing and health promotion | <input type="checkbox"/> Prevention | <input checked="" type="checkbox"/> Early intervention and service access | <input type="checkbox"/> Treatment quality and safety |
| <input checked="" type="checkbox"/> Quality of life for those living with mental health conditions | <input type="checkbox"/> Crisis care and support | <input type="checkbox"/> Stigma | <input type="checkbox"/> Other |

Please explain your choices

We believe that the future focus must be on prevention in all its forms to limit the onset and impact of mental ill health. This starts with wellbeing and health promotion, requires early intervention and access to services (primary, secondary, crisis and specialist) that proactively and holistically address the needs and requirements of the person and continues into ensuring that people with mental health conditions can live well with as much independence as possible, making positive contributions to their communities.

What 'values' or 'principles' should underpin the plan as a whole?

A continued focus on health inequalities, parity of esteem and integrated health care that supports prevention and early intervention and is delivered in increasingly collaborative ways – collaboration between providers and also with the individual and / or their family and friend.

Alongside this we would advocate for a greater focus on the understanding of and care support and treatment for people with the most complex mental health conditions who remain some of the most marginalised people in society.

How can we support local systems to develop and implement effective mental health plans for their local populations?

Our view is that with the maturation of collaborative and integrated systems who have sophisticated understanding of their local need, consideration needs to be given to allowing these systems to create the solutions that are right for them instead of having centrally imposed solutions.

Of course this needs to be balanced with the need for equity of care, support and treatment across the country and we believe that an approach that sets out the required outcomes all systems must deliver but not the specific solutions is the correct approach.

How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?

There is a tension between the need to collect data and the overhead that it brings for providers. There needs to be the ability for consistency but with local / regional variation.

Our experience is that providers want to support the provision of data to shape the future but there is insufficient appreciation for the impact that a seemingly simple request can have from the act of capture at the clinician / patient interface through reporting and submission processes. This must be understood and sufficient resource and support given so that the required data can be acquired. This will be particularly important to enable data

to be provided by smaller providers, voluntary organisations etc. who may otherwise struggle to do so but from where a richness of insight is likely to come.

We would suggest that future data collection is underpinned by some guiding principles including:

- Proportionality
- Clarity of purpose – and a feedback loop on how the data is / has been used
- Time limited where possible
- Ease of collection
- Collect once, use many

The sharing of data between organisations can be a constraint to collaborative working, design and planning and although making this easier to achieve would be welcomed, we would not wish to see this occur in conflict with the rights of citizens to have ownership and control of their personal data.