



# Transforming mental health



# We're Mind, the mental health charity.

We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding. We won't give up until everyone experiencing a mental health problem gets support and respect.

More information on Mind's work can be found at [www.mind.org.uk](http://www.mind.org.uk).



# Introduction

---

## Four focus areas to transform mental health: prevention, access to support, recovery and inequality

As the NHS turns 70, it's a good time to take stock. We are all proud of the NHS, from the babies born to the lives saved, and the help, care and support given to millions of people every day.

But the first 70 years of mental health in the NHS has been poor. An afterthought when the NHS was founded, for decades mental health was neglected and underfunded. People with mental health problems were neither seen nor heard, hidden from society. Treatment was often brutal and inhumane. Horrendous stigma and discrimination was rife.

This history is a stain on our society – and on institutions like the NHS.

But times are finally changing. Attitudes are improving, thanks to campaigns like Time to Change and Heads Together. Politicians and decisions makers are recognising the demand for better public mental health services. And the voices of people with mental health problems are at last starting to be heard – and acted upon.

The closure of the asylums shows how the NHS can lead positive and radical change. We need a transformation of a similar scale to tackle the challenges facing us. Published in 2016, The Five Year Forward View for Mental Health set out the bare minimum needed to prevent a catastrophic collapse of services in England. The five-year funding settlement for NHS England, the development of an NHS Long Term Plan and the upcoming Spending Review all create further potential for lasting change.

As such, and at a time when mental health is recognised and discussed as never before, we have a golden opportunity to revolutionise mental health services and wider support for people experiencing mental health problems.

To make this happen, Mind believes the NHS Long Term Plan should focus on four key areas: prevention, access to support, recovery and inequality.



## Why we need to focus on prevention

It's time to build understanding of mental health, through targeted public health programmes that prevent mental health problems from developing and from being ignored. Delivered through the NHS and in schools, workplaces and community groups, these programmes – combined with further support for the Time to Change campaign – will also help to reduce mental health stigma and discrimination.

## Why we need to focus on access to support

It's time for significant investment in mental health with a faster rate of growth, so timely treatment and support becomes the norm whenever someone experiences a mental health problem. An agreed set of ambitions for services and treatment is needed with a greater focus on early intervention services that can prevent mental health crises. High-quality crisis services also need to be prioritised. And physical and mental health services need to be integrated more closely and more effectively.

## Why we need to focus on recovery

It's time to improve the support people receive as they live with or recover from a mental health problem. That means being able to access good quality accommodation. It means having the right help to get back into work, education or training. It means an emphasis on comprehensive support and care, effectively meeting whatever needs people may have. We need a corresponding cross-government plan to match the ambition set by the Prime Minister and the Government.

## Why we need to focus on inequality

It's time to reverse existing health inequalities, by investing in communities where the prevalence of mental health problems is disproportionately high – and by tackling institutional discrimination. We also need to take a hard look at the causes of persistent inequalities that affect how people engage with services – including racism, poverty, social exclusion, violence and trauma.

### Focusing on these four areas can transform what it means to live with a mental health problem in England today

Those of us with mental health problems want timely access to good quality mental health services. We want our mental health and physical health needs to be treated equally. We want to be treated with dignity and respect, by a workforce whose own mental health is looked after.

We want a decent place to live, a job that supports our mental health and good quality relationships with people in our communities – all of which are crucial to help us stay well.

Our recommendations are not a definitive list but instead outline some of the major changes required.

**We know what we want and we know how to achieve it. Let's get the job done.**



# The power of prevention: In schools, in workplaces and in the fight against stigma and suicide

It's time to build understanding of mental health, through targeted public health programmes that prevent mental health problems from developing and from being ignored. Delivered through the NHS and in schools, workplaces and community groups, these programmes – combined with further support for the Time to Change campaign – will also help to reduce mental health stigma and discrimination.

**Millions of pounds are spent every year to prevent people developing problems like heart disease or cancer, but less than two per cent of the public health budget is spent on public mental health initiatives – at a time when local authority public health budgets have been severely cut.**

Yet we know those of us who go on to develop mental health problems face issues that can last a lifetime. Nearly nine out of 10 people face stigma or discrimination. Job opportunities, social lives and relationships can all be profoundly affected as a result – fuelling isolation and loneliness.

And while not all suicides are mental health-related, the majority are – and we know that in many cases people have struggled in silence, feeling unable to ask for help. In 2016, we lost 4,897 people to suicide in England and Wales. Every life lost is a tragedy. Through targeted interventions, we can offer effective support before people come to see suicide as their only option.

## Preventing stigma: the Time to Change campaign

Time to Change is England's biggest programme to challenge mental health stigma and discrimination, run jointly by Mind and Rethink Mental Illness. It is the first campaign in the world to show we can change how people behave towards others with mental health problems.

But changing attitudes and behaviours is the work of a generation, and funding for Time to Change ends in March 2021. Long before that date, the NHS and the Government need to commit to continuing to support the campaign. With this support, we can tackle outdated attitudes to mental health that persist among some NHS staff, and we can continue to build on the previous successes of Time to Change in schools, workplaces, the NHS and communities.



## Preventing problems early: support for children and young people

Recognition is growing of the need to support the mental health of children and young people as they respond to a fast-changing world. The Government's green paper sets out its ambition to transform provision for this group but fails to address early years support.

We need to prioritise the mental wellbeing of future generations by ensuring effective 'whole school' approaches are in place in all schools in England. Children and young people, parents, carers, teachers and the wider school workforce all need to have an accurate understanding of mental health and need to know where to go for help as soon as an issue develops.

## Preventing problems in employment: support in the workplace

The *Thriving at Work* review of mental health and employers, published in 2017, identified the steps the NHS, government and employers need to take to transform the mental health of our nation's workforce. Currently more than 300,000 people living with long-term mental health problems lose their jobs each year.

The recommendations made in *Thriving at Work* need to be implemented as an urgent priority. The promised NHS Long Term Plan and the Spending Review provide further opportunities to expand programmes such as Individual Placement and Support (IPS), a health-based employment support scheme. And the relationship between insecure work, the gig economy and mental health also requires far greater attention.

## Preventing loss of life: suicide prevention programmes

We urgently need to develop a more coherent and consistent approach to suicide prevention. This includes building on existing local multi-agency suicide plans, with the ambition of significantly reducing the number of suicides both among people who are in contact with mental health services and those who are not.

In particular, specific focus is needed on those groups where the risk of suicide is known to be higher than average. This includes the growing number of people who self-harm, middle aged men, people in detention, in custody and in contact with the criminal justice system, and people who have been bereaved by suicide.

## Preventing problems occurring: the role of public mental health initiatives

Funding for public health and prevention initiatives related to mental health needs to increase, to help stem the flow of people becoming unwell in the first place both at population level and to those at increased risk of developing a mental health problem.

The success of the Prevention Concordat which has facilitated action around preventing mental health problems and promoting good mental health, should be taken further so that public mental health initiatives are more firmly identified as being the responsibility of local authorities. Mental health needs to be central to areas as diverse as housing, parks and green spaces, leisure facilities and libraries. Increased investment in – and access to – public mental health services, parenting programmes, drug and alcohol services, programmes to help people stop smoking, and programmes that promote physical activity and healthy lifestyles is also critical. A cohesive public mental health plan, building on the new 'Every Mind Matters' campaign should see mental health prevention clearly identified as an equal priority to smoking and obesity.





## The Up My Street programme

### Preventing problems among young African-Caribbean men

Funded by Comic Relief, Mind's Up My Street programme was focused on prevention: engaging with young African-Caribbean men before they experienced mental health problems. Up My Street's main aim was to develop and pilot approaches that could reduce the number of young African Caribbean men in inpatient mental health services. Currently, young African-Caribbean men are significantly overrepresented in the compulsory mental health system.

We worked with organisations that support young African-Caribbean men, to help build people's resilience and address the factors that could put people at risk of mental health problems. We also built links to enable the wider community to support the mental health needs of young people more effectively.

Some participants said they felt more connected socially and less isolated after taking part in Up My Street, as well as feeling a greater sense of wellbeing.



## Our recommendations for prioritising prevention

- The Department of Health and Social Care should continue to support Time to Change.
- The Department of Health and Social Care and the Department for Education should ensure that every school in England has an effective 'whole-school' approach to mental health by 2023. Every school should involve children, staff, parents and carers in its approach, as well as offering a range of interventions and ensuring effective integration with mental health services.
- The Department of Work and Pensions and the Department of Health and Social Care should oversee full implementation of the *Thriving at Work* report, further extend Individual Placement and Support and increase their focus on reducing the negative impact of insecure, unstable work on mental health.
- NHS England, Public Health England and the Department of Health and Social Care should announce a national zero suicide ambition, with funding made available to deliver a 50 per cent reduction in the number of suicides by 2029.
- HM Treasury and the Department of Health and Social Care should agree a new long-term funding settlement for preventing mental health problems and for public mental health initiatives in the Spending Review.
- Public Health England should develop a cohesive public mental health plan which prioritises mental health prevention and ensure targeted programmes for people with mental health problems as part of its work on obesity, tobacco, physical activity and substance misuse.
- Department of Health and Social Care, Department for Education and NHS England to develop a robust early years mental health plan which seeks to build positive relationships and minimise adverse experiences and exclusions.



# Improving access to support: shaping better, more integrated treatment and care

It's time for significant investment in mental health with a faster rate of growth, so timely treatment and support becomes the norm whenever someone experiences a mental health problem. An agreed set of ambitions for services and treatment is needed with a greater focus on early intervention services that can prevent mental health crises. High-quality crisis services also need to be prioritised. And physical and mental health services need to be integrated more closely and more effectively.

**While a focus on prevention will reduce the number of people developing mental health problems in the future, thousands of people need treatment and support for their mental health today. For too long, those of us with mental health problems have had to put up with second-class services, with two thirds of people receiving no treatment or support. This has affected and cost lives.**

The Five Year Forward View for Mental Health was the first step in the necessary transformation of mental health care in England. If fully implemented, one million extra people will be able to access support for their mental health.

But this is only the start of the journey. Even if the NHS meets the commitments set out in the Five Year Forward View, too many people will still go without support – or without the full level of support they need.

The Institute for Fiscal Studies and the Health Foundation have estimated that for the NHS to be able to support 70 per cent of people with mental health problems, mental health funding would need to be more than double the current level.

As such, much faster growth in mental health spending should be at the heart of any funding settlement and future NHS plan – helping to bring access levels for mental health

services in line with those for physical health. This is in addition to continued adherence to the Mental Health Investment Standard (both nationally and locally) throughout the period of the new NHS Long Term Plan.

## Improving access to quality care: less variation, no use of force

We need to significantly increase access to quality mental health services and support, tailored to your needs. Receiving good mental health care shouldn't be a postcode lottery, but there is still startling variation in the quality of services, including:

- Community mental health services
- Crisis care, including crisis resolution and home treatment services
- Inpatient services
- Psychological therapies

Making sure people are signposted to good quality sources of online information like Mind's information resources is essential, as well as offering a blended mix of offline and online support.

There is also an urgent need to end the use of force in mental health services. While there has been significant progress on tackling the pressures within our mental health crisis services, particularly through the Crisis Care Concordat initiative, far too many people with mental health problems are still subject to dangerous and humiliating restraint.

And it is completely unacceptable that people who use inpatient services are not routinely asked to rate their experience and to consider whether it has helped or harmed their mental health. Especially given the challenges faced by many inpatient



services, this information needs to be routinely collected, analysed and acted upon.

## Improving integration: putting mental health at the heart of the health system

For too long, the ways that other parts of the health system can and should support mental health have been overlooked. Mental health needs to be seen as core business for primary care, for example. Around 90 per cent of people with mental health problems are supported solely within primary care and 40 per cent of GP appointments have a mental health component. As such, a much stronger focus on primary care services for people with mental health problems is needed.

Mental health must be at the heart of integrated care systems, with much stronger relationships and coordination between different services and between support for a person's physical and mental health needs. Integrated electronic patient records so people don't have to repeat their story time and time again is an absolute must for any modern day NHS. Everyone involved in delivering health and care services and support needs to ensure they are truly focused on the people who need that support. This is particularly important for people with complex needs, and those of us who fall through the gaps and thresholds between primary and secondary care.

And there needs to be a move to more transparent, integrated payment systems to tie in with the development of services so we can monitor and incentivise better access and better outcomes.

## Improving co-production: support guided by those who use it

The potential of co-production in the modern NHS should not be underestimated. By continuing to increase the role of people

with mental health problems in shaping services, both nationally and regionally, we can deliver support that is more empowering, effective and cost-effective. Through building partnerships between people with mental health problems, frontline staff and the voluntary sector, co-designed and co-delivered services can become a powerful reality.

In turn, greater focus is needed on people's right to receive mental health treatment. The current review of the Mental Health Act should form part of a wider effort to increase the rights of people with mental health problems across the NHS.

## Improving the workforce: led by values and including volunteers

At the heart of an effective NHS is an adequately funded, well-trained and well-supported workforce, with people recruited not just for their skills and experience but also for their values.

And that workforce also needs to be considered in a wider context, so the focus is not only on traditional clinical and NHS staff, but on the much wider, multi-disciplinary workforce that supports people with mental health problems. We also need new roles which are more flexible and can attract a new generation to work in mental health. This spans the NHS, local authorities, the voluntary and community sector and beyond.

If resourced well and connected effectively to existing services, the voluntary and community sector in particular can provide exceptional support throughout the mental health system – in many cases led and delivered by the people who use it. Peer support, for example, can help people with mental health problems to develop social skills and networks, improve their wellbeing, feel able to make better choices to help their recovery, and feel more hopeful about the future.



## Rise:

### Co-producing child services in Warwickshire

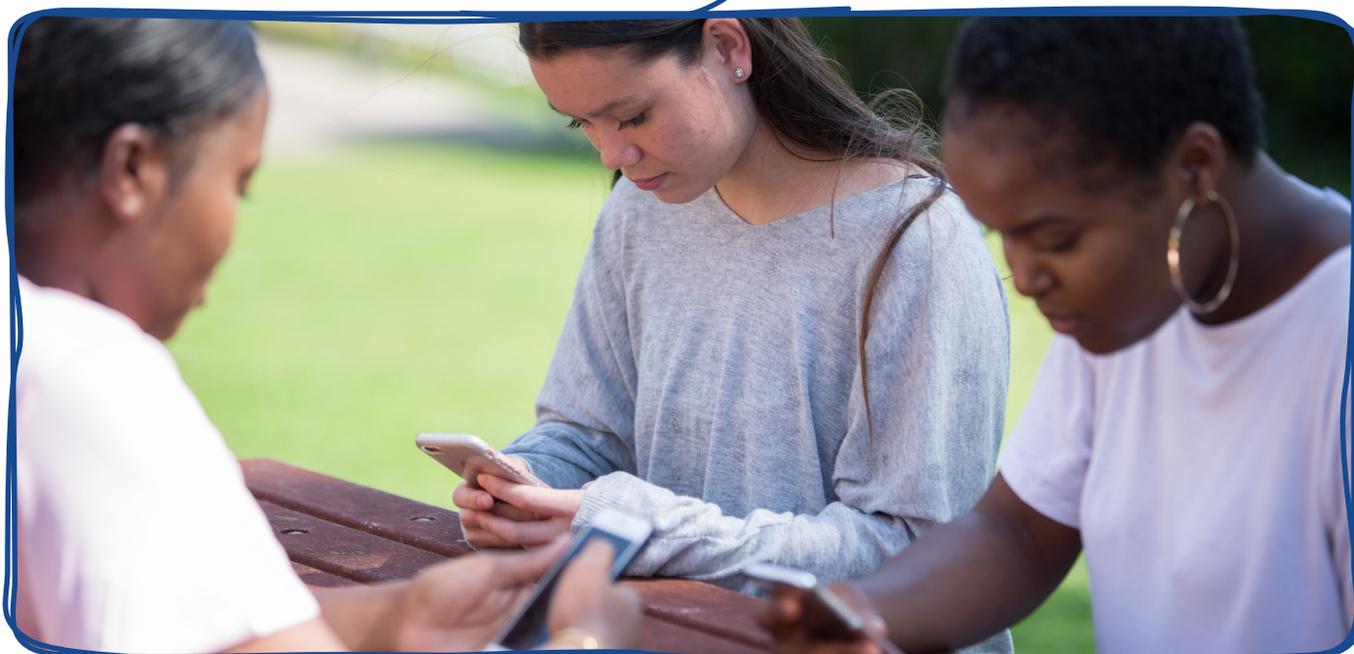
In 2017, commissioners in Warwickshire re-rendered Child and Adolescent Mental Health Services (CAMHS) following a whole system redesign co-produced by young people, parents and professionals. The result was 'Rise': the new emotional wellbeing and mental health services for children and young people in the county.

It's designed to be a truly integrated service, focused on prevention, early intervention and the outcomes that matter to young people. Services work together to deliver the best therapeutic support, with schools, voluntary community organisations, social care providers and primary care services all aiming to increase access for children and young people who need help. Rise also offers training packages that can

be accessed by local providers, parents and carers. And young people are asked for their experiences of the service – for example sharing whether they feel part of decisions or receive timely support.

Plans are now under way to set up five community hubs in Warwickshire, where families can access information, guidance and workshops and speak to a mental health worker. The service is still in its infancy, but the aim is as simple as it is bold: to change the landscape of CAMHS services locally through co-production.

Coventry and Warwickshire Mind supported the co-production of Rise by helping to develop an outcomes framework, and by involving young people and parents in the process. The organisation now works in partnership with Coventry and Warwickshire Partnership NHS Trust to deliver the whole pathway.



## Our recommendations for improving access to support

### To improve access to quality care:

- NHS England should commit to a faster growth in mental health spending to help bring access levels for mental health services in line with those for physical health.
- NHS England should continue its programme of clinical pathway publications, including clear standards for access and waiting times, so services and the people who use them know the expected level of care.
- NHS England and Clinical Commissioning Groups should continue to improve the quality and availability of Improving Access to Psychological Therapy (IAPT) services, as well as expanding the coverage of talking therapy provision, including for specialist psychological therapies.
- NHS England, Clinical Commissioning Groups and providers should ensure all relevant services recognise the impact trauma can have on a person's mental health and provide gender specific care, in line with the emerging recommendations from the Women's Mental Health Taskforce.
- The Department of Health and Social Care should ensure the Mental Health Services (Use of Force) Bill is brought into law, with rapid implementation of accredited training and national standards, and an urgent focus on changing the culture of wards to prevent the use of restraint.
- NHS England, Clinical Commissioning Groups and providers should ensure that inpatient services for voluntary and detained patients are transformed to become places that genuinely offer therapeutic, compassionate care in a safe and welcoming environment.
- NHS England and the Department of Health and Social Care should urgently ensure sufficient bed capacity exists to avoid out-of-area placements, while also focusing on alternatives to inpatient stay, such as crisis houses, sanctuaries and cafés.
- The Care Quality Commission should reintroduce a national mental health inpatient services experience survey, and extend it to cover people of all ages.
- NHS England and the Department of Health and Social Care should reduce the number of people detained under the Mental Health Act.



### To improve integration across the health system:

- NHS England and other Arm's Length Bodies should focus on transparency, building on the progress made with the mental health dashboard. This needs to include a greater focus on qualitative data and user-defined outcomes alongside clinical outcomes.
- NHS England and Clinical Commissioning Groups should continue to expand primary care services to support the physical health of people with mental health problems, as well as the mental health of people with long-term physical health conditions.
- NHS England and Clinical Commissioning Groups should promote evidence-based, non-clinical interventions and services (social prescribing), and make these available to people of all ages who might benefit.
- Local commissioners and providers should ensure wider advice and support services are co-located within health settings, offering advice on a range of social factors often linked to mental health – such as benefits, housing, debt and money.
- NHS England and NHS Improvement to establish a more transparent, integrated payment systems to incentivise better access and outcomes.

### To improve co-production and extend people's rights:

- NHS England should monitor the level of co-production across mental health services, with the expectation that meaningful involvement of people with mental health problems is the norm.
- The Department of Health and Social Care should reverse current exemptions from the NHS Constitution for people with mental health problems, instead extending rights for people who use services. These rights need to include greater use of self-referral, so people can get help early – before problems escalate into a crisis.

### To improve and support the workforce:

- NHS England and the Department of Health and Social Care should build on the promising Time To Change pilots to tackle the stigma and discrimination still pervasive in the NHS workforce and fully adopt its Health and Wellbeing Framework to commit all NHS organisation to Thriving at Work.
- Health Education England, NHS England and the Department of Health and Social Care should ensure staff training and recruitment focuses on values as much as skills and expertise.
- Health Education England, the General Medical Council and the Nursing and Midwifery Council should improve the quality and quantity of mental health training and development for trainee and registered GPs, practice nurses and other primary care staff.
- NHS England, the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government should incorporate the wider workforce (e.g. NHS, local government, voluntary and community and independent sectors) when workforce planning for the future.



# Focusing on recovery: An overarching approach to help people stay well

It's time to improve the support people receive as they live with or recover from a mental health problem. That means being able to access good quality accommodation. It means having the right help to get back into work, education or training. It means an emphasis on comprehensive support and care, effectively meeting whatever needs people may have. We need a corresponding cross-government plan to match the ambition set by the Prime Minister and the Government.

**Mental health is largely shaped by people's social, economic and physical circumstances. It's no surprise, therefore, that poverty, low income, social isolation and poor mental health often go hand in hand. And it follows that effective recovery support relies on a wide range of organisations collaborating and coordinating effectively – from mental health and other health services to community, care and welfare support organisations.**

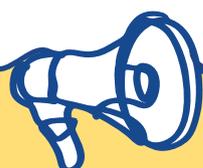
Many people with mental health problems face other challenges, including physical health problems, disability, unemployment, poverty, debt, homelessness, unstable or unsafe accommodation, problems with drugs and alcohol, or contact with the criminal justice system. Support for recovery therefore has to involve a truly wide-ranging approach, focusing on people's goals and challenges related to work, relationships, communities, health, care and more.

Historically, however, opportunities to drive change in this area have been limited. The Five Year Forward View for Mental Health, for example, did not have the involvement of local authorities or social care organisations in its remit or terms of reference.

Despite the role social care plays in helping people to stay well and be part of their communities, pressure on local authority budgets has led to much higher thresholds for this essential support. This has an inevitable knock-on effect, with individuals, families, the NHS and voluntary and community organisations all forced to intervene where social care has been withdrawn.

At the same time, little – if anything – is happening to address the sheer scale of problems in the private and social housing sectors. Four in five people with mental health problems now say they have lived in housing that has made their mental health worse.

And we can't make progress on creating a system that supports recovery effectively without tackling the fundamental challenges within the current welfare and benefits system. We need a system that ensures all of us with a mental health problem can get the support we need – including when we are too ill to work – without the fear of having benefits removed or not having enough money to live on, recover and stay well.



## Focusing on social care: a clearer role for local government

Far greater recognition is needed of the impact local government can have on people with mental health problems. Across areas including social care, social work and housing, local government bodies and local authorities must be seen as equal partners in a relationship with health organisations nationally and locally. Without this shift, effective integration of services designed around individual needs is doomed to failure.

Improved access to social care for all ages must be a top priority for funding in the next Spending Review. The Government also needs to focus on the basic human need of everyone living with a mental health problem having somewhere to call home. We need homes that don't put our mental health at risk but instead give us the space to recover and stay well. And we need to fix the housing problems that occur far too often when people receive hospital treatment for their mental health.

## Focusing on local potential: voluntary and community support

Local services, including voluntary and community sector organisations like local Minds, can help with many of the problems people face as they recover. Indeed, from social workers in local authorities to staff in voluntary organisations, many people already help others to define and reach their own goals and meet their day-to-day needs, as well as helping people to overcome discrimination and exclusion. We need to make sure NHS England and the Government recognise the skills and expertise found on the frontline in their national systems, strategies, funding solutions and priorities.

## Focusing on financial support: a better welfare system

The welfare system should support all of us with a mental health problem who have a low income or no income and need help with the cost of living and with the extra costs of being unwell. We want to stay well and live independently, free from the fear of sanctions and of having our benefits removed if we are too unwell to work.



## The Oxfordshire Mental Health Partnership:

### Boosting recovery through connected support

The Oxfordshire Mental Health Partnership brings together six local mental health organisations – including the Benefits for Better Mental Health team at Oxfordshire Mind – to make it easier for people to get the most appropriate support when they need it.

The Benefits for Better Mental Health team provides advice to people with mental health problems on any aspect of welfare benefits, whatever their circumstances. Through the partnership, the team has built closer links with social work staff working on mental health wards, and now provides benefits support to people before they are discharged. This joined-up approach can make the transition to independent living easier, as people leave hospital knowing where to get help.

Being admitted to or discharged from hospital can be a confusing and disorientating experience and the team offers a wide range of support: helping people to understand entitlements, fill in forms and navigate a complex and confusing system. Most people are unable to work after being discharged, so the focus is often on getting a basic income during recovery through Employment Support Allowance, Housing and Council Tax Benefits and the Personal Independence Payment.

Most benefits are now conditional on claimants engaging with the benefits agency, but this process can affect people's mental health and stop recovery in its tracks. So the team also helps people to plan ahead and to have a coping strategy in place in case things go wrong.



## Our recommendations for focusing on recovery

- NHS England and the Department of Health and Social Care should ensure the NHS Long Term Plan enshrines a joint health and social care approach in both planning and delivery.
- Cabinet Office should develop a parallel cross-government mental health long term plan to run alongside the NHS Long Term Plan.
- HM Treasury, the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government should agree a new long-term funding settlement for social care in the Spending Review. This should incorporate the needs of people with mental health problems, regardless of their age.
- The Ministry of Housing, Communities and Local Government should improve the support available to help people with mental health problems access and stay in social housing.
- NHS England and the Department of Work and Pensions should integrate financial advice services so these are routinely offered in health settings, and divert employment support into the healthcare system to fund integrated specialist voluntary health and employment services.
- The Department of Work and Pensions should remove the threat of sanctions for people who cannot work because of a mental health problem, ensuring people have the space they need to recover without inappropriate pressure.
- The Department of Work and Pensions should reform benefits assessments (for example for the Personal Independence Payment, Work Capability Assessments and Universal Credit). The system needs to change so that people are accurately and honestly assessed, the real impact of individual health problems is understood, and assessments get the right results first time.



# Addressing health inequalities: Breaking through the barriers that stop people finding help

It's time to reverse existing health inequalities, by investing in communities where the prevalence of mental health problems is disproportionately high – and by tackling institutional discrimination. We also need to take a hard look at the causes of persistent inequalities that affect how people engage with services – including racism, poverty, social exclusion, violence and trauma.

**When Theresa May became Prime Minister, she rightly pointed to a number of 'burning injustices' in our society. All too often, who you are and where you live profoundly affect how likely you are to develop a mental health problem, as well as affecting your experiences of accessing treatment and support. And, shamefully, those of us with severe mental health problems are still likely to die 15-20 years earlier than the general population. This needs to end.**

Our new vision for mental health must have at its heart a determined approach to tackle the underlying racial, socio-economic, gender, educational and health inequalities experienced by people with mental health problems. This means taking a hard look at some of the root causes of the inequalities faced by different groups and at how racism, poverty, social exclusion, violence and trauma impact on people's mental health and on their experience of public services.

Too many people from Black, Asian and Minority Ethnic communities have problems accessing good quality mental health care and have little faith in services. As a result, far too often people come into services in crisis and/or via the criminal justice system.

People from LGBTQ+ communities also have disproportionately high levels of mental health problems. They are more likely to self-harm and have suicidal thoughts, and often report poor experiences of mainstream services.

And people with complex needs – for example individuals with a mental health problem and a drug or alcohol problem – often experience multiple discrimination and fall into the gaps between services.

As part of the Five Year Forward View for Mental Health, NHS England and Public Health England are leading a programme to assess premature mortality, but this is still in its early stages. The Mental Health Act Review is also an important opportunity to address the disproportionate detention of people from some black groups. And the establishment and progress of the Women's Mental Health Taskforce is also commendable. However, the Department of Health and Social Care is still to appoint an Equalities Champion to drive this area of its work forward.

## Addressing inequality in services: a targeted NHS approach

The NHS must take urgent action to ensure that everyone has equal access to care that takes their culture and identity into account, with the aim of achieving equal outcomes for all. This should include specific programmes to address inequalities among groups that have a higher prevalence of mental health problems and experience worse outcomes.



It should also include using different service models, such as online and face-to-face peer support and mentoring, and partnerships with voluntary and community sector services that have extensive experience of supporting disadvantaged groups. The NHS and wider services must learn from successful initiatives such as the Making Every Adult Matter (MEAM) approach to coordinating care for people with complex needs.

And given the high levels of mental health problems among vulnerable migrants, many of whom experience trauma and risk going into crisis without support, there should be no immigration check for NHS services. All migrants should have access to services, regardless of asylum status.

### Addressing systemic inequality: shaping a new framework

A fully embedded equalities framework is also required for the new strategy, identifying specific goals and requiring providers to monitor who uses their services and what outcomes they achieve. The Spending Review should set out how wider government budgets will be used to tackle inequalities around mental health. And the Government should also have to report to parliament when policies are shown to exacerbate health inequalities.

Finally, there has been a woeful response to supporting the needs of people with personality disorder, given their poor experiences and outcomes. NHS England and the Government must make a far greater effort to address the needs of this group as an urgent priority. The Consensus Statement on Personality Disorders provides a blueprint on actions needed to ensure people with personality disorder are no longer left behind.

### Addressing systemic inequality: protecting and enhancing rights

Whilst we have seen considerable progress in assigning outdated legislation to the scrapheap, we still have a way to go before our legal framework puts mental health on the same footing as other physical health problems and disabilities.

The Mental Health Act Review currently in progress provides us with an opportunity to ensure future legislation is based on the principle of respect for people's wishes and decision-making capacity. But there are still several other areas of law which either need protecting or enhancing to ensure people with mental health problems get support and respect.





## 'Get active, feel good'

### Supporting women in South Asian communities to stay well

Get Set to Go is a programme run by Mind to help people with mental health problems feel the physical, social and mental benefits of being active. It's supported by Sport England and the National Lottery.

As part of the programme, in March 2017, we ran a 'Get active, feel good' messaging campaign, targeting women from South Asian communities, who have the lowest participation in weekly sport of any group. The campaign was developed with representatives from Sporting Equals, Asian Sports Foundation, Black and Minority Ethnic Coaches Association, Sport England, Sheffield University and Rochdale and District Mind. We also engaged with over 50 women from South Asian communities at a Diwali event at Stanmore Temple, discussing mental wellbeing and physical activity barriers.

The campaign was designed to raise awareness of importance of physical activity for mental health, especially for South Asian women. We also promoted Mind's information, encouraged people to become more active and spread the word about Elefriends, our online peer support community.

In total, we reached closed to 900,000 people through the campaign – with activities that ranged from giving out flyers at South Asian women's groups to creating the Mind Wellbeing Award at Sporting Equals' British Ethnic Diversity in Sports Awards. It helped us both to engage with new audiences and to build partnerships to keep growing our work with South Asian communities.



## Our recommendations for addressing inequalities

- The Department of Health and Social Care and NHS England should commit to year-on-year reductions in health inequalities experienced by people with mental health problems, with funding allocations to achieve this.
- The Cabinet Office and HM Treasury should set out, as part of the Spending Review, how departmental budgets will address mental health inequalities.
- NHS England should implement and embed an equalities framework, which looks at mental health inequalities nationally and locally.
- Local authority public health budgets and wider budgets should be aligned to reduce local mental health inequalities.
- NHS England should support local areas to engage with their communities as they commission and deliver services, with the goal of closing access gaps through services that recognise and respond to local need.
- The Home Office and the Department of Health and Social Care should stop immigration checks being a pre-requisite for migrants being able to access health services.
- The Department of Health and Social Care should immediately appoint an Equalities Champion.
- NHS England should deliver, as an urgent priority, the pathway for people with personality disorders specified in the Five Year Forward View for Mental Health.
- Ministry of Justice should conduct a detailed assessment on the impact of the LASPO Act on people with mental health problems and ensure access to adequate legal advice and support is made available.
- Department of Health and Social Care should review how mental health is treated in the Care Act in order to put it on an equal footing with physical health.
- Government to widen the definition of disability under the Equality Act so people with fluctuating conditions like depression are protected from discrimination.
- Ministry of Justice to protect the Human Rights Act and maintain membership of the European Convention on Human Rights.



# Conclusion:

## Now is the time to transform mental health

Change is possible. Despite decades of underfunding, the Five Year Forward View for Mental Health has, in less than three years, started the process of long-term transformation. But by 2021 – five years after the report was published – the change we need to see will only just have begun.

We now have a fantastic opportunity to transform the lives of people with mental health problems – if support for mental health is accelerated through the new NHS funding settlement and plan, and if additional funding and increased priority across government is also secured through the 2019 Spending Review.

The new plan needs to be ambitious and transformational; focusing on what is deliverable within current parameters is nowhere near enough. For a true revolution in mental health to become a reality, the new plan needs to be co-produced with people with mental health problems, services and staff. It needs to be co-owned across the NHS and government. And it needs to be co-delivered with people with experience of mental health problems and with the voluntary and community sector.

Achieve this – and focus on the four key areas highlighted in this report – and we will achieve the world-leading mental health services and support that we desperately need, and that we can all truly be proud of.

**Let's make it happen.**



Mind  
15-19 Broadway  
Stratford  
London  
E15 4BQ

020 8519 2122  
contact@mind.org.uk  
mind.org.uk

 @MindCharity  
 mindforbettermentalhealth  
 Follow us on LinkedIn

Mind is a registered charity No. 219830

