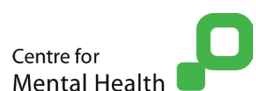


A MANIFESTO FOR BETTER MENTAL HEALTH



The Mental Health Policy Group - General Election 2015





THE ROAD TO 2020

The challenge and the opportunity for the next Government is clear. If we take steps to improve our nation's mental health, we will improve the lives of millions of people across England.

More people are becoming more ill and are unable to access support when they most need it. Without a clear commitment to action, we will store up problems for the future, both in terms of our public finances and the lives of future generations.

We call on all parties in England to make a positive commitment to value our mental and physical health equally. This manifesto sets out five specific areas where significant improvement is needed.

ENSURE FAIR FUNDING FOR MENTAL HEALTH SERVICES

Funding for mental health services has been cut in real terms for three years in a row. Mental health problems account for 23% of the total burden of disease. Yet despite the existence of cost-effective treatments it receives only 13% of NHS health expenditure. Huge proportions of people with mental health problems get no treatment at all (only a third of people with depression) and even fewer get the right treatment. Demand is rising, and will continue to do so - by 2030 there will be approximately two million more adults in the UK with mental health problems than there are today.

Mental health services must be equipped to respond to increasing demand and able to tackle unmet need. To achieve this, we need to rebalance the NHS budget to ensure mental health care for children and adults receives the level of investment needed to improve outcomes. As a minimum, mental health services must see real terms increases in investment in each year of the next Parliament.

But mental health services are already disproportionately disadvantaged. To begin to redress this imbalance, additional funding should also be made available from 2015/16, to support a range of improvements, including the implementation of the Crisis Care Concordat; introduction of maximum waiting times for a range of mental health services and implementing the recommendations of the Francis and Winterbourne reports in mental health settings.

All national and local decisions - including funding - must be consistent with legal requirements to promote both the mental and the physical health of every citizen, often referred to as 'parity of esteem'. Funding decisions must be supported by a thorough assessment of their potential impact on parity, as well as by transparent methods of monitoring and reporting.





Commit to real terms increases in funding for mental health services for both adults and children in each year of the next Parliament.



Commit to ensuring that national funding decisions are assessed for impact on the existing legislative commitment to both mental and physical health.

GIVE CHILDREN A GOOD START IN LIFE

It is critical to children's mental health and resilience that they should have a secure relationship with their primary caregiver, which starts to develop in the earliest days of life. However, more than one in ten women will experience mental health difficulties during and after pregnancy, which often go unrecognised and untreated. Without the right support and specialist help, it can be difficult for them to form a secure bond, which can have a significant impact on the baby, the family and life outcomes for the child. We want women to have universal access to mental health support during and after pregnancy. The Government must send out a clear message to the NHS and local authorities in England that it expects to see these services in place, in part by ensuring measurable objectives are included in the next NHS Mandate.

Schools have a golden opportunity to protect and promote children's mental health at the same time as helping children attain good educational outcomes. Children with mental health problems can easily fall behind in school and the consequences of this are profound.

We need the Government to mandate and support all schools to protect and promote children's wellbeing. This should include placing mental health on the curriculum, skilling up teachers and school nurses in child development and ensuring that local child and adolescent mental health services (CAMHS) offer timely, engaging mental health support for children who need it.

Evidence-based parenting programmes can be highly cost-effective for children with behavioural problems, costing an average of just £1,300 per child, and can improve the wellbeing of the whole family as well as the life chances of their children. We call on the next Government to commit to invest, across the nation, in parenting programmes for families who need them.





Ensure all women have access to mental health support during, and after, pregnancy by committing to include measurable objectives in the NHS Mandate following the General Election.



Commit to raising awareness of mental health and well-being among young people, by ensuring mental health education forms an enhanced part of the PSHE (Personal, Social and Health Education) curriculum.



Commit to ensuring mental health education forms a key part of training for teachers and school nurses.



Commit to investing in parenting programmes across England.

IMPROVE PHYSICAL HEALTH CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

People with mental health problems can have extremely poor physical health outcomes. It is one of the starkest health inequalities in our society that despite extensive evidence that people with serious mental illness are at risk of dying, on average, 20 years prematurely, we are not proactively seeking to close this gap. One in three of the 100,000 'avoidable deaths' every year happen to people with mental health problems. Compared with the general population, people with serious mental illness experience:

- Twice the risk of diabetes.
- 2-3 times the risk of hypertension.
- 3 times the risk of dying from coronary heart disease.
- A 10-fold increase in deaths from respiratory disease for people with schizophrenia.
- 4.1 times the overall risk of dying prematurely (than the general population aged under 50).

People with mental illness face increased risk of developing chronic physical health problems, due in part to side effects of medication such as anti-psychotics. But many of these premature avoidable deaths are in part the result of poor care which fails to monitor and respond to risk factors such as smoking and obesity. Yet despite these poor outcomes, the NHS is not providing the care people need. For example, only half of people taking anti-psychotic medication routinely have their weight checked, despite the risk of rapid weight gain.

Some say this issue is simply 'too difficult' to tackle, but the stark reality is that we could easily save thousands of lives with simple, cost-effective solutions. These include small things like offering targeted support to give up smoking and ensuring GPs carry out physical health checks on people with mental health problems and act on the results. It is a scandal that the system does not currently ensure that all citizens are the recipients of a basic duty of care.



We call on the next Government to:



Ensure that the current 18.5% target for smoking reduction by 2015 applies equally to people with mental health problems.



Introduce a quantified national reduction in premature mortality among people with mental health problems.

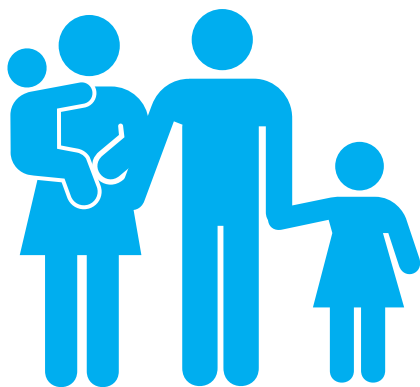
IMPROVE THE LIVES OF PEOPLE WITH MENTAL HEALTH PROBLEMS

Stigma and discrimination affect 9 out of 10 people with mental health problems, restricting people's working lives, curtailing their social lives and relationships and leading to social isolation. At its worst, the stigma people face can cause them to give up on life.

Time to Change, England's biggest programme to challenge mental health stigma and discrimination, run jointly by Mind and Rethink Mental Illness, is seeing results and more people are now able to live discrimination-free lives. But changing attitudes is the work of a generation, and funding for Time to Change stops in March 2015 leaving a real chance that hard-won gains may be lost. We call on the next Government to commit to supporting Time to Change over its five year term.

Being in paid work can be a critical factor in supporting recovery from mental health problems, yet for too many people this means being out of work. Cost-effective employment support can help more people with a range of mental health problems get and keep work and build careers.

The next Government should ensure that people with mental health problems who are out of work are offered integrated health, care and employment support, a model which we know works. This means enabling health and employment services to work together locally using evidenced approaches such as Individual Placement and Support as the basis for employment programmes.





Commit to a continuation of government funding for the Time to Change programme over the 2015-20 period.



Commit to offer integrated health and employment support to people with mental health conditions who are out of work and seeking employment.

ENABLE BETTER ACCESS TO MENTAL HEALTH SERVICES

Only a third of people with depression get any help, and even fewer get the full range of recommended NICE treatments. Only 65% of people with schizophrenia receive treatment, and again, not the full NICE-recommended treatment. The NHS Constitution gives people the right to access NICE-recommended treatment but currently excludes the majority of mental health treatments. Government should commit to increasing access to mental health services so that everyone gets the support they need to recover.

The NHS Constitution also provides the right to start treatment for most health problems within 18 weeks – in certain circumstances, such as suspected cancer, guaranteed waiting times are even shorter. But these rights do not extend to people accessing non-consultant-led mental health services, which includes, for example, the majority of talking therapies. We should not have to wait any longer for access to treatment for a mental health problem than we do for a physical health problem. Many people are experiencing unacceptable waits to access talking treatments, and struggle to access appropriate care in a crisis.

We should be intervening earlier to prevent mental health problems getting worse, but mental health services are too often left to pick up the pieces too late. We call on the next Government to mandate the creation and delivery of a clear, transparent programme to introducing maximum waiting times to mental health services. This will

help to ensure that people have timely access to essential mental health services such as early intervention in psychosis, talking therapies and crisis care. The NHS Constitution must be amended to ensure equivalent access rights to mental health treatment, within appropriate maximum waiting times. Rights should apply to a broad range of mental health services, including talking therapies.

In particular, everyone, including children and young people, should have safe and speedy access to quality crisis care 24 hours a day, 7 days a week. All hospitals must have comprehensive liaison psychiatry services on hand around the clock. The next Government must ensure they maintain commitment and momentum around implementing the Crisis Care Concordat, including ensuring that physical restraint is only used on people with mental health problems safely, appropriately and as a last resort.

We must ensure that people coming into contact with the police and the courts get access to the right mental health services. Building on work under this Parliament, we must ensure liaison and diversion services are extended to all police stations and courts in England and Wales. It is essential that mental health services are inclusive to all. There are no 'hard to reach' people but all too often outcomes for people with complex needs, older people, black and minority ethnic communities and disabled people are unacceptably poor.



Commit to a clear, transparent programme for introducing maximum waiting times for mental health services, and amend the NHS Constitution to embed these during the next Parliament. These actions must be guided by the best outcomes for people using mental health services and not short-term affordability.



Commit to continued momentum around the Crisis Care Concordat including comprehensive liaison psychiatry services on hand around the clock in every hospital.



Commit to continue funding for a national network of liaison and diversion mental health services, working with police and the courts.

THE CASE FOR CHANGE

Investing in our economy

- Poor mental health carries an economic and social cost of £105 billion a year in England. The business cost of mental ill health among the UK workforce is £26 billion.



Improving individual lives

- By 2030 there will be approximately 2 million more adults in the UK with mental health problems than there are today.
- The level of unmet need is high. Currently, just 25% of adults experiencing depression and anxiety related problems get any treatment. Only 65% of people with psychotic disorder are thought to access treatment.
- Referrals to mental health services continue to increase. Monthly referrals to community mental health teams were up 13% in 2013, and up 16% for crisis services.
- Investment in mental health services has fallen in real terms for three years in a row. Mental health problems account for 23% of the total burden of disease. Yet, despite the existence of cost-effective treatments, it receives only 13% of NHS health expenditure.
- Between 10% and 16% of working age people with a mental health condition, excluding depression, are in employment. However, of the vast majority of people with mental health problems want to work.

- Around 70% of people accessing homelessness services have a mental health problem.
- Nearly nine out of ten people with a mental health problem say they have faced stigma or discrimination. Since Time to Change began, the average level of discrimination that people with mental health problems report has dropped by 5.5%, and public attitudes towards mental health have improved by 3.6%.
- People with a mental illness are almost twice as likely to die from coronary heart disease as the general population, four times more likely to die from respiratory disease, and are at a higher risk of being overweight or obese.
- A third of the 100,000 annual 'avoidable deaths' amongst the under 75s involve someone with a mental health problem.
- Between 4,000 and 4,500 people take their own lives in England each year.

Supporting future generations

- Around one in ten children aged between 5 and 16 years has a mental health problem.
- 75% of children and young people experiencing a mental health problem are thought to not access any treatment.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14.
- Children with behavioural problems that emerge early in life have the poorest life chances of any group of children, including higher rates of unemployment, imprisonment and premature mortality.

ABOUT THE MENTAL HEALTH POLICY GROUP

The Mental Health Policy Group consists of six national organisations working together to improve mental health, comprised of the Centre for Mental Health, Mental Health Foundation, Mental Health Network, Mind, Rethink Mental Illness and the Royal College of Psychiatrists.

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