

The Mental Health Taskforce series

A spotlight on three critical issues: secure mental health services, back-to-work support and child and adolescent mental health services

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All Party Parliamentary Group on Mental Health

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Foreword

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Chairman of the All Party Parliamentary Group on Mental Health

The publication of the Mental Health Taskforce in February 2016 was a landmark moment for mental health. It's the first report of its kind which takes a broad look at the state of mental health in England, and makes clear recommendations for how the NHS and other bodies can help to transform mental health services.

With the Government, NHS England and other public bodies all committed to achieving the recommendations of the Taskforce, our role as parliamentarians is to ensure the report does not sit to gather dust. That's why the All Party Parliamentary Group on Mental Health have come together with experts by experience, professional bodies and voluntary organisations to explore how to make sure we keep up the momentum, to achieve the ambitions of the Taskforce.

The Taskforce has the potential to transform mental health services and the lives of people with mental health problems in a much broader sense. That's why I was delighted to chair the three roundtable discussions as the Chair of the APPG, which looked at the wider-aspects of mental health and not simply the health support that people receive.

The three areas for discussion were on secure care, the back-to-work support that people with mental health problems receive and how to realise the ambitions for children and young people with mental health problems. Each meeting was a lively discussion, with contributions from a wide range of organisations, professionals and individuals with lived experience.

I am proud of the achievements of the APPG over my time as Chair in pushing mental health up the political agenda, and with the Taskforce, we can now see that mental health is a priority for Government and NHS England. I know the APPG will continue to drive improvements in policy and services for people with mental health problems, and help to keep up momentum with our new Government to ensure mental health stays on the agenda.

Introduction

In March 2015, the independent Mental Health Taskforce brought together health and care leaders, people who use services and experts in the field to create a Five Year Forward View on Mental Health for NHS England.

The document sits alongside the existing Five Year Forward view for NHS England more widely, and provides a crucial national strategy for the future of mental health in England. This is the first time there has been a strategic approach to improving mental health outcomes across the health and care system, so it can be expected to shape debates about mental health in England for the foreseeable future. An implementation plan to accompany the document was published in July 2016.

This report summarises a series of three roundtable meetings held in 2016 by the APPG on Mental Health, discussing Secure Mental Health Services, Back to Work Support and Child and Adolescent Mental Health Services.

The debates were intended to examine the obstacles to change. The meetings sought to draw out lessons about cross-government and multi agency working, to give a detailed idea of some of the key risks and opportunities in implementation. In turn, the meetings have allowed parliamentarians and stakeholders to shape recommendations to government about where action is needed.

Once approved by the APPG at its 2016-17 AGM, a copy of the report will be disseminated to relevant Ministers and Shadow Ministers, with the aim of making sure that full implementation of the recommendations has wide political support.

Secure mental health services

Secure mental health services are a set of nationally commissioned services used by people who have been judged by a court to present a danger either to themselves or to others. The system is arranged into three levels of security, and the low number of separate services means that most people using them are placed out of area, sometimes far away from home. There are 7,500 people living in secure care in 3 high secure units, 60 medium secure units and 120 low secure units.

People using services can face significant obstacles. It can be difficult to be discharged and move into the community. Even when people are deemed to no longer present a safety risk and are ready to leave hospital, it can be very difficult indeed to find the step down support and housing necessary to move back into the community – so a large number of people remain in services and away from the support and lifestyle most appropriate to them. This impedes recovery. It also has an enormous and largely avoidable financial cost.

RECOMMENDATIONS FROM THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

Collaborative commissioning

NHS England should ensure that by April 2017 population-based budgets are in place which give CCGs or other local partners the opportunity to collaboratively commission the majority of specialised services across the life course. In 2016/17, NHS England should also trial new models through a vanguard programme that allows secondary providers of these services to manage care budgets for tertiary (specialised) mental health services to improve outcomes and reduce out of area placements.

Supporting recovery at all stages

NHS England should lead a comprehensive programme of work to increase access to high quality care that prevents avoidable admissions and supports recovery for people of all ages who have severe mental health problems and significant risk or safety issues in the least restrictive setting, as close to home as possible. This should seek to address existing fragmented pathways in secure care, increase provision of community based services such as residential rehabilitation, supported housing and

forensic or assertive outreach teams and trial new co-commissioning, funding and service models.

Integrating health and justice

The Ministry of Justice, Home Office, Department of Health, NHS England and PHE should work together to develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed.

THE MEETING – SUMMARY OF DISCUSSION

Parliamentarians were joined by stakeholders from charities, the Royal College of Psychiatrists, the Care Quality Commission (CQC), British Association of Social Workers (BASW), the Local Government Association (LGA) and the Local Government Mental Health Champions network, NHS England (NHSE), and the Ministry of Justice (MOJ).

Those with lived experience of the secure mental health system expressed several key priorities:

- 1) That people who use services know and be informed about their care pathway.
- 2) That there is timely discharge.
- 3) That people who use services do not need to return.
- 4) That agencies work together without conflict.

Commissioning

Secure mental health services themselves were broadly agreed to be in a good state, but the system around them was deemed to be flawed and vulnerable to multiple challenges. Building more units is not the answer – contracts were generally felt to be too large and to support the system rather than the people using it.

Commissioning is at the root of this, being based on bed costs but not outcomes. Instead, length of stay and proximity to home should be considered in commissioning. It was noted that third sector organisations are often given short term contracts – this leads to inconsistencies in support, and hampers the ability to develop longer term plans.

Making recovery the focus

Attendees stressed how both funding and decisions about a person's care should focus more on recovery and less on risk, built around the need of patients with the goal of recovery. The excessive focus on risk, even when patients are clinically deemed fit for release, is impeding this goal.

It was noted, for example, that Probation Officers often have inadequate training and understanding of mental health issues, leading to probation services stunting, rather than aiding the recovery process. Another example cited concerned the Mental Health Act. Section 41 of the Act, which applies to around half of people using services, requires MoJ approval for all requests for leave or discharge. The levels of bureaucracy at this stage can delay a transfer of care, at considerable cost.

BASW left written feedback, arguing that a rights-based tribunal type approach would help with discharging people on time. They argued that there is a need for system wide clarification of roles within pathways. They also argued for a payment by outcome model to be developed based around CQC inspections. Multi-disciplinary justice teams would also help deal with an increase in conditional discharges.

Pathways

Focusing on recovery and outcomes necessitates clearer, better defined pathways. There are a variety of stakeholders that need to come together to deliver this; for example discharge planning needs to involve multiple agencies and begin at the point of admission. At present moving between medium and low secure care is far from easy; communication between the two is limited and bureaucracy hampers the ability to continue a coherent recovery plan. Many also cited lengthy delays between individuals being clinically deemed well enough to leave secure care, and the time at which they can actually leave.

Community care after discharge

Once a patient is discharged, the lack of link-up between hospital and community support can often lead to regression. The low numbers of those returning to or starting paid vocational employment is indicative of this failing. There

are also a lack of suitable housing options for those leaving secure mental health services which prevents timely discharge from hospital.

Attendants agreed that communication needs to improve between hospitals and community teams, and aftercare needs improving so that people using the system know what comes next. This should be included under the Care Programme Approach standard. Local authorities and social care teams need to work closely with professionals

to make sure that adequate housing and community support is in place, and coordinated with any necessary social care on the part of local authorities.

Some attendants argued for a review of the use of community treatment orders, which have recently been evidenced not to impact upon readmission rates. Problems with over-stretched community teams and nursing recruitment were also deemed to require urgent attention.

MAKING CHANGE HAPPEN – RECOMMENDATIONS

1

NHS England should publish mapping information on existing secure care services, and publicly outline ongoing work about payment by outcome. Service users should be involved in the design of this approach.

2

A secure mental health services summit should take place to connect stakeholder agencies and begin work to clarify roles and unify care pathways. This should include the MoJ, social workers, NHSE and local government.

3

Secure mental health services should collect data on delayed transfers of care and the reasons for them. This should be included under a quality focussed regulatory regime led by the CQC, and have ministerial oversight from the Department of Health.

4

DoH should begin a political dialogue with the MoJ about reducing delayed transfers of care.

Back-to-work support

The Five Year Forward View for Mental Health's recommendations on employment reflect the increasing recognition that more needs to be done to help people stay well at work, to avoid people falling out of work because of mental health problems, and to support people who are out of work because of their mental health to move closer to employment.

The APPG identified the issue of back-to-work support for people with mental health problems because the employment rate for adults with mental health problems remains unacceptably low. Just 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions.

Importantly there is a 65 per cent gap between the employment rates of people being supported by specialist mental health services who have more severe health problems and the general population.

As such, the support that is provided to people with mental health problems needs to properly recognise and understand mental health. But we know that current back-to-work schemes are not working for people with mental health problems. Of people with 'mental and behavioural disorders' supported by the Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes.

The Group's discussion looked at the Five Year Forward View for Mental Health's recommendations for the Department for Work and Pensions and the Department of Health, and drew on current developments in improving employment support for people with disabilities.

FIVE YEAR FORWARD VIEW RECOMMENDATIONS

Psychological therapies for people with long term conditions

NHS England should invest to increase access to integrated evidence-based psychological therapies for an additional 600,000 adults with anxiety and depression each year by 2020/21 (resulting in at least 350,000 completing treatment), with a focus on people living with long-term physical health conditions and supporting people into employment. There must also be investment to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.

Employment support

By 2020/21, NHS England and the Joint Unit for Work and Health should ensure that up to 29,000 more people per year living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and doubling the reach of Individual Placement and Support (IPS).

The Department for Work and Pensions should ensure that when it tenders the Health and Work Programme it directs funds currently used to support people on Employment Support

Allowance to commission evidence-based health-led interventions that are proven to deliver improved employment outcomes – as well as improved health outcomes – at a greater rate than under current Work Programme contracts. The Department of Work and Pensions should also invest to ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.

THE MEETING: SUMMARY OF DISCUSSION

What does current support look like, and where are the gaps?

The current issues that people with mental health problems face when out of work and in the back-to-work system was the main area of discussion. It was generally agreed that the mainstream government back-to-work support being provided to most people who are in receipt of Employment and Support Allowance (ESA) because of their mental health problems isn't working. This is the culmination of a wider system that is failing to understand people with mental health problems who are struggling to work, and provide the support they need.

Back-to-work support is often generic, untailored and does not take into account nor address the barriers to work people face. Inappropriate levels of conditionality (mandated activities) continue to be used despite negative impacts on people with mental health problems, the support they receive and a lack of evidence to show it has any positive impact on success rates of back-to-work support for this group.

With a real drive in the last few years to tackle the low numbers of people with mental health problems who are being supported into work, the introduction of the Joint Unit for Work and Health and the Health and Work Programme are welcome. However, the vast majority of people with mental health problems will continue to be supported through Job Centre Plus and receiving Employment and Support Allowance, and therefore a better understanding of mental health and more personalised support is needed across the board.

The principles of Individual Placement and Support (IPS)

Many of the roundtable attendees mentioned the importance of using the principles of IPS could play in improving the effectiveness of back-to-work support for people with mental health problems, and the experiences of people with mental health problems receiving support.

IPS is significantly different from welfare to work programmes in that all the referrals come from people accessing NHS Mental Health services—therefore the individuals are already receiving mental health support whilst they are searching for employment and continue to have that support once they are in employment. All referrals to the service are voluntary – there is no obligation to the service.

The principles of IPS are:

1. Every person with mental illness who wants to work is eligible for IPS support.
2. Employment services are integrated with mental health treatment services.
3. Competitive employment is the goal.
4. Personalised benefits counselling is provided.
5. The job search starts soon after a person expresses interest in working.
6. Employment specialists systematically develop relationships with employers based upon their client's preferences.
7. Job supports are continuous.
8. Client preferences are honoured.

Training for Work Coaches and Job Centre Plus staff

There remains widespread stigma around mental health, and this lack of understanding of mental health runs through the whole back-to-work support system.

It was acknowledged on all sides that there needs to be better training to improve the basic awareness and understanding of mental health for all those involved in supporting people with

mental health problems into work. The roundtable attendees heard from areas where training Job Centre staff in mental health first aid has proved successful. Not only does this help to support people with mental health problems, but can also provide additional benefits in the improvement of staff morale.

In-work support for people with mental health problems

Attendees discussed the role that employers can play in supporting their staff, prioritising their

mental health and wellbeing. Too often, people with mental health problems fall out of work because they haven't been adequately supported whilst in work.

The three approaches that employers can take is to promote the wellbeing of all staff (encouraging staff to achieve a good work/life balance and promoting positive working relationships), addressing the causes of work-related mental health problems and support staff experiencing mental health problems.

MAKING CHANGE HAPPEN – RECOMMENDATIONS

1

With a newly appointed Secretary of State for Work and Pensions, we have a clear opportunity to look at the Five Year Forward View recommendations to improve the back-to-work support people with mental health problems receive.

2

The upcoming Green Paper on disability benefits will be an opportunity for MPs, organisations and people with lived experience to engage with the Department for Work and Pensions on how to improve the employment outcomes for people with mental health problems.

3

Parliamentarians should make the case for improved mental health training for Work Coaches and Job Centre staff.

Children and adolescent mental health services

Children and adolescents mental health services (CAMHS) have gone from being the ultimate 'Cinderella' service, which everyone forgets, to being one of the biggest political issues of the day. Much of this success is due to Parliamentarians who have tirelessly campaigned to bring young people's mental health to the top of the agenda.

The Government recognised the importance of this issue and published the report *Future in Mind*, setting out a strategy to tackle deficiencies in CAMHS and made the big public commitment to invest an extra £1.4 billion into these services. The *Five Year Forward View for Mental Health* reaffirmed the Government's commitment to solve the problems with CAMHS.

FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH RECOMMENDATIONS

Implementing future in mind

NHS England should continue to work with HEE, PHE, Government and other key partners to resource and implement *Future in Mind*, building on the 2015/16 Local Transformation Plans and going further to drive system-wide transformation of the local offer to children and young people so that we secure measurable improvements in their mental health within the next four years.

This must include helping at least 70,000 more children and young people each year to access high-quality mental health care when they need it by 2020/21. The CYP Local Transformation

Plans should be refreshed and integrated into the forthcoming Sustainability and Transformation Plans (STPs), which cover all health and care in the local area, and should include evidence about how local agencies are ensuring a joined up approach that is consistent with the existing statutory framework for children and young people.

Developing national metrics

The Department of Health should develop national metrics to support improvements in children and young people's mental health outcomes, drawing on data sources from across the whole system, including NHS, public health, local authority children's services and education, to report with proposals by 2017. The Department of Health should commission regular prevalence surveys for children, young people and adults of all ages that are updated not less than every seven years.

Joint Targeted Area Inspection

The CQC should work with Ofsted, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation to undertake a Joint Targeted Area Inspection to assess how the health, education and social care systems are working together to improve children and young people's mental health outcomes.

THE MEETING – SUMMARY OF DISCUSSION

This round table brought together experts in different aspects of CAMHS whether they were politicians, young people, psychiatrists, academics and representatives from charities to look at how things have progressed since Future in Mind and what more we can do to help young people with mental health problems.

Some of the organisations represented at the roundtable were the Royal College of Psychiatrists, Rethink Mental Illness, Mind, Children and Young People's Mental Health Coalition, Children's Commission, Black Mental Health UK, IPPR, Carers Trust, Royal College of Paediatrics and Child Health, Youth Access, MindEd, NSPCC, Family Action, Children's Society and NAHT.

Integrating schools into the CAMHS system

The Future in Mind report has had a positive impact on the way that areas are integrated but it is only over time that integration of schools and CAMHS can happen. The group discussed some of the barriers preventing schools from better integrating with the wider CAMHS system. It was suggested that it would be helpful to have a system like NICE for schools services so that head teachers would know what kind of services they could commission to support their pupils. An example was shared of a school that used to be failing its children emotionally so decided to focus on supporting to them in a way that listened to the children to understand their needs.

Also discussed was the need for teacher training on mental health and an idea to offer a one hour a week telephone session for teachers so that CAMHS professionals can offer them some guidance.

Funding for CAMHS

It was agreed that additional funding for CAMHS was vitally important as it currently only receives 0.7% of the NHS budget. However many participants said that in their local area they had not seen any increased funding for CAMHS

services. This was supported by Freedom of Information requests carried out by YoungMinds who found many areas were either freezing or even cutting how much they were spending on CAMHS.

While nationally CAMHS investment is supposedly going up, many of the contributors expressed concerns that cuts to schools' and local authorities' budgets meant that there was not the increase in services that you would expect from the top line figure of £1.4 billion.

Helping vulnerable groups

The meeting discussed how a focus on helping vulnerable groups of children and adolescents can have a big impact. Those in care are the largest group and definitely need more accessible mental health care. It was agreed that children in custody need the Youth Justice System to focus on therapeutic care, not just containment. The upcoming Prison and Courts Bill could be an opportunity for Parliamentarians to influence how young people with mental health conditions are treated in the criminal justice system.

Mental health staff recruitment and retention

Recruitment and retention of mental health professionals was recognised as a particular challenge. This means that the size of the potential workforce is out of scale with the problem. It was noted that Health Education England has acknowledged that current plans to train staff do not take into account the increase in staff needed if we are to meet the aims of parity of esteem between physical and mental health. To deliver the big changes talked about in Future in Mind there needs to be enough trained mental health professionals employed.

Early intervention

The biggest thing we can do is to intervene early to support children before issues develop. Much more focus needs to be on preventative steps to help children who may in the future develop serious problems. The problem is so big that we need to start thinking about it from a public health perspective.

Currently much of CAMHS has very high thresholds before someone can access services. For example, many children are turned away from services until they have started seriously self harming. In many cases if they were treated earlier it could have prevented them deteriorating but over-stretched services simply cannot treat all the children who need help.

The roundtable discussed other innovative ways of reaching out to children who need support. Skype was given as example of a helpful digital tool for reaching out to young people. The group also heard about examples in Newcastle and Surrey that are building digital systems into their work. These examples showed how it is important that digital systems link in to what is on the ground.

MAKING CHANGE HAPPEN – RECOMMENDATIONS

1

Sustainability and Transformation Plans need to include sections on how Clinical Commissioning Groups can work with schools to promote better well-being and help prevent some problems developing into longer term mental health issues.

2

Each local area needs to report on how they have increased spending on CAMHS in line with the extra £1.4 billion invested nationally.

3

Parliamentarians should consider how they could use the soon to be introduced Prison and Courts Bill to highlight the need for therapeutic support for children in the criminal justice system.

4

Health Education England need to publish clear guidelines on what more needs to be done to train and recruit enough staff to meet the ambition of parity of esteem.

5

All those involved in commissioning services to help children and adolescents with their mental health and well-being need to take co-commissioning seriously and to look at what really matters to all those involved in the services including children, parents, carers and staff.

This report has been produced in association with:

