DHSC Mental Health and Wellbeing Plan – WithYou response

Consultation questionnaire

Promoting positive wellbeing

How can we all promote positive mental wellbeing?

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

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

Preventing the onset of mental ill-health

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 experience mental ill-health?

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 more can the NHS do to help people struggling with their mental health to access support early? (Please provide your suggestions in relation to different groups.)

1. The government requires NHS England to work for 'parity of esteem' whereby mental health must be given equal priority to physical health. Despite being enshrined in law by the Health and Social Care Act 2012, there are many areas where parity of esteem has not been realised. Mental health problems account for 28% of the burden of disease but only 13% of NHS spending.

2. There needs to be more clarity around the care and support available and how to access it, and greater consistency in terms of available services (including opening hours). Joined-up, compassionate support for people with mental ill health/who are suicidal and have issues with alcohol and/or drugs ('dual diagnosis') is essential, and

better coordination of care is needed across different services and at points of transition (e.g. from CAMHS to adult services) to ensure no-one can be left without support. We know how effective IAPT services can be and there needs to be more focus on ensuring people can access these talking therapies quickly, appropriately, and where possible, without time-limited sessions. There should also be a drive to increase the number of NHS mental health services available 24/7.

3. Stigma remains a critical barrier to people accessing services. We know that many people refrain from seeking help in order to “protect the NHS” and not wanting to add to the NHS backlog. This perception means that people often don't access help they need. Education and awareness-raising is needed to reduce stigma and make it easier for people to open up and to seek support, including for children and young people in schools and other youth settings. Targeted awareness-raising is needed amongst the general public to tackle stigma around mental health conditions beyond anxiety and depression, such as personality disorders. Awareness-raising also needs to be targeted at ‘higher risk’ groups, including how to have supportive conversations, how to recognise and listen to someone who’s feeling suicidal, what to do, how to support them and how to access services.

4. Though thresholds for accessing mental health services (such as IAPT) are low, too many adults only get support from specialist services when they are severely unwell or have reached a crisis point.

5. When people engage with support services, they need to feel that services are for them, and that they have a range of options in how they engage - in person, online, on the phone and a mix of these. We would encourage there to be a continued focus on providing people with flexibility and channel choice in how they engage, which will improve attendance and early engagement.

6. Services need to be set up to respond to different clinical and user needs from diverse cohorts, and be gender informed, trauma informed, culturally sensitive, and LGBTQ+ friendly. Services also need to ensure they cater to different age groups who have very different needs. People transitioning between age groups often experience additional barriers in accessing support for their mental health, particularly those aged 18-25 and older adults 65+. Specific age-related needs should be considered in service design and delivery.

7. Women are disproportionately more likely to refer to mental health services than men. Given the high suicide rates for middle aged men, accessing services for men is a particular concern. Services need to adopt a flexible, mixed-model of service delivery, including both digital and in-person support/treatment, and offer choice in how people engage with services. Greater efforts need to be made to reach out and

improve how men can access services.

8. People with experience of trauma, including abuse, are a particularly at-risk group. Services need to provide trauma specific therapies and be delivering trauma-informed services, where frontline workers are trained not just to recognise trauma, but to understand it too. Training should ensure mental health practitioners are recognising and understanding domestic abuse, sexual exploitation and adverse childhood experiences, and safety planning.

9. People from BAME communities face significant barriers to accessing mental health services, often due to multiple degrees of stigma. As such, people with mental health needs from a BAME background may be more likely to seek support from their communities and/or faith communities rather than traditional services. To address this, commissioners should support local organisations to deliver culturally responsive recovery services tailored to BAME communities. People entering the workforce should reflect the populations they serve, and bring the cultural competencies needed to engage and support diverse local populations. There also needs to be improved partnership working with BAME groups and organisations in order to engage people from ethnic minority communities.

10. People from LGBTQ+ communities can often experience mental health issues and problematic drug and alcohol use due to the discrimination, shame, and traumatic events they experience. A Stonewall report in 2018 found the LGBTQ+ community have poorer mental health, face more barriers accessing services, have higher levels of drug and alcohol use than the general population, and are more likely to face discrimination from healthcare workers. It is essential that mental health practitioners have the skills to deliver the most appropriate interventions to support people from the LGBTQ+ community. At With You, we have specialist advisors to support members of the LGBTQ+ community struggling with their mental health who are sensitive to the unique challenges the community faces.

11. 39% of children and young people have experienced a deterioration in their mental health since 2017 (NHS Digital 2021). However they often continue to struggle to access mental health support due to high thresholds and long waiting lists. In our services, we are seeing young people with increasingly complex needs. As such, targeted early identification of young people at-risk and brief and early interventions all need to be strengthened so young people struggling with their mental health can access support as early as possible. Services should be family-based if necessary.

12. Schools also need to have better support services in place, including youth workers/support workers trained in providing mental health support, so that young people reluctant to see a school counsellor can still be effectively engaged, assessed,

and receive support. Teachers are often expected to do this role, but having specifically trained people would be more effective. Mental health support needs to be less formal and more accessible, for example through having CBT therapists being based in community youth hubs. To prevent young people from slipping through any gaps between services, longer commissioning cycles can play an important role in supporting stronger working partnerships between young people's services, such as drug and alcohol services and CAMHS. As CAMHS can often require a young person to be drug or alcohol free to accept a referral, there is a need for more joint treatment pathways, or jointly commissioned services where young persons drug and alcohol services and CAMHS can jointly identify and work with young people with co-occurring conditions.

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

13. People with long term health conditions - such as diabetes, cancer, long covid - need to be able to get appropriate mental health support if they are struggling and clinics to provide integrated pathways and joined up support to manage their long-term conditions as well as mental health symptoms. Poor mental health often co-exists with other health disparities, such as drug and alcohol dependence. To prevent drug and alcohol use from becoming problematic, there needs to be effective early intervention and engagement. This means better awareness for people of the support that is out there, and multiple routes into accessing mental health services.

14. Anonymous online web-chat services go a long way in encouraging people to seek help. Web-chat services are more accessible for people who wouldn't be willing to attend a traditional local treatment service. This might be due to practical reasons or due to concerns of being stigmatised in their communities. Our research has found that web- chat is also usually a person's first interaction with an organisation offering support, and we hear from people at a much earlier stage.

Improving the quality and effectiveness of treatment for mental health conditions

What needs to happen to ensure the best care and treatment is more widely available within the NHS? We want to hear about the most important issues to address in order to improve NHS mental health care and treatment over the next 10 years.

15. To ensure the best care and treatment is more widely available within the NHS, issues we would like to see addressed include improved access to talking therapies, workforce development, comorbidity, and elevating the voices of those with lived experience.

16. We know how effective IAPT services can be and there needs to be more focus on ensuring people can access these talking therapies quickly, appropriately, and where possible, without time-limited sessions.

17. Though mental health practitioners are highly trained with nationally mandated standards of training and accreditation, there is a significant problem around staff burnout which impacts many mental health services. We would welcome an additional review into how this can be addressed and staff capacity increased, which could reduce caseloads and lessen the number of people leaving the sector.

18. The coexistence of mental health and drug and alcohol issues is very common. To ensure that the best care is widely available, services need to work together and adopt treatment options with the best evidence bases to support people with comorbidities. Both the 2012 Improving Access to Psychological Therapies (IAPT) positive practice guide for working with people who use drugs and alcohol, and the 2017 PHE guidance on commissioning and providing better care for people with co-occurring mental health and alcohol and drug use conditions, stressed that there should be 'no wrong door' and that this issue is 'everyone's business'. Both sets of guidance have been poorly implemented, and access to services remains deeply inadequate. We support the recommendation made in Dame Carol Blacks recent Independent Review of Drugs that DHSC and NHSE should develop and implement an action plan that improves the provision of mental health treatment to people with drug dependence. We also support the recommendation that competency and training requirements for all staff working with people with co-existing mental health problems and drug dependence should be implemented.

19. Further work with people who have lived experience is needed to develop our understanding of mental health services and improve our treatment offer to better reflect what patients want. For people with experience of suicidal feelings, suicide attempt(s) and / or bereavement by suicide, as well as other challenges such as drug misuse, access to peer support is especially important. To improve the quality of mental health care, it is vital to listen to and empower people who have experienced poor mental health themselves, and involve them in the design stage of care and treatment.

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

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

20. For the wider population, the best way to reduce harm is by normalising getting help and advice on your own terms. Accessible, relevant advice allows people to be informed about their decisions, and the impact of their choices on their health. This can be delivered through a digital offer.

21. Fear of judgement, lack of awareness of services and issues with access are all barriers to people seeking support. As a charity, we have explored ways to engage more and different people in treatment, including developing new online and self-support services. Since then we've seen a 25% increase in use of web-chat and 42,000 visits to our online advice; this demonstrates an appetite from people to access non-judgemental support in different ways.

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

We want to understand what you think are the most important things we (as a whole society) need to do to improve the lives of people living with mental health conditions. You might want to consider priorities at national and local government, wider public services such as social care and education settings, and the private and voluntary and community sectors.

Supporting people living with mental health conditions to live well

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

22. People living with mental health conditions have a range of needs that cannot be treated in isolation. Those involved in providing care - including prescribing - should have access to the service user's complete health record in order to review the full range of needs, including mental and physical health, in order to make an informed decision on the person's care.

23. This includes where people have complex coexisting difficulties. For example, given the strong relationship between mental and physical health and drug and alcohol use difficulties in older people, service providers need to take a holistic approach when recommending care and treatment options, rather than offering single or limited treatment pathways.

24. An increasing number of people are receiving prescriptions for their mental health

and developing physical dependency. We would like to see clearer national guidelines on the use of all prescription medication for the treatment of mental health conditions. Given the increasing numbers of deaths involving benzodiazepines, we also believe that additional guidance on responding to benzodiazepines, prescribing, and potential substitution treatments, need to be implemented as a matter of urgency.

25. Not everyone will need access to specialist services or require medication for their mental health. Where possible, there needs to be better joined-up social prescribing services to link mental health services with support from the third sector. When accessed promptly, these services can provide vital support to help people with their mental health and physical wellbeing.

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

26. Many people who access mental health services also experience issues with housing, employment, family life, and drug and alcohol use. Services should take a holistic approach when assessing which interventions are the most effective in supporting people, and signpost to other services where they themselves cannot offer support.

27. Poor mental health often co-exists with other health disparities, such as drug dependence. Problematic drug use is often to do with structural disadvantages, limited opportunities, alternatives and resources, all of which are more common in deprived areas. It can be more difficult for individuals from deprived areas to overcome mental health or drug problems as they have less access to factors that support recovery such as meaningful employment and suitable housing. Those in deprived areas are more likely to be affected by the current cost of living crisis, which will have an even greater impact on those already struggling with their mental health.

28. Homelessness has risen dramatically in the UK in the past decade, both in terms of rough sleeping and the number of people living in temporary and unsuitable accommodation. Many rough sleepers have mental health or drug and alcohol issues, with the stresses of not having a stable home making it much harder for people to seek out or engage with support services.

29. Outreach services are a vital link between treatment and rough sleepers, yet many have been cut. In addition to allocating the funding commitments made in the government's new 10-year drugs strategy, local authorities must prioritise reinstating outreach services where there is a clear need. We also support the roll out of Housing First projects across the UK which give rough sleepers with multiple complex needs unconditional housing and support to address issues including drug and alcohol use, and are proven to be successful and cost-effective.

For people living with co-occurring issues in addition to their mental health conditions, there are particular challenges for us (the government) to address to ensure joined up support and treatment is available to people. This includes people in the criminal justice system. 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?

30. In spite of the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring mental health and drug and alcohol issues are often excluded from services. NHS England should reiterate that care for people with substance use and mental health needs should be a shared responsibility at the local level with clear accountability for this at the system-level, to narrow the gap between policy and practice. Local authorities should also have a working knowledge of the organisations in their area and establish strong lines of communication and agreed pathways, so that they can signpost individuals to services where they themselves cannot offer support.

31. In its 10-year drugs strategy, the government recognised the prevalence of co-occurring mental health and substance misuse issues amongst the prison population and committed to providing high-quality integrated mental health services. The same level of recognition and service provision should also be applied to the wider population.

32. The prevalence of co-occurring conditions amongst the prison population is high. A study by the Office of National Statistics indicated that: 10% of male remand prisoners had moderate drug dependency, 40% had severe drug dependency, and 79% of male remand prisoners who were drug dependent had two additional mental disorders. There needs to be a significant investment in training and support for staff in the criminal justice system around substance misuse and mental health issues. Currently, treatment programmes in prisons look very different across the country and we would advocate a standardised accredited treatment programme across the prison system to ensure consistency of care. Psychological assessments should be completed to ensure mental health needs and/or risks are identified, considered, and where possible addressed. All prisoners should also have access to the same treatment options whilst in prison as people in community settings. This includes OST, psychosocial support, and group work.. A national buddy/peer mentor system for those with mental health and/ or substance issues would be helpful so that new prison entrants have a support mechanism in the prison.

Improving support for people in crisis

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

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

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

Next steps and implementation

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

- **Wellbeing and health promotion**
- **Prevention**
- **Early intervention and service access**
- **Treatment quality and safety**
- **Quality of life for those living with mental health conditions**
- **Crisis care and support**
- **Stigma**
- **others**

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

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

- **You might want to consider barriers local systems currently face, as well as enablers which would support more effective ways of working.**
- **How can we improve data collection and sharing to help plan, implement and monitor improvements to mental health and wellbeing?**