Changing minds, changing lives

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at the national and local government level. In tandem, we help people to access information about the steps they can take to reduce their mental health risks and increase their resilience. We want to empower people to take action when problems are at an early stage. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

The Mental Health Foundation is pleased to have the opportunity to respond to this consultation. As an organisation focused on mental health and wellbeing, our response will focus on how the Comprehensive Spending Review (CSR) will impact the provision of mental health treatment and support, and the effect of reducing public health budgets on mental health outcomes.

We welcome the £600m in additional funding for mental health, particularly its focus on improving perinatal mental health services and access to talking therapies, as early interventions that give people quick and easy access to support for mental health problems leads to better recovery rates. We are also pleased to see that the CSR looks to improve the “quality, choice and clinical outcomes” for those experiencing mental health challenges. However, it’s unclear if this £600m is actually new money. The lack of an annual survey of mental health spending since 2013 means there isn’t a comprehensive source of data for overall spending on mental health in England. To understand fully the effect of the CSR announcement on mental health, there is a need for clearer data around mental health spending. There is a sense that this is essentially a gap plugging exercise to reverse some of the damage done by cuts in recent years, and some analysis by the Health Foundation asserts that in real terms spending per person will be about the same in 2020 as it was in 2010.

However, there must be a much more substantial commitment to funding preventative approaches, and strengthening earlier intervention services for vulnerable groups, such as children in care, asylum seekers/ refugees and prisoners, well before they reach crisis point. Only with dedicated funding for prevention can the Government start to tackle increasing mental health problems in our society. Getting this right and rethinking our approach to mental health to support people at the right time, would offer us the opportunity to save lives and prevent human misery as well as reaping a substantial economic benefit.

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1Health Foundation Representation to the 2015 Comprehensive Spending Review’ 04.09.2015.
More info: www.health.org.uk/sites/default/files/HealthFoundationRepresentationTo2015CSR.pdf
It is worth noting the indirect effects some of the decisions made in the CSR will have on mental health. Pressures continue to mount across social care services, welfare and housing, all of which have the potential to have a detrimental impact on people with mental health problems and their families. While we applaud the Chancellor’s decision to not implement his cuts to tax credits, many working families still find themselves worse off as a result of reductions to Universal Credit. Cuts to housing and employment benefits will only exasperate the situation for those already living in poor situations, and will result in increased numbers of people developing poor mental health.

Echoing the statement from the Barker Report from 2014, we believe that the approach the Government has taken will fail to meet the rising demands and pressures on the health and social care systems. These failures have had, and will continue to have, an alarming negative impact on the nation’s mental health.

Progress on achieving parity of esteem through funding for mental health services

Research consistently shows that people with mental health problems live shorter, poorer and more difficult lives, which is why parity of esteem for mental health is so vital. Unfortunately, the CSR falls short of what is required to balance the current division of how NHS funding is used, even with the £600m extra earmarked. While the review importantly places the same level of emphasis on improving mental health services as it does on improving cancer services, the focus largely remains on crisis care as opposed to preventative services. Mental health currently makes up 23 per cent of the disease burden, and costs the UK economy £70–£100 billion each year, or 4.5 per cent of GDP and the spending proposals in the CSR does not do enough to reflect this reality. Investment in preventative services would help to reduce both investments in crisis care as well as addressing the shortfall in GDP.

While it is positive that fewer mental health trusts are reporting deficits, financial pressures continue to build as demand steadily increases. Incidences of patients being treated far from their homes is a direct reflection of these pressures. There’s a clear opportunity; if a greater proportion of the £1.25bn earmarked for mental health services over the next five years should go towards prevention, the numbers of inpatients in hospitals would decrease, the cost of crisis care would be bought down and the necessity for long-term treatments that result from a lack of prevention and early intervention would reduce.

As pressure on services continues to grow, we support the argument that preventative solutions should be both explored and invested in. We know from our work how important early intervention is to ensure people receive the care and support they deserve; these can include services to provide treatment and support to those experiencing warning signs and also experiencing symptoms for the first time, and for a period following this. Investment in self-management, family therapy and assistance to sold housing issues, as just a few examples, can all form part of an early intervention approach.

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It is apparent that the level of funding provided to this point has been unable to appease widespread concern over the deterioration of services. The quality of mental health services portrayed in the recent Kings Fund report ‘UK - Mental health under pressure’ was concerning. A key aspect of the report we would like to highlight are their findings that only 14 per cent of patients said that they received appropriate care in a crisis, and that there had been an increase in the number of patients who report a poor experience of community mental health care\(^4\). Such findings indicate that the current levels of funding meet neither the short or long-term mental health needs of the UK. Recognising the limited resources, we believe that as we are less able to address the symptoms, the causes need to be our priority.

The effect of cuts to non-NHS England health budgets e.g. public health, health education and Department of Health, and their impact on the Five Year Forward View.

Although Mr Osborne committed to ring-fencing the NHS, the Department of Health is not safe from cuts. The reduction in public health funding is an undeniable setback to reducing mental health problems. We feel that the plan for local government to use increased council tax to fund adult social care is misjudged, given the rising demand, and this has been echoed by others across the health sector.

The Mental Health Foundation is firmly against the proposed £200m of cuts to the public health budget outlined in the CSR. While we acknowledge that public finances are under great strain, cuts to this budget are a false economy. It will undermine commitments to prevention and will mean prevention approaches remain fragmented and underdeveloped.

While noting the black hole in public finances and that the CSR looks to deliver average annual real-terms savings of 3.9 per cent over the next five years, it is important to note that cuts to public health spending will mean an increase in pressures on mental health crisis services. We support the Government in its aim to eliminate the deficit however this should not be at the expense of preventative services which will ultimately prove to be more cost effective in the long-run.

Although it was recently revealed the amount of money spent on mental health from public health budgets is minimal and not monitored particularly well, public health services provide the obvious system to roll out widespread and varied support that has the capacity to reach those at greatest risk of mental health problems and a reduction in these services has the likely impact of increasing social isolation, social deprivation and decreasing quality of life. A higher prevalence of mental health issues is associated with poor physical health, socio-economic disadvantage and greater health inequalities and this will add yet more pressure to our public health services.

We believe that early intervention and prevention should be the priority for policy makers. This position is very much in line with findings from ‘The Five Year Forward View Mental Health Taskforce: public engagement report’ which calls for prevention to be the top priority by the individuals and organisations asked\(^5\). The earlier someone who is experiencing a mental health

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\(^5\) The Five Year Forward View Mental Health Taskforce: public engagement findings. More info:
problem gets treatment, the better. A number of research studies have reported that the longer people go without having treatment, the harder it is to start the process of recovery. For this reason, early intervention services should be designed to give people quick and easy access to treatment when they first become unwell. Such findings demonstrate the real need for investment in public health services to shine a light more closely on prevention in addition to support for crisis care.

Conclusion

The Mental Health Foundation welcomes the additional funding for mental health services and the spotlight its currently receiving. However, the financial commitments in the CSR and implementation are concerning. We believe investment in prevention is the best way to reduce the current services crisis and that cuts to the public health budget are completely counterproductive to stopping mental health from becoming the biggest public health challenge of our time. In our view, there is enough evidence that demonstrates achieving better mental health and wellbeing for the nation cannot be achieved purely through crisis care investment, and the focus needed to be move upstream to prevention and early intervention, particularly those most at risk. We believe that the mental health budget needs to be spent differently, helping to shift resources from hospital care to early intervention and care in the community. The reduction in public health budgets will block any progress in moving forward the mental health prevention agenda, a clear missed opportunity for the government. Overall, we feel the Government strategy to make some savings now will have an alarming effect on the health and social care systems, which will continue to be under-resourced and over-capacity, and will have an overtly negative effect on peoples mental health.

22 January 2016