Who we are

We’re Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Our network of over 140 local Minds provides a variety of services, tailored to the needs of each local community. They are independent charities that share Mind’s values and adhere to quality standards. We have over 1,600 services across England and Wales and last year provided direct support to over 300,000 people. Services on offer include supported housing, crisis help lines, drop-in centres, counselling, befriending, advocacy, and employment and training schemes.

In our response to the Select Committee’s call for evidence, we have only addressed areas where we have direct knowledge and expertise.

Summary

Whilst there has been significant national level policy progress towards improving the care and treatment for people with mental health problems over the past five years, there remains considerable work to do before ‘parity of esteem’ between physical and mental health is achieved. This evidence paper from Mind covers:

- Current challenges facing mental health services and progress made towards ‘parity of esteem’
- The Spending Review and its direct impact on mental health services
- The impact of cuts to non-health services on mental health care

1. Background: progress towards ‘parity of esteem’ for mental health

1.1 The Government’s commitment to achieving equity between physical and mental health is welcomed by Mind. For too long, people experiencing a mental health problem have not been able to access the kind of treatment and care that they would expect for a physical health condition. Over the past five years, the recognition that more needs to be done to improve mental health services has been reflected in
significant policy developments. This has included seeking to improve support for people experiencing a mental health crisis through the development of the Crisis Care Concordat, and the introduction of the first access and waiting time standards for mental health. It has also seen the establishment by NHS England of the Mental Health Taskforce, which is due to report its recommendations in early 2016. While we want to see further initiatives and improvements, these do represent substantial steps towards delivering parity of esteem for mental health.

1.2 Nevertheless, in spite of this positive progress at a national policy level, there remains a great number of challenges to overcome before parity is achieved. This is reflected in the continued strain on mental health budgets. During the last Parliament, funding for mental health services was not protected with budgets for mental health trusts experiencing cuts, in real terms, of 8.25% – almost £600m.1 This is in the context of mental health services having been historically underfunded in the UK. This has created a disparity in funding whereby mental health problems cause 23% of all illness in the UK but mental health care receives only 11% of our health spending.2 As consequence, 75% of people with common mental health problems such as anxiety and depression receive no appropriate treatment (compared to 25% of people with physical health problems).

1.3 Simultaneously, demand has grown rapidly. Referrals to community mental health teams have risen nearly 20% over the past five years. Of the approximately 14 million people who experience mental health problems in a given year in England, less than two million are in contact with specialist mental health services.3 These pressures were highlighted in NHS Benchmarking’s recent report into the state of mental health services who found a 10% increase over the past year in the numbers of people being admitted to hospital under the Mental Health Act4 – an indicator that people are becoming more unwell before they are able to receive hospital care.

1.4 Meanwhile, mental health bed occupancy rates have reached their highest ever level at 94%, whilst there has been a 24% reduction in bed numbers over the last 3 years.5 Amongst those that are able to get hospital treatment, more and more are being sent out of area to find a

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1 The Mental Health Policy Group (2014) Improving England’s Mental Health: The first 100 days and beyond http://mentalhealth.org.uk/content/assets/PDF/publications/first-100-days.pdf
4 NHS Benchmarking, Press Release, 5 November 2015
5 NHS Benchmarking, Press Release, 5 November 2015
bed. As Community Care reported recently, there has been a 23% rise in the number of mental health out of area placements, with some people being sent over 300 miles because of bed shortages. According to the National Confidential Inquiry into Suicide and Homicide’s recent report, there is a direct link between out of area placements and suicide: they recommend that ‘[a]cute admissions out of area should end – they are likely to make care planning more difficult and to add to suicide risk at the time of discharge.’ The Samaritans report that UK suicide rates are at the highest since 2004.

1.5 It is in this context that the Spending Review’s commitments on mental health should be considered.

2. The Spending Review and mental health services

2.1 Mind is pleased that in his presentation of the Spending Review to Parliament, the Chancellor made direct reference to the need to improve mental health services and that this would require increased investment. The commitment to an additional £600m for crisis care, psychological therapies and maternal mental health services is therefore welcomed. We are keen to ensure continued investment in these vital services, which currently only aim to meet the needs of 15% of the population.

2.2 However, given the historic underfunding of mental health services and the reduction to mental health budgets over the past five years, this investment in psychological services must be seen as a first step to meeting the greater level of funding required to deliver parity of esteem.

2.3 The Spending Review also reaffirmed the Government’s commitment to funding NHS England’s Five Year Forward View plan for the transformation of the health service. In order to meet an estimated £30bn shortfall in the NHS’s budget by 2020, the plan provides an investment of £8bn per year to support the transformation of health services in order to deliver the remaining £22bn of efficiencies needed.

2.4 Mind supports the direction of the NHS England plan, with its greater focus on prevention and on community-based care. We are concerned that the consequence of continued efficiencies within the NHS result in a further squeeze on mental health services. There is a very real threat

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6 http://www.communitycare.co.uk/2015/07/15/mental-health-patients-sent-hundreds-miles-beds-area-placements-rise-23-per-cent/
7 http://www.bbmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/n326N210715.pdf
9 Improving Access to Psychological Services (IAPT) ‘By March 2015, access to high quality evidence-based psychological therapies, capable of delivering recovery rates of 50% or more, is expected to be available for at least 15% of the adult population.’
that funds intended to deliver improvements in mental health care are diverted to alleviate the financial pressures facing acute services, where 98% of the NHS’s estimated £1bn deficit lies. As described above, the solvency of mental health budgets has been achieved through cuts to services, which has severely impacted the care available to people needing support.

2.5 NHS England has commissioned the independent mental health taskforce, chaired by Paul Farmer, to create a plan for the improvement of mental health services within the context of the Five Year Forward View. Mind expects that the recommendations made by the Taskforce are fully funded, and that commitments made by NHS England and other Arms-Length Bodies (ALBs) as part of the Taskforce are delivered upon.

2.6 Mind also shares concerns raised by the 25% cut to the Department of Health’s Whitehall budget. According to the Health Foundation, this amounts to a real terms cut to non-NHS England budgets of 21% over the five year period. This is likely to impact upon health education, public health, and the operation of arm’s length bodies such as the Care Quality Commission. Each of these organisations plays an important role in the delivery of high quality mental health services and care.

2.7 We are therefore concerned that any reduction in budgets does not adversely impact on these organisations’ ability to discharge their responsibilities. In particular, Health Education England has a key role in ensuring the right workforce exists to deliver parity of esteem, while we are very concerned that the CQC is able to continue to provide effective scrutiny of services ensuring patients are treated in safe environments.

3. Impact of cuts to non-NHS services on mental health

3.1 Outside of the health service, the Spending Review saw a number of other funding decision which will impact upon the treatment and support for people with mental health problems.

3.2 Socio-economic factors play a significant role in the development of mental health problems. It is not surprising therefore that funding cuts to non-NHS services will have a significant impact upon both individuals’ mental health as well as public wellbeing. The last few years have seen cuts to benefits, stagnant wages, increasing numbers of people in insecure employment, increasing pressures on housing, rising homelessness. Each of these has contributed to an increasing demand upon services for people with mental health problems.

3.3 Local authorities in particular play an important role in providing support and services to people with mental health problems, as well as being responsible for delivering public mental health initiatives aimed at supporting the general wellbeing of the population and preventing people from developing mental health problems.

3.4 The central grant from the Department for Communities and Local Government will fall by 56% but this will be partly offset by other changes to local funding, including the ability to retain business rates. We do not yet know the precise impact of this reduction in funding but it is clear that many services currently being delivered by voluntary and community groups will be at risk. Mind has publicly expressed concerns that local authorities are not prioritising their responsibilities on mental health. Given the already stretched nature of councils' budgets, we are concerned that the Spending Review's demand for further local government efficiencies will exacerbate this situation.

3.5 Local authorities have a number of responsibilities which support people with mental health problems, such as public health, social care and the delivery of other services that support their communities.

3.6 Public health
Mind has a particular concern about the lack of priority being given to mental health by local public health teams. In November Mind published the findings from FOI research we undertook looking at levels of local spending on initiatives designed to prevent mental health problems. We found that only 1% of public health budgets is being spent on mental health. This is an appallingly low level of investment and runs counter to the need to invest in prevention (emphasised in the Five Year forward View) in order to reduce the need for more expensive treatments.

3.7 Public health teams in local councils are responsible for leading initiatives that promote good physical and mental health. There are three types of services that local authorities fund which support better mental health in their communities:

- Primary prevention: promoting good mental health and preventing mental health problems. These interventions aim to prevent mental health problems from happening in the first place. This includes initiatives aimed at the whole population or groups of people particularly at risk of mental health problems to promote ways to look after your mental health and prevent mental health problems. These work in a similar way as being encouraged to quit smoking and take more exercise to improve our physical health and prevent health problems.
Secondary prevention: early detection of mental health problems. These interventions aim to reduce the development of mental health problems. This includes initiatives which aim to raise awareness of mental health including the signs and symptoms of mental health problems to encourage early detection. Such programmes aim to identify problems early and ensure people seek timely help, in the same way screening programmes such as mammograms aim to catch cancer early.

Tertiary prevention: supporting recovery. These interventions aim to reduce the impact of established mental health problems and prevent further complications. This includes initiatives aimed at people with mental health problems to assist them in avoiding relapse and supporting their recovery and wellbeing. This works in much the same way as self-management programmes and support groups can assist someone with diabetes.

3.8 Given the cost to the economy caused by mental health problems and the pressures on the health service, it is unacceptable that local authorities spend so little on helping to prevent mental health problems.

3.9 Mind is pleased that the ring fence on public health spending will be maintained in 2016-17 and 2017-18. We are concerned about the potential impact of the Government’s proposal that public health spending will be fully funded from retained business rates receipts in future, as this is likely to impact negatively on those areas that are likely to have higher rates of deprivation and where public mental health initiatives are needed most.

3.10 Adult social care
Social care services can be incredibly important in helping many people with mental health problems to stay well and live independently in the community. The pressures on social care funding have been well-known for many years, and as a result many people with mental health problems haven’t been able to access vital practical support to help them live independent and fulfilling lives. The LSE has found that 30,000 people with mental health problems have lost their eligibility for social care in the last 10 years. Whilst local authorities are under severe financial pressures, cutting social care for people with mental health problems is likely to lead to higher costs elsewhere in the system.

3.11 Following the Spending Review, in order to address the challenge of funding social care, local authorities have been given the ability to raise new funding to spend exclusively on adult social care, and they will be allowed to raise council tax in their area by up to 2% above the existing threshold. In addition, the Government will make £1.5bn available a year by 2019-20 as part of an improved Better Care Fund. Although

11 http://www.lse.ac.uk/newsAndMedia/news/archives/2014/03/MentalHealthSocialCare.aspx
increased investment in social care is welcome, we note that the Kings Fund has highlighted that raising council tax in this way will raise £800m, meaning that social care funding remains well short of addressing the predicted shortfall of £6bn in 2020/21.  This will likely mean fewer people being able to access the everyday support they need in order for them to live in their community.

3.12 Community based provision
Many people with mental health problems rely on a range of local non-health services to help them manage their daily lives, stay well and keep connected to people and the community. In each local area this patchwork of services, which includes public bodies and the voluntary sector, is different. However, these services can be broadly grouped into four main areas:

- Advice and support services – e.g. Law Centres, Citizens Advice, Age UK, local Minds, social enterprises and specialist social welfare advice services that provide information and advice on issues like debt, housing, benefits, social welfare and legal problems etc.
- Services that help people with practical life support and day-to-day tasks like shopping, cooking and keeping the home tidy e.g. home support, housing support, services run by housing associations and community outreach services.
- Services that provide people opportunities for social interaction e.g. charities that organise trips and events for people to meet and interact with others, social events like coffee mornings, befriending services, peer support and mentoring schemes.
- Information and signposting services that direct people towards other local services that can help them – under the Care Act local authorities now have a duty to provide this service.

3.13 Responsibility for these services is shared by a wide range of agencies which commission and deliver services at the local level. It isn’t possible to separate health and social support because the two are inextricably linked in terms of people’s mental health. Cutting these type of local services is a false economy. Any short term savings are likely to be undermined by longer term costs to the system as people become more unwell and their health and support needs increase as a result.

22 January 2016