The **Future Vision Coalition**

July 2009

A future vision for mental health

together WORKING FOR WELLBEING

adass adult social services

Local Government Association

rethink severe mental illness

Mental Health Foundation

MENTAL HEALTH PROVIDERS FORUM
Voluntary Agencies Working Together to Improve Mental Health

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ADCS Leading Children's Services

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Foreword

One in four people, at some point in their lives, will experience a mental health problem. That does not just affect the individual involved, but also impacts on families, employers and communities.

The Department of Health's *New Horizons* programme is currently consulting on what the next stage of mental health policy will be in England. This is our contribution to the debate.

We have listened to service users, their families and carers; to those who run mental health services in the NHS and the professionals that work in them. We have listened to organisations who work with vulnerable groups, to academics and to policy experts. This is not just our vision, it belongs to them too.

Our report sets out both the moral and business case for investing in mental health.

Over the past ten years, investment in services has grown and improvements have been made. But this is not solely about the health service. It is about putting mental health on the agenda for all areas of government. We need to ensure we intervene early where children show signs of distress and help professionals working with them to spot the signs. We need to support people at vulnerable times of their lives, such as losing a job, to enable them to be resilient in coping with the challenges they face. We need to support people who experience mental health problems to take control of their own care and support and to recover on their own terms, including, where appropriate, help to get back into meaningful and productive employment.

Together, this is an opportunity we cannot afford to miss.

Our vision

- Quality of life in Britain is enhanced by government action to increase mental well-being. All government departments work collectively to create the conditions where good mental health can flourish. And all public services ensure that their actions promote mental well-being among their clients, their staff and in their wider communities.
- People of all ages, backgrounds and social groups receive support to attain good mental health and to build their resilience in tough times. Those who are most vulnerable, because of their life circumstances, should receive additional help to prevent mental ill health, while children and families get early support when problems emerge.
- People experiencing mental health difficulties are supported to make their lives better on their own terms. Those seeking work are supported into appropriate employment or other meaningful occupation and, once there, are offered ongoing support for as long as needed.
- People with mental health problems are enabled to take control of their own healthcare. A range of care and support services are offered, from which individuals can choose to enhance their quality of life and achieve their goals. A different relationship – a partnership – is established between health and social care professionals and service users and their families.

Executive summary

This report sets out a new vision for the future of mental health and well-being in England. Based on four principles, it outlines the priorities we believe should underpin mental health policy for the next decade.

Our four principles for mental health policy are:

1. Mental health and well-being is everybody's business. It affects every family in Britain and it can only be improved if coordinated, assertive action is taken across Whitehall and at all levels of government.

2. Good mental health holds the key to a better quality of life in Britain. We need to promote positive mental health, prevent mental ill health and intervene early when people become unwell.

3. People should get as much support to gain a good quality of life and fulfil their potential from mental health services as they expect to receive from physical healthcare services. Mental health care should offer hope and support for people to recover and live their lives on their own terms.

4. We need a new relationship between mental health services and those who use them. Service users, carers and communities should be offered an active role in shaping the support available to them.

With these principles at the heart of policy, we believe we can create a society in which good mental health is nurtured and in which mental ill health is managed well. As a consequence, our mental well-being will be a core concern of government. Effective action to promote good mental health will be taken among people of all ages and diverse backgrounds. People who experience mental distress will receive timely support to live well and have a fair and equal chance to fulfil their potential.

The actions that would be needed to make our vision a reality are summarised overleaf.

The actions: an overview

1. Everybody's business

Short term

- A Cabinet Minister to take oversight of all government departments' activity and spending on mental health and well-being, championing government action to improve mental health.

Medium term

- A new, dedicated Public Service Agreement (PSA) for mental health and well-being, specifying the expected action across government departments and their corresponding local health and social care agencies and organisations.

Long term

- All departments commit to ensuring all their policies align to create the conditions that are conducive to positive mental well-being.
- Legislation is introduced explicitly to prevent discrimination against people with a mental health problem and action to positively promote full participation as equal citizens.

2. Promotion, prevention and early intervention

Short term

- Identify and research priority areas for promotion, prevention and early intervention as part of the *New Horizons* programme.
- Build the capacity of public services to 'lead by example' as mentally healthy workplaces.
- Evaluate and extend successful elements of the *Fit for Work* scheme across the country.

Medium term

- Develop a three-tier public mental health strategy including: universal interventions to build resilience in people of all ages; targeted prevention work with at-risk individuals, for example in schools, workplaces, the armed forces, prisons, hospitals and care homes, and for those with complex needs; and early intervention with children and families, including parenting support for pre-school children.
- Complete the roll-out of the *Improving Access to Psychological Therapies* (IAPT) programme to the whole of England, taking action to extend and adapt coverage to children, older people, people from diverse communities, prisoners, and those with long-term health problems.
- Commit to long-term funding for effective anti-stigma and discrimination activity.

Long term

- Implement the recommendations of the Bradley Report on mental health in the criminal justice system.
- Offer mental health training to all frontline public service professionals such as teachers, the police, physical health professionals and the social care workforce.

3. Quality of life, ambition and hope

Short term

- Urgent action to ensure that National Institute for Health and Clinical Excellence (NICE) recommended treatments and interventions are universally available.
- Renew for a further three years the PSA 16 targets to increase the proportion of mental health service users in employment and in decent housing.

Medium term

- Everyone with ongoing or severe mental health problems or with complex needs is offered a new 'quality of life' package of support to help them to achieve recovery on their own terms.
- Proactive physical health checks and healthy lifestyle support are provided by GPs to people with severe and enduring mental health problems. The starting point should be equality of access for all communities.
- People using community mental health services and seeking paid employment are offered support based on the best evidence of what works. An alternative package is available to support people wishing to move into further education or voluntary work.
- The Care Quality Commission uses patient reported outcome measures (PROMs) to monitor progress in local services.

Long term

- Government actively supports and incentivises employers to recruit, support and retain people with experience of mental health problems.
- Workforce training and continuing professional development for mental health workers is built around recovery principles as a matter of course.

4. A new relationship between users and services

Short term

- Monitor the quality and availability of independent advocacy services, both for those subject to the Mental Health Act and for others.
- Pilot and build upon a community engagement approach to commissioning for mental health and well-being that involves service users and carers.
- Rigorously pilot and evaluate the benefits of, and potential demand for, personal health budgets for mental health support.
- Improve monitoring and data collection on access and needs.

Medium term

- Increase support and funds available to user-run organisations and experts by experience, to enable them to lead research and shape strategy and policy at the highest levels, and to expand their provision of peer support and direct care services.
- Review the use of and potential to extend advance directives in mental health care.
- Increase the recruitment of people with personal experience of mental distress to work within mental health services, for example in crisis or employment support services.

Long term

- Pool funding streams across support services in health and social care to resource an innovative range of user and carer-driven interventions.
- Carry out a major review of the use and impact of the Mental Health Act.

Introduction

Mental ill health affects every family and every business in Britain.

Our mental well-being affects not only our health but also our ability to participate in social, family and economic life. Yet mental health all too often sits on the edges of policy-making, and people with mental health problems remain disadvantaged in almost all aspects of their lives.

Ten years ago the Government produced a bold and far-ranging national service framework for mental health (NSFMH) in England. That framework drove mental health policy for a decade, bringing big improvements in community mental health services.

The Future Vision Coalition is a group of national organisations who came together in early 2008 to trigger a debate about what the future of mental health policy should look like. The coalition is chaired by the Mental Health Network, part of the NHS Confederation. This is the final report of our work.

Our vision centres on four principles we consider to be critical to any future policy framework for mental health and well-being:

1. **Mental health and well-being is everybody's business.** It affects every family in Britain and it can only be improved if coordinated, assertive action is taken across Whitehall and at all levels of government.

2. **Good mental health holds the key to a better quality of life in Britain.** We need to promote positive mental health, prevent mental ill health and intervene early when people become unwell.

3. **People should get as much support to gain a good quality of life and to fulfil their potential from mental health services as they expect to receive from physical healthcare services.** Mental health care should offer hope and support for people to recover and live their lives on their own terms.

4. **We need a new relationship between mental health services and those who use them.** Service users, carers and communities should be offered an active role in shaping the support available to them.

Scope of this report

This report applies to mental health policy in England. Many of the ideas could also be applied to other areas of the UK and beyond. Each section makes proposals for action that can be taken: within the next year; within five years; and over the next decade.

"Mental ill health costs England over £77 billion every year."

Our future vision for mental health

Based on the four key principles, this report describes the priorities we believe should underpin mental health policy over the next decade.

Our view is that good mental health benefits us all. Every year, one in four of us will have a mental health problem. The economic costs of not investing are clear: mental ill health costs England over £77 billion every year.[1] And it takes an even bigger toll on individuals and those around them, including families and friends.

We believe that every citizen has a right to good mental health. Up to a quarter of children experience emotional or conduct problems, problems which could often be prevented and which are seldom well-managed. As a result, many of these children go on to experience mental distress as adults. The burden of mental ill health also falls disproportionately on people living on low incomes and at the margins of society. Older people in Britain also experience very high rates of avoidable mental distress that often goes untreated and unnoticed.

We believe that 'investing to save' in the public's mental health will accrue major benefits, not just to individuals and their families, but to whole communities and to taxpayers. Even in the tough financial times we now face, effective efforts to promote mental well-being and protect against mental ill health will more than pay for themselves.

We believe that lasting progress on improving the overall quality of life in Britain will only be achieved if there is an ambitious and coordinated programme of work to promote positive mental well-being. Without this in place, we cannot hope to eradicate child poverty, for example, or significantly narrow health inequalities.

We believe that the standard and quality of mental health care should be as high as that of physical healthcare. In the past ten years – the life of the last NSFMH – much progress has been made and should be celebrated. In the period between 2001 and 2005, investment

Responses to *A new vision for mental health*

In June 2008, the Future Vision Coalition published *A new vision for mental health* – a discussion paper designed to initiate debate about the best direction for future mental health policy.

The paper prompted widespread interest from government, statutory service providers, health and social care commissioners, mental health service users and carers, professional groups and the third sector. It stimulated over 80 formal written responses and many more informal ones, representing a substantial body of expertise from a wide range of stakeholders both within the mental health field and from organisations as diverse as the Sustainable Development Commission and the Legal Services Commission.

Statutory and voluntary national organisations, plus a number of local organisations and individual professionals, also gave us their views. Most supported our four key principles and many made suggestions about how our vision could be achieved in practice. Those views have all been considered and many are reflected in this report.

increased by 25 per cent.[2] Since 1999, there have been 700 new community teams established and providing support in people's homes, 10,000 more nurses, 55 per cent more consultants, 69 per cent more psychologists and an increase in prescribing of more modern drugs with less side effects.[3]

Great strides have been made. But some areas remain in need of significant investment and reform. Promoting wider public well-being, reducing discrimination and removing stigma must be priorities for any new framework – but funding for those objectives must not come at the expense of investment in services for those people who are most vulnerable.

We believe that mental health care should be radically redefined to focus on supporting people to make their lives better on their own terms. Users of mental health services should be enabled to make decisions about the services they receive, to help them recover and achieve their potential.

A genuine choice of services to support people with mental health problems should be available. This should include services appropriate for people of all ages and from diverse backgrounds.

We also need a new settlement between state and society to promote mental well-being and to support those experiencing mental distress and ill health. This settlement should commit all of government to doing its part to give everyone the best chance of a mentally healthy life. It should guarantee all of us a level of care and support that any of us would be happy for ourselves, our families or our friends to receive.

"Mental health care should be radically redefined to focus on supporting people to make their lives better on their own terms."

Recent policy developments

Since the NSFMH was published, much has changed in government policy. In parallel, the NHS has also evolved considerably, notably with the creation of foundation trusts and the national service frameworks for children and for older people. Mental health policy has begun to focus on providing psychological therapies for people with depression and anxiety, and on tackling race inequality in mental health care. The Department of Health, through its *New Horizons* programme, is working towards a replacement for the NSFMH when it reaches its conclusion at the end of 2009.

A range of existing cross-departmental government initiatives have also emerged in recent years, many of which have implications for mental health. These include the welfare reform agenda, Dame Carol Black's review of health and work, and Lord Bradley's review of mental health and criminal justice.

And at the very heart of public and social policy are public service agreements (PSAs)[4], set by the Treasury every three years to drive key public service improvements. These currently include targets to improve the emotional health of children, to promote health and well-being, and to increase the number of people with mental health problems in employment and decent housing. Others have indirect links to mental health; for example, to increase productivity in the economy and to improve the prospects of young people.

Our vision for change builds on these initiatives by making mental health everyone's business, not just across central government but in local government, schools, the criminal justice system, the armed forces and elsewhere.

1. Everybody's business

Mental health is everybody's business. It affects every family in Britain and it can only be improved if coordinated, assertive action is taken across Whitehall and at all levels of government.

Our vision

Quality of life in Britain is enhanced by government action to improve mental well-being. All government departments work collectively to create the conditions where good mental health can flourish. And all public services ensure that their actions promote mental well-being among their clients, their staff and in their wider communities.

Steps to achieving our vision

Short term

- A Cabinet Minister to take oversight of all government departments' activity and spending on mental health and well-being, championing government action to improve mental health.

Medium term

- A new, dedicated PSA for mental health and well-being, specifying the expected action across government departments and their corresponding local health and social care agencies and organisations.

Long term

- All departments commit to ensuring all their policies align to create the conditions that are conducive to positive mental well-being.
- Legislation is introduced explicitly to prevent discrimination against people with a mental health problem and action to positively promote full participation as equal citizens.

Why mental health is everybody's business

The ability to promote and protect mental health is not exclusively in the gift of one agency, profession or government department. Only coordinated action nationally and locally can build a society and an environment conducive to positive mental well-being and offer a fair chance in life for those who become unwell.

Our future vision for mental health in England therefore calls for **collective action for collective benefit**. Government departments, local agencies and professionals need to act together across traditional boundaries to achieve better mental health.

Mental ill health incurs extensive social, economic and personal costs. Mental health problems are among the leading causes of absence from work, of worklessness, and of 'presenteeism', with a cost to employers of over £25 billion annually.[5] Children with conduct problems go on to experience much higher than average levels of disadvantage and exclusion in all aspects of their lives as adults. So there is much to be gained from taking effective action to protect people from mental ill health and to reduce any avoidable impact it has on our life chances.

Collective action for better mental health has the potential to create a self-reinforcing virtuous circle, in which action to help people to maximise their mental well-being enables more people to attain their potential and further promotes good health. Better mental health in turn will help these same departments, agencies and professionals achieve a wide range of desirable outcomes, from improved educational attainment to increased productivity in the workforce.

"Collective action for better mental health has the potential to create a self-reinforcing virtuous circle."

By contrast, if one part of this system pulls in a different direction, the efforts of the others are put at risk. For example, a housing provider that withdraws a person's accommodation after their admission to hospital, or a mental health team that discontinues work with a client who goes to prison, could hamper an individual's recovery and exacerbate their illness. These difficulties result from perverse incentives among public services to shunt costs between one another, often as a result of separate funding streams. The outcome is services that, between them, cost more to the taxpayer and offer a less effective service to the individual and their family.

Frameworks exist to ensure that health and social care service design and delivery is coherent across agencies, and it is imperative that these are embedded into practice to maximise the opportunities they offer. For example, the statutory duty on primary care trusts (PCTs) and local authorities to undertake a joint strategic needs assessment (JSNA) is crucial for enabling local partnerships to identify priorities for local health and well-being.[6] The *World Class Commissioning* programme, also targeted at PCTs, has identified a set of 11 competencies that PCTs must demonstrate to prove they are world class. Partnership working, both with other agencies and the public, are key skills against which performance is measured.[7]

In parallel with *World Class Commissioning*, the *Commissioning framework for health and well-being*[8] targets the role of local authorities in promoting health and stresses "a stronger focus on commissioning the services and interventions that will achieve better health, across health and local government, with everyone working together to promote inclusion and tackle health inequalities." The framework identifies eight commissioning competencies as being critical in achieving these aims and mirrors *World Class Commissioning's* emphasis on partnership working and public involvement.

There is recognition that, while such arrangements are in place to support collective action, they do not always work to the advantage of promoting and protecting mental health. Commissioning for mental health and well-being is not as well developed as other areas of health and social care, and to that end a range of tools and initiatives are now in place to progress world-class mental health commissioning.[9]

What's more, departments, agencies and organisations may not have previously seen mental health promotion and protection as part of their remit or as a reasonable use of resources. Investment across the board will more than pay for itself, not just in terms of suffering avoided and quality of life gained, but also through a reduced need for public services and an increased opportunity for people with mental health conditions to contribute socially and economically.

What can be achieved?

Many government departments and public services already take an active interest in mental health. Nevertheless, we believe that a step change is necessary to ensure that all areas of government work for better mental health in all of their activities.

Individual initiatives like *Improving Access to Psychological Therapies* (IAPT), *Pathways to Work* and *Fit for Work* aim to wholly, or partly, help people with mental health problems stay in or return to work. However, the potential of such initiatives will only be realised if these are implemented coherently with one another and if broader action is taken; for example, to encourage healthier workplaces and to tackle longstanding prejudices about people with mental health problems.

A 'champion' for mental health at the heart of government, backed up by a new PSA specifically for mental well-being, will help make the case for a genuinely joined-up approach. Such a transformation would not only focus greater attention on what can be done to improve mental health, but would also increase the efficiency of the Government's efforts to enhance quality of life and productivity by identifying expensive gaps in provision, reducing duplication between different services and tackling perverse incentives to shunt costs.

Government departments can also play their part in promoting mental well-being simply by reviewing how far their policies and practices serve to improve, or damage, mental health. Public services such as schools and colleges, Jobcentre Plus and the police all have a major impact on the mental health of the people they encounter. Regeneration schemes, sports and leisure services

"A champion for mental health at the heart of government will help make the case for a joined-up approach."

(including legacy plans for the 2012 Olympics) can also have a dramatic impact on our well-being. Requiring these bodies to assess their contribution to the mental well-being of the population would stimulate positive action that could make a substantial difference in communities across the country.

Without addressing the promotion and protection of a diverse population's mental health across government, not only are individuals poorly served, but many government goals and commitments on physical health, social cohesion and productivity are simply not achievable. This challenge demands collective action for collective benefit.

"We… strongly agree with your argument that it is the personal, interpersonal, social, economic, environmental and cultural aspects of life that impact on well-being, and that mental well-being or ill health should not be seen as narrowly contained within the individual. Our experience, derived from our clients, is that their mental health problems derive from and are associated with the very real distresses of their life stories – typically abuse, trauma, early/infantile separation, relationship breakdown, repeat trauma, homelessness – and are compounded by stigma, prejudice and mutual fear."

Homelessness charity, responding to our consultation

2. Promotion, prevention and early intervention

Good mental health holds the key to a better quality of life in Britain. We need to promote positive mental health for all, prevent mental ill health, and intervene early when people become unwell.

Our vision

People of all ages, backgrounds and social groups receive support to attain good mental health and to build their resilience in tough times. Those who are most vulnerable, because of their life circumstances, should receive additional help to prevent mental ill health, while children and families get early support when problems emerge.

Steps to achieving our vision

Short term

- Identify and research priority areas for promotion, prevention and early intervention as part of the *New Horizons* programme.
- Build the capacity of public services to lead by example as mentally healthy workplaces.
- Evaluate and extend successful elements of the *Fit for Work* scheme across the country.
- Complete the roll-out of the *Improving Access to Psychological Therapies* programme to the whole of England, taking action to extend and adapt coverage to children, older people, people from diverse communities, prisoners, and those with long-term health problems.
- Commit to long-term funding for effective anti-stigma and discrimination activity.

Medium term

- Develop a three-tier public mental health strategy, including: universal interventions to build resilience in people of all ages; targeted prevention work with at-risk individuals, for example in schools, workplaces, the armed forces, prisons, hospitals and care homes, and for those with complex needs; and early intervention with children and families, including parenting support for pre-school children.

Long term

- Implement the recommendations of the Bradley Report on mental health in the criminal justice system.
- Offer mental health training to all front-line public service professionals such as teachers, the police, physical health professionals and the social care workforce.

"The stigma, discrimination and fear that surrounds mental health must be eliminated, but changing attitudes is the work of generations."

Our ambition for the future

Focusing more attention 'upstream' into promotion, education, prevention and early intervention has a strong moral case (to avert avoidable suffering) and makes sound economic sense. The next phase of mental health policy offers a real opportunity to target resources into what works.

But this should not be achieved by diverting funds from the care and support of people who have mental health problems. The prevention and treatment of mental ill health are complementary endeavours, and should not compete for funding. In fact, we believe that those departments which stand to benefit from an improvement in well-being and a reduction in the burden of mental ill health should contribute to the roll-out of prevention and promotion initiatives.

The stigma, discrimination and fear that surrounds mental health must be eliminated. The *Time to Change* campaign is the first large-scale national attempt to make a major impact on deep-rooted misinformation and prejudice about mental health. However, changing attitudes and behaviour is the work of generations. The next phase of mental health policy should ensure that any progress made by *Time to Change* in the next three years is built upon, and the momentum created is nurtured and sustained.

Everyone needs some kind of support for their mental well-being at some point in their lives; key moments for support may occur at parenthood, infancy, bereavement, or when an individual's home or livelihood is threatened. And for some groups, we know that the risks of developing mental health problems are particularly high; for example, children taken into care, people from black and minority ethnic communities, refugees and asylum seekers, victims of abuse and violence, prisoners, and members of the armed forces. This is a fact of life, and services should be targeted to meet needs when they first arise.

Early signs of mental distress need to be recognised and acted upon as quickly as possible. Public understanding about mental health will increase our ability to recognise distress in ourselves and those around us. If front-line public service staff, such as teachers, police officers and health visitors, had the skills and confidence to identify mental distress in the people they work with, they could guide them to appropriate support at an early stage.

The *Improving Access to Psychological Therapies* programme is an important beginning in achieving this goal. By offering timely access to psychological therapies to many more people than before, the programme will be a major boost to our mental health. This crucial programme should be extended nationwide, even in these tough times for public spending, and made available to all ages and diverse social groups as sufficient trained therapists become available. As cognitive behaviour therapy (CBT) does not suit everyone, in the longer term a wider variety of therapies should be on offer.

In this chapter we focus on some of the most important points in our lives where an upstream approach would make a big difference, and we outline the case for investing in research.

Children, young people and families

One schoolchild in every ten in Britain has a clinically diagnosable mental health problem.[10] Rates of mental ill health are particularly high among children in care and among young offenders.[11, 12]

Childhood mental health problems have profound consequences on the rest of our lives. A diagnosis of the most common childhood mental health problem – conduct disorder – brings a heightened risk of leaving school without qualifications, of unemployment and low pay, and of substance misuse, smoking, teenage pregnancy and criminal behaviour.[13, 14, 15] The associated cost, both to the individual and to society, is high. One study has estimated that the lifetime costs are approximately £150,000 for a single case of untreated childhood conduct disorder.[16]

Childhood mental health problems have identifiable and, in many cases, preventable risk factors. In addition, effective (and cost-effective) treatment interventions are available for many problems.[17, 18, 19] Programmes such as parenting support for pre-school children, life skills training for primary school children and nurse–family partnerships for pregnant women achieve savings in public spending vastly in excess of their cost. Yet a large amount of mental ill health among children and young people goes unrecognised and untreated; only a quarter of those with a clinically diagnosable disorder have seen any mental health professional in the last year[20] and access to effective treatment varies widely.[21]

Protecting the mental health of those with chronic physical illness

People with long-term health conditions or life-threatening illnesses have an increased risk of developing mental health problems too. For example, people with diabetes are twice as likely to develop depression as the general population; those with depression are less likely to adhere to diabetes medication, are more likely to have complications, and have more accident and emergency visits. Similarly, people with cancer commonly have depression, and the effective treatment of depression is associated with less pain, fewer symptoms and improved immune functioning.[22, 23, 24] In addition, an estimated 40 per cent of hospital admissions can be avoided by providing CBT-based education to those suffering with refractory angina.[25]

Depression and anxiety can often present through physical symptoms. These ‘medically unexplained symptoms’ most often include pain, dizziness and fatigue. Up to a third of all medical outpatients have medically unexplained symptoms[26] and many go through repeated, unsuccessful referrals and investigations.[27] Psychological therapies can help many people with medically unexplained symptoms, and have been shown to reduce GP visits by up to 50 per cent for such individuals.[28]

"The NHS could show other employers what can be achieved and the scale of benefits to business."

Protecting the health of diverse populations

People differ in how they express or experience mental distress. For example, one study has found that CBT can be adapted to meet the needs of diverse communities.[29]

To be effective, it is important to take account of race, culture, age, gender and language preferences in working with people.

Protecting the mental health of workers

Loss of employment does not just lead to financial stress. It can mean loss of status, loss of benefits such as pensions, and a feeling of lost purpose and contribution to family and society.

One in seven men develop clinical depression within six months of losing their job.[30] In a time of recession, those with mental health problems can find themselves at the back of the queue for available jobs. Yet the painful journey into unemployment, which often begins with a period off sick with 'stress' or depression, could be avoided if employers were better able to manage mental distress at work, and if health services were more proactive early on in a period of sick leave.

A few simple (and often inexpensive) measures can reduce stress and support people who become unwell. These include: tackling bullying at work; giving people greater control over how they work; providing managers with training to respond confidently when staff appear to be distressed; enabling speedy access to psychological therapies; and providing effective rehabilitation for those who need time off work, including regular contact during periods of absence.[31]

The public sector should lead by example. Through demonstrating good employment practices, the NHS and other public services could not only improve the lives of their own employees, but also show other employers what can be achieved and the scale of the benefits to business, including evidence of 'return on investment'.

For those who do go on sick leave, early intervention is vital; after three months the likelihood of returning to work declines to almost nil and a slide into long-term unemployment becomes almost inevitable.[32] The *Fit for Work* scheme, which offers expert advice through GP surgeries when people become unwell, is a promising beginning. If shown to be effective, its expansion into a nationwide programme should become a priority.

Mental well-being in later life

The UK has the 14th oldest population in the world,[33] and it is estimated that the proportion of the population aged 60 and over will increase from 21 per cent in 2006 to 31 per cent in 2056.[34]

The majority of older people enjoy good mental health. Nevertheless, depression is the most common mental health problem in later life. Currently, there are 2.4 million older people with depression severe enough to impair quality of life, and this number will increase to at least 3.1 million over the next 15 years.[35]

Promoting mental health and well-being in later life would benefit the whole of society by maintaining older people's social and economic contributions, minimising the costs of care and improving quality of life. People in later life need supportive social networks (family, friends and the broader community), opportunities to engage in meaningful activities, and appropriate services for their mental and physical well-being.[36]

Older people find interdependence and being part of a community central to their concept of 'good old age'. Maintaining reciprocity in relationships and 'not being a burden' supports their individual identity and sense of worth.[37] The essence of a positive and healthy old age is an ability to sustain an interdependent life and relationships that offer intimacy, comfort, support, companionship and fun.

Threats to quality of life include not only major events such as bereavement and ill health, but also daily stresses and frustrations including finances, isolation and boredom, and the threat of dementia. Targeting isolation and loneliness in particular can reduce the risk of depression and dementia among older people.[38, 39]

The criminal justice system

Too many people are in prisons because health and social care have failed to engage with them early and divert them to appropriate services. This wastes lives, destroys hope and criminalises ill health, as well as contributing significantly to prison over-crowding.

The Bradley Report,[40] which the Government has accepted, recognises the need to bring together government departments and agencies to focus on supporting people whose needs can best be addressed away from custody. Key recommendations contained in the report include the creation of a criminal justice mental health team in every PCT to facilitate diversion for people in police stations and in the courts, and a 14-day maximum waiting time for transfer from prison to hospital for people in urgent need of mental health care. These are challenging goals. They require mainstream mental health services to open their doors to offenders. They may also require a major change to forensic mental health services. And they will have to bring about a significant improvement in the care and support offered to people diagnosed with personality disorders or complex needs who, to date, do not meet the thresholds for individual services.

If the Bradley Report is implemented in full it will prove good value for public money. Effective diversion, especially from short prison sentences to community alternatives, offers the potential for considerable cost savings in the criminal justice system, as well as making communities safer and improving the health of some of the most disadvantaged members of our society.[41]

"Too many people are in prisons because health and social care have failed to engage with them early."

Investing in research

Investment in mental health research is small in comparison with the burden of illness, whether considered in terms of personal suffering or the burden of the economy as a whole.

A 2005 analysis of mental health research funding in the UK[42] identified some major gaps in research funding – notably, research into the promotion of mental health and well-being (only 2 per cent of mental health research spend), research into common mental disorders such as anxiety, and research into suicide.

There is widespread acceptance that there needs to be a wider range of evidence-based, non-pharmaceutical social and community interventions available to health and social care staff and patients. A London School of Economics study[43] found there is a scarcity of financial and other research-based models required to create a firm evidence-base. We need to know what works, and what provides best value for money.

On top of the need for an expansion of mental health research, there is a key role for the new National Mental Health Development Unit (NMHDU), launched in April 2009, in transferring knowledge on research, evidence and good practice to services on the front line. The NMHDU must be adequately resourced to fulfil this function. Clark and Chilvers note the importance of dissemination and prompt implementation of research findings into policy and practice, and call for an expansion of the methodological framework and academic disciplines involved in mental health research, in order that policy makers and practitioners have access to findings that are relevant to them.[44]

"We have to engage neighbourhoods, villages and communities in building their understanding and tolerance of difference. National anti-stigma campaigns will help but need to be backed by faith groups, community associations and groups like the Women's Institute having open discussions about depression, dementia and bipolar disorder to demystify what is still too often whispered about.

"I would like to see education provided in schools, on telly, in adult education, workplaces and leisure facilities. It should be part of health and safety, like fire training and food hygiene."

Mental health professional, responding to our consultation

3. Quality of life, ambition and hope

People should get as much support to gain a good quality of life and fulfil their potential from mental health services as they expect to receive from physical healthcare. Mental health care should offer hope and support for people to recover and live their lives on their own terms.

Our vision

People experiencing mental health difficulties are supported to make their lives better on their own terms. Those seeking work are supported into appropriate employment or other meaningful occupation and, once there, are offered ongoing support for as long as needed.

Steps to achieving our vision

Short term

- Urgent action to ensure that National Institute for Health and Clinical Excellence (NICE) recommended treatments and interventions are universally available.
- Renew for a further three years the PSA 16 targets to increase the proportion of mental health service users in employment and in decent housing.

Medium term

- Everyone with ongoing or severe mental health problems, or with complex needs, is offered a new 'quality of life' package of support to help them to achieve recovery on their own terms.
- Proactive physical health checks and healthy lifestyle support are provided by GPs to people with severe and enduring mental health problems. The starting point should be equality of access for all communities.
- People using community mental health services and seeking paid employment are offered support based on the best evidence of what works. An alternative package is available to support people wishing to move into further education or voluntary work.
- The Care Quality Commission uses patient reported outcome measures (PROMs) to monitor progress in local services.

Long term

- Government actively supports and incentivises employers to recruit, support and retain people with experience of mental health problems.
- Workforce training and continuing professional development for mental health workers is built around recovery principles as a matter of course.

"It is crucial that the NSFMH is replaced with an equally clear vision of where mental heath services need to go next."

Why recovery matters

Mental health services for working-age adults in England have improved in the past decade. The World Health Organisation acknowledges that English mental health services rank among the best resourced in Europe.[45] Investment in mental health care has risen sharply (albeit not as quickly as the rest of the NHS) and new community teams have come into place across the country to offer crisis care, early intervention for young people and outreach for those individuals with whom services previously too often lost touch.

The NSFMH, backed up by the targets reiterated a year later in the NHS Plan, was instrumental in making this happen. It is therefore crucial that the NSFMH is replaced with an equally clear vision of where mental health services need to go next to make further progress.

There is unfinished business from the NSFMH. Many inpatient wards still need to be updated to protect patients and offer better care. Support provisions for people with a 'dual diagnosis' of mental health and substance use problems, for those who offend, and for children leaving local authority care are all in urgent need of improvement. And carers of people with mental illness have yet to reap the full benefits of promised reforms in the NSFMH, either in terms of their own health and social care needs, or meaningful involvement with professionals. The National Carers Strategy offers some hope that this aspect, at least, will be addressed in the next ten years.

There are also important new challenges for mental health services to pursue over the coming decade. Our vision for the next decade focuses on two key priorities for the modernisation of mental health care. The rest of this chapter focuses on the first of these: **recovery**.

Defining recovery

The Sainsbury Centre for Mental Health has offered a definition of recovery that is:

> "a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasises the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life."[46]

Recovery has for some time been enshrined as a credible goal for mental health services. For example, the Chief Nursing Officer's review of mental health nursing, *From values to action*,[47] stated:

> "Mental health nursing should incorporate the broad principles of the recovery approach into every aspect of their practice. This means working towards aims that are meaningful to service users, being positive about change and promoting social inclusion for mental health users and carers. These principles need to be reflected in training for nursing and in organisational policies."

There is a groundswell of support for recovery at the centre of mental health services. For example, the Royal College of Psychiatrists' *Fair Deal* campaign[48] positions recovery at the heart of its aspirations for people who use services.

However, many have been worried about those who might be 'left behind' or who might not achieve their recovery goals. What about people who might have been involved with services for so long that moving on seems frightening? This is a core concern, centred on the fear that recovery would provide an excuse for the premature withdrawal of specialist services.

Our vision of recovery is one that respects every individual's wishes and feelings, and which supports them to make their lives better as they see fit. The recovery approach should not be an excuse for withdrawing support when people begin to 'get better'. In contrast, it means offering ongoing assistance to support people to attain their own goals in life, however long that takes.

Some of the most powerful evidence to support recovery comes from individuals themselves:

> "I have taken ownership of my illness and I take responsibility for what I do and do not do. I don't let it control me… it's not the whole of my life, it's just a part of my life now…"[49]

Ultimately, the real indicator of success in recovery is how far an individual feels included by, and within, society.

Making recovery happen

A successful recovery is dependent upon our ability to take on "meaningful and satisfying roles in society and gaining access to mainstream services such as housing, adequate personal services, education and leisure."[50] This is inevitably affected by what is available – what job opportunities are around in an economic downturn, or whether local services offer the kind of supportive forums and safe spaces that are key features of the best day-centre services.[51]

"The concept of recovery could transform mental health services and unlock the potential of thousands of people."

Recovery is also about the choices people make for themselves about what is important in their lives. For some this could be making their own decision to spend their money on a physical activity via an individual budget. For others it may involve moving away from services.

If adopted successfully and comprehensively, the concept of recovery could transform mental health services and unlock the potential of thousands of people experiencing mental distress. Services should be designed to support this directly, and professionals should be trained to help people to reach a better quality of life. This will mean substantial change for many organisations and individuals:

> "Placing recovery at the centre of mental health services requires change in the way organisations operate and individuals practise their profession."[52]

Better health

People with severe and enduring mental health problems are at increased risk of coronary heart disease, diabetes, infections and respiratory disease, are almost twice as likely to die from coronary heart disease as the general population, and are four times more likely to die from respiratory disease.[53, 54] A person with schizophrenia can expect to live for ten years fewer than average.[55]

There is great potential to improve the quality of physical healthcare for people with mental health problems. Research shows that people with mental health problems are poorly served in terms of physical healthcare and health promotion.

Four out of five people with a diagnosis of schizophrenia smoke.[56] So the single most important contribution that can be made to improve physical health for mental health service users is to help them stop or reduce their levels of smoking.

NICE guidance on the management of schizophrenia[57] supports the development of primary care registers of people with severe mental illness, and the GP contract of 2004 included incentive payments to establish such registers.

Meaningful occupation

One of the most obvious ways of demonstrating the effectiveness of recovery is the ability to re-enter or stay within the employment market.

Dame Carol Black's recent report[58] noted that meaningful work is good for health and emphasised the importance of effectively supporting people back into the workplace, at the right time and in the right way for them. A major review of the evidence on work and health showed that the relationship between mental health and employment works both ways:

> "People with mental health problems are more likely to be or become workless… with a risk of a downward spiral of worklessness, deterioration in mental health and consequent reduced chances of gaining employment".[59]

Yet gaining employment when you have mental health problems is very difficult, largely as a result of the stigma and discrimination regarding mental health that is still prevalent in our society. Only 21 per cent of people with long-term mental health problems – and just 4 per cent of those with schizophrenia – are in paid employment.[60] And while four-fifths of people with severe mental health problems consistently state that they *want* to work,[61, 62] just half of mental health service users say they get support to find and keep employment.

The most effective approach for supporting people with severe mental health problems into employment is provided by the Individual Placement and Support (IPS) model.[63] This involves placing people in work as quickly as possible, based on their personal preferences, and then providing individualised support to both employer and employee for as long as required. Services based on the IPS model should be available to all who would like support to get into paid employment.

It is also important that employers have the confidence to recruit people with mental health problems. However, schemes such as *Access to Work* – which funds 'reasonable adjustments' in workplaces for people with disabilities – have yet to be deployed widely for people with mental health problems.

Not everyone's vision of recovery is about getting back into the labour market. For some it will begin with small, yet highly significant, steps – being able to leave the house and meet up with friends, go to the local shops, or join in a group activity.

For others, recovery may begin with just a few hours' work each week. We are concerned therefore about the focus of the Government's welfare reform agenda to get people off disability benefits. For many, this may be a long-term goal for which support without time limits will be essential.

Measuring progress

Recovery works best when people experiencing mental distress can work with professionals to identify and prioritise their own personal goals for recovery. Three key systems already benefiting service users – the Wellness Recovery Action Plan (WRAP), the Developing Recovery Enhancing Environments Measure (DREEM)[64], and the Recovery Star[65] – all help place service users 'in the driving seat' of their life, asking individuals to rate their own progress toward achieving their recovery goals and

"Recovery works best when people experiencing mental distress can work with professionals to identify and prioritise their own personal goals for recovery."

the support they receive to assist them in this process. We believe tools of this kind should be much more widely used in everyday practice in mental health services.

Since the *NHS Next Stage Review* was published in 2008, patient reported outcomes measures (PROMs) have been promoted as a means of identifying quality in health services through the eyes of those receiving them. We believe that PROMs have the potential to enhance the accountability of mental health services for improving the quality of life of their users, and should be developed in consultation with users and carers to apply across all mental health services.

"A commitment to working within the recovery paradigm by all health, social care and voluntary sectors would be probably the most substantive change that we could make with real outcomes for people's quality of life and ability to self manage...

"It is important to hold on to the conviction that good quality clinical care is vital to many people's recovery. Services should absolutely be assessed on their contribution to enabling someone to maximise their life opportunities but there are times when specialist intervention is both right and a necessity. We must continue therefore to improve clinical care and practice."

NHS mental health provider, responding to our consultation

"[We] should acknowledge that the outcomes for people with effectively treated severe mental disorder are actually quite positive. Not just personal recovery but clinical recovery is much more common than people think."

Professional body, responding to our consultation

4. A new relationship between users and services

We need a new relationship between mental health services and those who use them. Service users, carers and communities should be offered an active role in shaping the support available to them.

Our vision

People with mental health problems are enabled to take control of their own healthcare. A range of care and support services are offered, from which individuals can choose, to enhance their quality of life and achieve their goals. A different relationship – a partnership – is established between health professionals and service users and their families.

Steps to achieving our vision

Short term

- Monitor the quality and availability of independent advocacy services, both for those subject to the Mental Health Act and for others.
- Pilot and build upon a community engagement approach to commissioning for mental health and well-being that involves service users and carers.
- Rigorously pilot and evaluate the benefits of, and potential demand for, personal health budgets for mental health support.
- Improve monitoring and data collection on access and needs.

Medium term

- Increase support and funds available to user-run organisations and experts by experience, to enable them to lead research and shape strategy and policy at the highest levels, and to expand their provision of peer support and direct care services.
- Review the use of and potential to extend advance directives in mental health care.
- Increase the recruitment of people with personal experience of mental distress to work within mental health services, for example in crisis or employment support services.

Long term

- Pool funding streams across support services in health and social care to resource an innovative range of user-driven and carer-driven interventions.
- Carry out a major review of the use and impact of the Mental Health Act.

"Clear guidelines should be available on the steps to take when a person lacks capacity, including support for advance directives."

Changing the balance of power

This fourth and final principle is the bedrock upon which the successful realisation of our future vision depends. Our ambition is to put people in control of their own mental health care. This is not simply about exercising choice between different services or locations. It is about making meaningful choices about how we live our lives.

Translating this into reality is not straightforward. Some aspects of mental health policy and practice can seem at variance with the principle of self-determination. For example, conflicts can arise between any assumption of individual competence and use of the Mental Health Act; and reconciling true self-determination with the quest for services that are evidence-based or quality-assured can be difficult.

These barriers are not insurmountable. Clear guidelines should be available on the steps to take when a person lacks capacity, including support for advance directives. Advocacy services, both for those subject to the Mental Health Act and for others, can make a big difference.

The successful implementation of this vision would require a new set of relationships between professionals, service providers and the communities and people they support. Progress towards this has already begun with government policies such as personalisation and self-directed support, already widely in use in social care, and in the way professional bodies are approaching training and accreditation for their members. Over the next decade, these seeds of change should be nurtured and grown until they become the norm in all mental health services for all communities.

In other words, we are making a case for a new settlement in mental health treatment and care that begins with a presumption of individual capacity and autonomy. A transformation like this would, over time, generate profound positive benefits both for mental health service users and for the professionals who work with them. The former would no longer be perceived within a framework of risk, stigma and compulsion and would be able to make greater strides towards recovery. The latter would be liberated from a top-down risk-averse culture, to work flexibly and responsively with individuals, to support them in achieving their aspirations, to make a reality of choice, to undermine stigma and discrimination and to ensure that resources are allocated according to need. This is consistent with the recent drive, contained within the *NHS Next Stage Review*, to give NHS staff space to innovate.

It is especially important that people who currently receive the least effective mental health care and support are included in efforts to redress the balance of power. Some black and minority ethnic communities experience high levels of compulsion in mental health services. Prisoners have dramatically high levels of mental ill health. And people with a range of complex needs that do not fit neatly into public service 'silos' often get inadequate support for their mental health. For many of these groups, community and voluntary sector services offer an important lifeline that needs to be nurtured and sustained.

Work within the *Delivering Race Equality in Mental health care* programme, for example, points to the added value of incorporating community development and engagement approaches.[66]

Both *World Class Commissioning* and the *Commissioning Framework for Health and Well-being* (CFHWB) include performance measures against public involvement. To improve the responsiveness of health and social care services to the needs and wishes of service users and carers, we would support the wide piloting of a new approach to commissioning that involves those who use services in meaningful engagement.

There are already examples of this approach on which to build. Health and social care commissioners have trained service users in a range of technical commissioning skills so that they can influence the redesign of day and vocational services.[67, 68]

Utilising the learning from these pioneering approaches and embedding these processes more widely would place commissioners in a long-term partnership with service users and carers, enabling these groups to determine their own priorities for mental health protection and promotion. Involving service users and carers as the norm in commissioning decision-making would enable greater sensitivity to the needs of different groups, would help those individuals and communities of users develop skills and confidence, and would mitigate against a 'one size fits all' approach.

"There remain major new challenges in extending the involvement of service users and carers to its full potential."

Opportunities to shift the balance

The last decade has witnessed significant progress in placing mental health service users in pole position to play a central role in their own care and treatment. For example, the *Experts by Experience* programme sponsored by the National Institute for Mental Health in England[69] and the *DRE Ambassadors* programme utilised the skills and expertise of mental health service users to inform all its work programmes.

Third sector organisations such as Shaping Our Lives[70] and the Social Perspectives Network[71] have supported service users to enhance their skills for change and to use their knowledge to influence national policy.

Within mental health services too, there has been a shift in emphasis towards service users and carers having more say in planning their own care packages, and many mental health trusts have produced guidelines on how to make an advanced directive.

Case study: Merseycare Mental Health Trust

The human resources department at Merseycare Mental Health Trust employs a human resources manager with specific responsibility for service user and carer involvement, whose job it is to place users and carers on every recruitment panel. The trust employs 4,000 workers, and 2,000 have now been recruited with the involvement of a user or carer.

Foundation trusts are comprised of boards of governors and a broad membership. As part of its assessment process, Monitor requires trusts to demonstrate representativeness among governors and members, and mental health service users have been recruited to meet these requirements. These groups dovetail with existing patient advice and liaison groups and the emerging local involvement networks (LINks) that are being established under the aegis of local authorities.

The NHS Act (2006) also places a duty on NHS trusts, primary care trusts and strategic health authorities to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for change.

So a strong voice for mental health service users and carers within localities is possible. But there remain major new challenges in extending the involvement of service users and carers to its full potential.

Opportunities for those who have used services to become mental health workers themselves need to be expanded considerably. We could, for example, offer alternatives to hospital admissions for people in a crisis through the use of community alternatives or crisis houses staffed wholly or partially by peer workers.

Services run by community groups are still too often dependent on short-term contracts, despite their frequent ability to engage with people whom mainstream services have been unable to reach. Such alternatives to the norm need much greater support to flourish in the increasingly competitive health and social care market.

Mental health legislation

The prolonged process to introduce amended mental health legislation revealed a clear perception gap between government and the mental health sector, between an apparent need for greater public protection from danger balanced against the hope and optimism engendered by real new investment in preventative and recovery-oriented services. The outcome has been the Mental Health Act (2007) and a revised Mental Capacity Act (2005) – two different regimes and different philosophies for the detention of people with mental health problems. We acknowledge that compulsion may sometimes be required for people who lack the capacity to make decisions in their own best interests. However, such occurrences occur in a minority of cases and, as a rule, are of relatively short duration when set against the background of a person's whole life. Our view is that a new settlement, based on capacity and autonomy, can accommodate those times when compulsion is used. Advance statements, drawn up when a person is well and has capacity, can provide the framework for their care and treatment when they are so unwell that compulsion becomes necessary.

We believe that the legislation will need to be reviewed within the next decade to ensure we have the right legislation to underpin modern services, and at the very least to introduce a coherent approach. The Care Quality Commission should rigorously scrutinise the use of mental health and mental capacity legislation, in particular with regard to diverse communities; if the legislation does not meet the needs of a 21st-century service, it should be amended so that it does.

"Further improvement should be led by facilitation of increased control by individuals over the types and providers of support they need and want, including ways to give them more control over resources. A focus on people achieving their potential and helping people to build their lives will allow service users to be in control of their own lives whilst being given targeted help to keep their lives on track. We welcome the focus on helping people to 'get their lives back', not just to manage their illness, and to give those who use services more control over how money is spent on them."

Local authority, responding to our consultation

"I don't want individual budgets. I have a support worker for an hour a week (two hours a week in crisis). I don't think there would be an equivalent and better package in direct payments. I would also have the responsibility of employing someone, and finding good PAs [personal assistants] can't be easy. Users should have a choice whether they use direct payments."

Mental health service user, responding to our consultation

Conclusion

This final report is the result of extensive consultation with service providers, mental health professionals, policy experts, plus service users and carers over the past year.

Our four principles set out a clear framework that should underpin mental health policy for the next decade. As the Department of Health's *New Horizons* programme moves into wider consultation over summer 2009, this report forms a timely and powerful contribution to that debate.

Metal health and well-being is everybody's business. One in four people at some point in their lives will experience a mental health problem. Mental ill health costs England over £77 billion every year. There is a clear moral and business case for investing in mental health and well-being.

Making this vision a reality calls for genuine cross-government action. This report calls for a wide ranging programme of action, including: a mental health champion in Cabinet; a new PSA for mental health and well-being; a three-tier public mental health strategy to build resilience, target prevention and encourage early intervention; mental health training to be offered to frontline public service professionals such as teachers and the police; and real improvements made in services, with a focus on the principles of recovery and putting service users in control of their own care.

Our four principles for mental health policy

1. Mental health and well-being is everybody's business. It affects every family in Britain and it can only be improved if coordinated, assertive action is taken across Whitehall and at all levels of government.

2. Good mental health holds the key to a better quality of life in Britain. We need to promote positive mental health, prevent mental ill health and intervene early when people become unwell.

3. People should get as much support to gain a good quality of life and fulfil their potential from mental health services as they expect to receive from physical healthcare services. Mental health care should offer hope and support for people to recover and live their lives on their own terms.

4. We need a new relationship between mental health services and those who use them. Service users, carers and communities should be offered an active role in shaping the support available to them.

What do you think?

This is the final report of our work. However, we are keen to receive your views and thoughts.

To contact us, email **future.vision@nhsconfed.org**

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A future vision for mental health

This report sets out a new vision for the future of mental health and well-being in England. Based on four principles, it outlines the priorites that the Future Vision Coalition believes should underpin mental health policy for the next decade.

The Future Vision Coalition is comprised of mental health providers, charities and professional bodies, and is committed to a new model of mental health care.

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