



## BRIEFING PAPER

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# Mental health policy in England

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## Summary

Around one in four people in the UK suffer from a mental health problem each year, but mental illness often goes untreated, and historically, treatment options for mental health compare unfavourably with those for physical conditions. While mental illness is estimated to account for almost a quarter of the total burden of disease, only 13 per cent of the NHS budget is spent on mental health services.

The NHS has set out that it wants to achieve “parity of esteem” between mental and physical health, in terms of access to services, quality of care and allocation of resources. While the achievement of parity of esteem has been a long term-policy goal, since 2010 this aim has increasingly featured in legislation and in government and NHS policy statements.

In October 2014, NHS England and the Department of Health jointly published [Improving access to mental health services by 2020](#). This set out a vision to ensure mental and physical health services are given equal priority in terms of access times and service quality. In April 2016 the NHS in England extended the 18-week referral to treatment waiting time standard to the improved access to psychological therapies (IAPT) programme, and introduced a new standard that 50% of people experiencing their first episode of psychosis will begin treatment within two weeks of referral.

In February 2016 an Independent Mental Health Taskforce published [The Five Year Forward View for Mental Health](#), which made a series of recommendations for the NHS and Government to improve outcomes in mental health by 2020/21. In July 2016 NHS England published [Implementing the Five Year Forward View for Mental Health](#), confirming that the NHS had accepted the Taskforce recommendations. It also included a breakdown of the additional funding that will be made available. In particular, the Government committed to an additional £1 billion by 2020/21 to support implementation of the Taskforce’s recommendations.

In January 2017 the Prime Minister gave a speech on mental health, which included a commitment to “...transform the way we deal with mental health problems right across society, and at every stage of life”. Alongside the Prime Minister’s announcement, the 2015 Government published its response to the work of the Mental Health Taskforce, accepting its recommendation in full, and committing to a number of cross-government reviews and initiatives, applying to the NHS, to education, employment and the wider community. As well as measures to ensure that mental health is prioritised in the NHS in England, the Queen’s Speech on 21 June 2017 confirmed that the Government will reform mental health legislation under which people with severe mental illness can be detained for assessment and treatment.

On 31 July 2017 the Health Secretary Jeremy Hunt launched a [workforce strategy](#) for implementation of the Five Year Forward View for Mental Health, which sets out plans for 21,000 new posts across England by April 2021 (the Government had previously pledged to an increase of 10,000 posts by this date). The plan has been developed by Health Education England (HEE) together with NHS Improvement, NHS England, the Royal College of Psychiatrists and others.

This briefing provides a summary of policy on mental health in England, focusing on measures taken since 2010. It focuses on health policy, and so does not look in detail at wider changes that may affect people with mental health problems, such as welfare reform and social care policy. However, links to further reading are included in section 12

of this briefing. Further information on policy on child and adolescent mental health services (CAMHS), including work to improve the provision of mental health services in schools, is available in the Library briefing [Children and young people's mental health – policy, CAMHS services, funding and education](#).

Statistics in this area can be found in the Library briefing, [Mental health problems: statistics on prevalence and services](#) (January 2017)

As health is a devolved matter, the Governments of Scotland, Wales and Northern Ireland are responsible for setting their own policies in this area. Links to policies of the devolved administrations are provided in section 11 of this briefing.

# 1. The Mental Health Strategy for England and parity of esteem

The Coalition Government's mental health strategy, [\*No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages\*](#) (February 2011) made explicit its objective to give equal priority to mental and physical health:

We are clear that we expect parity of esteem between mental and physical health services.<sup>1</sup>

The strategy also set out the Coalition's plan to improve people's mental health and wellbeing and improve services for those with mental health problems. The strategy set six key objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.<sup>2</sup>

The [\*Implementation Framework\*](#) for this strategy, published in July 2012, described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health.<sup>3</sup>

The *Health and Social Care Act 2012* introduced the first explicit recognition of the Secretary of State for Health's duty towards both physical and mental health.<sup>4</sup> This led to a commitment in the NHS constitution that the NHS is "designed to diagnose, treat and improve both physical and mental health". Similarly, the 2015 Government's *Mandate to NHS England*, states that "NHS England's objective is to put mental health on a par with physical health". The Mandate includes specific requirements to achieve parity of esteem, to ensure that mental and physical health conditions are given equal priority. Information on NHS England's work to secure parity of esteem is available here: [Valuing mental health equally with physical health or "Parity of Esteem"](#)

In January 2014, the then Deputy Prime Minister, Nick Clegg, and the Minister for Care Services, published [\*Closing the Gap: priorities for essential change in mental health\*](#). The report also emphasised the importance of parity of esteem and identified 25 areas for immediate change to improve mental health care, under the following four themes:

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<sup>1</sup> Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011, page 2

<sup>2</sup> Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011

<sup>3</sup> Department of Health, [No Health without Mental Health: Implementation Framework](#), July 2012

<sup>4</sup> The specific reference to mental health was introduced as an amendment during the legislation's Report stage in the House of Lords. See *Lords Library Note*, LLN 2013/024.

- Increasing access to mental health services
- Integrating physical and mental health care
- Starting early to promote mental wellbeing and prevent mental health problems
- Improving the quality of life of people with mental health problems

The [\*NHS Five Year Forward View\*](#), published by NHS England and its partners in October 2014, set a commitment to working towards a more equal response across mental and physical health and achieving genuine parity of esteem by 2020.

Further information on the concept of parity of esteem is available in a Parliamentary Office of Science & Technology (POST) briefing: [Parity of esteem for mental health](#) (January 2015).

## 2. NHS Five Year Forward View

The [NHS Five Year Forward View](#), published by NHS England and its partners in October 2014, set a commitment to working towards a more equal response across mental and physical health and achieving genuine parity of esteem by 2020:

### Five Year Ambitions for Mental Health

Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease.

Over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together. We have already made a start, through the Improving Access to Psychological Therapies Programme – double the number of people got such treatment last year compared with four years ago. Next year, for the first time, there will be waiting standards for mental health. Investment in new beds for young people with the most intensive needs to prevent them being admitted miles away from where they live, or into adult wards, is already under way, along with more money for better case management and early intervention.

This, however, is only a start. We have a much wider ambition to achieve genuine parity of esteem between physical and mental health by 2020. Provided new funding can be made available, by then we want the new waiting time standards to have improved so that 95 rather than 75 per cent of people referred for psychological therapies start treatment within six weeks and those experiencing a first episode of psychosis do so within a fortnight. We also want to expand access standards to cover a comprehensive range of mental health services, including children's services, eating disorders, and those with bipolar conditions. We need new commissioning approaches to help ensure that happens, and extra staff to coordinate such care. Getting there will require further investment.<sup>5</sup>

NHS England's [Forward View into action: planning for 2015-16](#), set an expectation that CCG spending on mental health services in 2015/16 should increase in real terms, and grow by at least as much as each CCG's allocation increase to support the ambition of parity between mental and physical health.<sup>6</sup>

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<sup>5</sup> NHS England, [Five Year Forward View](#), October 2014, page 26

<sup>6</sup> NHS England, [Forward View into action: planning for 2015-16](#), December 2014, page 5

### 3. The Mental Health Taskforce and the Five Year Forward View for Mental Health

[\*The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England\*](#) was published in February 2016. The Taskforce was launched by NHS England and was independently chaired by Paul Farmer, Chief Executive of Mind.

The Mental Health Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21, encompassing three broad areas:

- First, the Taskforce makes a set of recommendations for the NHS arm's length bodies [NHS England, Public Health England, Care Quality Commission, NHS Improvement and Health Education England] to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people.
- Second, the Taskforce set out recommendations where wider action is needed. This includes cross-Government action, in areas such as employment, housing and social inclusion.
- Thirdly, the Taskforce places a particular focus on tackling inequalities, including the higher incidence of mental health problems among people living in poverty, those who are unemployed and people who already face discrimination. It also addresses inequalities in access to services among certain black and minority ethnic groups, whose first experience of mental health care often comes when they are detained under the *Mental Health Act*, often with police involvement.

The recommendations to be delivered by 2021 include:

- an end to the practice of sending people out of their local area for acute inpatient care
- providing mental health care to 70,000 more children and young people
- supporting 30,000 more new and expectant mothers through maternal mental health services
- new funding to ensure all acute hospitals have mental health services in emergency departments for people of all ages
- increasing access to talking therapies to reach 25% of those who need this support
- a commitment to reducing suicides by 10%



## The 2015 Government's initial response to the Taskforce

In February 2016 the Government said it welcomed the report's recommendations, and would work with NHS England and other partners to establish a plan for implementing its recommendations.<sup>7</sup> The Minister for Community and Social Care, Alistair Burt, said:

By the end of this Parliament we will make the Taskforce's recommendations a reality.<sup>8</sup>

The *Government's Mandate to the NHS 2016-17* also contained a directive for the NHS to implement agreed actions from the Mental Health Taskforce.<sup>9</sup>

The Taskforce also called for an additional investment of £1 billion by 2020/21 to implement change in the priority areas identified by their report. In response, the 2015 Government pledged that an extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.<sup>10</sup>

The Department of Health's press release outlines its commitments to the report's recommendations and quoted Health Secretary Jeremy Hunt:

"We have made monumental strides in the way we treat mental illness in this country — but we must go even further.

Our shared vision of a 7 day mental health service means people will get the care they need, when they need it, and will help prevent mental illness in the first place."

One in 4 people will experience a mental health problem and the cost of mental ill health to the economy, the NHS and society as a whole is £105 billion a year.

This announcement will accelerate the progress that has already been made, including:

- increasing the money put into mental health every year since 2010, giving the NHS a record £11.7 billion last year
- introducing the first ever access and waiting time standards for mental health, meaning people will get the care they need when they need it
- investing £1.4 billion to transform young people's mental health services.<sup>11</sup>

Alistair Burt made a statement on the Government's response to the Mental Health Taskforce on 23 February 2016:

The publication of the taskforce's report earlier this month marked the first time a national strategy has been designed in partnership with all the health-related arm's length bodies in order to deliver change across the system. This also demonstrated

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<sup>7</sup> [HC Deb 23 February 2016 c153-4](#)

<sup>8</sup> [PO 28310 \[on Mental Health Services: Finance\], 29 February 2016](#)

<sup>9</sup> Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 18

<sup>10</sup> Department of Health, [New investment in mental health services](#), 16 February 2016

<sup>11</sup> *Ibid.*

the remarkable way in which society, the NHS and this House now regard mental health and how it should be seen and approached.

This Government have made great strides in the way we think about and treat mental health in this country. We have given the NHS more money than ever before and are introducing access and waiting-time targets for the first time. We have made it clear that local NHS services must follow our lead by increasing the amount they spend on mental health and making sure that beds are always available. Despite those improvements, however—and I referred earlier to the way in which we view these matters—the taskforce pulled no punches. It produced a frank assessment of the state of current mental health care throughout the NHS, pointing out that one in four people would experience a mental health problem during their lifetime, and that the cost of mental ill health to the economy, the NHS and society was £105 billion a year.

We can all agree that the human and financial cost of inadequate care is unacceptable. The Department of Health therefore welcomes the report's publication, and will work with NHS England and other partners to establish a plan for implementing its recommendations. To make those recommendations a reality, we will spend an extra £1 billion by 2020-21 to improve access to mental health services, so that people can receive the right care in the right place when they need it most. That will mean increasing the number of people completing talking therapies by nearly three quarters, from 468,000 to 800,000; more than doubling the number of pregnant women or new mothers receiving mental health support, from 12,000 to 42,000 a year; training about 1,700 new therapists; and helping 29,000 more people to find or stay in work through individual placement support and talking therapies.

I assure all Members that they will have ample opportunities to ask questions and debate issues as we work together to implement the taskforce's recommendations.<sup>12</sup>

## NHS England's Taskforce implementation plan

In July 2016, NHS England published an [Implementation Plan](#) detailing how it will deliver the recommendations made by the Taskforce working with its partner arms-length bodies. The Plan presents the timeframes and funding for delivery of the programmes of work which will transform mental health services.

It shows how the delivery partners will work together at national and local level, and how they will be held to account for meeting the timeframes and for using the funding in the most effective way.

During 2015/16, work began to lay the foundations for better, more responsive and accessible mental health services. These have included new access and waiting times for psychological therapies and early intervention in psychosis which came into force from April 2016 with eating disorder services for young people following in 2017.

Immediate priorities for service redesign are:

- to increase access to specialist perinatal care

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<sup>12</sup> [HC Deb 23 February 2016 c153-4](#)

- to reduce the number of out of area placements for children, young people and adults through the provision of more care closer to and at home
- to increase access to crisis care liaison services in emergency departments and inpatient wards<sup>13</sup>
- suicide prevention.

On 23 June 2017 NHS England announced 11 new sites to help redesign mental health services, as part of an initiative to cut the number of people travelling long distances for care. NHS England has selected 11 sites to test innovative approaches, with sites made up of NHS mental health trusts, the independent sector and charitable organisations.<sup>14</sup>

### **The Prime Minister's January 2017 speech and the response to the Taskforce**

In January 2017 the Prime Minister gave a speech on mental health, which included commitments to a number of reviews and initiatives to improve services. Alongside the Prime Minister's announcement, the Government published its response to the work of the Mental Health Taskforce, accepting its recommendation in full. This response also set out measures to address Taskforce recommendations that apply beyond the NHS, for education, employment and the wider community:

... the Five Year Forward View for Mental Health set out a programme of reform beyond the NHS, extending across Government departments and Whitehall's arm's length bodies. This document is the formal response to those recommendations made to Government. It sets out a far-reaching programme of work to improve mental health services and their links to other public services, and builds mental health prevention and response into the work of Government departments to improve the nation's mental health and reduce the impacts of mental illness.<sup>15</sup>

The 2015 Government's response also announced plans to make further progress in relation to children and young people, employment, access to services, and righting the injustices people with mental health problems face. These steps include, for children and young people:

- Publishing a Green Paper on children and young people's mental health later this year, to contain new proposals for both improving services across the wider system and increasing focus on preventative activity across all delivery partners
- Supporting schools, colleges and local NHS services to work more closely together to provide dedicated children and young people's mental health services, by evaluating emerging models and approaches, to explore the impact closer working can have. We will support this by funding

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<sup>13</sup> Liaison psychiatry is the sub-specialty which provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments.

<sup>14</sup> NHS England press notice, "[NHS England announces new sites to redesign mental health services and cut out of area placements](#)", 23 June 2017

<sup>15</sup> DH, [Five Year Forward View for Mental Health: government response](#), 9 January 2017

the provision of mental health first aid training for teachers in secondary schools

- Launching a programme of pilot activity on peer support for young people with their mental wellbeing. The pilots will test the provision of well-trained mentors within a comprehensive support structure in schools, colleges and community settings, as well as online support and resources, to help identify issues and prevent them from escalating
- A programme of randomised control trials of promising preventative programmes, to test three different approaches to mental health promotion and the prevention of mental health illness. The results of these trials will help to give schools the information they need in deciding which programmes are most effective for their pupils
- Requesting that the Care Quality Commission undertakes an in depth thematic review of children and young people's mental health services in 2017/18 – the first of its kind.<sup>16</sup>

As well as this, for adults and the wider system the response to the Taskforce included the following:

- NHS England will expand its delivery of digitally enabled mental health services
- The Government will examine the best way for employers to register their commitment to the mental health of staff, and undertake a review of how people with mental ill-health in the workplace might suffer discrimination
- The Government will, with the organisation Money and Mental Health, undertake a review of the process through which people in debt inform creditors about their mental health
- The Government will also extend the current improving places of safety programme, with a further investment of up to £15m, to improve access to health based places of safety and provide and promote new models of community based care for people in mental health crisis.<sup>17</sup>

**Update:** On 31 July 2017 the Health Secretary Jeremy Hunt launched a [workforce strategy](#) for implementation of the Five Year Forward View for Mental Health, which sets out plans for 21,000 new posts across England by April 2021 (the Government had previously pledged to an increase of 10,000 posts by this date). The plan has been developed by Health Education England (HEE) together with NHS Improvement, NHS England, the Royal College of Psychiatrists and others.

## Reform of the Mental Health Act 1983

The Five Year Forward View for Mental Health recommended a review of the *Mental Health Act 1983*, the legislation under which people with severe mental illness can be detained for assessment and treatment. The Taskforce this should consider if Act should be revised in parts, to ensure stronger protection of people's autonomy, and greater scrutiny and protection where the views of individuals with mental capacity to

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<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

## 13 Mental health policy

make healthcare decisions may be overridden to enforce treatment against their will.

In its response to the Taskforce, the 2015 Government said it would continue to keep the *Mental Health Act 1983* and its Code of Practice under review, evaluate evidence of the need for changes and take the action required as necessary. The Conservative 2017 Election Manifesto also included proposals to reform the *Mental Health Act 1983*. The Manifesto says that reform will ensure that those with mental illness are treated fairly and that employers fulfil their responsibilities under Equalities duties. The Queen's Speech on 21 June 2017 confirmed that the Government will reform mental health legislation and ensure that mental health is prioritised in the NHS in England.

As set out in the Conservative Manifesto, the Government has confirmed that the review of mental health legislation will consider issues including:

- looking at why rates of detention are increasing and taking the necessary action to improve service responses<sup>18</sup>;
- examining the disproportionate number of those from certain ethnic backgrounds, in particular black people, who are detained under the Act;
- reviewing the use of Community Treatment Orders, to see if they remain fit for purpose in helping people leaving hospital to receive better care and support in the community;
- considering how people's rights to get information about the mental health and treatment of family members can be improved;
- ensuring that those with mental ill health are treated fairly, protected from discrimination, and employers fulfil their responsibilities effectively.<sup>19</sup>

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<sup>18</sup> The number of detentions made under the Mental Health Act is rising – there were 63,622 uses of the Act in 2015-16, an increase of 9% on the year before, and up 47% compared to 2005-06.

<sup>19</sup> [Briefing notes accompanying the Queen's Speech, June 2017](#)

## 4. Additional funding announcements

The 2015 Government committed to an additional £1 billion by 2020/21 to support the implementation of the *Five Year Forward View for Mental Health*.

The Public Accounts Committee challenged the Department of Health and NHS England over how confident they were that estimates of the cost of meeting access and waiting time targets were accurate, and raised a concern that any underestimate would mean additional funding would not be enough to meet actual need. The Committee also highlighted concerns that the need on the ground already outstrips the budget and, while increased funding meant that more people would be able to access services in future, demand will still outstrip even the expanded budget in 2020.<sup>20</sup>

On 11 January 2016, during a speech on improving life chances, the then Prime Minister, David Cameron, announced investment to enhance mental health services across the country in the following areas:

### **£290 million to help new and expectant mums who have poor mental health**

One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.

That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.

### **£247 million to place mental health services in every hospital emergency department**

People with mental health problems are 3 times more likely to turn up at A&E than those without. Yet not every hospital in the country has the services needed to support them. Every hospital in the country should have liaison mental health services, which will mean specialist staff, with training in mental health, will be on hand to make sure that patients get the right care for them, and are referred for further support if needed.

Today, the Prime Minister will announce £247 million will be deployed over the next 5 years to make sure that every emergency department has mental health support and, as a global leading effort, will make sure that these services are available 24 hours a day, 365 days a year in at least half of England's acute hospitals by 2020. This new money will not only improve the care of those

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<sup>20</sup> Public Accounts Committee [Improving access to mental health services](#) (September 2016)

with mental illness in A&E but will also generate important savings for these hospitals – through fewer admissions and reduced lengths of stay, for example.

**Over £400 million for crisis home resolution teams to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals**

Crisis resolution and home treatment teams have been introduced throughout England as part of a transformation of the community mental healthcare system. They aim to assess all patients being considered for acute hospital admission, to offer intensive home treatment rather than hospital admission if feasible, and to facilitate early discharge from hospital. Key features include 24-hour availability and intensive contact in the community, with visits twice daily if needed.

The new investment in this integrated, multidisciplinary approach will ensure more complete coverage around the country.<sup>21</sup>

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<sup>21</sup> Gov.uk, [Prime Minister pledges a revolution in mental health treatment](#), 11 January 2016

## 5. Suicide Prevention Strategy for England

The cross-Government [Suicide Prevention Strategy for England](#) was published in September 2012. It set out plans for reducing suicide rates and supporting people affected by suicide.

This strategy has two key objectives:

- a reduction in the suicide rate in the general population in England
- better support for those bereaved or affected by suicide

It also identifies six key areas of action:

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those bereaved or affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring.<sup>22</sup>

The Department of Health publishes progress reports on the Suicide Prevention strategy in 2013 and 2014. These summarised the latest trends, research and developments on suicide prevention in England and set out key actions that local areas can take to prevent suicides.<sup>23</sup>

The third progress report on the suicide prevention strategy was published in January 2017, and detailed the activity that had taken place across England to reduce deaths by suicide in the year ending March 2016. This report also updated the 2012 strategy in 5 main areas:

- expanding the strategy to include self-harm prevention in its own right
- every local area to produce a multi-agency suicide prevention plan
- improving suicide bereavement support in order to develop support services
- better targeting of suicide prevention and help seeking in high risk groups
- improve data at both the national and local levels

These updates are intended to meet the recommendations of the Five Year Forward View for Mental Health relevant to suicide prevention: to reduce the number of suicides by 10% by the year ending March 2021

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<sup>22</sup> Department of Health, [Suicide Prevention Strategy for England](#), 10 September 2012

<sup>23</sup> See: [Preventing Suicide in England: One year On](#) (2013) and [Preventing suicide in England: Two Years On](#) (2014)



and for every local area to have a multi-agency suicide prevention plan in place by the end of 2017. Public Health England published guidance to local authorities to support the development of local plans in October 2016.<sup>24</sup>

In December 2016, the Health Select Committee published an interim report on suicide prevention in order to inform the Government's updated suicide prevention strategy. Witnesses to the inquiry told the Committee that the underlying Government strategy is essentially sound but that the key problem lies with inadequate implementation and funding.

The Government's January 2017 response to the Taskforce provided the following on local suicide prevention plans:

Recommendation No 3: The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by the end of 2017, reviewed annually thereafter and supported by new investment.

Response: The Government accepts this recommendation.

A survey by the All Party Parliamentary Group on Suicide Prevention, published in January 2015, highlighted that 30 percent of local areas do not have suicide prevention plans and 40 percent do not have multi-agency suicide prevention groups.

The Department of Health is working with Public Health England and local authorities to ensure that every local area has a multi-agency suicide prevention plan in place by 2017. To date, we have worked with local authorities to improve this position and a survey by Public Health England in 2016 showed that 95 percent of local authorities now have a multi-agency suicide prevention action plan in place or in development. We have published further information using a national map today.

Public Health England published refreshed guidance to local authorities to support development of local plans in October 2016, supported by a series of regional guidance masterclasses. In addition, the Secretary of State for Health wrote to every local authority chief executive in October to encourage them to develop clear and robust plans.

The Department of Health is leading work during 2017 to ensure that each local plan is quality assured and reflects best practice. They will each be reviewed annually.

The Department of Health has published a progress report on the cross-Government suicide prevention strategy alongside this document, which sets out the ways in which we are strengthening the strategy in key areas for action and how we are delivering the recommendations of the Five Year Forward View for Mental Health and the recommendations of the interim report by the Health Select Committee inquiry into suicide prevention.

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<sup>24</sup> PHE, [Local suicide prevention planning](#), October 2016

## 6. Mental Health Crisis Care

### Mental Health Crisis Care Concordat

In February 2014, the Department of Health and signatories published the [Mental Health Crisis Care Concordat](#). The Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

It focuses on four main areas:

- [Access to support before crisis point](#) – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- [Urgent and emergency access to crisis care](#) – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- [Quality of treatment and care when in crisis](#) – making sure that people are treated with dignity and respect, in a therapeutic environment.
- [Recovery and staying well](#) – preventing future crises by making sure people are referred to appropriate services.

The Crisis Care Concordat also contained an objective to ensure that mental health emergencies are treated with the same urgency as physical health emergencies.

### Improving health based places of safety

The [Policing and Crime Act 2017](#) - includes measures to reduce instances where people experiencing a mental health crisis are held in a police cell as a “place of safety” whilst waiting an assessment.<sup>25</sup>

Sections 135 and 136 of the *Mental Health Act 1983* give the police powers to detain and remove persons who appear to be suffering from a mental disorder and take them to a designated “place of safety” until an assessment can take place and appropriate treatment arranged.

The commencement of sections 80 to 83 of the *Policing and Crime Act 2017* - which amend sections 135 and 136 of the *Mental Health Act 1983* have not come into force yet. When in force, these sections of the *Policing and Crime Act* will introduce restrictions on places that may be used as places of safety. The 2017 Act will also ban the use of police cells as a place of safety for under 18s, and give the Secretary of State powers to introduce regulations to restrict the circumstances in which police cells may be used as a place of safety for adults.

The *Policing and Crime Act* will also decrease from 72 to 24 hours the length of time a person can be detained in a place of safety whilst waiting for an assessment. This may only be increased by 12 hours with the authorisation of a medical practitioner and, if the place of safety is a

<sup>25</sup> Gov.uk, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

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police station, with the approval of a police officer of the rank of superintendent or above.

In May 2015, the Department of Health and Home Office announced a £15 million fund to provide more health and community based places of safety, to reduce the use of police cells. Example of projects that could be eligible for funding are:

- New health based places of safety
- Refurbishments or improvements to health based places of safety, for example to increase capacity
- Making existing health based places of safety suitable for use for people aged 18 or under
- Ambulance vehicles for transportation to places of safety
- Vehicles for mobile street triage services<sup>26</sup>

The first use of the fund will be to support areas of the country that still have significant number of people being taken to police custody as a place of safety. Bids are being invited from select local Crisis Care Concordat groups.<sup>27</sup>

A second round of bids will be invited from local Crisis Care Concordat groups not invited in the first round. All funding awarded under this scheme must be spent before 31 March 2018.

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<sup>26</sup> Department of Health, [Improving health based places of safety: guidance for applications for capital funding](#), May 2016

<sup>27</sup> For the full list of local areas, see Annex A: [Improving health based places of safety: guidance for applications for capital funding](#), May 2016

## 7. Mental health and the criminal justice system

Since April 2013, NHS England has commissioned health services within prisons and young offender institutions. As in the community, prison mental health services are provided through a combination of primary care and specialist teams and most prisoners' needs can be met by primary care. Care for prisoners' more serious mental health conditions is usually provided by specialist in-reach teams, but if prisoners' need psychiatric inpatient care they can be transferred to a secure mental health hospital if they meet the criteria to be detained under the *Mental Health Act 1983*.

NHS England aims to improve prison mental health services, through nationally developed service specifications. In addition, the Government asked the National Institute for Health and Care Excellence (NICE) to develop guidelines on the mental health of adults in contact with the criminal justice system. This was published in March 2017.<sup>28</sup>

On 29 June 2017 [the National Audit Office published a report on mental health in prisons](#). The NAO reported that despite ambitious objectives for providing mental healthcare in prisons it is not clear how they will be achieved in practice. The report also noted that Government does not collect enough, or good enough, data about mental health in prisons, which makes it hard to plan services and monitor outcomes. The Prison Reform Trust's response to the NAO report can be found [here](#).

### Liaison and Diversion services

Liaison and Diversion services seek to identify offenders who have mental health, learning disability or substance misuse problems, and who come into contact with the criminal justice system, so that they can either be supported through the criminal justice pathway or diverted into health treatment, social care or other support services.

On 4 January 2014, the Department of Health announced an extra £25m of funding for mental health nurses and other mental health professionals to work with police stations and courts so that people with mental health, learning disabilities and substance misuse problems can receive treatment at the earliest possible stage.<sup>29</sup>

NHS England is currently rolling out a new standard model of liaison and diversion service. In April 2015 22 liaison and diversion sites were established across England covering over 55% of the population. Full roll out across England is expected by 2020/21.

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<sup>28</sup> <https://www.nice.org.uk/guidance/ng66>

<sup>29</sup> Further information is provided by a Department of Health press release from 2014 - [Extra funding for mental health nurses to be based at police stations and courts across the country](#).

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For offenders whose needs are not identified by a liaison and diversion service in police custody or the courts, these will continue to be identified through court procedures or at reception in prison.

The Department of Health and the Ministry of Justice are working together to develop a strategy to ensure that mental health issues are addressed as part of community sentencing and early intervention programmes. They are expected to come forward with more detail on this work shortly.

## 8. Waiting time standards for mental health

In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health. From 1 April 2015 (to be fully implemented by April 2016), the new waiting time standards are as follows:

- 75% of people referred for talking therapies for treatment of common mental health problems like depression and anxiety will start their treatment within 6 weeks and 95% will start within 18 weeks
- At least 50% of people going through their first episode of psychosis will get help within 2 weeks of being referred.<sup>30</sup> (this is expected to increase to at least 60% of people by 2020 – see section 2)

The 2015 Government said that their ambition is for access and waiting time standards to be implemented for all mental health services by 2020.<sup>31</sup>

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<sup>30</sup> Gov.uk, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

<sup>31</sup> PQ 217112 [on mental health services: children], 10 December 2014

## 9. Stigma and discrimination

One of the core objectives in the 2011 mental health strategy was that “fewer people will experience stigma and discrimination.”<sup>32</sup> The former Deputy Prime Minister’s 2014 strategy, *Closing the gap: Essential priorities for mental health*, also included an objective to “stamp out discrimination around mental health”.<sup>33</sup> A backbench business debate in June 2012 was considered a defining moment in tackling stigma when MPs spoke about their personal experience of mental health problems.

The Department of Health provided funding for the Time to Change initiative, a national programme to reduce mental health stigma and discrimination, led by Mind and Rethink Mental Illness. The Department of Health, the Big Lottery Fund and Comic Relief have all provided funding for the programme. The Department funded the campaign with over £16 million between 2011-12 and 2014-15 and provided £3.2 million in funding in 2015/16.<sup>34</sup> The Department of Health awarded a further £12.5m to the national Time to Change anti-stigma campaign up to 2020/21 to improve the attitudes of people towards mental health. Combined with external funders (Comic Relief and the Big Lottery Fund), investment up to 2020/21 will be over £20m.

To date, Time to Change have reported improved attitudes to mental health in over 3.4 million people. Phase 3 of Time to Change (up to 2020/21) will focus on developing local Time to Change Hubs which will support and train people with lived experience to become mental health champions to influence change in attitudes and reductions in stigma in their local communities. Pilot Hubs are underway in Liverpool and Bristol, with the aim of establishing 16 Hubs across the country which will be hosted by local authorities. Phase 3 will also have a particular focus on improving the attitudes of young people toward mental health with the aim of reaching 1.75m young people and 1.5m parents each year by 2020. Time to Change plans to establish school networks with 1,000 secondary schools demonstrating significant Time to Change activities through dedicated action plans.

All Government Departments have signed the Time to Change employer pledge to tackle mental health stigma and discrimination in the workplace.<sup>35</sup>

In June 2012, Gavin Barwell MP introduced the [Mental Health \(Discrimination\) \(No 2\) Bill](#) to remove discrimination from specific areas of law. The Private Member’s Bill repealed legislative provisions that could prevent people with mental health problems from serving as Members of Parliament, members of the devolved legislatures, jurors, or

<sup>32</sup> HM Government, [No health without mental health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011

<sup>33</sup> Department of Health, [Closing the Gap: Priorities for essential change in mental health](#), February 2014

<sup>34</sup> [PQ 19556 \[on Mental Illness: Discrimination\], 15 December 2015](#)

<sup>35</sup> Time to Change, [Time to Change Programme: October 2011 to March 2015, Employers Tackling mental health stigma and discrimination in the workplace](#)

company directors. The Bill passed through the Commons and Lords with Government and Opposition support, and received Royal Assent on 28 February 2013.



## 10. Back to work support

On 15 February 2016, the then Prime Minister, David Cameron, announced that tens of thousands of people with mental health conditions will be supported to find or return to work as part of a massive new drive to transform treatment in England:

To fully embed the link between employment and mental health, the government will work with the NHS to ensure:

- access to talking therapies for people suffering from conditions like anxiety or depression will be almost doubled so that 800,000 people get the support they need thanks to a £308 million investment
- 29,000 more people with mental health conditions will be helped to find or stay in work thanks to the increase in these therapies and there will be more mental health experts in job centres to embed the link between employment and mental health
- £50 million will be spent to double the reach of programmes finding work for people with mental illness – known as Individual Placement and Support Programmes – with evidence showing these programmes save £6,000 per person due to reduced inpatient costs
- over £50 million is invested to more than double the number of employment advisors, so that they are linked in to every talking therapy service in the country.<sup>36</sup>

In February 2016 the Five Year Forward View for Mental Health recommended that NHS England and the DH/DWP Joint Unit for Work and Health should ensure that more people living with mental health problems should be supported to find or stay in work.

Currently the Work and Health Unit, jointly funded by the Department of Health and the Department for Work and Pensions, in addition to testing a range of other measures, is increasing the number of Employment Advisors in Psychological Therapy services as part of the Improving Access to Psychological Therapies (IAPT) programme. The Government and NHS England has committed to increasing access to psychological therapies to reach 1.5m people each year (an additional 600,000 per year).

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<sup>36</sup> Gov.uk, [PM: Improve mental health treatment to get thousands more back to work](#), 15 February 2016

# 11. Mental health policy in Scotland, Wales and Northern Ireland

## Scotland

On 30 March 2017 the Scottish Government announced a new ten-year Mental Health Strategy, focused on improving access to services and supporting earlier intervention. The 40 actions in the strategy include increasing the mental health workforce in A&Es, GP practices, police station custody suites and prisons – supported by £35 million additional investment over the next five years for 800 extra workers.<sup>37</sup>

The [Mental Health Strategy 2012-15](#) set out the Scottish Government's priorities and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness. The strategy identifies seven key themes:

- Working more effectively with families and carers
- Embedding more peer to peer work and support
- Increasing the support for self-management and self help approaches
- Extending the anti-stigma agenda forward to include further work on discrimination
- Focusing on the rights of those with mental illness
- Developing the outcomes approach to include personal, social and clinical outcomes
- Ensuring that we use new technology effectively as a mechanism for providing information and delivering evidence based services<sup>38</sup>

The Scottish Government's [Suicide Prevention Strategy 2013-2016](#) sets out key areas of work to reduce the number of suicides in Scotland. It focuses on five key themes of work:

- Responding to people in distress
- Talking about suicide
- Improving the NHS response to suicide
- Developing the evidence base
- Supporting change and improvement

In 2017 the Scottish Government will engage with stakeholders to inform the development of a new Suicide Prevention Strategy or Action Plan, for publication in late 2017 or early 2018.

The [Mental Health \(Scotland\) Bill](#) was introduced in the Scottish Parliament on 19 June 2014 by the Cabinet Secretary for Health and Wellbeing. The overarching objective of the Bill is to help people with a mental disorder access effective treatment quickly and easily. The Scottish Parliament has produced a research briefing on the Bill: [Mental Health \(Scotland\) Bill](#). The Bill received Royal Assent on 4 August 2015.

<sup>37</sup> [Scottish Government press release, New Mental Health Strategy \(30 March 2017\)](#)

<sup>38</sup> Scottish Government, [Mental Health Strategy 2012-15](#)

The Scottish Parliament's research service has published a briefing on [Mental Health in Scotland \(2014\)](#).

## Wales

In October 2012, the Welsh Government published [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#). This is a 10-year strategy for improving the lives of people using mental health services, their carers and their families.

The main themes of Together for Mental Health are:

- promoting mental wellbeing and, where possible, preventing mental health problems developing,
- establishing a new partnership with the public, centred on:
  - Improving information on mental health
  - Increasing service user and carer involvement in decisions around their care
  - Changing attitudes to mental health by tackling stigma and discrimination
- delivering a well designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible,
- addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors,
- identifying how the Government will implement the Strategy.

A new national Mental Health Partnership Board will oversee delivery of the Strategy.

At the heart of the strategy is the [Mental Health \(Wales\) Measure 2010](#), which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

In October 2016 the Welsh Government published the [2016-19 delivery plan](#), which sets out the actions to ensure the strategy is implemented.

## Northern Ireland

In October 2011, Health Minister Edwin Poots published the [Service Framework for Mental Health and Wellbeing](#). The Framework sets standards for the prevention, assessment, diagnosis, treatment, care and rehabilitation of people who have a mental illness.

The [Regional Mental Health Care Pathway: You in Mind](#), launched in October 2014, commits health and social care services to deliver care which is more personalised and improves the experience of people with mental health problems, by adopting a more evidence based/recovery oriented approach to care across the system.

In September 2015, Health Minister Simon Hamilton tasked officials to create an innovative service which will meet the needs of those suffering from mental trauma. The 2015 report, [Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health](#)

(March 2015) found that over 213,000 people in Northern Ireland are experiencing significant mental health problems as a result of the Troubles. The Stormont House Agreement made a commitment to implement the Commission for Victims and Survivors' recommendation for a comprehensive Mental Trauma Service, to operate within the Health Service, but working closely with the Victims and Survivors Service (VSS), and other organisations and groups who work directly with victims and survivors.<sup>39</sup>

The Northern Ireland Government's *Draft Programme for 2016-2021* and the Health Minister's most recent policy direction, *Health and Wellbeing 2026*, highlight the importance of mental health and related services in Northern Ireland.

The NI Protect Life Suicide Strategy was launched in 2006 and Protect Life Two is due in 2017. Recently there have been calls for a new ten-year mental health strategy for Northern Ireland and a mental health champion to promote, lead and co-ordinate work across government departments.

The Northern Ireland Assembly Research and Information Service have published a briefing on [Mental Health in Northern Ireland](#) (2017).

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<sup>39</sup> Northern Ireland Executive, [Health Minister, Simon Hamilton, today reiterated his commitment to establishing a comprehensive Mental Trauma Service in Northern Ireland](#), 24 November 2015

## 12. Further reading

The Department of Health has published information on the Coalition's policies on mental health: [2010 to 2015 government policy: mental health service reform](#) (May 2015).

The Government provides information on current mental health policy on its page on Mental health service reform.

### House of Commons Library briefings

- [Mental health problems: statistics on prevalence and services](#) (January 2017)
- [Children and young people's mental health – policy, CAMHS services, funding and education](#) (June 2017)
- [NHS maximum waiting times and patient choice policies](#) (September 2015)
- [NHS Indicators: England, February 2016](#)
- [Welfare Reform and Work Bill \[Bill 51 of 2015-16\]](#) (July 2015)
- [Social care: Announcement delaying introduction of funding reform \(including the cap\) and other changes until April 2020 \(England\)](#) (August 2015)

### NHS Providers

In [The State of the NHS provider sector](#), published by NHS Providers on 7 July 2017, acknowledges the strong and welcome commitment from the Prime Minister and Government to address long-standing inequalities in care for people with mental health needs. However, it also states that even with targeted investment, the position of core mental health services is deteriorating.

The report's findings are based – in part – on a regular survey of NHS trust chairs and chief executives, which drew responses from nearly two thirds of trusts that provide mental health services and more than half of all NHS trusts in England. It report includes the following findings from the survey:

- More than 70% expect demand to increase this year – leaders say this is overwhelming core mental health services and outstripping their capacity to provide effective care to service users
- Fewer than one in three is confident they have enough staff to deliver existing services let alone extending or creating new services. In particular, trusts are struggling to recruit enough mental health nurses and psychiatrists
- Just one in ten say their local trust is managing demand and planning for unmet need for key mental health services, including those for children and young people
- A large majority (80%) say extra money intended for mental health at a national level is still not getting through to NHS mental health trusts operating frontline services
- The pressures on services are affecting the speed and quality of care for some people with mental health needs

- Mental health services are not being given enough priority in planning for the future, in Sustainability and Transformation Partnerships, with only 11% of respondents confident that their local STP will lead to improvements in access and quality of services.

The report goes on to call for:

- Realism about rising demand and what is needed to meet it, recognising that increased focus on mental health and current societal pressures will generate more demand
- Ways to guarantee that mental health funding reaches frontline services provided by NHS trusts
- A robust workforce strategy combined with support at local level to make it happen.<sup>40</sup>

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<sup>40</sup> NHS Providers, [The State of the NHS provider sector](#), 7 July 2017

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