



New Horizons

A shared vision
for mental health

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Foreword by the Prime Minister



The consequences of mental ill health touch us all every day, whether we are aware of it or not – and the effects on sufferers and their families can be devastating. That is why we must support and safeguard good mental health and why those affected by mental illness must be treated with respect.

Stigma and prejudice can hinder recovery and exclude people from those opportunities in life that most of us cherish and take for granted – such as family life, decent homes and careers. But exclusion and intolerance are not inevitable. Discrimination has no place in the 21st century and must be challenged wherever it occurs. This requires changes in behaviour

and attitudes from all of us – government, employers, healthcare professionals and individuals.

Over the last 10 years we have shown how mental health care can be transformed. Shifting care from hospital to home – combined with an emphasis on early intervention – has made a huge difference in helping people manage their conditions and move on to recovery. As a result, Britain now has one of the lowest suicide rates in Europe and one of the highest levels of investment in mental health services.

The scale and pace of change has been remarkable, but we cannot stand still. We intend to maintain and build on the momentum of the last decade. We are continuing to improve access to psychological therapies for people experiencing the common, but still debilitating, effects of depression and anxiety. Meanwhile, services must continue to develop and improve – intervening earlier and more often, focusing on prevention, and offering more personalised care.

We know too that one of the best ways to improve mental health is through work. And with the combined financial impact of mental ill health on businesses and taxpayers running into tens of billions of pounds every year, it is in all our interests to improve well-being in the workplace and support those with mental health conditions to stay in their jobs and return to work more quickly after sickness absence.

New Horizons: a shared vision for mental health sets out a unique dual approach. It combines service improvement with a new partnership of central and local government, the third sector and the professions with the aim of strengthening the mental health and well-being of the whole population. This is about more than preventing mental illness, important though that is; it is also about helping individuals and communities to bring the best out of themselves, with all the health, social and economic benefits that follow.

The potential of this alliance is huge and I am immensely grateful to all those involved in building it. These are challenging times for public services; *New Horizons* is a powerful and inspiring response.

Andrew Brown

Foreword by the Secretary of State for Health



Mental health governs our quality of life, our relationships and our aspirations. Good mental health is fundamental to the resilience of individuals, families, communities and businesses. It decides, in short, whether a society is flourishing or floundering.

Over the last decade, we have transformed the support for people with mental illness through the National Service Framework and the development of the Improving Access to Psychological Therapies (IAPT) programme.

New Horizons is about taking the next decisive step forward. For the first time, it recognises mental health and wellbeing not just as a health concern, but as a major social issue demanding action across all parts of Government.

We were delighted with the quality of responses to the consultation published in July, and would like to thank everyone who took the time to tell us what they think.

In response, this new strategy renews our ambition to continue improving the support and services available to people with mental health problems. It also sets us a new challenge to prevent mental illness as much as we can, and to reduce its impact on people and communities.

It is particularly crucial that we now put a greater focus on depression, which is already the leading cause of disability across the industrialised nations, and will soon be the leading cause around the world.

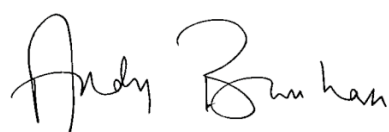
In this country, one in six people suffer from depression at any one point, yet only a quarter of those affected seek treatment. One of the key aims of New Horizons, therefore, is to encourage more people to recognise depression and seek the support necessary to make a full recovery.

But this also means building the resilience and support available within communities to stop depression from taking root – hence the plans set out here to improve the mental wellbeing of children and young people, and to reach out to the groups at greatest risk of poor mental health.

Of course, creating a more mentally healthy society is not something the Government can achieve on its own. We will need action across society, including an end to the stigma surrounding mental illness, and a stronger commitment across businesses, public services and the third sector to support people at risk.

The potential gains we can make here are massive – huge savings to the public finances, enormous scope to improve lives and help people make a full contribution in work and in the community.

New Horizons is only the start of this journey, but it is a bold statement of intent and lays the foundation for further action. When it comes to the mental health of the nation, we need to set our sights high, and we're determined to make this vision happen in the months and years ahead.

A handwritten signature in black ink that reads "Andy Bingham". The signature is written in a cursive, flowing style.

Vision

New Horizons sets out an intention across a wide range of agencies to move towards a society where people understand that their mental well-being is as important as their physical health if they are to live their lives to the full. It describes some of the factors that affect well-being and some everyday strategies for preserving and boosting it. It also sets out the benefits, including economic benefits, of doing so.

Mental health problems are common; they are illnesses with causes and treatments, like physical illnesses. New Horizons marks a new agreement between individuals and health and care services that 'the greatest degree of effective recovery is gained from early identification and treatment'. New Horizons confirms that people with mental health problems are able to run their own lives, participate in the life of their families and communities, and work productively to earn their living and contribute to the economy, to varying degrees – just like people with physical health problems. It identifies different types and levels of support that people can expect to enable them to do these things.

New Horizons sets out the expectation that services to treat and care for people with mental health problems will be accessible to all who need them, based on the best available evidence and focused on recovery, as defined in discussion with the service user. Effectiveness and acceptability to the service user will be measured frequently using agreed indicators, and the results used to plan further improvements in pathways and whole systems, as well as to monitor the progress of individuals. Where the National Service Framework established new services, New Horizons starts from the expectation that these are now in place and, in line with the Quality and Productivity challenge, are now being used as a key lever in the redesign of pathways and systems.

(The full vision is set out in the New Horizons Consultation Document)



Section 1: Introduction and Executive Summary

New Horizons is a cross-government programme of action with the twin aims to:

improve the mental health and well-being of the population

improve the quality and accessibility of services for people with poor mental health

Mental health problems are extremely common: one in six adults will have a mental health problem at any one time, and for half of these people the problem will last longer than a year. Over half of all adults with mental health problems will have begun to develop them by the time they were 14. For some people, mental health problems last for many years, particularly if inadequately treated.

The social and financial costs of mental health problems are immense. The burden on individuals, families, communities and society as a whole includes the psychological distress, the impact on physical health, the social consequences of mental health problems, and the financial and economic costs. Recent estimates put the full cost at around £77 billion, mostly due to lost productivity.

Improving mental health brings benefits to individuals and society and we know a great deal about what works. There is a clear association between good mental health and better outcomes across a number of domains: years of life, physical health, educational achievement, criminality, maintaining a home and employment status. There is now increasing evidence that investment in particular interventions – in psychological therapies, for example, and



tackling childhood conduct disorder – can produce much greater savings over time.

The New Horizons consultation document, published in July 2009,¹ outlined the importance of improving the well-being and mental health of individuals and the population. It took a lifespan approach, from laying down the foundations of good mental health in childhood, through promoting and protecting continued well-being into adulthood, to supporting and maintaining resilience in older age. It looked at strategies, resources and interventions needed to meet the whole span of mental health needs, from prevention of mental health problems through to effective treatment and recovery from severe mental illness.

It recognised that only a national and local cross-government approach working with local government, in partnership with the third sector, communities and individuals, will achieve the changes that will reduce the burden of mental illness and unlock the benefits of well-being and mental health for the whole population.

Likewise, the document highlighted the role that health services must play in partnership with local authorities and others to deliver quality services that are

accessible, integrated and safe, and that agencies need to work together to keep children and young people safe from harm.

It also recognised that mental health does not exist in isolation: good mental health is linked to good physical health, and is fundamental to achieving improved educational attainment, increased employment opportunities, reduced criminality and social exclusion, and reduced health inequalities.

Building on the previous 10 years of the National Service Framework for Mental Health² and other key initiatives, New Horizons outlined the next steps in continuing to improve services for those with mental health problems and illness.

The consultation report identified four key guiding values:

- **equality and justice**
- **reaching our full potential**
- **being in control of our lives**
- **valuing relationships.**

It also grouped actions under a number of key themes:

- **prevention of mental ill health and promoting mental health**
- **early intervention**
- **tackling stigma**
- **strengthening transitions**
- **personalised care**
- **innovation.**

Effective strategies to tackle these themes were examined in the context of:

- **multi-agency commissioning and collaboration**
- **achieving value for money.**

Demonstrating the cost-effectiveness of interventions has become critical. Service improvements will need to be self-financing, soundly evidence-based, and clearly related to local commissioning intentions.

Mental health problems are common and the costs to the individual, society and the economy are considerable (see box page 34). A great deal is already known about what can be done. There is therefore an increasingly powerful economic case as well as a moral imperative for taking this programme forward.

This document:

- summarises the feedback received during the consultation
- identifies the key areas for action to improve mental health
- sets out the next steps to further strengthen mental health services
- sets out what is already happening across government to improve mental health and well-being
- sets out commitments from the Department of Health and other departments across government to improve mental health
- describes system levers available to practitioners, commissioners and others locally and nationally to achieve progress.

Plans and strategies arising from New Horizons will all be subject to impact assessments and equality impact assessments. They will also be subject to a review of affordability in the light of the outcome of the next Spending Review.

While this strategy is specific to England, the challenges are common across the four countries of the United Kingdom.

We will work closely with the Devolved Administrations in Northern Ireland, Scotland and Wales, recognising their particular and varying responsibilities. Each will consider the most appropriate arrangements in those areas for which they have devolved responsibility to address

the issues in ways that meet their own circumstances and needs.

Three government actions are outlined below. These will build on the work already under way to develop coordinated work across government to strengthen the governance systems and so ensure this work continues into the future.

They will also strengthen work with external stakeholders.

Key Government Actions

1

The government departments engaged with the New Horizons agenda will establish a Ministerial board to ensure high-level oversight of progress.

2

The Department of Health will offer support and advice on mental health to government departments and other statutory agencies as they carry out health impact assessments on their policies. These are mandatory elements of the Government's impact assessment process.

3

A New Horizons Ministerial Advisory Group for inequalities and mental health, involving external stakeholders and chaired by the Minister of State for Care Services, will help monitor progress and advise on strategy.

All the actions across government and by each department are summarised in Annex B at the end of this document.

This marks the **first stage** in a programme of action. Other initiatives will follow. A full response to the consultation will be published on the New Horizons website, www.dh.gov.uk/newhorizons. The Public Mental Health Framework and related documents will also be available on this site, as will links to other relevant policies and publications. The website will be a resource for everyone working in the field and will be regularly updated to include good practice examples, briefing documents, new policies, emerging research findings and links.

Impact of mental illness

- At any one time, just over 20% of working-age women and 17% of working-age men are affected by depression or anxiety; approximately 5% of men and 3% of women can be assessed as having a personality disorder and over 0.4% have a psychotic disorder such as schizophrenia or bipolar affective disorders.
- Half of those with common mental health problems are limited by their condition and around a fifth are disabled by it.
- Mental illness accounted for more disability adjusted life years lost per year than any other health condition in the UK and the figures for 2004 show that 20% of the total burden of disease was attributable to mental illness (including suicide), compared with 16.2% for cardiovascular diseases and 15.6% for cancer. No other condition exceeded 10%.
- No other health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact.
- Mental illness begins early; 10% of children have a diagnosable mental health condition and 50% of lifetime mental illness is present by the age of 14.



Section 2: Consultation Feedback

Summary of the Main Issues Identified in the Consultation

A full response to the consultation will be published in January 2010. In this section the main issues identified in the consultation are considered.

The New Horizons consultation produced more than 1,100 responses from a wide range of individuals and organisations, demonstrating a serious and often impassioned engagement with the issue – the future of mental health. Overall, most of those responding agreed with the vision but their answers contained a rich diversity of experience and ideas as to how to bring it about. They included service users, carers, people who provide treatment or care, health promotion professionals, and representatives of NHS trusts, local authorities, housing providers and third sector organisations of all sizes.

Many responses expressed a real hunger for change, whether for building a society that promotes and openly discusses well-being and mental health, to winning stronger rights against discrimination or assuring timely access to high-quality care and treatment from respectful, caring and skilled staff. Organisations described how they have contributed to improving mental health and well-being and to providing treatment and care. They also described some of the barriers to change. Some individuals suggested practical steps that would assist their own recovery and improve their lives.



Responses are summarised under the main issues identified, as this gives a richer and more representative overview than organising responses strictly around the consultation questions.

Everybody's business

There is strong support for the view that mental health is everybody's business, at both community and government level. Much of the concern expressed about New Horizons is about delivery, resources and cross-government commitment. Organisations in particular see the cross-government approach as critical to realising the vision.

Public mental health

There is strong support for giving impetus to public mental health, and in particular providing support and early intervention for children and parents. Respondents frequently refer to tackling root causes of mental illness and say that "prevention is better than cure". However, some express doubts over the evidence for prevention and many say that a stronger public mental health agenda should not come at the expense of services to people with mental illness, or result in a denial of mental illness.

Schools

Schools are frequently mentioned both as a means of providing early intervention and as the place to begin educating the public about mental health. There are several calls for inclusion of mental health in the national curriculum, although some respondents think anti-stigma work in schools could be counter-productive.

Work

The workplace is the other key locale identified for prevention, promotion and strengthened rights. Several respondents provide examples from their own experience of bullying, discrimination and lack of support. The many proposals for change include mental health awareness training, free workplace counselling, providing incentives for employers and strengthened anti-discrimination rights. In particular, respondents call on the Government and NHS to lead by example.

Families, carers, friends and informal networks

Support for children and families is a key theme in public mental health. There are calls for greater support to parents with mental health problems and more comprehensive perinatal mental health services. There is a strong strand of opinion calling for more support for families, friends and carers of people with mental health problems. Peer support and natural support networks are seen as important in recovery as well as giving good value for money.

Access to quality services

Many responses, particularly those from individuals, highlight the gap between much of current reality and the vision. Access to treatment and services constitutes one of the biggest themes in respondents' priority areas for change. Comments cover the availability of services, access to a range of psychological therapies, access to help in crisis, greater options for self-referral, availability of support out of hours (both crisis help and support for people who have jobs), eligibility thresholds for social care and equal access to physical health care. "Quality" includes recovery orientation, inpatient environments and staffing levels, attitudes and skills.

Access, equality and complex needs

Different organisations identify sectors of the community or mental health conditions where they see a gap or not enough attention. With the completion of the Delivering Race Equality strategy, black and minority ethnic organisations in particular are concerned to see continuing work to achieve equal and culturally sensitive access. There are also comments about lack of gender analysis, with regard to both men's and women's needs, about issues for gay and lesbian youth, and a range of disability access issues. Numerous responses say there should be equality – and equitable funding – across age groups.

The access issues raised in New Horizons come into sharper relief for homeless people, and homelessness organisations are calling for greater attention to their needs. Alcohol and drug misuse are identified in the root causes of mental health problems, and people with dual diagnosis are among those who several respondents say need more focus and assistance. People in the criminal justice system are another marginalised group, and all these issues combine to produce complex needs requiring coordinated response. People with personality disorder and people on the autistic spectrum are also mentioned frequently as not having their needs met.

Involvement and empowerment

Many responses call for greater involvement and empowerment of service users, and there is a strong sense of people's expertise in their own needs not being recognised and utilised. What people want ranges from simply being listened to through to structured service user involvement in all levels of decision-making. Service user empowerment is clearly an aspect of the personalisation agenda but also of, for example, local leadership and tackling stigma. Many respondents want to see more people with personal experience of mental health problems employed in mental health services. Some comment on staff accountability and some want to see review, reform or repeal of the Mental Health Act. It is not only service users who want empowerment – there are also calls for clinicians and frontline workers to be more involved in leadership and decision-making.

A more effective system

Closer working across all sectors and the integration of health and social care are strong themes. There are many suggestions for streamlining organisations and processes from commissioning to quality assurance. A common theme is shifting the balance of staffing from management and regulation towards frontline staff, and from medical to nursing, social care, talking therapy and peer support workers. A lot of responses assert the value of the voluntary sector, especially smaller specialist organisations closely linked to their communities, and user-led organisations.

Stigma and discrimination

Tackling stigma and discrimination is one of the main priority areas for many respondents and there is strong support for maintaining and developing campaigns. Many also want to see greater legal protection against discrimination. Respondents want to see negative media reporting challenged and positive use of the media, with those in public life willing to be more open about their own mental health issues. However, there is also a substantial view that the best way to combat stigma is to mainstream mental health promotion and services or to improve mental health services.



Section 3: Cross-government Action on Key Themes and Across the Life Course

Actions on Key Themes

Prevention and public mental health

A public mental health approach (that is, the prevention of mental ill health and promotion of mental health) links the twin aims of New Horizons to address both the broader agenda of improving whole population well-being and mental health and the prevention, early intervention and treatment and recovery from mental illness.

The strong social and economic case for improving population well-being and mental health has already been made in the New Horizons consultation document.

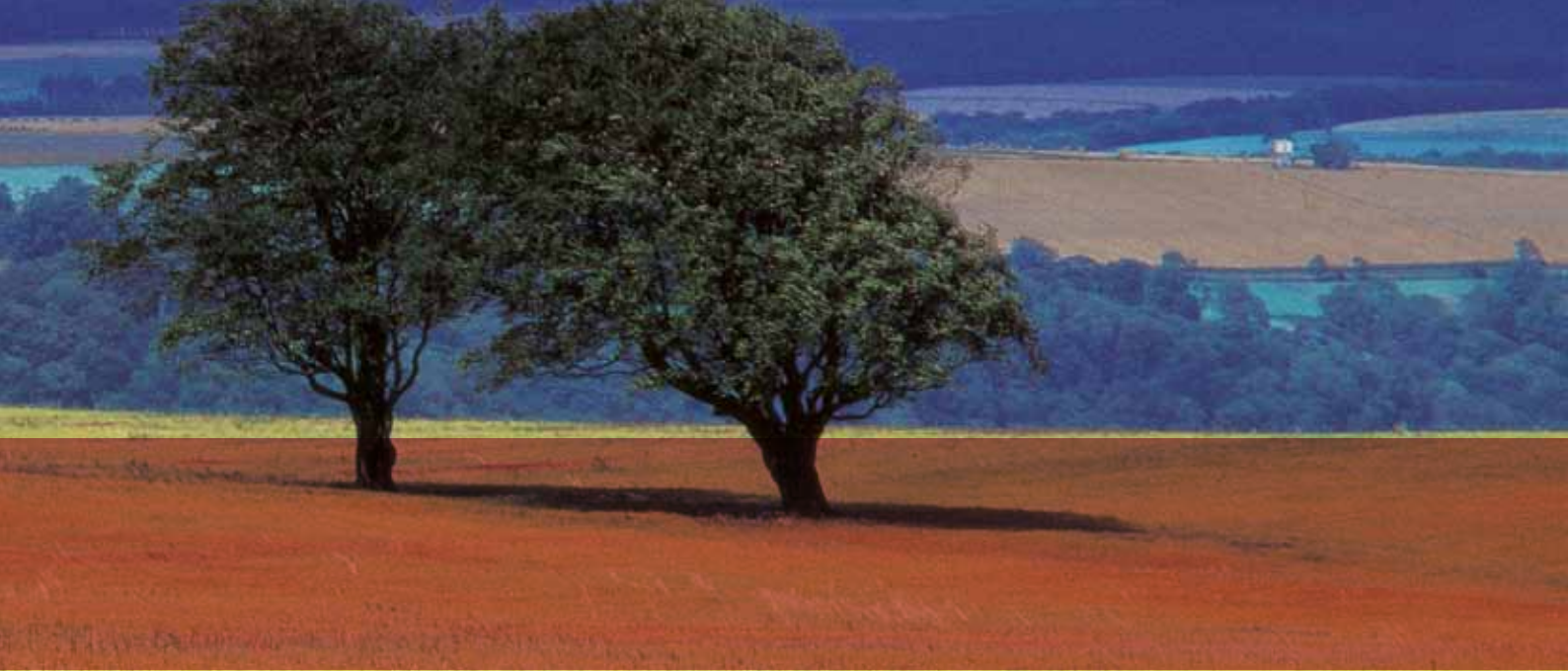
Now a systematic evidence-based approach has been developed to guide the actions of local partners, commissioners and government departments.

There are many definitions of well-being (see the Public Mental Health Framework). For the purposes of this framework well-being can be defined as:

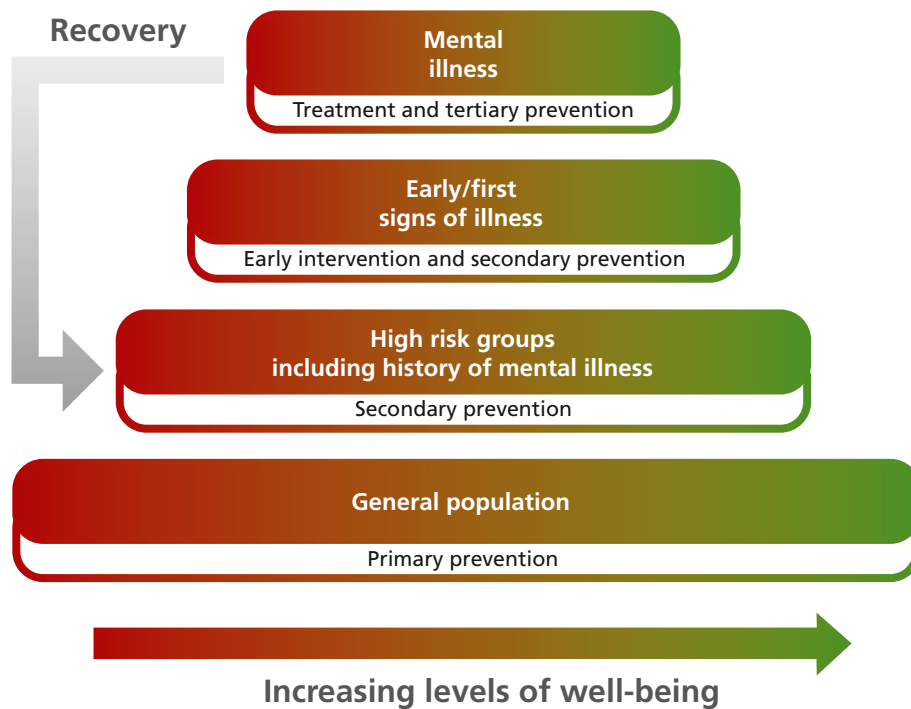
A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.

Well-being is therefore distinct from mental illness. Someone can have symptoms of a mental illness and still experience well-being just as a person with a physical illness or long-term disability can. In the same way someone can have poor mental well-being, but have no clinically identifiable mental illness.

A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.



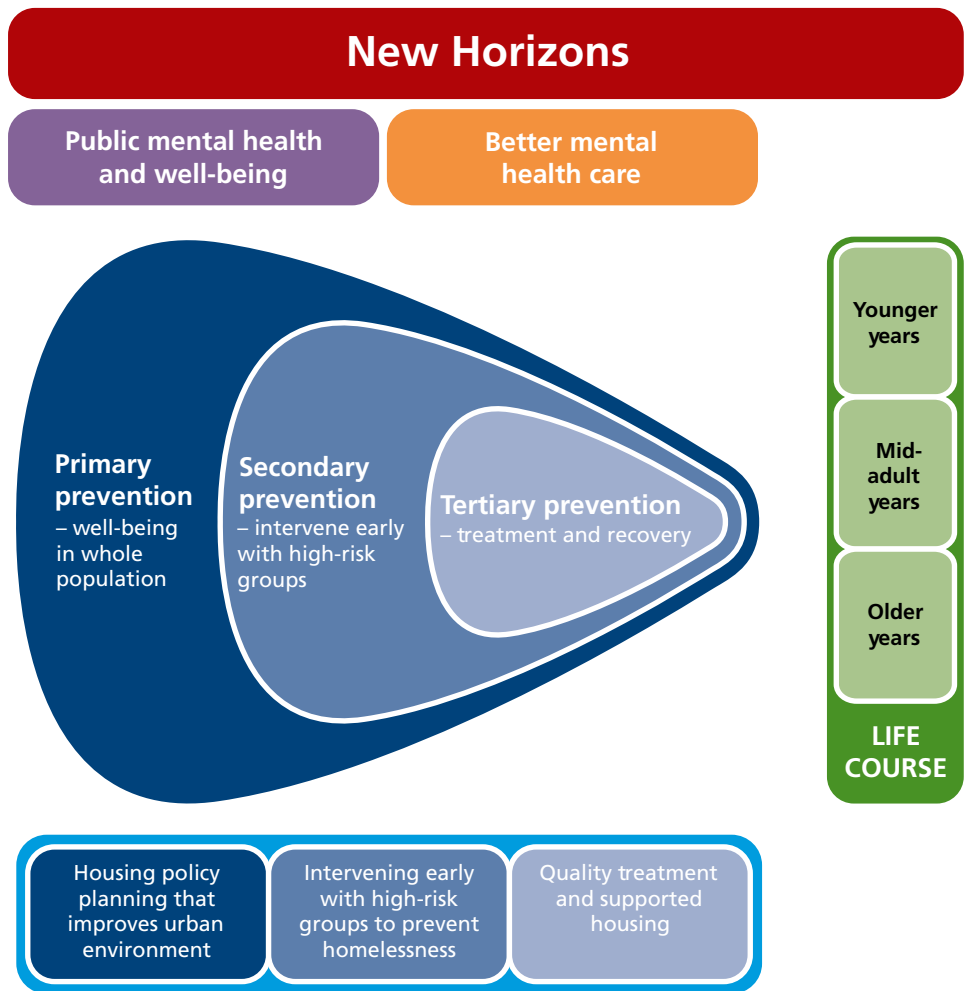
Prevention



There are three levels of prevention as shown in Diagram A. Population-based approaches can improve the well-being of all, including those with illness, as indicated by the arrow at the bottom of the diagram.

Within New Horizons, public mental health work focuses mainly on primary and secondary prevention. Recovery and tertiary prevention are covered in the sections dealing with better mental health care, as shown in Diagram B.

Diagram B: The scope of public mental health work within New Horizons

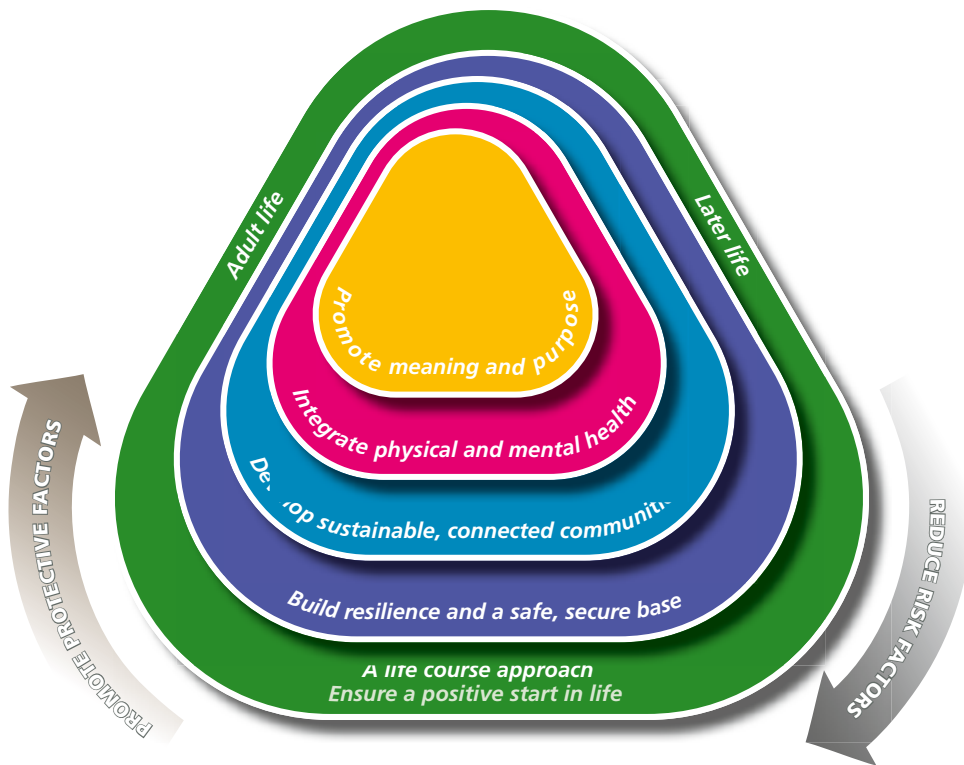


An example of the Spectrum of Prevention – Housing

The wider determinants of mental health and well-being and consequences of mental ill health require all sectors to take coordinated action in all spheres of activity if we are to realise the benefits of improved mental health. We need to combine a life course approach with specific actions to address specific risks.

Many interventions that reduce the risk of mental and related physical illness and speed recovery in vulnerable groups and individuals may reduce some of the well-known health and social inequalities. Equally, interventions that tackle social inequalities such as homelessness or debt may be of benefit to individual mental health.

Diagram C: A public mental health framework for developing well-being



A public mental health framework (see Diagram C) for well-being has been developed to provide a suggested structure to support this work – this incorporates addressing wider social and environmental determinants with a life course approach.

Actions

4

The Public Mental Health Framework is being published shortly. This summary – *Flourishing People, Connected Communities* – is a guide for local strategic partnerships and other local partners. A full report of the Public Mental Health Framework and Review of Supporting Evidence will be published in spring 2010. This will enable local commissioners to take a systematic strategic approach to commissioning services to improve the population's mental health and well-being.

5

Five ways to improve mental health and well-being was an approach developed by the Foresight review³. The Department of Health is working with other government departments, building on the work of this review, to refine the appropriate messages and plan a public campaign.

6

An Atlas for Mental Well-being in England will be developed and published in spring 2010. This will contain relevant information to support local commissioners in both urban and rural areas.

7

An online cost calculator is being developed by the Department of Health to provide a ready tool to support best value for money in effective local approaches to population well-being in both urban and rural areas.

8

A review of the workforce requirements to take this agenda forward will be undertaken during the next year. The terms of reference for this work will specify the requirement not to increase costs. The case for a strengthened Public Mental Health Observatory will be considered.

9

A series of short briefings including examples of best practice and targeted at different specific audiences, for example local strategic partnerships and primary care trusts (PCTs), will be developed regularly from spring 2010 to update and inform local decision-makers.

10

Publication of a violence and abuse prevention framework in spring 2010. This will engage a number of government departments and provide evidence to address violence and abuse, which are key factors for poor mental health.

11

Well-being in all policy – the Department of Health will work with other government departments to identify future priorities and ensure that policies consider the impact on well-being, as well as informing future policy and research. For example, the Department of Health is working with other government departments, including through the new National Safeguarding Delivery Unit, to drive improvements in safeguarding children following Lord Laming's report *The Protection of Children in England: A Progress Report*. This includes a project to improve the awareness of adult mental health providers and other agencies of when to make referrals to children's social care where, through their work with adults, they have concerns about the well-being of a child, or that the child may be suffering or is likely to suffer harm.

Early intervention

The New Horizons consultation document outlined the incidence and outcomes of unidentified and untreated mental health problems in childhood and adolescence, where the social and financial costs can be immense. Half of lifetime mental illness is already present by the age of 14 (excluding dementia). Disorders in childhood are associated with depression and anxiety in adult years, which in turn can create a vicious circle: children of mothers with poor mental health are at much higher risk themselves of emotional and conduct disorders.

The recent Child and Adolescent Mental Health Services (CAMHS) review indicated that while there had been notable improvements in services, provision was not yet consistent and some children found it difficult to access the help they needed. Not getting help at the first sign of a problem can lead to emotional and behavioural disturbances and antisocial behaviour, at great cost to the young person, their families and society. Emotional and conduct disorders in younger life can lead to conduct disorder and criminal behaviour in adult life. Using evidence-based interventions to tackle problems like conduct disorders early, and taking action to boost children's resilience and emotional well-being, will improve their wider life chances and can produce much greater savings over time.

Early interventions in severe mental illnesses, such as schizophrenia and psychosis, not only reduce the length and severity of the illness and disability but are also very cost-effective.

Depression often originates in childhood and adolescence. Earlier interventions to both prevent and treat depression in young people will also reduce the burden of mental illness in adult life.

Earlier identification and treatment of depression in older adults, in primary acute and residential care and other settings, will improve recovery, including recovery from associated physical health problems.

The Department for Children, Schools and Families and the Department of Health will shortly be publishing the Government's full response to the CAMHS review. This will set out the actions that the Government is taking to progress this agenda, and highlight exemplar approaches for local delivery of services. It will also outline a comprehensive service specification to support commissioners to deliver effective local services for children and young people across the emotional well-being and mental health agenda.

Actions

12

A current review being undertaken by the Cabinet Office's Advisor on Third Sector Innovation, Anne McGuire, is considering the potential contribution of the third sector to the development of more personalised early intervention and preventative tools. This work has considered the transferability and saleability of existing good practice within the third sector, which aims to personalise services around risk factors and early indicators of support needs. The conclusions of this review will be presented to ministers early in 2010 and will inform future policy on supporting the third sector's involvement in mental health provision.

13

The response to the Bradley Report⁴ recommends early intervention court diversion and liaison services where appropriate for people of all ages in the criminal justice system (see section on offenders below). In addition, the Department of Health is leading a cross-government strategy to improve the health and well-being of young people in contact with the criminal justice system. *Healthy Children, Safer Communities* – a strategy to promote

the health and well-being needs of children and young people in contact with the youth justice system – is due to be published in December 2009. Early intervention through joint working between education and health services can also prevent disorder and associated crime.

14

The Delivering Race Equality action plan⁵ tackles earlier intervention and improved access for people from black and minority ethnic (BME) groups.

Early intervention for young people

15

Further work on improving services for younger people, including those with psychosis, at-risk mental states and conduct disorder, is outlined in the next section on transition from adolescence to adulthood.

16

The Department of Health and the Department for Children, Schools and Families have published guidance⁶ to support local authorities and PCTs to jointly commission early intervention support services for children and young

people experiencing mental health problems.

The Department for Children, Schools and Families is running a number of early intervention programmes that will support the well-being of children, young people and their families. These include the Targeted Mental Health in Schools Programme, which supports school clusters to implement evidence-based models of therapeutic and holistic early intervention work in schools for children aged 5–13 who are at risk of or experiencing mental health problems. Supported by £60 million from 2008–11, the programme is currently running in 80 local authorities, and will be in every local area from April 2010. They also include the family nurse partnership projects, which provide intensive, nurse-led home visiting programmes for vulnerable first-time young parents. Supported by £30 million from 2008–11, the programme is currently running in 50 sites and is set to expand.

Shortly the Department for Children, Schools and Families will publish a public consultation on early intervention for children, young people and families across the Every Child Matters outcomes. This will draw together information about what early intervention is and what evidence says about its effectiveness. It will also highlight some of the key principles that govern effective early intervention practice at the frontline.

The Department for Children, Schools and Families is also investing £235 million between 2008–11 to improve safe play opportunities for all children and young people, focusing on provision for those aged 8–13. Funding will create, or significantly refurbish, 3,500 public play areas and create 20 staffed adventure playgrounds across England.

Early intervention for older people

17

The Department of Health is working with the Royal College of Psychiatrists, the Royal College of General Practitioners and the Royal College of Nursing to look at training initiatives to improve identification and treatment of depression in older people in primary care (see section under non-discriminatory care for older people) and Annex A.

18

The National Dementia Strategy⁷ outlines approaches to early intervention in dementia.

Tackling stigma

All initiatives outlined in this document should have a positive impact on stigma. For example, improving employment for those with mental health problems, teaching emotional skills in schools and improving the quality of the physical environment in which mental health services are delivered will all ensure inequalities in service provision for and discrimination against people with mental health problems are redressed. However, some actions have been identified that will directly address stigma and discrimination.

Tackling stigma through the provision of socially and culturally competent services based on people's needs rather than their diagnostic category is an essential step towards more inclusive, recovery-based approaches to care.

Actions

19

The Department of Health will host an inter-ministerial summit meeting on cross-government action to tackle the stigma associated with mental illness.

20

The joint Department of Health and Cabinet Office study of primary healthcare and social exclusion (due early in 2010) will highlight the stigma and discrimination current service users

can experience in primary and mental health services, especially when clients are also experiencing problems relating to alcohol or substance misuse.

21

On 8 June 2009 the UK ratified the UN Convention on the Rights of Persons with Disabilities⁸ (www.un.org/disabilities), so taking a human rights anti-discriminatory approach.

22

A legislative framework to tackle discrimination against disabled people is currently provided by the Disability Discrimination Act,⁹ which will be replaced – subject to Parliamentary approval – by the Equality Bill. Many people with mental health conditions meet the definition of a disabled person and so have the protection of legislation. The Equality Bill will provide protection from discrimination based on a range of protected characteristics such as gender and age.

23

The Department of Health is committed to funding the SHIFT programme until the end of 2010/11 and to conducting two further public attitude surveys. The Department will review further commitments to tackling stigma over the

next 12 months. SHIFT will be running a series of new initiatives in 2010, focused mainly on tackling stigma and discrimination in the media and in the workplace, including:

- funding a voluntary sector-led website, *WordsMatter*; this will launch in 2010 and will enable people to easily pass on their praise or complaints to newspaper journalists writing about mental health issues providing expert support to NHS trusts and strategic health authorities (SHAs) over media coverage of homicide inquiries
 - continued lobbying of the Press Complaints Commission on the use of pejorative language
 - commissioning research to be used as part of an innovative campaign to persuade TV producers and scriptwriters to represent people with mental health problems more realistically, instead of relying on stereotypes.
-

24

The Department of Health remains in a strategic partnership with the national anti-stigma campaign, Time to Change.

25

The Office for Disability Issues is exploring opportunities to improve attitudes towards disabled people, which

is a commitment within the Home Office Hate Crime action plan.¹⁰ The scope of this project goes beyond hate crime to other areas of a disabled person's life. The action plan was developed with input from disabled people, including learning disabled people and people with mental health conditions. It contains 70 actions that government and criminal justice agencies have committed to undertake, including specific actions to tackle disability hate crime and improve attitudes towards disabled people.

26

The Ministry of Defence is taking action on stigma through, for example, its Trauma Risk Management (TRiM) programme (see below).

27

The Department for Children, Schools and Families is taking action on stigma through mental health promotion and mental health awareness training, which is being delivered to staff, including teachers in those schools participating in the Targeted Mental Health in Schools Programme.

Transitions

There are many important transitions between and within services. Two have

been commented on extensively during the consultation and are considered in detail in the relevant sections below:

- Transition from adolescence to adulthood
- Transition into older adulthood (see page 71).

Personalised care

Personalisation is one way to ensure that *all* individuals in our communities, whatever their age, background, income or need, will have access to care and services. It can address the inequalities of access and treatment experienced by the most excluded groups within our society, including the homeless, people from BME groups, those with a learning disability and many others.

Delivering personalised approaches is about changing the relationship between citizens and public services so that:

- we are empowered to have more say and control in all aspects of public life and participate as active and equal citizens
- we have maximum control of our own lives, including control of our own health and healthcare
- we are supported to live independently, stay healthy and recover quickly
- we have choice and control so that any support we may need fits the way we wish to live our lives.

(From *Path to Personalisation in Mental Health: A Whole System, Whole Life Guide*, to be published shortly.)

Personalisation is fundamental to a recovery approach (see next section) and to addressing the needs of individuals within the most vulnerable groups. It has the potential to address many well-known health inequalities, including those experienced by groups at significant risk of social exclusion who have a broad range of mental health needs, such as people who experience homelessness.

A number of recent policies have paved the way for local authority and health service reform. Personal or individual budgets and direct payments are just one way to take this forward.

Actions

28

The Department of Health is planning 20 pilot evaluations of individual health budgets, of which eight will have a mental health component. However personalisation is also about recognising the strengths and aspirations of individuals, and understanding their backgrounds and contexts, including family, employment and roles in their community. It can only be achieved by the public, private and third sectors working with individuals and communities. It will require greater knowledge about the benefits of working more closely with individuals

and a shift in attitudes and approaches to risk.

29

The Department of Health, the Future Visions Coalition and other partners will hold a summit in early 2010 on personalisation and mental health. Key questions to be addressed include:

- How can those with the greatest need be best supported to take advantage of the opportunities afforded by personalisation?
- Is there life beyond individualised budgets?
- How does personalisation contribute to value for money?

The Department of Health will also continue to explore and cost further options for extending choice to mental health service users.

30

The Department of Health's social care reform proposals include details about individual need assessments and the portability of assessments across local authority boundaries and agencies.

31

The Office for Disability Issues has worked with disabled people to develop a new legal right – the Right to Control.¹¹ This right will give disabled people greater choice and control over the support and services they receive, and shift the balance of power from the state to the individual. From late 2010 around eight local authority areas in England will become trailblazer sites. The aim is to build on the approaches used by the Department of Health in piloting individual budgets for adults in receipt of social care with a greater focus on employment.

32

The Independent Living Strategy¹² brings together a number of initiatives across government that will enable more people to have choice and control over the support they receive, remove barriers to independent living and improve access to services. The strategy includes measures to encourage investment of resources to enable disabled people to have control over the resources made available to them. An important part will be action to promote understanding among service deliverers of how to enable people to have choice and control so that independent living and a personalised approach are integral to the way services are planned and delivered.

33

The Government has set up an Independent Living Scrutiny Group (ILSG) of disabled people to monitor progress on the Independent Living Strategy published in 2008. The ILSG, established this year, published its first report on 3 December 2009 and will continue to report annually until 2013.

34

Public Service Agreement (PSA) 15, Equality: indicator 2, will increase disabled people's choice and control. The PSA board has said it will pay particular attention to monitoring the implementation of the Independent Living Strategy.

Research and innovation

Research

The development of the New Horizons consultation document revealed a number of gaps in the evidence and research, and raised questions about research methods.

Many of these were raised with specific reference to researching mental health and well-being, for example:

1. Can we develop a consensus around operational definitions for mental health and well-being at individual and population level, agreed measures

of mental health and well-being and a consensus about methodological approaches?

2. Can we increase the level of research into and gain a better understanding of the costs and health and wider benefits of *all* interventions and approaches in mental health, from improving mental health to the treatment of mental illness, in order to inform policy and practice?
3. What are the long-term outcomes of early interventions?
4. What are effective service models for improving transition from adolescent to adult mental health services?
5. What are effective interventions in the broad span of areas of intervention?
 - Primary, secondary and tertiary prevention
 - Mental health of the employed and unemployed
 - Violence and abuse
 - Financial capability and debt and mental health
 - Housing
 - The mental health of socially excluded groups
 - Community, social engagement, social capital
 - Physical and mental health
 - Personalisation
 - Non-discriminatory services for older people

- Acute care
- Primary care (for example: What are the best models of improving the primary care–secondary care interface for those with serious mental illness?)
- Psychological therapies (CBT and other)
- Pharmacological treatments including reducing side effects.

Action

35

The Department of Health will, in discussion with research funders:

- influence the strategic direction of research funding bodies to better reflect identified gaps in knowledge
 - increase their capacity and infrastructure
 - broaden the range and level of research funding across all sectors including charitable funding to ensure it is commensurate with, for example, the proportion of NHS resource spent on mental health (11%)
 - increase the level of research on prevention
 - formally respond to the Medical Research Council consultation on the Strategy for Research in Mental Health.
-

Innovation

The NHS Institute for Innovation and Improvement states that: "Innovation is about doing things differently or doing different things to achieve large gains in performance."

New ideas for solving current and emerging problems in mental health are vital.

Examples of recent innovation include: text messaging to remind people about appointments and medication, robotics for filling in complicated medication regimes, telepsychiatry for contacting remote areas or reaching in to prisons, and physical healthcare consultations in high and medium secure settings.

Good ideas followed by good design and testing can lead to innovative, cost-effective solutions that can be disseminated across services. Although innovation is not only about new technologies, it is important that people working in mental health are aware of new technological possibilities. To facilitate this work all those concerned need to work well together, including:

- frontline staff and users of services who understand some of the critical problems that may be amenable to technological solutions
- people with good ideas across all sectors
- people with design expertise
- the Strategic Health Authority Innovation Hubs

- the NHS Institute for Innovation and Improvement
- the Academic Health Science Centres, which can be used as test beds for new ideas for frontline services.

Actions

36

The Department of Health is leading a short series of focused workshops to ensure mental health partner organisations across agencies understand the innovation landscape and that key elements are joined together to support innovation. It will also explore any other ways that innovation in mental health can be further encouraged.

37

The Office of the Third Sector is supporting the following programmes:

- Innovation Exchange (Innovation Unit); this acts as a broker between investors, commissioners and third sector organisations with innovative ideas. This includes Next Practice Projects in supporting excluded young people and enabling independent living.
- Health Launchpad (Young Foundation); set up with support from the National Endowment for Science, Technology

and the Arts (NESTA), the Launchpad aims to speed up the creation and development of social enterprises relating to long-term conditions.

Multi-agency collaboration and commissioning and value for money

Multi-agency collaboration and commissioning and value for money provide the context in which actions on the key themes identified in this document occur.

Multi-agency collaboration and commissioning

New Horizons, as a national cross-government strategy, sets out the shared values and approaches necessary for change to happen locally. It recognises that only a robust partnership across the public, private and third sector working with local people will deliver the necessary change to improve mental health and well-being for individuals, families, carers and communities of all ages and backgrounds. Section 4 outlines the levers available at different levels to deliver change.

Value for money

Value for money is not about cutting resources but about making efficient use of the resources available. The current difficult economic climate has followed a period of increased investment into the public sector, including the NHS and mental health services. In this new climate we

must reassess and sharpen our approaches to what is value for money in order to continue providing the best services for mental health, but in a more cost-effective way. The Department of Health and other government departments are committed to ensuring that evidence of economic benefit is available to local health economies, local government and local strategic partnerships to inform their decisions about where spending can be most effective. It is therefore important to examine the wider economic benefits of interventions which extend beyond health in order to ensure best value for society.

Building on the NHS Next Stage Review,¹³ the NHS now faces the challenge of continuing to improve quality in a much tighter financial environment. David Nicholson, NHS Chief Executive, has asked the NHS to consider the role of the Quality and Productivity challenge in meeting this challenge. The direction of travel outlined in New Horizons stands up well to this approach with its emphasis on prevention and early intervention, cross-sector working, innovation and sharing best practice.

Improved quality of outcomes and value for money can be achieved through:

- emphasising the importance of prevention as well as treatment of mental illness
- intervening early to improve the long-term outcomes for individuals, including

Cost of mental illness

- At current rates, the costs of mental health problems will double over the next 20 years.
- The annual cost of mental illness in England was estimated at £77.4 billion in 2003, comprising:
 - £12.5 billion for care provided by the NHS, local authorities, privately funded services and family and friends
 - £23.1 billion in lost output to the economy caused by people being unable to work (paid and unpaid)
 - £41.8 billion in the human costs of reduced quality of life (and loss of life) among those experiencing a mental health problem.
- £110 billion was estimated as the wider cost of mental health problems to the UK in 2006/07.
- The costs of mental ill health to employers are around £26 billion a year or £1,035 for every employee in the UK workforce. Nearly two-thirds of this sum can be accounted for by lost productivity.
- Mental illness is a leading cause of incapacity benefit payment; around 44% of the 2.6 million people currently on long-term health-related benefits have a mental or behavioural disorder as their primary condition (DWP Administrative Data).
- A review of economic evaluations of mental illness during childhood and adolescence, such as emotional and behavioural disturbances or antisocial behaviour, found mean costs to UK society to range from £11,030 to £59,130 annually per child (Suhrcke *et al*, 2008).

intervening in childhood to prevent mental health problems later in life

- personalised approaches which harness innovative ways of improving service users' experiences and supporting them to recover and remain well.

Promising value-for-money interventions follow. More work is being carried out on each of these areas and detailed analysis and information will be available shortly.

1. Improving the quality of care and efficiency of the acute care pathway by:

- reducing admission through the involvement of community teams, including crisis and home treatment teams
- reducing the use of out-of-area placements by ensuring sufficient high-quality local services
- improving the procurement of independent sector services
- improving the quality of inpatient treatment and discharge planning, including community services and appropriately supported accommodation, to reduce lengths of stay and occupied bed days.

2. Improving access to early intervention services across all areas and user groups; these services already have a good record of improving patient and carer experience as well as driving down costs. Examples include early intervention in psychosis services. In addition there are encouraging results from interventions aimed at young people with at-risk

mental states, with savings being made from reduced inpatient use. Effective low-cost interventions exist for conduct disorder in children and adolescents, which reduce adult mental disorder, reduce crime and increase lifetime earnings.

3. Improving access to psychological treatment for people with long-term physical conditions in general practice and acute hospital settings through identification and effective treatment. This could lead to reduced GP consultations and lengths of stay, both in acute hospitals and in residential care homes.

4. Depression is a common and sometimes relapsing and/or long-term problem. Improving identification and treatment of this condition across all age groups has the potential for considerable health and wider social benefits.

5. Prevention of mental ill health and improving mental well-being. There is growing evidence for the long-term health and wider social benefits of a number of programmes (see the New Horizons consultation document)¹. These include:

- early years interventions – interventions promoting maternal mental health, parenting programmes, home visiting and early education programmes result in improved mental health for both parents and children, with improved child outcomes impacting on school and community environments

- school-based mental health promotion, prevention and early intervention programmes
- alcohol reduction programmes
- early intervention for conduct disorder in children and adolescents
- the positive impact of physical exercise on dementia and depression in older people
- work-based support for employment.

This is not an exhaustive list, and more work with partner organisations to identify value-for-money interventions is planned, building on work such as *Mental Health and the Economic Downturn: National Priorities and NHS Solutions*.¹⁴ This paper brings together work undertaken by the Mental Health Network of the NHS Confederation, the Royal College of Psychiatrists and the London School of Economics and Political Science.

Tackling depression

Depression is now recognised as a major public health problem around the world – in high-income countries it accounts for 15% of all disability. The psychiatric morbidity survey has shown that in England depression and related conditions such as anxiety affect 1 in 6 adults at any time but that only a quarter are receiving treatment, even though effective treatments are now available. The human, social and economic cost of depression is immense.

New Horizons is about both addressing mental ill-health early and promoting well-

being. Under New Horizons, a number of actions come together to tackle the problems of depression – its causes and its consequences. These include:

Better prevention by:

- improving mental health in children
- addressing the needs of people who have suffered physical or sexual abuse
- initiatives to strengthen community well-being.

Better treatment through:

- early intervention – prompt access to psychological or drug therapy
- expanding the availability of CBT and other therapies in line with recent NICE guidance
- improved care for specific groups such as women with postnatal depression, veterans, older people and people with physical illness
- training opportunities for general practitioners.

Reducing the impact through:

- renewal of the national suicide prevention strategy
- better employment opportunities for people with mental health problems
- addressing the links between alcohol and depression.

Actions Across the Life Course

Laying the foundations

New Horizons has stressed the importance of good mental health in all children through:

- universal and targeted approaches for families, including those from high-risk groups, to build mental well-being and resilience in infancy and childhood. Key areas for intervention include pregnancy and the perinatal period, parenting and the development of emotional and social skills in infants and young children
- early identification and treatment of mental health problems in children and parents.

The New Horizons consultation document outlined the importance of good physical and mental health in both parents during pregnancy and the perinatal period, and the development of good emotional and social skills in children through good parenting and preschool and school-based programmes. Much is known about what can be done to create a healthy emotional environment for children including:

- treating mental illness in parents, now a priority under the Care Programme Approach
- treating postnatal depression in primary care in line with NICE guidance

- preventing the abuse of children – the cross-government strategy to End Violence against Women and Girls will be available shortly
- the schools health programme described below.

Actions

38

Guidance from the National Institute for Health and Clinical Excellence (NICE)¹⁵ has outlined evidence-based approaches for treating postnatal depression. These include health visitors trained to deliver brief psychological therapies with the support of GPs, and specialist perinatal mental health services for women with more severe mental illness. The Department of Health will continue to promote the NICE guidance together with partners such as the Royal College of Psychiatrists.

39

In November 2008, *Children and Young People in Mind*, the final report of the independent CAMHS review¹⁶ was published. The report set out 20 recommendations to deliver better outcomes for children with, or at risk of developing, mental health problems and identified practical solutions for how those delivering, managing and

commissioning services can address the challenges children face.

The Government will publish its full response to the review shortly, setting out the actions it is taking to support the implementation of the recommendations and to drive change in the system. At the same time, it will publish guidance for Children's Trusts and commissioners that sets out the range of interventions from birth to adulthood to support emotional resilience and well-being, and which underpins National Indicator 50.

There are a number of programmes that are being rolled out across the country providing universal and targeted support to children and young people. They include:

- the primary and secondary school-based social and emotional aspects of learning (SEAL) programme which develops social and emotional skills in school children associated with five domains: self-awareness, managing feelings, motivation, empathy and social skills
- the Healthy Child Programme, a high-quality early intervention, clinical and prevention public health programme which begins in pregnancy and extends through childhood to the end of the teenage years
- the recent White Paper *Your Child, Your Schools, Our Future: Building a 21st century schools system*.¹⁷ This proposed using pupil-level well-being

indicators to capture health and well-being outcomes and perceptions as part of the new School Report Card. The Government has also committed to improving Personal, Social, Health and Economic Education and making it a statutory part of the curriculum

- Sure Start children's centres, which deliver early education, childcare, health and family support to families with children under 5, are set to expand across the whole country. By March 2010, every community will be served by a Sure Start children's centre and there will be 3,500 centres in total
- the Healthy Schools Programme; requires schools to meet a set of minimum standards on emotional health and well-being to gain Healthy Schools Status. It has recently launched an enhanced programme to support schools that wish to take a more targeted approach to selected health and well-being issues, including improving emotional health outcomes.

40

Think Family is a cross-departmental programme led by the Department for Children, Schools and Families, jointly funded with the Home Office, Ministry of Justice and the Department of Health, and supported by the Department for Communities and Local Government.

Since April 2009 all local authorities have received increased funding to support the introduction of:

- Think Family practice – making sure that the support provided by children’s, adults’ and family services is coordinated and takes account of how individual problems affect the whole family. The Social Care Institute for Excellence (SCIE)’s guidance *Think Child, Think Parent, Think Family: A guide to parental mental health and child welfare* (2009)¹⁸ describes the benefits of a Think Family approach to delivering mental health services
- targeted support for parents and families such as family intervention projects and parenting early intervention programmes designed to provide evidence-based support to families experiencing problems and improve children’s outcomes. Issues tackled by the family intervention project can include antisocial behaviour, youth crime, school absenteeism, drug and alcohol addiction, domestic violence, poor mental health of parents or children and inter-generational social disadvantage. The National Centre for Social Research’s evaluation of antisocial behaviour in family intervention projects found that the proportion of families with members experiencing mental health problems decreased from 38% at the start of the intervention to 27% at the end.

An important link with the safeguarding of children is the referrals that Family Intervention Projects make when, in the course of their work with families, they

suspect that a child is suffering or likely to suffer significant harm.

Published in September 2009, the *Think Family Toolkit*¹⁹ contains many examples of local practice, research findings, sources of reference and contributions from a range of government departments and local agencies.

Further information is available at: www.dcsf.gov.uk/ecm/thinkfamily

Transition from adolescence to adulthood

The consultation reinforced the view that the transition between CAMHS and adult mental health services must be improved. In order to do this two interrelated issues need to be addressed:

- Developing effective models of mental healthcare which work best for adolescents and young people
- Ensuring new approaches based on evidence and expertise are developed to promote effective transition between services and agencies or jointly provided youth services.

Services are delivered locally and the responsibility for developing and delivering effective services at transition is shared by adult and young people’s services and commissioners. It is likely that commissioners and providers will need to address the following:

Planning

- a youth voice in planning and designing services to ensure that services are genuinely youth-focused
- collaborative commissioning arrangements across services for children and adults
- needs assessment and commissioning that includes the needs of vulnerable groups such as looked-after children, young carers, people with learning disabilities, those with neuro-developmental disorders and young parents.

Promoting access

- processes for early identification of risk factors such as sexual and physical abuse and early identification of emerging mental health problems
- easily accessible information and social network interfaces, for example, web-based resources
- environments acceptable to young people that enable easy access and address cultural and gender acceptability, for example, services based within community settings such as leisure centres, schools and colleges
- multidisciplinary, multi-agency arrangements to deliver social, psychological and physical assessment for young people and their families, with corresponding interventions to address, for example, substance misuse, education and employment needs

- links with acute care that is timely and local
- close working and simple referral routes from education, primary care, substance misuse services, probation and offender teams
- referral and signposting to appropriate specialist assessment and services, for example, attention deficit hyperactivity disorder (ADHD) services.

Actions

41

Effective transition – there is already a body of research from both physical and mental health care that describes the components of effective transition. This is not always put into practice. The Department of Health will be working with SCIE to develop resources that will help support local development of effective processes around transition.

42

Models of mental health care for adolescents and young adults – there is a clear need to identify, disseminate information on and evaluate models of good practice in service provision for adolescents and young adults. We will be establishing a process for doing this, and will invite partner trusts to act as national exemplars.

To support local service development PCTs and local authorities will need to work collaboratively with other agencies and through the wider Children's Trust partnership to ensure that the Joint Strategic Needs Assessment (JSNA) identifies children and young people's health and well-being inequalities and informs commissioning priorities in the Children and Young People's Plan. The JSNA should draw on a range of local data sources to give a broad picture of the needs of children, adolescents and young adults and the current services available. This will need to include information about vulnerable groups such as children who have special educational needs, are looked after children or disabled, and those groups where we know that transitions are particularly difficult, e.g. neuro-developmental disorders. Agencies will need to agree joint outcomes that reflect the experience of young people. The Department of Health is developing a number of resources to support commissioners.

In addition, the Commissioning Support Programme is developing a package of support for commissioners of services to support children and young people's emotional well-being and mental health.

To further support commissioners, the Standard NHS Contract for Mental Health and Learning Disability Services, to be published for use in 2010, includes

the following in the mandated quality standards:

- Care planning – including the need for locally audited transition protocols
- Age-inappropriate admissions to adult wards – exception reporting is required.

We will be considering whether there is merit in developing model service specifications.

The Care Quality Commission (CQC) also has an interest in transitions and will be taking forward work in this area.

Better mental health and well-being in adulthood

The importance of improving the mental health and well-being of the whole population and some of the approaches that can be undertaken were outlined in the New Horizons consultation document. The key themes are summarised here, together with additional initiatives and pieces of work that have been identified in the consultation process.

Employment

Employment brings psychological and economic benefits. Work can promote good mental health and well-being and support recovery. An estimated £77.4 billion is lost to the economy each year through sickness absence and

unemployment associated with mental illness, as well as care costs and reduced quality of life. Those who become unemployed are at increased risk of developing mental illness and benefit from early support to prevent deterioration of mental health.

Government as a whole, employers and employees themselves all have parts to play in helping people with mental health problems to find and keep work. Employment should be seen as an important outcome of the treatment of mental illness in health settings, and this should include those with complex needs. The need for action is accentuated, not reduced, at times of economic difficulty if a group of people already at risk are not to be disproportionately disadvantaged.

Actions

45

The new cross-government approach to mental health and employment is set out in a suite of recent publications. *Working our Way to Better Mental Health: A framework for action* includes input from the Department of Health, the Department for Work and Pensions, the Department for Business, Innovation and Skills, the Department for Children, Schools and Families, the Cabinet Office and the Health and Safety Executive (as well as the Scottish Government and the Welsh Assembly Government). The framework is designed to improve well-

being at work for everyone, but also to support people with mental health problems into work, and help them stay in work and return to work more quickly after a period of sickness absence. The key themes of the framework are:

- action to change attitudes to mental health
- action to improve health and well-being in work for the whole population
- swift intervention when things go wrong
- coordinated help tailored to individuals' needs to improve health and well-being both in and out of work
- action to build resilience from the early years and throughout working lives.

46

Government action focused specifically on people with more complex needs is set out in *Work, Recovery and Inclusion*, which describes plans to progress towards the PSA 16 objective of higher rates of employment and retention for people in contact with secondary mental health services.

47

The review *Realising Ambitions: Better employment support for people with a mental health condition*, commissioned by the Department for Work and

Pensions to support the Mental Health and Employment Strategy, is an independent report led by Rachel Perkins. The report makes a clear case for a new emphasis on employment as an outcome and describes an effective model for providing support – for example, through employment specialists in PCTs and mental health teams – that should inform local commissioning decisions. Many of the review’s individual recommendations are addressed in *Work, Recovery and Inclusion*.

48

Further action to sharpen the focus on employment as an outcome for service users includes:

- an outcome indicator for mental health in the World Class Commissioning Assurance Framework for Year 2 that includes employment
- inclusion of employment in the draft of the new performance framework for non-foundation trust mental health service providers
- encouragement in the guidance to the standard mental health contract for 2010/11 for PCTs to include employment and accommodation as indicators to be routinely supplied by providers
- the continuing emphasis on employment support integrated into the new Improving Access to

Psychological Therapies (IAPT) services, and

- further work with SHAs and the NHS Confederation to improve local data collection in support of PSA 16 delivery.
-

49

Access to Work is a Department for Work and Pensions specialist disability programme delivered by Jobcentre Plus. It provides practical advice and support to disabled people to help them overcome work-related barriers to employment in the workplace.

The Access to Work programme is due to double in size by 2013/14. As part of planning for this expansion, the Department for Work and Pensions is currently reviewing the workings of the programme to ensure that it is meeting the needs of customers. As part of this review it is looking at how the programme can better support people with mental health conditions, including those whose conditions fluctuate.

The Department for Work and Pensions recently completed a pilot in the London area in conjunction with the mental health charity MIND, with the aim of supporting and educating employers so they can better support staff with fluctuating mental health conditions. The results of this pilot will be taken into account in the review of the programme.

50

The Department of Health-funded SHIFT programme has produced new free guidance for employees on managing mental health problems at work.²⁰ This is being made available alongside a newly updated version of the popular Line Manager's Resource,²¹ the guide for employers. SHIFT will also be producing short films featuring real workers and their managers talking openly about what has worked for them in managing mental health conditions in the workplace. They will be used as an educational tool and to help engage employers new to the issue.

Volunteering

As outlined in the New Horizons consultation document, volunteering has a key role to play in preventing mental ill health, promoting mental health and facilitating the recovery of those with a diagnosed mental health problem.

Those who benefit include:

- volunteers of all ages, some of whom may themselves be socially excluded
- health and social care services users and others in receipt of volunteer support, or who provide support themselves in a voluntary capacity

- communities where volunteering can help to build stronger social links and contribute to cohesion by breaking down misconceptions of mental health and other service users.

Actions

51

Communitybuilders is a £70 million funding programme following the White Paper *Communities in Control: Real people, real power*.²² The aim of the Communitybuilders programme is to help anchor organisations (also known as community anchors) to adapt the way they operate so that they can, if they wish, run enterprise activities such as managed workspaces or conference facilities, or take up service contracts. This supports their financial sustainability and therefore their continued presence in communities in the future.

52

Following a consultation in 2008,²³ the Department of Health has been developing its thinking on volunteering in collaboration with a working group from across the NHS, local government and the third sector. This work will result in a high-level strategy to be published in 2010. The key areas the strategy will address are: leadership, partnership, commissioning, volunteer management and support for individual volunteers.

Strengthening the third sector

The work of third sector organisations who may not have an explicit mental health remit can produce wider benefits for mental health. For example, social enterprises and community organisations can offer work experience opportunities for people with mental illness, with benefits for social cohesion and tackling isolation.

Actions

53

The Department for Environment, Food and Rural Affairs has been working with REalliance and the Waste and Resources Action Programme (WRAP) to support the development and roll-out of a balanced scorecard that, as well as valuing the environmental benefits, focuses on social and economic outcomes. These can include mental health outcomes.

54

The Department for Environment, Food and Rural Affairs will be working with the Office of the Third Sector on valuing the multiple benefits of third sector organisations in procurement and contracting, to ensure that the mental health benefits of third sector organisations that do not explicitly have mental health remits are measured and valued.

55

A current review being undertaken by the Cabinet Office is considering the potential contribution of the third sector to the development of more personalised early intervention and preventative interventions (see page 24).

Housing and the environment

The New Horizons consultation document stressed the importance of safe, secure permanent accommodation and access to appropriate housing-related support for those who need it. Addressing under-supply of housing also tackles social inequality and overcrowding.

Housing-related services such as those funded through Supporting People can support people with mental health problems to live well and independently. The involvement of the health sector in local planning and the Department of Health nationally in cross-government work on housing and growth are critical to success.

Access to green space is known to contribute to improve physical and mental health, community integration and social cohesion. The design of neighbourhoods supports personalised approaches to independent living for people with mental health problems.

The design of homes is also important in preventing ill health in the general community and maintaining independence in those with higher support needs, including older people

The availability of appropriate housing and support services and good transport links for rural communities must not be overlooked. Fuel poverty and affordable housing are particular issues that can affect rural communities – they impact on quality of life, and they weaken informal support networks if family and friends cannot afford to stay together in one area.

Actions

56

The Government's policy and delivery plan, *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* (2008)²⁴ is a cross-government strategy to address older people's housing needs and aspirations and outlines plans for ensuring that there is enough appropriate housing available in the future. It includes a range of measures to bring about a fundamental change in the way we build future communities alongside an expansion in existing support available to older people that will help them to live safely and, where they choose, independently in their own homes.

57

*"World class places": The Government's strategy for improving quality of place*²⁵ aims to improve the quality of built environments and create economically active, socially inclusive, easily managed and sustainable places to live.

58

The Department for Communities and Local Government and the Department for Environment, Food and Rural Affairs are currently commissioning further work as part of their work on local environmental quality and Lifetime Neighbourhoods. The Department for Environment, Food and Rural Affairs and the Department of Health will also consider the impact of noise on mental health.

59

Lifetime Homes and the upcoming Homeless and Parenting Programme Initiative (HAPPI) report on the design of specialised housing for older people, including those with dementia, are good examples of how housing design can be used effectively. The Department for Communities and Local Government is also shortly due to commission a report on Lifetime Neighbourhoods for local authorities.

Housing for those with serious mental illness

People with mental health problems can experience a range of difficulties in relation to housing, from maintaining mortgage payments through a crisis period to experiencing harassment and discriminatory attitudes from neighbours. Housing and mental health are closely inter-related: mental health problems can lead to the breakdown of a tenancy or loss of a family home; being homeless, on the streets or insecurely housed can be very detrimental to a person's mental health. Housing can be critical in enabling people to work and take part in community life. People who are homeless can also experience difficulty accessing mental health services. The needs of people who are homeless are dealt with in detail in the section on homelessness and social exclusion on page 68.

Actions

60

One of the two national indicators for PSA 16 is the proportion of adults in contact with secondary mental health services who are in settled accommodation. PSA 16 activity at national, regional and local level aims to address many of these issues and departments will continue to work closely on these issues.

61

Further action to encourage housing as an outcome from mental health services includes:

- an outcome indicator for mental health in the World Class Commissioning Assurance Framework for Year 2 that includes housing
 - recording of housing status to be included in the new performance framework for non-foundation trust mental health service providers
 - encouragement in the guidance to the standard mental health contract for 2010/11 for PCTs to include accommodation as an indicator to be routinely supplied by providers
 - further work with SHAs and the NHS Confederation to improve local data collection in support of PSA 16 delivery.
-

Adapting to climate change

As the climate changes, events such as flooding and urban 'heat islands' (when cities become up to 8°C hotter than surrounding countryside) are expected to become more common and are known to adversely affect mental health. Flooding can have long-lasting and negative impacts on the mental health of individuals and whole communities.

Actions

62

The Department of Health will explore with the Department for Communities and Local Government, the Department of Energy and Climate Change and the Department for Environment, Food and Rural Affairs the impact of environmental events on the mental health and well-being of communities.

63

The Department of Health webpage provides a summary of its activity on climate change and sustainable development, including information and training resources on the health effects of climate change and guidance on heatwaves and flooding.

For further information see the National Heatwave Plan, also on the DH website: www.dh.gov.uk

64

Local authorities have a lead responsibility with key partners for adaptation. They also have new responsibilities under the planned Flood and Water Management Bill (led by the Department for Environment, Food and Rural Affairs) which will give them wide-ranging responsibilities for local flood risk management and managing the consequences of flooding. This will also include action to manage consequences such as poor mental health and family breakdown, and to support community and individual recovery.

Suicide prevention

The current National Suicide Prevention Strategy for England launched in 2002²⁶ has set out targets for 2009–11 for reductions in the suicide rate. Good progress has been made in reducing the general population suicide rate and in preventing suicide among young men, on mental health wards and in prisons.

Action

65

A refreshed strategy will be developed by the National Suicide Prevention Strategy Advisory Group under the chairmanship of the National Clinical Director for Mental Health, Professor Louis Appleby. In developing the new strategy the changing demography of our society and the current economic climate will be taken into account. The risks of different groups will be considered; for example, young men leaving the forces, older men and rural communities. Links will be established with equivalent groups in Northern Ireland, Scotland and Wales to ensure ongoing mutual learning across the UK.

The strategy will also explore ways of supporting bereaved families, building on the work of *Help is at Hand*,²⁷ a guide for those bereaved by suicide and other sudden traumatic death.

Alcohol

A significant proportion of the population drink above the Government's guidelines for lower-risk drinking (men should not regularly drink more than 3–4 units a day, and women not more than 2–3 units a day). These 10 million adults drink three-quarters of all the alcohol consumed in the country. Of these, 2.6 million regularly drink at higher-risk levels – that is more than double the guidelines – consume

one-third of all the alcohol consumed in the country, and are particularly at risk of developing chronic ill health. Although fewer young people are drinking alcohol than in 2001, those who do are drinking more heavily.

The economic and social costs of excess alcohol consumption are very high. The impact on the mental health and well-being of individuals, families and communities is enormous. Alcohol is related to many of the social determinants of mental ill health, including violence and abuse and physical ill health. About 80% of people with alcohol problems have anxiety and depression and over 30% have severe depression.

Alcohol misuse is estimated to cost the health service £2.7 billion every year. The rates of alcohol-related hospital admissions continue to rise. The workplace cost of alcohol has been estimated as over £4 billion and alcohol-related crime and disorder is estimated to cost £8–13 billion.

The potential benefits of even a modest reduction in drinking are considerable.

NICE has published two draft evidence reviews²⁸ – on macro-level interventions and on screening and brief interventions. It suggests that screening and brief interventions in primary care are also very cost-effective.

Action

66

The Government has a comprehensive strategy and related work programme to tackle alcohol harm, including health harm, alcohol-related crime and harm to children and young people from alcohol. This is based on:

- informing and supporting people to make healthier and more responsible choices, for example through the Know Your Limits campaign
 - creating an environment in which the healthier and more responsible choice is the easier choice, for example through licensing and enforcement regimes
 - provision of advice and support for people most at risk, including early identification of and intervention in, for example, primary care, A&E and probation settings
 - a delivery system that effectively prioritises and delivers action on alcohol.
-

Violence and abuse

In England, one in four people have experienced some form of violence or abuse in their lifetime, and almost half of all children have reported bullying.

Violence and the fear of violence are experienced most by vulnerable, discriminated groups and people living in areas of greater socio-economic deprivation. Women and children are most at risk of domestic and sexual violence. Violence and abuse can lead to increased social isolation and exclusion, lower educational achievement, increased conduct and emotional problems in children, increased antisocial behaviour and risk taking and poorer short and long-term health outcomes including mental health.

The financial costs to the economy as a whole are again huge: some £1.8 billion from child abuse, for example, and £2.7 billion from domestic violence, according to government estimates.

Actions

67

The cross-government strategy Tackling Violence Action Plan (One Year On)²⁹ outlines the priorities for action across sectors and departments, including serious youth violence, and violence against women and girls. Publication of a Violence and Abuse Prevention Framework in spring 2010 will engage other government departments and provide evidence to address violence and abuse, which are key factors for poor mental health.

68

The Action Plan on Sexual Violence and Abuse³⁰ details work on increasing access to support and health services for victims of sexual violence and abuse as well as improving the criminal justice response. This includes funding of £1.6 million to support the Government's commitment to having a sexual assault referral centre (SARC) in every police force in England.

69

The Action Plan on Domestic Violence³¹ sets out the ongoing work to improve information sharing and reporting, early identification and support to victims, to manage perpetrators and to increase effectiveness across all sectors. This includes routine enquiries for pregnant women, information sharing, work with safeguarding arrangements, and promoting Multi-Agency Public Protection Arrangements (MAPPAs) and Multi-Agency Risk Assessment Conferences (MARACs) work with child protection arrangements.

70

The forthcoming cross-government strategy to end violence against women and girls seeks to join up existing work across a number of departments. This includes a Home Office Consultation and a Department of Health Taskforce set up to improve the NHS's response to victims of sexual and domestic violence and female genital mutilation, forced marriage and trafficking.

The interface between mental and physical health

Physical and mental health are intimately linked: the same risk factors affect both; mental ill health can present with both mental and physical symptoms; physical ill health often has an impact on mental health, and vice versa. Effective health services provide care that addresses both physical and psychological needs.

Consultation responses highlighted the importance of addressing the inequalities inevitably experienced by those with both mental and physical ill health.

The physical healthcare of people with mental illness

People with mental illness have significantly higher rates of mortality and morbidity from physical illnesses such as cardiovascular disease, diabetes and obesity. Despite this, they frequently do not receive the health interventions they need, including screening. Some behaviours that increase the risk of physical illness, such as smoking, drug and alcohol abuse, are higher among those with mental illness; however, they often miss out on relevant health promotion, in particular smoking cessation interventions. In 2006 the Department of Health published *Choosing Health: Supporting the physical health needs of people with severe mental illness*.³² This commissioning framework aims to help PCTs plan for, design, commission and monitor services that will deliver improved physical health and well-

being for people living with severe mental illnesses.

The psychological care of people with physical long-term conditions

Mental ill health, such as anxiety and depression, is common in people with physical long-term illnesses such as diabetes, ischaemic heart disease and chronic obstructive pulmonary disease. However, it is often untreated, despite being associated with increased mortality and increased healthcare costs.

People with medically unexplained symptoms (MUS) – i.e. symptoms that do not have an obvious underlying diagnosis and/or pathological process – are very commonly seen in both primary and secondary care. For many people MUS are associated with long-term disability and dissatisfaction with healthcare. A significant minority will have underlying depression and/or anxiety. Appropriate management in both primary care and acute hospitals has the potential to prevent unnecessary referrals, admissions and interventions and hence reduce healthcare costs.

A great deal of partnership work between public health, physical and mental health services already exists; however, more work is required nationally, regionally and locally to ensure an integrated approach to care delivery so that both mental and physical health are maximised. Fundamental to achieving this will be improved access to psychological assessment and interventions

in both primary and secondary care, including the development of liaison mental health services in acute hospitals. This will need to be reflected in the approach to commissioning services for people with long-term conditions.

Actions

71

A New Horizons Ministerial Advisory Group for inequalities and mental health, involving external stakeholders and chaired by the Minister of State for Care Services, will help monitor progress and advise on strategy. This will include work to address physical health inequalities.

72

Quality and productivity: Improving the psychological assessment and management of long-term conditions, including MUS, is included in the national quality and productivity evidence base to be published by NHS Evidence.

73

Long-term condition management: The psychological component of care for long-term conditions and the management of MUS is part of the ongoing work of the IAPT Programme and is being considered as part of the

Department of Health's wider response to the management of long-term conditions.

74

Commissioning: The IAPT Programme will be publishing a ready reckoner for MUS in primary care to help practices identify prevalence and therefore improve service planning.

- The Standard NHS Contract for Mental Health and Learning Disability Services includes quality standards relating to access to liaison mental health services and physical health checks for those in long-term hospital care
- The Payment by Results project includes work on liaison mental health services
- The Department of Health is supporting the development of a template service specification for liaison mental health services.

75

Health promotion: Mainstreaming of health promotion – interventions will include smoking cessation, physical activity, healthy diet and weight reduction.

Workforce development and training:

- The Department of Health is working with the Royal College of Psychiatrists and the Royal College of General Practitioners to look at the training implications of improving psychological management of patients, in particular of implementing the NICE guidelines on depression in chronic physical ill health
 - E-learning resources for mental health practitioners on sexual and reproductive health and abuse in relation to mental illness are being developed
 - E-learning resources for primary care practitioners on the side-effects of medication have been commissioned from BMJ Online and are now available
 - Smoking cessation training will be offered for all mental health practitioners
 - Education regarding public mental health includes interventions to improve well-being.
-

Research:

- Better understanding of the links between schizophrenia and bowel cancer
 - Effective smoking interventions for those with mental illness; smoking is responsible for the largest proportion of health inequality in those with mental illness
 - Evaluating mechanisms (such as the well-being nurses schemes) to improve access to physical healthcare for those with mental illness.
-

Better mental health care for adults

The New Horizons consultation document outlined the features of high-quality mental health care. This included timely access to high-quality services to support the individual recovery of everyone who experiences mental ill health. The last 10 years have seen substantial developments in mental health services, with new investment and new approaches such as early intervention and the extension of psychological therapies including the IAPT Programme. This has enabled transformation in the experience of many individuals, and needs to be extended to all areas and all groups of service users.

New Horizons recognises the need for an ongoing programme of service improvement, with the aim that services:

[Recovery is] ... a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness ...

(Anthony, 1993)

- deliver evidence-based approaches as set out by NICE
- involve service users and carers in decisions about their care and offer real choices Integrate physical and mental health
- are recovery focused.

Recovery and personalisation

[Recovery is] ... a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness ...

(Anthony, 1993)

This definition has been proposed by the Sainsbury Centre for Mental Health paper *Making Recovery a Reality*.³³

A meaningful approach to recovery has to be underpinned by effective partnership working across all sectors. An agreed clear national definition of recovery will help individuals, professionals, commissioners

and providers to develop services and approaches across these different sectors.

Personalisation of care is fundamental to recovery and to addressing the needs of individuals within the most vulnerable groups. It provides the answer to many of the issues around age and race equality explored elsewhere in this document. It has the potential to address significant health inequalities, including those experienced by groups at significant risk of social exclusion who have a broad range of mental health needs, such as people who experience homelessness.

Actions

78

Measuring recovery: Services need to develop measures and tools to ensure care is planned around user-defined goals and quality of life outcomes. The Department of Health is funding a project being run by the Mental Health Providers Forum to implement the widespread use of the mental health

Recovery Star in all sectors across England. This involves the integration of the measure into relevant systems such as the Care Programme Approach; the widespread use of the IT system to track and analyse client progress data and benchmark across services; and the exchange and development of best practice in using and learning from the Recovery Star.³⁴

79

Developing recovery-focused organisations and services: The National Mental Health Development Unit (NMHDU) is working jointly with the Mental Health Network, NHS Confederation and the Sainsbury Centre for Mental Health to pilot recovery-focused organisational development. This project will demonstrate and evaluate the use of measures of quality and service-level outcomes for providers and commissioners of recovery-focused services.

Improving the quality of mental health services

The Next Stage Review defined high-quality care as effective, safe and a good experience. *High Quality Care for All* set out the Quality Framework, a policy framework that pulled together new and existing policies, to help frontline teams and NHS organisations improve the quality of the services they provide. These are grouped under seven headings:

Bring clarity to quality – being clear what best practice is for different forms of care. NICE guidelines now cover effective and cost-effective interventions for the treatment of many different conditions across the different themes of New Horizons, for example NICE *Schizophrenia Guidance 2009: Promoting mental well-being at work*³⁵ and *The Treatment and Management of Depression in Adults with Chronic Physical Health Problems 2009*.³⁶ As well as guidelines, NICE will be producing NICE quality standards, a set of specific concise statements which will act as markers of high-quality, cost-effective care across a pathway or a clinical area. NICE also host NHS Evidence, a portal giving access to kitemarked evidence and guidance.

Measure quality – supporting clinical teams to measure what they do as a basis for improvement.

Publish quality – ensuring more information about quality is available. The 2009 Health Act creates a new duty on all providers of services to NHS patients to publish annual Quality Accounts. Subject to consultation, acute trusts, mental health trusts, learning disability trusts and ambulance trusts will publish their first Quality Accounts in June 2010.

Recognise and reward quality – the Department of Health, working with partner stakeholders, continues to support local services in building on initiatives. These include the Star Wards project (www.starwards.org.uk) and the Royal College of Psychiatrists' Accreditation for

Inpatient Mental Health Services scheme (www.rcpsych.ac.uk), which aim to improve conditions and care on acute inpatient wards, including acute units for older people and specialist units. Similar work is being extended to specialist services such as eating disorder services.

Leadership for quality – leadership for quality is needed at every level of the system – local, regional and national.

Safeguard quality – the regulator, the CQC, will provide assurance that all registered providers of health and adult social care activities continue to meet essential levels of safety and quality. The CQC will also protect the rights of people detained under the Mental Health Act. Before April 2009, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. These organisations have been superseded by the CQC.

Stay ahead – quality is a moving target; we need to support innovation in the NHS to ensure we are constantly renewing what is best care.

Actions

80

The Department of Health is funding the start-up of a Quality Network for Eating Disorders for England. This quality accreditations scheme will be run by the

Royal College of Psychiatrists Centre for Quality Improvement.

81

A key indicator of high quality of services is the availability of evidence-based treatments including NICE-recommended interventions provided by a well-trained workforce for all. The CQC's commitment to include the availability of NICE-recommended interventions as a key indicator is a critical lever to improving local services.

Acute inpatient care

The National Service Framework ensured that advances in Crisis Resolution and Home Treatment (CRHT) mean that community alternatives to acute inpatient care, which are valued by patients, can be delivered safely and effectively. In areas where CRHT has been fully implemented or extended to cover other groups, service efficiency can be delivered without loss of quality. It is also important that admissions to inpatient care are gatekept by crisis teams. As stated in the New Horizons consultation document, the quality of inpatient care is very important and admission to a hospital inpatient unit continues to be part of the experience of care for many people.

The Department of Health welcomes the *Acute Care Declaration*.³⁷ This has been developed by the Mental Health Network, NHS Confederation and the NMH DU.

Cost of mental illness

- Depression: annual service costs England in 2007 were £1.7 billion, with lost employment increasing these costs to £7.5 billion; for anxiety the service costs were £1.2 billion and lost employment brings the costs to £8.9 billion
- Schizophrenia: societal costs of schizophrenia alone were £6.7 billion per year in England in 2004/05). Cost of treatment and care was £2 billion. Other costs falling to society amounted to £4.7 billion, with £615 million being paid by families for informal care and private expenditure. Costs of lost productivity due to unemployment, absence from work and premature mortality were £3.4 billion. Annual cost of social security benefits is £570 million
- Dementia: total annual UK costs of dementia amounted to £17 billion. Accommodation accounted for 41% of the total, health services 8%, social care services 15% and imputed costs for informal care support and lost employment 36%
- Crime: mental health problems contribute to offending behaviour and a very high proportion of those in prison have one or more mental disorders.

Summing up across all mental health disorders, it has been calculated that current treatment averted 13% of the burden, optimal treatment at current coverage could avert 20% of the burden, optimal treatment at optimal coverage could avert 28% of the burden, while 60% of the burden of mental disorders could not be averted.

It has been endorsed by a number of organisations including the Royal Colleges of Psychiatrists and Nursing, the British Psychological Society and the Star Wards campaign.

The Declaration states that good-quality acute inpatient and community mental health services are essential and achievable. It affirms that organisations will work together to:

- further encourage the commissioning and provision of high-quality acute care
- promote recovery and inclusion for people using acute mental health services
- support the development of a specialist care workforce
- champion positive perceptions of acute care services
- support quality improvement, service development and research in acute care.

The Declaration recognises the need for specialist skills and strong local leadership across the acute pathway, including crisis resolution and home treatment, acute inpatient and psychiatric intensive care.

Action

82

The Department of Health welcomes the *Acute Care Declaration*, which was launched on 10 November 2009. It is an important commitment by partner organisations to ensure that acute care

in mental health services receives the right level of focus and support. The Department will be formally responding to the Declaration.

Carers

The New Horizons consultation document stressed the importance of families and carers. They are a vital resource and should be seen as equal partners with the mental health care team. They need access to all the information necessary to fulfil this important role. Carers themselves experience high rates of mental health problems and may need support to maintain their own mental health and to live fulfilling lives outside their caring role.

Action

83

Initiatives within the 10-year cross-Government strategy *Carers at the heart of 21st-century families and communities*³⁸ include:

- long-term work towards legislative or other action to ensure that carers receive appropriate information – this has been started through Carers Direct demonstrator sites that will test over 2 years which interventions provide the best outcomes for carers
- the Think Family approach being tested in pathfinder sites to improve coordination between adults' and

children's services so that young carers are better supported

- development of training modules for frontline health professionals on supporting carers and families.

Low secure services

Low secure services provide comprehensive, multidisciplinary, high-quality treatment and care by appropriately qualified skilled staff to people who demonstrate disturbed behaviour in the context of a serious mental disorder. There is no single model of delivery to describe this mixture of provision and units that include psychiatric intensive care units, low secure forensic units, and challenging behaviour and secure rehabilitation services. Recent discussion with a range of stakeholders concluded with the consensus view that new guidance on low secure services would be helpful.

Action

84

The Department of Health will commission new guidance on low secure services that will:

- provide an explicit definition of low security
- properly reflect the diversity of quality provision but set clear expectations

relating to quality and outcomes across the range of service provision

- describe clearly both the clinical and security requirements of the (different) client groups, including those with challenging behaviour and those who require long-term rehabilitation services in a secure setting
- provide commissioners with best practice guidelines/minimum standards to commission services against
- provide information for mental health unit caseworkers, acting on behalf of the Justice Secretary, to direct the transfer of prisoners to units that offer appropriate public protection and/or for courts to direct/divert mentally disordered offenders away from the criminal justice system
- support the provision of pathways of care and not silo services
- allow regulators and inspectors to assess provision against requirements
- make recommendations related to further work on service specifications and environmental design guides.

Dual diagnosis

Co-morbidity of alcohol or substance misuse and mental illness is very common: some 80% of people receiving treatment for alcohol misuse experience anxiety

and depression. Up to half of people with mental health problems may misuse alcohol or drugs.

Dual diagnosis is associated with:

- increased crimes of violence committed by those with mental illness
- increased rates of attempted and completed suicide
- poor compliance with medication and other treatments
- more treatment failures for both conditions
- homelessness
- increased risk of harm to children and to vulnerable adults
- high relapse rate in both conditions, resulting in longer and more frequent periods of hospitalisation.

For many people with severe mental health problems, harmful alcohol or drug use contributes to a pattern of relapse and risk. Dual diagnosis is one of the most challenging problems in mental health care and requires collaborative working between a number of different agencies. It is particularly associated with the work of assertive outreach and offender mental health teams, but is sufficiently common for dual diagnosis skills to be essential in all frontline services.

The Department of Health recognises that service provision for those with alcohol and co-existing mental health problems poses a challenge. It intends to publish good

practice guidance on the development of alcohol treatment pathways (ATPs) that includes specific guidance for those with co-existing alcohol and mental health problems. ATPs are designed to have the right people, doing the right things, in the right order, at the right time, with the right outcome – with attention to the service user’s experience and allowing for comparison of the planned care with the care that was actually delivered.

The Department has issued a number of documents that provide guidance on this issue and that set out in detail the principles of:

- thorough assessment
- developing an integrated care plan
- delivering care
- monitoring outcomes.

Actions

85

Continue current initiatives and training aimed at:

- joint working, including referral pathways and specialist advice, between mental health and community alcohol and drug teams
- training in the care of substance misuse for mental health staff

- priority for dual diagnosis under the Care Programme Approach and through drug and alcohol teams
- clinical leadership (for example consultant psychiatrists and nurses)
- improved diagnostic practices with agreed risk and responsibility assessment between agencies and shared clinical action plans.

86

MIDAS (Motivational Interventions for Drug and Alcohol misuse in Schizophrenia) is a large, randomised control trial investigating the efficacy of a psychological intervention at reducing relapse and substance misuse in people with a diagnosis of schizophrenia or psychosis with drug or alcohol problems. The trial has already been successful in recruiting and retaining sufficient individuals. The learning from this trial will be made available to inform policy.

Improving access to mental health services for socially excluded and high-risk groups

There are many social groups who either engage less well with services (for example some ex-servicemen) or those who are at higher risk of developing mental health problems and of social exclusion (for example the homeless).

Local strategic partnerships and commissioners through JSNAs will want to understand the specific needs of all groups within their areas and plan services accordingly. The groups discussed below have been identified during the consultation as requiring immediate action through these local planning processes.

The needs of other groups, including those at higher risk (for example learning disability) and lesbian, gay, bisexual and transgender people, will be further addressed as part of the developing programme of work.

*Valuing People Now*³⁹ sets out the importance of enabling people with learning disabilities who have mental health support needs to get the appropriate assessment and treatment they require delivered in the right place. In particular, they need to be able to access mainstream mental health services. SHAs, PCTs and providers need to ensure that they commission services and develop care pathways that address the needs of people with learning disabilities who also have mental health support needs.

The National Autism Strategy is due to be published early in 2010.

Mental health in the Armed Forces, reserves and veterans

There are 5 million military veterans in the UK and around 180,000 serving personnel. Prevalence of mental disorders in serving and ex-service personnel is broadly similar to that of the general population. Depression and alcohol abuse are the most common mental disorders in the UK military.

As with people of similar age and backgrounds in the general population, only a minority of service and former service personnel with mental health problems actually access services. The stigma of mental illness is thought to contribute to this and the Ministry of Defence is considering ways of reducing stigma.

Within the Armed Forces, mental health care for serving personnel is provided by primary care professionals, community mental health departments and specially commissioned inpatient services. In addition, interventions aimed at prevention have been introduced.

The Reserves' Mental Health Programme was introduced in November 2006 for demobilised reservists who had been deployed operationally since 2003. This was in response to a study showing that reservists who had served in Iraq were twice as likely to have symptoms suggestive of common mental health problems as fellow reservists who had not been to Iraq, and twice as likely to have symptoms suggestive of post-traumatic stress disorder

(PTSD). While this is a substantial increase in risk, the actual rate, at 6%, was relatively low. The programme offers assessment and treatment to reservists whose mental health has been affected by deployed operations.

The great majority of service veterans do not experience mental health problems; however, some do and they require timely and effective interventions. Research to date suggests that the most common disorders among veterans are depression, anxiety disorders, PTSD and substance misuse. Often individuals have more than one of these problems. The suicide rate in and after service is broadly similar to the rest of the population, although a recent study has shown an increased risk for young men who leave the service early. As with men of a similar age in the general population, some ex-servicemen delay seeking help. This may be explained in part by the stigma of mental illness.

Ex-service personnel are vulnerable to social exclusion. A significant minority will experience homelessness, unemployment and alcohol abuse, and around 6% of the prison population is reported to be ex-service.

The appropriate services and skills to treat veterans' mental health problems lie within the NHS, where there are many examples of good practice. These will be available on the New Horizons website (www.dh.gov.uk/newhorizons). Much has been done and more is planned to ensure veterans are helped to access these services speedily when they require them.

Actions

87

Trauma Risk Management (TRiM) is increasingly being used in military operations. This is an evidence-based model of peer-group mentoring and support for use after traumatic events. In each unit, trained non-medical staff identify early those who may have been affected by traumatic events and enlist support from peers and leaders. If personnel remain affected, TRiM practitioners assist in referral to specialist help. Being primarily a unit-led innovation, TRiM is intended also to reduce the stigma associated with mental health problems. The training has had the additional impact of contributing to an increased awareness of the importance of nurturing the mental welfare of the deployed population.

88

The Ministry of Defence policy is that all personnel within their units, when returning from operational deployment, pass through a “decompression” process to assist in the readjustment. This is usually delivered in a dedicated facility, with a community mental health nurse on hand to provide psycho-educational briefing and deal with any immediate issues.

89

The Ministry of Defence, Department of Health, Devolved Administrations and the ex-service charities, notably Combat Stress, have worked together to develop a new model of community-based mental health care, which is NHS-led and reflects NHS best practice. Six pilots are running across the UK, four in England and one each in Scotland and Wales. The pilots are running for 2 years and are being evaluated to identify best practice. The findings will inform wider roll-out across the country of community mental health services for veterans. In the interim, for areas not involved in the pilots, veterans with operational service after 1982 and mental health problems may attend the Medical Assessment Programme based at St Thomas’ Hospital, London. The pilots are being evaluated with the intention that lessons learnt will inform the dissemination of improved access across all community services. A number of different approaches have been adopted and all of the Trusts involved report that they will be able to continue their work beyond the end of the pilot period due to support from their senior management/commissioners.

The initial evaluation of the pilots will be available before the end of 2010 and the final version in the spring of 2011, with the expectation that all mental health services will make special provision for veterans during 2011/12.

The Department of Health and the Ministry of Defence are working with Combat Stress, the ex-service mental welfare society. They have jointly developed and funded a project to appoint (initially) six workers who will be trained by Combat Stress. These workers will work from within mental health services in areas with a high proportion of veterans (i.e. areas with high recruitment or with a major base within their boundaries). The workers will:

- provide direct clinical work with veterans, depending on their skills and experience
 - encourage veterans to seek help when they need it
 - support veterans to access appropriate care speedily (for instance IAPT services directly, secondary mental health services, substance abuse services etc.)
 - ensure that veterans receive the treatment that they need in a culturally acceptable way
 - work in ways that are informed by the evaluation of the pilot sites
 - work with local commissioners to ensure needs of veterans are fed into JSNAs and local commissioning plans including Regional IAPT Delivery Plans.
-

The IAPT guide *Commissioning IAPT for the Whole Community* was published in 2009.⁴⁰ The guide provides a number of short *Positive Practice Guides* giving “top-tips” on commissioning IAPT services for specific communities. The *Veterans Positive Practice Guide* (which provides commissioners with further information on veterans and also supports Commissioning IAPT for the whole community) is part of this guidance.⁴¹ In 2009/10 SHAs have required PCTs to address the needs of veterans in their Regional IAPT Delivery Plans, and the IAPT Programme Board has also highlighted the importance of ensuring IAPT services are available to veterans. The main focus has been to ensure needs of veterans are reflected in local JSNAs and to ensure good access pathways are developed with local military communities. IAPT services will participate in the Combat Stress worker projects. As the number of IAPT services available across the country increases, there will be an increased focus on those services promoting access to veterans through appropriate channels, such as Combat Stress.

91

The Department of Health, Ministry of Justice and Ministry of Defence are working with the Sainsbury Centre for Mental Health to answer three key questions by early 2010. These are:

- How many veterans are in the criminal justice system?
- How many come into contact with the criminal justice system as a result of mental health problems associated with deployment?
- What additional support do veterans need within the criminal justice system?

92

Suicide prevention, and the needs of service and ex-service personnel will be reviewed in the refreshed National Suicide Prevention Strategy.

93

The Department of Health will continue to work closely with the Ministry of Defence through, for example, the Partnership Board to ensure the mental health needs of serving personnel and veterans are both continuously re-evaluated and appropriately met. The Department of Health will work with colleagues in the regions and local areas to ensure there is coordination and monitoring of services and dissemination of learning.

Mentally ill offenders

Each year more than a quarter of a million people receive a custodial or community sentence from the courts. There is overwhelming evidence that this group suffers from a wide range of mental health conditions at much higher rates than the general population. Conditions include severe mental illness, a wide range of personality disorders, learning disabilities, and drug and alcohol abuse. Very many of this group have multiple problems. The mental health of the majority of these offenders is managed in the community, but in many cases they experience poor access to treatment, which contributes to offending or re-offending.

Actions

94

In April 2009 Lord Bradley published his report on “People with mental health problems or learning disabilities in the criminal justice system”, outlining the case for doing more to tackle the mental health needs of this group, to reduce health inequality, to help to support individuals re-settle in the community, and to make the justice system more responsive to their need to access treatment. The Government accepted the direction of travel set out in Lord Bradley’s report and on 17 November 2009 published a delivery plan called *Improving Health, Supporting Justice*,⁴² setting out the action that the NHS and criminal justice system will take to support these goals. There are six relevant strands from this work programme:

- the need for a systematic and joint NHS/criminal justice system approach to offender health
- needs assessments to help inform commissioning decisions about mental health services for offenders, both in the community and for those in prison or in secure mental health services
- a systematic approach to supporting people with mental health problems at police stations and at courts, through liaison and diversion services: provision of high-quality assessments; diversion

of people to appropriate health and social care services where that route is appropriate; support decisions about the range of sentencing options by the courts

- continued investment in mental health awareness training for frontline criminal justice system staff
- embedding the Care Programme Approach throughout the criminal justice system
- work to reduce the transfer times from prison to mental health bed for individuals under Section 47/48 of the Mental Health Act.⁴³

The Government response to Lord Bradley’s review acknowledged that there will be little scope, if any, for new resources in the foreseeable future. There is, however, emerging evidence that there are resources in the system that could be used in a better way. The deliverables for central Government will lead to the development of robust analysis of potential costs and impacts on existing services and the scope for efficiency savings. It is only once this work has been done that we will be able to make firm commitments on implementation of the deliverables that have costs to local services, taking into account the availability of resources in the next Spending Review and the capacity of local services to prioritise this agenda.

Actions

95

Develop a cross-departmental strategy for personality disorder that ensures recognition, access and intervention to improve health and social outcomes, public protection and social inclusion. This strategy should be based on the best evidence of effectiveness and should ensure earliest intervention and ongoing risk management for offenders, whether in custody or the community.

96

The Department of Health, working with the National Offender Management Service and local PCTs, has tested a care pathway for older prisoners. This involves 6-monthly health checks which will flag up mental health issues and trigger an appropriate response.

97

The Department of Health has supported the National Association for the Care and Resettlement of Offenders (NACRO) in the development of a training pack for older prisoners to raise awareness of mental health issues among prison officers. It aims to make them aware of the signs of potential issues and encourages them to refer to prison health services.

Homelessness and social exclusion

Some people who are homeless also experience multiple social exclusion and socially excluding behaviours. These people may find it difficult to engage with, or may not readily be engaged by, services. People with chaotic life styles often have both mental health and substance misuse problems and/or personality disorder. Their life style and dual or triple diagnosis means their needs may not fit neatly into current, siloed service provision. A shift towards coordinated treatment based on need rather than the acceptance criteria for services will help engage those who need our help the most.

This is best achieved through local care networks that bring primary, secondary and mental health care providers together with housing and homelessness agencies around common client groups and focus on prevention and recovery as well as stabilisation of current needs. Services should be provided in ways and environments that do not stigmatise users or lock them into services and treatments that prevent rather than facilitate a return to mainstream services.

Actions

98

Staff and professionals working with complex caseloads and in often challenging physical environments need effective leadership and good human

resources and professional support. It is important to reduce barriers to care and ensure clearer, recovery-focused pathways into primary and specialist care, including for those who have dual or triple diagnosis (substance and alcohol abuse and/or personality disorder). The joint Department of Health and Cabinet Office project on primary healthcare and social exclusion is examining how best to enable those working with vulnerable groups to be better supported and better meet people's needs.

99

Homeless Link, the national umbrella organisation for homelessness agencies in England, has been awarded funding from the Department of Health Third Sector Investment Programme to deliver a project to improve access to healthcare for homeless people.

The project will develop an audit tool that will enable homelessness agencies, such as hostels and day centres, to record and evidence both client health needs (including mental health needs) and access to services. The evidence provided by the audit tool will enable agencies to inform commissioning of future services, through local strategies such as the Local Area Agreement and JSNA.

The project will also train peer advocates to work with service users to encourage their take-up of health services

(including mental health services) and communicate the experience of health services to local commissioners, ensuring the voice of the service user is heard.

100

The strategy *None Left Out – Communities ending rough sleeping* (2008)⁴⁴ signals the Government's intent to work across governments and sectors to end rough sleeping by 2012.

Rural communities

There are particular issues in providing mental health services to rural communities, where service users face problems with travel, and costs for providers can be higher. In rural areas the proportion of people over 75 is already as high as we expect to see in England as a whole in 20 years' time. Older people can be particularly vulnerable to some mental health problems, and other factors – including rural fuel poverty and lack of affordable rural housing – can also have an adverse impact on people's quality of life. This poses challenges that mental health services in rural areas need to recognise and address.

Black and minority ethnic (BME) communities

One of the most challenging and urgent tasks for those who commission and provide mental health care is to fully meet the needs of the increasingly diverse

communities they serve. The proportion of the population of England with an ethnic origin other than white British is increasing (17% in 2007 from 13% in 2001). Recent patterns of inward migration have stretched beyond the urban centres into more rural areas of England, where the absolute numbers may be smaller but the risk of social exclusion and isolation from services is greater.

New Horizons: Towards a shared vision for mental health and its associated equality impact assessment described the evidence for the – often very serious – inequalities in mental health among some ethnic groups. The roots of these inequalities lie in social, not biological, factors, so the responsibility for remedial action extends to all the agencies that influence public mental health and well-being. The equality impact assessment also summarised the available evidence around BME communities' access to, and experience of, mental health services. While the situation is by no means universally bleak – and in some important aspects it is positively encouraging – two key challenges remain.

- For commissioners – the duty to understand, respect and meet the needs of their BME population, including refugees and asylum seekers. Primarily this means recognising and addressing inequalities in mental health, but that requires proactive work with communities and the third sector to make sure that services are personalised around their linguistic and cultural characteristics. There is no single “BME issue”, but

there are significant risks in making assumptions or over-simplifying

- For public mental health initiatives – to ensure as a priority that activity supporting good mental health and well-being is targeted at, or is at least equally effective for, ethnically diverse populations.

The programme around the 5-year Delivering Race Equality in Mental Health Care action plan comes to a formal end in January 2010. A comprehensive initial report, *Delivering Race Equality (DRE) in Mental Health Care – A Review*, to be published shortly, will go into more detail about what has been learned from DRE and how activity should be focused in future.

Actions

101

The new Ministerial Advisory Group for inequalities and mental health, involving external stakeholders and chaired by the Minister of State for Care Services, will advise on strategies and monitor progress.

102

The ongoing NMH DU programme will continue in 2010/11 to help deliver race equality in mental health care, as part of an integrated mental health equalities programme, based on the findings of

DRE in Mental Health Care – A Review and integrated into other learning from wider equalities-based activity and initiatives (for example age, gender, faith, sexual orientation and physical disability). The programme will include:

- published, evidence-based equality impact assessments of all action and programmes that arise from New Horizons
 - published evaluation of the impact of community development workers by March 2010
 - ongoing involvement and work with people who use services, their carers, families and communities to develop solutions to improve services and well-being
 - further development, analysis, publishing and monitoring of the local and national evidence base, including statistics on the use of the amended Mental Health Act, the development of the IAPT programme, a “dashboard” of new data on BME access to specialist community mental health services, and a final Count Me In census of mental health inpatients in March 2010.
-

Better mental health and well-being and non-discriminatory care for older people

Everything in the previous sections about adults applies equally to older adults. This section describes additional approaches to support high-quality, non-discriminatory mental well-being and mental health care services for older adults.

There is indisputable evidence that older people experience widespread discrimination at all levels of mental health care: from primary prevention, identification and treatment through to standards of care and access to treatments for those with acute mental ill health.

The Equality Bill that is currently before Parliament:

- will ban age discrimination against adults in the provision of services and exercise of public functions
- replaces the three existing public sector equalities duties (which cover disability, race and gender) with a new duty that covers eight protected characteristics, including age.

Achieving Age Equality in Health and Social Care: A Report to the Secretary of State for Health by Sir Ian Carruthers OBE and Jan Ormondroyd, published in October 2009,⁴⁵ makes a number of recommendations intended to prepare health and social care for the new requirements on age. The Government will announce its decisions on the recommendations that affect

legislation in due course. The Department of Health launched a consultation on the non-legislative recommendations on 23 November 2009.

The Royal College of Psychiatrists published *Age Discrimination in Mental Health Services: Making equality a reality* in October 2009.⁴⁶ This report states that access to services must be based on need and that "A needs-based service will still require the development of comprehensive specialist-based mental health services for older people." It outlines a number of guiding principles and recommendations for action. These include the development of a toolkit that allows self-assessment of services based on need, not age.

*Everybody's Business – Integrating mental health services for older adults*⁴⁷ and the Healthcare Commission report, *Equality in later life: A national study of older peoples' mental health services*⁴⁸ both identify aspects of a good mental health service for older people and also some aspects of a non-discriminatory service. While there are no clear indicators/measures of a non-discriminatory service, both make clear that non-discrimination does not mean providing an identical service to all. There is a paucity of data available which can be used to identify progress on key themes including age discrimination.

The Mental Health Foundation report *All Things Being Equal: Age equality in mental health care for older people*⁴⁹ highlights similar areas and makes a number of recommendations.

One of the key issues is the high rates of depression and low rates of its identification in primary care in both older people who are living at home and those in residential care. The Department of Health has undertaken a cost-benefit analysis of increasing the rate of identification and treatment of depression by GPs. The analysis assumes initially longer GP consultations, treatment costs (both medication and psychological) and additional training for GPs. The costs are potentially considerably outweighed by the health benefits including reduced morbidity from long-term physical conditions (the full economic case will be available on the website [www.dh.gov.uk.newhorizons](http://www.dh.gov.uk/newhorizons)).

Actions

103


The Department of Health is working with the Royal College of Psychiatrists to develop an appropriate toolkit for mental health services to assist services to develop age-appropriate non-discriminatory services. The Descriptors of age-appropriate non-discriminatory services have been developed to assist this work; see Annex A.

104

The Department of Health is working with the Royal Colleges of Psychiatrists, General Practice and Nursing and the British Psychological Society to develop appropriate training initiatives to improve the rate of identification and treatment of depression in older people living both in the community and in residential care.

105

The Department of Health will work with the NHS Information Centre for health and social care and regulatory bodies to ensure that regular monitoring of experience of services and access to services is inclusive of the full age range.



Section 4: How We Will Get There

The New Horizons consultation document stressed the importance of aligning key levers to deliver change. These are:

- the prioritisation of mental health nationally and locally across government and all sectors
- a clear strategy supported by a broad consensus
- local and national leadership
- evidence-based service models and approaches
- effective and resourced commissioning, both multi-agency and specialist
- information, monitoring and regulation and high-quality outcome measures
- a skilled workforce.

In addition, at every level there has to be regular, meaningful involvement of the public, mental health service users and carers.

Public and patient accountability

Mental illness accounts for about 11% of the total NHS spend. Mental health problems are common and will affect most of us directly or indirectly at some time. There is a need for openness about how resources are used and where they impact. It is important that there is real involvement of service users, carers and members of the local community in commenting on priorities and giving feedback on the quality of services. In a modern mental health service, and indeed in public services generally, this is a critical driver for reform.

The prioritisation of mental health nationally and locally across government and all sectors

This document sends the signal that the Government is committed to delivering the twin aims of New Horizons:

- improving the mental health of individuals, families and whole communities through a coordinated programme, and
- continuing the work of the National Service Framework and the Next Stage Review and prioritising high-quality mental health services.



A number of national and local levers exist and can be used to ensure the prioritisation of mental health. These include PSAs and LAAs which link to and support local authority and health commissioners working in their local strategic partnerships.

The NHS Operating Framework sets out the operating parameters for the NHS, including the priorities, and the business and financial arrangements that apply within the coming year. The National Quality Board is a multi-stakeholder board established to champion quality within the NHS.

A clear strategy supported by a broad consensus

The New Horizons consultation document outlined a national strategy built on SHA and other stakeholder visions, sound evidence and a widening engagement across government and sectors nationally and locally in a broader approach to mental health. The key themes of this strategy have been confirmed by the consultation, with additional areas identified in this document. Work has involved a number of key external stakeholders, including the Future Vision Coalition, Royal Colleges, Local Government Association, the

Association of Directors of Adult Social Services and third sector organisations, including user and carer groups.

Local and national leadership

National leadership across all government departments will support local action. The Government departments engaged with the New Horizons agenda will establish a Ministerial board to ensure high-level oversight of progress.

Local councils are at the heart of providing locally responsive and better value services. Local government has a strong role to play in ensuring the delivery of public sector entitlements and in the greater scrutiny of service providers and the quality of their services. Good cross-sector leadership requires the active participation of all stakeholders, including users, families, carers, frontline staff and the public.

The Government is committed to supporting local government through more efficient funding allocation to meet local area needs.

Total Place is a new initiative that looks at how a “whole area” approach to public services can lead to better services at lower cost. The project aims to identify and avoid overlap and duplication between

organisations, and to seek new ways of working which will deliver better, more efficient public services. There are currently 13 pilot areas ensuring a diverse mix of economic, geographic and demographic profiles. Each pilot has a different emphasis – for example, the Birmingham pilot is looking at issues around mental health services. Total Place offers considerable potential to achieve some of these changes. Early findings will be available in 2010.

The Next Stage Review recognised that clinical leadership is fundamental to driving quality across care pathways and empowering frontline staff to improve service quality. Clinical leadership is provided through the National Clinical Director and regionally by the SHA medical directors and clinical pathway groups.

Royal Colleges, professional and third sector organisations also play an important part in providing leadership at national and local level.

The National Quality Board provides strategic oversight and leadership on quality. It brings together key organisations and people from the NHS and social care, ensuring that the whole health system is pulling in the same direction to provide high-quality care for patients.

Evidence-based models and approaches

New Horizons has detailed much of the evidence for the strategy and given several examples of good practice. Action on growing research and innovation in this area has been outlined. In addition, evidence for effective interventions in public mental health is being published on www.dh.gov.uk/newhorizons.

Links with NICE and the National Quality Board will be used to support the development of further NICE quality standards in mental health.

Examples of good practice will be published on the New Horizons website and continuously updated. This will give commissioners and providers rich information about and links to projects across the country. Research and innovation will be stimulated and supported.

NHS Evidence, launched in 2009, is an online portal that allows everyone in health and social care to access a wide range of health information to help them deliver high-quality patient care. (www.evidence.nhs.uk)

Effective and resourced commissioning, both multi-agency and specialist

Created through the Local Government and Public Involvement in Health Act (2007),⁵⁰ local performance frameworks strengthen partnership working between local delivery

agents, thereby enabling local areas to tackle cross-cutting issues collectively. The key elements were described in the New Horizons consultation document and include:

- Joint Strategic Needs Assessments
- a Sustainable Communities strategy
- local strategic partnerships
- LAAs
- Comprehensive Area Assessments.

Support for local authorities and their strategic partners in the delivery of their LAA commitments is provided by the Regional Improvement and Efficiency Partnerships (RIEPs).

Local councils also have the power to promote or improve the economic, social or environmental well-being of their area and there are a number key relevant National Indicators, including:

- NI 149 and NI 150 – these indicators are part of PSA 16 (socially excluded adults). They measure the proportion of adults in contact with secondary mental health services in settled accommodation and in employment respectively. Both of these indicators are also incorporated in Vital Signs as areas identified for local action.
- NI 50 and NI 51 – these indicators are part of PSA 12 (improving the health and well-being of children and young people). NI 50 measures the emotional well-being of children and young people; NI 51 measures the effectiveness of CAMHS.

Within the NHS, World Class Commissioning provides the framework for improving the capacity and capability of those responsible for commissioning services on behalf of their population. In addition, the Commissioning Support Programme offers a package of support for commissioners in children's trusts to support emotional well-being and mental health, including support for CAMHS commissioners.

The development of Payment by Results for mental health has the potential to improve quality of services. A national currency is available for use from 2010/11 and this should help consistent and comparable contracting across England. As the currency becomes more widely used we will consider the case for a national tariff – the earliest date for this will be 2013/14. In advance of such a tariff, the Standard NHS Contract, which sets clear expectations with providers on expected performance and benefit through quality incentives, offers considerable scope for delivering change. Commissioning for Quality and Innovation (CQUIN) is part of the payment framework for quality incentives.

Mental health services have been provided by a range of different providers (including not for profit/for profit and NHS/foundation trusts) for many years. This plurality of provision has been a strength and in the future will play an important role in continuing to drive innovation, improving quality and value for money.

Asset mapping

Understanding and determining community resources or assets that can engender and sustain resilience and well-being will enable local planners to identify the bigger picture of local communities and places. This approach can build a broader mental health outcome focus linked to community solutions, and also improved efficiencies within public sector delivery.

Examples of methodologies that enable this broader perspective include Community Asset Mapping, Appreciative Inquiry and Asset Based Community Development.

Action

106

The Department of Health is supporting and joining with NHS North West and key partners to support local organisations in building capacity to determine local community needs and assets that create well-being in communities. Specifically this work will extend the use and capacity of asset-based working and test its application in the context of local system reforms that enable commissioning for well-being outcomes.

Information, monitoring and regulation and high-quality outcome measures

The availability of high-quality information, including high-quality outcome measures, is central to effective commissioning and the development of high-quality services. At present there are a number of indicator sets in use nationally. The Department of Health, working with the Care Quality Commission (CQC), is committed to achieving a greater degree of coherence across the indicators in use. This could lead to an agreed central set (together with agreed ways of measuring metrics) from which various subsets for different purposes can be drawn. The additional aim is to minimise the burden of data collection by service providers and commissioners.

Indicators for Quality Improvement (IQI) is an assured menu of indicators for clinical teams to use for local quality measurement. Published in July 2009 on the NHS Information Centre website, it will allow teams to benchmark themselves against others as a basis for quality improvement. Longer-term national quality indicator development is being overseen by the National Quality Board.

The national Mental Health Minimum Dataset (MHMDS) has incorporated the Health of the Nation Outcome Scales (HoNOS), but it is still not routinely used in many (if not most) services. One reason may be that it is not an ideal instrument for all groups of mental health service users. However, as it is most appropriate

for those with severe and enduring mental illnesses, it has been incorporated into the new Care Programme Approach policy and implementation guidance.⁵¹

Outcome measures are also an important tool for understanding and improving services for children, young people and families. Using a variety of measures, such as the Strengths and Difficulties Questionnaire, Goal-based Outcomes and the CHI Experience of Service Questionnaire, supports clinical audit and gives providers, commissioners and practitioners the range of information they need in order to develop services effectively.

The Department of Health Outcomes Compendium toolkit, published in February 2009,⁵² aims to help clinicians decide which measurement tools best fit their services and purposes. Each of the 70 measurement tools is described with their purpose, strengths and weaknesses and any copyright issues. Although this is neither an exhaustive list nor formal guidance, it should facilitate the growth of routine outcome measurement.

For people with severe mental illness who are on CPA, the mandated outcome measure is HoNOS (Health of the Nation Outcome Scale).

The Improving Access to Psychological Therapies (IAPT) Programme published its data set in July 2008⁵³ as part of the national roll-out. IAPT has outcome measurement at its core so that all of its services should be able to produce routine outcome data. The measures include

evidence-based scales for depression (PHQ9) and anxiety (GAD7), phobia scales, disorder-specific scales and a patient experience questionnaire. The success of this integrated approach to outcome measurement can inform the development of other services.

Measures for aspects of recovery have also been developed. The two that have most application to date are:

- DREEM (Developing Recovery Enhancing Environments Measure) – aimed at accessing the extent to which a mental health service is orientated towards and committed to recovery
- Recovery Star – developed by the voluntary sector Mental Health Providers Forum to enable individual service users, in conjunction and collaboration with their key worker, to assess their current position, plan next steps and assess progress over time in ten key dimensions relevant to their recovery. It is currently undergoing a more formal evaluation but has significant face validity and interest in it from mental health services has been strong. The Department of Health is funding implementation of this programme across services and the country (see pages 54–55).

PROMs (Patient-Reported Outcome Measures) have also attracted increasing interest in healthcare, particularly for long-term conditions, including some mental disorders. Further work might usefully concentrate on establishing such measures

for conditions such as depression and also schizophrenia, if an appropriate measure can be agreed.

Better information, particularly in relation to quality and outcome measurement, will be vital for effective commissioning. For most services, this might well entail developing systems to ensure the appropriate collection of HoNOS scores for patients on the new Care Programme Approach, particularly as the evolution of Payment by Results in mental health is likely to depend on assessments that incorporate HoNOS. In addition, mental health service providers could encourage their clinical teams to develop the practice of more specific outcome measurement, helped by reference to the Outcomes Compendium measures such as the Recovery Star and PROMS.

Clinical ownership and leadership are both essential for success. An important step is for clinicians and their teams to receive information based on data they have collected routinely fed back in a useful form. It is also important to minimise the burden of data collection through streamlining processes, better information technology and improved user interfaces for data collection, for example through voice recognition software or other technical solutions which may minimise the amount of time spent on administrative tasks.

The CQC is the independent regulator of health and social care in England including the NHS, and local authority independent and voluntary sectors. The CQC has agreed to work with the Department of Health and other partners to ensure that in future the work on improving services within the mental health system will include the key themes of New Horizons.

A skilled workforce

The New Horizons consultation document recognised staff working across all sectors as the main resource for delivering high-quality care. They have the knowledge, skills and attitudes necessary to deliver interventions and approaches that challenge stigma and discrimination and improve quality of care, social outcomes and mental well-being across all ages and communities.

Within mental health, it is vital that staff be well led, supported and supervised, and have access to continuing professional development locally. Professional bodies have a lead role in ensuring that the workforce is appropriately trained and skilled to meet new demands and challenges.

A number of initiatives have been identified across different sectors to improve the knowledge and skills across the diverse workforces and to help them meet the challenge of delivering New Horizons.

Actions

107

As part of its ongoing training programme, IAPT is developing employment advisors. IAPT is also expanding training on all therapies supported by recently revised NICE guidance on depression.

108

The seminar to be held on personalisation in mental health will identify key workforce issues.

109

The Department of Health is working with the Royal College of Psychiatrists and others to review the training needs of staff to better manage transitions across services, including age-appropriate non-discriminatory care for older people and the transition from adolescence to adulthood.

110

During the next year the Department of Health will undertake a review of the workforce requirements to take the public mental health agenda forward. The terms of reference for this work will address the requirement not to increase costs.

111

The Department of Health is working with the Royal College of Psychiatrists and the Royal College of General Practitioners to look at the training implications of improving psychological management of patients and, in particular, of implementing the NICE guidelines on depression in chronic physical ill health.

112

An e-learning resource for mental health practitioners is being developed to highlight the importance of sexual and reproductive health in serious mental illness and the impact of abuse on sexual health functioning.

113

E-learning resources for primary care on the side-effects of medication have been commissioned from BMJ Online.

114

The Department of Health and the Ministry of Defence are working with Combat Stress, the ex-service mental welfare society. They have jointly developed and funded a project to train mental health staff.

115

The Ministry of Justice and the Department of Health continue investment in mental health awareness training for frontline criminal justice system staff.

116

The Department of Health has supported NACRO in the development of a training pack for older prisoners to raise awareness of mental health issues among prison officers. It aims to make them aware of the signs of potential issues and encourages them to refer to prison health services.

117

The Department of Health is working with the Royal Colleges of Psychiatrists, General Practitioners and Nursing and the British Psychological Society to develop appropriate training initiatives to improve the rate of identification and treatment of depression in older people living both in the community and residential care.

118

The Department of Health will support the training recommendations of the Department of Health Task Force on the forthcoming cross-government strategy to end violence against women and girls.

119

The Department of Health will be collaborating on work with the relevant professional colleges to support training initiatives to reduce the inappropriate use of anti-psychotic medication in nursing homes. This will involve specialist mental health, primary care and community pharmacy staff.

120

The Royal College of Psychiatrists will also consider the broader implications of New Horizons on the training of psychiatrists, on the delivery of clinical care and on relevant research. This review will look at how New Horizons can support the College's Fair Deal campaign as well as how to address key issues such as personalisation, early intervention and prevention.

Conclusions and Next Steps

In 1999 the National Service Framework for mental health began a process of reform based on a government blueprint for mental health care that services throughout the country were expected to follow. In 2009 we are launching New Horizons, a government vision for mental health that depends for delivery on a new relationship with frontline services. For the ambitions of New Horizons to become real, many others have to take ownership of its messages. The commitment of professionals and managers, carers and service users – in health and social care, partner organisations and the voluntary sector – can make it happen. New Horizons is an invitation to step up to the challenge.

New Horizons is a broad initiative and further work will follow the publication of this document. What it will mean for service users, their families, mental health trusts and commissioners will need to be presented in more detail. How it will influence the priorities of researchers, the CQC, local government and the Royal Colleges will continue to be addressed. A cross-government ministerial process will add impetus to the task ahead. The involvement and support of mental health stakeholders will continue to be vital.

Under New Horizons, the value of good mental health will be better recognised – as a stepping stone to a range of benefits for the individual, for families and for communities. Under New Horizons, people with mental ill health will face a more hopeful future, in which services are safe, accessible and personal, and in which opportunity – for education, jobs, relationships and decent housing – will replace prejudice. Under New Horizons we shall get closer to achieving our twin goals – high-quality clinical care and social justice for people with mental illness on the one hand; and better mental health and well-being for individuals and communities on the other.

Annex A: Characteristics or Descriptors of Non-discriminatory Services for Older People

Prevention and public health interventions

1. Older People, i.e. those over 65, have equal access to an appropriate range of health promotion, prevention and early intervention programmes and services, including programmes such as physical activity, healthy eating, smoking cessation etc.
2. Local suicide prevention plans will address the needs of people over 65. The refreshed National Suicide Prevention Strategy will underline this.

Primary care

1. The mental health needs of people over 65 will be recognised equally within primary care as those of younger people, for example with the same rates of recognition and treatment of depression, including psychological therapies, and, where necessary, referral to secondary care services.

Although 20% to 40% of older people in the community show symptoms of depression only 4% to 8% will consult their GP about this problem. This is particularly true for older men. However, GPs are often seeing these individuals for physical health problems. Even when depression is identified, studies show lower levels of treatment and referral to secondary care services than for younger adults.

2. The mental health needs of older people in residential care will be recognised and treated to an equal extent as those of younger adults living in the community.

Mental health services

1. All older people have the same access in relation to assessed need services as younger adults, that is, range, quality, choice, and timeliness to culturally appropriate mental health services.

This includes general and specialist services or approaches, for example community mental health teams, Crisis Resolution and Home Treatment services, assertive outreach services, Improving Access to Psychological Therapies (IAPT) and psychological services, inpatient care and intensive care services, alcohol and drug treatment services and intermediate care and continuing services.

2. Older people have access to services which meet their needs not only for mental health problems, including dementia, but also for communication problems, physical illness and physical frailty.

Services are provided within an appropriate environment, by appropriately trained staff offering a comprehensive and appropriate range of interventions.

3. People of all ages with dementia have equal access to appropriate services.

4. Older people are equally involved in the planning of their own individual care, service planning, foundation trust membership etc, for example Putting People First.
5. Carers of older people have equal access to assessment, information, advocacy, services and support.
6. Older people with learning disabilities have equal access to services (see *Valuing People Now*).
7. Older people in the criminal justice system have equal access to appropriate services.
8. Older people have equal access to social support, such as individual budgets, range of accommodation, domestic support etc.
9. Mental health services have clear protocols for the transfer of individuals from adult to specialist older peoples' services. These make it clear that age may be a guide but not an absolute marker for determining which service is most appropriate (see the New Horizons consultation document for common features of these protocols).

Physical health problems, primary care and general hospital care

1. Mental health needs of older people with long-term physical conditions are equally identified and treated in primary care and acute medical services.
2. Older people with mental health problems have their individual physical health needs identified, assessed and treated as speedily, frequently and effectively as younger adults in primary care and acute medical services.

Organisations

1. Provider policies are all impact assessed to ensure that they are non-ageist.
2. All statutory, independent and voluntary sector services dealing with older people include in their strategy documents and operational plans the statement that decisions about treatment and care should always be made on the basis of each individual's need, not their age.
3. Provider management arrangements should ensure that the needs of older people are represented throughout the structure at board, director, governor and membership level.

Research, audit and evaluation

Grant-giving bodies, academic institutions, commissioners and provider organisations should ensure equal levels of research, evaluation and audit of services for older people as for younger adults.

Annex B: Summary of All Actions

Key Cross-government Actions

1

The government departments engaged with the New Horizons agenda will establish a Ministerial board to ensure high-level oversight of progress.

2

The Department of Health will offer support and advice on mental health to government departments and other statutory agencies as they carry out health impact assessments on their policies. These are mandatory elements of the Government's impact assessment process.

3

A New Horizons Ministerial Advisory Group for inequalities and mental health, involving external stakeholders and chaired by the Minister of State for Care Services, will help monitor progress and advise on strategy.

4

Cross-government action will be initiated to combat stigma, including legislation, ratification of the United Nations Convention on the Rights of Persons with Disabilities, and specific action within each department.

5

The Government's Alcohol Strategy and actions are set out in *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*.⁵⁴

6

The Department of Health will host an inter-ministerial summit meeting on cross-government action to tackle the stigma associated with mental illness.

7

Ratification of the UN Convention on the Rights of Persons with Disabilities on 8 June 2009 and its Optional Protocol on 7 August 2009.⁵⁵

This Convention makes clear that disabled people have, and should enjoy, the same human rights as everyone else. It also sets the international benchmark of human rights for disabled people.

8

The Independent Living Strategy brings together a number of initiatives across government that will enable more people to have choice and control over the support they receive, remove barriers to independent living and improve access to services.

9

The Government's full response to the Child and Adolescent Mental Health Services (CAMHS) Review will set out the programme of work to improve children's and young peoples' psychological well-being and mental health.

10

Think Family practice will be rolled out nationally, ensuring that the support provided by children's, adult and family services is coordinated, taking particular account of where an adult in treatment has parental responsibility, how that adult's problems affect the whole family and how support in their parenting role can aid their own recovery.

11

*Working our Way to Better Mental Health: A framework for action*⁵⁶ involves action across government to improve employment for people with mental health problems.

12

The Government will implement its housing policy and delivery plan, *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* (2008).⁵⁷

13

*"World Class Places": The Government's strategy for improving quality of place*²⁵ was published in May 2009.

14

The strategy *None Left Out – Communities ending rough sleeping* (2008)⁴⁴ signals the Government's intention to work across government departments and sectors to end rough sleeping by 2012.

Individual Department Actions

Department of Health

Work involving external partners and across government

1. Public mental health – a number of actions to promote the commissioning and development of services to promote mental health and well-being and prevention, including a Public Mental Health Framework.
2. Summit with key stakeholders on personalisation within mental health.
3. Working with research funders to influence strategy, capacity and funding.
4. Work stream to strengthen approaches to innovation and value for money within mental health.
5. Programme of actions to strengthen transition from adolescent to adult mental health services and improve services for young people.
6. Refreshed National Suicide Prevention Strategy to build on achievements to date.
7. Working with the Department for Environment, Food and Rural Affairs and the Department for Communities and Local Government to undertake an analysis of the impact of environmental events, including flooding, on the mental health and well-being of communities.
8. Working with the Department for Environment, Food and Rural Affairs and the Commission for Rural Communities to ensure that mental health policy considers the needs of rural communities.
9. Work to ensure the development of recovery approaches across organisations, supported by the development of better measures for individuals and organisations.
10. Formally respond to the *Acute Care Declaration* agreed with NHS Confederation and other partners.
11. A number of actions with the Ministry of Defence to improve access to mental health services for service and ex-service personnel.
12. Working with the Ministry of Justice on an action plan as a response to the Bradley Report to improve access to mental health services for people in the criminal justice system.

13. A joint study with the Cabinet Office Social Exclusion Task Force on improving the way we meet the primary healthcare needs of socially excluded groups, including homeless people.
14. Working with the Royal Colleges and other partner organisations to promote age-appropriate non-discriminatory services for older people.
15. Work with the Royal Colleges of General Practitioners, Psychiatrists and Nursing to improve the psychological care of people with long-term conditions, and work to improve the physical care of those with mental health problems.
16. Work with the Royal College of Psychiatrists and the Royal College of General Practitioners to look at the training implications of improving the psychological management of patients, in particular of implementing the NICE guidelines on depression in chronic physical ill health.
17. The National Dementia Strategy outlines approaches to early intervention in dementia.
18. The Department of Health-funded SHIFT programme is undertaking work streams on stigma, media coverage and employment.
19. Work building on the Carers Strategy: *Carers at the heart of 21st-century families and communities*.

Work within the Department of Health

20. Continuing programmes of work to promote equality in access to services, including race equality.
21. Work on *Healthy Children, Safer Communities* – a strategy to promote the health and well-being needs of children and young people in contact with the youth justice system, which is due to be published in December 2009.
22. A Volunteering Strategy is being developed, which includes links to mental health.
23. Commission guidance for low secure services.
24. Support the setting up of a Quality Network for Eating Disorders.

Cabinet Office

Leads work on PSA 16, which includes government action focused specifically on people with more complex needs and employment as set out in *Work, Recovery and Inclusion* and the proportion of adults in contact with secondary mental health services who are in settled accommodation.

Office of the Third Sector

1. Working with the third sector on personalisation and early intervention (details in relevant section above).
2. Work to promote innovation in the third sector and benefits to mental health.

Social Exclusion Task Force

1. Work Recovery and Inclusion action plan to deliver PSA 16.
2. Joint study with the Department of Health on the primary healthcare needs of the socially excluded.

Office for Disability Issues

1. The Office for Disability Issues has worked with disabled people to develop a new legal right – the Right to Control.⁵⁸ The right will empower disabled adults to have greater choice and control over the services they need to go about their daily lives.
2. The Office for Disability Issues is “exploring opportunities to improve attitudes towards disabled people” – a commitment within the Home Office hate crime action plan. The scope of this project goes beyond hate crime to other areas of a disabled person’s life.

Department for Children, Schools and Families

1. There is a programme of actions to ensure the commissioning and provision of services to improve the psychological well-being and mental health of children and young people, including:
 - new legislation and statutory guidance intended to strengthen partnership working through Children's Trusts and the new jointly-owned Children and Young People's Plan to help commission services to improve emotional well-being from birth to adulthood
 - ensuring early intervention for children and young people who need more help; including through programmes to support families in need, the Targeted Mental Health in Schools Programme, which will be running in all local authorities by 2010, and launching a consultation on early intervention
 - a range of school-based programmes to foster better social and emotional skills and promote confidence and self-esteem.
2. Expansion of the Family Intervention Projects programme to work with those families with the most complex problems, including mental illness.

3. Consulting on new regulations to promote a Think Family approach to service delivery. These will require Children's Trust boards to set out in their Children and Young People's Plans how services provided by board partners for adults within a child's family should be coordinated to improve the well-being of children and young people. As an example, that would cover local arrangements to make sure that when an adult is being treated for mental illness, there are checks made to see whether any children are affected.

Department for Environment, Food and Rural Affairs

1. Work on strengthening the third sector and realising mental health benefits.
2. Work with REalliance and the Waste and Resources Action Programme (WRAP) to understand mental health outcomes.
3. Work with local authorities for new responsibilities under the planned Flood and Water Management Bill for local flood risk management and managing the consequences of flooding.

Department for Work and Pensions

1. The *Working our Way to Better Mental Health* strategy.⁵⁶
2. *Realising Ambitions: Better employment support for people with a mental health condition*, an independent report led by Rachel Perkins.
3. Access to Work MIND pilots.

Department for Communities and Local Government

1. Total Place pilot projects, including areas looking at mental health, alcohol and older people.
2. Communitybuilders project.
3. Working with the Department for Environment, Food and Rural Affairs (which is currently commissioning further work as part of its work on local environmental quality and Lifetime Neighbourhoods).

Ministry of Defence

1. Approaches to reduce stigma, and support early treatment and prevention of mental health problems.
2. Approaches to improve access to mental health services for service and ex-service personnel.

Ministry of Justice

1. Work with the Department of Health on an action plan and response to the Bradley Report.⁴

Home Office

1. Delivery and monitoring of the Tackling Violence Action Plan (TVAP) and the Together We Can End Violence Against Women and Girls Strategy.
2. *Attitudes Work* is part of the Home Office Hate Crime Strategy.⁵⁹

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