



## New Horizons: a consultation response from Sainsbury Centre for Mental Health

Sainsbury Centre welcomes the opportunity to respond to the consultation on *New Horizons: Towards a shared vision for mental health*. Sainsbury Centre undertakes policy reviews and related research to inform evidence-based practice. We have utilised the consultation questions as a framework for our comments, which are informed by our particular areas of interest and expertise. This response complements that of the Future Vision Coalition, of which we are a member, and in particular the *Future Vision for Mental Health* report, which forms our shared view about the priorities for mental health policy in the next decade (FVC, 2009).

### Summary

Sainsbury Centre welcomes the vision of better mental health and better support for people with mental health problems contained within *New Horizons*. Those aspirations will only be achieved in practice if government articulates a clear statement of what it expects public services to be able to offer by 2020 and if it prioritises evidence-based approaches over unproven or outdated practices in the allocation of (increasingly) scarce resources.

Our response focuses on actions that government can take immediately to put those ideas into practice, based on work we have carried out in our programmes since 2006. They include:

- Develop early intervention services for children and families to prevent conduct problems from a young age;
- Improve mental health support for people in the youth justice system;
- Implement evidence-based support for people with severe or enduring mental health problems to gain and keep paid employment;
- Implement the Bradley Report's recommendations, in particular for the creation of Criminal Justice Mental Health teams across England;
- Ensure that mental health services genuinely focus on recovery for all of their service users.
- Take action to improve the mental health of the whole of the NHS workforce.

In addition to these immediate priorities, we believe government should investigate as a priority how to make much-needed improvements in areas where the evidence is currently less clear-cut or well developed. They include:

- Tackling the high cost of forensic mental health services;
- Intervening effectively to address common mental health problems at work;
- Improving the employment prospects of offenders with mental health problems.

## **Introductory observations**

Our judgment is that the complementary themes of public mental health and mental health service development are the right ones. However the future of mental health policy and practice in the coming decade must be mapped out against the imminent drought in public service funding.

That fiscal reality makes it imperative to prioritise those services and interventions that are cost-effective and evidence-based, and to discontinue and withdraw from ineffective ones. To achieve positive outcomes for individuals, families, communities and the broader society, a transfer of public sector spend into earlier intervention and prevention is urgent. There is no longer any justification for delaying investment until acute mental illness presents; this approach is too costly in human and financial terms to be allowed to continue.

## **Immediate policy priorities**

Drawing on Sainsbury Centre's research and development work, our considered opinion is that the following areas are suitable for immediate application as well as further review and development.

### **Childhood mental health**

The strength, pervasiveness and persistence of the damaging consequences of childhood mental health problems, particularly conduct problems, make a powerful case for early intervention. There is good evidence that many early intervention programmes for childhood conduct problems are highly effective and pay for themselves many times over. Investment in these programmes will lead to lifetime improvements in mental health and substantial benefits in other areas, including reduced crime (Sainsbury Centre 2009a).

### **Employment for people with mental health conditions**

Individual Placement and Support (IPS) is a form of supported employment that helps mental health service users into paid competitive work. Abundant evidence now demonstrates not only that IPS is more effective than any other form of vocational support in helping people to get jobs, but also that it costs no more than traditional vocational services such as sheltered work and may be considerably cheaper when assessed over a period of years (Sainsbury Centre 2009b).

The process of service transition and towards disinvestment can be complex and challenging and much needed reform often falters or fails because of insufficient resourcing or weak management. Sainsbury Centre has produced relevant guidance for commissioners to inform investment decisions (Lockett et al 2008; Sainsbury Centre 2009c).

Sainsbury Centre has selected a number of local mental health employment partnerships with which to collaborate. These **centres of excellence** will develop services that will be able to achieve the levels of sustainable employment outcomes for people that the research evidence suggests are possible.

[www.scmh.org.uk/employment/ips.aspx](http://www.scmh.org.uk/employment/ips.aspx)

### **Diversion for offenders with mental health conditions**

Mental health diversion schemes operate at the interface between criminal justice and mental health. They seek to ensure that people with mental health problems who come into contact with the police and courts are identified and directed towards appropriate mental health care, particularly as an alternative to imprisonment.

There is a particularly strong case for diverting offenders away from short sentences in prison towards effective treatment in the community. Diverting people towards effective community-based services will improve their mental health, reduce the prevalence of other risk factors such as substance misuse and improve the effectiveness of interventions aimed at other influences on offending.

For example, the Mental Health Treatment Requirement (MHTR) of the Community Order holds out the potential to divert offenders with mental health conditions within the criminal justice system towards appropriate care and treatment (Sainsbury Centre 2009d). There is a pressing need to raise awareness of this option among sentencers and increase its use. Improved service level agreements between the courts and mental health services will be essential to ensure the MHTR is used more effectively.

Earlier this year Lord Bradley published his review of people with mental health problems and learning disabilities in the criminal justice system (Bradley 2009). Sainsbury Centre strongly supports the review's recommendations, particularly those that will promote more diversion of offenders with mental health problems. And we have provided evidence that diversion is good value for money. Even conservative estimates indicate that such investment will lead to savings in crime-related costs of over £20,000 per case, including savings to the criminal justice system of up to £8,000 and benefits from reduced re-offending valued at around £16,000 (Sainsbury Centre 2009e).

### **Youth justice and mental health**

Children and young people who end up in the Youth Justice System (YJS) have well documented mental health vulnerabilities and are three times more likely to have a mental health diagnosis than those who don't offend. These susceptibilities cluster with others that hamper their ability to achieve their potential.

The evidence indicates that a large number of young people with diagnosable mental health difficulties in the YJS are not identified at all (Harrington and Bailey 2005). Even where they are picked up, it tends to be much too late, often in custody. As a rule the response to young people's and families' needs focuses on single problems. Mental health support remains too orientated toward reacting to mental health crises, rather than responding to well documented risk factors for poor mental health and bolstering protective factors or the early signs of mental ill health. There is little attempt to collaborate with young people or to think through what they need holistically to build on strengths. And there is also very little focus on evidence based parenting interventions with conduct disorders either in the community or in secure settings (NICE 2006; Scott 2005).

### **Recovery-focused mental health care**

Mental health services have delivered a transformational programme during the lifetime of the National Service Framework for Mental Health. Our assessment of how best to maintain positive gains in services, as well as ensure their continued improvement and innovation, focuses on the pivotal role of those who use services and those who deliver them.

Key to this agenda is recovery, which encapsulates a person's ability to build a life beyond illness, without necessarily achieving clinical recovery, and describes a shared journey between service users and practitioners. Recovery is coherent with other key policy goals such as personalisation and increased individualisation of care.

Recovery concepts have been largely formulated by, and for, service users to explain their own experiences as they reclaim their lives in the face of enduring mental health problems. However, for recovery to have the impact it deserves, professionals need to understand what it means and, together with service users and others, actively support its implementation across services.

Steps that the NHS could take to realise this transformation of all mental health services and not just a scattered few include:

- Proactive recruitment of care staff who have had personal experience of using services, to utilise and maximise their knowledge and skills with other service users;
- Establishment of a **Recovery Education Unit** in every NHS mental health and foundation trust that would:
  - Train and support people with lived experience;
  - Train a new generation of *peer professionals* to provide direct care within local services.

(Shepherd et al 2008; Sainsbury Centre 2009f; Boardman et al 2009)

Benefits will be realised through professionals stepping back a bit, sharing power and acknowledging the contribution of experts-by-experience – the service users and carers. As the individual achieves greater control over their symptoms and how they are managed, particularly during times of crisis, they can begin to grow in confidence and take control over other aspects of their life. A virtuous circle characterised by strengths rather than deficits emerges from these transformed relationships and interactions.

### **Support for the NHS workforce**

Staff are the most costly and precious asset for delivery of effective, quality services. Mental ill health among staff costs the NHS some £1.3 billion a year and so investing in staff health and wellbeing represents a major efficiency saving.

Staff face more demands on their skills and expertise and should be able to call upon first-rate support for their own mental health and wellbeing from their employing organisations.

The Boorman Review's recommendations on NHS staff health and wellbeing could ensure that staff flourish in a more challenging environment and those on mental health include:

- routine early intervention support for NHS staff experiencing mental distress;
- skilling up NHS managers to support staff health and wellbeing;
- training and support for NHS line managers so they can identify signs of distress early and enable staff to remain in work;
- refocusing NHS occupational health services onto staff health and wellbeing,
- identifying board level champions in every NHS organisation;
- prioritising staff health and wellbeing in the next NHS Operating Framework. (DH 2009b)

Our considered view is that these recommendations should be implemented immediately. Financial constraint should not be used as an excuse for doing nothing; the cost implications of inaction on this agenda are stark for the service.

### **Current gaps in research evidence**

Below we outline several additional gaps in the evidence base, research into which Sainsbury Centre is taking forward. The outcomes from this research will not only contribute to the evidence base, but also will facilitate realisation of some of *New Horizons'* goals and aspirations.

#### **Forensic services for offenders with mental health conditions**

*New Horizons* devotes only one paragraph to Secure Care services (p.74). However the level of investment highlights a service area where high spending is combined with uncertain outcomes and value for money.

In 2008/09 expenditure on secure and high dependency provision for offenders was £906 million, whereas non-hospital based spending on services for mentally disordered offenders (including community forensic services and prison in-reach) was £55 million.

This means that almost a fifth of the whole mental health budget, that serves around 500,000 people annually, is spent on just 4,000 forensic places.

Further, it is notable that since 2002 spending on secure services has risen by 140% in real terms, which is more than three times the increase for all other mental health services (+ 42%). Of all the additional money that has been put into mental health care since 2002, secure services have taken almost a third (32%).

Such figures illustrate in rather stark form the importance of prioritisation. Sainsbury Centre is currently investigating these services in detail to assess with an aim to make recommendations on how to ensure best outcomes for the current level of spend.

#### **Employment for offenders with mental health conditions**

One prisoner in ten has a severe mental illness, while the vast majority of prisoners and at least half of those on community sentences have one or more significant mental health problems. Most of these people are out of work both before and after spending time in prison, even though evidence demonstrates that getting these groups into employment reduces re-offending (Lipsey 1995).

Little policy or research illustrates the employment pathways or support required for offenders with mental health problems. It is likely that they are routinely excluded from vocational rehabilitation, often on the basis that they are 'not ready' (Samele et al 2009).

We believe that the IPS approach and its core principles, with adaptations to their practical application, could be used to achieve much improved outcomes, i.e. reduced re-offending, improved mental wellbeing and better quality of life, for people in the criminal justice system.

Investment in research on this issue is a matter of extreme importance, given the range of related targets that could be met if employment could be secured for these groups. Sainsbury Centre is working to develop pathways into employment for people with mental health problems in the criminal justice system. ([www.scmh.org.uk/criminal\\_justice/resettlement.aspx](http://www.scmh.org.uk/criminal_justice/resettlement.aspx))

### **Workplace-based interventions to improve mental health and well-being**

There is a strong evidence base for getting people with existing mental illnesses back into employment (Sainsbury Centre 2009g). However there is a lack of evidence for improving the mental health of the much larger cohort of employees with common mental health problems such as anxiety and depression.

For example, the Foresight report on mental capital and wellbeing at work included a list of recommended interventions unsupported by any serious analysis or evidence (Dewe and Kompier 2008). A systematic review of workplace interventions for common mental health problems identified the pressing need for line managers to acquire and utilise the skills to manage employees with common mental health problems (Seymour and Grove 2005).

Sainsbury Centre is addressing this evidence deficit in its National Workplace Programme, based on Australia's *beyondblue* scheme of the same name, which will make high impact, evidence-based training available for line managers in the UK. The training builds their skills and confidence to identify and respond to staff who are experiencing mental health problems ([www.scmh.org.uk/employment/workplace\\_training.aspx](http://www.scmh.org.uk/employment/workplace_training.aspx)).

### **Concluding remarks**

*New Horizons*, with its ambitious vision of prevention, promotion and treatment, holds out the possibility of continued innovation in services against a backdrop of proactive support for population wellbeing across the life cycle. Key to achieving such impressive goals within a time of fiscal constraint is the imperative to marry different government agendas and use this congruence to make the case across all departments.

For example, setting a target to have peer professionals co-producing half of care alongside existing professional staff by 2020, would address overlapping goals on employment, recovery, and welfare reform. Or shifting high cost investments that produce limited results, such as prison workshops, into evidence-based supported employment for offenders with mental health conditions, would draw together complementary agendas on reducing re-offending, social exclusion and secondary prevention.

Mental health policy and practice in the next decade has a key role to play not only on mental health and wellbeing issues, but also in making significant contributions to achieving a range of other critical public policy goals, such as reducing offending or increasing the participation in the workforce of those with mental health conditions.

However none of these important aspirations will be realised unless fundamental judgments are made about ensuring that spend is targeted on programmes and interventions that are effective and that can deliver against stated goals. We hope that *New Horizons* will be an opportunity for the DH to offer concerted and effective leadership to public services, and to the rest of government, to make better mental health and better lives for people with mental health problems policy priorities for the next decade.

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