

Mental Health *Into The Mainstream*

An ADASS discussion paper
April 2008



Acknowledgement to Bill Lewis from Telford and Wrekin for the Art Work on this document

Introduction

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

This paper sets out the ADASS Mental Health, Drugs and Alcohol Policy Network's position in relation to:

- The Department of Health's Mental Health National Service Framework "New Horizons" review
- Lord Darzi's review of the NHS
- The work being undertaken by a coalition of professional leadership, third sector and campaigning organisations on the future vision for mental health
- The *Putting People First* concordat
- The forthcoming Social Care Green Paper
- *The Commissioning Framework for Health & Well-being and World Class Commissioning*
- The Cabinet Office's series of reports on mental health and social exclusion
- The emerging Department for Work and Pensions / Department of Health-led national strategy for mental health and work
- The new national indicator set and the move towards outcomes-related performance improvement

It calls for a **new, ten-year, cross-government national strategy for mental health and well being** focusing on the following eight priorities:

- Taking forward *Vision 2015*
- Enabling ordinary lives
- Putting the person first
- Safeguarding people
- Developing effective and accessible services
- Creating a mentally healthy society
- Supporting Carers
- Building capacity in public services

Although the paper focuses primarily on the needs of people aged 18 – 65, it notes the arguments for greater flexibility around traditional age silos, recognising that a personalised and more responsive approach to mental health and well being will be defined by need, not chronology.

Our Vision

In contributing to the national debate about next steps in mental health policy and practice, ADASS re-affirms its support for the *Future of Mental Health: a Vision for 2015* document (ADSS / LGA / Sainsbury Centre / NHS Confederation January 2006) which sets out the following ambition:

By 2015, mental wellbeing will be a concern of all public services. Undoubtedly there will still be people who live with debilitating mental health conditions, but the focus of public services will be on mental wellbeing rather than on mental ill health. The balance of power will no longer be so much with the system, but instead there will be more of an equal partnership between services and the individual who uses, or even chooses, them.

Schools will include emotional literacy in curricula and will support students experiencing problems. Employers will compete to become 'Wellbeing Workplaces' which demonstrate good practice in supporting staff who experience problems and in positively recruiting those who have had mental health conditions.

Mental health services will be integrated into ordinary health and other services: in libraries, GP surgeries and schools. People seeing their GP with mental health problems will be able to choose from a range of treatment options based on authenticated research evidence without facing long waiting times. For those with the most serious problems, acute care will be available in crisis houses or even 'hotels' as well as hospitals. They will receive care that is well planned and that aims to support them in achieving their personal goals for recovery. They will have a comprehensive care plan, with the option to buy their own services through direct payments or an individual budget, and will be advised by an 'associate' with expertise in employment, benefits and housing as well as treatment and care.

Individuals will make appointments at times that suit them rather than being told when to turn up. Someone will explain the reformed incapacity benefits system to them and make sure they are getting all of their entitlements, and they will be advised on any personal financial situations they need help with. Offenders with mental health conditions will, where appropriate, be diverted from prison; and those who are in prisons will be offered equivalent care to that which would be offered outside, or transferred promptly to an appropriate NHS secure bed.

The physical health of people with mental health conditions will be a priority for primary care. Help to prevent weight gain and stop smoking, and advice on regular exercise will be freely available. The Government will lead in continued efforts to combat prejudices about mental health and make discrimination difficult.

Where We Are Now

The mental health of the nation is at a crossroads. In many ways, the last 20 years have seen significant improvements: greater public awareness of mental health issues; the largely successful transformation of services away from institutions to community care; a greater focus on tackling social exclusion; and new investment in mental health services.

The National Service Framework for Mental Health has been at the heart of this progress. We applaud the progress that has been made – including those achievements cited recently by Professor Louis Appleby, National Director for Mental Health, as part of the “New Horizons” review.

The downside of the past few years is that the prevalence and complexity of mental health need in society appears to be increasing – often seemingly fuelled by drug and alcohol misuse and family breakdown. People who use services do not always feel that their experience of the NHS, social care and other public services matches the brave ambitions and the forward march of trajectories: all too often people who use services, and practitioners and agencies outside mental health care, say that services are becoming more difficult to access; that navigation around the system is too complex; and that real examples of personal choice and control are variable.

Whilst there is widespread multi-professional and cross-agency ownership of concepts such as “recovery” and “inclusion”, ADASS remains concerned that deeds do not always keep pace with words. Over the last decade, many Councils have devolved significant areas of mental health commissioning and service provision responsibility to NHS organisations – increasingly mental health has been seen as a “health” issue, sometimes in exchange for services for people with a learning disability being seen as a social care preserve. Each Council and its NHS partners needs to determine a configuration that meets local people’s needs. However, we believe that social care’s retreat from mental health has gone too far and that we need to re-assert the connections with the wider local government agenda and Local Strategic Partnerships so that people with mental health needs can have better access to housing, education, work, leisure. Place shaping is about mental and physical well being as much as it is about the public realm.

ADASS welcomes the changes within the Department of Health which have seen the Minister for Care Services and the Director General for Social Care, Local Government and Partnerships take over responsibility for mental health policy, thereby aligning it with the remit for personalisation, dignity in care, older people, carers and people with disabilities.

The introduction of new mental health legislation has presented a more mixed picture. The Mental Capacity Act brings new safeguards and rights and has been welcomed by ADASS. However, alongside many professional and campaigning organisations within the mental health sector, we raised significant concerns about the original Mental Health Bill proposals. We recognise the steps which the Government has taken to address some of these concerns prior to Royal Assent and we are committed to working in partnership to achieve effective implementation on the basis of promoting and protecting the interest of individuals with mental health needs and the wider public.

We support the Department of Health's commitment to *Action on Stigma* and the Big Lottery Fund's programme to raise awareness of mental health issues.

It is also important that mental health is now one of eight clinical pathways identified as part of the current NHS Next Stage review. ADASS believes that Lord Darzi's four main challenges to services around fairness, being personalised, effective and safe are particularly pertinent to services for people with mental health needs, whether they are delivered as part of specialist or universal provision.

Likewise, the Department of Health's consultation paper on *Finding a shared vision of how people's mental health problems should be understood* is timely in starting a debate about potential barriers to making mental health care more personalised and accessible. Further investment in Improved Access to Psychological Therapies is also very positive and ADASS would like to see this programme extended throughout England.

The Government's agenda for welfare reform clearly recognises the importance of mental health (up to 40% of Incapacity Benefit claimants have some form of mental health issue), both in terms of helping people with mental health needs to retain work, to return to work and, in some cases, to access training and employment opportunities for the first time. Proposals to roll-out the *Pathways to Work / Conditions Management Programmes* and to attach Job Centre Plus advisers to primary care practices are particularly welcome – interestingly, some GPs and people with mental health are already beginning to see these options as better alternatives to the current model of mainstream mental health care. However, it is essential that clear ground rules are established between new programmes and existing services, so that people are able to get the services they need.

We also believe that the time is right to encourage public and private sector organisations to give a stronger profile to creating mentally healthy workplaces, with the potential for *Mindful Employer* accreditation to become as much the norm as Investors In People status.

ADASS is committed to working with Government, people who use services, carers and other public, private and third sector partners to shape and take forward mental health policy for the next decade and beyond.

We believe that people with mental health services and their carers merit a special focus to ensure they are able to live their lives as fully as anyone else. However, a special focus does not mean a separate focus.

Our vision is about mental health being in the mainstream of our society.

Our Priorities

ADASS believes that the Government and its partners should work together to develop a **new ten-year, cross-government, national strategy for mental health and well being**. This strategy should focus on eight priorities:

1. Taking forward *Vision 2015*

- Developing *Vision 2015* as the basis for a new ten-year strategy across Government, the public, private and third sectors
- Updating and implementing the key *Vision 2015* milestones on a multi-agency and cross-government basis
- Underpinning implementation with a multi-agency self-assessment process (as part of the annual Autumn Assessment) and an improvement and development programme across the NHS, Local Government and other partners
- Focusing on much earlier intervention, support and awareness-raising with school-age children – both as a means of improving society's emotional literacy and providing timely assistance to those in need

2. Enabling ordinary lives

- Making opportunities for education, creativity, employment and training a central part of any national strategy
- Securing full NHS and local government commitment to ensuring that primary care and mental health services are fully engaged with the Pathways to Work programme and that Job Centre Plus advisers are key partners in care pathways – both for people with short and long term mental health needs
- Ensuring that everyone who use mental health services should have an annual review of the support they need to retain or to get a job or to access education and training - as an integral part of their personal plan
- Supporting the development of social enterprises and micro-businesses – both in terms of new enterprises established by and supporting people with mental health needs and existing enterprises recruiting and retaining people with mental health needs

- Using assistive and information technology – as highlighted in *Our Health Our Care Our Say* – to provide therapeutic and recovery benefits
- Placing as much emphasis on housing, income, education, employment and quality of life issues as on care and treatment
- With Directors of Children’s Services, exploring the feasibility of extending the *Team Around the Child* concept to become Team Around the Family for those families with multiple needs, often including issues such as child development and protection, mental health needs, worklessness, housing problems, debt and relationship breakdown
- Ensuring that people with mental health needs and carers are eligible for concessionary travel and leisure service discounts in the same way as older people and people with disabilities and long term physical health conditions

3. Putting the person first

- Implementing the *Putting People First* concordat in relation to people with mental health needs
- Developing viable models of citizen commissioning and co-production
- Devising a national development programme to promote the use of personal budgets and direct payments amongst people with mental health needs, providing an opportunity to give both choice and voice
- Extending personal budgets to include some NHS services
- Exploring opportunities to extend the personal budget model to include Learning and Skills funding, Benefits, Supporting People and housing monies, alongside social care and, potentially, NHS resources
- Introducing the proposed Common Assessment Framework for health and social care within mental health services – with the intention of addressing the interface between Care Programme Approach, Community Care Act responsibilities and *Putting People First*
- Piloting Person-Centred Planning for people with long term mental health needs, drawing on the experiences of this model in supporting people with learning disabilities
- Moving beyond the concept of “service user”, “patient” and “client” to public services which work with people as co-producers

4. Safeguarding people

- Ensuring the full implementation of, and participation in, adult safeguarding frameworks by Local Authorities, PCTs and NHS Trusts

- Clear guidance and practical toolkits to help Care Trusts and NHS Partnership Trusts to respond to the safeguarding responsibilities set out in the Department of Health's Directors of Adult Social Services guidance (backed up by a power for Directors of Adult Social Services to direct a Care Trust or NHS Partnership Trust to strengthen and, in rare instances, to direct, specific safeguarding arrangements where appropriate)
- A review of advocacy arrangements for people with mental health needs to ensure that there is consistency across new legislation (eg Mental Capacity Act, Mental Health Act etc) and that there is appropriate protection of human rights and liberty within this context
- Developing stronger links with the Safer and Stronger Communities (Community Safety) agenda to ensure an understanding about the impact of crime on people's mental well-being and to reduce the incidences of people with mental health needs being victims or perpetrators of crime
- Strengthening the mental health component of national equality legislation, policy and practice

5. Developing effective and accessible services

- Reviewing the current model of specialist and secondary mental health services to ensure that all services are accessible and effective - streamlining the current range and number of teams delivering specialist services to develop a model of care which is easy to understand and access (including undertaking a national review of the future role and remit of Community Mental Health Teams) as well as working to evidence-based principles
- Reviewing access criteria and referral pathways into mental health services across the NHS and Local Government
- Ensuring that *Fair Access to Care Services* standards are understood within the context of mental health care and addressed within the current national review of social care eligibility criteria
- Improving liaison arrangements between specialist mental health services and primary care, other adult social services and housing services
- Continuing to build on improvements to acute mental health inpatient services, and other forms of 24 hour care, to develop a broader range of crisis, acute, medium and long term 24 hour care and accommodation options across the NHS, social care, housing and the third and independent sectors
- Ensuring that clear transitions arrangements are in place between Child and Adolescent Mental Health Services and adult services and between adults and older people's services
- Undertaking a national review and consultation as to the validity of retaining age specific services for people with mental health needs, ensuring the right balance is achieved between specialist diagnostic and generic health and social care services

- Using the learning from intermediate care and long term conditions service models to develop the future shape of community mental health services
- Extending the Improving Access to Psychological Therapy services programme to all parts of England, subject to evaluation of its impact and effectiveness
- Undertaking a national review of funding and charging arrangements for mental health social care services, resulting in clear and consistent guidance for service providers and the public

6. Creating a mentally healthy society

- Developing a model for workplace mental health as part of the emerging national strategies for health and work, with a particular emphasis on reducing sickness absence and helping people with mental health needs and their carers to retain employment
- Considering the introduction of *Investors In People*-style accreditation for workplaces which promote good mental health – linking to the *Mindful Employer* movement (with all quality service providers becoming *Mindful Employer* - or equivalent - members)
- A national programme involving the public and third sectors and business organisations to support work placements and vocational training for people with mental health needs
- Ensuring wider dissemination of best practice around prevention and early intervention

7. Supporting Carers

- Ensuring that carers' rights are integral to assessment, care planning and service provision within mental health services
- Helping carers to retain employment or return to work
- As part of the refreshed national strategy for carers, giving a particular attention to the needs of young carers and carers of people with dementia

8. Building capacity in public services

- Developing competence and capacity in the commissioning of mental health and well-being across the public services, through a programme of self-assessment and improvement – incorporating *World Class Commissioning* and *Putting People First* imperatives
- Strengthening mental health skills in primary, community and other social care settings through the development of GPs / Practitioners with a special interest in mental health and specialist mental health social work and liaison roles

- Strengthening partnerships between national NHS, social care and housing professional leadership and improvement agencies (eg NHS Institute, Social Care Institute for Excellence, NHS Confederation, ADASS, Improvement & Development Agency, National Institute for Mental Health in England, Chartered Institute of Housing, etc) to ensure greater awareness of the housing and accommodation needs of people with mental health needs and how these issues can be tackled
- Building on the Department of Communities and Local Government National Indicator Set and *Vital Signs* to ensure that there is a single, consistent set of standards and performance indicators across NHS and Local Authority mental health services
- Establishing national guidance for quality in mental health services, along the lines of similar codes for drug and alcohol services

