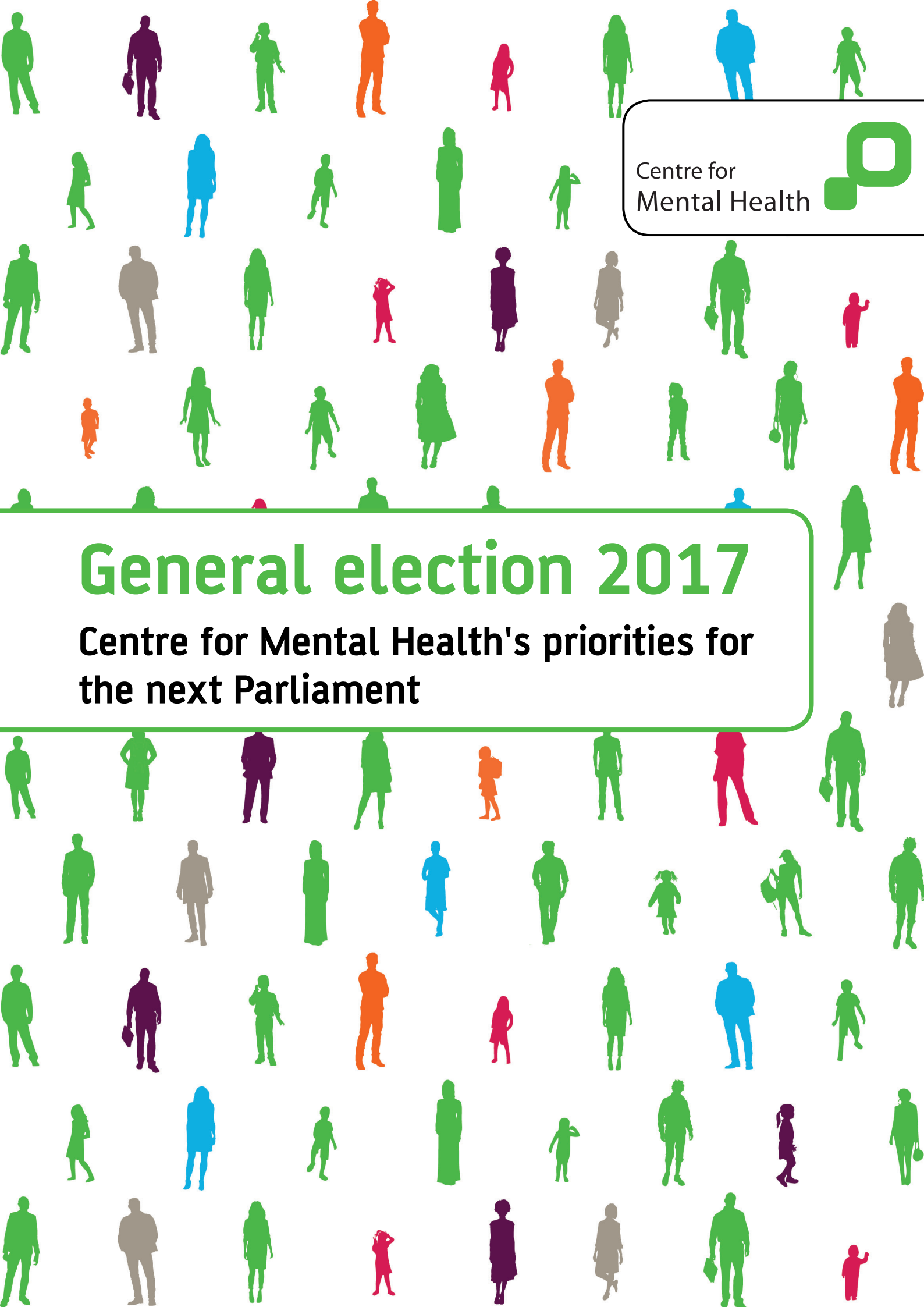


Centre for
Mental Health

General election 2017

Centre for Mental Health's priorities for the next Parliament

Who we are

Centre for Mental Health is an independent mental health charity. We change the lives of people with mental health problems by using research to bring about better services and fairer policies.

We are members of the Mental Health Policy Group, which has produced an agreed manifesto for mental health for the 2017 General Election. We also support the manifesto calls made by the We Need to Talk coalition for improved access to talking therapies.

In addition to these shared priorities, the Centre's research has identified the following five key areas for the next Government to address if it is to improve the mental health of the most vulnerable and marginalised people in our society.

Our recommendations

1. **Prisons and immigration removal centres (IRCs) need a profound culture shift to become 'psychologically informed environments'.**
2. **The Government should support GPs, midwives and health visitors to recognise mental health difficulties among new mothers and get priority access to talking therapies.**
3. **The Government should offer people with mental health problems support without sanctions when they want help to get into work.**
4. **More support needs to be made available to children with behavioural difficulties and their families.**
5. **The Government should invest in suicide prevention and support local authorities to develop effective strategies to save lives in their communities.**

1. Prisons and immigration removal centres (IRCs) need a profound culture shift to become 'psychologically informed environments'.

Prisons in England and Wales have seen an unprecedented number of deaths through suicide over the last two years. In partnership with the Howard League, we spoke to current and former prisoners, staff and prison mental health service providers, to identify the factors behind these worrying figures and possible solutions.

We found a culture where distress was not believed or responded to with compassion. Self-harm and suicide attempts have sometimes been viewed as manipulative, rather than the communication of distress. Research indicates that this approach from staff can significantly impact the way in which risk is managed.

The impact of working in demanding circumstances – with limited training, a depleted workforce and a vulnerable population, who may be presenting disturbing behaviour such as violent self-harming, was described as having a "profound and toxic effect on staff".

A change to prison culture is required, where difficult behaviour is no longer viewed as manipulative but as a sign of distress.

Prisoners have multiple needs but may not reach a clinical threshold for mental health services. Therefore, the whole prison estate needs to be engaged in working towards a stepped-care approach that attempts to support people with the most appropriate service when they need it, 'stepping up' to intensive/specialist services as clinically required. And prisons need to become 'psychologically informed environments' with an emphasis on the quality of relationships.

All prison staff need mental health training and support to enable them to maintain a caring and non-judgemental approach and to look after their own health.

Initial assessments on a prisoners' arrival must be robust to address the heightened risk of suicide early on in custody.

Our research on Immigration Removal Centres in England last year found that people detained in IRCs often face significant challenges to their mental health. The report finds that levels of distress, problems with living conditions and lack of both certainty and liberty, all had a significant impact on the wellbeing of those detained.

The most commonly reported problem was depressed mood or anxiety, and the most severe reported problems were hallucinations or delusions.

We found some examples of well-received support, including offers of psychological therapy, wellbeing groups and the support provided by chaplains. But we also found that some detainees didn't feel listened to or believed when they asked for help. And mental health care staff face significant challenges working in IRCs where people may be removed at short notice and face high levels of uncertainty about their future.

Our research concluded that IRCs need to be psychologically informed throughout. All staff should be trained in mental health awareness and proven psychological interventions should be offered when people seek help. As well as providing psychological therapies, IRCs should offer alternatives such as relaxation groups and peer support, specialist support for those with the most complex needs and round-the-clock crisis care.

▶ **We want the next Government to commit to improving the mental health and wellbeing of people in custody, and to work towards making all prisons, IRCs and other places of custody psychologically informed environments to protect all of those who live and work in them.**

2. The Government should support GPs, midwives and health visitors to recognise mental health difficulties among new mothers and get priority access to talking therapies.

Perinatal mental health problems carry a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, according to our research with the London School of Economics .

The cost to the public sector of perinatal mental health problems is five times greater than the cost of providing the services that are needed throughout the United Kingdom. So, the NHS would need to spend just £337 million a year to bring perinatal mental health care up to the level recommended in national guidance.

There is clear guidance from the National Institute for Health and Care Excellence (NICE) and other national bodies on the treatment of mental illness during and after pregnancy. Yet the current provision is best described as patchy, with significant variations in coverage around the country.

About half of all cases of perinatal depression and anxiety go undetected and many of those which are detected fail to receive evidence-based forms of treatment.

Specialist perinatal mental health services are needed for women with complex or severe conditions. These are a priority in the Mental Health Five Year Forward View and work is under way to establish these services across the country.

GPs have a distinctive role as family doctors, with a lifelong responsibility for the health of their patients, and now additionally as the commissioners of local health services in England. Yet current policy and practice guidance largely overlooks the role of GPs in offering improved mental health support to women during pregnancy and in the year after childbirth.

The biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.

▶ **The next Government needs to address this gap in services and ensure that women have their needs identified quickly and get priority access to IAPT services when they need help without delay.**

3. The Government should offer people with mental health problems support without sanctions when they want help to get into work.

The Government released 'Improving Lives: Work, Health and Disability' Green Paper in November 2016 in recognition of the need to tackle the huge inequalities in employment rates between disabled and non-disabled people. We responded to the consultation in February 2017 using our research and experience in this area.

Our response called for a fundamental change in the way people with mental health problems are supported to get work, and for investment in interventions that work and ensure that evidence-based help is available to those who want it. And we concluded that the use of conditionality and sanctions is not compatible with an approach that supports people's sense of self-worth and intrinsic motivation.

For any offer of support to be effective it is vital that it is provided in a supportive not coercive way. There is no conclusive evidence that sanctions encourage people into work. There is however a lot of evidence of how damaging they can be and the negative impact sanctions can have on people's wellbeing and mental health.

Individual Placement and Support (IPS) was developed in the United States in the 1990s and has been replicated and successfully demonstrated in many other places including the UK, Norway, Denmark, Hong Kong, Canada, New Zealand and Australia. A six-centre randomised controlled trial (Burns *et al.*, 2007) found that IPS was around twice as effective as the best alternative vocational rehabilitation service at achieving paid work outcomes in all sites, and noted that people entering work did so more quickly and sustained their employment for longer in the IPS services than the alternatives.

IPS is based upon eight principles, each of which is crucial for success:

1. It aims to get people into competitive employment;
2. It is open to all those who want to work;
3. It tries to find jobs consistent with people's preferences;
4. It works quickly;
5. It brings employment specialists into clinical teams;
6. Employment specialists develop relationships with employers based upon a person's work preferences;
7. It provides time unlimited, individualised support for the person and their employer;
8. Benefits counselling is included.

There is also growing evidence that combining psychological therapies with IPS can have considerable benefits. A randomised controlled trial in Nottingham has found that IPS plus tailored work-focused psychosocial support has delivered an overall employment rate of 57% for patients with a range of serious mental health conditions (Mental Health Today, 2013).

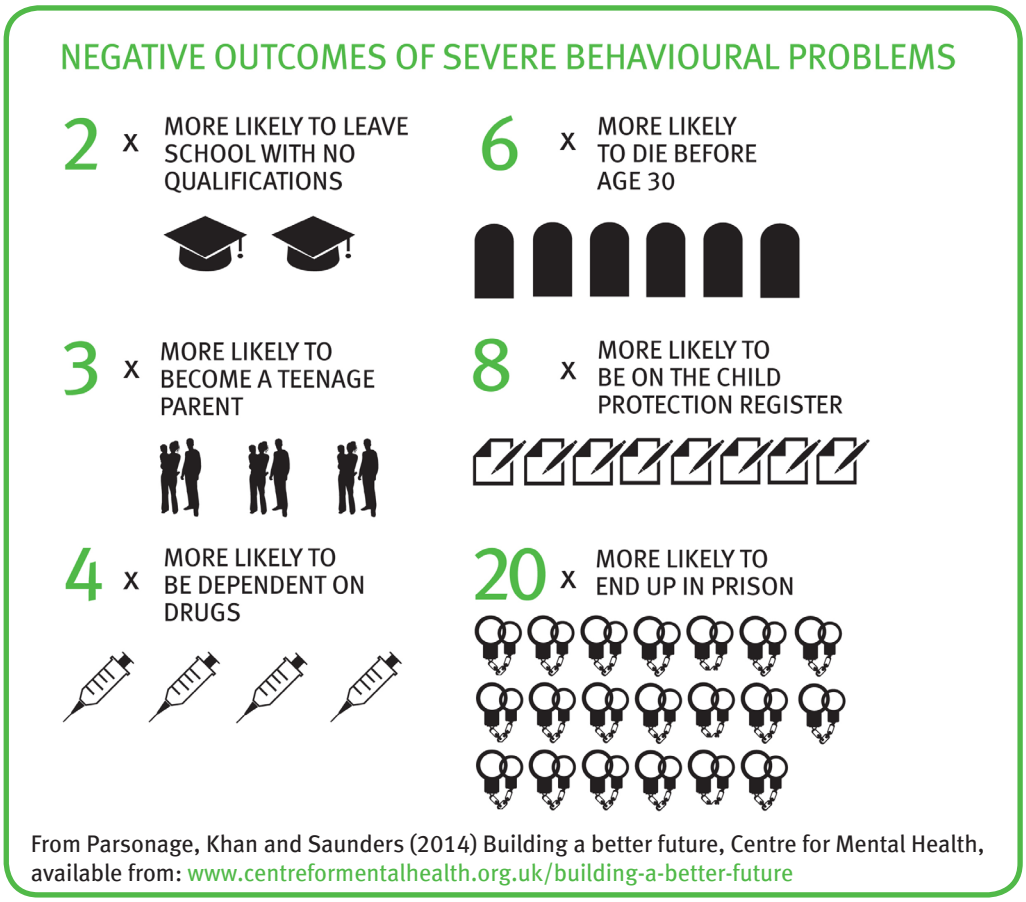
IPS is currently available in about half of NHS mental health trusts in England and the Government has committed to expanding provision through the Mental Health Five Year Forward View.

▶ **We want to see this expanded further so that anyone using mental health services who wants help with employment can access IPS, with no postcode lottery. And we believe that this approach could be adapted for wider use.**

4. More support needs to be made available to children with behavioural difficulties and their families.

All children misbehave from time to time, but in a small minority behavioral problems become persistent and severe. When a child gets stuck in a pattern of challenging behavior they often feel unhappy, unsafe and out of control; and so do their parents.

About 5% of young children suffer from conduct disorder, defined as persistent disobedient, disruptive and aggressive behaviour, and the condition continues into adolescence and beyond in about half of all cases. It is associated with a wide array of adverse outcomes extending over the life course, including continuing mental health difficulties, poor physical health often as a result of risky behaviours including smoking, drinking and drug use, poor educational attainment leading to difficulties in the labour market, and high rates of involvement in criminal activity.



From Parsonage, Khan and Saunders (2014) Building a better future, Centre for Mental Health, available from: www.centreformentalhealth.org.uk/building-a-better-future

The lifetime costs of conduct disorder have been estimated at around £275,000 per case. A very large body of evidence demonstrates the effectiveness of parenting programmes such as Triple P and Incredible Years in improving outcomes at relatively low cost (around £1,270 per child).

The Centre's report Priorities for Mental Health proposed that all 5-year-old children should be screened during their first year at school, followed by the provision of an evidence-based parenting programme where a need is indicated. This would cost approximately £51 million a year. Economic analysis indicates that every £1 invested in these programmes generates savings in public expenditure of nearly £3 over the next seven years, including savings of 95p in the NHS. Over the longer term the value of savings in public expenditure is likely to be roughly doubled.

▶ **We want the next Government to prioritise children with behavioural problems, to champion early intervention and to prevent later inequalities by acting quickly to help families when they need it.**

5. The Government should invest in suicide prevention and support local authorities to develop effective strategies to save lives in their communities.

Suicide prevention should be a priority for the next government. Suicide is the leading cause of death in England in adults below the age of 50 (Public Health England, 'New data reveals suicide prevalence in England by occupation', 2017; Office for National Statistics, 2016). While it is encouraging that the Government recently published an updated suicide prevention strategy and has asked all local authorities to develop their own strategies, it is crucial that work in this area is continued and built upon.

The majority of people who lose their lives through suicide are not in touch with specialist mental health services around the time of their death. Our report Aiming for 'zero suicides' evaluated the 'zero suicide programme' that was set up in the East of England to develop services and focus on reducing the risk of suicide among people who are not in contact with mental health services.

Set against the relatively low cost of measures discussed in Aiming for 'zero suicides' even a modest degree of success would demonstrate the measures as highly cost-effective. (For more information on the economics of suicide prevention see Knapp *et al.*, 2011.)

The four projects we evaluated, in Mid Essex, Hertfordshire, Bedfordshire and Cambridgeshire & Peterborough, each took different initiatives including making changes to media reporting, adopting national prevention programmes, providing awareness courses for the general public, selective training (for example for GPs and railway staff), telephone-based suicide prevention services and after care support for families.

We concluded that there is a significant need for more training as part of a range of changes that are needed to prevent death by suicide. It should be built into core professional training and continuing professional development for all staff working in the NHS on a multidisciplinary basis. And in other front line services such as the police and prison officers, it should be built into the core of all professional training and continuing development.

▶ **We want the next Government to prioritise suicide prevention and support local authorities to take effective action to save lives.**

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Amy Hardie and Andy Bell

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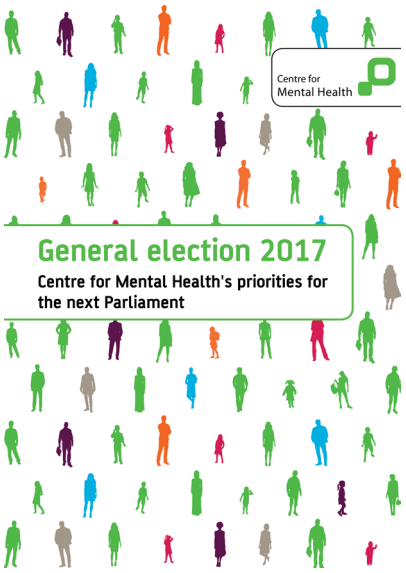

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Centre for Mental Health

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