

POLICIES FOR BETTER MENTAL HEALTH

THE CASE FOR A MENTAL HEALTH POLICY TEST



Summary

- ⦿ This briefing makes the case for a cross-government mental health policy test, to ensure a net-positive impact of all policies on mental health
- ⦿ Mental illness accounts for 21% of English disease burden and contributes to 17.1 million lost working days in England
- ⦿ Mental ill health is linked to inequality, social injustice, and other wider determinants. Additionally, improved mental wellbeing is associated with many desirable outcomes across these themes
- ⦿ Policy testing, and impact assessments, are widely used in local, regional, and national government to improve policy production and decision making
- ⦿ Policy testing has been linked to positive health impacts, and could have prevented policies which are detrimental for people with mental ill health
- ⦿ Health impact assessments do not fully account for mental health, due to an ongoing lack of parity of esteem. By prioritising mental health, these issues are duly addressed, and cause consequent improvements to physical health
- ⦿ Centre for Mental Health is calling for a cross-government policy test, which is woven into the policy production pipeline for all government departments. To be effective, this must be sustainable and transparent. We hope that this will be prioritised alongside the establishment of a Mental Health Commissioner for England.



POLICY BACKGROUND

THE IMPACT OF MENTAL ILL HEALTH

Mental illness (including substance misuse) accounts for 21.3% of English disease burden (GBD, 2018), and is the most common cause of disability in England (DHSC, 2023). This has been exacerbated in the aftermath of Covid-19, where the number of people with diagnosable depression doubled in the start of 2021 (DHSC, 2023). People with compounding disadvantages, such as people from racialised communities and disabled people, are at higher risk of mental ill health (OHID, 2022). There is also an intrinsic link between mental and physical health, with people with severe mental illness dying up to 20 years earlier than the national life expectancy (Lugton *et al.*, 2023), and chronic illness being a major risk factor for mental ill health (Naylor *et al.*, 2012). While there is no single cause of mental ill health, much of the recent deterioration in the nation's mental wellbeing can be attributed to increasing social and economic inequality (Centre for Mental Health, 2023).

In addition to the increased strain on health services, and the overall worsening of the population's health, mental ill health is of significant cost to the economy. Centre for Mental Health's recent analysis found that mental ill health costs society and the economy £300 billion per year (Centre for Mental Health and NHS Confederation's Mental Health Network, 2024). Stress, depression, and anxiety contribute to a total of 17.1 million lost working days in the UK (ONS, 2022), making this the country's largest contributor to absenteeism.

Additionally, mental ill health can have long-term impacts: children perform worse in school, people are more likely to face unemployment, and older people suffer from poorer quality of life (Iskander-Reynolds, 2024). As a result, the Department for Health and Social Care (DHSC) has highlighted the need for a long-term mental health plan, as well as a cross-governmental policy programme dedicated to improving wellbeing in every area of the UK (DHSC, 2023).

A PUBLIC HEALTH APPROACH TO MENTAL HEALTH

There is a growing emphasis on mental health as a collective good (Cresswell-Smith *et al.*, 2022). In this model, mental ill health is frequently the consequence of inequality and social injustice. As such, it is necessary for government to act in a structured and coordinated way to alleviate the mental health burden on individuals, communities, and national systems (like the NHS). Indeed, DHSC identifies poor mental health as the responsibility of all parts of society (DHSC, 2023). Moreover, by improving wellbeing, all parts of society will benefit; everyone's health is of direct influence on everyone else's prosperity (McNally, 2024). Our place on the mental health spectrum (figure 1) is therefore largely socially determined. Ultimately, public policy can seek to boost the protective factors that enable people to enjoy good mental health, and reduce the risk factors to our mental health.

Public health is the process of preventing illness – through engagement with its wider determinants – and promoting wellbeing, via the organised efforts of local, regional, and central government. Following recent budget cuts, central government's public health capacity has been reduced (Mahase, 2024). To make such cuts is a false economy, as preventative public health measures are among the most cost-effective ways to meet health-related demands (Le *et al.*, 2021). In contrast, austerity measures are ultimately expensive, postponing the price tag until a later, more costly intervention (O'Shea, 2019). By approaching health care from a reactive perspective, demand for services will continue to outpace the government's capacity to provide them.

Figure 1: The mental health spectrum

MENTAL HEALTH SPECTRUM



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However, despite evidence pointing to the effects of wider determinants on mental health, there continues to be resistance to considering these factors within policy making (Edmonds, 2017). This is despite a strong relationship between improved mental wellbeing and other desirable outcomes (e.g. improved physical health, better educational outcomes, and reduced crime rates). To overcome this issue, it is important to treat mental health as an asset to bolster and protect, rather than a problem to solve. An easy, cost-effective way to do this is by implementing a wellbeing test on all prospective policies. Not only will this alleviate the mental health burden, but it will help to achieve a broad range of policy objectives (National MWIA Collaborative, 2012) such as cutting NHS waiting lists, increasing access to well-paid employment, and reducing poverty.

POLICY TESTING - A POTENTIAL SOLUTION

Policy testing is the process of assessing the potential impacts of prospective policies (National MWIA Collaborative, 2012). We propose that a mental health policy test should become an integral part of the policy production process. To do this, civil servants and decision makers should come together, provide and curate evidence, and discuss what the likely effects of proposed policies could be. This evidence can be collected from similar policies proposed at a local or international level. Alternatively, they could come from the perspectives of potential stakeholders. Ideally, only policies with positive mental health impacts should be implemented. Once this information is collected, it must be made publicly available, so that government agencies can be held accountable for their mental health impacts (Erkkilä, 2020). Transparency is integral to the successful implementation of a mental health policy test, helping to ensure the quality and efficiency of policy testing, and preventing it from becoming a 'tick-box' exercise (Sabur *et al.*, 2024). Government transparency is also highly popular with voters (Edwards, 2020).



It is important to note that all policies have mental health impacts. As outlined above, mental health is largely socially determined. Decisions made at all levels of government and in all departments contribute to the nation's mental health, for good or ill. For example, transport policy affects people's access to green spaces and their community hubs; economic policy affects people's ability to afford life's essentials (Centre for Mental Health, 2023). A mental health policy test is not about identifying which policies affect mental health, because they all do. Indeed, as Lisa McNally notes, "there's no such thing as a neutral policy. Policies can have a positive impact, or a negative impact, but they can't have no impact." (Lisa McNally 2024, personal correspondence). Instead, it is about identifying which policies have positive impacts, making every policy as beneficial as it can be, and using this information to design mentally healthy policies in the future.

There are examples across multiple settings – including from regional, national and international bodies – where policy testing has been successfully implemented to track and achieve policy goals. Mental Wellbeing Impact Assessments (MWIA), for instance, are increasingly used as an advocacy tool for projects supporting locally grown produce, the health of asylum seekers, and local transport services (Holmes *et al.*, 2009; McDowell *et al.*, 2015). The MWIA toolkit is an example of a systematic mental health policy test which has been implemented in community organisations and devolved governments. The MWIA is the framework for our own policy test proposal. Although there is a distinction between a MWIA and mental health policy testing (the former being an example of the latter), we suggest that MWIA tools should be used in the implementation of a mental health policy test in central government. This will be further elaborated on throughout the document.

Additionally, there is growing national and international recognition of the mental health benefits of policy testing (Craig *et al.*, 2022). Indeed, Public Health Wales recommended the use of MWIAs as part of the Welsh Government's Wellbeing of Future Generations Act (Edmonds, 2017). MWIAs have been implemented in Wales as a tool to navigate a successful Covid-19 recovery (Green *et al.*, 2021), and mitigate the risk of short-term policies which risk long-term harm. Furthermore, the European Joint Action for Mental Health and Wellbeing recommends the use of MWIAs for improving mental wellbeing across the continent (Directorate-General for Health and Food Safety, 2017).

The Office for Health Improvement and Disparities (OHID) also emphasises stakeholder-led collaborative action – with a focus on coproduction and community approaches – as key to addressing mental health issues (OHID, 2022). This is consistent with our vision of an effective mental health policy test, which should consider a breadth of experiences (National MWIA Collaborative, 2012). This will ensure that decision makers have the most holistic understanding of a policy's potential impacts, and that policies achieve their desired outcomes.

These examples suggest that there currently exists a perfect environment for the introduction of policy testing at central government level. There is a high demand for a cross-government approach to mental health, and a wealth of evidence to support the efficacy of these tools.

IMPACT ASSESSMENTS

Impact assessments can exist in many forms. Initially introduced as an environmental tool, many health-focused impact assessments have been developed since the turn of the century. Impact assessments are tools that can be used prior to, or after, the implementation of new policy, and provide an excellent framework for pre-implementation policy testing. Health impact assessments (HIAs) are used to evaluate the impact of policy decisions on health-related outcomes. Although highly innovative and effective, these tools are underutilised (Cresswell-Smith *et al.*, 2022). HIAs are often used in government (especially at local level), with positive outcomes.

In the UK, HIAs have been used to evaluate the health outcomes of active transport policies. This provided an effective evidence base from which to make health policy decisions (Woodcock *et al.*, 2013). In Wales, HIAs have been successfully used at a national level to review the social, economic, and health impacts of Covid-19 interventions. Findings have since been used to inform post-Covid policy across all sectors of government, as part of the Welsh Government's Health in All Policies programme (Green *et al.*, 2021). This illustrates how policy testing and impact assessments can be systematically utilised to the benefit of people's health (including mental health). Significantly, this utility is not restricted to health-related decisions (European Observatory on Health Systems and Policies, 2007). Decision making on many issues (like transport, housing and social security) can be informed by HIAs, as these decisions will each have impacts on public health.

Although useful, these tools often underserve mental health needs, due to the lack of parity of esteem between physical and mental wellbeing (Cresswell-Smith *et al.*, 2022; National MWIA Collaborative, 2012). To compensate for this, mental health impact assessments were developed. These have been deemed effective for improving the mental health impacts of policy (King, 2014). Notably, the UK is a world leader in the innovation of these tools: in a recent review into the efficacy of mental health impact assessments, nine out of the fifteen examples included were UK-based (Cresswell-Smith *et al.*, 2022).

Although mental health impact assessments can be time-intensive, they are often endorsed by decision makers and policy officials (West and Scott-Samuel, 2010; Stewart *et al.*, 2019; Holmes *et al.*, 2009). This is despite initial scepticism, due to fears that impact assessments could be burdensome and ineffective. These concerns are unfounded, and sceptics often later advocate themselves for the use of policy testing (Cresswell-Smith *et al.*, 2022).

To ensure that a mental health impact assessment is 'good', it must:

- ⊙ **Be sustainable**, facilitating a long-term accumulation of knowledge which can improve mental health awareness
- ⊙ **Be longitudinal**, taking into consideration both the immediate and long-term impacts of prospective policy
- ⊙ **Be collaborative**, including as many stakeholders as possible, and ensuring a breadth of perspectives that include experts by experience
- ⊙ **Be transparent**, providing a public forum against which government departments can be held accountable.

EXAMPLES OF POLICY TESTING

This section considers some key examples of policy testing in both local and national government. Although broader policy testing has been successfully implemented at a local level, the impact of this is limited to the issues that local authorities have direct control over. This doesn't account for issues usually controlled by central government (such as social security, justice and housing) – all of which can contribute significantly to the nation's mental health (Centre for Mental Health, 2023).

Moreover, local authorities are dependent on central funding. Recent cuts to such funding have impaired local government's ability to implement policies which would protect or promote mental health. For example, bankruptcy in Birmingham City Council has led to major cuts in children's services (Murray, 2024), which are shown to protect and promote children and young people's mental health (CYPMHC, 2023). As such, a central policy test is necessary to ensure that funding decisions consider the potential consequences for people's mental health.

INDIVIDUAL PROJECTS

SINGLE POINT ACCESS HUBS IN SHROPSHIRE, TELFORD AND WREKIN

Another example is the Shropshire, Telford and Wrekin single point of access hub. This ensures that all people seeking adult mental health services will be met by an access team, which provides a single point of contact (NHS Shropshire, Telford and Wrekin, 2023). Again, a MWIA was performed prior to the finalisation of this policy, which assessed its impact on service users. In this way, a MWIA was used to improve the care of people living with mental health difficulties, by simplifying an otherwise highly complex system of service provision. This highlights the importance of involving experts by experience in the policy testing process. Without these voices, there is a risk of neglecting critical issues which may affect people with mental ill health.

LANDLORD SERVICES, BRISTOL CITY COUNCIL

A MWIA was conducted for Bristol City Council's landlord services to ensure that policy decisions would not negatively impact the mental health of renters, or those looking for housing in the Bristol area. Additionally, it helped to offer financial protections and housing security, which has been well documented to impact people's mental health (Centre for Mental Health, 2023). This demonstrates how impact assessments from across services and policy goals, such as housing and levelling-up, can positively impact mental health (Edmonds, 2017). It underscores the importance of involving non-health-related services in policy testing, to better address the wider determinants of mental ill health. Moreover, it illustrates the necessity of overcoming siloed working to maximise the benefit that mental health policy testing may have.

LOCAL AUTHORITIES

In some UK local authorities, policy testing is implemented as a matter of due diligence. Although the scale of issues differ between national and local government, many of the challenges facing local implementation also exist on a national level. For example, challenges with siloed working will apply across the relatively independent departments of central government. Direct comparisons cannot be drawn between these forms of governance, but there can be valuable crosstalk in which both levels can assist each other with mental health policy testing.

Based on their most recent Joint Strategic Needs Assessment (JSNA), Worcestershire County Council have implemented a 'Mental Health First' strategy. One of the key principles is that all policies will have their impact assessed, and only those with net-positive impact will be implemented (Worcestershire's Health and Wellbeing Board, 2022). The strategy also aims to tackle wider determinants – like healthy ageing, housing, and employment issues – in the pursuit of improving mental (and physical) health. As such, policy testing will be applied across all these departments. This approach to health has been endorsed by over 80% of the local population (Worcestershire's Health and Wellbeing Board, 2022).

Officers involved in the implementation of this strategy have reported significant challenges in convincing non-health-related services to participate. It was suggested that decision makers were reticent to implement a policy test at the expense of their own policy agenda, or their departmental finances. Feedback after the first two years shows that these concerns were unfounded. Although Worcestershire still struggles with siloed working, there have been no reports that decision makers were unable to implement their desired policies. Instead, public health officers in Worcestershire report that many decision makers have been convinced that a mental health policy test is both popular and cost-effective. This is often despite initial apprehension, and is a promising case study when considering the establishment of a policy test at national level.

Furthermore, officers engaged in the policy test describe a growth in their mental health knowledge. This development is critical to the sustainable success of policy testing. A major barrier to its implementation is its relatively high time demand; although this can be limited, policy testing will always carry a substantial time cost (Cresswell-Smith *et al.*, 2022). However, by building a knowledge base within departments, these tests can be conducted with increasing efficiency. In turn, reiterative policy testing gradually improves the quality of policy making by enhancing institutional knowledge about mental health. Subsequent policy tests should also become easier with increased experience.

DEPARTMENT OF HEALTH AND SOCIAL CARE

The DHSC is already proactive in assessing the impact of their policies. Although this is often retrospective – and does not currently have scope to influence pending policies – the evaluative experience is used to inform subsequent decision making (DHSC, 2022).

In their project to reform adult social care, the DHSC resolved to assess the short-term and long-term impacts of their policy decisions. This includes analysis of the financial cost of these services, and how they impact healthy life expectancy for service users. Although this process is backward-looking, this kind of evaluative work can be used as valuable evidence in the policy testing process (DHSC, 2022).

As part of their 50,000 Nurses Programme (DHSC, 2022), the DHSC aims to improve the delivery of policies before they are implemented. To do this, evidence is collected from similar policies (both domestically and internationally), and from relevant stakeholders. By taking a collaborative approach to evidence gathering, it allows the perspective of 'target groups' to be at the centre of decision making. This is a perfect example of policy testing, and provides a framework upon which a mental health policy test could be built.

There are also DHSC plans to implement something akin to the mental health policy test in the draft Major Conditions Strategy. This will ensure that all proposed policies will have a net-positive impact on the nation's mental health (DHSC, 2023)

POLICY TESTING FOR PEOPLE WITH MENTAL HEALTH DIFFICULTIES

Mental health policy testing can be equally successful in improving the lives of people with mental health difficulties as it can in boosting the wellbeing of the whole population. Mental ill health accounts for over 20% of England's disease burden (GBD, 2018), and 17.1 million missed workdays annually (ONS, 2022). As such, mental ill health is a very significant issue, and policies which lessen this effect on people and public services should be implemented.

Most research into policy testing is approached through a public health lens. As such, studies adopt a preventative angle on policy, and tend not to consider how policies may impact people with existing mental health conditions. A public health approach is integral to improving the nation's mental health, and policy testing has great value in this context. By reducing the harm that some policies have on the nation's mental health, we can significantly improve quality of life and the ability of health services to meet demand.

However, as most adults with mental health problems develop them as children, policy testing must go beyond only primary prevention; it has enormous potential to develop policies that improve quality of life for people with mental health difficulties (Kessler *et al.*, 2005). A wide range of government policies affect people living with mental health problems (e.g. disability benefits, workplace rights, and housing). Here, we review some recent national policy decisions to illustrate cases whereby a mental health policy test could have led to better decisions.

SOCIAL SECURITY

In 2023, the Spring Budget set out a plan to replace Work Capability Assessments (WCA) with Personal Independence Payment (PIP) assessments (HM Treasury, 2023). The current WCA is widely regarded to be a poor way of determining how far a person's mental health affects their ability to work. But the PIP assessment appears to be little, if at all, better. 69% of people claiming PIP due to their mental health report a deterioration in health after engaging with the assessment process (Furber, 2023). Additionally, 46% of these claimants say that PIP assessors do not understand mental health. Indeed, not all people with mental health difficulties will qualify for such assessments, which demand long-term evidence of disability and exclude those who have been recently diagnosed (Mind, 2023).

This evidence was freely available at the time of the policy's publication as a white paper. As such, a policy test would have advised against proceeding with this approach, and pointed to alternative means of replacing the WCA with a fairer and more appropriate system of determining eligibility for out-of-work disability benefits.

The system by which social security is administered is poorly equipped for people with mental health difficulties. Additionally, rhetoric which represents benefits claimants as workshy is very damaging for people's mental health (Quinn, 2023). A policy test would enable decision makers to identify better ways of meeting people's needs by taking an evidence-based approach.

UNIVERSAL CREDIT

Since the introduction of Universal Credit, the prevalence of psychological distress has risen by 6.6% in claimants (Wickham *et al.*, 2020). This results in a total of 63,674 additional people experiencing psychological distress. Although this comes from a retrospective study, it illustrates how social security reform can impact people's mental health. Additionally, the authors of this study recommend that future decision makers conduct policy tests to ensure that no one is unnecessarily harmed as a result of policy reform (Wickham *et al.*, 2020).

This study does not indicate whether worsened mental health is the consequence of how Universal Credit is administered, or if it is due to a reduction in the money received by claimants. Subsequent work suggests that could it be due to both. The Universal Credit system has been shown to leave people with mental health problems more vulnerable to debt (Mind, n.d.) – a major risk factor for mental ill health, and a trigger for relapse among people with mental health difficulties (Centre for Mental Health, 2023; Bond, 2023). However, Universal Credit is also poorly equipped to support people with mental health difficulties, and 53% of these claimants need additional support (Mind, n.d.). This is another example whereby a mental health policy test, conducted alongside service users, could have better protected people's mental health.

COVID-19

A mental health policy test could also have been applied, at speed, to decisions made during the Covid-19 pandemic and its aftermath; and the learning from this time could help to inform responses to future crises. The 'Eat out to help out' scheme (HM Revenue & Customs, 2020), while economically and socially beneficial in its immediate aftermath, resulted in a sharp uptick of Covid-19 cases across the UK (Fetzer, 2020). Long term, high rates of infection in the UK resulted in two subsequent lockdowns. These social restrictions had major impacts on the wellbeing of people with a mental health difficulty (O'Connor *et al.*, 2020), and caused an increase in service demand (Vernon and van de Venter, 2021) and mental health-related absenteeism (ONS, 2022), which persists today. As such, policy testing may have highlighted some of the long-term risks of the 'Eat out to help out' initiative, despite its apparent short-term benefits.

In contrast, Covid catalysed the introduction of some profoundly positive (albeit short-term) policies for mental health, such as furlough (HM Revenue & Customs, 2020; Wels, 2022). By providing vast and unprecedented economic assistance, the Government supported vulnerable workers and business owners to retain their jobs and staff, respectively. It allowed people to avoid the mentally harmful effects of debt during a time of high anxiety and uncertainty. Temporary measures to end street homelessness and to cease benefit sanctions would have been invaluable to groups of people who experience especially high levels of mental ill health (Centre for Mental Health, 2023). These policies would have been encouraged by a mental health policy test, and may have been successfully extended and expanded under its recommendations. Moreover, this would have helped the Treasury and Home Office to build its knowledge base and understand how these policies can improve the nation's wellbeing.

MENTAL WELLBEING IMPACT ASSESSMENTS (MWIA)

The goal of an MWIA is to improve wellbeing through:

- ⊙ Commissioning processes
- ⊙ Project and service design, and delivery
- ⊙ Community engagement.

HOW MENTAL WELLBEING IMPACT ASSESSMENTS WORK

The MWIA's goal is to increase the positive, and decrease the negative, impact of policy on mental health. It aims to shift political focus away from the consequences of poor mental health, and towards the cause of it (National MWIA Collaborative, 2012). A key component of the tool is that its users develop a "shared and coherent understanding of mental wellbeing, with a range of stakeholders". The MWIA toolkit was developed and refined over 500 iterations (National MWIA Collaborative, 2012). By 2017, over 1,000 MWIAs had been conducted internationally (Edmonds, 2017), and it is likely that many more have occurred since.

The MWIA works according to a multi-step process, as shown in figure 2 below.

Figure 2: The MWIA process, outlined as a series of sequential steps

Adapted from National MWIA Collaborative (2012)



FIRST STEP: SCREENING

This initial step can be used as a standalone tool, to assess the potential impact of policy on wellbeing (National MWIA Collaborative, 2012). Screening will assess how a proposed policy may influence core protective factors for mental health:

- ⦿ Enhancing control: Giving people a sense of self-determination in their daily life
- ⦿ Increasing resilience and community assets: Providing resources in people's community to help them self-manage their mental health
- ⦿ Facilitating participation and promoting inclusion: Making people feel part of the places that they live, and tackling isolation.

It also considers the effect of policies on wider determinants (like homelessness, poverty, physical health etc.).

The aim is that any potential policy will have a net-positive impact on these factors, thus having an overall positive influence on mental health (Friedli and Parsonage, 2007; National MWIA Collaborative, 2012). Policies that have undergone screening are more likely to have a positive impact on wellbeing, as well as on poverty levels, social engagement, education, the environment, and physical health (National MWIA Collaborative, 2012). The overall outcome of such social investment is a major reduction in health (especially mental health) inequity (Marmot, 2010).

The screening process is an easy-to-implement version of the full MWIA. It can be used in tandem with some MWIA tools to achieve substantial mental health benefits in all policy decisions. To be maximally effective, the screening process requires a half-day time commitment, and the engagement of up to five stakeholders. These people must have some knowledge of the proposals being screened, as well as the way that this could impact mental health (the latter of which is available in the MWIA toolkit; National MWIA Collaborative, 2012). Ideally, these stakeholders will represent a breadth of knowledge and experience, including lived experience.

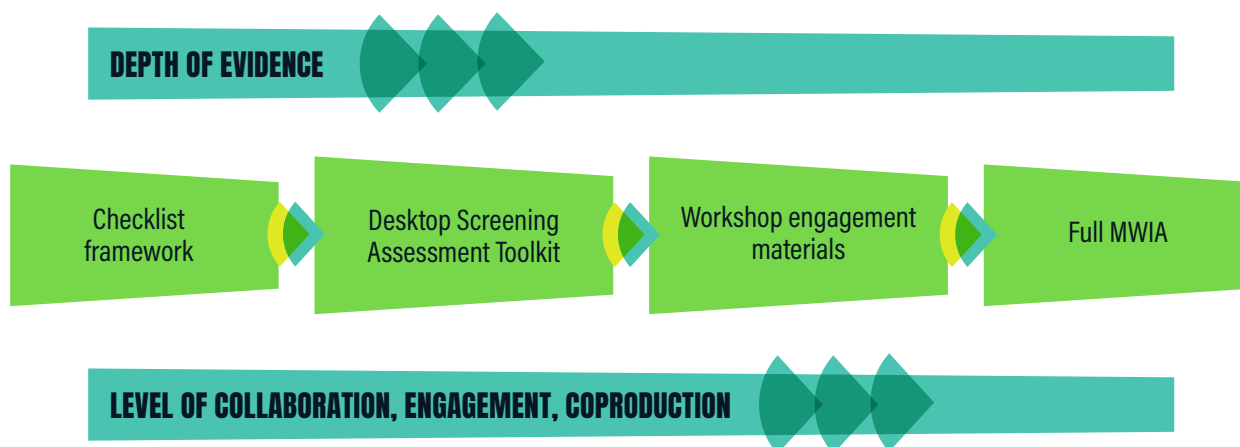
FULL MWIA

A full MWIA requires more resources than the initial screening process. This has been identified as a barrier to the successful delivery of MWIAs across a range of scenarios (Cresswell-Smith *et al.*, 2022). However, the MWIA does not require any specialist knowledge aside from that which can be provided by pre-existing resources (National MWIA Collaborative, 2012; Centre for Mental Health, 2023). Moreover, as departments carry out more MWIAs, information from previous assessments will become relevant to future ones. This accelerates the appraisal process (which is most resource intensive – see figure 2). For example, evidence collected from similar proposals can be recycled for future appraisals. Indeed, one major advantage of the MWIA process is that it creates a strong evidence base from which to inform future policy decisions (Stewart *et al.*, 2019; King, 2014).

Additionally, many resources are available in the MWIA toolkit (National MWIA Collaborative, 2012) which can help to streamline and facilitate the process. In practice, there are a range of MWIA tools that sit on a sliding scale – increasing depth of evidence correlates with increasing detail of output (see figure 3). Centre for Mental Health suggests that the Government should implement screening, at minimum, before introducing new policies.

Figure 3: MWIA tools and their relative requirements and outputs

Adapted from Edmonds, 2017



STRENGTHS OF THE MWIA

The benefits of MWIA tools, especially screening, are manifold. These strengths have been validated by case studies and academic reviews into the efficacy of this framework.

- ⊙ Many of the MWIA assessment factors align themselves with the Marmot review (Marmot, 2010), highlighting the benefits that MWIAs have on physical health, as well as various **social inequalities** (National MWIA Collaborative, 2012)
- ⊙ There are good, relatively jargon-free, resources available which facilitate the use of MWIAs. Little innovation is necessary, meaning implementation will have **low financial and resource cost**
- ⊙ MWIAs result in **tangible policy recommendations**, that also impact issues like employment, education, housing, crime, and physical health (Holmes *et al.*, 2009; West and Scott-Samuel, 2010)
- ⊙ There is strong evidence that decisions made by MWIAs are implemented successfully, and that this results in a **measurable positive impact** for people's mental health (King, 2014)
- ⊙ MWIAs are shown to improve understanding of mental health among those who undertake the process. This results in an **innate prioritisation of mental health** (Well London, 2009; Burford *et al.*, 2017)
- ⊙ The MWIA process results in the **strengthening of multi-agency working**, which is essential for a cross-government approach to mental health (Well London, 2009)
- ⊙ Policy makers have reported MWIAs to be a **positive experience**, often despite initial scepticism (West and Scott-Samuel, 2010; Stewart *et al.*, 2019; Holmes *et al.*, 2009).
- ⊙ MWIAs do not prevent decision-makers from following their own policy agenda, it just ensures that **mental health is considered** when doing so (McNally, 2024)
- ⊙ The Royal Society for Public Health called the MWIA a "unique and effective approach to commissioning and delivering policy services that have the **best possible impact on mental health and wellbeing**" (RSPH, 2013).

IMPLEMENTING POLICY TESTING

To facilitate the implementation and conduction of policy testing, we have summarised the findings from academic literature into the successes and failures of impact assessments. Firstly, successful policy testing must be sustainable, making use of skills and resources which are already available to government departments (Cresswell-Smith *et al.*, 2022). For example, general impact assessments are commonly used within some central government departments (Department for Business and Trade, 2023). This experience can be utilised to develop learning networks for mental health policy tests.

For maximum efficacy, policy testing must be implemented across government departments. Silo working is a huge barrier to policy testing, and limits its overall benefits (McNally, 2024). To encourage cross-governmental working, flexibility in policy testing is essential. Although we hope that the overall aim and outcomes will be consistent across departments, policy testing resources must be accessible and appropriately adjusted for different users (Well London, 2009; Shearn, 2011). Existing resources and toolkits provide an excellent foundation for this task (National MWIA Collaborative, 2012).

It is important to involve multiple and diverse stakeholders when discussing or collecting evidence for policy testing (Holmes *et al.*, 2009). This ensures that all relevant perspectives are considered during the policy testing process. However, it is critical to note that outsourcing policy testing can incur unnecessary costs, and may lead to poorer results (Cresswell-Smith *et al.*, 2022). It is therefore recommended that policy testing be performed by civil servants and decision makers during the process of policy development. This helps to streamline the process and cut the resource cost.

The time commitment needed for a MWIA has been shown to inhibit wider uptake (West and Scott-Samuel, 2010); a less comprehensive version has led to wider use. As such, full MWIAs should be limited to policies of high significance. For other cases, the screening process is more cost- and time-efficient, and of sufficient depth to make a positive impact. To ensure that this scaled-back assessment is not reduced to a box-ticking exercise, the process must be fully transparent. This ensures that the test is taken seriously, and provides a framework from which the public can hold central government accountable.

With this evidence in mind, Centre for Mental Health recommends that the UK Government should:

- ⊙ Implement a 'screening' policy test and integrate this into the policy production pipeline across all government departments
- ⊙ Identify high-impact policies for a full MWIA, and carry this out before these policy proposals are finalised
- ⊙ Publicise the results of all policy tests, to provide a benchmark against which government agencies can be held accountable.

CONCLUSION

There is a strong case for the use of a mental health policy test in central government. Policy testing more broadly has already been used in local and national bodies to successfully influence decision making. This has generated positive effects on mental health, and prevented potential risks. However, previous examples show that in the absence of policy testing, central government has implemented policies which are detrimental to our nation's wellbeing, and have even exacerbated mental illness.

This briefing shows that the Mental Wellbeing Impact Assessment could serve as a framework for a transparent and coproduced mental health policy test. It demonstrates that the screening process is, in itself, a time- and resource-efficient tool for policy testing, and provides advice on how to successfully implement this.

This proposal should be of minimal cost to central government, as it takes advantage of existing infrastructure and freely available resources. The greatest cost is that of time, but this would be minimised by the accumulation of institutional knowledge as more mental health policy tests were conducted.

To embed this proposal and ensure its longevity, legislation may be required. This could be part of long-overdue Mental Health Act reforms. However, we suggest that a mental health policy test would be critical in advance of any mental health related policy reform. To overcome this issue, we recommend a pilot phase, which would not require legislation. Alternatively, it may be worth fast-tracking its own separate legislation or including it as part of legislation for a Mental Health Commissioner.

RECOMMENDATION

The Government should implement a cross-government policy test, which is woven into the policy production pipeline for all departments.

- ⦿ This could be run as a pilot project initially, with legislation to embed it into the machinery of government during the next parliament
- ⦿ A cross-department team of senior policy officers (led by DHSC) should develop a sustainable implementation framework, making use of existing resources and expertise to facilitate this process
- ⦿ Each department should guarantee public transparency of its own policy testing process by publishing the findings online. This will provide a benchmark against which government departments and their executive agencies can be held accountable for their mental health impact
- ⦿ The cross-department team should produce resources to encourage and support similar policy testing processes in regional and local government across England.

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