Research Briefing

By Katherine Garratt

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Mental health policy and services in England
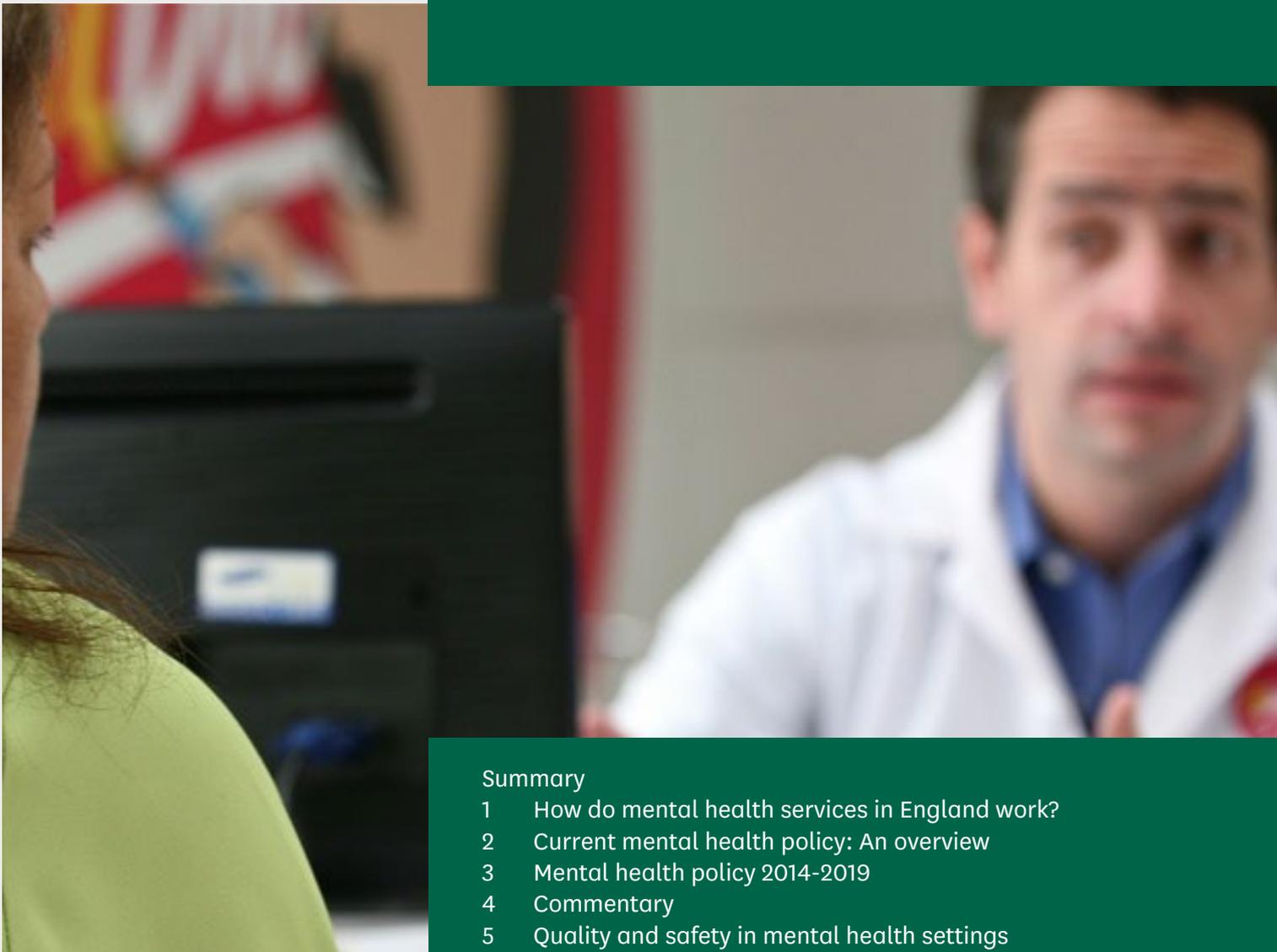
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Contents

Summary

This briefing covers mental health policy and services in England. As health is a devolved matter, the governments of Scotland, Wales and Northern Ireland are responsible for setting their own policies in this area. Links to policies of devolved administrations are provided in section 7 of this briefing.

How are mental health services structured?

NHS adult mental health services are provided in primary care (for example by the GP), in the community by mental health teams, in hospitals and in specialist services. These services can be conceptualised as primary, secondary and tertiary care, but under the NHS Long Term Plan transformation is ongoing to create integrated community mental health services.

How are mental health services commissioned?

Most services are commissioned locally by Integrated Care Boards but some specialist services are commissioned by NHS England. NHS England is in the process of delegating responsibility for commissioning specialised mental health, learning disability and autism services to NHS-Led Provider Collaboratives. These are groups of specialist providers, led by a lead provider, that work together to manage the budget and care pathway for their local population.

How are mental health services funded?

Most local mental health funding is not ring-fenced, meaning each Integrated Care Board determines its own mental health budget from its overall funding allocation. This means that neither the government nor NHS England determines how much funding goes to mental health services in local areas. However, local areas are expected to meet the 'mental health investment standard', which requires increases in local mental health spending to be at least as large in proportion as overall increases in local health funding.

The NHS Long Term Plan includes pledge to give mental health services a growing share of the NHS budget, worth at least £2.3 billion a year by 2023/24.

Are there waiting times standards for mental health support?

Access and waiting time standards are in place for early intervention in psychosis services and NHS talking therapies. The Government has consulted on introducing new waiting time standards for community mental health services and crisis services and is working with NHS England on implementation.

Mental health policy

In 2022 the Government issued a call for evidence to inform a new, 10-year cross-government Mental health and wellbeing plan.

In January 2023 the Government announced it will publish a Major Conditions Strategy that will include mental health, instead of a standalone strategy. It said a joined up strategy will ensure mental health conditions are considered alongside physical health conditions.

The Government's current commitments on mental health up to 2023/24 are set out in the NHS Long Term Plan. The Health and Social Care Committee Expert Panel and the National Audit Office have carried out reviews of the Government's progress against its commitments. They have raised concerns that even if the commitments are met, there will be a gap between the number of people with mental health conditions and the number receiving treatment.

In September 2023, the Government published a new Suicide prevention strategy for England: 2023 to 2028.

The NHS Long Term Workforce Plan (June 2023) sets out an ambition to increase training places for mental health nursing by 93% to over 11,000 places be 2031/32. This would start with an increase in mental health nursing places of 38% by 2028/29.

Quality and safety in mental health settings

In January 2023, following high profile cases of abuse and deaths in mental health inpatient units, the Government announced a rapid review into patient

safety in mental health inpatient settings in England, focusing on what data related to safety is collected and how it is used.

The review made 13 recommendations, including a programme of work to ensure data collection includes metrics on the environments that create or reduce risks.

In June 2023, the Government announced that a national investigation of mental health inpatient services will commence in October 2023. The investigation will look at topics including how providers learn from deaths and the development of a safe staffing model for inpatient services.

NHS England is making improvements to mental health inpatient care through the Mental Health Safety Improvement Programme and the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme.

The Care Quality Commission (CQC) regulates mental health services through its monitoring of all health and social care services that carry out regulated activities and by reporting on the use of the Mental Health Act 1983. The CQC's 2021/22 report found workforce shortages are affecting the quality and safety of care and gaps in community services are exacerbating the demand on inpatient services.

Reforming the Mental Health Act

In October 2017, the Government commissioned an independent review of the Mental Health Act 1983 in response to rising rates of detention and the disproportionate use of the Act among people from Black and minority ethnic groups. The Government published the white paper, Reforming the Mental Health Act, in January 2021. Following a consultation period, the Government response was published in July 2021.

A draft Mental Health Bill was published in June 2022. It was subject to pre-legislative scrutiny by a Joint Committee from July to December 2022. The Committee published its report on 19 January 2023.

Use of force in mental health settings

In a review of the use of restraint, seclusion and segregation in settings caring for autistic people, people with learning disability and/or a mental health condition, the Care Quality Commission found people were not getting the care they need and there were many examples of care that was undignified, inhumane and which potentially breached people's basic human rights.

The [Mental Health Units (Use of Force Act) 2018](#), also known as 'Seni's Law', requires mental health units to have a policy on, and record information relating to, the use of force in mental health units. It also requires staff to be trained in the use of force and for a responsible person to be appointed to oversee introduction of the provisions in the Act.

How did the covid-19 pandemic affect mental health?

[The pandemic affected people's mental health and wellbeing](#) through a combination of the wider effects of the pandemic on society (such as socio-economic disadvantages) and public health measures to prevent the spread of the virus (such as lockdowns)

The effects of the pandemic were not equally felt across society. Young adults, isolated people, people with mental and physical health problems and people from Black, Asian and minority ethnic communities were among [the populations at high-risk of poor mental health because of the pandemic](#).

Further reading

Information on the prevalence of mental health conditions in England can be found in the Library Briefing on [Mental health statistics: prevalence, services and funding in England](#).

Information on children's mental health policy and services can be found in the Library briefing on [Support for children and young people's mental health (England)](#).

1 How do mental health services in England work?

Mental health support for adults in England is provided by NHS organisations, voluntary and community sector enterprises, local authorities and independent providers. In the NHS, mental health services can be conceptualised as primary, secondary and tertiary services. However, as part of the NHS Long Term Plan, community mental health services are becoming more integrated.

1.1 Primary care and NHS talking therapies

Primary care services support people experiencing mild to moderate mental health problems. This includes GPs and other roles working within primary care networks, such as mental health practitioners and social prescribing link workers. Primary care networks are groups of general practices serving around 30,000 – 50,000 patients.

Social prescribing link workers connect people with activities and services in the community that can provide support with social, emotional and practical needs. The NHS Long Term Plan, published in 2019, includes a commitment to have 1,000 social prescribing link workers in place by the end of 2020/21 with more trained by 2023/24, so that over 900,000 people can access support from them by 2023/24.[1]

In February 2023 there were 3,161 full-time equivalent social prescribing link workers employed by primary care networks.[2]

From 2022/23, a requirement for primary care networks to provide a "proactive social prescribing service" was introduced into contracts.[3]

People over the age of 18 can access NHS talking therapy services (formerly Improving Access to Psychological Therapies, IAPT) through their GP or by self-referral.

The NHS Long Term Plan includes commitments to:

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[1]   NHS England, The NHS Long Term Plan, 7 January 2019, para 1.40
[2]   PQ 147381 [on Social prescribing: Staff], 17 February 2023
[3]   NHS England, Social prescribing (Accessed 4 October 2023)

- expanding talking therapy services to a total of 1.9 million adults and older adults,

- maintaining the waiting time and recovery standards (see below), and

- maintaining the requirement in the Five Year Forward View for Mental Health for all areas to commission talking therapy services for people with long term conditions.

In 2021/22, 1.24 million people entered treatment and 688,000 people finished a course of treatment.[4]

Waiting time and recovery standards

Talking therapy services should meet the following service standards:

- 75% of people should start treatment within six weeks of referral.

- 95% of people should start treatment within 18 weeks of referral.

- At least 50% of people who complete treatment should recover.[5]

Were targets met in 2021/22?

91.1% of people referred to NHS talking therapies who finished a course of treatment in had their first appointment within six weeks of referral. This was above the target of 75% and an improvement on 2020/21 (90.0%).[6]

98.6% of those finishing a course of treatment in had their first appointment within 18 weeks of referral, which was above the target of 95% and an improvement on 2020/21 (98.0%).[7]

The average waiting time for a first treatment was 21 days (among those finishing a course of treatment), which was the same as the previous year. The average waiting time between a first treatment and a second treatment was 50 days, down three days from 2020/21. However, there was substantial variation in different parts of England.[8]

A more detailed breakdown of these statistics, including by local area, age and gender, is available in the Commons Library briefing on Mental health statistics: prevalence, services and funding in England.

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[4]   NHS Digital, Psychological Therapies, Annual report on the use of IAPT services, 2021-22, 29 September 2022

[5]   NHS England, Service standards (Accessed 4 October 2023)

[6]   NHS Digital, Psychological Therapies, Annual report on the use of IAPT services, 2021-22, 29 September 2022

[7]   As above

[8]   As above

1.2   Community mental health services

Community mental health services, also referred to as 'secondary services', help people who need more support with their mental health and may have complex needs. Community services are multidisciplinary teams that include a range of professionals such as nurses, occupational therapists, social workers, psychologists, and psychiatrists. Teams include:

- community mental health teams (CMHTs) that support people with a range of mental health conditions within a specific age range

- teams that provide support for people with specific conditions, such early intervention in psychosis teams and specialist community perinatal mental health teams (see section 1.3 below)

- home treatment and crisis teams that provide time-limited, intensive support to people experiencing a mental health crisis (see section 1.4 below).

Currently, the only community mental health services with service standards are children's eating disorder services[9] and early intervention in psychosis services. The NHS aims for 60% of people experiencing a first episode of psychosis to have access to a care package that conforms with guidance from the National Institute of Health and Care Excellence (NICE) within two weeks of referral.[10]

Community mental health transformation

The NHS Long Term Plan set out an objective to redesign community mental health services as place-based, integrated services that bring together primary and secondary care provision.[11] The new offer will provide a core community service, aligned with primary care networks, for people with any level of mental health need.

Specialist teams and treatment services, organised at a wider level, will support people with the most complex needs whilst "plugging in" to the core

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9   See section 3.3 of the House of Commons Library Briefing on Support for children and young people's mental health (England)

10   NICE, Psychosis and schizophrenia in children and young people: recognition and management, updated 26 October 2016; NICE, Psychosis and schizophrenia in adults: prevention and management, updated 1 March 2014

11   NHS England, The NHS Long Term Plan, 7 January 2019, para 3.94

model. Such teams include crisis and inpatient care and dedicated community eating disorder services. [12]

In 2019, NHS England and NHS Improvement (now NHS England) and the National Collaborating Central for Mental Health (NCCMH) published a community mental health framework for adults and older adults setting out how the new offer will work. Further detail is available in the full guidance documents published by the NCCMH in 2021.[13]

Is the Care Programme Approach still being used?

The Care Programme Approach (CPA) is a model of community mental health provision based on care co-ordination and care planning. In response to queries about how the new community mental health framework interacts with the CPA, NHS England published a position statement confirming the CPA has been superseded by the framework.[14]

The statement said while the principles behind the CPA are sound, policy and practice have evolved significantly since the model was originally introduced 30 years ago. The new framework is intended to ensure a minimum universal standard of care for everyone in need of community mental health services, rather than classifying service users as "CPA" or "non-CPA". While service users will continue to have a key worker under the framework, there will be a shift "from generic care co-ordination to meaningful intervention-based care".[15]

Severe mental illness and physical health

To address the 15 to 20 year gap in life expectancy between people with a severe mental illness (SMI) and the general population, the Government committed to ensuring that by 2020/21, 280,000 adults with a SMI received an annual physical health check.[16]

However, the Health and Social Care Committee's evaluation of progress towards this commitment said data from NHS Digital suggests this target was not met and was not on track to be met prior to the Covid-19 pandemic.[17]

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12   NHS England and NHS Improvement and the National Collaborating Central for Mental Health, The community mental health framework for adults and older adults, 29 September 2019, Section 3 'This Framework and what it can deliver'

13   National Collaborating Centre for Mental Health, The Framework for Community Mental Health for Adults and Older Adults: Support, Care and Treatment, Part 1, 2021; National Collaborating Centre for Mental Health, The Framework for Community Mental Health for Adults and Older Adults: Support, Care and Treatment, Part 2, 2021

14   NHS England, Care Programme Approach: position statement version 2.0, 1 March 2022

15   As above, para 9

16   Department of Health and Social Care, Five Year Forward View for Mental Health, January 2017, p14

17   Health and Social Care Committee, The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England, December 2021, p59

1.3 Maternal and perinatal mental health services

At least 1 in 5 women develop a mental illness during pregnancy or within the first years after having a baby and suicide remains the leading cause of death in the first year after birth.[18]

Under the NHS Long Term Plan, there is an ambition for at least 66,000 women with moderate to severe perinatal mental health difficulties to have access to specialist community care by 2023/24. This is being delivered through outreach clinics (maternal mental health services) and specialist community perinatal mental health teams. The plan also includes provision for assessing the mental health needs of partners and signposting to further support if required. [19]

Local authorities have also been encouraged to use funding from the Family Hubs and Start for Life programme to invest in initiatives to compliment NHS perinatal mental health services. Examples given in government guidance include support for fathers and co-parents and investment in training for professionals involved with families expecting a baby on trauma-informed care.[20]

Psychological support for birth trauma

Maternal mental health services (referred to as 'maternity outreach clinics' in the Long Term Plan) bring together maternity, reproductive health and psychological therapy services for women who experience moderate to severe mental health difficulties relating to their maternity experience. This could be related to birth trauma, perinatal loss or a phobia of childbirth.[21]

In September 2023, the Government reported there are 35 maternal mental health services currently live and services will be rolled out across England by 2024.[22]

In 2021, NHS England published a good practice guide to support implementation of trauma-informed care in the perinatal period.

Perinatal mental health services

Specialist community perinatal mental health services support women with complex mental health needs from pre-conception to up to 24 months after

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[18] Maternal Mental Health Alliance, Specialist perinatal mental health care in the UK 2023, May 2023, p4

[19] NHS England and NHS Improvement, NHS Mental Health Implementation Plan 2019/20 – 2023/24, 23 July 2019, p17

[20] Department of Health and Social Care and Department for Education, Family Hubs and Start for Life programme: local authority guide, 8 August 2022, Annex I

[21] NHS England, Maternal mental health services (Accessed 3 October 2023)

[22] PQ 195171 [on Mental health services: Mothers], 4 September 2023

birth. This could include offering advice to women with mental health conditions on planning for a baby, supporting them through pregnancy and labour or treating post-partem conditions.

In some cases, women may be admitted to a mother and baby unit (MBU), specialist units designed to keep mothers with their babies whilst receiving care and support for their mental health.

In September 2023, the Government said there is a specialist perinatal mental health service in every Integrated Care System in England and 19 MBUs, with work continuing to expand services.[23]

Commentary

The UK charity, the Maternal Mental Health Alliance (MMHA), carried out a review of specialist perinatal mental health (PMH) services (excluding maternal mental health services) using freedom of information requests. Its May 2023 report said there has been "fantastic progress" in the expansion of specialist services, including:

- 93% specialist PMH services already seeing increasing number of women, including those with complex PTSD/ personality disorder diagnosis,

- 49% services already providing specialist PMH care from pre-conception to 24 months after birth,

- 42% services already offering fathers and partners assessment for their mental health and signposting for support, and

- 51% specialist PMH services already offering sufficient psychological therapies including parent-infant, couple, co-parenting and family interventions.[24]

However, MMHA noted the Covid-19 pandemic has delayed the progress of expansion. It also identified risks around allocated funding under the Long Term Plan being diverted away from maternal mental health, local under resourcing and insufficient clinic space to match the expansion of services.[25]

MMHA has made nine recommendations to improve services including addressing racial, socioeconomic and other inequities in accessing care and

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[23] PQ 196467 [on Psychiatric hospitals: Mother and baby units], 8 September 2023

[24] Maternal Mental Health Alliance, Specialist perinatal mental health care in the UK 2023, May 2023, p15

[25] As above, p16

taking a trauma-informed approach.[26] The charity has also commissioned a briefing for integrated care systems on maternal mental health.[27]

1.4   Crisis services

Crisis services help people who need urgent support with their mental health. They include:

- home treatment teams that provide intensive support as an alternative to hospital,

- alternative crisis spaces such as crisis houses and cafes, often provided by voluntary organisations,

- local urgent mental health helplines, and

- liaison mental health services in emergency departments and general hospital wards.

The NHS Long Term Plan includes commitments to have 100% coverage of 24/7 crisis care via NHS 111 by 2023/24. This includes committing to:

- a 24/7 crisis resolution and home treatment team for adults,

- a range of alternatives to A&E and hospital admission,

- mental health professionals working in ambulance control rooms, and

- a requirement for all general hospitals to have a mental health liaison service with 70% of these meeting the 'core 24' standard for adults.[28] Core 24 is a model of psychiatric liaison that operates a 24/7 service on-site in the general hospital and can respond to emergency referrals within one hour.[29]

According to the NHS England mental health dashboard, close to 100% of adult crisis teams are operating 24/7 and 85% are staffed to support a home to offer a genuine alternative to admission. All emergency department sites

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[26]   A summary of the recommendations is available in Maternal Mental Health Alliance, Executive summary: Specialist perinatal mental health care in the UK 2023 (PDF), May 2023

[27]   Maternal Mental Health Alliance and Centre for Mental Health, Maternal mental health: A briefing for integrated care systems, 26 July 2023

[28]   NHS England and NHS Improvement, NHS Mental Health Implementation Plan 2019/20 – 2023/24, 23 July 2019, p30

[29]   NHS England and National Institute for Health and Care Excellence, Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults, 29 November 2016, pp15-16

now offer a liaison service or access to local crisis support. 92% of services offer an on-site liaison service and 61% meet core 24 standards.[30]

The Government has said it is continuing towards making emergency mental health support available via 111 by April 2024.[31]

In the 2021 Autumn budget and spending review, the Government announced £150 million of funding for "NHS mental health facilities linked to A&E and to enhance patient safety in mental health units."[32]

In January 2023, the Government said £7 million of the funding would be allocated to new mental health ambulances. The remaining £143 million will go towards 150 new projects, including crisis line upgrades, improving community mental health facilities and schemes providing alternatives to A&E.[33]

Information on how the police respond to mental health crises and the 'right care, right person' approach can be found in section 2.4 of this briefing.

1.5 Mental health hospitals

Mental health hospitals also provide secondary mental health services. There are different types of mental health units and wards including, acute wards for the assessment and treatment of mental health conditions and units designed for longer-term rehabilitation.

Some people are detained in hospital under the Mental Health Act 1983. This is sometimes known as 'sectioning'. The mental health charities Mind and Rethink Mental Illness have produced online guides for service users on how the Act works and what rights patients and families have under the Act:

• Sectioning - an overview - Mind

• What is the Mental Health Act? – Rethink Mental Illness

The NHS Long Term Plan includes ambitions to eliminate adult acute out-of-area placements, improve the "therapeutic offer" in inpatient care and reduce the average length of stay in adult acute inpatient mental health settings to 32 days or fewer by 2023/24.[34]

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[30]   NHS England, NHS mental health dashboard (Accessed 5 October 2023)

[31]   PQ 198018 [on Mental health services: Telephone services], 12 September 2023

[32]   HM Treasury, Autumn Budget and Spending Review 2021, 27 October 2021, p94

[33]   Department of Health and Social Care press release, Mental health services boosted by £150 million government funding, 23 January 2023

[34]   NHS England and NHS Improvement, NHS Mental Health Implementation Plan 2019/20 – 2023/24, 23 July 2019, p34

According to the [NHS mental health dashboard](#), 1,220 inappropriate out-of-are placements started between January and March 2023.[35]

The Government has said it remains committed to eliminating inappropriate out-of-area placements by expanding and transforming community services and local areas can use their allocation of the [Adult Social Care Discharge Fund](#) to facilitate discharge.[36]

In July 2023, NHS England published [guidance to support the commissioning and delivery of acute inpatient mental health](#) care for adults and older adults.[37]

Information on planned reforms to the Mental Health Act can be found in section 6 of this briefing.

1.6 Specialist services

Specialist services, also known as 'tertiary services' support people who need highly specialised mental health care in the community or in hospital. They are organised at a wider level than local mental health teams. Examples of specialist services include secure forensic mental health services and specialist national services, such as the psychosis and affective disorders services at Maudsley Hospital.

1.7 Commissioning

In England, NHS mental health services are mostly commissioned by [Integrated Care Boards (ICBs)](#). An ICB is a statutory body responsible for developing a plan to meet the health needs of the local population, managing the NHS budget and arranging for the provision of health services in the area. ICBs sit within Integrated Care Systems. There are 42 Integrated Care Systems across England.[38]

Some specialist services, such as secure mental health services and adult eating disorder services, are commissioned by NHS England. However, NHS England has said the separation of mental health (and learning disability and autism) commissioning can "inadvertently incentivise patient care to move to

35   NHS Digital, [NHS mental health dashboard Q4 2022/23](#)
36   PQ 135396 [on [Mental heath services: Out of area placements](#)], 3 February 2023
37   NHS England, [Acute inpatient mental health care for adults and older adults](#), 18 July 2023
38   For more information on the structure of the NHS, see the Library's briefing paper on [The structure of the NHS in England](#)

more specialist inpatient care and contribute towards fragmentation of the patient pathway."[39]

NHS England is therefore delegating responsibility for commissioning specialised mental health, learning disability and autism services to NHS-Led Provider Collaboratives. These are groups of specialist providers, led by a lead provider, that work together to manage the budget and care pathway for their local population. They include providers from NHS trusts, the voluntary sector and the independent sector. The aim of the collaboratives is to provide specialist care closer to home and avoid hospital admission where possible.[40]

1.8 Funding

Most local mental health funding is not ring-fenced, meaning that each ICB determines its own mental health budget from its overall funding allocation. This means neither the government nor NHS England determines how much funding goes to mental health services in local areas.

The NHS Long Term Plan includes a pledge to give mental health services a growing share of the NHS budget, worth at least £2.3 billion a year by 2023/24.[41]

Mental Health Investment Standard

Local areas are expected to meet the 'mental health investment standard' (MHIS), which requires increases in local mental health spending to be at least as large in proportion as overall increases in local health funding. For example, if an area receives a 5% increase in its funding allocation, it must increase its mental health spending by at least 5% to meet the MHIS.

NHS England says all local areas have met the MHIS since 2020/21. It has been met on a national basis each year since its introduction in 2015/16.[42]

The MHIS only measures changes in spending and provides no assessment of whether spending is adequate relative to local needs and demand for services.

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[39] NHS England, Roadmap for integrating specialised services within Integrated Care Systems, 31 May 2022, p6

[40] NHS England, NHS-Led Provider Collaboratives: specialised mental health, learning disability and autism services (Accessed 3 October 2023)

[41] NHS England, The NHS Long Term Plan, 7 January 2019, para 3.89

[42] NHS England, NHS mental health dashboard (Accessed 5 October 2023)

Health and Care Act 2022

The Health and Care Act 2022 places a requirement on the Secretary of State to publish information before the start of the financial year on whether spending on NHS mental health is expected to increase in amount and expenditure compared to the previous year. NHS England and ICBs will report back on their performance against this expectation.[43]

The Secretary of State for Health and Social Care, Steve Barclay MP, published the first annual statement in January 2023. In the 2022/23 financial year, mental health spending made up 8.90% of all recurrent NHS spending. This is expected to grow to 8.92% in the 2023/24 financial year.[44]

More information on funding and spending on mental health services is available in the Commons Library briefing on Mental health statistics: prevalence, services and funding in England.

1.9 Access and waiting time standards

In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health.[45] The following standards were introduced from 1 April 2015:

- Treatment within six weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.

- Treatment within two weeks for more than 50% of people experiencing a first episode of psychosis (later increased to 60%).[46]

In 2017, the following standard came into force for children's eating disorder services:

- 95% of young people in need of an eating disorders service to be seen within four weeks, and within one week in urgent cases.[47]

This target is not being met. For more information on the target, see section 2.3 of the Commons Library briefing on Support for children and young people's mental health (England).

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[43] Health and Care Act 2022, pt 1, s3

[44] HCWS511, 23 January 2023

[45] Department of Health and Social Care Press Release, First ever NHS waiting time standards for mental health announced, 8 October 2014

[46] Department of Health and Social Care, Mental health services: achieving better access by 2020, 8 October 2014

[47] NHS England and National Collaborating Centre for Mental Health, Children and Young People's Eating Disorder Access and Waiting Time Commissioning Guide, August 2015

Clinically-led review of standards

In 2018, then-Prime Minister, Theresa May, requested a review of NHS access standards. A Mental health clinically-led review of standards: Models of care and measurement was consulted on in 2021.[48] The consultation response was published in February 2022.[49]

The proposed new standards were:

- For a 'very urgent' presentation to a community-based mental health crisis service, a patient should be seen within 4 hours from referral, across all ages.

- For an 'urgent' presentation to a community-based mental health crisis service, a patient should be seen within 24 hours from referral, across all ages.

- For a referral from an emergency department, patients should have a face-to-face assessment by mental health liaison, or children and young people equivalent service commence within 1 hour.

- Children, young people and their families/carers presenting to community-based mental health services, should start to receive help within four weeks from request for service (referral). This may involve immediate advice, support or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer.

- Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from request for service (referral). This may involve the start of a therapeutic or social intervention, or agreement about a patient care plan.[50]

There was strong support in the consultation for the introduction of new access and waiting time measures for mental health.[51] The Government has said it is working with NHS England on implementing the new standards.[52]

1.10   Parity of esteem

The Coalition Government's mental health strategy, No Health without Mental Health: A cross-government mental health outcomes strategy for people of

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48 NHS England and NHS Improvement, Mental health clinically-led review of standards: Models of care and measurement, 22 July 2021

49 NHS England and NHS Improvement, Mental health clinically-led review of standards: Consultation response, 22 February 2022

50 NHS England and NHS Improvement, Mental health clinically-led review of standards: Models of care and measurement, July 2021, pp4-5

51 NHS England and NHS Improvement, Mental health clinically-led review of standards: Consultation response, 22 February 2022

52 PQ 197297 [on Mental health services: Waiting lists], 6 September 2023

all ages (February 2011) made explicit its objective to give equal priority to mental and physical health.[53] The implementation framework for this strategy (July 2012) described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health.[54]

The Health and Social Care Act 2012 introduced the first explicit recognition of the Secretary of State for Health's duty towards both physical and mental health.[55] This led to a commitment in the NHS constitution that the NHS is "designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard".[56]

Government mandates to the NHS have reaffirmed the commitment to "put mental health on a par with physical health"[57] and have highlighted the need for "measurable progress" towards this aim.[58] The 2021-2022 mandate says the NHS will "continue to treat mental health with the same urgency as physical health" and will measure progress against:

- the number of people accessing talking therapies through the IAPT (talking therapies) service,

- the number of children and young people accessing mental health services funded by the NHS, and

- mental health service real terms expenditure growth.[59]

During the Report Stage of the Health and Care Bill in the House of Lords, an amendment was made to make it clear that references to "health" in the NHS Act 2006 include mental health. This is intended to move away from the association of "health" with physical health and towards parity of esteem.[60] A further amendment to have at least one member with mental health knowledge and expertise on ICBs was also agreed on report.[61]

Measuring progress towards parity of esteem is difficult because there is no single measure or concept of parity. For example, parity could be defined as equal spending, access to services or excess mortality (the impact of mental illness on life expectancy).[62]

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53   Department of Health, No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages, February 2011 p2
54   Department of Health, No Health without Mental Health: Implementation Framework (PDF), July 2012
55   The specific reference to mental health was introduced as an amendment during the Bill's report stage in the House of Lords. See Lords Library Note, LLN 2013/024 (PDF).
56   Department of Health and Social Care, The NHS Constitution for England, updated January 2021
57   Department of Health and Social Care, NHS Mandate 2015 to 2016, December 2014, para 3.5
58   Department of Health and Social Care, NHS Mandate 2018 to 2019, March 2018, para 2.14
59   Department of Health and Social Care, NHS Mandate 2021 to 2022, March 2021, p19
60   HL Deb 1 March 2022 c699
61   As above, c755
62   House of Commons Library, Mental health: Achieving 'parity of esteem', January 2020

The National Audit Office (NAO) has suggested a definition of parity of esteem should include:

- the estimated proportion of people with mental health conditions that should be covered by mental health services,

- the staffing profile required to deliver this, and

- the share of funding between mental and physical health services.

The NAO said that without a definition and a way to measure it, it is not possible to say how far the NHS is progressing towards parity of esteem.[63]

Further information on the different concepts and barriers to achieving parity of esteem can be found in the Commons Library insight on Mental health: Achieving 'parity of esteem'.[64]

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[63] National Audit Office, Summary - Progress in improving mental health services in England, 9 February 2023, para 16

[64] House of Commons Library, Mental health: Achieving 'parity of esteem', January 2020

2 Current mental health policy: An overview

2.1 NHS Long Term Plan (2019)

The NHS Long Term Plan was published on 7 January 2019 and included several commitments to improve mental health services, Government said backed with funding of at least £2.3 billion a year by 2023/24.[65]

On 23 July 2019, NHS England and NHS Improvement published the NHS Mental Health Implementation Plan 2019/20 – 2023/24 to provide guidance for local areas on how to deliver the mental health ambitions within the Long Term Plan. The guidance sets out information on funding, transformation activities and indicative workforce numbers, to inform local five-year plans for the delivery of the NHS Long Term Plan up to 2023/24.

Targets set out in the implementation plan

The implementation plan sets out targets to be achieved by 2023/24 according to service user group:

Specialist community perinatal mental health

At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to community care, maternity outreach clinics will be available across the country for women experiencing mental health difficulties arising from the maternity experience and mental health assessment and signposting for partners.

See section 1.3 of this briefing for more information.

Children and young people's mental health

345,000 additional 0 to 25 year olds will be accessing support via NHS mental health services and Mental Health Support Teams based in schools and colleges.

Adult common mental illness

A total of 1.9m adults and older adults will access IAPT (NHS talking therapies). All areas will continue to meet the access and recovery standards

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65   NHS England, The NHS Long Term Plan, 7 January 2019, para 3.89

(see section 1.1 of this briefing) and commission IAPT-Long Term Conditions (IAPT-LTC) services.

Adult severe mental illness

At least 370,000 adults and older adults with a severe mental illness (SMI) will receive care through new integrated models of community care. More information on this is in section 1.2 of this briefing. 390,000 people with SMI will receive a physical health check and 55,000 will receive employment support. Additionally, the early intervention access standard will be maintained (see sections 1.2 and 1.9 of this briefing).

Mental health crisis care

There will be 100% coverage of 24/7 crisis care across all ages (see section 1.4 of this briefing), all general hospitals will have mental health liaison services with 70% meeting 'core 24' standard and access and waiting time standards for mental health care will be tested (see section 1.9 of this briefing).

Mental health inpatient care

Service user outcomes and experiences will improve through investment in activities and interventions, admission lengths will be reduced to 32 days or lower and inappropriate out of area placements will end (see section 1.5 of this briefing)

Suicide reduction

Every section of the country will be covered by the suicide prevention programme.[66]

The Implementation Plan introduced commitments to two new areas not covered by the Five Year Forward View for Mental Health:

Problem gambling

15 new clinics providing specialist NHS treatment will be opened and provision for under-18s will be piloted.

Rough sleeping mental health support

New specialist provision for rough sleepers will be established in twenty high-need areas.[67]

The Royal College of Psychiatrists produced a commentary paper on the mental health proposals in the Long Term Plan.[68]

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[66] NHS England and NHS Improvement, NHS Mental Health Implementation Plan 2019/20 – 2023/24, July 2019, pp3-6

[67] NHS England and NHS Improvement, NHS Mental Health Implementation Plan 2019/20 – 2023/24, July 2019, p7

[68] Royal College of Psychiatrists, The NHS Long Term Plan in England: RCPsych Briefing, January 2019

The [NHS mental health dashboard](#) helps measure progress against delivery of commitments in the Five Year Forward View for Mental Health and the Long Term Plan. A summary of the latest information notes "significant progress" towards all adult crisis teams operating 24/7 and an increase in the number of liaison mental health teams operating 24 hours per day.[69]

2.2 Advancing Mental Health Equalities Strategy (2020)

In October 2020, NHS England and NHS Improvement published [the first Advancing Mental Health Equalities strategy](#), summarising the core actions the NHS would take, in collaboration with the Advancing Mental Equalities Taskforce, to bridge the gaps for communities fairing worse than others in mental health services.[70]

The strategy recognised groups access services differently and report having different levels of satisfaction with the healthcare they receive. Different groups receiving the same treatment also have different recovery outcomes. There are three workstreams relating to:

- supporting local health systems to address mental health inequalities,

- improving the quality and flow of data to inform intelligent insights and decision making to advance mental health equalities, and

- working closely with partners to promote a diverse and representative workforce at all levels of the system.[71]

The strategy also committed to developing, testing and rolling out the [Patient and Carer Race Equality Framework](#) to help mental health trusts work with minority ethnic communities to fight stigma and inequalities across the sector.[72]

In a review of [Progress in improving mental health services in England](#) (February 2023), the NAO said it was unclear what impact these initiatives have had.

69   NHS England, [NHS mental health dashboard](#) (accessed 15 March 2022)

70   NHS England and NHS Improvement, [Advancing Mental Health Equalities](#), 16 October 2020

71   NHS England and NHS Improvement, [Advancing Mental Health Equalities Strategy](#), September 2020, pp7-15

72   As above, p2

2.3   National Disability Strategy (2021)

In July 2021, the Government published its strategy to improve the lives of disabled people in the UK. Part one of the strategy sets out the immediate actions needed to improve the everyday lives of disabled people. Part two covers longer-term changes that will put disabled people "at the heart of government policy-making and service delivery."[73] Part three sets out the actions that will be taken by each government department.

Key cross-departmental actions include:

- Targeted support for disabled people starting a business and development of a new advice hub on employment rights.

- Introducing a free arts access card to improve access to arts and culture.

- Collaborative work with Sport England to address inequalities in sport and physical activity.

- Review of support for children with special educational needs and disabilities (SEND).

- Investing in green social prescribing.

- Improving the health and social care workforce's understanding of learning disabilities and autism.

- Modernising the Mental Health Act 1983.

- Piloting an Access to Work passport.

- Tackling disability hate crime.[74]

In January 2022, the High Court ruled the strategy unlawful, based on a case brought by four disabled people in relation to the consultation process. The Government paused some parts of the strategy while they appealed the ruling. In July 2023 the Court of Appeal ruled the High Court was wrong to find the strategy unlawful. More information can be found in the Commons Library briefing on The National Disability Strategy: Content, reaction and progress.

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[73]   Disability Unit, Equality Hub, Department for Work and Pensions, National Disability Strategy, 28 July 2021
[74]   As above, Part 3, pp102-118

2.4 National Partnership Agreement: Right Care, Right Person (2023)

In July 2023, the Department of Health and Social Care (DHSC) and the Home Office published National Partnership Agreement: Right Care, Right Person. The agreement was made between the following organisations:

- DHSC

- Home Office

- NHS England

- National Police Chiefs' Council

- Association of Police and Crime Commissioners

- College of Policing

The agreement sets out a national commitment from the organisations "to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs."[75]

The Right Care, Right Person (RCRP) framework will help police to make decisions about when to respond to incidents. The police will continue to respond to incidents where there is a risk to life or serious harm or where a (potential) crime is occurring.

The agreement says the RCRP has already been implemented in some local areas and can successfully reduce inappropriate police involvement.[76]

Mental health charities and stakeholders have raised concerns about how the change will be introduced safely without being backed by new funding and a sufficient workforce.[77] The Royal College of Psychiatrists have said there must be "realistic timescales for planning and preparation" of the rollout.[78]

In September 2023, the Health and Social Care Committee held a non-inquiry session on the Right Care, Right Person approach.[79]

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[75] Department of Health and Social Care and Home Office, National Partnership Agreement: Right Care, Right Person (RCRP), 26 July 2023

[76] See above

[77] Mind, "Mind reacts to UK Government announcement of Right Care, Right Person approach", 25 July 2023; Rethink Mental Illness blog post, "The role of the police in supporting people in mental health crisis", 28 July 2023.

[78] Royal College of Psychiatrists, "RCPsych responds to the National Partnership Agreement between the Government, police and health and social care services", 26 July 2023

[79] Health and Social Care Committee, Oral evidence: Mental health: Right Care, Right Person, HC 1836, 19 September 2023

2.5   Suicide prevention strategy (2023)

In September 2023, the Government published the [Suicide prevention strategy for England: 2023 to 2028](#). The strategy and corresponding action plan set out the following ambitions for the next five years:

- Reduce the suicide rate, with initial reductions made within at least half this time.

- Improve support for people who have self-harmed.

- Improved support for people who have been bereaved by suicide.[80]

The strategy includes over 100 actions focused on the following areas:

- Improving data.

- Providing targeted support to these priority groups:

  - Children and young people

  - Middle-aged men

  - People who have self-harmed

  - People in contact with mental health services

  - People in contact with the criminal justice system

  - Autistic people

  - Pregnant women and new mothers.

- Addressing these common risk factors linked to suicide:

  - Physical illness

  - Financial difficulty and economic adversity

  - Gambling

  - Alcohol and drug misuse

  - Social isolation and loneliness

  - Domestic abuse.

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[80]   Department of Health and Social Care, [Suicide prevention in England: 5-year cross-sector strategy](#), 11 September 2023

- Promoting online safety.

- Providing crisis support.

- Reducing access to means of suicide.

- Providing bereavement support.

- Making suicide everybody's business. [81]

Further information can be found in the Commons Library briefing paper on [Suicide prevention: policy and strategy](#).

2.6 Major Conditions Strategy

In April 2022, the Government launched a [Mental health and wellbeing plan: discussion paper](#) and call for evidence, intended to inform a new 10-year, cross-government mental health strategy.

The Ministerial Foreword said the Government wanted to understand the priority actions needed to support both people at risk of developing a mental health condition and those affected by one:

> We want to build consensus on the priority actions we need to collectively take to reduce the number of people who go on to develop mental health conditions, especially for our children and young people and for communities at greatest risk. We want to develop plans to make sure that people at risk of developing a mental health condition or taking their life receive help at an earlier stage, and that people who are unwell are treated with compassion and get the support they need from the NHS, social care, and beyond. We also want your advice on how to fully harness the potential of technology and data to support better mental health, and how to incentivise the private sector to play its part. We want to hear about the best, innovative practice that is transforming lives and tackling disparities across the country, and how to make this the norm everywhere. [82]

The discussion paper and consultation questions focused on six key areas:

1. How can we all promote positive mental wellbeing?

2. How can we all prevent the onset of mental health conditions?

3. How can we all intervene earlier when people need support with their mental health?

4. How can we improve the quality and effectiveness of treatment for mental health?

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[81] DHSC, [Suicide prevention in England: 5-year cross-sector strategy](#), 11 September 2023
[82] DHSC, [Mental health and wellbeing plan: discussion paper](#), 25 April 2022, Ministerial Foreword

5.   How can we all support people with mental health conditions to live well?

6.   How can we all improve support for people in crisis?[83]

In January 2023, the Government announced it will publish a Major Conditions Strategy that will include mental health.[84] The Government has said a joined up strategy will ensure mental health conditions are considered alongside physical health conditions.[85] The responses to the consultation for the 10-year strategy will be used to inform the Major Conditions Strategy and have been used to develop the new Suicide Prevention Strategy (see section 2.5).[86]

Mental health charities, including the Mental Health Foundation, Mind and Rethink Mental Illness, have criticised the Government's decision not to continue with a separate mental health strategy and say a mental health plan is urgently needed.[87]

In September 2023, over thirty mental health charities and organisations published a document setting out priorities for a ten-year, cross-government mental health strategy. The document includes policies on prevention, equality and support that the group would like to see implemented following the next general election.[88]

2.7   NHS workforce plan (2023)

In June 2023, the Department of Health and Social Care published the government-backed NHS Long Term Workforce Plan. Using modelling the plan estimates that following current trends, there will be a shortfall of over 15,800 full time-equivalent mental health nurses by 2036/37.[89]

The plan sets out an ambition to increase training places for mental health nursing by 93% to over 11,000 places be 2031/32. This would start with an increase in mental health nursing places of 38% by 2028/29.[90] The increase in places would include an expansion of the nursing apprenticeship scheme so that by 2028/29, 28% of mental health nurses are qualifying via this route.[91]

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83   DHSC, Mental health and wellbeing plan: discussion paper, 25 April 2022, Introduction

84   HCWS514, 24 January 2023

85   PQ 153869 [on: Mental health services], 2 March 2023

86   PQ 161365 [on Mental health services: Public consultation], 13 March 2023

87   Mental Health Foundation, "The government must deliver a comprehensive mental health plan, say mental health charities", 31 January 2023

88   Centre for Mental Health, A mentally healthier nation, 27 September 2023

89   NHS England, NHS Long Term Workforce Plan, 30 June 2023, p35

90   As above, p43

91   As above, p44

The plan also says there will be over 1,000 training places for clinical psychology and child and adolescent psychotherapy each year up to 2028/29.[92]

Under this plan, it is expected that there will continue to be shortfalls in mental health staffing in the medium-term.[93]

More information on the NHS workforce plan is available in the Commons Library briefing on the NHS workforce in England.

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[92]   NHS England, NHS Long Term Workforce Plan, 30 June 2023, p46
[93]   As above, p39

3 Mental health policy 2014-2019

3.1 NHS Five Year Forward View (2014)

In 2014, NHS England and its partners published the [Five Year Forward View](#), setting out their vision for the future of the health service. It committed to achieving "genuine parity of esteem between physical and mental health" and to the introduction and expansion of mental health access and waiting time standards.[94]

NHS England's [Forward View into action: planning for 2015-16](#) set an expectation that Clinical Commissioning Group (CCG) spending on mental health services in 2015/16 should increase in real terms, and grow by at least as much as each CCG's allocation increase to support the ambition of parity between mental and physical health.[95]

3.2 The Five Year Forward View for Mental Health (2016)

[The Five Year Forward View for Mental Health](#), a report from the independent Mental Health Taskforce to NHS England, was published in February 2016. The Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21, encompassing three broad areas:

- Achieving parity of esteem between mental and physical health for children, young people, adults and older people.

- Wider, cross-government action across areas such as employment, housing and social inclusion.

- Tackling inequalities, including the higher incidence of mental health problems among people living in poverty, those who are unemployed and people who already face discrimination. It also addresses inequalities in access to services among certain black and minority ethnic groups, whose first experience of mental health care often comes

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[94] NHS England, [Five Year Forward View](#), October 2014, p26
[95] NHS England, [Forward View into action: planning for 2015-16](#), December 2014, p5

when they are detained under the Mental Health Act, often with police involvement.[96]

The Taskforce's recommendations

The recommendations, by area, to be delivered by 2021 included:

Specialist community perinatal mental health

Supporting 30,000 more new and expectant mothers through maternal mental health services each year.

Children and young people's mental health

Providing mental health care to 70,000 more children and young people. 95% of children and young people with eating disorders should be able to access treatment within 1 week for urgent cases or 4 weeks for routine cases.

Adult common mental illness

Increasing access to talking therapies (IAPT) to reach 25% of people in need with anxiety and depression, with a focus on integrated care for people living with long-term physical health conditions.

Adult severe mental illness

Meeting the physical health needs of 280,000 people with a severe mental illness and doubling the access to Individual Placement and Support (IPS) to help this group find and stay in employment.

Mental health crisis care

Making a 24/7 community-based crisis response available across England and providing a mental health liaison service for people of all ages in every acute hospital.

Mental health inpatient care

Ending to the practice of sending people out of their local area for acute inpatient care.

Suicide reduction

A commitment to reducing suicides by 10%.[97]

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[96] Independent Taskforce to the NHS in England, The Five Year Forward View for Mental Health, February 2016, p3

[97] See Annex B of The Five Year Forward View for Mental Health for all recommendations for national bodies.

The Government's response

In February 2016 the Government said it welcomed the report's recommendations and would work with NHS England and other partners to establish a plan for implementation.[98]

A Government statement committed to an investment of £1 billion by 2020-21:

> To make those recommendations a reality, we will spend an extra £1 billion by 2020-21 to improve access to mental health services, so that people can receive the right care in the right place when they need it most. That will mean increasing the number of people completing talking therapies by nearly three quarters, from 468,000 to 800,000; more than doubling the number of pregnant women or new mothers receiving mental health support, from 12,000 to 42,000 a year; training about 1,700 new therapists; and helping 29,000 more people to find or stay in work through individual placement support and talking therapies.[99]

The Government's response to the Taskforce was published in January 2017, accepting its recommendations in full. This response also set out measures to address Taskforce recommendations that apply beyond the NHS, for education, employment, and the wider community.[100]

NHS England published its implementation plan in July 2016, which set out how it would deliver the recommendations. It focused on the role of the NHS in delivering its commitments and was directed at commissioners and providers to support and influence their own local plans.

Additionally, in July 2017, then-Health Secretary, Jeremy Hunt, launched a Mental Health Workforce Plan for implementation of the Five Year Forward View for Mental Health, which set out plans for 21,000 new posts across England by April 2021 (the Government had previously pledged an increase of 10,000 posts by this date). The plan was developed by partners including Health Education England, NHS Improvement, NHS England, and the Royal College of Psychiatrists.

3.3 Stevenson/Farmer 'Thriving at Work' Review (2017)

In 2017 the Government commissioned an independent review into mental health and employment led by Dennis Stevenson and Mind CEO Paul Farmer, as part of a range of measures aimed at transforming mental health support in schools, workplaces and in the community. The review's report, Thriving at Work, was published in October 2017 and recommended "mental health core

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[98] HC Deb 23 February 2016 c153-4

[99] As above

[100] Department of Health, Five Year Forward View for Mental Health: government response, 9 January 2017, p2

standards" that all employers can adopt to better support the mental health of their staff.[101]

The core standards set out employers should:

- Produce, implement and communicate a mental health at work plan.

- Develop mental health awareness among employees.

- Encourage open conversations about mental health and the support available when employees are struggling.

- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development.

- Promote effective people management through line managers and supervisors.

- Routinely monitor employee mental health and wellbeing.[102]

In November 2017, the joint Department for Work and Pensions and Department of Health and Social Care Work and Health Unit (WHU) published the Government's response, Improving lives: the future of work, health and disability.

A response to a 2019 parliamentary question (PQ) on implementation of the independent review's recommendations said progress had been made in both the public and private sectors. In particular, it was noted that in July 2018, the WHU and Local Government Association held a Public Sector Summit bringing together public sector leaders and experts to share best practice on supporting the mental health of employees. [103]

On 17 January 2019 there was a Backbench Business Committee debate on mental health first aid.[104] Background on this subject can be found in the Commons Library debate pack on mental health first aid in the workplace.

A PQ in September 2023 asked what the Government has put in place to support people with stress in the workplace. The response noted the following initiatives:

- Initiatives to support and encourage employers to support their staff, including those who have experienced work-related stress, to stay in, or return to, work, including:

  - The Access to Work Mental Health Support Service (MHSS) providing up to 9 months of personalised, non-clinical support for people who need mental health support while in employment;

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[101] Lord Dennis Stevenson and Paul Farmer, Thriving at Work: a review of mental health and employers, 26 October 2017,

[102] As above, p6

[103] PQ 210676 [on Mental Health and Employers Independent Review], 21 January 2019

[104] HC Deb 17 January 2019

- Disability Confident, encouraging employers to think differently about disability and health, and to take positive action to address the issues disabled employees face in the workplace;
- An online Information Service called "Support with Employee Health and Disability", providing better integrated and tailored guidance on supporting health and disability in the workplace;
- Increasing access to occupational health, including the testing of financial incentives for small and medium-sized enterprises and the self-employed;
- Access to Work grants helping towards extra costs of working beyond standard reasonable adjustments;

- Increased Work Coach support in Jobcentres for disabled people and people with health conditions receiving Universal Credit or Employment and Support Allowance;

- Disability Employment Advisers in Jobcentres offering advice and expertise on how to help disabled people and people with health conditions into work;

- Work in partnership between DWP and the health system, including:

  - Employment Advice in NHS Talking Therapies, which combines psychological treatment and employment support for people with mental health conditions which includes support to return to work following mental health-related absences, and;
  - The Individual Placement and Support in Primary Care (IPSPC) programme, a Supported Employment model (place, train and maintain) delivered in health settings, aimed at people with physical or common mental health disabilities to support them to access paid jobs in the open labour market.

- The Work and Health Programme and Intensive Personalised Employment Support, providing tailored and personalised support for disabled people.[105]

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[105]   PQ 198141 [on Employment: Stress], 13 September 2023

4 Commentary

4.1 Health and Social Care Committee

Evaluation of progress against mental health policy commitments

In December 2021, the Health and Social Care Committee Expert Panel published an evaluation of the Government's progress against its policy commitments in the area of mental health services in England.

The report included the following findings:

- IAPT services for people with long-term conditions have had a positive impact. However, significant work is needed to achieve the commitment for all areas to commission these services by 2023/24.

- Progress towards achieving annual health checks for 280,000 people with severe mental illness has been "inadequate".

- The commitment to reduce admission lengths to 32 days is on track. However, the therapeutic offer has not improved and there has been too little funding to upgrade the physical estates, hampering the ability of services to provide an improved offer.

- Little progress has been made towards the commitment to develop new community care models for adults with a severe mental illness by 2023/24. This was also compounded by the effects of the Covid-19 pandemic.

- Funding for the commitment to provide 24/7 crisis response has been good and the pandemic led to an accelerated effort to establish crisis lines across the country (though not all are available 24/7). However, not all crisis services include a home treatment team as an alternative to hospital admission.[106]

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[106] Health and Social Care Committee Expert Panel, Evaluation of the Government's progress against its policy commitments in the area of mental health services in England, 9 December 2021

In March 2022 the Government published its response to the evaluation. It said it welcomed the Expert Panel's report and would consider its findings when developing the new mental health strategy. [107]

4.2 National Audit Office

In February 2023, the National Audit Office (NAO) published a report on Progress in improving mental health services in England.[108]

The report focused on commitments set out in the Five Year Forward View for Mental Health (2016), the mental health workforce plan for England (2017) and the NHS Long Term Plan (2019).

The NAO found the following:

- The introduction of access and waiting time standards in mental health services were an important step towards parity of esteem with physical health services, however they are limited and don't apply to the bulk of services.

- The number of people being treated by NHS mental health services has increased but not all access targets are being met. For example, in 2021/22, 1.2 million people accessed talking therapies, 22% below the target of 1.6 million.

- Waiting time standards for talking therapy services and early intervention in psychosis services are being met but the targets may not reflect people's experiences as they exclude people who drop out before or during treatment.

- NHS mental health services are under pressure and many people are reporting poor experiences, with certain groups, including LGBT people and people from minority ethnic groups, having worse experiences.

- The transformation of community mental health services is still at an early stage and Integrated Care Boards (ICBs) are concerned about resources and capacity.

- The impact of initiatives to reduce inequalities in mental health, such as setting up a dedicated taskforce (see section 2.2 of this briefing), is not yet clear.

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[107] DHSC, The government's response to the Health and Social Care Committee's expert panel evaluation: the government's progress against its policy commitment in the area of mental health services in England, 17 March 2022

[108] NAO, Progress in improving mental health services in England, 9 February 2023

- Staff shortages are a major constraint to improving and expanding services. There are problems both recruiting and retaining staff.

- Funding targets for mental health services are being met but the rate of change is slow. The NAO calculated the proportion of clinical commissioning group (CCG, now ICB) funding spent on mental health services increased from 11% in 2016/17 to 11.4% in 2020/21.

- Improvements to data are taking longer than planned, particularly around access to services and outcomes.

- The Department of Health and Social Care (DHSC) and NHS England have not defined what achieving parity of esteem between mental and physical health services would mean and how it would be measured.

- Plans for expanding mental health services up to 2023/24 will still leave a gap between the number of people with mental health conditions and the number receiving treatment. For example, the NAO estimates the ambition for 1.9 million people to access talking therapy equates to around a quarter of people with a diagnosed need. Increased demand and disruption following the pandemic are likely to lengthen the time required to close treatment gaps.[109]

The NAO report made five recommendations:

1. The DHSC and NHS England should publish a statement of what 'parity of esteem' encompasses in relation to access and service standards, staffing, funding and the local and national road map to achieve it.

2. The DHSC and NHS England should publish a longer-term mental health workforce plan.

3. NHS England should improve its data and analysis to better inform future priorities.

4. NHS England should develop and issue guidance on how the system will gain more clarity on capacity, activity, performance and outcomes in community mental health services. This should include improvements needed to implement the new clinical standards.

5. The DHSC and NHS England should set out the future approach to leading, monitoring and oversight of mental health service expansion, including how they will ensure local areas and systems have sustainable workforce plans.[110]

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[109] NAO, Progress in improving mental health services in England, 9 February 2023, pp7-12
[110] NAO, Summary - progress in improving mental health services in England, 9 February 2023, p12

5 Quality and safety in mental health settings

5.1 Rapid review into patient safety data

In January 2023, following [high profile cases of abuse and deaths in mental health inpatient units](#), the Government announced a rapid review into patient safety in mental health inpatient settings in England, focusing on what data related to safety is collected and how it is used.[111]

The review's report was published in June 2023. It made 13 recommendations, including introducing a programme of work to ensure data collection includes metrics on the environments that create or reduce risks. The report also recommended the burden of data entry on staff should be reduced and there should be increased focus on "soft intelligence" such as patient, visitor and carer feedback. It was also recommended mental health estates should be reviewed to consider design features that improve patient safety.[112]

5.2 National investigation of mental health inpatient services

In June 2023, the Government announced a national investigation of mental health inpatient services will commence in October 2023.[113] The investigation will look at:

• how providers learn from deaths and use the learning to improve services,

• young people's experiences of inpatient care and how it can be improved,

• out of area placements, and

• development of a safe staffing model for inpatient services.

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[111] [HCWS512 23 January 2023](#)

[112] DHSC, [Rapid review into data on mental health inpatient settings: final report and recommendations](#), 28 June 2023

[113] [HC Deb 28 June 2023, c294](#)

The investigation will be led by the Health Services Safety Investigations Body (HSSIB), an arm's length body of the Department of Health and Social Care (DHSC). The HSIBB evolved from the Healthcare Safety Investigation Branch and was established on a statutory footing by the Health and Care Act 2022.[114] The HSSIB will have the power to fine people who refuse to give evidence.

Alongside this announcement, the Government said they would be placing an independent inquiry into the deaths of people who were patients of Essex mental health services on a statutory footing.[115] This means the inquiry has the power to force witnesses, such as former staff, to give evidence.

5.3 Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme

In 2022, NHS England launched a three-year Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme. The programme was established to look at the root causes of poor-quality care and safety in inpatient mental health settings and to support cultural change. It focuses on the following themes:

1. Localising and realigning inpatient services, harnessing the potential of people and communities.

2. Improving culture and supporting staff.

3. Supporting systems and providers facing immediate challenges.

4. Making oversight and support arrangements fit for the sector.[116]

5.4 NHS patient safety strategy

The NHS Long Term Plan committed the NHS to implementing the Mental Health Safety Improvement Programme (MH-SIP) as part of the NHS Patient Safety Strategy (updated 2021).[117]

The MH-SIP focuses on improving patient safety in inpatient mental health and learning disability services, with the following aims:

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[114] Part 4, Health and Care Act 2022
[115] HC Deb 28 June 2023, c293
[116] NHS England, Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (accessed 5 October 2023)
[117] NHS England, NHS Patient Safety Strategy: 2021 update, 11 February 2021

- Reduce suicide and self-harm in inpatient mental health services, the healthcare workforce and non-mental health acute settings.

- Reducing the incidence of restrictive practice in inpatient mental health and learning disability services by 50% by March 2024.

- Improve the sexual safety of patients and staff on inpatient mental health units and within learning disability services by 50% above baseline by March 2024.[118]

In August 2022, NHS England published a new [Patient Safety Incident Response Framework (PSIRF)](#), to replace the Serious Incident Framework. The framework sets out the processes following a safety incident, such as a death by suicide, and how lessons should be used to improve patient safety.[119]

Secondary care providers (for example, hospitals and community healthcare providers) are expected to transition to PSIRF by autumn 2023.

5.5 Role of the Care Quality Commission

The Care Quality Commission (CQC) regulates mental health services in two ways:

- Monitors all health and social care services that carry out [regulated activities](#).

- [Monitors the use of the Mental Health Act 1983](#).

The CQC publishes [annual reports on the use of the Mental Health Act 1983](#) and whether patients' rights are being protected. The 2021/22 report found:

- Workforce shortages were preventing patients from getting the level and quality of care they should expect and putting the safety of patients and staff at risk.

- Gaps in community mental health services are exacerbating rising demand on inpatient services through delays to admission, transfer and discharge.

- Urgent action is needed to address the over-representation of people from minority ethnic groups subject to the Mental Health Act, in particular the number of Black people subject to community treatment orders.

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[118] NHS England, [The National Patient Safety Improvement Programmes](#) (accessed 9 October 2023)

[119] NHS England, [Patient Safety Incident Response Framework and supporting guidance](#), 16 August 2022

- The quality of environments is "an ongoing concern" and many need immediate update or repair.

- There were examples of good practice in relation to advance planning and applying the principle of least restriction.[120]

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[120] Care Quality Commission, Monitoring the Mental Health Act in 2021 to 2022, 1 December 2022

6   Reform of the Mental Health Act 1983

6.1   Independent Review 2018

In October 2017, the Government commissioned the British psychiatrist and epidemiologist Sir Simon Wessely to lead an independent review of the Mental Health Act 1983 (the Act).[121]

The Department of Health and Social Care (DHSC) asked the independent review to make recommendations for improvement in the following areas:

- rising rates of detention under the act

- the disproportionate number of people from black and minority ethnicities detained under the act

- stakeholder concerns that some processes relating to the act are out of step with a modern mental health system.[122]

An [interim report summarising the review's progress](#) (PDF) and the priority issues that had emerged was published in May 2018.[123] The final report, [Modernising the Mental Health Act: Increasing choice, reducing compulsion](#), was published in December 2018. The review recommended reforming the Act to make the system more responsive to patients' preferences, take more account of their rights and improve patient choice.[124]

The review made 154 recommendations grouped under four key principles (choice and autonomy, least restriction, therapeutic benefit, and the person as individual), covering areas such as decision making about care and treatment, family and carer involvement, tackling rising rates of detention and the experiences of people from minority ethnic communities.[125]

Government response to the independent review

The Government initially accepted two recommendations:

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[121] [Written Statement HCWS143](#), Independent Review of the Mental Health Act, 9 October 2017

[122] DHSC, [Terms of Reference – Independent Review of the Mental Health Act 1983](#), 4 October 2017

[123] Department of Health and Social Care, [Independent review of the Mental Health Act: interim report](#), 1 May 2018

[124] Department of Health and Social Care, [Modernising the Mental Health Act – final report from the independent review](#), December 2018, p16

[125] For the full list of recommendations, see pages 297-314

1. introducing statutory advance choice documents, so people's wishes and preferences carry far more legal weight, and

2. creating a new 'nominated person' role, chosen by the patient to support them, to replace the current nearest relative provisions.[126]

In June 2019, the then-Government accepted further recommendations to tackle the disproportionate number of people from Black, Asian and minority ethnic groups who are detained under the Act, and further steps to end the use of police stations as a place of safety. The NHS Long Term Plan also set out actions to improve crisis care and community mental health services, in line with the review's recommendations to improve community provision for people with serious mental illness.[127]

The then-Prime Minister, Theresa May, set out several government plans for early action:

- the first ever Race Equality Framework will ensure NHS mental healthcare providers work with their local communities to improve the ways in which patients access and experience treatment, and ensure data on equality of access is monitored at board level and acted on

- working with Black African and Caribbean community groups alongside others to develop a White Paper formally setting out a response to Sir Simon's review

- further work towards eradicating the use of police cells as a place to detain people experiencing mental illness ahead of banning it in law, building on the Prime Minister's work to end this practice for under-18s

- launching a pilot programme of culturally-sensitive advocates in partnership with local authorities and others, to identify how best to represent the mental health needs of ethnic minority groups

- a partnership between the Care Quality Commission and Equality and Human Rights Commission to review how they can use their regulatory powers to better support equality of access to mental health services

- an open call for research into how different ethnic minority groups experience mental health treatment and how this can be improved by the National Institute for Health Research.[128]

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[126] Written Statement HCWS1149, Final report of the Independent Review of the Mental Health Act, 6 December 2018
[127] PQ 284614 [on Mental Health Act 1983 Independent Review], 9 September 2019
[128] No 10 press release, Measures to end unequal mental health treatment kickstarted by PM, 17 June 2019

6.2   Reforming the Mental Health Act white paper

The Department of Health and Social Care published the white paper Reforming the Mental Health Act on 13 January 2021.[129] It is guided by four key principles and proposed many changes to the Act, which broadly mirror those proposed by the independent review.[130] Part 3 of the white paper set out the Government's response in full to each of the review's recommendations.

Proposals in the white paper included tightening admission criteria and raising the threshold for compulsory detention. There were also proposals designed to reduce the use of the Act for persons with a learning disability and/or autistic people, and a range of measures targeted at improving the experiences of people from minority ethnic communities.

The Government consulted on the white paper proposals from January to April 2021 and published its response on 24 August 2021.[131] It said respondents were broadly supportive of the proposals and the Government would continue to work with stakeholders to refine the proposals, to make final policy decisions and develop a draft Bill.

6.3   Draft Mental Health Bill 2022

The Government published a draft Mental Health Bill in June 2022. The Bill contains a number of amendments to the Mental Health Act 1983, which would bring in changes such as:

- redefining "mental disorder" so autistic people and people with a learning disability could not be treated under section 3 without a coexisting psychiatric disorder,

- raising the threshold for detention and reviewing the need for detention more frequently,

- replacing the Nearest Relative with a Nominated Person, chosen by the patient,

- expanding access to advocacy services,

- removing prisons and police cells as places of safety, and

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[129]   Department of Health and Social Care, Reforming the Mental Health Act, January 2021

[130]   Department of Health and Social Care, Landmark reform of mental health laws, 13 January 2021

[131]   Department of Health and Social Care, Reforming the Mental Health Act: government response, 24 August 2021

- introducing a 'supervised discharge' for patients in the criminal justice system, and a statutory 28-day time limit for transfer from prison to hospital.[132]

The draft Bill was subject to pre-legislative scrutiny by a Joint Committee from July to December 2022. The committee published its report on 19 January 2023. It said the committee supported reform, but the Government must strengthen the Bill to address rising detention rates and racial inequalities.[133]

Recommendations by the committee included introducing a new statutory Mental Health Commissioner role, abolishing community treatment orders (CTOs) for most patients and introducing statutory advance choice documents.[134]

The committee's report has been welcomed by mental health, learning disability and autism charities.[135]

The Government has said it remains committed to reforming the Mental Health Act and will introduce a Bill when parliamentary time allows.[136]

Further details are available in the Commons Library briefing on reforming the Mental Health Act.[137]

[132] DHSC and MoJ, Draft Mental Health Bill 2022, 27 June 2022
[133] Joint Committee on the Draft Mental Health Bill 2022, Report - Draft Mental Health Bill, 19 January 2023
[134] As above
[135] National Autistic Society, "Joint Committee publishes report on the Draft Mental Health Bill", 19 January 2023; Mind, "Mind responds to final report from Joint Committee on the draft Mental Health Bill", 19 January 2023; Mencap, ""Families have been torn apart and traumatised"- Mencap responds to the Joint Committee's report on the Government's Draft Mental Health Bill", 19 January 2023
[136] PQ 196923 [on Draft Mental Health Bill], 11 September 2023
[137] Commons Library briefing CBP-9132, Reforming the Mental Health Act

7 Use of force in mental health settings

7.1 Concerns about use of force

Care Quality Commission reviews

In October 2020, the Care Quality Commission (CQC) published a thematic review of restraint, seclusion and segregation for autistic people, people with learning disability and/or a mental health condition. The review, Out of Sight – who cares? was carried out in response to serious concerns about potential breaches of human rights due to the use of restraint, seclusion, and segregation in care settings. The review found people were not getting the care they need and there were many examples of care that was undignified, inhumane and which potentially breached people's basic human rights.[138]

The Department of Health and Social Care (DHSC) responded to the CQC's report in July 2021 and committed to a number of actions.[139] In particular, the DHSC said "there must be transparent reporting about the use of restrictive interventions in order to improve practice and minimise all types of force used on patients so that it is genuinely only used as a last resort."[140] This is a central aim of the Mental Health Units (Use of Force) Act 2018, covered in section 7.3 below.

The CQC has published two progress reports on the recommendations set out in its Out of Sight review.[141] The March 2022 review found none of the recommendations have been fully achieved and four have been partially achieved.[142]

In August 2023, the CQC set out a new cross-sector policy position statement on restrictive practice, in which it said focus needs to shift to "one which respects all patients' rights, provides skilled, trauma-informed therapy, follows the principle of least restriction, and promotes recovery."[143]

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138 CQC, Out of sight – who cares?, October 2020, p46
139 DHSC, DHSC's response to CQC's Out of sight- who cares? Restraint, seclusion and segregation report, July 2021
140 As above
141 CQC, Restraint, segregation and seclusion review: Progress report (December 2021), December 2021 and Care Quality Commission, Restraint, segregation and seclusion review: Progress report (March 2022), March 2022
142 CQC, Restraint, segregation and seclusion review: Progress report (March 2022), March 2022
143 CQC, "Restrictive practice — a failure of person-centred care planning?" online via Medium, 3 August 2023

Patient ethnicity

Concerns have been raised in Parliament and among stakeholder groups about the disproportionate use of physical restraint on people from certain minority ethnic groups, particularly from Black African and Caribbean communities.

In October 2017, the Cabinet Office published the Race Disparity Audit, which found Black Caribbean adults were the most likely to have been detained under the Mental Health Act, but did not make specific reference to the use of force in mental health settings. [144]

The Home Affairs Select Committee published a report on Policing and mental health (PDF) in February 2015. The report highlighted concerns that Black people more commonly reported the use of force:

> There are real concerns that black and ethnic minority people are disproportionately detained under s. 136 (of the Mental Health Act 1983). Matilda MacAttram of Black Mental Health UK said there was still a feeling in the black community that the young black men are presumed to be dangerous based on their physical appearance, and this perception determines how they are labelled and the treatment they receive. At events organised by the Centre for Mental Health to hear views on experiences of detention under s. 136, black people more commonly reported the use of force and that force was used at an earlier stage during contact with the police. Deborah Coles of INQUEST, agreed that there was a prevailing assumption that people with mental health illness would be dangerous, and that is doubled if the person is from the African Caribbean community. She said the answer was largely to do with training.[145]

7.2 Policy on the use of force in mental health settings

Positive and Safe programme

In April 2014 the DHSC launched a two-year Positive and Safe programme, which aimed to reduce use of restrictive interventions across all health and adult social care.

As part of this, the Department published new guidelines on ending the deliberate use of face-down restraint for people receiving care. Positive and Proactive care: Reducing the need for restrictive interventions, provided non-statutory guidance for adult health and social care staff to develop a culture where restrictive interventions are only ever used as a last resort, and only then for the shortest possible time.

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[144] Cabinet Office, Race Disparity Audit, October 2017, page 49

[145] Home Affairs Select Committee, Policing and Mental Health (PDF), 6 February 2015, HC 202 2013-14, para 71

The guidance specified that face-down (prone) restraint should not be used:

> People must not be deliberately restrained in a way that impacts on their airway, breathing or circulation. The mouth and/or nose must never be covered and techniques should not incur pressure to the neck region, rib cage and/or abdomen. There must be no planned or intentional restraint of a person in a prone/face down position on any surface, not just the floor.[146]

The Positive and proactive care guidance also introduced new monitoring and governance mechanisms to hold services to account for making these improvements. It was accompanied by investment of £1.2 million in staff training to help avoid the use of restrictive interventions.[147]

Mental Health Act Code of Practice

The Mental Health Act 1983: Code of Practice (the Code) provides statutory guidance on restrictive interventions for people receiving treatment for a mental disorder in a hospital, which are defined as follows:

> Restrictive interventions are deliberate acts on the part of other person(s) that restrict a patient's movement, liberty and/or freedom to act independently in order to:
>
> • take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken, and
>
> • end or reduce significantly the danger to the patient or others.[148]

The guidance applies to all people receiving treatment for a mental disorder, whether they are detained under the Mental Health Act or not.

The Code states that when restrictive interventions are required, they should:

• be used for no longer than necessary to prevent harm to the person or to others

• be a proportionate response to that harm, and

• be the least restrictive option.[149]

It also states service providers should have programmes in place to reduce the use of restrictive interventions.

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[146] Department of Health, Positive and Proactive Care: reducing the need for restrictive interventions, April 2014, para 70

[147] Department of Health, New drive to end deliberate face down restraint, 3 April 2014

[148] DHSC, Mental Health Act 1983 Code of Practice, January 2015, para 26.36

[149] As above, para 26.37

The Code requires all hospitals to have a policy on training for staff who may be exposed to violence or aggression in their work, or who may need to be involved in the application of a restrictive intervention.[150]

The Code's section on physical restraint says if physical restraint is necessary, patients should not be deliberately restrained in a way that impacts on their airway, breathing or circulation. Full account should also be taken of their physical health, and staff should constantly monitor their airway and physical health throughout the intervention.[151]

The Code says where physical restraint has been used, staff should record the decision and the reasons for it, including details about how the intervention was implemented and the patient's response.[152]

NICE guidance

The National Institute of Health and Care Excellence (NICE) guidelines on Violence and aggression: short-term management in mental health, health and community settings (May 2015) recommend ways to reduce the use of restrictive interventions, such as through staff training and de-escalation techniques. NICE guidelines are not mandatory but provide evidence-based recommendations for commissioners and providers of healthcare.

The guidelines say a restrictive intervention should only be used if de-escalation techniques and other preventative strategies have failed and there is a risk of harm to the service user or other people if no action is taken. They also say sufficient numbers of trained staff, including a doctor trained in resuscitation, should be immediately available.[153]

The NICE quality standard on violent and aggressive behaviours in people with mental health problems (June 2017) also says restrictive interventions should only be used if other preventative strategies have failed. They should be used for no longer than necessary and de-escalation should continuously be attempted.[154]

The quality standard recommends that people using mental health services who have been violent or aggressive should be supported to identify successful de-escalation techniques and make advance statements about the use of restrictive interventions. If a restrictive intervention is used, the patient's physical health should be monitored during and after physical restraint.

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[150]   DHSC, Mental Health Act 1983 Code of Practice, January 2015, para 26.175
[151]   As above, para 26.71
[152]   As above, para 26.72
[153]   NICE guideline, Violence and aggression: short-term management in mental health, health and community settings, 28 May 2015, pp30-31
[154]   NICE quality standard, Violent and aggressive behaviours in people with mental health problems | Quality standards, 29 June 2017

7.3 The Mental Health Units (Use of Force) Act 2018

The Mental Health Units (Use of Force) Act 2018 provides for the oversight and management of use of force in relation to patients in mental health units and similar settings in England. The Act was introduced as a Private Member's Bill following the death of Olaseni Lewis, a 23-year-old who died soon after being restrained by 11 police officers in a psychiatric hospital. Most provisions in the Act came into force on 31 March 2022.[155]

The Act introduced statutory requirements in relation to the use of force in mental health units, including requiring service providers to:

- have a written policy on the use of force,

- provide patients with information about their rights in relation to the use of force,

- provide staff with training on the appropriate use of force,

- keep a record of any use of force,

- have regard to all relevant NHS and CQC guidance on investigations in the case of death or serious injuries following the use of force, and

- appoint a 'responsible person' who is accountable for ensuring the requirements in the Act are carried out.

These provisions came into force on 31 March 2022.[156]

A provision requiring the use of body cameras worn by police officers who attend mental health units for any reason came into force in August 2022.[157]

The Act also includes provisions for a new duty on the Secretary of State to produce an annual report on the use of force at mental health units, including statistics. As of October 2023, these provisions have not yet come into force.

Statutory guidance for the 2018 Act

On 25 May 2021, the Government launched a consultation on draft statutory guidance for the Act.[158] The consultation ended in August 2021 and the final

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[155] The Mental Health Units (Use of Force) Act 2018 (Commencement No. 2) Regulations 2021 SI 2021/1372

[156] As above

[157] The Mental Health Units (Use of Force) Act 2018 (Commencement No. 3) Regulations 2022, SI 2022/909

[158] Department of Health and Social Care, Mental Health Units (Use of Force) Act 2018: statutory guidance for NHS organisations in England and police forces in England and Wales – draft for consultation, May 2021

statutory guidance was published alongside the Government response to the consultation on 7 December 2021.[159]

The final statutory guidance clarified definitions of the types of force and settings the Act applies to, and to the responsible person, including the skills and experience needed for the role. The guidance is intended for use by NHS hospitals and independent hospitals (providing NHS-funded care) in England providing care and treatment to patients with a mental disorder. It covers:

- How they should meet the legal obligations placed on them by the Act.

- Best practice advice.

- The obligations on police officers from Wales when in mental health units in England.

Background information on the passage of the Bill is available in the Library briefing on the Mental Health Units (Use of Force) Bill 2017-19: Committee Stage Report.

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[159]   Department of Health and Social Care, Mental Health Units (Use of Force) Act 2018: statutory guidance for NHS organisations in England, and police forces in England and Wales, 7 December 2021

8   The Covid-19 pandemic and mental health

8.1   The impact of the Covid-19 pandemic on mental health

The Parliamentary Office of Science and Technology (POST) has produced articles on children's mental health and the Covid-19 pandemic and mental health impacts of the Covid-19 pandemic on adults. The articles explain the pandemic has affected people's mental health and wellbeing through a combination of the wider effects of the pandemic on society (such as socio-economic disadvantages) and public health measures to prevent the spread of the virus (such as lockdowns).[160]

Between 2020 and 2022 a UK charity, the Mental Health Foundation, led a UK wide study on the impact of the pandemic on mental health.[161] The study found people in some social groups experienced more of the mental health burden than others.

The high-risk populations identified in the study were:

- Young adults (aged 18-24)

- People in later life who were isolated

- People with pre-existing mental health problems

- People with long term, disabling physical health conditions

- Single parents

- Transgender people

- Unemployed people or people in insecure employment

- People from Black, Asian and minority ethnic communities.[162]

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160   POST, Children's Mental Health and the COVID-19 Pandemic, 9 September 2021; POST, Mental health impacts of the COVID-19 pandemic on adults, 21 July 2021
161   Mental Health Foundation, Coronavirus: Mental Health in the Pandemic Study
162   Mental Health Foundation, Coronavirus: The divergence of mental health experiences during the pandemic, July 2020

People with mental health conditions

Mind, the mental health charity, published a report on the ongoing impact of the pandemic on people with mental health problems across England and Wales (July 2021). Mind heard from nearly 12,000 adults and young people with mental health problems. Almost one third of adults and over one third of young people reported their mental health had worsened over the previous year.[163] People living in a household in receipt of benefits reported particularly poor mental health outcomes.[164]

Clinically extremely vulnerable people

Research by the Health Foundation looked at the impact of the pandemic on people identified as Clinically Extremely Vulnerable (CEV). They found people who were shielding were more likely to develop a newly diagnosed mental health condition or start mental health treatment than the general population.[165]

Health and social care workers

A Commons Library insight looks at the impact of coronavirus on the mental health of health and social care workers (18 May 2020).

A study of the impact of the Covid-19 pandemic on the mental health and well-being of UK healthcare workers (April 2021) published in the British Journal of Psychiatry found almost one third of respondents reported "moderate to severe levels of anxiety and depression". The number of health care workers reporting "very high symptoms" was more than four times higher than pre-Covid.[166]

Racial inequalities

The Centre for Mental Health, a UK mental health charity, published a briefing on Covid-19: understanding inequalities in mental health during the pandemic (June 2020). It explains people from the ethnic groups where the prevalence of Covid-19 has been highest and outcomes have been the worst, notably people from Black British, Black African, Bangladeshi and Pakistani backgrounds, were at far greater risk of worsening mental health.[167]

The briefing explained people from some ethnic groups may find it especially difficult to get appropriate mental health support:

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[163]   Mind, What has the impact of the pandemic been on mental health?, July 2021, p9

[164]   As above, p10

[165]   The Health Foundation, Assessing the impact of COVID-19 on the clinically extremely vulnerable population, October 2021, p14

[166]   Gilleen J et al., Impact of the COVID-19 pandemic on the mental health and well-being of UK healthcare workers, British Journal of Psychiatry Open, 29 April 2021, p1

[167]   Centre for Mental Health, Covid-19: understanding inequalities in mental health during the pandemic, 18 June 2020

The need for culturally appropriate support is relevant for several communities which experience mental health inequalities. For example, young people, especially from Black communities, frequently report that they do not trust NHS mental health services and do not believe that they will help them or be safe to engage with. Research has shown that these young people respond better to mental health support when it is offered in a culturally appropriate format, for example, in informal settings commonly run by third sector providers or grassroots organisations (Khan et al., 2017; Stubbs et al., 2017). These small, holistic, community and relationship-based programmes often rely on building trust face to face. For them, and for the marginalised young people who rely on them for support, lockdown presents a significant challenge to the continuity of support.[168]

The briefing explored some of the concurrent inequalities faced by people from Black, Asian and minority ethnic (BAME) backgrounds may have worsened their mental health during the Covid-19 pandemic:

We know, too, that people from some BAME backgrounds experiencing mental distress as a result of coronavirus may be doubly disadvantaged due to economic circumstances and services which frequently fail to respond to their needs in a timely and culturally informed fashion. Differences in community experiences are influenced by a range of deeply intersecting factors including geography, ethnicity and socio-economic status. People from certain ethnicities are more likely to be in lower paid work or persistent poverty, particularly Pakistani and Bangladeshi, Black African, and Black Caribbean communities. There are strong associations of poverty with mental illness and mental distress, and links between those ethnic groups which face the greatest levels of poverty and those experiencing the most restrictive forms of mental health intervention (Bhui et al., 2018).[169]

Public Health England's report on understanding the impact of Covid-19 on BAME groups also highlighted poorer health outcomes for people with mental health problems, and within this a disproportionate impact on BAME communities:

Stakeholders highlighted their knowledge of emerging evidence of increased acquisition risk and poorer health outcomes for people with mental illness. This was especially compounded for BAME communities for whom problematic access to primary mental healthcare and mental health promotion have been well described. There were concerns that the importance of mental ill health as a risk factor for COVID-19 was not adequately acknowledged and therefore poorly managed, with many missed opportunities for early intervention and support.

Many feel that lockdown restrictions will significantly impact those with mild, moderate and severe mental illness (SMI) and those who are caring for them. Social distancing measures place restrictions on access to social support networks which are a fundamental part of BAME communities' infrastructure and culture.

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[168] Centre for Mental Health, Covid-19: understanding inequalities in mental health during the pandemic, June 2020, p3

[169] Centre for Mental Health, Covid-19: understanding inequalities in mental health during the pandemic, June 2020, p7

> "Ethnic minority groups also face particular risks of social isolation and loneliness, linked to higher levels of deprivation and potential exclusion from structures and processes that promote social connectedness and a sense of belonging."[170]

8.2 Mental health services and the pandemic response

The pandemic response in NHS mental health service was set out in phases:

1. On 25 March 2020, NHS England & NHS Improvement issued guidance on managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages.[171] The guidance recognised national measures to delay the spread of the virus would inevitably have a significant impact on both demand for, and capacity to deliver, support for people with mental health needs.[172]

    In March 2020, the UK Government announced a £5 million grant, administered by Mind, to fund additional services for people struggling with their mental wellbeing during the pandemic.[173]

2. On 29 April 2020, NHS England published information on the second phase of NHS response to Covid-19. This set out priority actions for mental health providers after the initial peak of the virus.[174]

    In May 2020, the Government announced a further £4.2 million for mental health charities, such as Samaritans, Young Minds and Bipolar UK, to continue to support people experiencing mental health challenges throughout the outbreak.[175]

3. In a letter dated 31 July 2020, NHS organisations were told that the third phase of the NHS response to the pandemic would be effective from 1 August 2020. The NHS was advised to accelerate the return of non-Covid health services, "making full use of the capacity available in the window of opportunity between now and winter."[176]

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[170] Public Health England, Understanding the impact of COVID-19 on BAME groups, June 2020, page 37

[171] NHS England and NHS Improvement, Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages, March 2020

[172] NHS, Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages (PDF), Version 1, 25 March 2020, p3

[173] Department of Health and Social Care press release, New advice to support mental health during coronavirus outbreak, 29 March 2020

[174] NHS, Second phase of NHS response to COVID-19, 29 April 2020, p3

[175] Department of Health and Social Care Press Release, £22 million awarded to life-saving health charities during virus outbreak, 22 May 2020

[176] NHS England, Third phase of NHS response to Covid-19, 31 July 2020, p3

Covid-19 mental health and wellbeing recovery action plan

On 27 March 2021, the DHSC published the Covid-19 mental health and wellbeing recovery action plan. This plan set out a cross-government approach for promoting good mental health and supporting people with mental health problems during the period 2021-2022.

The recovery plan consisted of three objectives:

- To support the general population to take action and look after their mental wellbeing;

- To prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children;

- To support services to continue to expand and transform to meet the needs of people who require specialist support.[177]

The success of the plan was measured through ongoing analysis of the population's mental health and wellbeing by the Office for Health Improvement and Disparities. This information was published in Covid-19 mental health and wellbeing surveillance reports until April 2022.[178]

Build Back Better: Our Plan for Health and Social Care

The Government's September 2021 Build Back Better: Our Plan for Health and Social Care policy paper aimed to address the challenges caused by the pandemic on the health and social care systems. It recognised "the pandemic affected mental health, with unprecedented demands placed on staff and the public as a whole".[179]

In addition to funding commitments, the Government proposed wider changes to support the social care system, including investment to fund mental health and wellbeing resources and provide access to occupational health to help staff recover from the impact of working during the pandemic.[180]

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[177] Department of Health and Social Care, COVID-19 mental health and wellbeing recovery action plan, 27 March 2021, pp5-6

[178] Office for Health Improvement and Disparities, COVID-19 mental health and wellbeing surveillance, last updated April 2022

[179] Department of Health and Social Care, Cabinet Office, Prime Minister's Office, Build Back Better: Our Plan for Health and Social Care, 7 September 2021, para 20

[180] As above, para 49

8.3 The Coronavirus Act 2020

The mental health provisions of the Coronavirus Act 2020 (Schedule 8), had they been brought into force, would have made temporary changes to the detention and treatment of patients under the Mental Health Act 1983. During the House of Commons debate on the Coronavirus Bill, then-Secretary of State for Health and Social Care, Matt Hancock, said the Government would not choose to use such measures during normal times and they would only be necessary in circumstances where staff numbers were severely affected.[181]

The mental health provisions in the Coronavirus Act 2020 included:

- Requiring only one doctor's recommendation to detain someone in hospital for the assessment or treatment of a mental disorder, rather than the usual two required by the Mental Health Act 1983.

- For detention in places of safety (Sections 135 & 136 of the Mental Health Act), the length of time someone may be detained would be increased from 24 to 36 hours.

- For voluntary patients already in hospital, any registered medical professional or approved practitioner would be able to make a recommendation for their detention under the Mental Health Act. This would be the case if there were difficulties or delays in the Responsible Clinician carrying out this task.

- The period that a patient may be detained in hospital waiting for assessment for detention would be increased from 72 to 120 hours, under powers given to doctors, and from 6 to 12 hours, under powers given to nurses.

- For Sections 35 and 36, the time limit of 12 weeks for a period of remand to hospital for a report on the accused's mental condition, and a period of remand to hospital for treatment, would be removed.

- The maximum period within which accused or convicted persons are transferred to hospital would be extended from 14 to 28 days.[182]

The provisions were withdrawn on 9 December 2020, under the Coronavirus Act 2020 (Expiry of Mental Health Provisions) (England and Wales) Regulations 2020 as they were deemed not to be needed, despite pressures on the health system arising from the pandemic. During a committee debate on the Regulations, the then-Minister for Patient Safety, Mental Health and Suicide Prevention, Nadine Dorries, said:

> We are highly conscious of the gravity of the effects of these provisions, should they be commenced, and the need for them has been kept under continual

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[181] HC Deb 23 March 2020 c42
[182] The Coronavirus Act 2020, Schedule 8, Part 2

review. We are pleased that, due to the resilience and ingenuity of NHS England, the provisions have not been needed and have never been used. We are removing them because we have listened to stakeholders and to Parliament. Three separate Select Committee reports have recommended that we take this step.[183]

Detailed information on the provisions is available in section 4 of the Commons Library briefing on the Coronavirus Bill: health and social care measures.

Impact of the provisions on human rights

The Joint Committee on Human Rights (JCHR) published a report on The Government's response to Covid-19: human rights implications in September 2020. The committee examined the Coronavirus Act amendments to the Mental Health Act and highlighted the provisions, if enforced, would significantly reduce the safeguards which prevent arbitrary detention:

> These provisions have not been brought into force but, if enacted, would significantly reduce the safeguards that exist to prevent arbitrary detention under Article 5 EHCR. The provisions would also enable significant watering down of the protections available in relation to compulsory medical treatment for mental disorder. Mental health stakeholders, including the Royal College of Nursing and the National Survivor User Network, have expressed grave concerns about these measures and in its evidence, the mental health charity, Mind, expressed doubt as to whether it would be human rights compliant to enact them.[184]

The JCHR also noted that the need to maintain robust safeguards to ensure mental health patients are only detained when necessary and proportionate, was heightened by the fact that those in detention were likely to be at higher risk of infection from Covid-19.[185]

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[183]   HC Deb 18 November 2020 vol 684, c4

[184]   Joint Committee on Human Rights, The Government's response to COVID-19: human rights implications, 14 September 2020, HC 265/ HL 125 2019-21, para 126

[185]   As above, para 127

9 Mental health policy in Scotland, Wales and Northern Ireland

9.1 Scotland

In March 2017 the Scottish Government announced a new ten-year Mental Health Strategy, focused on improving access to services and supporting earlier intervention. The 40 actions in the strategy include increasing the mental health workforce in A&E, GP practices, police station custody suites and prisons – supported by £35 million additional investment over the next five years for 800 extra workers.[186]

The main mental health legislation in Scotland is the Mental Health (Care and Treatment) (Scotland) Act 2003,[187] as amended by the Mental Health (Scotland) Act 2015.[188]

A review of Scottish Mental Health Law is currently underway. The proposals for changes to the law were published in March 2022 and a public consultation was held until May 2022.[189] The final report of the review was published in September 2022 and has been presented to Scottish Government for consideration.[190]

The current suicide prevention strategy in Scotland, Creating hope together: Suicide prevention strategy 2022 to 2032, was published in 2022. A Suicide prevention action plan 2022 to 2025 was published alongside.

An overview of mental health policy in Scotland can be found on the Scottish Government's Mental health webpage.

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186   Scottish Government, Mental Health Strategy 2017-2027, 30 March 2017. See also Scottish Government, Mental health strategy 2017-2027: first progress report, 26 September 2018, and Scottish Government, Mental health: PfG delivery plan, 19 December 2018.
187   Mental Health (Care and Treatment) (Scotland) Act 2003
188   Mental Health (Scotland) Act 2015
189   Mental Health Law Review Executive Team, Scottish Mental Health Law Review consultation, March 2022
190   Mental Health Law Review Executive Team, Scottish Mental Health Law Review Final Report, September 2022

9.2   Wales

In October 2012, the Welsh Government published Together for mental health: our mental health strategy, a 10-year strategy for improving the lives of people using mental health services, their carers and families.[191]

To support the implementation of the strategy, the Welsh Government have produced implementation plans. The Mental health delivery plan 2019 to 2022 has been revised to include responses to the impact of the Covid-19 pandemic on mental health.[192]

The Welsh Government has held a consultation on developing a new mental health strategy.

In July 2015, the Welsh Government published Talk to me 2: Suicide and self harm prevention strategy 2015 to 2022, setting out the steps it would take to reduce suicide and self-harm rates in Wales.[193] A review of the strategy was published in 2023.

The current Mental Health Act 1983 applies in England and Wales. Health policy is devolved to Wales and the recent white paper on Reforming the Mental Health Act represents the position of the UK Government, which commissioned the initial review of the Act.[194] A Welsh response is in the process of translation.[195]

9.3   Northern Ireland

In June 2021, the Northern Ireland Executive published a new Mental Health Strategy 2021-2031.[196] A funding plan was published alongside the strategy.[197]

A long-term strategy for reducing suicide and self-harm rates, Protect Life 2 - Suicide Prevention Strategy was published in September 2019.[198]

The Northern Ireland Executive is in the process of implementing a new Mental Capacity Act (NI) 2016.[199] This legislation will bring together mental capacity and mental health into one law. When the legislation is fully

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[191] Welsh Government, Together for mental health: our mental health strategy, 31 October 2012

[192] Welsh Government, Mental health delivery plan 2019 to 2022, 23 November 2021

[193] Welsh Government, Talk to me 2: Suicide and self harm prevention strategy 2015 to 2022, 16 July 2015

[194] Department of Health and Social Care, Reforming the Mental Health Act, January 2021, p18

[195] Department of Health and Social Care, Reforming the Mental Health Act (accessed 5 October 2023)

[196] Northern Ireland Executive, Mental Health Strategy 2021-2031, 29 June 2021

[197] Northern Ireland Executive, Mental Health Strategy 2021-31 funding plan, 29 June 2021

[198] Northern Ireland Executive, Protect Life 2 - Suicide Prevention Strategy, 10 September 2019

[199] Northern Ireland Assembly, Mental Capacity Act (Northern Ireland) 2016

commenced, it will replace the Mental Health (Northern Ireland) Order 1986 for anyone over the age of 16.[200]

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[200] Northern Ireland Executive, Mental Capacity Act Background (accessed 5 October 2023)

10 Further reading

The government provides information on current mental health policy on its page on mental health service reform.

NHS England, on its webpage on mental health, provides information on its work to improve mental health services.

The mental health charities Mind and Rethink Mental Illness provide accessible information on mental health policy and practice on their websites:

- Home - Mind

- We are Rethink Mental Illness

10.1 House of Commons Library briefings

- Mental health statistics: prevalence, services and funding in England

- Suicide Prevention: Policy and Strategy

- Reforming the Mental Health Act

- Support for children and young people's mental health (England)

- Student mental health in England: Statistics, policy, and guidance

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