

# 5FYFV & psychological professions contribution towards parity of esteem

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# Five Year Forward View for Mental Health



**Simon Stevens:** “Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That’s what today’s taskforce report calls for, and it’s what the NHS is now committed to pursuing.”

**Prime Minister:** “The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens.”

## The report in a nutshell:

- 20,000+ people engaged
- Designed for and with the NHS Arms’ Length Bodies
- All ages (building on Future in Mind)
- Three key themes:
  - High quality 7-day services for people in crisis
  - Integration of physical and mental health care
  - Prevention
- Plus ‘hard wiring the system’ to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- 58 recommendations for the NHS and system partners
- £1bn additional NHS investment by 2020/21 to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

# The current state of mental health

## Mental health problems in the population:

**One in ten children** between the ages of 5 to 16 has a diagnosable mental health problem.

**One in five mothers** has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.

**One in four adults** experiences at least one diagnosable mental health problem in any given year.

**One in five older people** living in the community and 40 per cent of older people living in care homes are affected by depression.

## Experiences of mental health care:

It is estimated that up to three quarters of people with mental health problems receive no support at all.

People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.

Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.

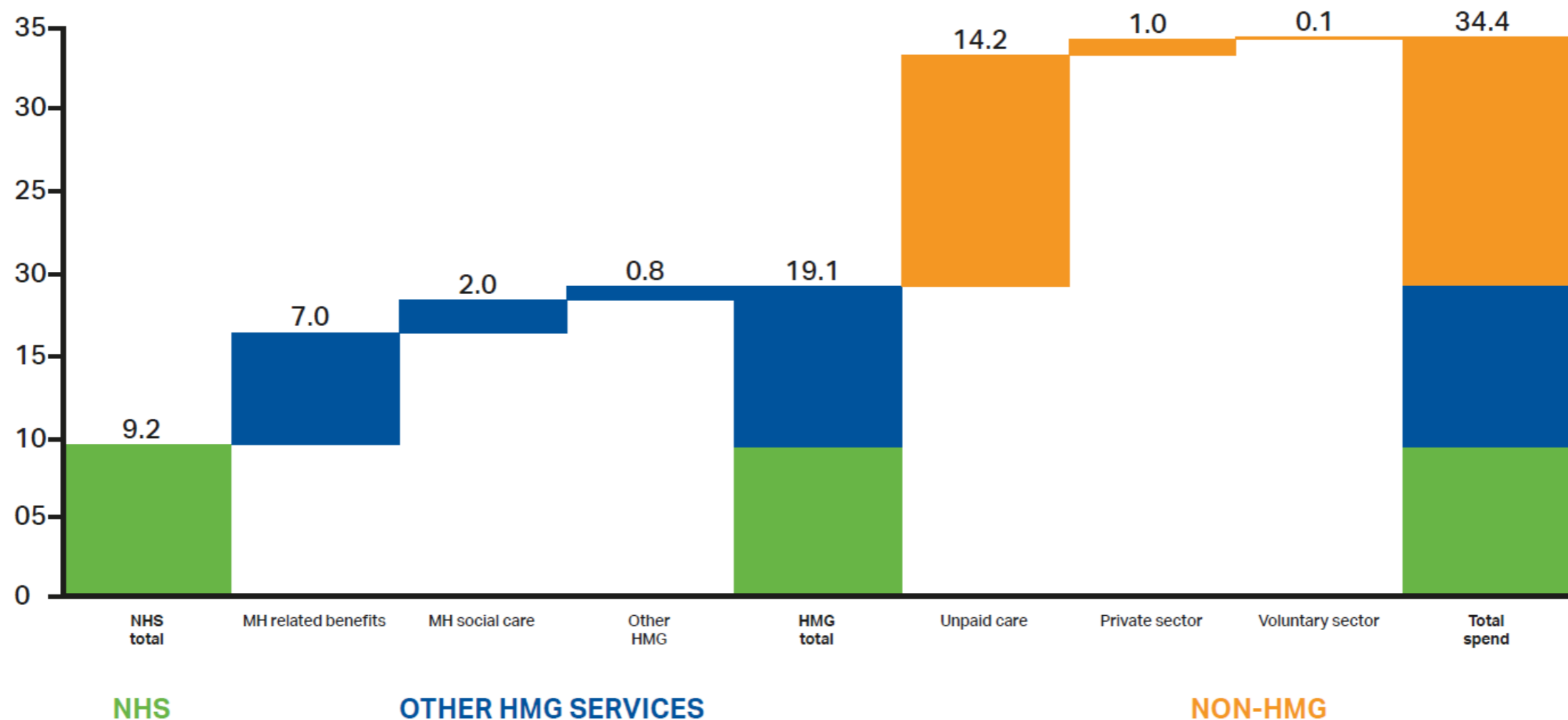
In a crisis, only 14% of adults surveyed felt they were provided with the right response.

*“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services”.*

# The costs of mental health care today

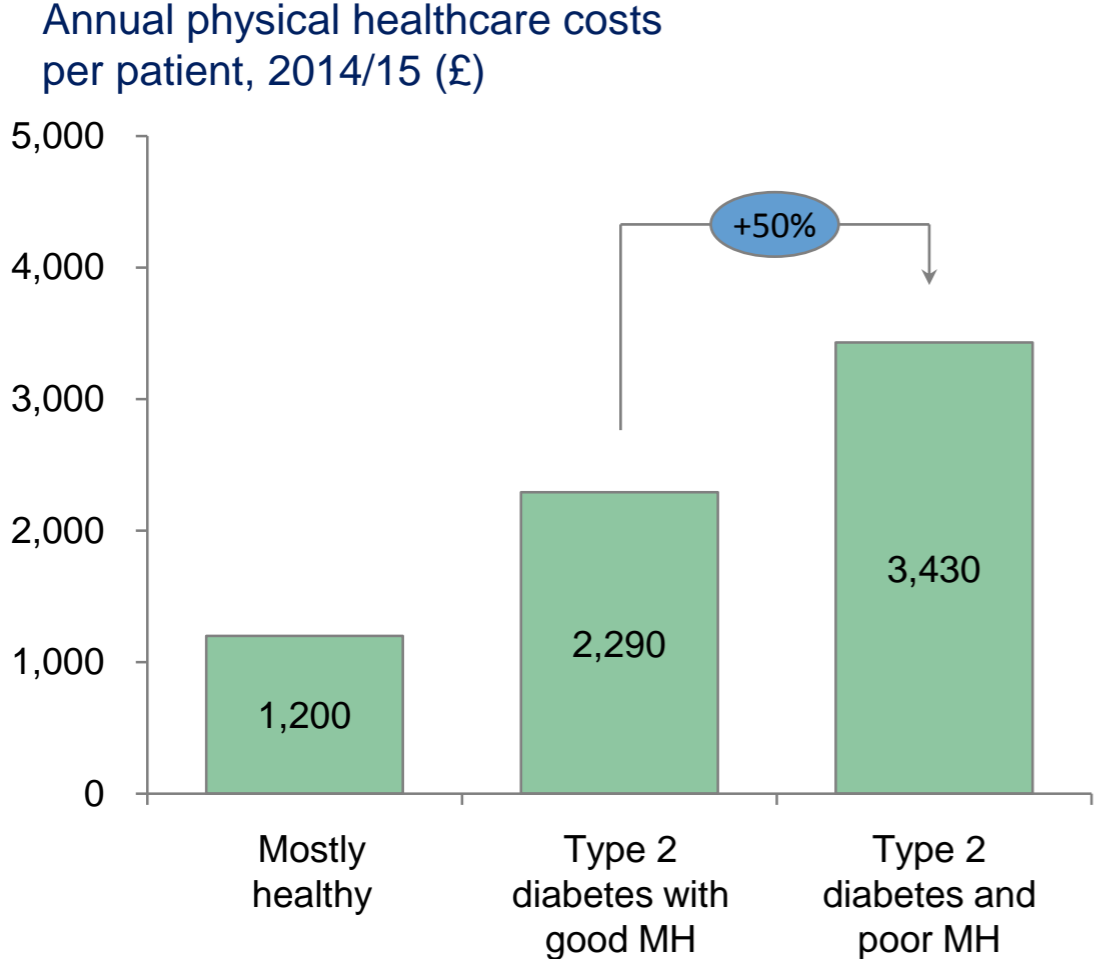
- Poor mental health carries an economic and social cost of £105 billion a year in England.
- Analysis commissioned by the Taskforce found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use.

Total cost of mental health support and services in England 2013/14 (£bn)

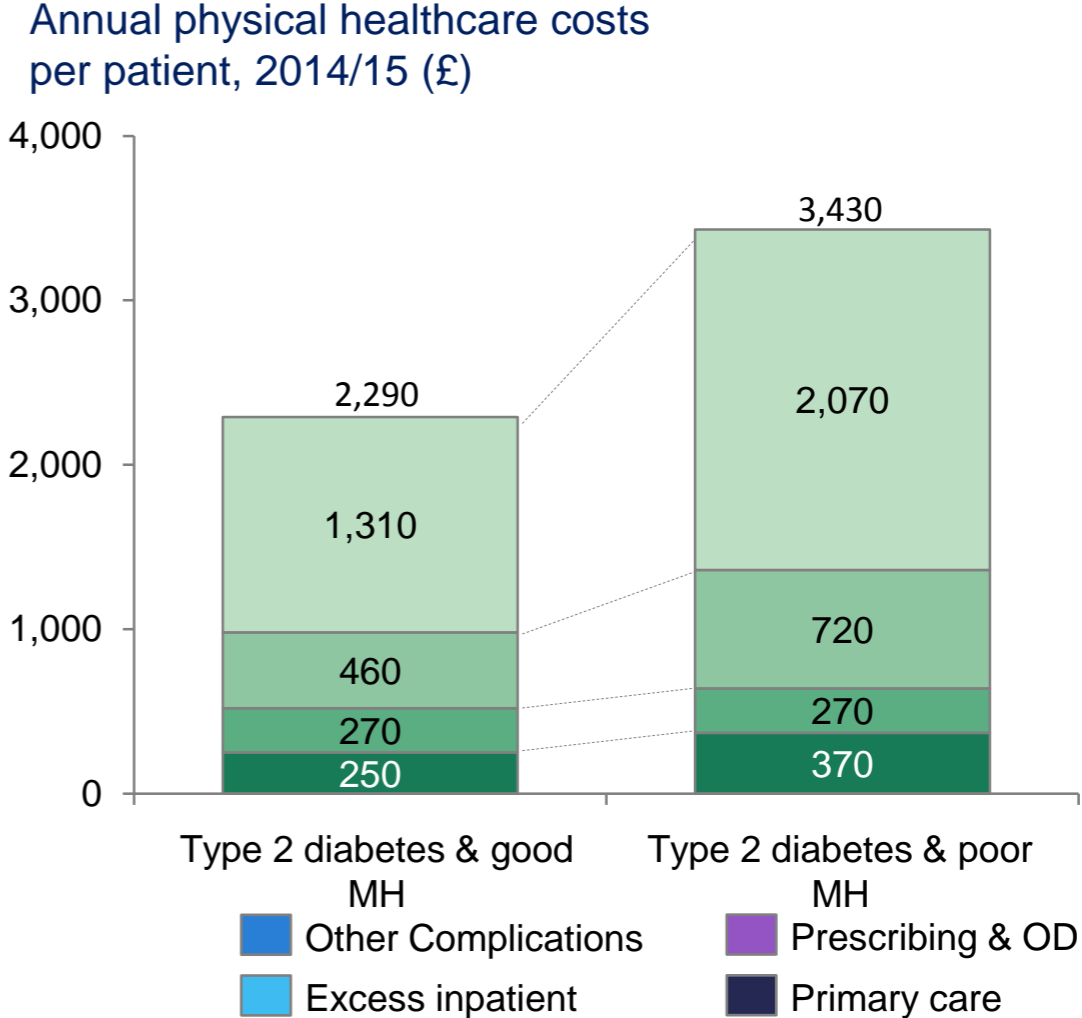


# Poor mental health can drive a 50% increase in physical care costs

Physical healthcare costs 50% higher for type 2 diabetics with poor MH



Additional costs due to increased hospital admissions and complications



**Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway**

Note: Does not include spend on prescribing psychiatric drugs and other mental health services  
 Source: Hex et al, 2012; APHO Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King's Fund






# Roles to Drive 'Parity of Esteem'

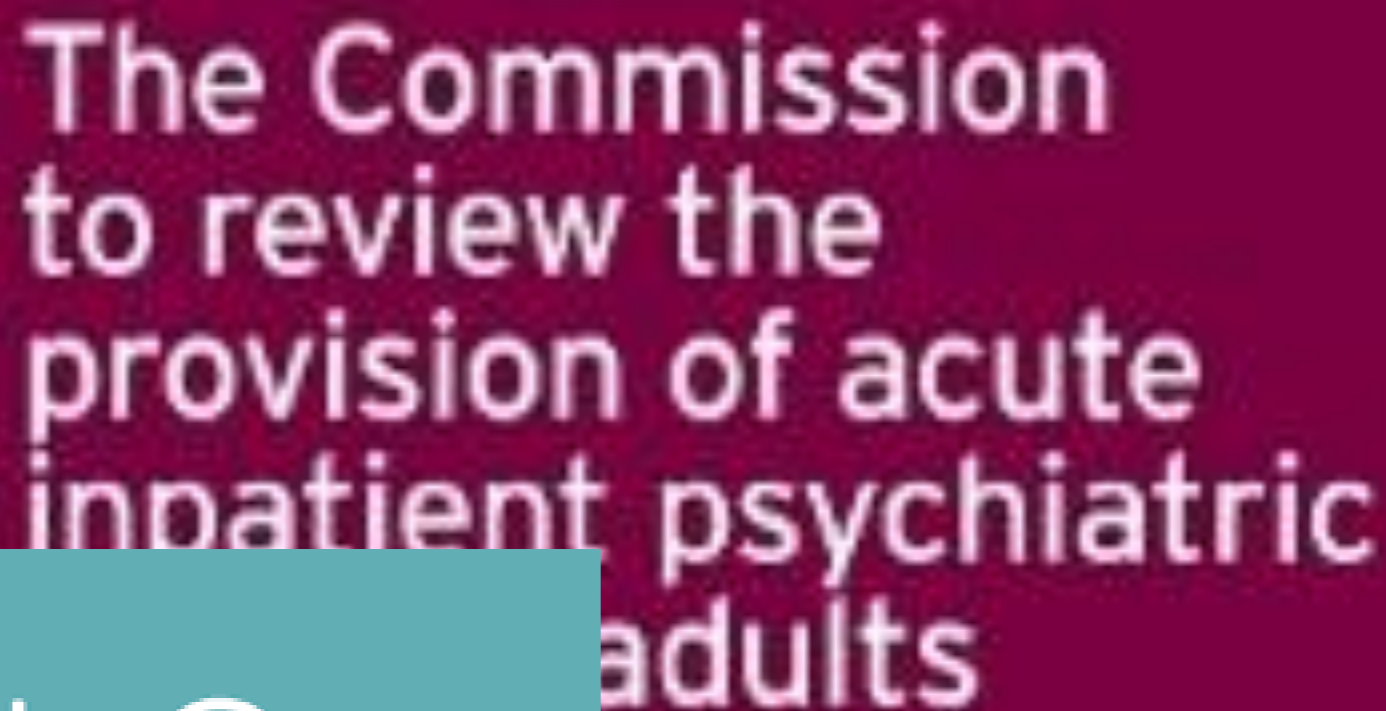
- Ministerial Advisory Group for MH: Paul Burstow MP, Norman Lamb MP, Alistair Burt MP
- Vice Chair England's Mental Health Task Force
- Co-Chair 'Thrive London' Steering Group
- Governance for 5YFV for MH implementation
- Equality lead for NHSE MH (Current focus on secure MH & adult MH)
- Vice chair Overview & Scrutiny Lambeth
- Vice chair Joint Overview & Scrutiny Committee (across 5 boroughs)
- Lambeth Black Wellbeing Partnership chair
- Chair Research Study Group voluntary MH crisis services – Birmingham University & partners



NHS



FIVE YEAR  
FORWARD VIEW



The Commission  
to review the  
provision of acute  
inpatient psychiatric  
adults



Crisis Care  
Concordat

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Mental Health



IMPLEMENTING  
THE FIVE YEAR FORWARD VIEW  
FOR MENTAL HEALTH



NHS

*England*

National Mental Health  
Intelligence Network

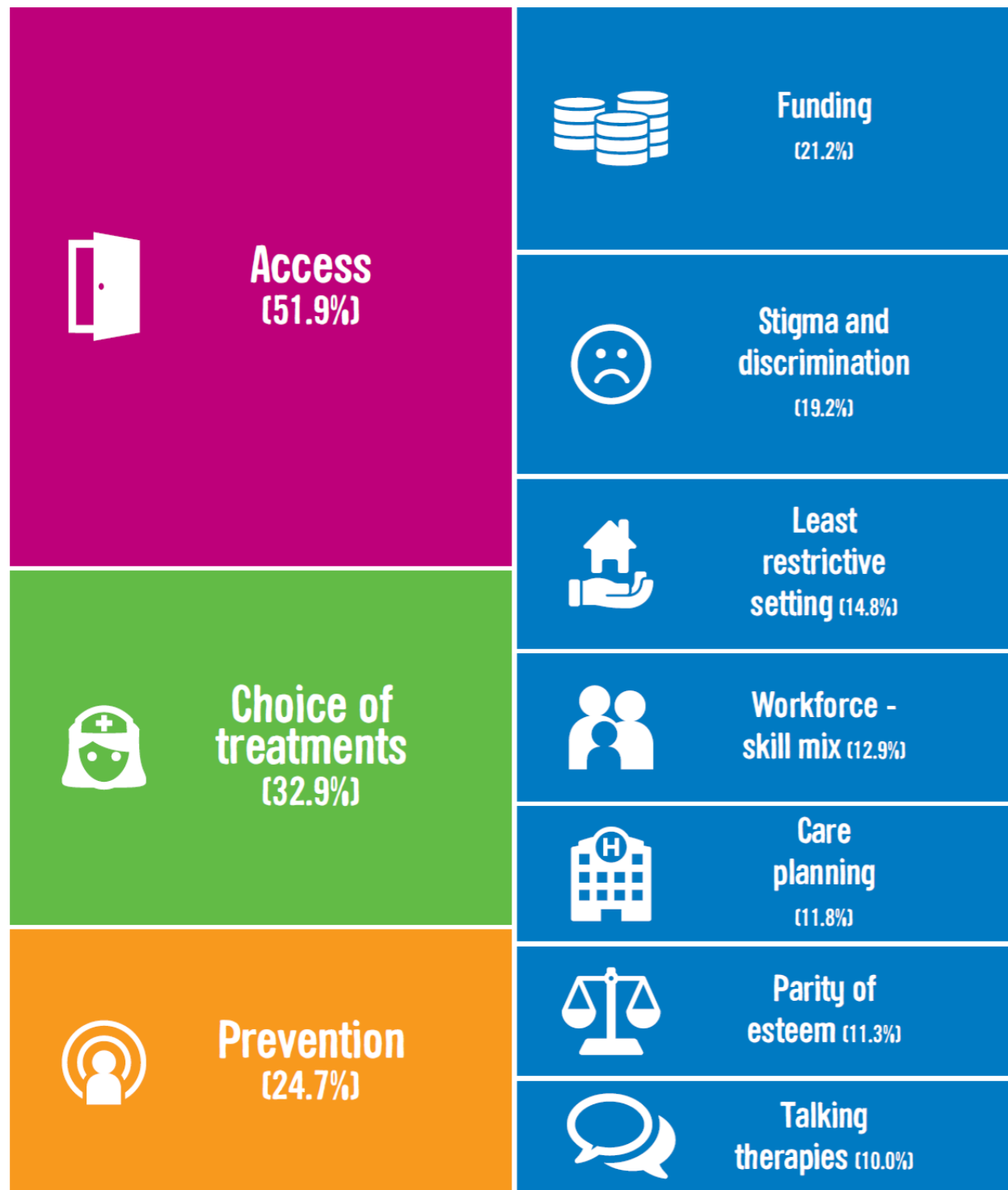


# Aims and scope of the Taskforce

To develop a Mental Health Five Year Forward View for action by the NHS arms-length bodies, including:

- Engaging experts by experience and carers to co-produce priorities for change
- Focusing on people of all ages – taking a ‘life course approach’
- Address equality and human rights
- Enabling cross-system leadership
- Making comprehensive recommendations on data and requirements to implement changes, monitor improvement and increase transparency
- Assess priorities, costs and benefits as well as identifying and addressing key risks and issues

# People's priorities for change



- 20,000 responses to online survey
- 250 participants in engagement events hosted by Mind and Rethink Mental Illness
- 60 people engaged who were detained in secure mental health services
- 26 expert organisations submitted written responses
- 20 written submissions from individual members of the public

The themes identified through the engagement process informed the four priorities that shape the full set of recommendations...

# Mental Health Task Force

- *“For far too long, people of all ages with mental health problems have been stigmatised and marginalised, all too often experiencing an NHS that treats their minds and bodies separately. Mental health services have been underfunded for decades, and too many people have received no help at all, leading to hundreds of thousands of lives put on hold or ruined, and thousands of tragic and unnecessary deaths”.*

# Priority 1: A 7 day NHS – right care, right time, right quality

## Selection of key recommendations for 2020/21:

- **No acute hospital should be without all-age mental health liaison services** in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the 'core 24' service standard as a minimum.
- **A 24/7 community-based mental health crisis response should be available** in all areas across England and services should be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.
- **At least 10% fewer people should take their own lives** through investment in local multi-agency suicide reduction plans.

# Priority 2: An integrated approach to mental and physical health care

## Selection of key recommendations for 2020/21:

- **30,000 additional women** each year should have access to evidence-based specialist mental health care during the perinatal period.
- **There should be an increase in access to evidence-based psychological therapies to reach 25 per cent of need** so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year. There should be a focus on helping people who are living with long-term physical health conditions or who are unemployed. There must also be investment to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.
- **280,000 more people living with severe mental illness have their physical health needs met** by increasing early detection and expanding access to evidence-based physical care assessment and intervention.



# Priority 3: Promoting good mental health and preventing poor mental health

## Selection of key recommendations for 2020/21:

### The best start in life:

- Implement the whole system approach described in Future in Mind, helping 70,000 more children and young people to access high quality care.

### Employment:

- Up to 29,000 per year more people should be supported to find or stay in work each year through increasing access to psychological therapies for common mental health problems (described above) and doubling the reach of Individual Placement and Support (IPS).
- Ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.
- Identify how the £40 million innovation fund and other investment streams should be used to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes.

# Priority 3: Promoting good mental health and preventing poor mental health (contd.)

## Selection of key recommendations for 2020/21:

### Justice:

- Establish a comprehensive health and justice pathway.
- Expand Liaison and Diversion schemes nationally.

### Housing:

- Explore the case for using NHS land to make more supported housing available (DH, CLG, NHSE, HMT)
- Use evidence to ensure that the right levels of protection are in place under the proposed Housing Benefit cap to Local Housing Allowance levels for people with mental health problems who require specialist supported housing

# Priority 4: 'Hard-wiring' mental health across the NHS

## System transformation:

- Promote equalities and reduce health inequalities in mental health through leadership and transparency
- Integrate commissioning for prevention and quality
- Establish comprehensive access pathways and standards for mental health (across conditions, ages and settings)
- Promote a co-ordinated approach to innovation and research
- Produce and deliver on a multi-disciplinary workforce plan
- Improve data and transparency, including a MH FYFV dashboard
- Reform payment and incentives to move away from unaccountable block contracts
- Update the regulatory framework
- Establish strong leadership (local, national and cross-Government) for a mentally health society

The Chief Scientist, working with all relevant parts of government, the NHS ALBs, independent experts, industry and experts-by-experience, should publish a report a year from now setting out a **10-year Government and ALB strategy for mental health research**.

HEE should develop a **multi-disciplinary workforce strategy** for mental health to deliver the Taskforce report. To support the future of "Think Ahead", DH should train more than 300 new Mental Health social workers and 5,000 CYP IAPT therapists over the next three years from the £1.4bn investment.

DH should establish a **new independent system for conducting or monitoring investigations into all deaths** in in-patient mental health settings, including individuals who are detained under the Mental Health Act, on a par with the way other deaths in state detention are investigated.

# Implementation and oversight

**Planning Guidance & Mandate:** the NHS should ensure measureable progress towards parity of esteem by implementing Taskforce priorities, including 'must dos' for 2016/17. Further guidance will be issued to support areas in developing their Sustainability and Transformation plans.

**Trial and evaluation:** Starting this year, NHS England and ALB partners will work with local areas to trial the implementation of proven and new models of care to identify how to target investment and realise savings locally to reinvest in mental health.

**Transparency:** The CCG Assessment and Performance Framework will include key mental health measures. To complement this, a full mental health dashboard should be produced by the summer of 2016.



**Governance and oversight:** By no later than Summer 2016, NHS England, the Department of Health and the Cabinet Office should **confirm what governance arrangements** will be put in place to support the delivery of this strategy. This should include arrangements for **reporting publicly on how progress** is being made against recommendations for the rest of government and wider system partners, the appointment of **a new equalities champion** for mental health to drive change and **creating an independent external advisory board** to provide independent scrutiny and challenge to the programme.

# Taskforce priorities

Priority 1: A 7 day NHS – Right Care, Right Time, Right Quality

Priority 2: An integrated approach to mental health and physical health

Priority 3: Promoting good mental health and preventing poor mental health

Priority 4: 'Hardwiring' mental health across the NHS

Moving away from hospital care

Community focus/  
Primary Care

Timely access to treatment

Evidence based  
(NICE concordant)  
care



5YFV MH

# Implementation

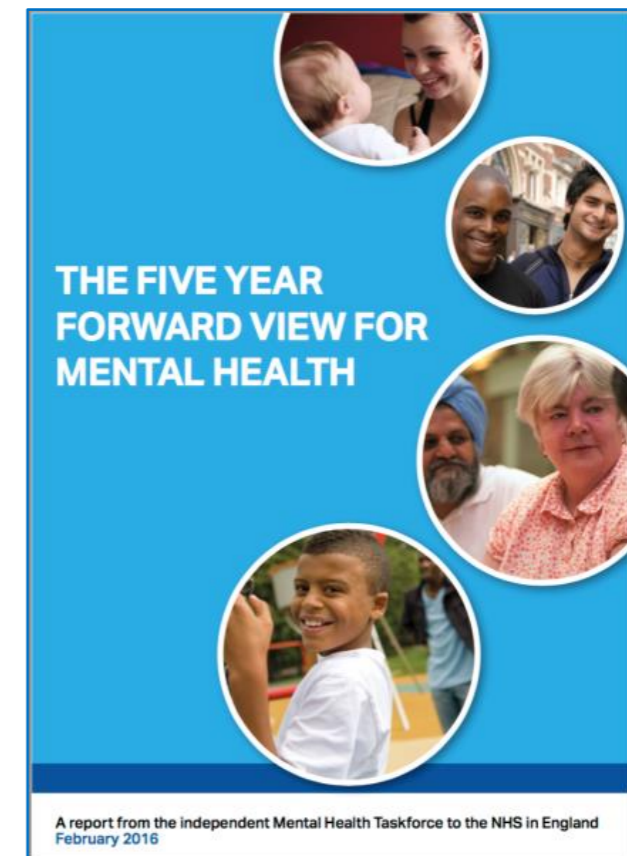
## Mental Health Task Force – crisis and acute recommendations (1/2)

### Recommendation 17:

- By 2020/21 **24/7 community crisis response** across all areas which is adequately resourced to offer **intensive home treatment**, backed by investment in CRHTTs.
- Equivalent model to be developed for **CYP**

### Recommendation 18:

- By 2020/21, no acute hospital is without all-age **mental health liaison** services in emergency departments and inpatient wards
- At least **50 per cent of acute hospitals are meeting the ‘core 24’ service standard** as a minimum by 2020/21.



## Mental Health Task Force – Crisis and Acute Care recommendations (continued, 2/2)

### **Recommendation 22:**

- **Introduce standards for acute mental health care**, with the expectation that care is provided in the least restrictive way and as close to home as possible.
- **Eliminate the practice of sending people out of area** for acute inpatient care as a result of local acute bed pressures by no later than 2020/21.

### **Recommendation 13:**

- Introduce a range of access and quality standards across mental health. This includes:
  - 2016 - **crisis care** (under development)
  - 2016/17 – **acute mental health care** (just beginning)

# Areas of Focus

- **Children and young people's** mental health
- **Perinatal** mental health
- Adult mental health: **common mental health problems**
- Adult mental health: **community, acute and crisis care**
- Adult mental health: **secure care pathway**
- **Health and justice**
- Suicide prevention
- Sustaining transformation: **Testing new models of care**
- Sustaining transformation: Infrastructure and hard-wiring
- Sustaining transformation: A healthy NHS workforce

# Key features of our MH Programme to date

## Early intervention in psychosis

- 50% of people experiencing a first episode of psychosis treated with a NICE-approved package of care within two weeks of referral
- £40m recurrent funding

## Psychological therapies

- 75% adults treated within 6 weeks, and 95% within 18 weeks
- £10m non-recurrent funding

## Eating disorders – children and young people

- By 2020, 95% of CYP commence NICE concordant treatment in 4 weeks for routine or 1 week for urgent cases
- Improve CYP access to dedicated, evidence-based community services
- Standard developed and thresholds to be set for implementation by 2017
- £30m recurrent funding



...local areas develop and  
implement their own plans to  
deliver the *Five Year Forward  
View for Mental Health*

# ....common principles are followed

These should include:

- **co-production** with people with lived experience of services, their families and carers and networks / communities;
- **working in partnership** with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing;
- **identifying needs and intervening at the earliest** appropriate opportunity to reduce the likelihood of escalation and distress and support recovery;
- **designing and delivering person-centred care**, underpinned by evidence, which supports people to lead fuller, happier lives; and,
- underpinning the commitments through **outcome-focused, intelligent and data-driven commissioning.**

# **Reflections on Crisis for Psychology**

# Preventing crisis? - Do we understand what causes crisis?

## **Social causes:**

- Accommodation- Housing/  
Finances/ Debt/ Gambling /  
Access to Welfare Benefits

## **CYP & Child safeguarding:**

- Gangs, bullying, self  
harm,

## **Life transitions:**

- Migration/ leaving home  
students/ unemployment/  
redundancy, retirement,  
leaving care children/veterans

## **Mental illness episode**

- **Mood disorders:** depression/  
suicide, self harm **Psychosis:**  
acute or relapse episodes;  
**Perinatal MH** related

## **Traumatic life events:**

- Domestic abuse/  
Bereavement/PTSD/  
anniversaries/ relationships /  
carer stress /RTA

## **Cognitive impairment:**

- Dementia, Delirium Learning  
disability

# **Issues for Black & Minority Ethnic Communities**

# Equality Act 2010 - Protected Characteristics

## Age

Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

## Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

## Gender reassignment

The process of transitioning from one gender to another.

## Marriage and civil partnership

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]  
Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

## Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

## Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

## Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

## Sex

A man or a woman.

## Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

# Healing a Divided Britain

## EHRC 2016

Our in-depth analysis of existing evidence outlines a worrying picture of race inequality. There is the need for a comprehensive race equality strategy. Five key areas where the need for improvement is essential.

These are

- Employment
- Education
- Crime
- Living standards and
- Health and care



# **Drifting upwards or sliding back?**

- Ethnic inequalities in local authorities in England and Wales, 2001-2011

## **Key findings:**

- Ethnic inequalities in education, employment, health and housing are widespread in England and Wales and persistent since 2000

# Race Matters for Health

Prof. David Williams

# Early Onset: Heart Failure

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A 20-year follow-up of young adults in the CARDIA study found that incident heart failure before the age of 50 was 20 times more common in Blacks than Whites, with the average age of onset being 39 years old

# Biological Weathering

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- Chronological age captures duration of exposure to risks for groups living in adverse living conditions
- U.S. blacks are experiencing greater physiological wear and tear, and are aging, biologically, more rapidly than whites
- It is driven by the cumulative impact of repeated exposures to psychological, social, physical and chemical stressors in their residential, occupational and other environments, and coping with these stressors
- Compared to whites, blacks experience higher levels of stressors, greater clustering of stressors, and probably greater duration and intensity of stressors

# Why Race Still Matters

- Distinctive Social Exposures
  - High levels of Stressors
  - Greater Clustering of Multiple Stressors

# Higher Rates of Most Stressors for Blacks and U.S. Born Hispanics than Whites

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- Financial Stressors
- Work Stressors
- Major life events (death of loved ones, divorce, unemployment,
- Relationship Stressors
- Early Life Adversity
- Neighborhood Stressors
- Discrimination

Distinctive Social Exposure

Racism Persists and Remains  
Consequential for Health



# Racial Stereotypes in Our Culture

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- BEAGLE Project
- 10 million words
- Sample of books, newspapers, magazine articles, etc. that average college-level student would read in lifetime
- Allows us to assess how often Americans have seen or heard words paired together over their lifetime

# Stereotypes in Our Culture

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BLACK	poor	.64	WHITE	wealthy	.48
BLACK	violent	.43	WHITE	progressive	.41
BLACK	religious	.42	WHITE	conventional	.37
BLACK	lazy	.40	WHITE	stubborn	.32
BLACK	cheerful	.40	WHITE	successful	.30
BLACK	dangerous	.33	WHITE	educated	.30
FEMALE	distant	.37	MALE	dominant	.46
FEMALE	warm	.35	MALE	leader	.31
FEMALE	gentle	.34	MALE	logical	.31
FEMALE	passive	.34	MALE	strong	.31

# Stereotypes in Our Culture

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BLACK	cheerful	.40	WHITE	successful	.30
BLACK	dangerous	.33	WHITE	educated	.30
BLACK	charming	.28	WHITE	ethical	.28
BLACK	merry	.28	WHITE	greedy	.22
BLACK	ignorant	.27	WHITE	sheltered	.21
BLACK	musical	.26	WHITE	selfish	.20

Negative stereotypes about race remain deeply embedded in our culture

Negative Stereotypes Trigger Racial Discrimination

Experiences of discrimination are a source of Toxic Stress

# Chronic Stress: Every Day Discrimination

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**In your day-to-day life how often do these things happen to you?**

- You are treated with less courtesy than other people.
- You receive poorer service than others at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they're better than you are.
- You are called names or insulted.
- You are threatened or harassed.

**What do you think was the main reason for these experiences?**

# NHS: Segregated Diversity ?

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- NHS employs a larger number of persons of BME backgrounds than any other organizations in the U.K.
- But it has consistently failed to institute the minimum standards required for compliance with 1976 and 2000 Race Relations Act
- Majority of trusts have formal written equal opportunity policies but only 5 % have begun to implement action plans
- NHS remains a mountain of an organization with snowy white peaks



# Critical Diversity

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- The equal inclusion of people from all backgrounds
- Special attention to those viewed differently from the majority group because of exclusionary practices
- Attention to parity through all ranks of the organization
- Examines and confronts issues of equity, equality, education and discrimination

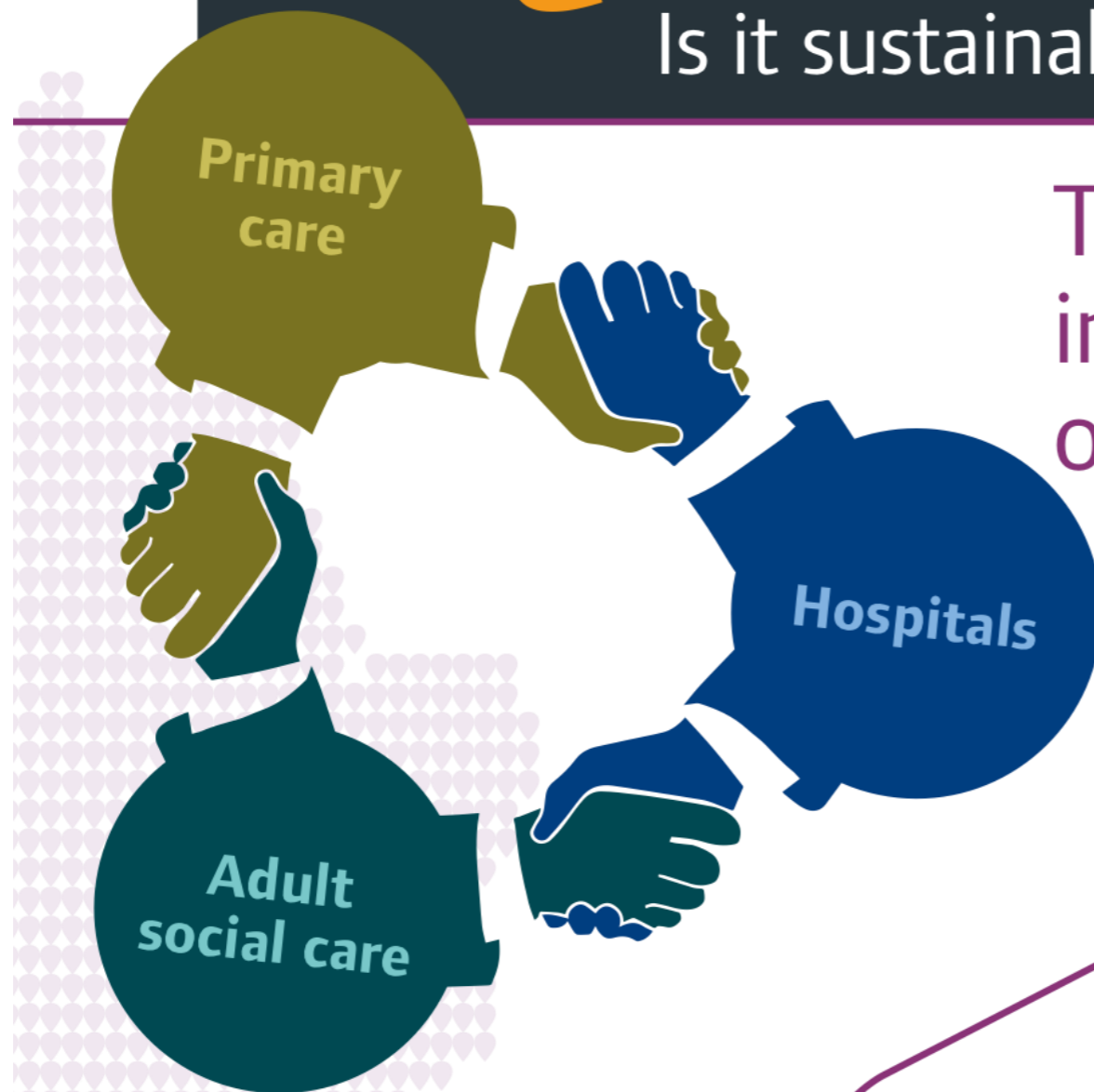


# CQC State of Care 2015-16

We have concerns over future

# QUALITY

Is it sustainable?



The answer lies in **collaboration** of local services

**with local residents**

# For further information and to share your views

- **Visit:** [www.england.nhs.uk/mentalhealth/taskforce](http://www.england.nhs.uk/mentalhealth/taskforce)
- **Follow:** @NHS England
- @jahkey2u
- **Contact NHS England:** [england.mhtfo](http://england.mhtfo)
- **Contact:** Jacqui Dyer  
[Jacquidyer.jd@gmail.com](mailto:Jacquidyer.jd@gmail.com)

The screenshot shows the NHS England website for the Mental Health Taskforce. At the top, it features the NHS England logo and the tagline "Health and high quality care for all, now and for future generations". A blue navigation bar contains links for Mental health, Home, About us, Our work, News, Events, Publications, Resources, Statistics, and Contact us. Below the navigation bar, the breadcrumb trail reads "Home > Mental health > Mental Health Taskforce". The main heading is "Mental Health Taskforce". The introductory text states: "Formed in March 2015, the independent Mental Health Taskforce has brought together health and care leaders, people using services and experts in the field to create a Five Year Forward View for Mental Health for the NHS in England. This national strategy, which covers care and support for all ages, was published in February 2016 and signifies the first time there has been a strategic approach to improving mental health outcomes across the health and care system, in partnership with the health arm's length bodies." A second paragraph mentions: "The taskforce was chaired by Paul Farmer, Chief Executive of Mind. The vice chair was Jacqui Dyer who is an expert-by-experience and a carer. It included members from partner arm's length bodies who hold critical responsibilities related to the planning and delivery of care, as well as representatives from the voluntary sector and professional bodies. Members of the taskforce were responsible for ensuring that there was cross-system commitment and alignment when developing actions within the". On the right side, there is a search bar with the text "search the site" and a magnifying glass icon, with a link to "Advanced search" below it. Further down, there is a "NHS choices" logo with the text "Visit NHS Choices for patient information". At the bottom right, there is a section titled "In the mental health section" with a list of links: "About mental health", "Children and young people", and "Adults".