A WORLD-LEADING MENTAL HEALTHCARE SYSTEM BY 2035: COMMITMENTS FOR A CROSS-GOVERNMENT MENTAL HEALTH AND WELLBEING PLAN

Executive Summary

Royal College of Psychiatrists

DHSC Discussion Paper: Submission 1
July 2022

About the Royal College of Psychiatrists

We are the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

We work to secure the best outcomes for people with mental illness, intellectual disabilities and developmental disorders by promoting excellent mental health services, supporting the prevention of mental illness, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

Executive summary

The government's commitment to level up and address unequal outcomes and life chances across the country has never been more pressing.[1] Improving the mental health and wellbeing of the nation is integral to this commitment, particularly for people who experience worse outcomes than the general population.

We welcomed the former Secretary of State for Health and Social Care's commitment to ensuring the NHS is set up properly for success, levelling up across the NHS and social care, pursuing personalisation, as well as using emerging technologies and data. The Government's mental health and wellbeing plan will be central to delivering this commitment and we commend it to the new Secretary of State and urge them to take this agenda forward.

Mental illness remains one of the largest single causes of disability in England[2] with up to one in five mothers suffering from depression, anxiety, or psychosis during pregnancy or in the first year after childbirth[3], one in six children and young people aged 6−19 having a probable mental disorder[4], 1−2% of adults having a severe mental illness (SMI)[5] and one in 30 adults living with drug dependence.[6]

Mental illness also disproportionately affects people living in poverty, those who are unemployed, and those who face racial discrimination.[7]

Yet, we know that only a minority of people in England with a mental illness, including substance/alcohol use, receive any form of treatment. The only exception to this is for people experiencing psychosis. [8]

The government's last cross-government mental health strategy only achieved half of its objectives in full, and only two have been partially achieved. The ambition for more people to have good mental health, more people with mental illness to have good physical health, and more people to have a positive experience of care and support has not been achieved.

Within the NHS, the Long Term Plan (LTP) is making good progress to transform mental health services across the country, building on the foundations of the Five Year Forward View for Mental Health (FYFVMH). However, as with the FYFVMH, major barriers to delivery remain. Many of these were apparent before the COVID-19 pandemic but have undoubtedly been exacerbated by recent events.

Firstly, a clear, ambitious mental health workforce is lacking. Secondly, sustained increased investment at a local level has been variable. Thirdly, we remain behind in the ambition to improve the quality and flow of data, particularly for older adult services, and children and young people's services. The capacity and capability of NHS Digital (NHSD) (now subsumed within NHSE) to meet the recommendations for a data revolution should be enhanced. Fourth, there has not always been sufficiently joined-up leadership and governance at a senior level across Government departments and with NHSE. This Plan is an opportunity to further align these processes more strategically. Fifth, there is a tendency for health strategies and plans to be produced in silos without enough thought to the relevant interdependencies.

The Chief Executive of NHS England (NHSE), Amanda Pritchard, recently set out her top priorities for the NHS: recovery, reform, resilience, and respect. Achieving these ambitions will mean recovering from the inevitable impact of the pandemic on the nation's mental health, reforming and improving mental healthcare for the future, ensuring mental health services are resilient to future shocks, and respecting all staff and patients with much greater attention paid to equality, diversity, and inclusion (EDI).

As NHS leaders implement their plans for 2022/23 and beyond, we are pleased to see a continued commitment to improve mental health services and services for people with learning disabilities and/or autistic people through continued growth in mental health investment to transform and expand community health services and improve access.[9]

We have made progress since the introduction of the FYFVMH and the current NHS LTP, but the treatment gap remains substantial. The scale of the challenge in mental health is so great that demand continues to outstrip capacity. With mental health referrals at record levels of 4.3 million last year and a backlog of at least 1.5 million people still waiting to start treatment, pressure on the NHS is likely to reach unprecedented levels.[10]

Clearly, NHS treatment cannot be the only answer to our national mental health challenge. Investing in public mental health through evidence-based health promotion, prevention and early intervention initiatives is the only way to reduce the prevalence of mental illness in the population and consequently the burden of mental illness in the long-term. The current cost of living crisis makes this situation more urgent. Food insecurity, fuel poverty, debt and loneliness are a reality for millions of people.

But there is far less coverage of interventions to prevent associated impacts of mental illness, such as premature mortality, and negligible coverage of interventions to prevent mental illness from arising or to promote mental wellbeing and resilience. This implementation failure results in preventable population scale suffering, broad impacts and associated economic costs. Furthermore, it breaches the right to health and the Equality Act, and the implementation gap has further widened during the pandemic.

The United Nations Sustainable Developmental agenda set 17 ambitious and transformational goals for people and for the planet in January 2016, with the aim that all will be achieved by 2030.[11] Goal three seeks to ensure healthy lives and promote well-being for all, at all ages. The target of achieving universal coverage by 2030 applies to the treatment of mental disorder, prevention of mental disorder and promotion of mental wellbeing.[12] The Government has committed to achieving the UN Sustainable Development Goals (SDGs) by 2030 but this will require a collaborative, planned approach over the next eight years.

Sustainable development for people and the planet is defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. The interlinkages and integrated nature of the SDGs balance the three dimensions of sustainable development: economic, social, and environmental. This cross-government mental health and wellbeing plan must be seen in the context of achieving this goal.

Our vision for the Plan: 2025-2035

To drive progress over the next decade, the Government must build on the foundations set by No Health Without Mental Health,[13] Future in Mind[14], the FYFVMH, and the NHS LTP[15]. It must also align with other global and national calls to action.

Our vision for 2035 is to create a world-leading mental healthcare system in England; one that is designed to promote good health and wellbeing, prevent mental ill health, intervene at the earliest opportunity, and to provide universal and timely access to high-quality treatment and support for those who need it.

We recommend the Department of Health and Social Care (DHSC), other Governmental departments, the NHS and its arm's-length bodies, local government, and key partners commit to ambitious and targeted action so that collectively:

1. by 2035, the prevalence of mental disorders in the English population has been reduced by five percentage points, and disparities in prevalence across population groups have been reduced
2. by 2030, we have achieved the UN SDG target of delivering universal health coverage for the treatment of mental disorders, prevention of mental disorders and promotion of mental wellbeing in England
3. by 2030, we have achieved the UN SDG target of reducing premature mortality from mental disorders and illness (through prevention and treatment, and promoting mental health and wellbeing) by one-third in England
4. by 2030, we have achieved the UN SDG target of providing universal access to quality essential health care services so that everyone who needs mental health treatment and support in England will be able to access it at the right place and at the right time, including through NHS primary care, urgent and emergency care, and secondary and specialist mental health services
5. by 2030, we have improved the quality, safety and effectiveness of treatment and care for those needing services for their mental health, measured through patient experience, effectiveness, safety, and patient outcomes (that matter most to patients)
6. by 2030, we have achieved the UN SDG target of strengthening the prevention and treatment of substance abuse and harmful use of alcohol in England
7. by 2030, we have built a strong and resilient mental health workforce with mental health leaders empowered to develop the healthcare services of the future through Integrated Care Systems (ICSs), Partnerships (ICPs) and Boards (ICBs)
8. by 2030, we have set up local systems to invest in mental health services and integrated pathways of care in an equitable and sustainable way that reflect significant historic underinvestment, and
9. by 2035, there is equitable funding for world-class mental health research, giving us a greater knowledge and understanding of effective treatments and service models that contribute to better patient experiences, recovery, and long-term outcomes around the world.

Our principles for the Plan

The development of the Plan should be underpinned by a set of values and principles drawn from the responses to the consultation. This will help clarify what the strategy is to achieve and how this will be achieved.

- It must be ambitious, realistic and measurable
- It must be co-produced
- It must be joined-up
- It must be transparent
- It must have prevention and early intervention front and centre
- It must be underpinned by cross-cutting commitments to reduce inequalities across the board
- It must have an accompanying Implementation Plan with comprehensive workforce and funding projections and commitments
- It must be future proof

About our response

We believe this consultation, alongside the forthcoming update of the NHS LTP, is an opportunity to develop a world-leading mental healthcare system by 2035. Preventing poor mental and physical health must be front and centre of the levelling up mission if we are to protect the NHS and enable more people to live longer, healthier, and happier lives. For those who need treatment and support, we must reduce the treatment gap and reduce disparities in access, quality of care, safety, experience, and outcomes. We welcome the opportunity to share our recommendations with the government to support the development of a new cross-government, 10-year plan for mental health and wellbeing, and a refreshed suicide prevention plan for England.

Summary of recommendations

	Actions	Responsible organisation
HOW CAN WE PROMOTE POSITIVE MENTAL WELLBEING AND PREVENT THE ONSET OF MENTAL ILL-HEALTH?		
Reduce socio-economic inequalities, deprivation, and poverty	The Department for Levelling Up, Housing and Communities (DLUHC) to develop a National Strategy on Inequalities led by the Prime Minister to reduce widening social, economic, environmental and health inequalities.[16]	DLUHC
	DLUHC to set a target to reduce levels of child poverty to 10%, putting it on par with the lowest rates in Europe.[17]	DLUHC
	DLUHC to put health and mental health equity and wellbeing at the heart of local, regional, and national economic planning and strategy. [18]	DLUHC
	DHSC to fund Public Health at a level of 0.5% of GDP with spending focused proportionately across the social gradient. [19]	DHSC
	The Office for Health Improvement and Disparities (OHID) and DHSC to ensure Public Health develops capacity and expands its focus on social determinants of health. [20]	OHID and DHSC
	OHID to develop social determinants of health interventions to improve healthy behaviours. [21] [22]	OHID
	DLUHC to increase the deprivation weighting in the local government funding formula, and invest in the development of economic, social, and cultural resources in the most deprived communities. [23]	DLUHC
	DLUHC to invest in the development of economic, social, and cultural resources in the most deprived communities. [24]	DLUHC
	DLUHC to invest in the resilience of areas that were damaged and weakened before and during the pandemic. [25]	DLUHC
	DLUHC to tackle domestic and gender violence and abuse.	DLUHC
	DWP to ensure that all workers receive at least the national living wage as a step towards achieving the long-term goal of preventing in-work poverty. [26]	DWP
	DWP to make the social safety net sufficient for people not in full-time work to receive a minimum income for healthy living. [27]	DWP
	DWP to review the taxation and benefits system to ensure they achieve greater equity and are not regressive. [28]	DWP

	DWP to make permanent the £1,000-a-year increase in the standard allowance for Universal Credit. [29]	DWP
	DWP to end the five-week wait for Universal Credit and provide cash grants for low-income households. [30]	DWP
	DWP to remove sanctions and reduce conditionalities in benefit payments, eradicating benefit caps and lifting the two-child limits. [31]	DWP
	DWP to provide tapering levels of benefits to avoid cliff edges. [32]	DWP
	DWP to increase child benefit for lower-income families to reduce child and food poverty. [33]	DWP
	DLUHC to eradicate food poverty permanently and remove reliance on food charities. [34]	DLUHC
	DLUHC to extend free school meal provision for all children in households in receipt of Universal Credit. [35]	DLUHC
	DLUHC to give sufficient support to food aid providers and charities. [36]	DLUHC
Take action on climate change, pollution, and biodiversity loss	The Department for Environment and Rural Affairs (Defra) to prioritise a unified approach with sufficient resources to tackle the climate and ecological crisis across all aspects of government.	Defra
	Defra to follow the UK Health Alliance on Climate Change (UKHACC) principles for a healthy and green recovery to place environmental and health factors at the heart of any economic recovery following the COVID-19 pandemic.	Defra
	Defra to base decisions on changes to land and water usage on tools which include assessment of prospective impacts to mental and physical health.	Defra
	All research organisations to: ▪ ensure that future research in planetary health includes multidisciplinary studies examining how the mental health of different vulnerable groups are affected by climate-related hazards, pollution and biodiversity loss, and ▪ establish and quantify the co-benefits to mental health of taking action against climate change, biodiversity loss and pollution.	Research organisations
	The Medical School Council to: ▪ ensure the impact of the climate and ecological emergency, and the role medical professionals can play in preventing and mitigating this, are a core part of the curriculum, and ▪ work with medical schools to ensure students are taught about the overuse of tests and interventions.	Medical School Council
	All organisations responsible for postgraduate and continuing medical education to ensure that practicing doctors receive similar updates to undergraduates.	All organisations responsible for

		postgraduate and continuing medical education
Put health at the heart of urban and community planning	DLUHC to ensure all new housing developments include within their plans a priority to promote good mental health and wellbeing of their population and improve access to health services for people of all ages with mental ill health. Dementia-friendly communities should be a fundamental part of the design. New housing development sites can learn lessons from 'Healthy New Towns' demonstrator sites, including: ▪ developing health services that help people to stay well ▪ strengthening and integrating 'out-of-hospital' care ▪ developing the future workforce ▪ linking health services to wider community assets ▪ supporting self-management ▪ using digital technology to support care ▪ creating integrated health and wellbeing centres ▪ maximising the benefits of integrated health and wellbeing centres ▪ strategic estates planning ▪ developing a schedule of accommodation, and ▪ options for project funding.	DLUHC and local authorities
	DLUHC to build more good-quality homes that are affordable and environmentally sustainable. [37]	DLUHC and local authorities
	DLUHC to ensure 100% of new housing is carbon-neutral by 2030, with an increased proportion being either affordable or in the social housing sector. [38]	DLUHC and local authorities
	DLUHC to reduce sources of air pollution from road traffic in more deprived areas. [39]	DLUHC and local authorities
	DLUHC to increase support for those who live in the private rented sector by increasing the local housing allowance to cover 50% of market rates. [40]	DLUHC and local authorities
	DLUHC to remove the cap on council tax. [41]	DLUHC and local authorities
	DLUHC to urgently reduce homelessness and extend and make watertight the protections against eviction. [42]	DLUHC and local authorities
	DLUHC to implement recommendations from the Royal Society for Public Health report, *Health on the High Street*, including:	DLUHC and local authorities

	○ local authorities nationwide to introduce A5 planning restrictions within 400 metres of primary and secondary schools ○ DLUHC to provide local authorities with the power and support to restrict the opening of new betting shops and other unhealthy outlets where there are already clusters ○ vape shops to ensure all customers who smoke are aware of their local stop smoking service ○ industry and all businesses selling food on the high street – cafés, pubs, fast food outlets, convenience stores, leisure centres – to reduce the calories in their products ○ Facebook and Google to provide discounted advertising opportunities to local, independent health-promoting businesses ○ local authorities to support meaningful use of shops by making records on vacant commercial properties publicly accessible ○ councils to set differential rent classes for tenants based on how health-promoting their business offer is, and ○ business rates relief for businesses that try to improve the public's health.	
	Local authorities to substantially invest in the infrastructure to support walking, cycling, leisure activity, sport and active travel, and neighbourhood walkability with well-designed neighbourhoods.	Local authorities
	DLUHC and OHID to tackle obesogenic environments on high streets by: • addressing the junk food offer around schools by banning unhealthy fast-food outlets from within a five-minute walk of school gates • ending discounts targeted at school children • ending app-based food delivery services to school gates • building better places to go, including better quality parks with the use of young people in mind, and physical signage outside schools directing young people to their nearest park, and • limiting the reach of junk food adverts, including banning the advertising of unhealthy food products across all council-owned advertising sites.	DLUHC and OHID
Put mental health at the heart of ICS population management	ICSs to adopt population health management approaches that focus on public mental health and wellbeing. This should include work on perinatal mental health, children, and young people (where some of the greatest opportunities for prevention lie), and on wider services such as addiction, homelessness or housing services and employment support.	ICSs

	ICSs to invest in school-based programmes, including bullying and violence prevention, interventions to promote adolescent social-emotional functioning and developmental trajectories, universal resilience-focused interventions, school-based promotion of self-regulation, school based mindfulness programmes, youth mentoring programmes, psychosocial interventions delivered by teachers, prevention of smoking, alcohol, and drug use.[43]	ICSs
	ICSs to ensure that population health management approaches allow for an understanding of the health inequalities and health service utilisation by creating a linked dataset with patient-level information from acute services, primary care, primary care prescribing, mental health, community services, continuing healthcare, social care, public health, and specialised commissioning. Using these data can help clinicians to review pathways and services, and to understand the quality, strategic and financial opportunities, and risks.	ICSs
	NHSE to provide local ICSs with guidance and examples of good practice, demonstrating how population health approaches can help address mental health issues as well as wider public health problems.	NHSE
Reduce stigma and discrimination	DHSC should fund an anti-stigma campaign to help end the stigma and discrimination often experienced by people with mental health problems.	DHSC
	DHSC and DfE should continue to fund MindEd so they can continue to provide free educational resource on children, young people, adults, and older people's mental health.	DHSC and DfE
Promote self-help	DHSC to commit to fully fund both adult and children and young people's Every Mind Matters platforms, taking into consideration the needs of people across demographics.	DHSC
Reduce social isolation and loneliness and invest in community assets	OHID and NHSE to develop a preventative strategy with initiatives to reduce the incidence of loneliness along with other factors that are known to reduce the risk of mental illness in older people.	OHID and NHSE
	Local authorities should offer interventions that promote social interaction through volunteering opportunities, community engagement, social skills training, and befriending, for example. The NHS might not be well placed to lead on this but could provide infrastructure, evaluations, input to the communities (by invitation), teaching or physical health checks.	Local authorities
	Primary Care Networks (PCN's) to map assets and resources within the community, with due consideration of mental health and wellbeing resources. The ease in which patients can access these resources (with a particular focus on excluded groups), and the ease in which primary care professionals can refer to them, should be regularly reviewed.	PCNs

	NHSE and PCNs to expand the roll out of social prescribing in primary care in line with the ambitions and recommendations of the College's Position Statement on this important intervention.[44]	NHSE and PCNs
Improve perinatal and parental outcomes	HM Treasury and Department for Education (DfE) to increase levels of spending on the early years and (as a minimum) meet the OECD average and ensure allocation of funding is proportionately higher for more deprived areas. [45]	HM Treasury and DfE
	DfE and DHSC to increase the availability and quality of early years services, including Children's Centres, in all regions of England and to reduce inequalities in early years development. [46]	DfE and DHSC
	DHSC and DfE to expand perinatal and early years mental health services within Universal Services (maternity services, health visiting, Sure Start centres and primary care).	DHSC
	OHID and NHSE to reverse the decline in the health visiting and school nursing workforce through a demand-driven, well-resourced national workforce strategy and plan.	OHID and NHSE
	DHSC to fund local authorities to enable them to provide health visiting and school nursing services at a level that delivers everything that Government and the National Institute for Health and Care Excellence (NICE) guidance expect of them.	DHSC
	NHSE and OHID should ensure antenatal classes universally include information about mental health and wellbeing, as well as parenting and parenting programmes.	NHSE and OHID
	NHSE and OHID to invest in interventions to address perinatal outcomes including targeting parent tobacco, alcohol, and substance use during pregnancy and interventions targeting birth outcomes such as low birth weight, preterm birth, prenatal infection, and poor maternal nutrition, and breastfeeding support.[47]	NHSE and OHID
	NHSE and OHID to expand the existing package of measures aimed at parents, including parenting programmes and promotion of child/parent attachment. [48]	NHSE and OHID
Improve outcomes in childhood and adolescence	DHSC to reverse declines in the mental health of children and young people and improve levels of wellbeing from the present low rankings internationally. [49]	DHSC
	OHID to ensure that trauma and adverse childhood experiences are a priority for public health. It should produce clear guidance and support for local authorities to coordinate efforts to improve the prevention of, and responses to, trauma. [50]	OHID
	DHSC, DfE and DLUHC to increase resources for preventing abuse and identifying and supporting children experiencing abuse. [51]	DHSC, DfE and DLUHC
	DHSC to implement the recommendations of the Independent Review of Children's Social Care in full, swiftly and with appropriate resourcing.	DHSC

	DHSC to invest in services for Looked after children through foster parent training improved parenting practices and reduced child disruptive behaviour. [52]	DHSC
	DfE to increase attainment to match the best in Europe by reducing inequalities. [53]	DfE
	DfE to invest in school-based programmes, including bullying and violence prevention, interventions to promote adolescent social-emotional functioning and developmental trajectories, universal resilience-focused interventions, school-based promotion of self-regulation, school based mindfulness programmes, youth mentoring programmes, psychosocial interventions delivered by teachers, prevention of smoking, alcohol, and drug use.[54]	DfE
	DfE to ensure that all young people are engaged in education, employment or training up to the age of 21. [55]	DfE
	DfE to increase the number of post-school apprenticeships and support in-work training throughout the life course. [56]	DfE
	DfE to develop and fund additional training schemes for school leavers and unemployed young people. [57]	DfE
	DfE to restore the per-student funding for secondary schools and especially sixth form, at least in line with 2010 levels and up to the level of London (excluding London weighting). [58]	DfE
	DfE to further support young people's training, education, and employment schemes to reduce the numbers who are NEET, and urgently address gaps in access to apprenticeships. [59]	DfE
	DfE to raise minimum wage for apprentices and further incentivise employers to offer such schemes. [60]	DfE
	DfE to invest in Special Educational Needs services to deliver behavioural and educational interventions that improve children's inclusion and participation in school, cognitive development, interventions to support reading for children with intellectual disability in schools, and parenting programmes. [61]	DfE
	DfE to give excluded students additional support and enrol those who need it into Pupil Referral Units. [62]	DfE
	DfE to prioritise funding for youth services. [63]	DfE
	DfE and DHSC to promote interventions to increase physical activity in children and young people. [64]	DfE
Protect children and young people from online harm	The Department for Culture, Media and Sport (DCMS) and the Regulator to urgently review and establish a protocol for the sharing of data from social media companies with universities for research into benefits and harms on children and young people.	DCMS and Regulator

	Urgent review of the ethical framework for using digital data – the same standards need to apply as in other areas of research.	DCMS and Regulator
	DCMS and NHSE to fund a follow-up of the NHSD (now within NHSE) prevalence study to examine the impact of social media on vulnerable children and young people over time.	DCMS and NHSE
	To instruct the regulator to establish a levy on tech companies proportionate to their worldwide turnover. This would be used to fund independent research and training packages for clinicians, teachers and others working with children and young people. As with the gambling industry and social responsibility measures, the gaming and social media industry should be required to increase social responsibility measures similarly, such as emulate the gambling industry's duty of care practices (e.g., personalised behavioural feedback, stop messages) in gaming/social media platforms.	DCMS and Regulator
	Enable the regulator to undertake a joint review with the UK Gambling Commission to review regulation regarding loot boxes in line with other countries which have recognized loot boxes as a form of gambling.	DCMS and Regulator
	Undertake a consultation in 2020 on a yellow card warning system similar to that used for medicines, in order for professionals and potentially parents/carers/young people to report harms of social media and gaming companies.	DCMS and Regulator
	Prioritise the strictest enforcement of Data Protection law and in particular, UK DPA 2018 "Age-appropriate design" to services targeting and / or popular with children, including a requirement that services should default to assuming users need child protection until explicit action is taken to opt-out.	DCMS and Regulator
	Mitigate the harm to children caused by habit-forming features of the service by consideration and analysis of how processes (including algorithmic serving of content, the display of other users' approval of posts and notifications) contribute to development of habit-forming behaviour.	Technology companies
	Social media platforms should flag up engagement with risky content and operate and offer a free direct hotline for at-risk or vulnerable individuals.	Technology companies
	Social media companies should provide user configurable controls (not in the cloud) that can block incoming content of the young person's choosing (by default 'full safety measures on') and provide feedback on content they are planning to send (e.g., BBC Own It app for an example).	Technology companies
	Social media companies should promote and contribute to mental health charities in home countries to support any vulnerable individuals.	Technology companies

	Gaming companies and social media platforms should regularly fund research related to their products, to be conducted by independent external bodies and provide on a regular basis user data for research purposes to academic institutions.	Technology companies
	Funding of media literacy awareness campaigns.	Technology companies
	Teachers have a key role to play in terms of education about online safety.	Education professionals
	Schools and colleges should have policies relating to device use and a digital code of conduct. Good practice should be sought out and shared. A multi-stakeholder engagement of peers, parents and school staff should be encouraged to support, inform, and update school policies.	Education professionals
	If teachers are concerned about the level of technology used by children and young people and the possible impact on their health and well-being, they should seek guidance from resources such as the MindEd modules and discuss the issue with their mental health leads within schools, as well as sharing concerns with parents.	Education professionals
	The Personal, Social and Health Education Association syllabuses should be developed further to include online safety, and further resource development should be prioritised.	Education professionals
	Opportunities for group working away from screens should be encouraged whenever possible.	Education professionals
	Questions around technology use should become a core part of biopsychosocial assessments and formulations; the online world can be just as important to young people as their offline world. It is helpful to ask children and young people about any areas that worry them in their digital lives, whilst keeping a check on their use and its disruption of healthy or necessary activities.	Healthcare professionals
	Psychiatrists should be mindful of the possible impact of technology use when children and young people report difficulties in areas such as sleeping, academic performance, mood, behaviour or eating.	Healthcare professionals
	Mental health conditions such as depression and behavioural problems may make children more vulnerable to problematic technology use; clinicians should be aware of the impact of technology.	Healthcare professionals
	Clinicians must be aware of the additional needs of vulnerable parents, such as those suffering from depression, who may struggle to support their child around problematic technology use. If problematic technology use is identified: ▪ the assessing clinician will seek to understand the impact of all presenting difficulties including potential problematic use on family relationships, educational performance	Healthcare professionals

	and social interactions. In this context, the clinician will start to understand the potential level of problematic technology use ▪ it has not yet been fully elucidated whether conditions such as depression and anxiety are contributing factors to problematic internet use or gaming or are a result of the condition. It is recommended that, where more than one condition is present, the clinician documents the duration of all conditions, and ▪ clinicians should be aware of the safeguarding implications of online content and contact.	
	Services should deliver training in the concept of technology addiction. Online resources such as minded.org are useful training resources and should be further developed as knowledge increases in this area.	People involved in training and service development
	Pathways to specialist services also need to be developed. There are models for other specialist pathways, such as eating disorders, where locality services treat children and young people whose symptoms are less severe. This enables locality teams to maintain expertise and recognise conditions, ensuring that children and young people can be treated as soon as possible. Where symptoms are more severe, children and young people will need specialist care. As treatment for technology addiction is still developing, this may involve travelling to specialist clinics, however as more awareness of the condition develops, the level of expertise will increase. Local protocols will need to be developed based on the diagnostic criteria available. What must be acknowledged is that children and young people with technology addiction are more likely to experience additional mental health needs such as depression, anxiety, developmental conditions such as ADHD and eating disorders.	People involved in training and service development
	Embedding the use of device-collected screen time and internet usage-type data in ongoing (or commencing) large-scale cohort studies examining other variables including health outcomes is essential to allow for: ▪ longitudinal research studies with children and young people at different developmental stages, examining whether technology causes harmful outcomes as well as potential benefits ▪ examining different types of screen use, as well as content, and exploring a variety of health-related outcomes. Screen time use data cannot rely purely on self-report ▪ determining the effects of extensive online media usage on cognitive development. ▪ there is a need for qualitative studies exploring children's and young people's perspectives, including gender differences	Researchers

	▪ research is needed that focuses on potentially vulnerable groups such as those with mental health and neurodevelopmental disorders, looked-after children, LGBTQIA+ young people and very young children ▪ websites that normalise or promote concepts such as self-harm, suicide and anorexia should be studied and their impact on young people understood. Additionally, when limitations are proactively placed on sites by technology companies, the impact of these limitations on the health and well-being of children and young people should be studied ▪ research needs to elucidate the possible concepts of technology addiction and examine the potential for addiction, including further development of screening tools and treatment programmes ▪ research is needed into the incidence of problematic technology use across the UK, and ▪ the development of further brain neuroimaging studies is needed that will examine the posited affected areas, not only for overuse but also to examine tolerance and withdrawal effects.	
	Research is needed to understand how young people with mental health needs are using the internet and what support could be put in place.	Researchers
	Research is also needed to understand the possible benefits of programmes that can help people manage their digital technology use, for example, apps that can block the use of other apps and the use of time restrictions. Personalised programmes for media addiction, for example, including specialised Cognitive Behavioural Therapy (CBT) and systemic family therapy, need to be developed and evaluated. Programmes need to take into account heterogeneity around potential causes (e.g., severe mental illness, low self-esteem, loneliness, ADHD, individual's predisposition to addiction) and engagement with specific internet content or transactions (e.g., social media, online gaming or gambling).	Researchers
	Therapeutic trials should have integrated mediation analyses as a core aspect of trial design in order to determine which psychological and/or neurological changes predict and accompany successful treatment outcomes.	Researchers
	Further research into the use of social media platforms for support, for example, in relation to suicide prevention.	Researchers
Prevent depression, eating disorders and dementia	DHSC and other government departments to prevent depression through good quality employment, physical activity, reduction in social isolation and loneliness, early access to psychological and educational interventions.	DHSC and OGDs

	DHSC and other government departments to invest in lifestyle modification and dissonance-based prevention programs to prevent eating disorders.	DHSC and OGDs
	DHSC and other government departments to invest in interventions that address the twelve modifiable risk factors which could prevent or delay 40% of dementia include treatment of hypertension, reduction of obesity and associated diabetes, physical activity. limiting alcohol use, avoiding smoking, prevention of air pollution and head injury, addressing insomnia, and use of hearing aids for hearing loss.	DHSC and OGDs
Reduce employee stress and increase wellbeing	DWP to implement the recommendations of the Stevenson/Farmer review on mental health and employers in full and oversee its implementation.	DWP
	Employers to invest in workplace interventions to reduce employee stress and increase wellbeing through: ▪ strategic approaches to improve mental wellbeing in the workplace taking account workplace culture, workload, job quality, autonomy and employee concerns about mental health including stigma ▪ supportive work environment ▪ external sources of support ▪ organisation-wide approaches ▪ training and support for managers ▪ individual-level approaches ▪ approaches for employees who have or are at risk of poor mental health ▪ organisational-level approaches for high-risk populations, and ▪ engaging with employees and their representatives.	Employers
	Employers to invest in workplace interventions to promote mental wellbeing and prevent mental disorder including[65]: ▪ workplace resources which can improve employee wellbeing and organisational performance ▪ increasing employee control via flexible working ▪ resilience promotion programmes which were more effective for those at higher risk of stress ▪ workplace-based physical activity promotion o mindfulness and yoga o protective labour and social policies which modified association between work stress and mental disorder	Employers

	○ procedural justice and relational justice in the workplace which were associated with reduced depression ○ interventions to prevent employment related stress and mental disorder ○ interventions to address work-related stress and promote wellbeing, and ▪ online interventions to reduce workplace stress or improve mindfulness through online mindfulness interventions reduced employee stress symptoms. Targeted online stress management interventions led to small reductions in stress, though the strength of associations varied among the interventions.	
HOW CAN WE INTERVENE EARLIER WHEN PEOPLE NEED SUPPORT WITH THEIR MENTAL HEALTH?		
Invest in a whole system response to children and young people's mental health	Local authorities to commission and fund health visiting services that are able to offer a high-quality service to all those who need them, in line with the Healthy Child Programme.	Local authorities
	DHSC to fund the roll-out of early support hubs for children and young people aged 11 – 25.	DHSC
	NHSE to provide additional funding to enable the full implementation of the Mental Health Support Teams (MHST) review recommendations, with a focus on strengthening provision for children with greater and more complex needs. Providing recommendations are implemented, support the furthering of the roll out of MHST beyond 2023/24 to ensure access for 100% of pupils.	NHSE
	NHSE to ensure staff in MHST have received training so that they feel equipped to identify the mental health needs of vulnerable groups of children and young people, including young people not in education, employment or training (NEETs), children with neurodevelopmental problems (including Attention Deficit Hyperactivity Disorder [ADHD], autism spectrum disorders [ASD] and intellectual disabilities), children with long-term health conditions, children with behavioural difficulties, looked-after children, young carers, refugees and migrant children, children with a first language other than English, children in the criminal justice system, abused children, LGBTQIA+ young people, and to refer them appropriately when required.	NHSE
	DHSC to work with DfE to implement the forthcoming recommendations of the children's social care review, particularly where these relate to meeting the needs of children with mental illnesses and prioritise this agenda as part of the new cross-Government mental health strategy.	DHSC and DfE

	DHSC and NHSE to identify pressure points and provide targeted investment to scale services and recover performance including children and young people's eating disorder services and acute care.	DHSC and NHSE
	DHSC to review the evidence for rolling out Mental Health First Aid to those who work in youth clubs, sports clubs and other recreational groups, Churches, and other religious organisations.	DHSC
Ensure mental health support is a central component of enhanced models of primary care	NHSE and PCNs to implement the recommendations of the Fuller Stocktake report[66], and specifically relevant to mental health: ▪ enable all PCNs to evolve into integrated neighbourhood teams, supporting better continuity and preventive healthcare as well as access, with a blended generalist and specialist workforce drawn from all sectors. Secondary care consultants – including psychiatrists, geriatricians, respiratory consultants, paediatricians – should be aligned to neighbourhood teams with commitments reflected in job plans, along with members of community and mental health teams. With teams collocated within neighbourhoods, to extend models of personalised care, embed enhanced health in care homes and develop a consistent set of diagnostic tests. At place level, bring together teams on admissions avoidance, discharge and flow – including urgent community response, virtual wards and community mental health crisis teams. Focus on community engagement and outreach, across the life course. Proactively identify and target individuals who can benefit from interventions in neighbourhoods, committing to delivering neighbourhood teams first for Core20PLUS5 populations. Co-ordinate vaccinations, screening and health checks at place level, in accordance with national standards, and ▪ create a clear development plan to support the sustainability of primary care and translate the framework provided by Next steps for integrated primary care into reality, across all neighbourhoods. Ensure a particular focus on unwarranted variation in access, experience and outcomes. Ensure understanding of current spending distribution across primary care, compared with the system allocation and health inequalities. Support primary care where it wants to work with other providers at scale, by establishing or joining provider collaboratives, GP federations, supra-PCNs or working with or as part of community mental health and acute providers. Tackle gaps in provision, including where appropriate, commissioning new providers in particular for the least well-served communities.	NHSE and PCNs

	NHSE to ensure there is adequate access to information across the interfaces between primary, acute, and mental health care.	NHSE and ICSs
	NHSE to explore the potential for community pharmacists to perform medication reviews for people on longer-term psychotropic medication prescriptions.	NHSE
	PCNs to accept dual GP registrations for students and work to be able to manage care in a more coordinated way.	PCNs
Increase access to IAPT services	NHSE and ICSs to ensure everyone with common mental disorders can access psychological therapies each year.	NHSE and ICSs
	NHSE and ICSs to expand the choice of therapies available in the Increasing Access to Psychological Therapies (IAPT) programme for all mental health diagnoses.	NHSE and ICSs
	NHSE to review the current exclusion criteria for accessing IAPT services and consider the factors affecting the number of people who do not complete treatment.	NHSE
	NHSE to develop a strategy to reduce the gap in access between older adults, Black, Asian and minority ethnic groups, students and any other group not currently served well by IAPT services.	NHSE
	NHSE and ICSs to ensure parity of access to IAPT services for older people (who are significantly less able to access psychological therapies by dint of frailty and multimorbidity) and people with an intellectual disability. Services need to comply with equality legislation by making a reasonable adjustment to their services to facilitate people with intellectual disabilities using IAPT services.	NHSE and ICSs
	NHSE and ICSs to significantly expand IAPT services for people with long-term conditions.	NHSE and ICSs
	NHSE and ICSs to ensure the quality and people's experience of IAPT services continually improves. Improving the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups are all important aspects of the development of IAPT services.	NHSE and ICSs
Invest in healthcare roles that support integrated care	NHSE and ICSs to invest in new roles that supported integrated mental and physical healthcare. This should include ensuring that at least 10% of the 1,000 Physician Associates being trained each year work in mental health.	NHSE and ICSs
	NHSE to ensure investment in new roles includes funding for the increases required in psychiatric capacity to train and supervise new roles.	NHSE

HOW CAN WE IMPROVE THE QUALITY AND EFFECTIVENESS OF TREATMENT FOR MENTAL HEALTH CONDITIONS?		
Reduce inequalities in access, experience, and outcomes in mental health provision	NHSE and ICSs to ensure everyone who uses mental health services has equitable access to effective early interventions and equitable experiences of care and outcomes, regardless of age or ethnicity.	NHSE and ICSs
	NHSE and ICSs to ensure there is a year-on-year reduction in the disparities between people from Black, Asian and minority ethnic groups and the rest of the population, in terms of both numbers of people detained under the Mental Health Act 1983 and the range of appropriate treatments offered including alternatives to detention.	NHSE and ICSs
	NHSE and ICSs should expand LGBTQIA+ services as well as outreach services to deprived children, young people and families, hard-to-reach groups, and those from Black, Asian and minority ethnic communities.	NHSE and ICSs
	NHSE and ICSs should ensure people at risk of discrimination, and protected groups under the Equalities Act subject to the Mental Health Act have access to an advocate with specialist knowledge of legislation to advocate appropriately for them.	NHSE and ICSs
	MoJ should ensure mental health tribunal panels better reflect the communities they work with.	MoJ
	DHSC to produce a strategy for reducing race inequality in mental health, building on the Race Disparity Audit, including work with schools, the police, youth and community services and mental health services to improve access, outcomes, and experiences for people from Black, Asian and minority ethnic communities.	DHSC
	NHSE, ICSs and mental health providers must develop and monitor data relating to access and outcomes for groups of people with protected characteristics, including by gender, age, sexuality and ethnicity and disability.	NHSE, ICSs and mental health providers
	DHSC and NHSE to take forward in full the recommendations of the Women's Mental Health Taskforce.	DHSC and NHSE
	NHSE and ICSs should take steps to improve access and outcomes for LGBTQIA+ communities and set an expectation that commissioners will recognise the value of specialist LGBTQIA+ services, commissioning them to meet local needs.	NHSE and ICSs
	Government to legislate to extend the definition of disability in the Equality Act to protect people with fluctuating mental health problems.	Government
	ICSs to commission services that use population health data to identify health inequality and have an explicit plan to address this.	ICSs

	Regular training for all Home Office and healthcare staff on early indicators of mental health conditions and the circumstances in which capacity assessments should be triggered. This should be linked to safeguarding training along with the development of a screening tool for assessment of capacity for all detainees and robust pathways including the provision (in keeping with the conclusions of the Mental Welfare Commission for Scotland, 2018) of appropriate advocacy services for those found to lack mental capacity to make relevant decisions.[67]	Home Office
	The Home Office to ensure that refugees and migrants with existing mental illness are only be detained in very exceptional circumstances.	Home Office
Improve people's experience of care when transitioning between services	NHSE and ICSs to ensure that strategic, operational, and clinical leaders need to be given protected time to undertake the work required to expand and harmonise services to better meet the needs of young adults, which must include proactive efforts to develop a common language to describe services and bridge cultural differences across children and young people's and adult services.	NHSE and ICSs
	ICSs to ensure that young people and their parents/carers should be at the centre of their individual transition planning between specialist mental health services and have a role in the wider service development and delivery.	ICSs
	ICSs to support joint working between leaders of child and adolescent mental health services (CAMHS), adult mental health services (AMHS), local authority services and third sector organisations to improve the experience for young people of transition between mental health services. Additional funding is likely to be required to meet increased demand and for additional staff to support carefully planned transitions, which should feel virtually seamless for the young person themselves.	ICSs
	ICSs to ensure that training needs are identified for staff working within CAMHS and AMHS to support developmentally appropriate clinical care for young people. The RCPsych should develop training programmes for psychiatrists to work with 0-5's, under 18's and 18-25's when this is not part of their specialist training.	ICSs
Make mental health services safer	NHSE, ICSs and mental health providers to ensure the average NHS trust score for 'organising care' in the Care Quality Commission's (CQC) community mental health survey improves year-on-year, with no trust posting a decline.	NHSE, ICSs and mental health providers
	NHSE to re-design what is meant by aftercare, including reforming eligibility criteria to improve equity of access, resolving some of the complex arrangements across health and social care, especially regarding funding.	NHSE
	Mental health trusts to ensure all patients in contact with mental health services have a simple goal-orientated care plan as well as a personalised safety plan including an agreed	Mental health trusts

	set of activities, strategies, people, and organisations to contact for support if they become suicidal.	
Learn from deaths	All NHS trusts to identify deaths that warrant an investigation and put in place a process to learn from them in cases where a patient had been receiving treatment and support for their mental illness, with a particular focus on people 'at risk' such as those who are from a Black, Asian and minority ethnic groups.	NHS trusts
	NHSE and ICSs to roll-out the 'Learning from Deaths' tool produced by the College's Centre for Quality Improvement (CCQI)[68], which support trusts to respond to concerns about any aspect of their care; and provides trusts with guidance on using individual reviews to consolidate learning identified using the tool.	NHSE and ICSs
	NHSE to commission annual thematic reviews to support the implementation of the Tool and learning.	NHSE
Focus on quality improvement and reduce unwarranted variation	NHSE to introduce a new quality commitment to ensure availability of appropriate, safe, and high-quality mental health, learning disability and autism inpatient care (and alternatives to inpatient care) in every system for adults, children, and young people.	NHSE
	NHSE and ICSs to work with Royal Colleges and partners to review and decommission models of inpatient provision which are incompatible with safe, high-quality care and therapeutic outcomes.	NHSE, ICSs, Royal Colleges, and partners
	ICSs to address the inequalities in access to local community support which results in marginalised groups being overrepresented in the most restrictive settings and reduce variation in access, experience & outcomes.	ICSs
	CQC and NHSE to significantly increase and enhance the quality improvement support available to mental health trusts to enhance their safety and quality.	CQC and NHSE
	NHSE to expand the Getting it right first time (GIRFT) programme to cover other mental health services, such as community services for adults and older adults; personality disorders; as well as intellectual disability services.	NHSE
	CQC to reintroduce an annual national survey of the experiences of mental health inpatient services.	CQC
	NHSE to develop a repository of best practice in mental healthcare for ICSs.	NHSE
	NHSE to commission national clinical audits focused on mental health (to achieve parity with physical health services). These could focus on services for infants and their parents or primary caregivers, children and young people, working-age adults, older adults, and groups who report worse experiences and outcomes from NHS mental health services.	NHSE
	All mental health services to comply with national quality standards, e.g., via RCPsych quality networks.	Mental health providers

	NHSE to improve the quality and completeness of routine data (e.g., mental health services dataset (MHSDS)) for use in national clinical audits, to reduce audit burden.	NHSE
	NHSE to improve completeness and quality of MHSDS and other basic information on service provision.	NHSE
	NHSE to reduce unwarranted variation in mental health service provision across the country and utilise quality networks to support this ambition.	NHSE
Choose interventions wisely and safe prescribing	NHS healthcare leaders to embed a culture in which patients and clinicians regularly discuss the clinical value and effectiveness of proposed treatments or interventions with the explicit aim of reducing the amount of inappropriate clinical activity.	NHS leaders
	NHSE to promote the implementation of safe prescribing and withdrawal management for medicines associated with dependence or withdrawal.	NHSE
	NHSE to further promote the Stopping over medication of people with a learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) initiatives across the NHS.	NHSE
Measure and collect patient outcomes data	NHSE and ICSs to prioritise the collection and recording of routine outcomes measures for: ▪ perinatal mental health care ▪ children and young people's mental health care ▪ community mental health care ▪ adult crisis and acute mental health care ▪ integrated IAPT service ▪ adult eating disorder services, and ▪ tailored outreach and engagement for flu/COVID-19 vaccination and physical health checks.	NHSE and ICSs
	ICSs to work with system partners to develop and collect outcome measures in mental health aligned with the College's report.	ICSs
Make mental health services greener	NHSE to ensure the NHS reaches carbon net-zero by 2040 and 2045 and this target is central to the commitments in the NHS LTP Refresh.	NHSE
	DHSC and ICSs to replace ageing buildings across the mental health estate.	DHSC and ICSs
	Every NHS health organisation, commissioner, and provider to produce a Green Plan and regularly review this.	NHS health organisation, commissioners, and providers

	NHS providers to develop and implement a biodiversity action plan which examines 'greening (incorporating more environmentally friendly systems) of estates, buildings, and care pathways, and establishes links with green care providers.	NHS providers
	NHS providers to establish a natural services network to map all sites in their local area that provide opportunities for sustainable interaction with nature and/or activities that preserve the natural environment and promote these to mental health services.	NHS providers
	NHS providers to incorporate the goals of *Choosing Wisely* into daily practice, including: ▪ encouraging doctors to provide patients with resources that increase their understanding about potential environmental harms of biomedical/ pharmaceutical interventions and help them understand that doing nothing or fewer interventions can sometimes be the best approach. ▪ encouraging and empowering patients to ask questions such as, "Do I really need this test or procedure? What are the risks? Are there simpler safer options? What happens if I do nothing?"	NHS providers
	ICSs to appoint a social prescribing Lead to oversee all community teams developing a social prescribing function to identify local opportunities for complementary health-improving activities.	ICSs
	ICSs to expand the NHS sustainability awards. Continue recognising sustainable clinical work across the NHS with consideration towards developing an additional award for the work of mental health services in achieving a high standard of sustainable practice.	ICSs
	Governing NHS bodies across the UK to jointly develop a minimum set of standards for providers in developing sustainable services and ▪ ICSs to include these minimum standards in their contracts, and ▪ ICSs to develop a sustainable mental health service toolset: provide a working set of standards by which mental health services can develop effective sustainable development plans which reflect the need for estates and clinical staff to work collaboratively when developing and delivering sustainable mental health services.	CQC and other governing bodies across the UK
Invest in the health and wellbeing of NHS and social care staff	NHSE to further expand staff mental health and wellbeing hubs.	NHSE
	NHSE and NHS employers to make the protection and promotion of staff wellbeing central to the culture of the NHS, through embedding reflective spaces within ICSs and NHS organisations to enable staff to recover from the impact of the pandemic and to make routine emotional and psychological support for staff moving forward.	NHSE and NHS employers
	NHSE and NHS employers to review and reduce mandatory training to ensure it is personalised and meaningful. Other activities and policies that do not treat staff as	NHSE and NHS employers

	individuals should also be identified and rolled back to relieve them of commitments that are irrelevant to their day-to-day job.	
HOW CAN WE SUPPORT PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS TO LIVE WELL?		
Improve the physical health of people with severe mental illnesses and/or intellectual disabilities and autistic people	NHSE and OHID to reduce premature mortality for those with a mental illness/disorder and those with intellectual disabilities (through prevention and treatment and promote mental health and well-being) by one-third by 2030.	NHSE and OHID
	NHSE to ensure people on the SMI primary care register and the Learning Disability register receive comprehensive physical health checks and reduce disparities in access between different population groups.	NHSE
	OHID and NHSE introduce a new Tobacco Control Plan focused on tackling smoking in all people with a mental health condition, through targeted investment and effective data monitoring systems, underpinned by targets for reduced smoking prevalence in this population.	OHID and NHSE
	OHID and NHSE to promote interventions to prevent smoking uptake and support cessation including: ▪ interventions to prevent smoking tobacco control programmes which include legislative smoking bans, plain packaging and mass media campaigns ▪ interventions to support smoking cessation and reduction through pharmacological and non-pharmacological interventions, and ▪ the implementation of "No smoking" policies in mental health secondary care settings to reduce smoking rates.[69]	OHID and NHSE
	NHSE to ensure IAPT services include support for smokers to quit, to improve both mental and physical health outcomes.	NHSE
	OHID and NHSE to ensure national communications activity on promoting positive mental health should include messages about the benefits of stopping smoking and avoiding starting. Similarly, national 'stop smoking' communications should include information on the benefits to mental health.	OHID and NHSE
	ICSs to ensure co-production with service users locally should be supported to resource peer support workers using quality improvement methodology, to maximise signposting to help and quit rates.	ICSs
	OHID and NHSE to address major gaps in the data to monitor smoking rates across all populations with a mental health condition, to measure the provision of evidence-based support and the outcome of treatment.	OHID and NHSE

	DHSC to introduce public policies that restrict alcohol availability and/or raise taxes on alcohol to reduce drinking.	DHSC
	NHSE to invest in brief and digital interventions to reduce harmful alcohol consumption through primary care-based brief interventions so that we can reduce alcohol consumption in hazardous and harmful drinkers.	NHSE
	NHSE to invest in targeted alcohol interventions for people with mental disorder through brief interventions including digital approaches.	NHSE
	NHSE to invest in digitally delivered interventions to reduce the use of cannabis.	NHSE
	NHSE to invest in inventions to prevent drug use among people with a mental disorder and comorbid substance misuse.	NHSE
	NHSE and OHID to promote physical activity to improved symptoms and outcomes of mental disorders.	NHSE and OHID
	NHSE to invest in weight management interventions.	NHSE
	NHSE to ensure the COVID-19 vaccination programmes considers those with a mental disorder and/or intellectual disability.	NHSE
Integrate and personalise mental health care for people with long-term conditions	NHSE to develop robust integrated pathways of care for long-term conditions that address psychosocial needs, including the management of co-morbid mental illness. Psychiatric expertise (particularly Old Age psychiatrists) is required for the assessment and management of complex cases and should be built into the pathway.	NHSE
	NICE to reconsider its current strategy, which separates physical and mental health recommendations in their guidance.	NICE
	NHSE to rapidly expand the roll out of integrated psychological therapy services for people with medically unexplained symptoms and long-term physical health conditions as set out in the NHS LTP.	NHSE
	Healthcare professionals to ensure screen everyone admitted with acute complications of diabetes whose aetiology is unclear or not medically explained for mental illness. Staff need to be appropriately trained to do this.	Healthcare professionals
	Healthcare professionals to screen all patients prescribed second-generation antipsychotics for diabetes.	Healthcare professionals
	All mental health providers to create a diabetes register, with immediate priority given to units where individuals may have prolonged inpatient admissions, such as secure hospitals.	Mental health providers
	All mental health providers to audit current practices in diabetes care and consider:	Mental health providers

	▪ the implementation of diabetes-related competencies as part of mandatory training with a particular focus on managing and avoiding hypoglycaemia and safe use of insulin ▪ basic skills for staff in the management of diabetes and mental health that are in keeping with their job role to care for patients with comorbidity ▪ awareness of local pathways and policies for contacting diabetes or mental health services, and ▪ if best practice tariff criteria are met for diabetes ketoacidosis and hypoglycaemia and for children and young people with diabetes.	
	NHSE to ensure people with dementia receive a timely diagnosis.	NHSE
	NHSE to ensure people with dementia are offered post-diagnostic treatment and support, which should be NICE-recommended, and the support needs should be outlined in the initial care plan. This care plan should be reviewed within at least 12 months of being agreed, then reviewed every 12 months in accordance with changes in the person's needs. Revisions should be jointly developed and agreed with the person (and, if applicable, their carer).	NHSE
	NHSE to ensure carers for people with dementia should also be offered post-diagnostic support and/ or a carer's needs assessment.	NHSE
	ICSs should assess the different levels of risk of developing dementia as well as specific needs, such as those with early-onset dementia, people from Black, Asian and minority ethnic backgrounds and people with intellectual disabilities and capture this within their Joint Strategic Needs Assessment and local Dementia Needs Assessment.	ICSs
	NHSE to consider new models to support older people with dementia and mental health issues in the community, moving beyond the model that depends on memory clinics. This might incorporate a model whereby patients remain under the care of an Old Age psychiatrist from diagnosis until death, rather than being discharged back to a GP. This should involve regular check-ups and brief interventions when problems are identified. This aims to improve the quality of care provided, reduce hospital admissions and GP caseloads.	NHSE
	NHSE to ensure the commissioning of any new cardiovascular or respiratory disease service must specifically consider the psychological needs of that population from the outset and ensure that appropriately skilled mental health professionals are integrated and supported to function within that service.	NHSE

	NHSE to ensure all patients on a cancer treatment pathway are referred to psychological and mental health support in the community, in a timely manner.	NHSE
	NHSE to ensure the commissioning of any new cancer service must specifically consider the psychological needs of that population from the outset and that appropriately skilled mental health professionals are integrated and supported to function within that service.	NHSE
	NHSE to develop robust integrated care pathways for patients with cancer that meet their psychosocial needs, including the management of co-morbid mental illness.	NHSE
	NHSE to recommend the widespread commissioning of integrated cancer psychological support services in acute trusts and cancer centres, consisting of a stepped-care approach to managing psychological distress as per NICE guidance (access to counselling, psychology, and liaison psychiatry).	NHSE
	NHSE to ensure that all GPs are able to refer patients on a cancer treatment pathway to psychological and mental health support in the community, in a timely manner.	NHSE
	NHSE to commission services which should include primary care advice lines and prescriber support to GPs, led by psychiatrists with cancer care experience.	NHSE
	NHSE to recommend commissioning of inpatient cancer liaison psychiatry services consisting of at least some dedicated medical and nursing resource, in line with demand.	NHSE
	NHSE, National Institute for Health Research (NIHR), the Medical Research Council and the Wellcome Trust to liaise with other interested parties such as RCPsych, the Academy of Medical Royal Colleges, the Academy of Medical Sciences to significantly improve funding and support to integrated education and research involving cancer and mental health.	NHSE, NIHR, the Medical Research Council and the Wellcome Trust and partners
	NHSE should consider integrated training opportunities and enhanced generalist skills. This should include mental health competencies for 'non-mental health professionals' including nurses, doctors, staff working in acute settings, GPs, advanced care practitioners, pharmacists, and voluntary, community and social enterprise (VCSE) staff. It should also include physical health competencies for mental health staff, including psychiatrists, psychologists, and social care staff. NHSE should also consider integrated training opportunities, such as the management of common chronic physical and mental comorbidities such as alcohol and mood disorders and diabetes and depression.	NHSE
Increase support for carers	DHSC to invest in interventions for carers through support, psychoeducation, intent-based interventions, internet based information and education alongside professional support. It is also important to specifically consider the needs of young carers.	DHSC

Support people to find and retain meaningful employment	DWP to work with employers to ensure they support the wellbeing of their staff, including fully implementing the Thriving at Work report. Public sector organisations should be at the forefront of change and make use of their economic power (for example supply chains) to encourage wider uptake. This should take into account the changing nature of work and the recommendations of the Taylor Review.	DWP
	DHSC and the DWP to work together to give a guarantee that anyone with a serious mental illness who wants help with employment is able to access IPS.	DHSC and DWP
	DHSC to invest in interventions with a specific focus on work, such as exposure therapy and CBT-based and problem-focused return-to-work programmes.	DHSC
	DHSC to invest in work-directed intervention to clinical support, telephone or online cognitive behavioural therapy, and structured telephone outreach and care management programmes.	DHSC
	DWP and DHSC to give workers with mental health problems early access to occupationally focused healthcare, which should include helping them to obtain, remain in, or return to, appropriate work.	DWP and DHSC
	DWP and DHSC to expand vocational support services in both NHS and community settings for patients with mental health problems to help them remain in, or return to, work.	DWP and DHSC
	DWP to improve access to flexible benefits and sick leave for patients with chronic fluctuating health conditions to help patients remain in, or return to, work.	DWP
	DWP to ensure that all employers (including the NHS) recognise the benefits of ensuring that all supervisors, from the most junior upwards, feel confident to identify potential mental health difficulties in their staff and to speak with them about such difficulties using an approach to wellness that focuses on health rather than disease.	DWP
	NHS employers should ensure all healthcare staff understand the close links between someone's state of mental health and their ability to work, which is especially important when providing care for people who work in safety-critical occupations (e.g., vehicle operators, emergency services etc.).	NHS employers
	NHS employers to ensure all healthcare staff provide care in a way that helps patients stay in, or return to, appropriate work.	NHS employers
	NHS employers to ensure all NHS staff understand the key role that occupational health services have in helping to support patients staying in, or returning to, appropriate work.	NHS employers
	NHS employers to ensure, as a priority, that all NHS supervisors, from the most junior upwards, feel confident enough to identify potential mental health difficulties in their staff	NHS employers

	and to speak with them about such difficulties using an approach to wellness that focuses on health rather than disease.	
	Mental healthcare professionals to routinely explore a patient's employment history – including their current employment status – to understand what role it may have played in contributing to their state of mental health.	Mental health professionals
	Mental healthcare professionals to view it as an important treatment outcome to help patients to obtain, remain in, or return to, appropriate work.	Mental health professionals
	Mental healthcare professionals to encourage healthcare colleagues to recognise the mental health benefits of being in work and to consider work as a key treatment outcome for any care provided.	Mental health professionals
	Mental healthcare professionals to advocate for their patients by appropriately communicating with employers and occupational health providers to challenge any discrimination or stigma that exists about mental health, with the aim of helping their patients remain in, or return to, appropriate work.	Mental health professionals
	All employers to ensure that those in supervisory positions, from the most junior upwards, feel confident enough to identify potential mental health difficulties in their staff and to speak with them about such difficulties using an approach to wellness that focuses on health rather than disease.	Employers
	All employers to adopt policies and practices which support people who develop mental health conditions to remain in, or return to, appropriate full- or part-time work.	Employers
	All employers to recognise the value of occupationally focused mental healthcare in helping their staff remain in, or return to, appropriate work.	Employers
Improve the welfare system	DWP to ensure Universal Credit is rolled out in a way that enables and supports anyone with a mental illness and publish transparent data to demonstrate this.	DWP
Support people with problem debt	NHSE and ICSs to consider how best they can identify and support people with mental illness experiencing financial difficulty, and wherever possible ensure people have access to high-quality housing, debt, and financial advice.	NHSE and ICSs
Support people to access safe housing	DHSC and NHSE to develop a long-term plan for ICSs and local authorities to prioritise step down housing with adequate funding for people who require transitional accommodation and support to live independently.	DHSC and NHSE
	DHSC and DLUHC to reform the social housing system so that it better meets the needs of people with a mental illness and adopt a sustainable funding model for supported housing to ensure everyone who needs supported housing is able to access it.	DHSC and DLUHC

	HM Treasury, DHSC and DLUHC to agree a new long-term funding settlement for social care to complement improvements in mental health services support.	HM Treasury, DHSC and DLUHC
HOW CAN WE IMPROVE SUPPORT FOR PEOPLE IN CRISIS?		
Expand access to mental health services	NHSE and ICSs to increase access to Infant Mental Health Services.	NHSE and ICSs
	NHSE and ICSs to increase access to Community Perinatal Mental Health Services for women in the perinatal period and increase the paternal mental health support available.	NHSE and ICSs
	NHSE and ICSs to increase access to evidence-based specialist mental health care for women with a severe mental illness during the perinatal period.	NHSE and ICSs
	NHSE and ICSs to ensure Community Perinatal Mental Health Services include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.	NHSE and ICSs
	NHSE and ICSs to increase access to integrated treatment and support, through IAPT, Mental Health Support Teams in schools, and CAMHS with appropriate waiting times for children and young people.	NHSE and ICSs
	NHSE and ICSs to develop an equivalent model for Crisis Resolution and Home Treatment Teams for children and young people, which should be multi-agency (including social workers) and adapted to meet the needs of children and young people.	NHSE and ICSs
	NHSE and ICSs to introduce a 4−6 week waiting time standard for access to specialist NHS children and young people's mental health services, building on the expansion of specialist NHS services already underway.	NHSE and ICSs
	NHSE and ICSs to ensure there are developmentally informed services for children and young people up until the age of 25 years, and this should be appropriately resourced between child and adolescent and adult mental health services.	NHSE and ICSs
	Primary care providers to roll out suicide skills training for primary care professionals, such as STORM training.	Primary care providers
	NHSE and ICSs to empower and support primary care leaders to collaborate with mental health leaders involved in the design and implementation of the Community Mental Health Framework.	NHSE and ICSs
	PCNs, ICSs and NHSE to make pathways to primary mental health care fairer for groups of people who face additional barriers and/or struggle to access services through the traditional primary care route.	PCNs, ICSs and NHSE
	All primary care providers to have a specific mental health care pathway that covers the lifespan of people with intellectual disabilities, autistic people, or both.	Primary care providers

	All primary care providers to hold registers for people with intellectual disability and autistic people.	Primary care providers
	NHSE and ICSs to ensure that information resources about various care pathways are accessible for those with Intellectual Disabilities so that patients can understand and participate in their treatment pathway.	NHSE and ICSs
	NHSE and ICSs to ensure community mental health services meet a defined set of recommended NICE guidelines and more staff are able to give continuity of support to a larger number of patients with SMI to prevent relapse, hospitalisation and the use of the Mental Health Act 1983.	NHSE and ICSs
	NHSE and ICSs to ensure community Rehabilitation and Recovery teams are available in every mental health trust with an appropriate number of inpatient beds to avoid the use of 'locked rehab' units.	NHSE and ICSs
	NHSE and ICSs to ensure all settings in which older people with a mental illness are resident have easy access to a mental health support team that includes the services of a specialist in old age psychiatry.	NHSE and ICSs
	NHSE and ICSs to increase the number of people who can benefit from a personal health budget.	NHSE and ICSs
	NHSE and ICSs to significantly reduce the reliance on inpatient services for people with an intellectual disability and/or autistic people.	NHSE and ICSs
	NHSE and ICSs to significantly enhance community services for adults and children with an intellectual disability and/or autistic people.	NHSE and ICSs
	NHSE and ICSs to ensure that people experiencing a first episode of psychosis start treatment with a NICE-recommended package of care with a specialist Early Intervention in Psychosis (EIP) service within two weeks of referral.	NHSE and ICSs
	NHSE and ICSs to ensure that all specialist EIP provision is graded at level 4, in line with NICE recommendations.	NHSE and ICSs
	NHSE and ICSs to ensure 24/7 crisis and liaison pathways for all ages are implemented. Crisis resolution and home treatment teams should incorporate a model specifically to meet the different needs and risks of older adults (particularly in relation to co-morbid physical health issues). These teams should also be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission.	NHSE and ICSs
	ICSs should monitor and respond to demand and capacity within mental health services.	ICSs
	NHSE and ICSs to introduce a new standard so that patients should expect to wait a maximum of four hours for admission to an acute psychiatric ward or acceptance for home-based treatment following assessment, for those who need it.	NHSE and ICSs

	NHSE and ICSs to ensure that 85% bed occupancy rates in mental health trusts are consistently achieved.	NHSE and ICSs
	NHSE and ICSs to reduce delayed discharges/delayed transfers of care for patients in mental health inpatient settings.	NHSE and ICSs
	NHSE and ICSs to invest in supported housing and other accommodation-based support.	NHSE and ICSs
	NHSE and ICSs to ensure that NHS mental health trusts eliminate both inappropriate external and internal (within the home provider) out-of-area placements.	NHSE and ICSs
	NHSE and ICSs to invest, in the short-term, in additional adult acute inpatient beds for areas with consistently high rates of inappropriate out-of-area placements and/or persistently high bed occupancy rates.	NHSE and ICSs
	DHSC, NHSE and ICSs to fund and procure age-appropriate alternative forms of mental health crisis provision. This should be extended to include children and young people and older adults and should not be limited to care homes in the case of the latter.	DHSC, NHSE and ICSs
	NHSE and ICSs to collect data on the availability of crisis alternatives, including activity, workforce, finance, and outcome metrics.	NHSE and ICSs
	NHSE and ICSs to work with local authorities and partners to provide better support for people in crisis that is not deemed to be a mental health crisis. This needs to be a non-clinical response to meet people's needs, which might be related to housing, addiction, or relationship difficulties, to name but a few. An example of this support is Distress Brief Intervention (DBI) in Scotland. DBI consists of two parts, with part one seeing trained frontline health, police, paramedic, and primary care staff help ease any individual. They then ask the person if they would like further support and, if they agree, they are referred to the DBI service with a promise of contact within the next 24 hours to start providing further face-to-face support. Part two is provided by commissioned and trained third sector staff who contact the person within 24 hours of referral and provide community-based problem-solving support, wellness, and distress management planning, supported connections and signposting.	NHSE and ICSs
	NHSE and ICSs to substantially increase the availability of psychological therapies accessible in secondary, tertiary care and specialist settings. For children and young people with more complex issues, they should access more specialised therapies if first and second line IAPT treatments have failed.	NHSE and ICSs
	NHSE and ICSs to ensure that adults with an eating disorder who require urgent treatment start this within one week. For adults with an eating disorder requiring routine treatment, this should start within four weeks.	NHSE and ICSs

	NHSE and ICSs to ensure that there is a dedicated community eating disorders service, which is integrated with medical care and supports a seamless transition from children and young people's services to adult care and from inpatient care to reduce the length of stay.	NHSE and ICSs
	NHSE to provide targeted funding to support provider collaboratives in developing and trialling integrated specialist pathways which offer more personalised care for patients who are acutely unwell.	NHSE
	NHSE and ICSs to promote the implementation of the Medical Emergencies in Eating Disorders (MEED) guidelines.	NHSE and ICSs
	NHSE and ICSs to ensure that people with complex mental health problems, including personality disorders, have greater access to a range of evidence-based psychotherapies tailored to their needs.	NHSE and ICSs
	NHSE and ICSs to ensure that the principles of reflective, psychologically minded practice and enabling environments underpin training of professionals and delivery of integrated models of care in community and inpatient settings across physical, mental health and social care.	NHSE and ICSs
	NHSE to ensure that every ICS has NHS specialist addictions services led by appropriately trained and experienced addiction psychiatrists. This should include adequate provision for children and young people and older adults experiencing addictions.	NHSE and ICSs
	NHSE to ensure that more veterans are able to access NHS mental health services (Transition, Intervention and Liaison Service (TILS) and Complex Treatment Service (CTS)) with an initial face-to-face assessment within 2 weeks and a first clinical appointment, where appropriate, two weeks thereafter. There should also be a greater focus on increasing services available to female veterans.	NHSE
	NHSE and ICSs to ensure that there is an explicit provision in each locality for those with autism. This should extend beyond the diagnostic process, to provide services for the treatment of their co-occurring mental and physical disorders and include the coherent involvement of the wide range of agencies and services that can benefit the individual.	NHSE and ICSs
	NHSE and ICSs to ensure that Liaison and Diversion services provide a multi-agency assessment and referral service within police custody and the courts across England hold cases in the short-term to prevent people from falling through the net.	NHSE and ICSs
	NHSE and ICSs to ensure that solitary confinement (defined as more than 22 hours in segregation without meaningful human contact) is banned immediately for children and young people in the youth justice system.	NHSE and ICSs

	NHSE and ICSs to ensure that Community Sentence Treatment Requirements is significantly expanded as proposed in the Government White Paper on a Smarter Approach to Sentencing. This will allow for those with more severe mental illnesses to benefit from community sentences.	NHSE and ICSs
	NHSE and ICSs to ensure that adults receive dedicated mental health screening within 24−48 hours after entering prison and 70% of people who need treatment or support are followed up within a month.	NHSE and ICSs
	NHSE and ICSs to ensure that there is a minimum ratio of prison officers to prisoners to increase basic safety, protect from dangerous, mind-altering drugs and increase access to mental health services in prison. NHSE and ICSs should also conduct an urgent assessment of how to better attract and retain a prison mental health workforce, including forensic psychiatrists, to deliver mental health care.	NHSE and ICSs
	NHSE and ICSs to ensure that all young people identified as 'in need' by youth justice liaison and diversion workers have an appropriate service they can be referred to.	NHSE and ICSs
	DHSC and the Ministry of Justice (MoJ) to reform the criminal justice system to make prisons safer and divert more people to community options.	DHSC and MoJ
	MoJ to conduct a detailed assessment on the impact of changes to Legal Aid on people with mental health problems and ensure improved and fair access to adequate legal advice and support.	MoJ
Introduce new waiting time standards in mental health	NHSE to develop a clear implementation plan for new mental health access standards (developed through the Clinically-led Review of NHS Standards), which is ambitious but achievable, and provide specific funding to enable specialist eating disorder services to meet these new targets.	NHSE
	NHSE to introduce new waiting time standards for other areas of mental health provision, including: ▪ perinatal mental health services ▪ children and young people's mental health services (not including eating disorders) ▪ adult crisis and acute mental health care ▪ adults who receive mental health treatment following a referral for mental health support from learning disability and autism services ▪ children and young people who receive mental health treatment following a referral for mental health support from learning disability and autism services ▪ adult eating disorder services, and ▪ integrated IAPT services.	NHSE

Improve the urgent and emergency care pathway for those with a mental illness	NHSE and ICSs to expedite work already underway to connect Integrated Urgent Care services to 24/7 mental health crisis services in each locality.	NHSE and ICSs
	NHSE and ICSs to increase the number of mental health specialists working in the 111 service and ensure call handlers are trained so that they are better able to triage and direct patients to the appropriate 24/7 urgent NHS mental health telephone support services for their area.	NHSE and ICSs
	NHSE and ICSs to routinely collect standardised data on mental health-related calls handled by the 111 service, including age and gender, and the outcome.	NHSE and ICSs
	NHSE and ICSs to review the implementation of NHS mental health telephone support, advice, and triage services and expedite the further improvements needed identified through this exercise. Any review should consider the extent to which: ▪ the service has integrated with Integrated Urgent Care Services and NHS 111 successfully ▪ the full crisis pathway has been mapped in each local area ▪ the services are providing an age-appropriate response ▪ the services are ensuring equity in access to those with mental health needs and co-occurring conditions such as learning disability or autism, and ▪ other agencies such as police, ambulance and local authorities can access advice and support.	NHSE and ICSs
	NHSE and ICSs to invest in bespoke mental health crisis vehicles to reduce inappropriate ambulance or police conveyance to A&E. This will reduce pressure on ambulance fleets and provide a safe and appropriate alternative to full-size ambulance vehicles.	NHSE and ICSs
	NHSE and ICSs to create new joined-up functions between mental health services, ambulance services and other urgent and emergency care services, and significantly expand the education and mental health training of the paramedic and wider ambulance workforce.	NHSE and ICSs
	NHSE and ICSs to expedite plans already in place to put mental health professionals in ambulance and police control rooms and to be deployed to provide 'on-the-scene' responses.	NHSE and ICSs
	ICSs to work in partnership with young people to design services they find welcoming, non-stigmatising and helpful.	ICSs
	NHSE to ensure the forthcoming urgent and emergency care strategy includes mental health.	NHSE

	NHSE and ICSs to ensure that acute hospitals and/or paediatric departments provide access to a Core24 liaison psychiatry service for everyone who needs it. These teams should include psychiatrists with expertise in older adults.	NHSE and ICSs
	NHSE and ICSs to ensure that integrated inpatient and outpatient services include liaison psychiatry to meet the needs of patients with more complex problems.	NHSE and ICSs
	DHSC to invest capital funding to develop age-appropriate assessment spaces in A&E and acute hospitals for people with mental health/learning disability needs.	DHSC
	DHSC to ensure that, within the existing Health Infrastructure Plan or where investment is being made for a new or upgraded acute hospital, plans include sufficient space for integrated mental and physical healthcare (liaison mental health services) to be delivered.	DHSC
Implement the Mental Health Act Reform Bill	DHSC, OGDs and NHSE to implement the Mental Health Act Reform Bill, supported by adequate revenue and capital investment, including in workforce training and development.	DHSC, OGDs and NHSE
	DHSC to ensure that investment is accompanied by a workforce plan to ensure the required workforce is in place at the time of implementation. Without requisite investment in the workforce, we would recommend that the timeframes for implementation be revised.	DHSC
	Invest capital funding to improve digital technology within mental health trusts including the digitisation of the MHA.	DHSC
Commit to preventing suicides and provide better information and support to those bereaved or affected by suicide	NHSE and ICSs to provide better information, resources, and support to those bereaved or affected by suicide as over 20% of the Coroners Preventing Future Deaths reports each year are about poor communication with families.	NHSE and ICSs
	All healthcare providers to employ Family Liaison officers (FLO).	Healthcare providers
	All healthcare providers to have training on working with families (e.g., making families count).	Healthcare providers
	NHSE and ICSs to support family bereavement services in all areas of the country.	NHSE and ICSs
	NHSE and ICSs to ensure that every mental health provider has a pastoral Suicide Lead.	NHSE and ICSs
	NHSE and ICSs to ensure that every healthcare provider enables reflective practice for all staff in all health organisations, including specific groups to process the impact of patient suicide.	NHSE and ICSs
	NHSE and ICSs to ensure that every healthcare provider provides resources and support for patients bereaved by peer suicide.	NHSE and ICSs
	NHSE and ICSs to ensure that every healthcare provider improves learning systems after a death.	NHSE and ICSs

	NHSE and ICSs to ensure that healthcare providers move away from Risk Assessment tools, as they are ineffective and not recommended by NICE and the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). As it is not possible to accurately predict the suicide of a given person at a particular point in time, healthcare professionals should offer a compassionate and therapeutic assessment, undertake a personalised risk assessment (to identify risks, not to predict suicide but to intervene), identify needs and collaboratively develop a risk mitigation plan, and coproduce a Safety Plan.	NHSE and ICSs
	NHSE and ICSs to prioritise reducing rates of self-harm as a key indicator of suicide risk drawing on the examples of tailored services providing intervention after presentation e.g., ASSIST, Distress Brief Intervention, and brief interventions in repeated self-harm (BIRSH).	NHSE and ICSs
	NHSE and ICSs to move away from culture of inclusion and exclusion as many statutory services specifically exclude people from care based on being high-risk or complex.	NHSE and ICSs
	NHS providers to develop spaces to reflect on inequality and prejudice that will lead to action.	NHS providers
	Healthcare professionals to be aware of the impact of stigma and negative attitudes that, although often unconscious, are detrimental to patients and their carers.	Healthcare professionals
	NHS providers to support research, data collection and monitoring and ensure real-time data collection is supported by adequate funding for academics to analyse it to gain a greater insight into the aetiological factors of suicide.	NHS providers
	NHSE to extend rapid surveillance data which is gathered about child deaths to move to above 18 years, to capture university students and extend OHID funding to cover all ages.	NHSE
	OHID and OGDs to reduce access to the means of suicide as a public health intervention.	OHID and OGDs
	DCMS to ensure the media maximises its role in prevention by reporting suicide responsibly.	DCMS
	DHSC and Defra to review and act on the recommendations of the forthcoming report from the EFRA Select Committee inquiry into rural mental health and suicide.	DHSC and Defra
	DHSC to expand suicide training for all frontline staff who look after children and young people, such as teachers and GPs. et	DHSC
	DHSC and NHSE to expand the Learning Disability Mortality Review (LeDeR) program to include autistic people who do not have a learning disability.	DHSC and NHSE
	DHSC and NHSE to support the timely adoption of MBBRACE report recommendations across the country.	DHSC and NHSE

CROSS-CUTTING ENABLERS		
Implement the NHS LTP in full by 2028/29 with the restoration of all existing service trajectories	NHSE and DHSC to commit to the restoration of services to trajectories as outlined in the NHSE Mental Health Implementation Plan by 2023/24-2024/25.	NHSE and DHSC
	NHSE and DHSC to review the continuing demand for mental health services arising from COVID-19 pandemic and allocate sufficient funding for recovery that is equitable to the elective recovery programme.	NHSE and DHSC
	NHSE and DHSC to publish interim in-year targets for the NHS LTP mental health programme so the public can see that ICSs are on track to deliver.	NHSE and DHSC
Ensure ICSs are setup to improve the mental health and wellbeing of their population	ICSs to have Mental Health reflected as a top priority with the full programme delivery supported and tracked at ICS board level.	ICSs
	ICSs to have a credible workforce plan to demonstrate how it will be meeting the mental health priorities of the local population.	ICSs
	ICSs to ensure that senior mental health leadership will be a core component of all place-based planning.	ICSs
	ICSs to ensure that Integrated Care Strategies drive a coordinated public mental health approach across all parts of the system. Guidance should be clear on how the system itself can be designed to prevent poor mental health and support good mental health.	ICSs
	ICS leaders to develop a system-wide outcomes framework, including mental health and wellbeing outcomes, which defines the partners' collective ambition for improving outcomes for people living in the area, which should be then used to monitor performance against the outcomes framework annually.	ICSs
	Mental health leadership at ICS level must always include people who use services.	ICSs
	ICSs exceeding core expectations should work with those who are struggling through a peer-learning approach.	ICSs
	NHSE should systematically capture and share learning from areas that are furthest ahead.	NHSE
	NHSE to review each ICBs five-year systems plan annually to be assured that: ▪ it meets the ambition set out by their ICS ▪ has a clear plan to improve mental health and wellbeing outcomes in population health and healthcare ▪ tackles inequalities in mental health and wellbeing outcomes, experience and access to care and support ▪ reflects the national priorities and ambitions of the NHS LTP for Mental Health and the forthcoming cross-government mental health and wellbeing plan	NHSE

	▪ sufficiently takes account of how they will commission specialist mental health services previously commissioned by NHSE, and ▪ aligns clearly with the national mental health workforce plan and is realistic and deliverable locally.	
	NHSE to use the findings from these annual assessments to provide tailored support and guidance to ICBs.	NHSE
Strengthen leadership and increase transparency and accountability	The Cabinet Office to establish a Mental Health Cabinet Committee to ensure collective responsibility for improving the mental health and wellbeing of the nation.	Cabinet Office
	The Cabinet Office to ensure that the Mental Health Policy Tool is implemented by all departments, and utilised and completed in a transparent way for all policy development. This tool has been developed to assist government departments with considering mental health in their policy development. This has been in development for some time, with colleagues from across government and stakeholders working together.	Cabinet Office
	NHSE to provide the requisite funding, support, and resourcing so NHS providers can deliver on the recommendations from the NHS Leadership by General Sir Gordon Messenger in full, including: ▪ targeted interventions on collaborative leadership and organisational values ▪ positive equality, diversity and inclusion (EDI) action ▪ consistent management standards delivered through accredited training ▪ a simplified, standard appraisal system for the NHS ▪ a new career and talent management function for managers ▪ effective recruitment and development of non-executive directors (NEDs), and encouraging top talent into challenged parts of the system.	NHSE
	Every local authority should appoint a ‘member champion’ for mental health as part of the Mental Health Challenge for Local Authorities in order to lead the way in their local areas.	Local authorities
	NHSE to commit to publishing the Mental Health Dashboard every quarter and include trust-level data and workforce data to create a more comprehensive picture of opportunities and challenges at the commissioner, provider, and ICS levels.	NHSE
	NHSE to make routine data available so that there is transparency about how local areas commission services that account for age, gender, ethnicity, disability, and sexuality.	NHSE
	DHSC to publish an annual report on the implementation of the NHS LTP and this cross-government mental health and wellbeing plan.	DHSC
	Secretary of State for Health and Social Care to report:	DHSC

	▪ whether there will be an increase in the amount of spending from NHSE and ICBs on mental health and if there will be an increase in the proportion of spending on mental health spending compared with total expenditure in the previous year ▪ how much is being spent on mental health (in total and as a proportion of overall healthcare spending) in the current year by NHS and ICBs and as a proportion of total spending, and how much each ICB has spent on mental health for the year and the proportion of its total spending it represents.	
Increase funding for NHS mental health services	DHSC and NHSE to ensure a long-term commitment to the Mental Health Investment Standard (MHIS) beyond 2024/25 for NHS-funded mental health services. The MHIS should be strengthened along the lines suggested by NHSE[70] prior to the pandemic to include the following elements: ▪ ICBs must increase investment by at least their overall allocation growth plus a further 'percentage increment to reflect…additional funding included in... allocations' ▪ The shares of this resource spent with mental health providers and invested in children's and young people's mental health services specifically must increase, and ▪ ICB investment plans should be subject to local review at the system level, including by a nominated lead provider of mental health services. This should ensure the plans are 'credible' to deliver the necessary workforce and activity commitments.	DHSC and NHSE
	NHSE to strengthen the way the MHIS operates (as set out by the HFMA)[71] by, ▪ allowing systems to agree the assessment of investment over a longer period of time to enable ICSs to invest where needed without being penalised for improving mental health services more quickly ▪ ensuring additional non-recurrent mental health spending due to COVID-19 is excluded when assessing baseline expenditure ▪ ensuring the achievement of the MHIS is assessed at system level with ICB and ICP sign off ▪ ensuring quality and outcome measures are included in the assessment of the MHIS ▪ revising MHIS categories so that they are consistent with the NHS LTP, and ▪ ensuring the primary measure of the MHIS excludes continuing healthcare/packages of care and prescribing.	NHSE and DHSC
	NHSE to ensure the additional £1.5bn allocated to deal with the rising costs of energy and fuel, as well as wider inflation, is fairly apportioned to mental health trusts. We know that	NHSE

	around £350m more investment is now needed by 2023/24 to fulfil the NHS LTP commitments because of the impact of inflation, using the latest GDP deflators.[72]	
	NHSE to update the NHS Mental Health dashboard based on the recent recategorisation exercise to allow for trend analysis.	NHSE
Invest in the NHS mental health estate	At the next CSR, HM Treasury, DHSC and NHSE to provide ring-fenced investment for mental health NHS trusts as part of a multi-year capital settlement. This additional capital funding uplift should be in addition to trusts' day-to-day capital budgets and should include: ▪ a new Health Infrastructure Plan (HIP) for Mental Health. Within this, o commit to a new £1bn building and redevelopment programme for Mental Health to enable 12 major building and redevelopment schemes to be awarded to mental health NHS trusts by 2030. o improve the therapeutic environment of mental health and learning disability/autism inpatient settings by: • eliminating mixed sex accommodation • procuring en-suite facilities for all existing single rooms • minimising the risks of harm through innovative safety improvement projects, and making the estate more suitable for people with disabilities • reaffirm the commitment to complete the elimination of dormitory provision and replace with single en-suite rooms • invest in new building and redevelopment schemes for community mental health facilities, including clinical and office space, and the essential improvements to digital infrastructure, and • new building and redevelopment schemes for crisis mental health facilities, including the procurement of sufficient mental health ambulances/ transport vehicles; creating age-appropriate mental health assessment spaces in A&Es (or alternative) and acute hospitals; and procuring age-appropriate alternative forms of mental health crisis provision.	HM Treasury, DHSC and NHSE

	▪ eradicate significant and moderate risk maintenance backlog in mental health and learning disability sites/estates.	
	DHSC to allow mental health trusts to spend their planned capital budgets in full each year given the historic underinvestment. This should enable trusts to address ongoing backlog maintenance issues, maintain safe services and minimise risks across their estate.	DHSC
	Within the existing HIP programme or where investment is being made for a new or upgraded acute hospital, DHSC, NHSE and local leaders to review whether plans include sufficient space for integrated mental health and physical healthcare (liaison mental health services) to be delivered. This needs to be built into service design from the outset.	DHSC and NHSE
Ensure public mental health budgets have a growing share of public health spending	At the next Comprehensive Spending Review (CSR), HM Treasury and DHSC to commit to increase the Public Health Grant budget as part of a multi-year settlement, which will ensure local authorities can continue to provide prevention and public health interventions.	HM Treasury and DHSC
	Local authorities to ring-fence at least 4% of total public health expenditure for public mental health spending as the start of sustained and growing investment in this area. This funding should be linked to the JSNA for each locality and relevant local strategies. It should also align with the growth in the public mental health workforce and those within voluntary, community and social enterprise organisations.	Local authorities
Increase funding for drug and alcohol use disorder service	DHSC and MoJ to commit the investment advocated by Dame Carol Black in her recent independent report on drugs to restore funding for substance use disorders to a comparable share of public health spending to that of 2013/14.	DHSC and MoJ
	DHSC and DLUHC to review the commissioning of addiction services, including potential service models, in light of the independent review of drugs by Dame Carol Black. The College endorses Dame Carol's call to improve commissioning standards and move towards integrated commissioning.	DHSC and DLUHC
	DHSC to prioritise rebuilding the workforce as set out in the government's 10-year drug strategy.	DHSC
Increase funding for mental health social care	At the next CSR, HM Treasury, DLUHC and DHSC to commit to increase the social care budget for babies, children, young people, and adults. Specifically, within a funding uplift, local authorities should commit to ring-fence funding devoted to early years, aiming to get it back to at least around 8% of the children's social care expenditure.	HM Treasury, DLUHC and DHSC
	NHSE to develop a 10-year data plan for mental health, including how data will be used to promote patient choice, efficiency, access, and quality in DHSC mental health care, as well as ensuring that all NHS-commissioned mental health data are transparent (including	NHSE

	where data quality is poor/in early stages of development or collection) to drive improvements in services.	
	DHSC to set up a new Mental Health Innovation Fund.	DHSC
	NHSE to develop a strategic delivery plan for how digital can support the enhanced delivery of mental health services and care for the benefit of patients and staff.	NHSE
	NHSE to strengthen the commitment to deliver shared-care records and the programmes to achieve this funded, especially in rural areas without a large tertiary centre or urban council that can fund these programmes at risk.	NHSE
	NHSE to invest in greater digital technology to improve the efficiency of collecting outcome measures and empower patients to play a role in their own care.	NHSE
	NHSE to encourage greater working between digital suppliers and clinicians to help improve the interface between outcome measures and EPRs.	NHSE
	NHSE to provide clear information for patients on data use and assurances, without jargon to help people understand GDPR and what this means for them personally.	NHSE
	NHSE to co-create digital inclusion strategies with charities such as Citizens online.	NHSE
Invest in digital technology Increase funding for research	DHSC to increase the funding for mental health research to 15% of the total UK health research budget by 2030.	DHSC
	Working alongside funders, academics, clinicians, and people with lived experience, DHSC to meet the Mental Health Research Goals collectively developed by the sector by 2030. This includes: ▪ research to half the number of children and young people experiencing persistent mental health problems by; o increasing knowledge of the aetiology, development (including risk and protective factors) and progression of mental health problems at key transition points across the life-course o increasing research on effective mental health promotion, prevention, treatment and support in children and young people in education, community and health, including specialist mental health, settings, and, o increasing research on implementation of effective interventions in a range of settings to optimise outcomes. This includes research on service delivery and organisational factors influencing outcomes. ▪ research to improve understanding of the links between physical and mental health, and eliminate the mortality gap by;	DHSC, academics, clinicians, and people with lived experience

	▪ strengthening our understanding of the co-morbidity of both mental and physical health problems. This research should address clusters of health problems, underlying mechanisms and progression, and societal and individual risk and protective factors and in addition, the implications for treatment and support ▪ conducting research to improve the efficacy and effectiveness of interventions for prevention and increase maintenance of good physical health for people with mental health problems, or at risk of developing mental health problems. The aim is to reduce morbidity and excess mortality ▪ research to develop new and improved treatments, interventions and support for mental health problems by; o conducting research to investigate the mechanisms underlying mental wellbeing, mental health problems and related behaviours through use of markers from basic biological, psychological and social science to understand how to improve treatments, interventions and support. o developing and implementing new and improved treatments, interventions and support, including medical, social and psychological approaches to increase patient choice and greater personalisation. o developing and evaluating effectiveness of digital interventions that complement and supplement face to face interventions for prevention, support and recovery. ▪ research to improve choice of, and access to, mental health care, treatment and support in hospital and community settings by; o conducting research to understand the barriers to help-seeking and service access, and the delivery of mental health services and other support in diverse settings and across different communities, including Black, Asian and minority ethnic group and those from LGBTQIA+, to address stigma, discrimination, and social exclusion o Conducting research to accelerate the implementation of existing best evidence at the population and individual level. In addition,	

	implement evidence on how patient choice and joint decision-making make a difference to outcomes in routine care and, ▪ increasing research to inform strategies for tackling social and health inequalities to improve public mental health.	
	DHSC to fund large-scale epidemiological studies on autism prevalence, prevalence of co-occurring mental health disorders, and service use needs, in order to be more precise and more informative to policy development.	DHSC
	DHSC to fund research into the most effective treatments for co-occurring mental health conditions in autism (both pharmacological and non-pharmacological).	DHSC
	DHSC to allocate capital funding to mental health trusts for Research & Development in Mental Health and Dementia, including: the prevention agenda, research to improve the productivity and effectiveness of the NHS, and the translation of basic science and support for the life sciences industry.	DHSC
	DHSC to continue to commission regular prevalence surveys for adults and for children and young people.	DHSC
	DHSC to fund a follow-up survey to track the outcomes of the care received by the children and young people in the prevalence survey who have given informed consent. This will allow researchers to align findings and track data against better-developed indicators helping the Government better plan for the next ten years. It would also provide necessary information about what happens to children and young people over time.	DHSC
	DHSC to ensure that eating disorders are recognised within both prevalence surveys, after being excluded from the previous iterations of the APMS.	DHSC
	DHSC and other partners to reverse the decline in academic psychiatry posts.	DHSC
	Every medical school will have an academic department of psychiatry, with psychiatry being taught effectively to all medical students.	Medical schools
	DHSC to liaise with other interested parties such as RCPsych, the Academy of Medical Royal Colleges, the Academy of Medical Sciences, and other relevant stakeholders, to provide required funding and support to develop the careers of academic psychiatrists.	DHSC
	DHSC to address significant barriers in clinical academic career pathways in mental health research, and to provide greater support for post-doctoral research fellowships, the transition to academic clinical lecturer and establishment at senior lecturer level.	DHSC
	DHSC to commit to increase the number of medical school places in England to 15,000 by 2028/29 in order to deliver the NHS LTP and allocate those places to schools that have	DHSC

Build a strong and resilient mental health workforce	a clear plan to encourage more students to choose a shortage specialty, including psychiatry.	
	DHSC and NHSE to continue the expansion of core psychiatry posts and ensure provision for further expansion to facilitate long-term sustainability and growth in consultant psychiatrist posts for 2035. The additional core training posts made available from August 2021 onwards must be fully funded through the core training pathway, with sufficient provision also made for an expansion in higher training capacity.	DHSC and NHSE
	DHSC and NHSE out plans to publish a comprehensive NHS workforce strategy following publication of Health Education England's (HEE) strategic framework (now subsumed into NHSE). This should be accompanied by a multi-year settlement for workforce training and education to allow for the growth in the mental health workforce, including via new roles, necessary to deliver the NHS LTP, proposed standards from the Clinically-led Review of NHS Standards, and the proposed Mental Health Act reforms. The settlement must take into account that funding for postgraduate medical education and training has been essentially flat in real terms between 2013/14 (£2.111bn) and 2020/21 (£2.080bn).	DHSC and NHSE
	DHSC to ensure funding is allocated to deliver the requisite workforce for the Mental Health Act reforms. This includes the additional 494 FTE psychiatrists needed by 2033/34, as identified in the independent research commissioned by the College, as well as the non-medical workforce identified by HEE-commissioned research.	DHSC
	DHSC and NHSE to provide the necessary investment in workforce to deliver the autism diagnostic pathway and reduce waiting times. Funding is required for both new posts and education and training, while also supporting retention and development among existing staff in these services.	DHSC and NHSE
	DHSC and NHSE to maintain the NHS Staff Support Offer, with £50m funding each year over the three years.	DHSC and NHSE
	DHSC and NHSE to ensure that, from 2022/23 onwards, at least 10% of the 1,000 PAs being trained each year work in mental health (including liaison services and GP practices).	DHSC and NHSE
	DHSC and NHSE to ensure that the implementation of the provision within the Health and Care Act 2022 to provide mandatory training about learning disability and autism for Health and Social Care staff is supported by sufficient resources.	DHSC and NHSE

References

[1] Government unveils levelling up plan that will transform UK - GOV.UK (www.gov.uk)
[2] http://ghdx.healthdata.org/gbd-results-tool
[3] Embargoed-20th-Oct-Summary-of-Economic-Report-costs-of-Perinatal-Mental-Health-problems.pdf (everyonesbusiness.org.uk)
[4] Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital
[5] Ibid.
[6] Ibid.
[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4984732/
[8] https://www.rsph.org.uk/our-work/policy/wellbeing/public-mental-health-evidence-practice-and-commissioning.html
[9] 20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf (england.nhs.uk)
[10] Record 4.3 million referrals to specialist mental health services in 2021 (rcpsych.ac.uk)
[11] Transforming our world: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs (un.org)
[12] Goal 3 | Department of Economic and Social Affairs (un.org)
[13] No health without mental health (publishing.service.gov.uk)
[14] Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing (publishing.service.gov.uk)
[15] NHS Long Term Plan v1.2 August 2019
[16] https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf
[17] https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf
[18] Ibid
[19] Ibid
[20] Ibid
[21] Ibid
[22] Ibid
[23] Ibid
[24] Ibid
[25] Ibid
[26] Ibid
[27] Ibid
[28] Ibid
[29] Ibid
[30] Ibid
[31] Ibid
[32] Ibid
[33] Ibid
[34] Ibid
[35] Ibid
[36] Ibid
[37] https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf
[38] Ibid
[39] Ibid
[40] Ibid
[41] Ibid

[42] Ibid
[43] summary-of-evidence-on-pmh-interventions-june-2022.pdf (rcpsych.ac.uk)
[44] position-statement-ps01-21---social-prescribing---2021.pdf (rcpsych.ac.uk)
[45] https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf
[46] Ibid
[47] summary-of-evidence-on-pmh-interventions-june-2022.pdf (rcpsych.ac.uk)
[48] Ibid
[49] Ibid
[50] Ibid
[51] Ibid
[52] Ibid
[53] Ibid
[54] summary-of-evidence-on-pmh-interventions-june-2022.pdf (rcpsych.ac.uk)
[55] Ibid
[56] Ibid
[57] Ibid
[58] Ibid
[59] Ibid
[60] Ibid
[61] Ibid
[62] Ibid
[63] Ibid
[64] Ibid
[65] summary-of-evidence-on-pmh-interventions-june-2022.pdf (rcpsych.ac.uk)
[66] NHS England » Next steps for integrating primary care: Fuller stocktake report
[67] position-statement-ps02-21---detention-of-people-with-mental-disorders-in-immigration-removal-centres---2021.pdf (rcpsych.ac.uk)
[68] rcpsych_mortality_review_guidance.pdf
[69] summary-of-evidence-on-pmh-interventions-june-2022.pdf (rcpsych.ac.uk)
[70] https://www.england.nhs.uk/publication/nhs-operational-planning-and-contracting-guidance-2020-21/
[71] development-of-the-mental-health-investment-standard---recommendations-november-2020.pdf (hfma.org.uk)
[72] https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-june-2022-quarterly-national-accounts