Local Government Association

Mental health

How do you know your council is doing all it can to improve mental health?

Must Know | Adult social care

Why you need to know

Mental health is an extremely wide topic covering many issues and affecting people of all ages. 'Being mindful of mental health' is the Local Government Association's (LGA's) comprehensive guide to the role of local government in mental health and wellbeing. This mental health 'must know' summarises and updates information from the guide. References are from the guide unless otherwise indicated: www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing

A large and growing body of research shows that good mental health is essential for individual wellbeing, for a happy, healthy society, and for a prosperous economy. Unfortunately, mental health problems are on the increase, with a rising demand on services and increasing complexity of need.

Although the Government has made mental health a priority and the NHS is expected to give mental health parity with physical health, the system is extremely challenged due to financial pressures on the NHS and local government. A positive change for 2018/19 is that NHS England now requires each individual clinical commissioning group (CCG) (rather than CCGs as a whole) to meet the 'mental health investment standard' by which their 2018/19 investment in mental health rises at a faster rate than their overall programme funding: www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19

Local government makes a vital contribution to promoting good mental health in individuals and communities. The main ways this happens are through:

- system-wide leadership through health and wellbeing boards (HWBs)

- public health responsibilities to promote mental wellbeing and prevent poor mental health throughout the life course

- statutory duties and powers related to mental health for children and young people and for adults

- the overview and scrutiny of mental health provision.

Even with the extremely poor financial situation, many local areas are maximising their opportunities by working smartly and imaginatively with partners to promote mental wellbeing.

System-wide leadership

Integration

Mental health cannot be tackled by any organisation working in isolation. Councils, the NHS, and the voluntary and community sector (VCS) must come together with people who use services (children, young people and adults), carers and advocates to ensure that each area has a joined-up and coherent strategy, and that services and approaches are delivered in an integrated way. The development of sustainability and transformation partnerships (STPs), some of which have mental health as a priority, can provide an opportunity to promote integration over a wider area.

Prevention – tackling social determinants together

Mental health problems are more likely to be associated with a range of factors including poverty, poor housing, homelessness, disability and long-term illness, experience of violence or abuse, immigration status (including refugees and asylum seekers), veterans, the lesbian, gay, bisexual and transgender community (LGBT), looked after children, and some Asian, black and ethnic minority groups.

Councils, the NHS and the VCS should work closely with partners such as housing, education and employers to improve the social determinants of poor mental health, creating a place-based approach to mental wellbeing. Studies have shown that the following functions have a role in promoting good mental health.

- Workplaces that support mental wellbeing – many council have initiatives, such as awards, that encourage this.

- Schools, colleges and universities running initiatives to support mental health.

- Asset-based approaches to community development – reducing isolation and identifying mental health problems early.

- Parks and the natural environment – exercise and green and blue spaces are associated with mental wellbeing.

- Sports and leisure services such as swimming pools and libraries – opportunities for exercise and social contacts.

- Good standards of housing.

- Planning the built environment with walkways, cycle-paths and a community focus.

The health in all policies approach (HIAP) adopted by many councils should cover mental as well as physical health. Many councils have appointed councillors as mental health champions to champion better mental health and tackle stigma. Champions are supported by the Mental Health Challenge – a coalition of leading mental health charities: www.mentalhealthchallenge.org.uk

Best use of funding

With limited funding, it is vital that investment decisions are based on evidence, support innovation, and achieve the best outcomes, including tackling mental health inequalities. Through joint strategic needs assessments (JSNAs) and intelligence from public health and the NHS, partners can target investment in a way which meets local needs and supports the shift to prevention. For example, dependent on data, some areas may focus on reducing suicide, some on tackling bullying in young people, some on men's mental health. For children and young people, data is extremely outdated, with the last prevalence survey published in 2004. The Government is due to release new data in 2018. Public Health England's (PHE) Prevention Concordat for Mental Health includes resources for local prevention planning, including return on investment: www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

Questions to consider

- What work is your HWB taking to improve mental health? Is there a mental health strategy covering prevention, self-help, treatment and support, signed up to by all partners? How is delivery monitored?

- Is the HWB supported by planning structures and implementation plans that promote an integrated approach to mental health for children and young people, and for adults? Do these cover seamless transition from children's to adult support?

- What mechanisms are in place to ensure that people with mental health problems (children, young people and adults), and carers are listened to, and that their views and priorities shape mental health services?

- Are the council and other key local partners actively involved in shaping mental health developments in the STP footprint?

- How is mental health included in local integrated care system developments?

- Does the JSNA help identify local priorities and support effective mental health commissioning and investment?

- Do local partners consider the impact of their wider investment decisions on mental health – for example CCG core funding, and council investment in areas such as parks and community assets?

- How is mental wellbeing tackled through council functions, such as leisure, planning and housing, and those that are joint with partners, such as education and criminal justice?

- Is mental health considered in all policies?

- What prevention approaches are in place to support groups at risk of mental health inequalities in your area?

- How is the council working with schools (including academies and free schools) to promote good mental health and what plans are in place to support schools with implementation of the Green Paper proposals on children's and young people's mental health (see overleaf).

- What measures do the council and key partners have in place to provide mentally healthy workplaces?

- How does the council support local employers to create mentally healthy workplaces?

- Does HIAP sufficiently cover mental health? What mental health training is given to front line staff in key agencies who work with the public? Is mental health first aid training provided? Is there mental health awareness training for councillors?

- Is there an active suicide prevention plan? What progress is being made on this?

- What are the council and key partners doing to reduce the stigma of mental health in the local area?

- Do the council and key partners have active mental health champions?

- Has mental health been included in the overview and scrutiny committee's programme of reviews?

- What more could be done to make your area a mentally healthy place to live?

Perinatal, early years, children and young people

Facts and figures

- At least one in 10 children has a diagnosable mental health condition. This figure is likely to be higher and growing.

- Over half of all mental ill health starts before the age of 14, and 75 per cent has developed by the age of 24.

- Demand is going up – over three years there has been a 14 per cent rise in children admitted to hospital after harming themselves; specialist child and adolescent mental health services (CAMHS) are on average turning away 23 per cent of the young people referred to them for treatment.

- The average waiting time for children and young people to access mental health services ranges from 14 to 200 days.

- Looked after children are four times more likely to experience mental health issues than their peers

The national picture

Good mental health starts at conception and continues into childhood. Intervening early to prevent mental health problems developing, or to treat and support children, parents and families before problems progress, is essential.

Mental health support for children and young people has been recognised nationally as an area requiring improvement. 'Future in mind' is the national five-year vision for improving care for children and young people's mental health up to 2020. It emphasises prevention, early intervention and leadership through local transformation plans which must be signed off by HWBs to release the associated £1.7m funding: https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people. Funding has been put into baseline CCG allocations, but, in an LGA survey in 2016, 48 per cent of directors of children's services said they had little oversight of how this was spent.

Due to continuing concerns about the quality of support for children and young people with mental health needs, the Government consulted on a Green Paper in 2017: www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper. This emphasises early intervention and prevention, particularly in schools and colleges, and piloting a four-week waiting time for CAMHS. The LGA has welcomed the Green Paper but doesn't think it goes far enough. It's 'Bright Futures' campaign is seeking proper levels of funding and measures such as compulsory independent mental health counselling in all secondary schools, including free schools and academies, to improve access to early help: www.local.gov.uk/bright-futures

In 2018, a government commissioned report into CAMHS by the Care Quality Commission (CQC) found fragmentation between services, commissioners and providers and concluded that if the pace of improvement did not increase, children would be at risk of unnecessary distress, and avoidable mental health deterioration. The CQC called for STP and integrated care system leaders to collaborate more with schools, probation, the police and the VCS: www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services

Key roles for local government

The following council functions have a major role in children's mental health:

- 0-5 Healthy Child Programme including health visiting services, the Family Nurse Partnership and early years services

- 5-19 Healthy Child Programme including school nursing services

- children's social work and safeguarding

- activity commissioned from the VCS, such as children's centres

- support for groups who are more likely to experience mental health issues, such as looked after children, care leavers, young carers, and families experiencing domestic violence

- the role of councils as corporate parents

- working with schools and colleges on mental health initiatives

- wider public health responsibilities.

Key points for good practice

Despite limited funding, areas have made progress by using the following approaches:

- Integrating the Healthy Child Programme to join up 0-5 services with 5-19.

- Recommissioning services based on outcomes and improved access.

- Joining-up perinatal and early years support provided by councils, the NHS and the VCS so that they operate to shared outcomes and standards.

- Linking councils' children's services, primary care and CAMHS services so that these share a common understanding and operate clear referral pathways.

- Ensuring that adult and children's mental health services work together through transition – both strategically and operationally.

- Working with schools, including academies and free schools, and other centres for children and young people to create 'student-led' and innovative mental health interventions; for example, digital support for the issues young people identify as priorities, such as bullying and relationships.

Questions to consider

- Is there a joined-up strategic approach to mental health from early years, through childhood to adolescence, and to the transition to adult services? Does oversight of progress take place at a senior leadership level?

- Is the council working with schools and early years settings to promote good mental health? Is there an effective interface between services at key transition points, eg midwifery services, health visiting and school nursing services?

- What progress is being made on the local transformation plan, and is funding for services transparent and accounted for?

- Are the council's 0-5 and 5-19 services integrated, and closely joined-up with related NHS support and the VCS?

- Do VCS children's services focus on promoting mental wellbeing and resilience?

- Are expectant parents informed about mental wellbeing alongside advice on physical health? Are they able to discuss any concerns?

- Are new parents given information about mental health and wellbeing when they are discharged from hospital, with signposting for further information and help?

- Is checking the mental health of families part of the general conversation for health visitors for 0-5s? Are there clear referral pathways where more support is needed?

- Do schools and colleges provide lessons on mental wellness and resilience in the same way as physical education lessons?

- Is public health supporting schools and colleges to implement initiatives to promote mental wellbeing? Is there a particular focus on initiatives designed by children and young people, peer support and the use of technology to improve access?

- If a child or young person begins to experience potentially serious mental health problems is there a clear referral pathway from early years, schools and colleges to GPs and into specialist services where needed?

- What is the waiting time for local specialist CAMHS? Are there any delays in specific areas such as support for eating disorders? What are the results of CQC reviews?

- How is the area performing on providing local, rather than out-of-area, hospital treatment for young people with serious mental health problems?

- Is the council signed up to the LGA's Bright Futures campaign?

Mental health in adults

Facts and figures

- Around one in five of the working-age population has a mental health condition.

- Only 32 per cent of people with a mental illness manage to retain employment.

- Depression affects around 22 per cent of men and 28 per cent of women aged 65 years and older.

- People with learning disabilities have six times the risk of developing mental health problems.

The national picture

The last national mental health strategy was published by the Coalition Government in 2011. The LGA is calling for a new national approach to mental health and wellness, properly funded, and led at local level.

The 'Mental health five year forward view' sets out national priorities and key performance indicators for the NHS: www.england.nhs.uk/mental-health/taskforce/imp From April 2018, NHS England expects CCGs to implement screening for mental health problems and improve access to psychological therapies (IAPT) for people with long-term conditions in settings such as primary and community healthcare. A long-term aim is that everyone in the NHS will be responsible for considering mental health on a par with physical health.

Mental health services continue to face challenges. For instance, the 2018 CQC report 'State of mental health' found that a substantial minority of providers need to improve, particularly in restrictive practices, clinical information and crisis care: www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017

In another investigation, the CQC explored the reasons behind the increase in detentions under the Mental Health Act 1983 (MHA) which have risen by 40 per cent over the ten years to 2015/16. The CQC found multiple causes for this increase, including changes to mental health service provision, demographic and social change, legal and policy developments, and data reporting and quality: http://www.cqc.org.uk/publications/themed-work/mental-health-act-rise-mha-detain-england

The MHA is being reviewed, with a report and recommendations due in autumn 2018: www.gov.uk/government/groups/independent-review-of-the-mental-health-act

Due to problems in implementing the framework for protecting people who lack capacity to consent in hospitals or care homes, the Law Commission was asked by government to review 'Deprivation of Liberty Safeguards' (DOLS). In March 2018, the government broadly accepted the Law Commission's recommendations, and intends to legislate for new 'Liberty Protection Safeguards' when parliamentary time allows: http://www.lawcom.gov.uk/?s=DoLS

The 'Mental health crisis concordat' was launched in 2014, and has now been signed by all local areas. The concordat challenges local health, care and criminal justice partnerships to develop a range of support to help people avoid a mental health crisis and possible hospital admission: www.crisiscareconcordat.org.uk

Key roles for local government

Councils have statutory duties to provide social care to support people experiencing mental health problems. Section 117 of the MHA requires councils to provide after-care services and support to people moving out of hospitals. Amendments to the Act in 2007 require them to employ approved mental health practitioners (AMHPs) to contribute to statutory mental health assessments and MHA tribunals.

The Care Act 2014 provides the framework for eligibility for social care assessment, personal budgets and support for carers. It also sets out safeguarding duties for protecting adults at risk of abuse or neglect.

Councils have powers under the Mental Capacity Act (MCA) to authorise guardianship for people discharged from hospital under the MHA, and duties to authorise deprivation of liberty safeguards (DOLS).

Councils are responsible for commissioning advocates to help people express their views and to represent their interests. This includes specialist advocates to help people subject to the MHA (independent mental health advocacy – IMHA) and those under the MCA (independent mental capacity advocacy – IMCA), and also general mental health advocacy under the Care Act.

Key points for good practice

Despite severely limited funding, areas have made progress by using the following approaches:

Shared vision for mental health

Promoting good mental health is based in principles of good practice. These include a focus on: resilience and self-help; the recovery model1; person-centred approaches; early intervention to address problems at an early stage; effective crisis support; equality and human rights; and advocacy and peer support. All partners need to understand, agree and implement a shared vision based on these principles.

Integrating adult social care mental health services with the NHS

Integrated care, including crisis care, is essential for people who use services and carers to receive seamless, joined-up support. Fully integrated support, including the VCS, primary care and hospital emergency departments is likely to be most effective. The nature of integration will vary between areas; many have integrated teams, some work in localities – the key success factor should be the positive experience of people receiving support.

Integrated commissioning

Integrated commissioning, particularly involving pooled budgets and shared risks, supports the delivery of joined-up services. Integrated commissioning can utilise the council's responsibility for market-shaping to achieve a joint understanding of provision across all sectors and how to improve this.

Support in the community

Integrated support should extend into community settings, particularly in the areas of developing social networks, good quality housing, and support to retain, regain or gain employment. For information about mental health and loneliness see the LGA 'must know' on loneliness:

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/must-knows-lead-members-adult-social-care

Linking mental and physical health

Areas are making progress in ensuring good pathways between physical health and mental health services. For example, helping people with severe mental health problems to have a physical check-up, and putting mental health specialists in emergency departments to divert people from admission.

Responsive to local need

Integrated and tailored support should be provided to groups who may have specific issues around their mental health needs; this may include people with dual diagnosis, such as mental health and a learning disability; multiple conditions such as drug and alcohol problems; and people who face health inequalities.

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1   The recovery model focuses on people with mental health problems staying in control and living a meaningful life.
     See: https://www.mentalhealth.org.uk/a-to-z/r/recovery

Questions to consider

- Is there a vision for what constitutes good practice in mental health signed up to by all partners? Is there a strategy for improving quality across all providers?

- What arrangements are in place for ensuring an integrated approach to mental health support? For example, integrated mental health teams or mental health pathways?

- Does the area operate joint or lead mental health commissioning? Is there a pooled budget?

- How is the VCS involved in integrated arrangements?

- What measures are in place to intervene early to avoid crises developing? If a crisis develops how are hospital admissions avoided, if possible? What is the feedback from people who use services and families on the effectiveness of crisis services?

- Are comprehensive advocacy services available?

- What mechanisms are in place to ensure that people with mental health problems and carers are listened to, and that their views and priorities feed into shaping and monitoring the quality of mental health services? Are these comprehensive and effective? Are there examples of co-produced or service-user-led services?

- What range of support is available for people with mental health problems to lead active, fulfilled and independent lives in the community? How are specialist employment services performing?

- What are the links between physical healthcare and mental health services? What measures are in place to ensure that the physical healthcare needs of people with mental health problems are picked up appropriately? What plans are in place to identify mental health needs in people with long term conditions?

- What is being done to reduce out of area placements for people with mental health problems (young people and adults)?

- Is there local information on the numbers of people who have mental health problems and dual diagnosis or multiple conditions? What response is offered to these individuals?

- Is there local information about the numbers of people with mental health problems who may face discrimination, for example because of race, gender or sexual orientation? Are any groups over or under represented in mental health services? Would a mental health equity audit be useful?

- How is the council performing on DOLS responsibilities?

Resources for further information

General mental health resources

CQC, 2018, State of care in mental health services 2014-17.
www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017

CQC, 2018, Mental Health Act – The rise in the use of the MHA to detain people in England.
www.cqc.org.uk/publications/themed-work/mental-health-act-rise-mha-detain-england

Crisis care concordat website.
www.crisiscareconcordat.org.uk

HM Government, Independent review of the Mental Health Act.
www.gov.uk/government/groups/independent-review-of-the-mental-health-act

Law Commission, DOLS updates
http://www.lawcom.gov.uk/?s=DoLS

LGA, 2015, Report into the local delivery of the crisis care concordat.
www.local.gov.uk/mental-health-crisis-concordat

LGA, 2016, Dementia friendly communities: a guide for councils.
www.local.gov.uk/dementia-friendly-communities-guidance-councils

LGA, 2017, Suicide prevention: a guide for councils.
www.local.gov.uk/suicide-prevention-guide-local-authorities

The Mental Health Challenge
www.mentalhealthchallenge.org.uk

NHS England, 2016, The NHS Five Year Forward View for Mental Health.
www.england.nhs.uk/mental-health/taskforce/imp

NHS England, 2018, IAPT pathway for people with long-term physical health conditions and medically unexplained symptoms guidance.
www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-iapt-pathway-for-people-with-long-term-physical-health-conditions-and-medically-unexplained-symptoms

NHS England, 2018, improving physical healthcare for people with severe mental illness in primary care.
www.england.nhs.uk/mental-health/resources/smi

NHS England – mental health publications.
www.england.nhs.uk/mental-health

PHE, 2015, updated 2018, Wellbeing and mental health: applying all our health

Online good practice guidance for healthcare professionals and at the policy level for measuring outcomes and good practice.
www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health

PHE, 2017, The prevention concordat for Better Mental Health.

Resources to support local prevention planning including return on resources, JSNA and psychosocial pathways.
www.local.gov.uk/prevention-concordat-better-mental-health

Children and young people's mental health

CQC, 2018, Review: children and young people's mental health services.
www.cqc.org.uk/publications/themed-work/review-children-young-peoples-mental-health-services-phase-one-report

DH and DfE, 2017, Transforming children and young people's mental health provision: Green Paper.
www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

DH, 2015, Future in Mind: protecting and improving our children and young people's mental health and wellbeing: report of the Children and Young People Mental Health Taskforce.
www.gov.uk/government/publications/improving-mental-health-services-for-young-people

LGA's Bright Futures campaign.
www.local.gov.uk/bright-futures

LGA, 2018, Don't be left in the dark: children and young people's mental health.
www.local.gov.uk/dont-be-left-dark-children-and-young-peoples-mental-health

LGA, 2018, case studies on children and young people's mental health.
www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/bright-futures-camhs-case-studies

LGA, 2018, Response to the green paper on children and young people's mental health.
www.local.gov.uk/lga-response-dfe-and-dhsc-green-paper-consultation-transforming-children-and-young-peoples-mental

LGA, 2016, Best start in life: promoting good emotional wellbeing and mental health in children and young people.
www.local.gov.uk/best-start-life-promoting-good-emotional-wellbeing-and-mental-health-children-and-young-people

NHS England reports on children's and adolescent mental health.

Topics: eating disorders, improving access to psychological therapies, local transformation plans, CAMHS inpatients.
www.england.nhs.uk/mental-health/cyp

Related LGA 'must knows'

How do you know you are making progress in the personalisation of adult social care?

How do you know your council is performing well in adult social care?

How do you know if STPs are making a positive impact?

How do you know you are making the best use of scarce resources?

How do you know that your council is doing all it can to deliver on prevention?

How do you know that your council is actively tackling loneliness?

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/must-knows-lead-members-adult-social-care

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