People's views on priority areas for change

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Emerging findings

- 20k respondents to Mind and Rethink Mental Illness online survey
- Five groups:
  - People with lived experience
  - Families and close friends
  - Mental health professionals
  - Health and social care professionals
  - Public
- Sample cut of a limited number of questions - BAME weighted
- 3 engagement events and focus group to supplement survey

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Demographics

Age: 7% over 65s, 6% under 19, rest working age adults
Gender: 72% women, 24% men, 1% transgender
Sexual orientation: 76% heterosexual, 7% bisexual, 2% gay men, 2% gay women
Ethnicity:81% white British, less than 2% BAME
Geography: peaks from London and Manchester but broad coverage overall
Experience: 62% direct experience, 48% family/friend experience
Professionals: 25% mental health, 4% NHS, 4% social care
60 responses from people in locked rehab and low/medium secure

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Prevention and empowerment is a priority

People want mental health problems to be prevented and for intervention to be as early as possible.

- **Increasing awareness** of what mental health is and signs and symptoms
- Access to support for **pregnant women and new mums**, children and young people;
- **Principles of prevention, early intervention** and **preventing deterioration** applied across the system;
- Prevention and early intervention for both **mental and physical problems**.

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Prevention and empowerment (2)

- **Self management** including knowledge of where to find tools and learn the skills needed to look after own mental health
- **Carer/ family** involvement: health professionals to involve carer/ family in decisions about loved ones; support for family/ carers
- **Care planning**: co-production, follow up, continuity of care

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Access and choice is a priority

People want to quickly access effective care and treatment, when they need it

- **Talking therapies** (choice of therapies on offer, more sessions offered, easier access to a wide range of talking therapies, including for complex needs and access within community/primary care**,** reduced variation across the country, reduced waiting times, reduced inequalities)
- **Least restrictive setting** (inpatient beds, community mental health teams, alternatives to admission – crisis houses, places of safety)
- **Clinical excellence** (improved quality of services, risk averse culture, bureaucracy)
- **Choice of treatments** (types available, technology, evidence based, research into newer treatments)

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Access and choice (2)

- **Prescriptions** (prohibitive costs)
- **Better funding and commissioning** (proper funding, more effective commissioning, efficiencies across services, competition and choice of provider, measuring value)
- Access to **follow up care after discharge**
- **Navigation** around the system and around other systems
- More **self-referral** to services
- Lowering of **thresholds** to aid early intervention and default access to local services and support
- Tailored access needs for **men, BAME, travelling communities**

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Integrated support is a priority

People want the NHS to treat them as a whole person, wherever they are when they present for help and whatever their needs.

- Joined up care for people with **intensive and ongoing needs** (including medically unexplained symptoms, personality disorders, ongoing vulnerability)
- **Liaison** mental health
- Integrated support for people with **multiple needs** (eg dementia, substance misuse, homelessness, long term conditions, chronic physical conditions, learning disability)
- Integration **across mental health** (primary, community, secondary, tertiary care)

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Integrated support (2)

- Integration **across the system** (mental health, health, social care, welfare, housing, voluntary sector, police) and **across Government policy**
- **Mental health support** for people with long term physical health conditions
- Taking **physical health needs** of people with mental health problems seriously
- **Integrated physical and mental** healthcare for people with specific mental health needs e.g. eating disorders, psychosis
- **Transitions** are critical: CAMHS – adult; adult – older people; inpatient – community – primary
- **Specialist** services: gender clinics, eating disorder services, therapeutic communities

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Attitudes & experience is a priority

People want to be treated with hope, dignity and respect.

NHS workforce systematically raised:

- **Attitudes** (culture, stigma, approach to care, diagnostic overshadowing)
- **Health and wellbeing** of staff (stress levels, high caseloads, motivation, bullying/ blame culture)
- **Numbers** (more people in mental health, more diverse workforce, accountability, managerial practices)
- **Skills mix** (mental health knowledge, professional development multidisciplinary teams incl peer support workers) Improvement in public attitudes and media reporting
- **Improved attitudes and culture** in NHS-funded staff, particularly mental health professionals.

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Attitudes & experience (2)

Stigma and discrimination remains a concern:

- Public attitudes
- Media reporting

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Preventing admission to secure services

- **82%** of people said support in the community, close to home would have helped them, including 24/7 crisis care, community based rehabilitation support, groups and other support in primary care, and home treatment.
- **15%** of people said more understanding health professionals in the community, including GPs and care coordinators
- **15%** of people said supported training, employment or housing would have helped them
- Other things mentioned included support to better cope and manage own health, and to access talking therapies.

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Helping people leave secure services at the right time

- **62%** of people said planned step-down support in the community would help them, including accommodation, psychological therapies and skills to manage in the community, and financial support.
- **57%** of people said more recovery focused, personalised support whilst in secure care services, including planned leave, meaningful activity, and better relationships with staff, including more one to one time, support to self-manage and not to be subjected to blanket rules (e.g. no sexual or romantic relationships permitted).
- Other things mentioned included improved involvement of the Ministry of Justice in discharge planning, and better awareness of what support is available in the wider community.

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Interdependencies

- **Work**: support into work, accessing benefits and sanctions, sick pay
- **Schools**: identification, treatment and support for school children
- **Universities**: treatment and support available
- **Political interest**: support from ministers and other politicians will be critical

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Next steps

- Further Taskforce meetings
- Emerging evidence published before summer recess
- Further engagement over summer with system partners
- Working with ALBs to shape activity for delivery of the strategy

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