No Health Without Mental Health: a guide for Overview and Scrutiny Committees

Mental health problems account for almost one quarter of the ill health in the UK and their prevalence is rising, with the World Health Organisation predicting that depression will be the second most common health condition worldwide by 2020. Poor mental health affects people of all ages, yet, with effective promotion, prevention and early intervention its impact can be reduced dramatically. There is often a circular relationship between mental health and issues such as housing, employment, family problems or debt.

Councillors will frequently engage with people at risk of or experiencing mental health problems through surgeries, casework and community activity. Members of Overview and Scrutiny Committees also have an opportunity to influence the council's strategic approach to mental health.

Following the publication of the implementation framework for the Government's mental health strategy, this briefing sets out the crucial role of Overview and Scrutiny Committees in ensuring that action is taken locally to achieve the strategy's objectives and improve mental health for all and the quality of support offered to people using mental health services.

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What can Overview and Scrutiny Committees do?

The recommendations below build on the Implementation Framework's key actions for Overview and Scrutiny Committees.

- **Scrutinise efforts to improve mental health and wellbeing,** including whether services deliver evidence-based care, and whether they receive 'parity of esteem' or equal priority with physical healthcare. OSCs can also scrutinise the wider determinants, and effects, of mental health and wellbeing. For example, council decisions about upgrading social housing stock, how to prioritise overcrowded residents, or using bailiffs to collect rent arrears directly impact on mental health. When setting the annual work plan, consider the mental health angle of agreed priorities for investigation.

- **Ensure the Health and Wellbeing Board has a focus on mental health,** through the Chair of Health Scrutiny who can champion mental health in their statutory role. Monitor the transition of public health responsibilities to the Local Authority, to ensure mental wellbeing is embedded from the start. This could include offering mental health training to council stadd and managers and supporting the Time to Change campaign.

- **Monitor efforts to meet the public sector equality dut**y, ensuring that risks relating

to outcomes for people with mental health problems are identified, and that suitable action is taken to address them. This could include monitoring how marginalised groups are accessing mental health services, or preventative services such as parenting interventions, and ensuring that services are accessible to people living in all parts of their local area.

- **Involve mental health organisations, people with mental health problems and carers in scrutiny work.** This can include considering different ways for people to get involved, for example as witnesses in person, in the provision of information, or acting as independent advisors or co-optees on scrutiny reviews. OSCs should be particularly mindful of those who are less likely to come forward readily, for example children and people detained under the Mental Health Act.

- **Encourage all elected members to discuss mental health and wellbeing with their constituents,** including those commonly excluded from such discussions, such as people detained under the Mental Health Act. To equip councillors to support constituents with mental health problems, provide information and training to all local councillors, eg a Members' Seminar run by a local voluntary mental health organisation.

Facts and figures

At any one time, at least one person in six is experiencing a mental health condition (McManus *et al.,* 2009). Depression and anxiety affect about half of the adult population at some point in their lives.

Mental health conditions account for 23% of the burden of disease but just 13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE, 2012).

Mental ill health costs some £105 billion each year in England alone. This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health, 2010).

Half of all lifetime mental health problems emerge

before the age of 14 (Kim-Cohen *et al.,* 2003; Kessler *et al.*, 2005).

People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang et al, 2011; Brown *et al.*, 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC, 2012).

People with mental health conditions consume 42% of all tobacco in England (McManus *et al.,* 2010). The single largest cause of increased levels of physical illness and reduced life expectancy is higher levels of smoking (Brown *et al.,* 2010).

Objectives from the strategy

The Government's mental health strategy for England, No Health Without Mental Health, set out six key objectives for better mental health and improved mental health care. It can be found at: http://www.dh.gov.uk/en/Healthcare/ Mentalhealth/MentalHealthStrategy/index.htm.

The six objectives are:

More people will have good mental health
More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

More people with mental health problems will recover
More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

More people with mental health problems will have good physical health
Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

More people will have a positive experience of care and support

Care and support, wherever it takes place, should

offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

The unique role of service user organisations

There are approximately 900 mental health service user groups across the country, ranging from small-scale support groups to larger organisations that offer peer support and advocacy. These groups can be a major resource for OSCs wishing to understand the needs of mental health service users, including those from black and minority ethnic communities, whose experiences of mental health and mental health services can be very different to those of the majority population. Many of these groups are members of the National Survivor and User Network (NSUN) whose web site provides details of local groups: www.nsun.org.uk, and Rethink Mental Illness: www.rethink.org. Many local Minds are also co-run by people with mental health problems, or host peer-support groups, which can be crucial resources for OCSs: www.mind.org.uk.

Making 'parity' a reality

The Government has stated that mental health should be treated with 'parity of esteem' to physical health across the health and social care system. Health scrutiny committees will be well placed to identify challenges and opportunities in their areas to make this a reality. This could include monitoring the provision of psychological therapies for children and adults and the waiting times that exist for these as compared to the waits for other health servces. The Government's Improving Access to Psychological Therapies (IAPT) scheme is extending the provision of NICE-approved therapies across England. Funding for psychological therapy services, however, is determined locally and the development of IAPT services remains variable, meaning choice and quality can be patchy. Committees may wish to ask: What are typical local waiting times for access to psychological therapy services?

- Do local IAPT services offer therapies to children and older adults as well as people of working age? Are black and minority ethnic groups able to access IAPT services?
- What is the recovery rate for local IAPT services and how does this compare with the national average?
- What range of different psychological therapies is offered locally?

Integrating physical and mental health

People with long-term physical conditions have higher than average rates of mental ill health. People with co-existing mental health conditions have poorer outcomes (including higher mortality rates) from a range of long-term conditions including heart disease and diabetes.
People living with severe mental illness, meanwhile, have a premature mortality rate three times higher than the general population (HSCIC, 2012).
OSCs may wish to scrutinise local health services' responses to these co-morbidities. Key questions may include:

- Do all local hospitals have access to a liaison psychiatry service? Liaison psychiatry teams offer mental health support to patients in general hospitals and have been shown to reduce both the number and length of hospital admissions (Parsonage and Fossey, 2011).

- Do local smoking cessation services offer a tailored response to people with mental health conditions? For many people with a long-term mental illness, both their health condition and the medication they are given for it can affect their ability to give up smoking.

- Do people with long-term conditions get asked about their mental health and offered psychological therapy when it is required? People with diabetes and other long-term illnesses have better outcomes if their mental health is properly managed (Naylor *et al.,* 2012)

Case study: Tower Hamlets

In 2011, the Overview and Scrutiny Committee in Tower Hamlets conducted a review into safeguarding adults at risk of abuse. Due to the high prevalence of mental health conditions in the borough, the working group included a specific focus on mental health throughout, inviting Mind in Tower Hamlets and Newham to give evidence at one session and raising issues at other evidence sessions and site visits. As a result of the review recommendations and the work bringing different local groups together, an abuse awareness programme previously only offered to older people has been successfully rolled out for mental health service users.

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Contact us

Afiya Trust
Tel: 020 7582 0400
Email: info@afiya-trust.org
Website: www.afiya-trust.org

Centre for Mental Health
Tel 020 7827 8300
Email: contact@centreformentalhealth.org.uk
Website: www.centreformentalhealth.org.uk

Mental Health Foundation
Tel: 020 7803 1100
Email: info@mhf.org.uk
Website: www.mentalhealth.org.uk

Mental Health Helplines Partnership
Tel: 0300 330 7777
Email: admin@mhhp.org.uk
Website: http://www.mhhp.org.uk

Mental Health Providers Forum
Tel: 020 3137 5670
Email:info@mhpf.org.uk
Website: http://www.mhpf.org.uk

Mind
Tel: 020 8519 2122
Email: contact@mind.org.uk
Website: http://www.mind.org.uk

National Survivor User Network
Tel:0845 602 0779
Email: info@nsun.org.uk
Website: http://www.nsun.org.uk

Rethink Mental Illness
Tel: 0300 5000 927
Email: info@rethink.org
Website: www.rethink.org