No health without mental health: A cross-Government mental health outcomes strategy for people of all ages

A Call to Action
Mental health and wellbeing have a fundamental impact on our chances in life. Mental wellbeing increases longevity and the capacity to self care.

Mental health problems affect one in four of us at some time in our lives. As well as being a major cause of distress for individuals and their families, they cost society an estimated £105 billion every year though lost productivity and avoidable costs for the criminal justice system as well as the costs of care and support.

The signatories to this statement recognise there is an urgent need for co-ordinated action, starting from the earliest years in life that will improve the mental health and wellbeing of the population year on year, and the life chances and recovery rates of people who experience mental health problems.

To this end we pledge to work together to deliver these shared objectives contained in the Government’s mental health outcomes strategy No Health without Mental Health:

1 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 children will have the positive start in life needed to experience good mental health and wellbeing over the life course;

2 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;

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

Signatories: Richard Webb, Joint Chair, Mental Health Network ADASS; Val Huet, Chief Executive Officer, British Association of Art Therapists; Faye Wilson, Deputy Chair, Mental Health Committee, British Association of Social Workers; John Hanna, Director, Policy Unit, Division of Clinical Psychology, British Psychological Society; Sean Duggan, joint Chief Executive, Centre for Mental Health; Dr Stephen Battersby, President, Chartered Institute of Environmental Health; Maggie Jones, Chief Executive, Children England; Genevieve Smyth, Lead Professional Affairs Officer, College of Occupational Therapists; Paul Burstow MP, Minister of State for Care Services, Department of Health; Professor Lindsey Davies, President, Faculty of Public Health; Helen Dent, Chief Executive Officer, Family Action; Andrew McCulloch, Chief Executive, Mental Health Foundation; Steve Shrub, Director, Mental Health Network, NHS Confederation; Professor Carolyn Steele, Chair, Mental Health Providers Forum; Paul Farmer, Chief Executive, Mind; Jeremy Clarke, Chair, New Savoy Partnership; Paul Jenkins, Chief Executive, Rethink; Professor Helen Lester, mental health lead, Royal College of General Practitioners; Ian Hulatt, Mental Health Advisor, Royal College of Nursing; Professor Dinesh Bhugra, President, Royal College of Psychiatrists; Benita Refson, OBE, Director, The Place2Be; Martina Millburn, Chief Executive Officer, The Prince’s Trust; Sue Baker, Director, Time to Change; Liz Felton, Chief Executive, Together; Angela Mawle, Chief Executive, UKPHA; Sarah Brennan, Chief Executive, YoungMinds; Barbara Rayment, Director, Youth Access; Fiona Dawe, Chief Executive Officer, YouthNet; Pam Webb, Head, Zurich Community Trust.
4 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;

5 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; and

6 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.

All the organisations who are signatories to this Call to Action are committed to working together to ensure a co-ordinated approach to policy making that supports delivery of the above shared objectives.

The Cabinet Sub-Committee on Public Health will oversee all the strands of work on mental health undertaken by government departments in order to raise the profile of mental health and to ensure appropriate action is taken, to help implement the strategy.

The Cabinet Sub-Committee on Social Justice will tackle many of the underlying issues which contribute to poor mental health. A Mental Health Strategy Ministerial Advisory Group of key stakeholders, including people with mental health problems and carers, will be established to work in partnership to realise the Strategy.

The strategy recognises that improved mental wellbeing and the reduction of mental ill health require the efforts of many agencies. It sets out the central role of local government and the NHS, as well as other public sector bodies, and the distinct contributions of the voluntary sector, employers and other groups in society that will all be crucial to the strategy’s success.

All of us have a part to play in promoting the importance of good mental health and in challenging negative attitudes in our society.

Please note that the term ‘people’ is used as an inclusive term throughout this document to mean children, young people and adults.
Key areas of action for mental health

- Fewer people will suffer from stigma and discrimination as a result of negative attitudes and behaviours toward people with mental health problems by improving public and professional attitudes and reducing the institutionalised discrimination inherent in many organisations, including support services;

- Ensuring a good start in life;

- Promoting mental health across the life course;

- Ensuring mental health has parity of esteem with physical health in terms of public health and care services; reducing the social, economic and the wider determinants of mental ill health across all ages; reducing the inequalities that can both cause and be the result of mental health problems including, for example, social isolation amongst older people; promoting and supporting comprehensive and just housing policies which will provide the foundation for good physical and mental health and wellbeing;

- Identifying mental health problems and intervening early across all ages;

- Ensuring equity in access for all groups, including the most disadvantaged and excluded, to high quality appropriate services;

- Building care and support around outcomes that matter to individuals to enable them to live the lives they want to live, including good relationships, purpose, education, housing and employment;

- Offering people a choice of high quality evidence- and practice-based interventions, including psychological therapies;

- Ensuring people with severe mental health problems receive high quality care and treatment in the least restrictive environment, including inpatient and secure settings, in their homes and in alternative settings – when, for example, they are receiving care from crisis services;

- Fewer people with mental health problems should have poor physical health;

- Fewer people with mental health problems should die prematurely;

- Fewer people with physical ill health, including those with long-term conditions and medically unexplained symptoms, should have mental health problems;

- Services should be designed around the needs of individuals, ensuring appropriate, effective transition between services when necessary, without age-based, professional or organisational barriers and attitudes getting in the way;

- Wherever possible, services should listen to and involve carers and others with a valid interest and provide them with information about the patient’s care, to ensure that ‘confidentiality’ does not become an obstacle to delivering safe services; and

- Improved services will result in fewer people suffering harm from the care and support they receive; fewer people harming themselves and others; and further progress on safeguarding children, young people and vulnerable adults.

The mental health strategy and supporting documents can be found at www.dh.gov.uk/mentalhealthstrategy