

Written evidence submitted by the Mental Health Policy Group (MHPG) (PHS0355)

The Mental Health Policy Group is an informal coalition of six national organisations working together to improve mental health, comprised of the Centre for Mental Health, Mental Health Foundation, NHS Confederation Mental Health Network, Mind, Rethink Mental Illness and the Royal College of Psychiatrists. Together we represent providers, professionals and the hundreds of thousands of people who use mental health services, and advocate for cross-government approaches to improve services and support early intervention and prevention of mental health problems.

MHPG members welcome the proposed prevention inquiry. Mental health is the second leading cause of poor health¹ and the cost of mental health problems to society is now conservatively estimated to be £118bn a year, amounting to 5 per cent of GDP.² Some 72 per cent of the cost is due to the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers. There are currently about 1.8 million people on NHS mental health waiting lists³, with 17% of the UK population experiencing a diagnosable common mental health condition and 1%⁴ a serious mental illness.

While anyone can develop a mental health problem, social determinants such as poverty, poor housing, unemployment and experience of racism and other forms of discrimination increase people's risk of developing one. There is increasing evidence of what works to prevent people from developing a mental health problem and yet only around 1.6% of public health budgets is spend on mental health prevention and promotion.⁵

As the country continues to recover from the Covid-19 pandemic and faces a cost-of-living crisis, there is an urgent need for investment in preventative programmes to support everyone, but particularly those most at risk of developing poor mental health. Since 2015, there has been a £1bn real-terms cut to public health funding. Councils serving communities with the highest levels of deprivation (which often have the worst mental health outcomes), have faced disproportionate cuts.⁶

To reduce demand for services in the medium to long term and to improve health, with the consequent gains in productivity, growth, and efficiency, urgent action is needed. Key issues the inquiry should look to address include:

- Assessing the adequacy of funding for public mental health via the public health grant, with a view to at least restoring funding to 2015 levels.⁷⁸
- The role of Integrated Care Systems in improving the public's mental health, including addressing social determinants. It should also cover how they are held accountable for taking action on prevention, including ensuring that funding and planning cycles are long enough to deliver a return on investment.⁹
- What DHSC can do to convene other departments, such as DWP, DfE, MoJ, DLUHC, to address the social determinants of mental health, address poverty as the main factor in increasing the risk of developing a mental health problem, and reduce the number of people developing mental health problems.

- How we can ensure that the Tobacco Control Strategy and the Obesity Strategy meet the needs of people with mental health problems, given higher smoking¹⁰ and obesity rates¹¹ among people severely affected by mental illness.
- Reducing rates of premature mortality among people severely affected by mental illness, which means that they die on average 15-20 years earlier than the general population¹²
- Addressing the health inequalities that were exposed and exacerbated by the Covid-19 pandemic. This should include explicitly tackling racial disparities in people’s risk of developing a mental health problem.

¹ Vos, T., et al. (2013) Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study. *The Lancet*. 386 (9995). pp. 743-800

² [Mental Health Foundation and London School of Economics, 2022, The economic case for investing in the prevention of mental health conditions in the UK](#)

³ NHS Providers (2023) NHS Providers responds to DHSC announcement on mental health services. Available here:

<https://nhsproviders.org/news-blogs/news/nhs-providers-responds-to-dhsc-announcement-on-mental-health-services>

⁴ Public Health England (2018) SMI and physical health inequalities <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>

⁵ British Medical Association. (2018). Tackling the causes: Promoting public mental health and investing in prevention.

⁶ Finch, D. (2022) *The public health grant: what it is and why it needs more investment*. London. Health Foundation. Available at:

<https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

⁷ <https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed>

⁸ <https://www.health.org.uk/news-and-comment/news/urgent-call-for-1-billion-a-year-to-reverse-cuts-to-public-health-grant>

⁹ [Introducing Integrated Care Systems: joining up local services to improve health outcomes \(nao.org.uk\)](#)

¹⁰ NHS Digital. ‘Smoking rates in people with serious mental illness’. 2016. Available at [Public Health England Tobacco Control Profiles](#)

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8656226/>

¹² NHS England (2018) We must improve physical healthcare for people with severe mental illness. Available here:

<https://www.england.nhs.uk/blog/we-must-improve-physical-healthcare-for-people-with-severe-mental-illness/>

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