

## Written evidence submitted by NHS Confederation's Mental Health Network (MHS0018)

The NHS Confederation's, Mental Health Network<sup>1</sup> represents providers from across the statutory, independent and third sectors. We work with government, regulators, opinion formers, media, and the wider NHS to promote excellence in mental health services and the importance of good mental health.

The Mental Health Network welcomes this Expert Panel review of the progress made on Government's commitments to mental health. We are supportive of the Long Term Plan (LTP) and other policy commitments, but the pandemic has impacted on people's mental health and increased demand on mental health services, and on the wider system. The Health Foundation estimate that there has been an additional 300,000–730,000 referrals for mental health services between 2020/21 and 2023/24.<sup>2</sup> NHS England estimate that 1.5 million people are waiting for secondary mental health care.<sup>3</sup>

Whilst mental health services work hard and find innovative ways to address high demand, the pandemic has impacted on their ability to meet LTP commitments in the given timeframes. Especially in children and young people's (CYP) mental health services, where there has been a significant increase in demand on already often overstretched services.

The pressures on services are made worse by workforce issues, such as staff exhaustion due to working especially hard during the pandemic or capacity issues due to sickness absence or a need to self-isolate, and the lack of workforce to help maintain service delivery and transform services going forward.

### Workforce

- *We are committed to growing the mental health workforce*

There are targets for increasing workforce capacity in mental health in Stepping Forward to 2020/21: the mental health workforce plan for England and in the Mental Health Implementation Plan (MHIP). The workforce plan has a specific target for additional staff but is not clear about what those roles should be, other than 11,000 will be from traditional roles e.g., nursing; and 8,000 will be new roles. The MHIP has indicative workforce numbers required by staff group, which in total is 27,460 additional staff to be recruited by 2023/24. The People Plan, states that HEE will continue to invest in training the future mental health workforce.

Progress has been made in achieving these targets, but it is somewhat limited. According to the Health Foundation, the target for 11,000 additional 'traditional pools of professionally regulated, mental health staff (such as nurses and doctors) outlined in Stepping Forward has been achieved, but the targets from the MHIP are not being met. According to the Nuffield Trust, whilst the number of mental health nurses is increasing, it is not meeting the target. Whilst the speciality training fill rate for psychiatrists has increased, the target for consultant psychiatrists is not being met.<sup>4</sup>

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<sup>1</sup> [Mental Health Network | NHS Confederation](#)

<sup>2</sup> [Health and social care funding projections 2021 - The Health Foundation](#)

<sup>3</sup> NHS England (2021) [Strain on mental health care leaves 8m people without help, say NHS leaders | Mental health | The Guardian](#)

We are hearing from our members that workforce is one of the biggest issues for them and has been for some time. The pandemic has had a significant impact on people's mental health, and demand modelling work predicts that about 10 million people will need new or additional support for their mental health. This is between 2-3 times the current level of provision. So, the forecasts are for the NHS to see an increase in demand for mental health services, but at a time when there often are not enough staff and capacity in the system to meet this demand. Also, existing staff are exhausted because of the pressures of the pandemic on the NHS.

The Royal College of Psychiatrists have recently stated that there are not enough psychiatrists to meet increase in demand. Their analysis found that there are '4, 500 full-time consultant psychiatrists for 56.5 million people, one psychiatrist per 12,567'.

The vacancy rate for both mental health nurses and consultant psychiatrist is also high. The number of vacancies for nursing posts in mental health, accounts for just over a quarter of the total number of nursing vacancies in June 21.<sup>5</sup> According to the Royal College of Psychiatrists, a tenth of consultant psychiatrists posts are not filled.<sup>6</sup> Addiction, eating disorders and child and adolescent psychiatrists have the highest vacancy rates. This is proving challenging for services, as demand for these services is very high.

Mental health nurses are increasingly being employed in other parts of the NHS. For instance, they may work in ambulance control rooms, or with police delivering street triage models. More generally, the mental health practitioner roles in primary care, will come from secondary mental health services. It is positive to employ mental health practitioners in other parts of the NHS or emergency services, but mental health nurses for instance are a scarce resource and we are hearing that this is putting pressures on inpatient mental health units. So, it is essential that we are training up more nurses and other mental health professionals and improving retention rates.

There are also new roles such as education mental health practitioners, that have created additional capacity in the workforce. This is positive, but staff in these new roles will require appropriate supervision from senior therapists. According to the early evaluation of the Children and Young People's Mental Health Trailblazer programme, recruiting senior posts has been challenging.<sup>7</sup>

The need to expand the mental health workforce is not a new concern. The Centre for Mental Health have stated that the size of the mental health workforce is virtually the same size as it was 10 years ago.<sup>8</sup> The BMA have said that the goal of increasing mental health staffing in the MHIP is not on track. There are positives as well. During the pandemic, the number of mental health nurses working in the NHS has slightly increased. There was about a 2% increase in the number of mental health nurses working in the NHS in June 2021 compared to June 2020.<sup>9</sup> The numbers of people applying for nursing courses increased by 32% between 2020 and 2021, but it is unclear how many of these people have taken up mental health nurse training.<sup>10</sup>

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<sup>4</sup> [Mental health and learning disability | The Nuffield Trust](#)

<sup>5</sup> Based on analysis of NHS Vacancy statistics [NHS Workforce Statistics - June 2021 \(Including selected provisional statistics for July 2021\) - NHS Digital](#)

<sup>6</sup> [Workforce shortages in mental health cause 'painfully' long waits for treatment \(rcpsych.ac.uk\)](#)

<sup>7</sup> [New mental health support teams in schools and colleges have achieved a great deal, but gaps in children's mental health provision remain \(birmingham.ac.uk\)](#)

<sup>8</sup> [CentreforMH\\_NowOrNever\\_PDF.pdf \(centreformentalhealth.org.uk\)](#)

<sup>9</sup> [NHS Workforce Statistics - June 2021 \(Including selected provisional statistics for July 2021\) - NHS Digital](#)

<sup>10</sup> [Nursing courses see 32% rise in applications during Covid-19 | Nursing Times](#)

Transformation work, as part of the Long-Term Plan is underway, but this requires the workforce to take this forward. So, there is a concern that unless the workforce numbers increase in line with the indicative numbers in the Long Term Plan, it may fail. This is despite some amazing work underway to transform services such as community mental health services.

### **Children and Young people's Mental Health**

- *at least 70,000 additional children and young people each year will receive evidence-based treatment*
- *achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases*
- *ensure there is a CYP crisis response that meets the needs of under 18-year-olds*

Even before the pandemic, there were pressures on children and young people's (CYP) mental health services, often with long waits to access care. Members of the Mental Health Network have told us about the increase in demand in their services during the pandemic. Members of the wider NHS Confederation have told us about pressures in other parts of the system such as in primary care. This is backed up by national data<sup>11</sup> which found that the prevalence rate for mental health problems in:

- children and young people aged 6-16, has increased from one in nine in 2017 to one in six in 2021,
- young people aged 17-19 has increased from one in ten in 2017 to one in six in 2021.
- One in five, young adults aged 20-22 have a probable mental disorder.

National data is clearly indicating the increased pressures on CYP mental health services over the pandemic, and which are still rising.

- Between March 2020 and February 2021, there was a 29 per cent increase in the number of children and young people in contact with mental health services.<sup>12</sup>
- 190,271 0–18-year-olds were referred to children and young people's mental health services between April and June this year, up 134% on the same period last year (81,170) and 96% on 2019 (97,342).<sup>13</sup>
- The number of young people completing an urgent pathway for eating disorders has increased by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22, and the number of urgent cases still waiting has more than doubled over the last year.<sup>14</sup>
- There was a 47 per cent increase in the number of new emergency referrals to crisis care teams in under-18-year-olds between December 2019 and April 2021.<sup>15</sup>

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<sup>11</sup> [Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NHS Digital](#)

<sup>12</sup> [Reaching the tipping point | NHS Confederation](#)

<sup>13</sup> [Record number of children and young people referred to mental health services as pandemic takes its toll \(rcpsych.ac.uk\)](#)

<sup>14</sup> [Record number of children and young people referred to mental health services as pandemic takes its toll \(rcpsych.ac.uk\)](#)

<sup>15</sup> [Record number of children and young people referred to mental health services as pandemic takes its toll \(rcpsych.ac.uk\)](#)

The NHS Confederation's Health Leaders Panel survey, part of the [Manifesto for Recovery report](#),<sup>16</sup> has highlighted that this increase is also apparent in the wider system with 89% of health leaders predicting a significant increase in demand for CYP mental health services in the short and medium term.

There is easily accessible data on the number of children and young people accessing mental health services. The Q4 2020/21 Mental Health Dashboard<sup>17</sup> states that in 2020/21, 589,705 CYP accessed support via NHS funded community services. We can see that the number is increasing, but it is unclear whether this figure refers to additional children and young people receiving evidence-based treatment. There was also a target in the Five Year Forward View for Mental Health (FYFVMH)<sup>18</sup> to increase the percentage of children and young people accessing mental health services. This started at a low base of just 25% of CYP, and the aim was to increase this to 35% by 2020/21, which according to the FYFVMH, would mean an additional 70,000 CYP accessing services. The percentage has now increased to about 39% nationally. Whilst, technically this target has been met, there is a lot more work to do, especially as there is significant regional variation, and the national prevalence and demand for mental health support has increased during the pandemic. The access target is based on the prevalence rate, so as this has increased, the percentage accessing services will have decreased. The targets themselves will need to be reviewed, as stated in the FYFVMH.

The crisis target is also included in the Mental Health Dashboard, but only for 2019/20 and we have not been able to access any other publicly available data. The 2019/20 data states that 26% of the country had full or partial coverage of a comprehensive crisis service as of March 2020. So, services have not met the 30% target for that year, but we have heard that this percentage has increased.

Prior to the pandemic services were progressing well towards achieving the 95% access to eating disorder services. There was regional variation with some regions exceeding the standard, but other doing less well. In quarter one, 2020-21, 87.8% of services were meeting the target to see urgent cases within one week, but in quarter one, 2021-22, this had gone down to 61%, with no region exceeding the standard. In that same period, the number of completed pathways increased from 328 to 852, which is a 160% increase in urgent cases. Whilst progress has been curtailed, mainly due to the significant increase in demand for eating disorder services during the pandemic as mentioned above, services have been seeing a much larger number of CYP with higher levels of acuity.

NHS mental health services have seen a significant increase in funding over the last five years to transform services and achieve policy targets. The Mental Health Investment Standard, for all its weaknesses, has ensured that the funding was used as intended. The sector is incredibly grateful for that additional resource, but it should be recognised that this funding is largely for the NHS, and to some extent to support schools via the mental health support teams, and mental health leads in schools. What needs to be recognised is that CYP mental health services are part of a system that supports good mental health and reduces the risk of mental health problems developing. The NHS cannot do this alone but needs other partners such as local authorities and public health teams. Many CCGs already jointly commission and pool budgets for community CYP mental health provision with local authorities, which is positive. However, local authorities have seen significant cuts to their budgets. So, whilst there is more NHS money to fund mental health support services, this is not necessarily the case for local authority funded services, including public health, which focus on

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<sup>16</sup> [Manifesto for recovery | NHS Confederation](#)

<sup>17</sup> [NHS England » NHS Mental Health Dashboard](#)

<sup>18</sup> [Implementing The Five Year Forward View for Mental Health \(england.nhs.uk\)](#)

preventive approaches and support vulnerable groups who have a high prevalence of mental health problems such as children in care. Prevention and early intervention are key to reducing the number of CYP needing specialist mental health services.

The funding plans were largely developed prior to the pandemic. As we know the demand for mental health support in this age group has increased considerably during that time. Funding for these services needs to be increased to ensure that not only targets are met, but that very vulnerable young people have early access to support. This in turn will take some of the pressure off specialist mental health services and help the long-term commitment of ensuring 100% of CYP who need specialist support are able to access it.<sup>19</sup>

Whilst there has been work nationally to improve the routine collection of outcome data via the CYP IAPT Programme and via CORC (Child Outcomes Research Consortium)<sup>20</sup>, this data is not published nationally or freely available. So, it is unclear from publicly available data whether the funding has resulted in improved clinical outcomes. If we consider different types of outcomes such as how easily CYP are accessing services, or how long they are waiting, we get a mixed picture. As mentioned above, the numbers accessing services has increased, which is a positive outcome. However, we know from NHS England that waiting times for mental health services have increased, particularly during the pandemic, and about 1.6 million, which includes 374,000 under 18s are on waiting lists for NHS mental health care.<sup>21</sup>

### **Adult Common Mental Illness**

- *All areas commission IAPT-Long term condition services*

Services are often set up to either treat the body or the mind, but rarely do they cover both. Prior to the pandemic, about 30% of people with long-term conditions also had mental health problems.<sup>22</sup> An estimated 45 percent of all GP appointments and half of all new visits to hospital clinics in the UK<sup>3</sup> are due to medically unexplained symptoms (MUS), and the most effective treatment is psychological support.<sup>23</sup> People with long-term conditions or medically unexplained symptoms, are high volume users of NHS services, but because they do not always have their mental health needs met, they often bounce around the system, which is not helpful for the patient or the wider NHS.

We know that there is more work to do on developing IAPT services for people with long-term conditions. It is still in the KPIs for the NHS in 21/22, which is positive, but it is likely that the number of people needing these services will increase. This is because of the number of people with long Covid, and people on waiting lists because of the elective backlog, many of whom will have mental health issues alongside their physical health concerns.

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<sup>19</sup> [NHS Long Term Plan » Children and young people's mental health services](#)

<sup>20</sup> CORC is a membership organisation that collects and uses evidence to improve CYP mental health and outcomes of care. [CORC Child Outcomes Research Consortium](#)

<sup>21</sup> [Strain on mental health care leaves 8m people without help, say NHS leaders | Mental health | The Guardian](#)

<sup>22</sup> [Long-term condition and mental health Chris Naylor February 2012 \(kingsfund.org.uk\)](#)

<sup>23</sup> <https://www.nhs.uk/conditions/medically-unexplained-symptoms/>

There are other initiatives that could help, such as the introduction of mental health practitioners into primary care, and the transformation of community mental health teams, that have a more integrated approach between primary and secondary care.

Some people who are on long waiting list for either mental health services, or for elective treatments or surgery, would probably benefit from waiting well initiatives. For CYP this has included access to digital services such as Think Ninja from Healios,<sup>24</sup> but more generally it also could be access to information, or local voluntary sector services. This is beyond Government's commitments, but it would help support people during this difficult time and could provide self-care and early intervention for some people.

### **Adult Severe Mental Illness**

- *280,000, or 60 % of people with SMI will receive a full annual health check*

The commitment and the deadline for implementation are clear, but the data highlights that the NHS is nowhere near meeting the target. In Q4 220/21, the per centage of people receiving the full annual health check was 23.4 per cent, with some regional differences, but with no area meeting the target. The per centage has gone down as it was 35.8 per cent in Q4 2019/20.

The pandemic has no doubt been a mitigating reason for the decrease, but there are other existing issues, as the percentage was low the previous year.

It is important to fully implement this commitment, as people with SMI die on average 10-17 years younger than people without SMI. This is a significant health inequality that needs to be addressed.

- *New integrated community models for adults with a severe mental illness*

The pilot sites that have been developed over the past few years are very positive and they have worked hard to integrate primary care and community mental health services, alongside voluntary sector services and other partners. The Somerset system for instance, has worked with Rethink Mental Illness to develop their integrated community mental health service. As part of this work, they have developed a voluntary sector alliance, to enable to the ICS to work with several voluntary sector organisations.

There are concerns about the implementation of the model. For instance, it is essential that social care is involved. Many of the pilot projects are working in partnership with their local authority. However, due to funding pressures for local authorities, it can be difficult for them to provide the level of service that is necessary.

- *The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital.*

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<sup>24</sup> [ThinkNinja - NHS \(www.nhs.uk\)](http://www.nhs.uk)

This commitment is still in the KPIs for 21/22, which is positive. Progress against the commitment is likely to be behind because of the pandemic.

- *All areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission*

This commitment is still in the KPIs as maintaining these services. We know that the 24/7 crisis lines were developed ahead of schedule last year, because of the pandemic.

## **Conclusion**

Considerable progress was made prior to the pandemic to implement the identified commitments from Government to improve mental health support. Colleagues working in the NHS and partner organisations should be praised for their hard work and dedication in transforming mental health services. However, it is clear that some commitments are progressing better and faster than others, and there is a lot more work to do. So, we would like to see renewed focus on all the commitments in the Long Term Plan and the Mental Health Act reforms.

The pandemic has obviously impacted on progress over the last year, and we are seeing signs that it is continuing to impact on services. The funding plans for the commitments in the Long Term Plan were established prior to the pandemic. Whilst we welcome the additional funding over the last year, the sector will require additional funding and workforce if it is to meet the Government's commitments and meet the mental health backlog from the pandemic. For instance, the Health Foundation have estimated that the additional cost of the COVID-19 pandemic for mental health services could range from £1.6bn to £3.6bn over the next 4 years, an annual average of £400m–£900m.<sup>25</sup>

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<sup>25</sup> [REALCentreFundingProjections\\_WEB.pdf](#)