



BRIEFING PAPER

Number 07547, 5 April 2016

Mental health policy in England

By Elizabeth Parkin

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

Inside:

1. Mental health policy under the 2010-15 Coalition Government
2. Mental health policy under the 2015 Government
3. Mental health policy in Scotland, Wales and Northern Ireland
4. Further reading

Contents

Summary	3
1. Mental health policy under the 2010-15 Coalition Government	4
The Mental Health Strategy for England	4
Parity of esteem for mental health	4
Suicide Prevention Strategy for England	5
Closing the Gap: priorities for essential change in mental health	5
Mental Health Crisis Care Concordat	6
Liaison and Diversion services	6
Children and Young People’s Mental Health and Wellbeing Taskforce	7
Waiting time standards for mental health	7
NHS Five Year Forward View	8
Additional funding announcements	9
Child and adolescent mental health services	9
Stigma and discrimination	9
2. Mental health policy under the 2015 Government	11
The Prime Minister’s speech on life chances	11
The Mental Health Taskforce	12
The Policing and Crime Bill	15
Back to work support	16
Children and young people’s prevalence survey	16
3. Mental health policy in Scotland, Wales and Northern Ireland	17
Scotland	17
Wales	17
Northern Ireland	18
4. Further reading	19

Summary

This note provides a brief summary of Government policy on mental health in England. It covers policies introduced under the 2010-2015 Coalition Government, and those introduced under the 2015 Conservative Government.

It is not intended to provide detail on every recent policy, and instead focuses on the main developments and programmes of work.

It focuses on health policy, and so does not look in detail at wider changes that may affect people with mental health problems, such as welfare reform and social care policy. However, links to further reading are included in the Appendix.

As health is a devolved matter, the Governments of Scotland, Wales and Northern Ireland are responsible for setting their own policies in this area. Links to policies of the devolved administrations are provided in section 3.

1. Mental health policy under the 2010-15 Coalition Government

The Mental Health Strategy for England

The Government's mental health strategy, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#) (February 2011) set out the Coalition's plan to improve people's mental health and wellbeing and improve services for those with mental health problems. The strategy set six key objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.¹

The strategy also made explicit the Government's objective to give equal priority to mental and physical health:

We are clear that we expect parity of esteem between mental and physical health services.²

The [Implementation Framework](#) for this strategy, published in July 2012, described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health.³

Parity of esteem for mental health

Giving mental health equal priority to physical health is often referred to "parity of esteem". Parity of esteem became a central objective for the Coalition Government throughout its work on mental health.

The *Health and Social Care Act 2012* secured explicit recognition of the Secretary of State for Health's duty towards both physical and mental health. The Act was altered during its passage into law to include this specific reference to mental health.

As noted above, the Government's 2011 mental health strategy also set out the Coalition's commitment to parity of esteem.

The Government's *Mandate to NHS England*, first published in 2012 and refreshed annually, sets the Government's objectives for the NHS. The Mandate includes specific requirements to achieve parity of esteem, to ensure that mental and physical health conditions are given equal priority. Information on NHS England's work to secure parity of esteem is available here: [Valuing mental health equally with physical health or "Parity of Esteem"](#)

¹ Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#). February 2011

² Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#). February 2011, page 2

³ Department of Health, [No Health without Mental Health: Implementation Framework](#), July 2012

The Crisis Care Concordat (see below) also contained an objective to ensure that mental health emergencies are treated with the same urgency as physical health emergencies.

The NHS Constitution was also updated in July 2015 to reflect the Government's commitment to parity of esteem between mental and physical health problems.⁴

Further information on parity of esteem is available in a Parliamentary Office of Science & Technology (POST) briefing: [Parity of esteem for mental health](#) (January 2015).

Suicide Prevention Strategy for England

The cross-Government [Suicide Prevention Strategy for England](#) was published in September 2012. It set out plans for reducing suicide rates and supporting people affected by suicide.

This strategy has two key objectives:

- a reduction in the suicide rate in the general population in England
- better support for those bereaved or affected by suicide

It also identifies six key areas of action:

- reducing the risk of suicide in key high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those bereaved or affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring.⁵

The Department of Health publishes an annual progress report on the Suicide Prevention strategy. These summarise the latest trends, research and developments on suicide prevention in England and set out key actions that local areas can take to prevent suicides. See:

- [Preventing Suicide in England: One year On](#)
- [Preventing suicide in England: Two Years On](#),

Closing the Gap: priorities for essential change in mental health

In January 2014, the Deputy Prime Minister and Minister for Care Services published [Closing the Gap: priorities for essential change in mental health](#). This identified 25 areas for immediate change to improve mental health care, under the following four themes:

- Increasing access to mental health services
- Integrating physical and mental health care
- Starting early to promote mental wellbeing and prevent mental health problems

⁴ Department of Health, [A consultation on updating the NHS Constitution: Government response](#), July 2015

⁵ Department of Health, [Suicide Prevention Strategy for England](#), 10 September 2012

- Improving the quality of life of people with mental health problems

The report also emphasised the importance of parity of esteem.

Mental Health Crisis Care Concordat

In February 2014, the Department of Health and signatories published the [Mental Health Crisis Care Concordat](#). The Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

It focuses on four main areas:

- [Access to support before crisis point](#) – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- [Urgent and emergency access to crisis care](#) – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- [Quality of treatment and care when in crisis](#) – making sure that people are treated with dignity and respect, in a therapeutic environment.
- [Recovery and staying well](#) – preventing future crises by making sure people are referred to appropriate services.

Liaison and Diversion services

Liaison and Diversion services seek to identify offenders who have mental health, learning disability or substance misuse problems, and who come into contact with the criminal justice system, so that they can either be supported through the criminal justice pathway or diverted into health treatment, social care or other support services.

On 4 January 2014, the Department of Health announced an extra £25m of funding for mental health nurses and other mental health professionals to work with police stations and courts so that people with mental health, learning disabilities and substance misuse problems can receive treatment at the earliest possible stage. Ten areas across the country will test out a new model of Liaison and Diversion services. Further information is provided by the Department of Health - [Extra funding for mental health nurses to be based at police stations and courts across the country](#).

The full roll-out of Liaison and Diversion services nationally is expected in 2017, which has been delayed from an initial target date of 2014.

Further information is provided in the PQ below:

Lord Beecham: To ask Her Majesty's Government why the deadline for full roll-out of liaison and diversion services for offenders with mental health needs or learning disabilities has been extended from 2014 until 2017; and how many offenders will be affected by the delay.

The Parliamentary Under-Secretary of State, Department of Health (Earl Howe) (Con): National roll-out of liaison and diversion services by NHS England will follow HM Treasury approval of a full business case. It has taken time to develop the

business case and it will not be complete until 2015. This is because there is no existing evidence for the effectiveness of liaison and diversion services and this has to be developed as part of the phased roll-out of liaison and diversion services.

Information is not available about the potential number of offenders who would be affected by roll-out in 2017 instead of roll-out in 2014. Liaison and diversion services enable people entering the criminal justice system with mental health-related conditions and learning disabilities to get the right support and the best possible care as soon as possible. For offenders whose needs are not identified by a liaison and diversion service in police custody or the courts, these will continue to be identified through court procedures or at reception in prison.⁶

Children and Young People's Mental Health and Wellbeing Taskforce

In July 2014, the Children and Young People's Mental Health and Wellbeing Taskforce, led by the Department of Health and NHS England, examined how to improve child and adolescent mental health care.

The Taskforce published its report in March 2015 - [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#). The Taskforce set ambitions for improving care over the next five years, including making better links between schools and specialist services. Key objectives include:

- Tackling stigma and improving attitudes to mental illness
- Introducing more access and waiting time standards for services
- Establishing "one stop shop" support services in the community
- Improving access for children and young people who are particularly vulnerable⁷

Waiting time standards for mental health

In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health. From 1 April 2015 (to be fully implemented by April 2016), the new waiting time standards will be as follows:

- 75% of people referred for talking therapies for treatment of common mental health problems like depression and anxiety will start their treatment within 6 weeks and 95% will start within 18 weeks
- at least 50% of people going through their first episode of psychosis will get help within 2 weeks of being referred.⁸ (The Prime Minister announced in January 2016 that this will increase to at least 60% of people by 2020 – see section 2)

⁶ [HCDeb 17 July 2014 cWA143](#)

⁷ Department of Health and NHS England, [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#), 17 March 2015

⁸ Gov.uk, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

The Government said that their ambition is for access and waiting time standards to be implemented for all mental health services by 2020. With regards to waiting time standards for children and young people, then Minister for Care Services Norman Lamb said:

The vision is for comprehensive standards to be developed over the coming years for all ages, including for children and young people. Where adult IAPT services are commissioned to provide a service to 16 and 17 year olds, the new waiting time standard will apply.⁹

NHS Five Year Forward View

The [NHS Five Year Forward View](#), published by NHS England in October 2014, set a commitment to working towards a more equal response across mental and physical health and achieving genuine parity of esteem by 2020:

Five Year Ambitions for Mental Health

Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease.

Over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together. We have already made a start, through the Improving Access to Psychological Therapies Programme – double the number of people got such treatment last year compared with four years ago. Next year, for the first time, there will be waiting standards for mental health. Investment in new beds for young people with the most intensive needs to prevent them being admitted miles away from where they live, or into adult wards, is already under way, along with more money for better case management and early intervention.

This, however, is only a start. We have a much wider ambition to achieve genuine parity of esteem between physical and mental health by 2020. Provided new funding can be made available, by then we want the new waiting time standards to have improved so that 95 rather than 75 per cent of people referred for psychological therapies start treatment within six weeks and those experiencing a first episode of psychosis do so within a fortnight. We also want to expand access standards to cover a comprehensive range of mental health services, including children's services, eating disorders, and those with bipolar conditions. We need new commissioning approaches to help ensure that happens, and extra staff to coordinate such care. Getting there will require further investment.¹⁰

⁹ PQ 217112 [on mental health services: children], 10 December 2014

¹⁰ NHS England, [Five Year Forward View](#), October 2014, page 26

NHS England's [Forward View into action: planning for 2015-16](#), set an expectation that CCG spending on mental health services in 2015/16 should increase in real terms, and grow by at least as much as each CCG's allocation increase to support the ambition of parity between mental and physical health.¹¹

Additional funding announcements

In December 2014, the Government announced five year funding of £150m for investment in children and young people's eating disorder services.¹² This funding package will allow the development of waiting time standards for eating disorders from 2016.¹³

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in mental health. £1 billion will be provided over the next five years to start new access standards for children and adolescent services, which the Government anticipates will see 110,000 more children cared for over the next Parliament. The Government has also committed to investing £118 million by 2018-19 to complete the roll-out of the Children and Young People's IAPT (Improving Access to Psychological Therapies) programme, to ensure talking therapies are available throughout England. Alongside this, £75 million will be provided between 2015 and 2020 to provide perinatal and antenatal mental health support for women. The Department for Education will also invest £1.5 million to pilot joint training for designated leads in CAMHS services and schools to improve access to mental health services for children and young people.¹⁴

Child and adolescent mental health services

Further information on Government policy on child and adolescent mental health services (CAMHS), including work to improve the provision of mental health services in schools, is available in the Library briefing [Children and young people's mental health – policy, CAMHS services, funding and education](#).

Stigma and discrimination

The Coalition Government committed to tackling mental health stigma and discrimination. One of the core objectives in the 2011 Government mental health strategy was that "fewer people will experience stigma and discrimination."¹⁵ The Deputy Prime Minister's 2014 strategy, *Closing the gap: Essential priorities for mental health*, also included an objective to "stamp out discrimination around mental health".¹⁶

The Department of Health provided funding for the Time to Change initiative, a national programme to reduce mental health stigma and

¹¹ NHS England, [Forward View into action: planning for 2015-16](#), December 2014, page 5

¹² Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

¹³ [HC Deb 3 March 2015 c915](#)

¹⁴ HM Treasury, [Budget 2015](#), March 2015, pages 59-60

¹⁵ HM Government, [No health without mental health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011

¹⁶ Department of Health, [Closing the Gap: Priorities for essential change in mental health](#), February 2014

discrimination, led by Mind and Rethink Mental Illness. The Department of Health, the Big Lottery Fund and Comic Relief have all provided funding for the programme. The Department funded the campaign with over £16 million between 2011-12 and 2014-15 and provided £3.2 million in funding in 2015/16.¹⁷

All Government Departments have signed the Time to Change employer pledge to tackle mental health stigma and discrimination in the workplace.¹⁸

During the Parliament, MPs from across political parties pledged their support for reducing mental health stigma. A backbench business debate in June 2012 was considered a defining moment in tackling stigma when MPs spoke about their personal experience of mental health problems.

In June 2012, Gavin Barwell MP introduced the *[Mental Health \(Discrimination\) \(No 2\) Bill](#)* to remove discrimination from specific areas of law. The Private Member's Bill repealed legislative provisions that could prevent people with mental health problems from serving as Members of Parliament, members of the devolved legislatures, jurors, or company directors. The Bill passed through the Commons and Lords with Government and Opposition support, and received Royal Assent on 28 February 2013.

¹⁷ [PQ 19556 \[on Mental Illness: Discrimination\], 15 December 2015](#)

¹⁸ [Time to Change, Time to Change Programme: October 2011 to March 2015, Employers Tackling mental health stigma and discrimination in the workplace](#)

2. Mental health policy under the 2015 Government

The Prime Minister's speech on life chances

On 11 January 2016, during a speech on improving life chances, the Prime Minister announced investment to enhance mental health services across the country in the following areas:

£290 million to help new and expectant mums who have poor mental health

One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.

That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.

£247 million to place mental health services in every hospital emergency department

People with mental health problems are 3 times more likely to turn up at A&E than those without. Yet not every hospital in the country has the services needed to support them. Every hospital in the country should have liaison mental health services, which will mean specialist staff, with training in mental health, will be on hand to make sure that patients get the right care for them, and are referred for further support if needed.

Today, the Prime Minister will announce £247 million will be deployed over the next 5 years to make sure that every emergency department has mental health support and, as a global leading effort, will make sure that these services are available 24 hours a day, 365 days a year in at least half of England's acute hospitals by 2020. This new money will not only improve the care of those with mental illness in A&E but will also generate important savings for these hospitals – through fewer admissions and reduced lengths of stay, for example.

Faster care and expanded services for teenagers with eating disorders

We know that eating disorders are most likely to affect those aged between 14 and 25 and, if they go untreated for more than 3 to 5 years, the chances of recovery are greatly reduced, while incidents of self-harm increase. We also know that anorexia kills more than any other mental health illness.

As investment in new services expands access to care, teenagers suffering from eating disorders like anorexia will get help much more quickly, and from 2017/2018 a new waiting time measure will track the increasing number of patients being seen within a month of being referred, or within a week for urgent cases.

Improved waiting time target for people experiencing psychosis

About 75% of mental illness in adult life begins before the age of 18 and it is estimated that 17,000 people a year experience a first episode of psychosis. While care across the country is improving until now, there have been no national standards setting out a clear timeframe for care.

Today, the Prime Minister will set out a new waiting time target – to be in place in April 2016 – so that from next year at least half of those experiencing psychosis for the first time must be treated within 2 weeks, rising to at least 60% by 2020.

Over £400 million for crisis home resolution teams to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals

Crisis resolution and home treatment teams have been introduced throughout England as part of a transformation of the community mental healthcare system. They aim to assess all patients being considered for acute hospital admission, to offer intensive home treatment rather than hospital admission if feasible, and to facilitate early discharge from hospital. Key features include 24-hour availability and intensive contact in the community, with visits twice daily if needed.

The new investment in this integrated, multidisciplinary approach will ensure more complete coverage around the country.¹⁹

The Mental Health Taskforce

[The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England](#) was published in February 2016. The Taskforce was launched by NHS England and was independently chaired by Paul Farmer, Chief Executive of Mind.

The Mental Health Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21, encompassing three broad areas:

- First, the Taskforce makes a set of recommendations for the NHS arm's length bodies [NHS England, Public Health England, Care Quality Commission, NHS Improvement and Health Education England] to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people.
- Second, the Taskforce set out recommendations where wider action is needed. This includes cross-Government action, in areas such as employment, housing and social inclusion.
- Thirdly, the Taskforce places a particular focus on tackling inequalities, including a higher incidence of mental health problems among people living in poverty, those who are unemployed and people who already face discrimination. It also address inequalities in access to services among certain black and minority ethnic groups, whose first experience of mental health

¹⁹ Gov.uk, [Prime Minister pledges a revolution in mental health treatment](#), 11 January 2016

care often comes when they are detained under the *Mental Health Act*, often with police involvement.

The recommendations to be delivered by 2021 include:

- an end to the practice of sending people out of their local area for acute inpatient care
- providing mental health care to 70,000 more children and young people
- supporting 30,000 more new and expectant mothers through maternal mental health services
- new funding to ensure all acute hospitals have mental health services in emergency departments for people of all ages
- increasing access to talking therapies to reach 25% of those who need this support
- a commitment to reducing suicides by 10%

The Government has said it welcomes the report's recommendations, and will work with NHS England and other partners to establish a plan for implementing its recommendations.²⁰ The Minister for Community and Social Care, Alistair Burt, said:

By the end of this Parliament we will make the Taskforce's recommendations a reality.²¹

The *Government's Mandate to the NHS 2016-17* also contains a directive for the NHS to implement agreed actions from the Mental Health Taskforce.²²

The Taskforce also called for an additional investment of £1 billion by 2020/21 to implement change in the priority areas identified by their report. In response, the Government pledged that an extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.²³

The Department of Health's press release outlines its commitments to the report's recommendations:

An extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.

The announcement follows the publication of a [report by the Mental Health Taskforce](#), chaired by Paul Farmer, Chief Executive of Mind. The taskforce has reviewed mental health care and has set out its vision for preventative, holistic mental health care and making sure that care is always available for people experiencing a crisis.

The recommendations to be delivered by 2021 include:

- an end to the practice of sending people out of their local area for acute inpatient care
- providing mental health care to 70,000 more children and young people

²⁰ [HC Deb 23 February 2016 c153-4](#)

²¹ [PO 28310 \[on Mental Health Services: Finance\], 29 February 2016](#)

²² Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 18

²³ Department of Health, [New investment in mental health services](#), 16 February 2016

- supporting 30,000 more new and expectant mothers through maternal mental health services
- new funding to ensure all acute hospitals have mental health services in emergency departments for people of all ages
- increasing access to talking therapies to reach 25% of those who need this support
- a commitment to reducing suicides by 10%

Responding to the report, Health Secretary Jeremy Hunt said:

“We have made monumental strides in the way we treat mental illness in this country — but we must go even further.

“Our shared vision of a 7 day mental health service means people will get the care they need, when they need it, and will help prevent mental illness in the first place.

One in 4 people will experience a mental health problem and the cost of mental ill health to the economy, the NHS and society as a whole is £105 billion a year.

This announcement will accelerate the progress that has already been made, including:

- increasing the money put into mental health every year since 2010, giving the NHS a record £11.7 billion last year
- introducing the first ever access and waiting time standards for mental health, meaning people will get the care they need when they need it
- investing £1.4 billion to transform young people’s mental health services

Alistair Burt, minister for mental health, said:

“Today’s report gives a fantastic boost to changes in mental health services, with more care available close to people’s homes. I particularly welcome the fact that young people and new and expectant mums will get the mental health care they need. For our part, we are investing more than ever before in mental health and will make sure the NHS delivers on this plan.²⁴

Alistair Burt made a statement on the Government’s response to the Mental Health Taskforce on 23 February 2016:

The Minister for Community and Social Care (Alistair Burt): Achieving parity of esteem for mental and physical health remains a priority for this Government. I appreciate the hon. Lady’s raising of the urgent question this afternoon. We welcomed the independent Mental Health Taskforce launched by NHS England last year, with its remit to explore the variation in the availability of mental health services across England, to look at the outcomes for people who are using services, and to identify key priorities for improvement.

The taskforce, chaired by Paul Farmer, chief executive of Mind—I thank him, the vice-chair, Jacqui Dyer, and the whole team for the remarkable work they did—also considered ways of promoting positive mental health and wellbeing, ways of improving the

²⁴ Department of Health, [New investment in mental health services](#), 16 February 2016

physical health of people with mental health problems, and whether we are spending money and time on the right things.

The publication of the taskforce's report earlier this month marked the first time a national strategy has been designed in partnership with all the health-related arm's length bodies in order to deliver change across the system. This also demonstrated the remarkable way in which society, the NHS and this House now regard mental health and how it should be seen and approached.

This Government have made great strides in the way we think about and treat mental health in this country. We have given the NHS more money than ever before and are introducing access and waiting-time targets for the first time. We have made it clear that local NHS services must follow our lead by increasing the amount they spend on mental health and making sure that beds are always available. Despite those improvements, however—and I referred earlier to the way in which we view these matters—the taskforce pulled no punches. It produced a frank assessment of the state of current mental health care throughout the NHS, pointing out that one in four people would experience a mental health problem during their lifetime, and that the cost of mental ill health to the economy, the NHS and society was £105 billion a year.

We can all agree that the human and financial cost of inadequate care is unacceptable. The Department of Health therefore welcomes the report's publication, and will work with NHS England and other partners to establish a plan for implementing its recommendations. To make those recommendations a reality, we will spend an extra £1 billion by 2020-21 to improve access to mental health services, so that people can receive the right care in the right place when they need it most. That will mean increasing the number of people completing talking therapies by nearly three quarters, from 468,000 to 800,000; more than doubling the number of pregnant women or new mothers receiving mental health support, from 12,000 to 42,000 a year; training about 1,700 new therapists; and helping 29,000 more people to find or stay in work through individual placement support and talking therapies.

I assure all Members that they will have ample opportunities to ask questions and debate issues as we work together to implement the taskforce's recommendations.²⁵

The Policing and Crime Bill

The [*Policing and Crime Bill*](#) – currently going through Parliament - includes measures to reduce instances where people experiencing a mental health crisis are held in a police cell as a “place of safety” whilst waiting an assessment.²⁶

Sections 135 and 136 of the *Mental Health Act 1983* give the police powers to detain and remove persons who appear to be suffering from a mental disorder and take them to a designated “place of safety” until an assessment can take place and appropriate treatment arranged.

²⁵ [HC Deb 23 February 2016 c153-4](#)

²⁶ Gov.uk, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

The *Policing and Crime Bill* amends the *Mental Health Act* to introduce restrictions on places that may be used as places of safety. The Bill bans the use of police cells as a place of safety for under 18s and gives the Secretary of State powers to introduce regulations to restrict the circumstances in which police cells may be used as a place of safety for adults.

The Bill also decreases from 72 to 24 hours the length of time a person can be detained in a place of safety whilst waiting for an assessment. This may only be increased by 12 hours with the authorisation of a medical practitioner and, if the place of safety is a police station, with the approval of a police officer of the rank of superintendent or above.

Further information is available in [Policing and Crime Bill: Explanatory notes](#).

Back to work support

On 15 February 2016, the Prime Minister announced that tens of thousands of people with mental health conditions will be supported to find or return to work as part of a massive new drive to transform treatment in England:

To fully embed the link between employment and mental health, the government will work with the NHS to ensure:

- access to talking therapies for people suffering from conditions like anxiety or depression will be almost doubled so that 800,000 people get the support they need thanks to a £308 million investment
- 29,000 more people with mental health conditions will be helped to find or stay in work thanks to the increase in these therapies and there will be more mental health experts in job centres to embed the link between employment and mental health
- £50 million will be spent to double the reach of programmes finding work for people with mental illness – known as Individual Placement and Support Programmes – with evidence showing these programmes save £6,000 per person due to reduced inpatient costs
- over £50 million is invested to more than double the number of employment advisors, so that they are linked in to every talking therapy service in the country.²⁷

Children and young people's prevalence survey

The Department of Health is commissioning a new national prevalence survey of children and young people's mental health – the first since 2004. The survey will estimate the extent of mental ill health in the 2-19 year old population. Final publication of findings is expected in 2018.²⁸

²⁷ Gov.uk, [PM: Improve mental health treatment to get thousands more back to work](#), 15 February 2016

²⁸ [PQ 28311 \[on Behaviour Disorders: Children\], 29 February 2016](#)

3. Mental health policy in Scotland, Wales and Northern Ireland

Scotland

The [Mental Health Strategy 2012-15](#) set out the Scottish Government's priorities and commitments to improve mental health services and to promote mental wellbeing and prevent mental illness. The strategy identifies seven key themes:

- Working more effectively with families and carers
- Embedding more peer to peer work and support
- Increasing the support for self-management and self help approaches
- Extending the anti-stigma agenda forward to include further work on discrimination
- Focusing on the rights of those with mental illness
- Developing the outcomes approach to include personal, social and clinical outcomes
- Ensuring that we use new technology effectively as a mechanism for providing information and delivering evidence based services²⁹

The Scottish Government's [Suicide Prevention Strategy 2013-2016](#) sets out key areas of work to reduce the number of suicides in Scotland. It focuses on five key themes of work:

- Responding to people in distress
- Talking about suicide
- Improving the NHS response to suicide
- Developing the evidence base
- Supporting change and improvement

The [Mental Health \(Scotland\) Bill](#) was introduced in the Scottish Parliament on 19 June 2014 by the Cabinet Secretary for Health and Wellbeing. The overarching objective of the Bill is to help people with a mental disorder access effective treatment quickly and easily. The Scottish Parliament has produced a research briefing on the Bill: [Mental Health \(Scotland\) Bill](#). The Bill received Royal Assent on 4 August 2015.

Wales

In October 2012, the Welsh Government published [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#). This is a 10-year strategy for improving the lives of people using mental health services, their carers and their families.

The main themes of Together for Mental Health are:

- promoting mental wellbeing and, where possible, preventing mental health problems developing,
- establishing a new partnership with the public, centred on:

²⁹ Scottish Government, [Mental Health Strategy](#)

- Improving information on mental health
 - Increasing service user and carer involvement in decisions around their care
 - Changing attitudes to mental health by tackling stigma and discrimination
- delivering a well designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible,
 - addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors,
 - identifying how the Government will implement the Strategy.

A new national Mental Health Partnership Board will oversee delivery of the Strategy.

At the heart of the strategy is the [Mental Health \(Wales\) Measure 2010](#), which places legal duties on health boards and local authorities to improve support for people with mental ill-health.

Northern Ireland

In October 2011, Health Minister Edwin Poots published the [Service Framework for Mental Health and Wellbeing](#). The Framework sets standards for the prevention, assessment, diagnosis, treatment, care and rehabilitation of people who have a mental illness.

The [Regional Mental Health Care Pathway: You in Mind](#), launched in October 2014, commits health and social care services to deliver care which is more personalised and improves the experience of people with mental health problems, by adopting a more evidence based/recovery oriented approach to care across the system.

In September 2015, Health Minister Simon Hamilton tasked officials to create an innovative service which will meet the needs of those suffering from mental trauma. The 2015 report, [Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health](#) (March 2015) found that over 213,000 people in Northern Ireland are experiencing significant mental health problems as a result of the Troubles. The Stormont House Agreement made a commitment to implement the Commission for Victims and Survivors' recommendation for a comprehensive Mental Trauma Service, to operate within the Health Service, but working closely with the Victims and Survivors Service (VSS), and other organisations and groups who work directly with victims and survivors.³⁰

Information on policy and services for children and adolescents is available from Young Minds – [CAMHS policy in Northern Ireland](#).

³⁰ Northern Ireland Executive, [Health Minister, Simon Hamilton, today reiterated his commitment to establishing a comprehensive Mental Trauma Service in Northern Ireland](#), 24 November 2015

4. Further reading

The Department of Health has published information on the Coalition's policies on mental health: [2010 to 2015 government policy: mental health service reform](#) (May 2015).

The Government provides information on current mental health policy on its page on [Mental health service reform](#).

House of Commons Library briefings

- [Children and young people's mental health – policy, CAMHS services, funding and education](#) (November 2015)
- [NHS maximum waiting times and patient choice policies](#) (September 2015)
- [Mental health finance](#) (December 2015)
- [NHS Indicators: England, February 2016](#)
- [Welfare Reform and Work Bill \[Bill 51 of 2015-16\]](#) (July 2015)
- [Social care: Announcement delaying introduction of funding reform \(including the cap\) and other changes until April 2020 \(England\)](#) (August 2015)

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).