Cabinet Office

Department of Health & Social Care

Policy paper

COVID-19 mental health and wellbeing recovery action plan

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1. Joint ministerial foreword

COVID-19 has affected all our lives and our livelihoods in profound ways over the last year. The nation has come together to keep ourselves and our loved ones safe, but there has been a cost. The virus itself, and the necessary measures to contain its spread, have triggered feelings of worry, distress or loneliness for many of us.

These feelings are a completely normal response to an unprecedented period of disruption. As restrictions ease and the economy is gradually and safely reopened, many people will feel their wellbeing improve as they reconnect with family and friends and return to the routines and activities that help to keep them well.

However, we know that some people's mental health has taken a harder, longer-lasting hit during the pandemic. Groups who had the highest risk of mental ill-health before COVID, including those living with pre-existing conditions, seem to have been worst affected. The mental health impacts of the pandemic have also been felt keenly by those directly affected by the virus – people who have been bereaved, people who have survived an acute illness, people living with long COVID, and our amazing frontline and key workers.

Yet despite these challenges, the wide-ranging effects of the pandemic have also presented a unique opportunity to come together across government and focus on supporting the nation's mental health. We are proud of our achievements in expanding NHS mental health services to ensure support is there for those who need them, not least the tremendous efforts of NHS staff during the past year, many of whom have worked around the clock to support people despite challenging circumstances. But we know that increasing access to services for people who are unwell is not enough.

So much of our mental health is shaped by how our daily practical, social and emotional needs are met, and by whether we can have hope for the future. Good mental health and wellbeing are essential assets for individuals, communities and society. They can help each one of us to live fulfilled, productive and healthy lives.

This plan for 2021 to 2022 sets out our most ambitious cross-government, whole-person approach to date to promote good mental health and support people living with mental illness to recover and live well. It builds on collaboration during the pandemic across government departments, health and care organisations, local government, and voluntary, community and private sector organisations to prevent and mitigate some of the most pressing impacts of COVID-19 on the nation's mental health and wellbeing and support people who are struggling.

We want to prevent people from becoming unwell and to support them to recover. Additional funding will boost the capacity of NHS mental health services for those who need them in the coming year in the aftermath of the pandemic, and we will also invest specifically in training and upskilling the mental health workforce of the future who are essential to further expansion and improvement of services, as set out in the NHS Long Term Plan. But we are delighted that this will be backed by action from national and local government, the voluntary sector and private businesses.

While this plan sets out what government will do in the coming year, it is also a call to action for the whole of society, for local communities, families and for individuals, who can take simple steps to look after their own wellbeing and the wellbeing of those around them, and can reach out for support, including from mental health services when necessary. We want this plan to be delivered with the same spirit of ambition, creativity, compassion and collective effort that has characterised the nation's response to the pandemic's threat.

We are also aware that this is only the beginning and that there is much more work to do. We will continue to work with a wide-ranging coalition of national government departments, local councils, businesses, charities and experts by experience over the next year to identify where we need to focus and go further, together.

Nadine Dorries MP
Minister for Patient Safety, Suicide Prevention and Mental Health

The Rt Hon Penny Mordaunt MP
Paymaster General

2. 1. Introduction

The government knows that self-reported mental health and wellbeing has worsened during the COVID-19 pandemic. For many this reflects a normal response to an extraordinary situation.[footnote 1]

In the aftermath of any disaster, such as a pandemic, it is not unusual for large numbers of people to experience some forms of distress. This will look different to different people, but may manifest as temporary bouts of low mood, short-lived anxiety or sleeplessness. For many this will pass with time by drawing upon their resilience and sources of social and emotional support. But for others, the impacts of the pandemic will lead to more persistent and acute difficulties which require specialist support.

Not everyone has been affected in the same way throughout the pandemic, with some groups reporting higher levels of anxiety and distress. This includes, but is not limited to, children and young people, and young women in particular, individuals with pre-existing mental health conditions, those facing increased financial insecurity, older adults, and particularly those who have been advised to 'shield', those who have been exposed to violence and those who have worked on the front line. As we emerge from this period it is likely that these differences in mental health outcomes will persist and may well increase.

In this challenging context it is important that individuals, along with our families and communities, as well as local councils and national government all play their part to ensure the right support is available to protect and improve our mental health.

2.1 Our objectives for recovery

As we emerge from the pandemic, our objectives for COVID-19 recovery are 3-fold:

- to support the general population to take action and look after their mental wellbeing
- to prevent the onset of mental health difficulties, by taking action to address the factors which play a crucial role in shaping mental health and wellbeing outcomes for adults and children
- to support services to continue to expand and transform to meet the needs of people who require specialist support

We are also transforming the public health system in response to the lessons we have learned from COVID-19. Our reforms will place prevention of physical and mental ill health at the heart of government and embed health improvement expertise, capacity and accountability more widely and deeply across local and national government and the NHS.

2.2 COVID-19 mental health and wellbeing recovery action plan

We have taken a cross-government approach to considering and responding to the challenges to mental health and wellbeing presented by the pandemic. We have worked closely across government departments, health and care organisations, local councils, and the voluntary and community sector to inform our response. As set out in Staying mentally well this winter, we have already delivered a wide range of actions which have sought to mitigate these challenges, including delivery of the Wellbeing for Education Return Scheme in schools and a wide range of support to protect businesses and jobs. We also provided over £10 million of support for mental health charities, including bereavement support charities, to ensure support reached those who have been struggling.

This plan identifies our key commitments for 2021 to 2022, building on the actions we have taken to date. The implementation and next steps chapter sets out our commitment to further collaboration to advance this important agenda. This plan will form the foundation for future policy development and delivery over the coming months and years, as our understanding of the pandemic's impact grows, and we continue to support people's mental health needs.

While the majority of this action plan applies to England only, mental health remains a UK-wide priority and all 4 nations are taking steps to address the mental health impact of the COVID-19 pandemic. We will continue to collaborate across the UK and share learning. Please use the following links for more information on the respective mental health responses to the pandemic in Wales, Scotland and Northern Ireland.

Alongside this recovery action plan, the Department of Health and Social Care (DHSC) is also publishing the fifth National Suicide Prevention Strategy Progress Report. This report considers the vision and priorities of our cross-government suicide prevention strategy going forwards, taking into consideration the challenges that lie ahead in the context of the COVID-19 pandemic's aftermath. As part of the National Suicide Prevention Strategy Progress Report, we are setting out a refreshed cross-government workplan, which contains a comprehensive and ambitious framework across national and local government for how we intend to prevent suicides as far as possible.

Many of the actions set out throughout this recovery action plan will also support people at risk of self-harm or suicide and prevent people from reaching this stage. While the National Suicide Prevention Strategy Progress Report and associated cross-government workplan is published as a separate document, it is important that it is read together with this recovery action plan.

3. 2. Resilience and recovery

3.1 Individuals

The pandemic has presented an enormous challenge for us all, and we have all had to take life-changing steps to tackle this virus and contain its spread. At the heart of our efforts has been the roles played by individuals, to stay at home, protect the NHS, and ultimately save lives. We know the toll this has taken on many people, as they have been kept away from loved ones, faced bereavement and loss and experienced great uncertainty about their future.

The resilience people have shown has been remarkable. However, we know that the impact of the pandemic has been and will continue to be felt more acutely by some more than others, and this is reflected in more detail later in the plan.

There are things that we can all do to look after our mental wellbeing as we follow the roadmap out of lockdown and beyond. Much of this, such as connecting with people, making sense of challenges we have struggled with or regaining consistency, albeit with new routines, doesn't require specialist support.

The government has put in place resources which empower individuals to look after their own mental health and wellbeing, and that of their children. For many, simple steps to improve sleep, increase physical activity, or manage difficult thoughts have been invaluable in helping us keep well during the pandemic, and we should look to retain these habits as we move forward. We are encouraging everyone to reflect on what works for them, and to make use of the resources and advice available to keep up these lifestyle changes. This includes the NHS website, Public Health England's (PHE) Better Health: Every Mind Matters resources and personalised Mind Plan – a targeted action plan with NHS endorsed advice and tips to improve your mood and wellbeing. As of 22 March 2021, over 3.2 million Mind Plans have been made since the start of the pandemic, and we want to see this continue to grow.

We will continue to tailor and promote these resources as we move forward with campaign activity weighted toward groups who are reporting higher levels of mental health difficulties and distress. Activity during 2021 to 2022 will continue to target adults and young people at most risk of mental health problems, with resources updated to address prevailing needs. Campaign bursts will run at key contextual moments, including Mental Health Awareness Week and the post-summer return to school and work, we will also ensure reasonable provisions are made to ensure that resources can be accessed by disabled people.

We are also looking to everyone, as friends, parents, teachers, colleagues and employers to promote these resources too.

There is also a wide range of other mental health and wellbeing resources available that provide invaluable support and practical advice to individuals in need. For example, voluntary and community sector organisations provide excellent and dedicated advice, guidance and support through their websites and helplines. The Hub of Hope database brings together grassroots and national mental health services in one place, including numbers for NHS 24/7 urgent mental health helplines. It helps individuals find the nearest source of support for any mental health issue, from depression and anxiety to post-traumatic stress disorder and suicidal thoughts, as well as providing a 'talk now' button connecting users directly to the Samaritans.

Physical activity has a role in supporting people to maintain positive mental health. We know that building regular physical activity into everyday life can help improve self-esteem, reduce stress and decrease levels of anxiety. Many people have added a daily walk or other exercise to their routine during the pandemic, activities which can reduce stress and improve mood.

PHE's physical activity framework Everybody active every day, supports getting people active across 4 key domains (active society, moving professionals, active environments and moving at scale). The Better Health campaign also promotes key messages and opportunities for adults to get and stay active.

While there is greater public awareness of mental health conditions, and although our Time to Change campaign has made great strides in combating stigma and discrimination, we know we cannot be complacent. There is still a need to combat stigma and discrimination associated with mental health, particularly those who experience the most persistent and challenging conditions. A critical part of improving our mental health as a nation is for each and everyone of us to continue to challenge and combat stigma and discrimination wherever it exists and whenever it happens. To support this, we will work with the voluntary and community sector, NHS England and NHS Improvement, PHE and others to develop a plan for building on the legacy and impact of Time to Change and ensure that work to combat stigma and discrimination continues.

It is also important to recognise that for some, stigma and discrimination remain barriers to seeking help and support for mental health difficulties. Challenging negative perceptions and encouraging open dialogue on mental health and wellbeing among all population groups will be key to enable individuals to take actions to look after their own mental health and wellbeing.

3.2 Communities: the people we know and interact with day to day

Our communities can provide us with many components that are important for good mental health and wellbeing, including our sense of rootedness and belonging, our daily social and emotional interactions which help us to feel connected, as well as providing sources of support when things feel difficult.

We want to enable local communities to develop support and services that meet the needs of their population, to ensure local areas have agency over their own recovery and wellbeing. We recognise that communities themselves are often best placed to understand and develop responses to their local contexts and needs. PHE has published guidance on community-centred approaches and doing more to put communities at the heart of our services so we work alongside them to meet local needs.

Local councils have a vital role to play in progressing this agenda, and are uniquely placed to bring communities together and develop strategies which are effective. Local councils are able to draw upon their services and assets, and the strengths within their localities, and take account of the broadest view of what is important for mental health and wellbeing. This includes physical spaces such as housing and access to parks, as well as initiatives which bring communities together such as volunteering, and community events. As part of their response to the pandemic, local councils have undertaken a range of actions to support mental health and wellbeing; from modelling the psychological impact of COVID-19 locally, to planning actions to mitigate the effects. This includes providing support to local voluntary and community sectors, local businesses and workplaces. Local councils have also played a key role in supporting the most vulnerable in communities during this time, including rough sleepers and people on the shielded patient list.

Local councils also provide critical local services which support mental health and wellbeing, including social care and public health services. Many local areas have set up integrated care systems to bring together different partners to plan for the health and care needs of their populations. The government's proposed Health and Care Bill will help local health and care systems deliver higher quality care to their local communities by putting integrated care systems on a statutory basis. This will make it easier for different people in the system (such as doctors and nurses, public health experts, those working in social care, and local leaders) to more easily join up to find ways to address complex issues.

We will continue to encourage all local councils to sign up to the Prevention Concordat for Better Mental Health. This is a key framework for local councils, integrated care systems and other health partnerships which sees them commit to preventing mental ill-health and promote good mental health in their local populations. We have refreshed the Concordat to reflect best practice on COVID-19 mental health recovery planning, drawing on effective local case studies of the Concordat approach, such as the plans drawn up by Bradford District Council.

£15 million is to be invested in local authority areas in the most deprived parts of the country to help stimulate and boost prevention and early intervention services to support those hardest hit by the pandemic. This includes families who are experiencing significant challenges, children and young people, and ethnic minority groups. The investment builds on the work that local government and its partners are doing to respond to the mental health impact of the pandemic on their communities.

£5 million will be made available to support suicide prevention voluntary and community sector organisations in 2021 to 2022. The government recognises that COVID-19 has significantly increased the pressures on these organisations, with many more people seeking help and support compared to previous years. This support is, and will continue to be, crucial, and it is important they are able to continue providing this support to anybody who requires it. As part of this funding, a grant fund will be available to ensure that the financial gaps incurred as a result of these additional pressures are covered. Further details on the application process for the grant fund will be published shortly.

Local authority funding through the public health grant will rise from £3.279 billion in 2020 to 2021 to £3.324 billion in 2021 to 2022. This will enable every local authority to receive an increase in their funding for public health, so they can continue to invest in prevention and essential frontline health services.

This also means that local councils can ensure that vital public health services are maintained, which also have a bearing on their populations' mental health and wellbeing. This includes suicide prevention plans, drug and alcohol support services, programmes which support children and young people such as the 'Healthy Child Programme', and support for those living with a disability.

The government has provided local councils with an unprecedented package of support in response to COVID-19. Local councils will receive over £3 billion of additional support for COVID-19 in 2021 to 2022, responding both to additional expenditure pressure and to loss of income, taking the total support committed to councils in England to tackle the impacts of COVID-19 to over £11 billion. This, alongside the local government settlement for 2021 to 2022, recognises the resources local councils need to meet their pressures and maintain current service levels.

The Ministry of Housing, Communities and Local Government (MHCLG) is supporting the Community Champions scheme, providing funding for a target group of councils to build on and enhance what they know works for the wellbeing of their communities. The scheme has enabled local councils to improve the reach of public health guidance into communities at greater risk of COVID-19 to ensure key public health advice is understood and safer behaviours are followed, and vaccine take-up promoted. Working alongside these Champions, many local councils have run helplines responsive to the needs of communities, and are creating bespoke materials to simplify key public health messages, and signpost to wellbeing support available to those who are self-isolating.

Learning from the Community Champions scheme will be shared with all local councils and relevant government departments, so that the learning can be built into future messaging to enhance our support for the wellbeing of the most vulnerable in our communities.

The government also recognises the huge contribution that civil society – from organised charities and social enterprises to community and self-advocacy groups and informal acts of neighbourly kindness – makes to supporting everyone's mental health and wellbeing. This has been even more evident than usual as we face the challenges of the pandemic. While the impact of the pandemic on civil society has varied significantly between organisations and sub-sectors, we are aware of the additional financial pressures and increased demand that have been experienced by some in the sector. In recognition of those financial pressures, the government provided charities and social enterprises a £750 million support package to ensure they could continue their vital work during the pandemic. This comes on top of wider support, such as the furlough scheme. While it is not possible for government to replace every pound of income lost, the support that has been made available represents a multi-billion pound investment to help organisations respond to the pandemic. We are continuing to work closely with the sector to understand where pressures are being felt, including monitoring existing sources of data and gathering further intelligence on the challenges being faced. Through our continuing stewardship role government will champion and support the great work done by charities, social enterprises and communities across the country.

Throughout the pandemic, volunteers have played a key role in keeping communities connected. Across the country, volunteers have given their time to support neighbours and communities, including through 4,315 Mutual Aid Groups.[footnote 2] The NHS Volunteer Responders (NHSVRs) programme has also played a crucial role in providing support to those who are isolating for any reason and in supporting the NHS and social care during the pandemic. Over 1.6 million tasks have already been completed through the NHSVRs programme, including through the 'Check in and Chat' role which connects people who are isolated to volunteers.

Volunteering has also been shown to generate considerable health and wellbeing benefits for the volunteers themselves. For example, in a survey from July to August 2020, 52% of NHSVRs said that it improved their mental health and wellbeing. For NHSVRs who had undertaken 10 or more tasks, this rose to 63% reporting improved mental health and 43% reported reduced loneliness.

Initially developed as a response to the pandemic, the NHS Volunteer Responders programme provides a flexible way of volunteering that can fit around people's other commitments. NHS England and NHS Improvement is now extending the programme so that it will remain available for those who need it, alongside other local volunteering initiatives.

The NHS Long Term Plan also encourages NHS organisations to give an increased focus on volunteering programmes in deprived areas, and for those with mental health issues, learning disabilities and autism.

The government is keen to build on the surge of good will and the army of volunteers who came forward during COVID-19 to create a volunteering legacy that supports individual wellbeing and connected communities. To meet this ambition, the Department for Digital, Culture, Media and Sport (DCMS) will work collaboratively with the voluntary and community sector to develop volunteering policy that will look to simplify routes into volunteering by removing obstacles, and level up volunteering infrastructure, so that everyone has access to rapid support should another crisis arise.

Our communities are made up of the people we interact with most, be they pharmacists, teachers, housing officers or Jobcentre Plus advisers. Frontline workers across public services can play an essential role in identifying signs of mental distress with the people they engage with, and signposting people to sources of support. All government departments are committing to promote PHE's online Psychological First Aid training to their frontline workers and volunteers to develop their skills and confidence in providing psychological support to people of all ages affected by COVID-19. As of 22 March 2021, over 118,000 people have signed up to the course aimed at supporting people to cope with the emotional impact of COVID-19, while a further 57,000 people have signed up to the children and young people's focused course which launched in February 2021.

We will also encourage government frontline workers and volunteers to complete one of the available suicide prevention awareness training options. Completing this training will ensure that people are equipped to recognise the signs of suicidal behaviour and gain the skills and awareness that could save a life. Options for training include from the Zero Suicide Alliance, Samaritans, PAPYRUS and STORM.

In addition, departments are also taking forward their own mental health and wellbeing training to improve the quality of support their frontline staff can provide to the individuals they are in contact with.

For example, the Department for Work and Pensions (DWP) has developed and rolled-out guidance and training for its frontline staff on mental health. To support vulnerable customers, DWP has also created a new network of senior leaders across the country who will liaise locally with those authorities with safeguarding responsibilities, to help identify individuals who may need extra support. MHCLG has also established a review of professional training and development to consider the appropriate qualifications and standards for social housing staff. The review will be informed by a working group made up of residents, landlords, professional bodies and academics. The review will explore amongst other issues, how well housing staff are equipped to work with people with mental health needs and encourage best practice for landlords.

The Home Office (HO) continues to work with the police to improve the way in which they and their partners respond to people with mental ill health or other vulnerabilities, whether they are suspected of committing a crime or not, to ensure that vulnerable people receive the treatment and care they need when they come into contact with the police. The College of Policing and HO are developing principles and guidelines so that police call handlers can identify and refer 999 callers to the most appropriate service. The Association of Police and Crime Commissioners is also undertaking work to understand the impact of the pandemic, in response to concerns of increased mental health demand on policing. The inquiry aims to understand the risks and issues associated with this demand, while also identifying different and effective ways of meeting the increased demand on police resource. It aims to improve awareness among multi-agency partners and inform activity at local and national levels.

DCMS will support Sport England (SE) in the implementation of its new 10-year strategy, which focuses on the recovery and reinvention of the sport and physical activity sector from COVID-19, as well as bringing communities together through sport and physical activity. In partnership with SE, other sports and mental health organisations and governing bodies, we will support a wider range of grassroots interventions and programmes. These will be targeted at those most in need, including children and young people. SE has committed £220 million since the start of the pandemic to help grassroots sport survive and recover, and announced an additional £50 million when it launched its strategy in January 2021. Further details of this work will be set out in SE's implementation plan, due to be published later this year.

The Birmingham 2022 Commonwealth Games is a positive milestone on the horizon, helping to accelerate our regional, community and personal recovery from the pandemic. The power of the Games can inspire us to change our habits to improve our mental health and wellbeing. As such, one of the key legacy ambitions of the Games is to accelerate awareness and understanding of mental health and wellbeing issues. DCMS is exploring options for a Games-time national wellbeing campaign, alongside supporting the mental health and wellbeing of those who are involved in delivering the Games. In collaboration with PHE, we are also delivering a mental health awareness campaign and training specifically for construction workers at the main Games sites.

Libraries are important places for many people and are trusted institutions at the heart of their community. They bring people together, from 'rhymetimes' to 'knit and natter' groups, as well as other activities which help combat social isolation and its mental health effects. In 2020 to 2021, DCMS funded The Reading Agency to roll out its mental health Reading Well Books on Prescription collections to make them available in all public libraries in England. These 3 carefully designed reading lists – Reading Well for mental health, Reading Well for young people and Reading Well for children – explore topics such as mindfulness and cognitive behavioural therapy; coping with grief, anxiety, depression and much more. Books from these lists are available for borrowing and e-lending from library authorities across England and will continue to support mental health through the power of reading in 2021 to 2022 and beyond.

3.3 Children and young people

While we have all had to adapt to the challenges presented by the COVID-19 pandemic, children and young people in particular have had to adjust to new ways of learning and socialising, while coping with the uncertainty and worry that changing restrictions and routines inevitably bring. Many have shown remarkable resilience, but some have found this period especially difficult, reporting that it has made them feel more stressed, lonely and worried.

The government is taking this extremely seriously which is why we recently announced £79 million of funding to improve access to children and young people's mental health support. This includes additional funding for Mental Health Support Teams in schools and colleges and eating disorder, crisis and community mental health services.

We want to ensure that all children and young people are supported with their mental health and wellbeing, as part of our plans to build back from the pandemic. We have ensured a range of support is available for children and young people during the pandemic and will continue to ensure that there is support available from the NHS, schools and in the community going forward.

The return to school for all pupils has been prioritised due to the significant and proven impact on children's wellbeing caused by being out of school, including on wellbeing. The Department for Education (DfE) has established a Mental Health in Education Action Group, which will specifically consider how to support children, young people and education staff's mental health and wellbeing as they return to education settings.

We have also appointed Dr Alex George as Youth Mental Health Ambassador, who will play an important role in raising the profile of mental health education and wellbeing in schools, colleges, and universities, including through the work of the Mental Health in Education Action Group.

Getting the right support early on can help prevent problems occurring or worsening. We will continue to raise awareness of the resources and guidance developed in response to the pandemic for children and young people as well as parents and carers, which are available through the 'Better Health: Every Mind Matters' platform. By equipping children and young people with the knowledge and tools, we will empower them to look after their own mental health and know how, when and who to ask for help when they need it.

PHE have also launched a free online Psychological First Aid training course aimed at people who care for or work with children and young people aged up to 25. The course offers training on how to provide practical and emotional support to children and young people who have been affected by COVID-19 other emergencies or crisis situations. Those completing the training will be equipped to better identify children showing signs of distress and helping them access the support they need.

We will continue to engage regularly with charities and young people directly, for example, through the NHS Youth Forum, to ensure the views of children and young people are considered at the heart of policy-making. DCMS will also continue to fund the youth engagement programmes until March 2022, with recommendations about funding for this activity expected as part of the Youth Review.

We also know that suicide and self-harm for those aged under 25 is rising, which is why children and young people have been identified as a key priority for suicide prevention policy. Further information on how government is supporting children and young people to prevent suicides as far as possible, can be found in the National Suicide Prevention Strategy Progress Report.

We know that children and young people with a learning disability and autistic people and their families have been particularly impacted by the pandemic. It is very important that mental health services are accessible to, reach out to these families and are reasonably adjusted to support good mental health care.

Families and early years

It is well known that early years brain development is a key factor for a child's future, with evidence suggesting links between brain development and a range of outcomes, including mental and physical health. The role of midwives and health visiting teams to support parental and infant mental health is considered in the Early Years Healthy Development Review's report 'The best start for life: a vision for the 1,001 critical days'. The report will inform future work in this area and the government's 'levelling up' agenda.

A high-quality home environment, and parent-child relationships, are central to early development and wellbeing. The influence of the parent/family is central; therefore, parent outcomes (such as parenting styles, mental health, domestic abuse, other vulnerabilities) are key drivers of mental health and wellbeing of infants and young children.

We are providing £5.3 million to existing early years voluntary and community sector partners on the home learning environment and early years special educational needs and disabilities (SEND) to support disadvantaged early children's development and parent child wellbeing in the context of the COVID-19 pandemic.

We are also supporting the voluntary and community sector to deliver 19 projects working to reduce health inequalities among new mothers and babies through the VCSE Health and Wellbeing Fund. Based on the theme of 'Starting Well' these projects focus on ethnic minority groups and deprived areas, and will help to promote nutrition, learning, language development and mental health during pregnancy and post-birth.

Families should have access to local support when they need it, from conception to adulthood. We are committed to championing the Family Hub model and sharing successful approaches. The new National Centre for Family Hubs will recognise and share best practice.

In 2021 to 2022 we are taking the Troubled Families Programme into a new phase – Supporting Families. This renewed approach will focus on building the resilience of vulnerable families, and on supporting local and national systems to ensure that every area has joined up, efficient local services, able to identify families in need, provide the right support at the right time, and track outcomes in the long term. We will work closely with local councils and NHS mental health services to co-design strengthened mental health outcomes through:

- defining how we will target mental health issues ranging from mild to moderate to severe
- establishing the outcomes and robust metrics against which to measure progress
- identifying and working through existing barriers to data sharing and joint working between local councils and NHS mental health services, and co-design solutions with those with the frontline

DWP's Reducing Parental Conflict Programme will continue in 2021 to 2022, to further develop the evidence base on what works and to support local councils and their partners to fully embed support for families locally. We are testing a variety of interventions such as targeting children of alcohol misusing parents where the child is displaying poor mental health, within early year's settings and schools. These parents are provided with a programme to improve parenting skills and family relationships. We have already agreed an extension of the Alcohol Innovation Fund activity, currently a joint initiative with DHSC and PHE.

School age

We know that for school-age children, education settings have and will continue to provide vital support and structure for many children and young people.

Ahead of pupils' return to school and college in September 2020, DfE launched the £8 million Wellbeing for Education Return scheme which provided schools and colleges all over England with the training, knowledge and access to resources they need to support children and young people, teachers and parents. We will build on this by putting in place new support to help schools and colleges identify the specific additional provision needed by pupils and students, and where to access it.

DfE is using the £650 million catch-up premium and the £300 million of funding for high-quality tutoring announced in January to help children and young people catch-up. Although primarily targeted to help children catch-up on the academic curriculum, guidance for this funding makes clear that the premium can also be used for interventions focused on aspects of learning such as pupils' social and emotional needs.

In addition, the government has announced a new £700 million package to support the return to school for all pupils from 8 March. This includes a new one-off Recovery Premium for state primary, secondary and special schools to use as they see best to support disadvantaged students including interventions to support mental health and wellbeing. This will help them to provide their disadvantaged pupils with a one-off boost to support, both academic and pastoral, that has been proved most effective in helping them recover from the impact of the pandemic.

Vulnerable children

Ensuring vulnerable children[footnote 3] remain supported and visible during the outbreak has been a critical focus of the government's work. That's why the government has kept primary, secondary, alternative provision, special schools and further education open to vulnerable children and young people and have put in place a range of other supportive measures.[footnote 4] School nursing services have provided expert advice and remained in contact with children, young people and families. Children's social care services and early help services have also continued to support vulnerable children and young people and their families.

We know that children and young people with SEND may be more likely to experience distress and mental health difficulties around the full return to school. Educational settings should ensure that their activities to support mental health and wellbeing, and to promote a positive return to full time attendance are inclusive of all. This may require reasonable adjustments to be made.

The government also recognise that the current national lockdown and the cancellation of exams further increases the risk of year 11s in alternative provision not making a successful transition into post-16 in September 2021. DfE is looking further at what support we need to provide to reduce this risk to a minimum.

Children and young people in the secure estate[footnote 5]

Children and young people in the secure estate are complex and vulnerable, often with multi-layered needs. High levels of mental health problems and neurodisability have meant that the impact of COVID-19 has been heightened even further for this group of children. The need to balance the mental health and emotional wellbeing of children in the secure estate with the steps necessary to reduce the risk of transmission of infection has been fundamental to the overall approach taken in ensuring the safety and wellbeing of children and young people in the secure estate.

NHS England and NHS Improvement has developed a range of resources for children to help them with their understanding of COVID-19 and the testing and isolation processes. This includes DVDs developed with the voices of children who have lived experience of the secure estate. Specific guides have also been produced for staff on working with children with attention deficit hyperactivity disorder, anxiety, and autistic children, because these children have specific needs likely to be exacerbated by being detained during the pandemic.

A Framework for Integrated Care ('SECURE STAIRS') is being delivered in partnership by NHS England and NHS Improvement, DfE, and HM Prison and Probation Service Youth Custody Service. It aims to influence culture change by providing consistent, trauma-informed care and formulation-driven, evidence-based, whole-systems approaches to creating change for those within the children and young people secure estate.

Recognising the need to put health and education at the heart of the secure estate, the government is developing the first Secure School to become operational in 2022. NHS England and NHS Improvement are working with Oasis, the provider of the Secure School, to create a jointly developed and holistic care framework which will lead to better outcomes for the children.

Outside of education settings

The time children and young people spend outside of education settings is also important to their mental health and wellbeing. That is why, as announced in Spending Review 2020, DCMS is leading a Youth Review, including considering the next steps on the Youth Investment Fund and the National Citizen Service programme. Due to conclude in late spring, the review will outline a clear direction for the out-of-school youth agenda and ensure that longer term spending and programmes support mental and physical health and wellbeing outcomes.

School holidays can be particular pressure points for some families because of increased costs (such as food and childcare) and reduced incomes. For some children, that can lead to a holiday experience gap – with children from disadvantaged families less likely to access organised out-of-school activities,[footnote 6] more likely to experience 'unhealthy holidays' in terms of nutrition and physical health,[footnote 7] and more likely to experience social isolation.[footnote 8], [footnote 9]

To help address this we are investing up to £220 million in the Holiday Activities and Food (HAF) programme which will be expanded across England this year and will cover Easter, summer and Christmas holidays. Local councils will receive funding to coordinate the delivery of this provision. Some may coordinate it themselves, and others may choose to work with a range of delivery partners to coordinate the provision on their behalf. As a result of the HAF programme, we want children who attend to:

- take part in engaging and enriching activities which support the development of resilience, character and wellbeing along with their wider educational attainment
- eat more healthily over the school holidays
- be more active during the school holidays
- be safe and not socially isolated
- have greater knowledge of health and nutrition
- be more engaged with school and other local services

Young people

The pandemic has brought additional mental health challenges for some young people aged 18 to 25 who are moving into higher education or employment. We are supporting these people through a range of different measures.

The NHS Long Term Plan commits to the development of a comprehensive mental health offer for 0 to 25 year-olds. Services have developed proposals on how they will deliver this new integrated approach to young adult mental health services and 12 pilot sites have received additional funds to test these new models of integrated care. As part of the £500 million announced for mental health recovery, £13 million of additional funding will be provided to accelerate the improvements to mental health support for 18 to 25 year olds in the NHS Long Term Plan. This funding will ensure services meet the specific needs of young adults.

DfE has worked with Student Minds and the Office for Students (OfS) to launch Student Space, an online platform and one-to-one services designed to bridge any gaps in mental health support for higher education students arising from the unprecedented current circumstances. Funded with up to £3 million, it is designed to work alongside existing mental health services and has been extended until the end of the 2020 to 2021 academic year. In parallel, NHS mental health services have been open to students living away from university and away from their registered GP during lock-down, to ensure access is there for those that need it.

DfE has also worked closely with the OfS to help clarify that providers can draw on existing funding to provide hardship funds and support disadvantaged students impacted by COVID-19. Higher Education providers are using the £256 million awarded for the 2020 to 2021 academic year towards student hardship funds, including the purchase of IT equipment, and mental health support.

DfE has also asked the OfS to allocate £15 million towards student mental health in the 2021 to 2022 academic year through proposed reforms to Strategic Priorities grant funding, to help address the challenges to student mental health posed by the transition to university. This will target those students in greatest need of such services, including vulnerable groups and hard to reach students.

DHSC is also providing £1 million to the OfS to run a competition for universities to explore innovative and intersectional approaches to mental health support for students. Bids are currently being assessed and projects will be announced in the spring. This is in addition to £6 million of government-funded challenge competition projects already in progress.

DfE is supporting the work led by Student Minds to develop and pilot the University Mental Health Charter Award Scheme, which will recognise higher education providers that promote a whole university approach to mental health and demonstrate good practice.

In November 2020 we began supporting 16 to 24 year olds into employment by providing Kickstart Scheme Jobs. These jobs provide opportunities for young people to build confidence and skills in the workplace, to gain experience, counter the long-term scarring effects of unemployment and improve their chances of progressing to find long-term, sustainable work.

Within the labour market young people have been significantly impacted, therefore, an alternative way of interacting with these groups has been developed at speed to allow us to be able to continue to support our young people with their journey into work. DWP has developed a framework for a safe, secure and meaningful virtual offer, which combines employability skills training and on the job experience. This was launched in DWP on 11 January 2021.

3.4 Addressing mental health inequalities arising from the pandemic

While the pandemic and the response to it have affected many aspects of every person's daily lives, some people and communities are facing particularly difficult – and in some cases devastating – impacts. The government recognises that our plans for recovery must take account of differential experiences during the pandemic and its aftermath, if we are to successfully reduce inequalities in mental health outcomes. We know that some groups have reported worse difficulties than others during the pandemic, and as we emerge from this period – with some having been affected directly by the virus and others less so, some still grieving from bereavement and loss, and some returning to normal work life while others experience changes to employment status – these differences in mental health and wellbeing impacts will persist and likely increase.

The government is committed to addressing the longer-term implications of COVID-19 for communities that have been most impacted, some of which were already disadvantaged before the pandemic. We will continue to monitor the differential impacts of the pandemic on mental health and wellbeing, to ensure that our plans continue to be targeted and effective.

Serious mental illnesses

Individuals living with serious mental illnesses often face the greatest challenges with their mental health, and have reported more acute difficulties during the pandemic. The roadmap out of lockdown is for many a very welcome step back toward normality, but may well present challenges for those living with a severe mental illness and navigating further changes to life and routine. We also know that this group are at greater risk of poor physical health and have a higher premature mortality rate than the general population. In the context of COVID-19, we have worked across the NHS, public health and the voluntary and community sector to support the psychological and social needs of this group during this time, and most recently to support equitable uptake of the COVID-19 vaccine.

Holistic and joined up support for this group will continue to be a priority area for action during the coming year and beyond.

In particular, the implementation of the modernised community mental health framework presents a real opportunity for local systems to come together and consider the psycho-social needs of this group in the round. These new and integrated models of care move away from siloed, hard-to-reach services towards joined up care across primary and secondary health care, social care, the voluntary and community sector, and housing to support individuals with long term and severe mental illnesses to stay well and recover in the community. On top of planned investment, these transformation plans will benefit from additional funding in 2021 to 2022 to go further, faster.

We know that social care is a core component of this. The government is committed to the improvement of the adult social care system and will bring forward proposals in 2021. Our objectives for reform are to enable an affordable, high quality and sustainable adult social care system that meets people's needs, while supporting health and care to join up services around people. We want to ensure that every person receives the care they need and that it is provided with the dignity they deserve.

The NHS Long Term Plan committed to 32,000 people with severe mental illness accessing high-fidelity Individual Placement and Support (IPS) services in 2021 to 2022 to address the significant inequality between the levels of general population employment and employment for people with SMI.

IPS is uniquely placed as a service to improve prosperity and economic wellbeing, as well as providing links to other critical services such as housing, education and welfare and debt advice. Increasing access to IPS will now be more important than ever as we face the economic impact of COVID-19. Despite the challenges of the pandemic, these services continue to get people into employment (including key worker roles) and now also offer job retention support for those struggling in their existing role.

As part of the £500 million announced to support mental health recovery, NHS England and NHS Improvement will invest a further £14 million to work across primary and secondary care services with voluntary and community sector partners to deliver tailored outreach and engagement for people living with severe mental illness to increase their engagement with physical health-checks, and uptake of flu and COVID-19 vaccinations.

People with severe mental illness can also experience weight gain in part due to the effects of medications and other lifestyle factors, including using food to manage mental illness. In February 2021, NHS England and NHS Improvement and PHE published guidance for adult mental health secure settings, which sets out approaches to support managing healthy weight.

People with a learning disability and autistic people

We have taken action to protect as much as possible autistic people and people with a learning disability, and their families, from being disproportionately disadvantaged. We have tried to ensure throughout the pandemic, that children and young people who are vulnerable, which includes anyone with an Education Health and Care Plan or known to a social worker, are still able to attend school as normal. In addition, we have ensured that mental health services have remained open.

We continue to engage with stakeholders on a regular basis to provide updates, take questions, and seek input on issues related to the pandemic. We will continue to find ways to address the issues and concerns that are raised by stakeholders in relation to supporting the mental health of disabled people.

We have worked collaboratively to ensure that accessible information is available to people with a learning disability, autistic people and their families to support them to stay safe and well during the pandemic. We will continue to advise and encourage people to talk to health professionals and to ensure there are a range of ways to get in touch with health services.

In line with equalities legislation, we will make sure that support is reasonably adjusted for disabled people including autistic people and people with a learning disability, so that everyone can access the help they need (such as accessible information, adjustments to the way in which care is delivered, autism-friendly ways of working and autism-friendly resources).

The learning disability improvement standards promote greater consistency and challenge unwarranted variations in care when people with a learning disability access health services. The standards are being implemented and applied to all services funded by NHS England and NHS Improvement over the next 4 years. They promote people's rights and address themes such as the workforce, specialist care and working more effectively with people and their families.

As part of the £500m announced for mental health recovery, £31 million will be used to address particular challenges faced by individuals with a learning disability and autistic people who are struggling with their mental health. Further details are set out later in this plan.

We will make sure that services like Improving Access to Psychological Therapies (IAPT), counselling and mental health crisis lines are reasonably adjusted so that they are accessible to disabled people: face to face and over the phone, as well as online. We have ensured that accessible information about how to access these services during the pandemic is available.

We continue to encourage people aged 14 and over who have a learning disability to get their annual health checks and make sure they know how they can do this during the pandemic.

We will work with NHS England and NHS Improvement to ensure that local systems continue to prioritise community and inpatient Care (Education) and Treatment Reviews. In addition, we will continue to progress the STOMP/STAMP programme to stop the over-medication and over-use of psychotropic medicines for autistic people and people with a learning disability.

We have commissioned research from the University of Warwick and Manchester Metropolitan University to find out more about the impact the pandemic has had on people with a learning disability, including their wellbeing. We have also commissioned research from the London School of Economics to better understand the impact of COVID-19 on autistic people. The findings will be published shortly and have informed the support we have put in place for autistic people during the pandemic.

DCMS has launched the £2.5 million 'Digital Lifeline' fund to provide tablets, data and digital support to approximately 5,000 people with learning disabilities in England. The fund is being delivered by Good Things Foundation, working closely with the local networks of national disability and digital inclusion charities, and the distribution of devices and digital support has now begun. The fund aims to help people with learning disabilities stay connected during lockdown, reducing loneliness and supporting their mental health and wellbeing, and improving their ability to access online information and services. Where needed, specialist accessibility assessment and support will also be provided.

DHSC is extending the scope of the new Autism Strategy to cover children and young people, as well as adults, for the first time. This is in recognition of the importance of ensuring that autistic people receive the right support from early years and throughout their lives. We aim to publish our refreshed Autism Strategy, subject to COVID-19 pressures, later this spring.

The strategy will set out actions to address the inequalities autistic people experience, including social isolation and loneliness, enabling better access to care, education and employment opportunities and ensuring that reasonable adjustments are made so that there is equitable access to public services. The impact of the pandemic on autistic people will also be considered in the refreshed strategy.

The government will also publish a National Strategy for Disabled People later this spring, taking into account the impacts of the pandemic on disabled people. Its aim is to set a practical course and vision to transform the lives of disabled people, focusing on the issues that matter most.

Ethnic minority groups

The pandemic has had a significant impact on ethnic minority groups, which has resulted in a disproportionately higher number of deaths amongst people from ethnic minority backgrounds. We are committed to investigating these disparities, and the Minister for Equalities will continue to publish quarterly reports on the outcomes of the government's findings. Regrettably, emerging evidence suggests that ethnic minority groups have also faced worse impacts on their mental health and wellbeing too. This reinforces known long standing inequalities in outcomes for these communities recognised prior to the pandemic. We remain absolutely committed to work with NHS England and NHS Improvement, PHE and partners across society to address these long-standing disparities.

One aspect of this includes ensuring public health messaging is accessible and reaching these communities. Marketing activity both for PHE's 'Better Health Every Mind Matters' and NHS England and NHS Improvement's 'Help Us to Help You' campaigns have been weighted towards those communities who are hardest hit by the pandemic, including those from ethnic minority groups, and key messages have been translated into other languages for wider outreach. Activity in 2021 to 2022 will continue to be informed by this approach.

NHS England and NHS Improvement also remain focused on reducing inequalities within mental health services. Building on the NHS' 8 urgent actions to tackle health inequalities, NHS England and NHS Improvement published its first advancing mental health equalities strategy in October 2020, calling all mental health services to take concrete steps to fight stigma and inequalities across the sector. This strategy summarises the core actions that we all need to take to bridge the gaps for communities fairing worse than others in mental health services.

This strategy will be supported by the development and testing of a Patient and Carers Race Equality Framework (PCREF), a practical tool which will enable organisations to understand what steps they need to take to achieve practical improvements for individuals from an ethnic minority background. NHS England and NHS Improvement recently commenced a series of engagement sessions with ethnic minority patients, carers, staff and organisations to help shape the upcoming PCREF. Over 350 participants have attended the virtual sessions to date, with a focus on identifying ways ethnic minority patient and carer experiences of mental health services can improve.

Women

Data has shown that there appears to be an underlying relationship between gender and the impact of COVID-19 on mental health and wellbeing. Women reported worse symptoms and a larger deterioration in mental health after the onset of the pandemic than men.

This combines with the fact that in recent years it has become clear that we can do better in terms of how the system listens to women's voices. The healthcare system needs to work for everyone, and we must work to understand and address health inequalities.

We are therefore embarking on the first Women's Health Strategy for England, marking a 'reset' in the way in which the government is looking at women's health. The strategy will set an ambitious and positive new agenda to improve the health and wellbeing of women across the country.

To inform this strategy, a call for evidence was launched on International Women's Day seeking views from individuals and organisations interested in women's health to ensure the strategy is evidence-based and reflects what women identify as priorities. This important work will include seeking views on women's mental health, in addition to their physical health. A core theme of the online survey explores the impacts of COVID-19 on women's health and care – both positive and negative – as well as the accessibility of women's health and care services. Included within the survey are questions that ask about mental health with regards to listening to women's voices, information and education on women's health and women's health in the workplace. The call for evidence runs from 8 March to 30 May, and we are aiming to publish the strategy later this year.

Domestic abuse and sexual abuse survivors

The pandemic and necessary lockdown measures have risked making hidden crimes, which typically take place behind closed doors, more prevalent and less visible.

The government has taken action to help the most vulnerable in society during the pandemic, with an unprecedented £76 million pledged in May 2020. Of the £76 million, £25 million has been awarded to domestic abuse and sexual violence organisations to ensure vital services including refuges, helplines and counselling remain accessible. In November 2020, we announced a further £11 million of funding to rape and domestic abuse support services allowing them to recruit more staff, adapt to remote counselling methods and keep helplines open for longer.

At Spending Review 2020, we allocated £125 million to fund a new statutory duty on local councils to provide support for victims of domestic abuse and their children within safe accommodation and in February 2021 we announced the individual allocations for each local authority. Going forwards, this funding will help ensure victims and their children who need it are able to access support such as therapy, advocacy and counselling within safe accommodation, including refuges. The duty will come into effect later this year, subject to the Domestic Abuse Bill becoming law.

The government is also providing a further £40 million of funding during 2021 to 2022 to boost specialist support services for victims of rape and domestic abuse. This includes over £20 million for local, community-based sexual violence and domestic abuse services, helping to reduce the amount of time survivors have to wait for support; £16 million to recruit more independent sexual violence and domestic abuse advisers, increasing their numbers by around 400 meaning more victims of all ages can access this vital support; and £2 million for smaller specialist organisations helping ethnic minority, LGBT or disabled victims.

An additional £19 million of funding towards tackling domestic abuse was announced as part of the Budget, including £15 million in 2021 to 2022 to increase funding for perpetrator programmes, designed to stop abuse from happening in the first place and £4 million between 2021 to 2022 and 2022 to 2023 to trial a network of 'Respite Rooms' across England to provide specialist support for women who are affected by violence and abuse suffering multiple disadvantage.

NHS England and NHS Improvement is continuing to deliver its NHS Long Term Plan commitments around expanding the provision of services at 47 sexual assault referral centres to ensure survivors of sexual assault are offered integrated therapeutic mental health support, both immediately after an incident and continuity of care where needed. This includes work and collaboration to increase partnership and victims pathways with Independent Sexual Violence Advisers and Independent Domestic Violence Advocates.

Offenders

When regime restrictions were introduced in prisons to control the spread of COVID-19 and save lives, we recognised that these measures could exacerbate the mental health needs of those in our care. Maintaining prisoners' mental health and wellbeing has therefore remained a priority throughout the pandemic.

To address anxiety and boredom, we have made available distraction packs, in cell activities and a range of self-help materials, including a Wellbeing Plan, created with input from mental health charity Mind. We have also given staff resources for assisting prison residents who might be struggling, such as guidance for understanding and supporting someone who is self-harming and wellbeing checks for vulnerable and priority groups of prisoners. The Samaritans phone service has remained available and we are working with them to ensure their Listener scheme continues to facilitate peer support between prisoners.

The Ministry of Justice (MoJ) has taken steps to improve technological capabilities within prisons to support prisoners' mental health and wellbeing during the pandemic, and we will fold these into a longer-term offer to support mental health and wellbeing. For example:

- To ensure that prisoners can maintain meaningful contact with their family and friends during the pandemic, video calling is now available in all prisons and young offender institutions. We will continue the use of video calls to supplement physical visits, ensuring it will remain a long-term offer to support prisoners' mental health and wellbeing
- We are extending our in-cell provision to support a number of prisons in the male and female estate. Laptops which are used in-cell provide secure and bespoke content for prisoners. This includes local information about how COVID-19 has impacted the prison regime and where to go for help and support. The mental health content includes mindfulness tools, NHS guidance on how to manage anxiety, and in-cell physical exercises. It also provides distraction content, such as National Prison Radio podcasts, audiobooks and podcasts, and access to the Samaritans messaging service
- We are also providing in-cell telephony in prisons that do not presently have this functionality. This allows prisoners greater privacy and connection with family, friends, and charitable organisations, such as the Samaritans. Currently, 56 prisons are fully live with in-cell telephony. Infrastructure installation is in progress in a further 17 prisons, which will be complete by December 2021

To reduce reoffending and provide mental health and wellbeing support to prison leavers, we are launching a new accommodation service, providing up to 12 weeks of basic temporary accommodation for prison leavers who would otherwise be homeless, in 5 of the 12 probation regions. It is anticipated that the new intervention will commence in summer 2021 and will provide support for approximately 3,000 service users.

To further support prison leavers, DHSC is investing £2.5 million in the Enhanced RECONNECT service to support vulnerable offenders with complex needs, to engage with and get the right treatment from mental health, substance misuse and other services, for up to a year after release. Offenders will be supported pre and post release by expert care navigators working with health and probation services.

MoJ also continue to expand our Community Sentence Treatment Requirements Programme which allows judges to divert people into treatment services, including mental health treatment, through community orders.

MoJ has also commissioned HM Inspectorate of Prisons and Probation to conduct an independent call for evidence on neurodiversity in the criminal justice system (CJS). Launched in December 2020, this review will include lessons learned and obstacles encountered during COVID-19 in relation to neurodiversity. It will provide MoJ with information to improve awareness of neurodiversity in the CJS. It will also provide staff with the tools to better understand and identify neurodivergent individuals, to support them to engage meaningfully with the rehabilitative aspect of their sentence. This in turn will contribute to improvements in the wellbeing of neurodivergent people in the CJS.

To ensure that social care supports prisoners to live with independence and dignity, the National Social Care Partnership Board has recently been introduced and is supporting the development of a standard model of delivery. The Board provides national oversight and governance of social care delivery, and meets quarterly with representation from HM Prison and Probation Service, MoJ, local councils, NHS England and NHS Improvement, DHSC and PHE. In addition, the separate Portfolio Board is developing a series of products to support staff learning and knowledge, as well as processes and procedures to identify need and to respond effectively with reasonable adjustments to the fabric of the estate and regime.

We have also commissioned an Older Offenders Strategy for publication later this year, to ensure the prison system is best placed to meet the needs of these offenders, and that they are treated consistently across the estate. Our strategic priorities for this work are that older offenders are held in the most appropriate environments, can access a purposeful and rehabilitative regime within prison, can access health and care services equivalent to those within the community, and are prepared for their release and resettled effectively. Each of these priorities should support the wellbeing of older offenders.

Those affected by substance misuse and addictions

We know there is often a two way relationship between addiction and mental ill-health, with substance abuse being both a cause and coping mechanism for mental health challenges. There is emerging evidence that for some groups instances of substance misuse may have increased during the pandemic, and over half of people who have reported increased alcohol consumption have cited mental health challenges – such as feelings of anxiety, stress, low mood, and sleeping difficulties – as a key reason for that increase.[footnote 10] We are acutely aware of the negative impact that excess use of substances can have on mental health, and that tragically this can also lead to more people dying early of alcohol and drug specific causes.[footnote 11]

The government is concerned about the growing evidence of an increase in drug-related deaths and harmful drinking, and the impact of substance misuse on mental health. We are continuing to monitor the situation closely. Throughout the COVID-19 outbreak

are continuing to monitor the situation closely. Throughout the COVID-19 outbreak drug and alcohol treatment providers have continued to support and treat people misusing drugs and alcohol. PHE supports local councils in this work by providing advice, guidance and data.

We know that drug and alcohol treatment on its own is often not enough to help people recover from substance dependence and addiction, and many people will also need help with mental ill-health. The government commissioned Dame Carol Black to lead an independent review into drugs; their harms, preventing substance misuse and treatment which has found evidence that mental health and treatment services across local councils and the NHS often fail to integrate and provide the full range of recovery services needed, in terms of both commissioning and service delivery. The NHS Long Term Plan's commitment to develop new and integrated models of primary and community mental health care aims to address this and improve access to mental health services.

Refugees and asylum seekers

Refugees and asylum seekers may have experienced traumatic events as a result of their previous journeys and experiences, leading to an increased risk of mental health problems. For some, their experiences of the pandemic such as lockdown confinement, isolation, illness or bereavement may have increased this risk.

We will continue to support conversations on improving the mental health of refugees and asylum seekers via the Refugee Council chaired Mental Health Forum. This taskforce brings together representatives from across the NGO sector, HO, DHSC, PHE and NHS England and NHS Improvement to consider approaches to mental health support.

We will also continue to use our safeguarding networks to identify the most vulnerable users of the asylum system and engage with the appropriate statutory agencies to provide the support they need.

Bereavement

The government is acutely aware that behind every bereavement are families, friends and individuals grieving the loss of their loved one, and we recognise that the difficult but necessary restrictions put in place to control COVID-19 have sadly restricted the bereaved to access many aspects of healthy grieving, including the comfort of family and friends, funerals and other rituals.

Since March 2020, the government has supported a number of critical bereavement support organisations to address the increased demand and complexity of bereavements as a result of COVID-19; ensuring that services are available for those in need, when they need them. This includes support for helpline, signposting and counselling services, including a range of support for acute and complex needs.

The government is committed to ongoing engagement with the bereavement support voluntary sector, assessing what is needed to provide further support to bereaved individuals and families during this incredibly difficult time.

People with long COVID

The length of time it takes to recover from COVID-19 differs from person to person. Many feel better within a few days but approximately 1 in 10 people who have had COVID-19 continue to experience symptoms and impaired quality of life beyond 12 weeks. The long-term effects of COVID-19 can, for some, present significant mental as well as physical health challenges.

NHS England and NHS Improvement has put in place a five-point plan of measures to support patients experiencing long-term effects of COVID-19. This includes Your COVID Recovery – an online, information sharing platform provide guidance on all aspects of recovering from COVID-19 including your emotional and psychological wellbeing. The platform also provides practical advice on managing the effects on mood, and feelings of fear, anxiety and frustration. NHS England and NHS Improvement has also invested £10 million to set up specialist long COVID assessment services in every area across England to provide one-stop services for patients, assessing their physical and mental health needs. The services on offer include access to a psychological assessment to see if someone is suffering potentially from mental health conditions such as depression, anxiety or post-traumatic stress disorder. Patients could then be signposted into IAPT, where clinicians across the country have been accessing training on how to adapt talking and psychological therapies to the needs of those suffering long COVID, and other mental health services depending on their needs. A long COVID taskforce has also been established with patient, medical specialist, research and charity representatives to support the implementation of the five-point plan.

We are also providing £18.5 million of funding to support 4 research studies funded to better understand and address the longer-term effects of COVID-19 on physical and mental health. These projects will run over the next 2 to 3 years.

Key and frontline workers
NHS workforce

NHS staff continue to work tirelessly to support the nation through the pandemic. There has been a strong focus on staff safety, health and wellbeing during the pandemic which is reflected in the 2020 NHS Staff Survey results which showed an increase in the responses for the health and wellbeing theme.

It is vital staff have time to recover and receive whatever support they need. For some people time off will be enough, whereas others will need more specialist support and interventions. Supporting the physical and psychological wellbeing of NHS and social care staff has never been more critical and that is why we have invested heavily in mental health support and ongoing occupational health support for staff.

A comprehensive package of emotional, psychological and practical support has been put in place nationally and by local employers across the NHS. The national health and wellbeing offer has been accessed over 750,000 times so far and enormously valued by NHS staff. This is being reinforced with a £30 million investment in mental health and wellbeing hubs which will continue to ensure staff get rapid access to the mental health support they need, as well as enhanced health and wellbeing support locally.

The government's additional £6.6 billion package of support for the NHS, announced in March 2021, will ensure the NHS can continue to provide the mental health and occupational health support services it has put in place for nurses, paramedics, therapists, pharmacists and other frontline staff.

We will continue to review the support in place, and have reserved £10 million of the £500 million announced for mental health recovery to adapt and evolve it where needed. It will be important that we build on some of the health and wellbeing initiatives that have been introduced during the pandemic, so that they become part of the ongoing support offer for NHS staff. This will be delivered primarily by employers and within local systems, in line with the specific commitments contained within the NHS People Plan such as the implementation of the Wellbeing Guardian role and health and wellbeing conversations for all NHS staff.

Social care workforce

Social care staff have been on the front line of this pandemic, delivering care and support to some of the most vulnerable in our society. Everyone working in social care should feel they have someone to talk to or somewhere to turn, when they are finding things difficult.

Throughout the pandemic we have worked with the NHS, Skills for Care and others to provide a package of emotional, psychological and practical resources for the social care workforce. The support package includes free access to confidential helplines, wellbeing guidance, bereavement resources, and a package of bespoke support for Registered Managers which includes an advice line and local support networks.

As a key aspect of the role, the Chief Nurse for Adult Social Care will work to promote access to support for the care workforce in this recovery period. The Chief Nurse will collaborate closely with the Chief Social Workers to ensure that the wellbeing of the adult social care workforce is a priority alongside NHS colleagues, and that the support available is seen as a positive step to recovery.

Other key and frontline workers

We recognise the essential contribution of other key and frontline workers towards the national effort to contain and treat COVID-19, to keep the country running during an unprecedented period of national lockdown. We know that, as part of these efforts, they have been exposed to potential psychological harms.

DfE recognises the pressure that teachers and leaders in schools and colleges are under, and is enormously grateful to them for their efforts, resilience, and service as we continue to respond to the COVID-19 outbreak. We are clear that support, health and wellbeing of our education staff must be prioritised and is a vital component of supporting the mental health and wellbeing of children and young people in turn. A six-month pilot launched in June 2020 with the Education Support charity to provide 250 school leaders with peer support and professional counselling, and has been extended to March 2021. The learning from the pilot will inform the development of a longer-term support package for school leaders.

We are also taking forward a range of commitments announced in June 2020 on actions to support the wellbeing of the teaching workforce. This includes the development of the first ever Education Staff Wellbeing Charter which we hope to publish at the earliest opportunity this year. The Charter will set out commitments from government and educators on actions they will take to promote and protect the wellbeing of staff in schools and colleges.

A "Workforce Mental Health Impact education offer" will be delivered to frontline prison staff in 2021 to 2022. Qualified external experts will share the latest workforce mental health research and clinical insights to build our capability and ensure policy design and operational delivery planning consider psychological impacts on individuals. We will also deliver a series of seminars in 2021 to 2022 to assist the psychological education of operational and policy leads when making the decisions in the workplace.

MoJ is also providing more mental health support for prisons staff and bespoke support for Governors. To provide a more personalised service, all Governors have now been matched to a senior qualified Employee Assistance Programme practitioner, who, with their consent, will meet with Governors (and Deputy Governors and Prison Group Directors) for a Reflective Session 4 times a year. These sessions aim to reduce the possibility that they will experience adverse wellbeing or mental ill health effects due to the challenges of their role.

4. 3. Addressing the wider determinants of mental health

There is a well-evidenced link between social, economic and environmental factors and mental health. These 'determinants' interact in complex ways to shape an individual's mental health and wellbeing outcomes.

From the beginning of the pandemic, we have been clear on the importance of taking a cross-government approach to supporting the populations' mental health and wellbeing. We set up a cross-government group of ministers to shape and oversee this work. The government has also put in place a range of protective measures which have supported this approach, most notably the introduction of the furlough scheme to protect individuals' financial security. Moving forward, we will retain this focus and approach, and have set out clear commitments across the whole of government to continue to address these wider determinants.

To inform this work, we will also work with stakeholders to explore the development of a policy tool which allows policymakers to examine the impact of their proposals on mental health.

We will retain the cross-government Ministerial group to track implementation of this action plan over 2021 to 2022, and to also steer a cross-government approach to preventing and mitigating the root causes of poor mental health, supporting preparations for future fiscal events.

We will also continue convening the National Suicide Prevention Strategy Advisory Group over the course of 2021 to 2022. This group, which advises government on the direction of the cross-government suicide prevention strategy, brings us together with suicide and self-harm prevention experts, voluntary organisations, delivery partners, clinicians and people who have been affected by suicide, and is integral to shaping activities that will prevent suicide and self-harm as far as possible.

4.1 Financial security and employment support

There is a clear and well-established relationship between financial insecurity and poor mental health,[footnote 12] and this is being seen during the pandemic. For example, people with low household income or socioeconomic position were found to be more likely to report higher levels of anxiety and depression. People who experienced loss of income early in the lockdown have reported higher levels of anxiety and mental distress.[footnote 13]

We also know that financial insecurity and unemployment can be drivers of suicide and self-harm. During this period of economic upheaval, it is vital that economic risk factors are adequately recognised in efforts to mitigate the risk of suicide. The National Suicide Prevention Strategy Progress Report provides further detail on some of the socioeconomic factors that drive suicide and self-harm, and sets out some of the actions being taken to mitigate this.

The government has acted swiftly in response to the pandemic to provide support to protect businesses, individuals and public services across the UK on a scale unmatched in recent history. This is helping to keep people in work, protect their incomes and health and well-being, and support businesses. The government's furlough scheme has helped employers pay the wages of over 11 million jobs across the UK. 2.7 million people have been supported by the self-employment income support scheme. Millions of households have claimed or received increases in benefits, and borrowers have been supported by mortgage holidays, with approximately 2.75 million mortgage payment deferrals provided by the end of December 2020.

This government's broader aim of supporting the economy to recover from the impact of the pandemic is also critical to support the nation's mental health and wellbeing. Investing in good mental health and wellbeing is a key way we can support economic recovery.

At Budget 2021, the government reconfirmed its commitment to supporting those hardest hit by the pandemic through protecting jobs and livelihoods, with £65 billion of new funding this year and next year. Once you include the measures announced at the Spending Review and Spring Budget 2020, which includes a step change in capital investment, total support for the economy amounts to £407 billion this year and next. Measures include extending the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme to September 2021, extending the business rates relief and temporary VAT reduction, and new business grants and a new loan scheme.

As part of the UK government's Plan for Jobs to support, protect and create jobs, we are also providing £126 million to support over 40,000 more traineeships, and increasing the cash incentive to firms who take on an apprentice to a £3,000 payment per hire from the 1 April to 30 September 2021. From April, the National Living Wage will also be increased to £8.91 and there will also be a six-month extension of the £20 per week Universal Credit uplift until the end of September, with eligible Working Tax Credit claimants receiving a one-off payment of £500.

We know that strong welfare policies are a protective factor for mental health as they reduce vulnerability to financial and employment insecurity.

DWP's forthcoming Health and Disability Support Green Paper will explore how the welfare system can better meet the needs of disabled people and people with health conditions. This includes people with mental health conditions, recognising that the proportion of working-age people claiming disability benefits (Disability Living Allowance and Personal Independence Payment) who cite a mental health condition as their primary condition has increased from 25% in 2002 to 41% in 2020. For many of these people, access to effective mental health treatment and services is key. The Green Paper will consider how DWP improves its current service and enhance its employment support offer, to people claiming health and disability benefits, so that more are supported into work where appropriate and can live independently.

Our national network of Jobcentres will also continue to support their communities via the visiting service, Supporting Families Employment Advisers and our network of Prison Work Coaches, to reach vulnerable and disadvantaged people.

Work and Health Programme providers will continue to deliver the wellbeing support they have provided throughout the pandemic. During the phase of COVID-19, providers have continued to support participants on provision while observing all government guidelines. Providers across all employment programmes have reviewed all their customer journeys and have adapted their service delivery, including the use of digital and telephony channels rather than face-to-face contact.

In addition to using alternative methods of service delivery during the pandemic, providers have increased their focus on participant's personal wellbeing, with increased frequency of contact, particularly for those in vulnerable groups. Providers have been signposting to online and community resources to support participants experiencing loneliness, isolation, money worries and bereavement.

The impact of COVID-19 on people's personal finances means that more people will require debt advice or support to manage their credit commitments, including people whose mental health has been affected. The Money and Pensions Service will be publishing delivery plans that will set out how the UK Strategy for Financial Wellbeing will be delivered in each nation of the UK by 2030, comprising specific proposals to support and improve the financial wellbeing of people with mental health problems.

NHS England and NHS Improvement and Department of Work and Pensions teams are working with the Money and Pensions Service to integrate signposted resources about money support and debt advice services into service delivery manuals for social prescribing link workers. They are also providing training to enable employment advisers to provide financial guidance to clients with depression and anxiety, who are receiving treatment from NHS-commissioned psychological therapies services (IAPT), to ensure links are made between these services locally.

Through the Money Advice Service, the Money and Pensions Service has also launched a COVID-19 response Money Navigator Tool, providing tailored signposting consumer support including mental health support. We will continue to promote this tool over the coming year.

The government is implementing 'Breathing Space', a debt respite scheme that provides people in problem debt access to an initial 60-day period in which interest and charges on their debts are frozen and enforcement action from creditors is paused. We will support people receiving treatment for mental health crisis with a different entry route to the protections of the scheme, to mitigate the barriers that this group might face in engaging with professional debt advice. If an Approved Mental Health Professional certifies that a person is receiving mental health crisis treatment, they can apply to a debt advisor for a mental health crisis moratorium. The mental health crisis moratorium has some stronger protections and lasts for the duration of a person's mental health crisis treatment, plus 30 days. Guidance for Approved Mental Health Professionals will be published shortly. These arrangements will come into force from 4 May 2021.

The government is developing, through our Debt Management Fairness Group, a vulnerability toolkit aimed at government organisations. This toolkit will bring together existing industry-standard tools to provide the best possible support to individuals in vulnerable circumstances when collecting debt.

In December 2020, the government changed secondary legislation to reduce the adverse mental health impacts of the language and tone of default notices sent to consumer credit borrowers who are in financial difficulty. The new rules will make these notices less threatening by restricting the amount of information that must be made prominent, and requiring lenders to use bold or underlined text rather than capital letters. Lenders will also be able to replace legal terms with more widely understood words, and letters will clearly signpost people to the best source of free debt advice. The policy is aimed at helping those in problem debt across the UK. Research by the Money and Mental Health Policy Institute shows that, in England alone, over 100,000 people in problem debt attempt suicide each year. All lenders will be required to make the changes by early June 2021.

The government has also developed a consistent industry-wide approach to the collections and recoveries of 'Bounce Back Loans' to ensure that borrowers receive the support they need if they are struggling to repay their loans. The scheme is underway, and will see lenders identify and support vulnerable customers with their loan repayments over the course of 2021 to 2022, and beyond.

4.2 Employer and workplace support

As outlined in the government's consultation 'Health is everyone's business', being in employment can have a positive effect on individuals mental and physical health and wellbeing. Work can give a sense of purpose, help build self-esteem and provide the opportunity to build positive relationships. The quality of work is also important. Components of good work include positive relationships with colleagues, a healthy working environment, job security and adequate pay as well as skills training opportunities with the potential for progression. On average, individuals in employment report higher levels of wellbeing than those who are unemployed and there is clear evidence that unemployment can be detrimental to health.

Employers have an important role to play in creating workplaces in which employees with health conditions, including mental illnesses, can stay and thrive in work. Access to expert support, such as occupational health services, can be a core element both in helping individuals remain in and return to work during spells of sickness absences and increase productivity, allowing individuals to thrive in the workplace.

Poor mental health costs employers between £33 billion and £42 billion a year, and the UK economy between £74 billion and £99 billion per year.[footnote 14] Supporting mental health in the workplace has never been more important. The government fully recognises and values the role that employers play when they take positive action to provide workplace mental health and wellbeing support to their staff.

The government will maintain regular dialogue with businesses, including the major business representative organisations (BROs), and is working closely with employer networks and mental health charities. Through this engagement we will signpost best practice with the private sector and promote resources and guidance. For example, the Department for Business, Energy and Industrial Strategy (BEIS) will write to employers via the BROs to raise awareness of the importance of addressing mental health issues. We will continue to provide trusted advice and support to businesses, including signposting to mental health support services for individuals, where appropriate, through the Business Support Helpline. DWP's Access to Work programme provides support in the workplace, including for employees with mental health conditions and the Disability Confident initiative works to improve employer understanding of health and disability issues.

DWP will continue to support the business-led work with the Thriving at Work Leadership Council, and Mind, to promote best practice and guidance offered on the Mental Health at Work online gateway developed by Mind. This hosts over 400 resources to inform and advise employers on managing mental health in the workplace.

BEIS will also hold discussions with trade unions. We will engage with the unions, given their close relationship to many major employers and actively encourage them to identify best practice amongst their networks, and establish ways to encourage other employers to follow that best practice.

The government has started a detailed digital exploration of unmet employer need, which will inform detailed design work planned for improving information, advice and guidance in 2021. We will work with the Inclusive Economy Partnership Team, business and mental health charities to explore how to improve and better integrate the provision of information on health in the workplace for employers, and to actively promote these resources.

The government is committed to reducing the disability employment gap and supporting disabled people and those with health conditions (including mental health conditions) to thrive at work. We recognise that employers, occupational health professionals and NHS England and NHS Improvement staff and services play important roles in enabling this, for example through current pilot interventions co-locating Employment Advisors in Improving Access to Psychological Therapies (IAPT) services. DWP and DHSC consulted on a range of proposals in the 'Health is everyone's business' consultation, to minimise the risk of ill health related job loss. This included proposals for how we develop our information and guidance offer and increase access to occupational health support. The government is considering the timing of the response in light of the ongoing COVID-19 pandemic. We anticipate that a response will be available shortly.

As part of Access to Work, the Mental Health Support Service (MHSS) is delivered by external partners Remploy Employment Services and Ingeus, who offer individualised workplace support by experienced mental health practitioners. Recognising the importance of young people's mental health wellbeing, MHSS can also provide support for apprentices which complements the support provided by employers.

We are continuing to monitor the effectiveness of the existing MHSS offer to gain an understanding of how we could adapt the support provided by the service as people begin to return to workplace.

Where appropriate, we have extended Statutory Sick Pay (SSP) to support individuals who are unable to work as a result of following public health advice. More broadly, the 'Health is everyone's business' consultation sought views on reforming SSP including the question of flexibilities to support returns to work. This is relevant to people suffering with fluctuating conditions, including mental health conditions.

4.3 Housing security

Good-quality, affordable and safe housing is an important factor in supporting good mental health. We know that people experiencing housing issues are at greater risk of mental health problems.

As such, MHCLG is taking action to support tenants and landlords in the private and social rented sectors in the context of COVID-19. For example, we have:

- published guidance to explain the measures put in place to support tenants and landlords in the private and social rented sectors, as well as their broader rights and responsibilities, in the context of COVID-19. This guidance remains in place and is updated regularly
- strengthened local councils' enforcement powers against serious health and safety hazards in rented homes. We will also make it simpler and quicker for local councils to assess standards and improve conditions by reviewing the risk assessment tool they use, the Housing Health and Safety Rating System (HHSRS). A comprehensive overhaul of the system, with particular hazards including fire prioritised, has now commenced and is expected to conclude in autumn 2022

Many people sleeping rough also experience mental ill-health but can struggle to access the support they need. Research from our Rough Sleeping Evaluation Questionnaire showed that 82% of people surveyed who had recently slept rough reported a mental health vulnerability. It is important that this population's needs are being actively considered in longer-term plans to support mental health recovery. This is why:

- MHCLG will bring forward over 6,000 new long-term homes over 4 years through the Next Steps Accommodation Programme. This will provide secure accommodation to support people sleeping rough to engage sustainably in mental health support and reduce the impact of rough sleeping on mental health needs. In total, we are spending over £750 million in 2021 to 2022 on homelessness and rough sleeping
- the NHS Long Term Plan sets the commitment for all areas to have in place a mechanism, underpinned by a mental health needs assessment, to ensure their mental health services can support rough sleepers. In addition, NHS England and NHS Improvement will be providing £30 million by the end of 2023 to 2024 to support 20 high-need areas to establish new specialist mental health provision for rough sleepers
- MHCLG is delivering a number of mental health roles through the Rough Sleeping Initiative, for example mental health navigators or outreach workers. Areas will be able to continue these posts, or bid for new roles, if appropriate
- MHCLG will provide £52 million in 2021 to 2022 to deliver substance misuse services for people sleeping rough, including those with co-occurring mental health needs. We are working with PHE to develop plans for year 2 delivery. This will build on the £23 million of year 1 funding, as well as the findings from the community-based models of access to health services, which we have been testing in 6 rough sleeping grant areas

The government is also providing £46 million of funding over 3 years as part of the Changing Futures programme to support several local areas to improve the way that systems and services work to support individuals experiencing multiple disadvantage – including a combination of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. In spring, MHCLG will announce the areas which are taking part in the programme, as well as establish a national network to share positive practice on supporting adults who are experiencing multiple disadvantage.

4.4 Physical environment and access to green spaces

Spending time in and connecting with nature can be positive for our mental health and wellbeing. For example, it can help to improve our mood, reduce feelings of stress and make us feel more relaxed. It can also help with mental health problems, such as anxiety and depression.

In recognition of the important role that access to green spaces plays in supporting our mental health, nature will be the theme of 2021's Mental Health Awareness Week, which will take place on 10 May to 16 May. Co-ordinated by the Mental Health Foundation, the week will explore why nature is so vital for our mental health and the barriers that currently exist to enjoying those benefits.

The Department for Environment Food and Rural Affairs (Defra) is supporting environmental charities and their partners to deliver hundreds of nature-based and environmental improvement projects through our £80 million Green Recovery Challenge Fund. Nearly £40 million was awarded in round 1 last year and round 2 launched on 9 March. We encourage applications from projects which improve access to nature for under-represented groups (such as ethnic minority groups, people from economically disadvantaged places, disabled people, children and young people and/or older people), and which seek to bolster physical and mental health and wellbeing, connect people from urban areas to nature, and/or increase community engagement and volunteering.

The government is promoting access to green spaces and is committed to increasing opportunities for people of all ages to enjoy the benefits of spending meaningful time in our national landscapes in England. For example, Defra and Natural England are continuing to progress development of the England Coast Path, which will be – at nearly 3,000 miles – one of the longest continuous walking routes in the world. We are working to make sure our flagship National Trails are as accessible as possible, in particular by avoiding obstacles such as stiles wherever possible.

The Landscapes Review set out a compelling vision for more accessible National Parks and Areas of Outstanding Natural Beauty. The review recommends improving access for those from under-represented groups, including ethnic minority groups, young people and the disabled. We welcome this ambition, as the government is committed to ensuring our protected landscapes are places that everyone can visit and enjoy. Defra have been working with partner organisations to inform and develop our response to the review, which we will publish in due course.

The government is also testing nature-based social prescribing through the 'Preventing and tackling mental ill health through green social prescribing' project. Referring people to nature-based activities can support the treatment of stress, depression, anxiety and other mental health conditions. This £5.77 million project will test nature-based social prescribing in 7 test and learn sites, run national experimental work to understand its scalability, and deliver a robust project evaluation. The project will work with communities disproportionately affected by COVID-19, and will run from October 2020 until April 2023. It will increase our understanding of how green social prescribing can meet the needs of people with, or at risk of developing, mental ill health and help to inform future policy development.

Where we live also has a measurable effect on our physical and mental health. The importance of including access to open space in development is clear from MHCLG's policy and guidance. The National Planning Policy Framework encourages developments that promote health and well-being, with a high standard of amenity for existing and future users. It says that planning policies should assess the need for different types of open space in each area, and then seek to accommodate it. The Planning for the Future white paper includes a proposal by government to enable more and better green spaces in development. Following consideration of the consultation responses received, the government will publish a response in due course.

4.5 Social isolation and loneliness

Social isolation and loneliness can increase the risk of mental health problems. The government recognises that guidance on self-isolation and social distancing during the pandemic has caused some people to experience feelings of loneliness and social isolation.

For example, data provided by the Samaritans suggests that during the pandemic, volunteers provided support over 700,000 times to men over the 9 months since the social distancing restrictions began (April to December 2020). Three themes were identified as the drivers, including loneliness or social isolation, concerns about the financial and economic future, and strain on existing relationships. Indeed, 30% of men raised concerns about loneliness or social isolation, compared to 26.5% the previous year, while multiple men also talked about feelings of fear and uncertainty about the future – in particular losing their standard of living, a fear of loss of employment, or losing their business for those men who are self-employed.

Since the beginning of the pandemic we have invested over £31.5 million to organisations supporting people who experience loneliness, refreshed our Let's Talk Loneliness campaign, and have brought together a Tackling Loneliness Network made up of private, public and charity sector organisations who want to make a difference.

We will continue to work with partners to support a national conversation on loneliness, inspiring and informing the public to help themselves and each other to reduce loneliness.

We will continue to engage across sectors to help inspire and inform organisations to recognise loneliness in the people they interact with, know how to combat it, and know how to consider social connection in their policy making and operational planning.

We recognise that day services are important in supporting people to engage with their community and reduce social isolation, especially for older people and people with mental health problems, autism or learning disabilities. DHSC has been supporting local councils and providers during the pandemic to continue to offer safe services. As social distancing measures relax, DHSC will continue to work with local councils to monitor capacity and explore how we can use the resource of day services and social

activity in recovery planning.

DoHs is also providing support for wellbeing in rural England. Through our partnership with ACRE (Action with Communities in Rural England) and the 38 county based Rural Community Councils, we are continuing to support a range of initiatives to address loneliness and isolation in rural areas. We will also be exploring priority areas on which our funding to ACRE must be used and reported on.

To support cross government work on digital inclusion, DCMS has asked for evidence from other government departments on the impact of digital exclusion across different departments. DCMS is also exploring how the Business Currency Partnership can facilitate high-impact partnerships between government, business and civil society to tackle digital exclusion.

5. 4. Backing the NHS: ensuring services are there for those who need them

While it is important that we do all we can across government, the private, public, and voluntary sector to prevent and mitigate the impacts of the pandemic on people's mental health and wellbeing, we know that some people who are struggling will need further specialist support in the coming months and years. Although we cannot know the full scale of future difficulties which will emerge, we do expect demand for mental health services to rise. NHS England and NHS Improvement's existing commitments to service expansion and transformation are at the more vital in this context. We remain absolutely committed to backing the NHS, to in turn ensure mental health services are there for those who need them – now and in the future.

Before the pandemic, the NHS already had one of the most ambitious mental health improvement programmes in the world, committing to expand capacity and improve the quality of effective mental health services. We are investing in mental health services to narrow the treatment gap and increase access to mental health care to an extra 2 million people a year across the country achieved by expanding £2.3 billion more per year by 2023 to 2024. In recognition of the pressures mental health services are likely to face in the coming years, we announced an additional £500 million to accelerate these plans.

Moving forward, NHS England and NHS Improvement is committed to deliver existing expansion and transformation plans, capitalise on the beneficial adaptations to service delivery brought about by the pandemic, and to go further and faster to support groups which may have faced disproportionate impacts.

5.1 Learning lessons from the COVID-19 pandemic for service delivery

Throughout the pandemic, mental health services have remained open by adapting the way in which support has been delivered, including remote and digital support where appropriate. By July 2020, 95% of NHS talking therapy appointments were delivered remotely. For some groups this has been a welcome transformation, affording greater control and accessibility to the support available. For others, this shift has meant that university students can access talking therapy services anywhere in England based on the GP they are registered with, including their home GP if they haven't yet moved to a surgery near their university address. We recognise that this approach is not always appropriate, particularly for people experiencing more complex difficulties or for people who do not feel comfortable receiving treatment in their home environment. We therefore committed in Staying mentally well this winter to ensure that the option of face-to-face support remains available.

NHS England and NHS Improvement is committed to ensuring that insights gained in the last year are used to inform service transformation plans in the coming years. To support this, a rapid review into the effectiveness of adaptations made has been commissioned to help inform approaches moving forward. In January 2021, NHSX committed £30 million of funding to support digital priorities, including remote working, in mental health trusts.

In recognition of the immediate pressures posed by the pandemic, NHS England and NHS Improvement took action to accelerate delivery of some aspects of the NHS Long Term Plan. Within a matter of weeks, mental health trusts brought forward the delivery of 24/7 all-age urgent mental health helplines, years ahead of schedule, providing individuals in distress with timely interventions and support. Early reviewing early indications that these interventions are an effective means of preventing escalation of need and presentations in crisis. Nearly a quarter of a million calls were made each month in 2020, with services reporting that only a small proportion of callers then went on to require the support of A&E or 999. As set out below, we will invest in proportion of the £500 million to ensure these lines are maintained.

We have also seen improvements in joint working between the NHS, voluntary and community sector and local authority-commissioned partners to provide more holistic support to the most vulnerable. This has been particularly evident in advice and cross sector working to support 24/7 crisis lines, proactive outreach models to boost the number of people various mental illnesses accessing physical health checks and flu vaccinations, and sector-wide public health and awareness raising initiatives such as the 'Better Health: Every Mind Matters' and 'Help Us To Help You' campaigns. These collaborative approaches will remain in place as the NHS Long Term Plan continues to be rolled out.

5.2 Continued commitment to the expansion and transformation of mental health services

NHS England and NHS Improvement remain fully committed to delivering the commitments set out in the Mental Health Implementation Plan for 2023 to 2024, and are taking steps to ensure these plans remain responsive to pressures we expect to emerge in the coming months and years. Implementation of the NHS Long Term Plan will deliver:

- expansion of mental health services and improvements to primary and community mental health care so that 2 million more people will be able to access mental health support each year by 2023 to 2024
- an additional 345,000 children and young people will have access to mental health services each year by 2023 to 2024
- an additional 380,000 people per year will be able to access NICE-approved IAPT services by 2023 to 2024
- new models of care which will give 370,000 adults with serious mental illness greater choice and control over their care and support, enabling them to live well in their communities
- 66,000 women to be able to access specialist perinatal mental health care by 2023 to 2024
- mental health liaison services will be available in all acute hospital A&E departments and inpatient wards and 70% will be at 'core 24' standards in 2023 to 2024

To help ensure that progress can be sustained and that we continue to respond to the new pressures brought by the pandemic, in 2021 to 2022, these efforts will be backed by £500 million of additional investment from the government. This includes a £191 million investment in the training and education of the NHS mental health workforce in 2021 to 2022. to ensure we remain on track to deliver the NHS Long Term Plan and Mental Health Act reforms.

Referrals to children's NHS mental health services reached an all-time high during the pandemic, as many children and young people struggled to cope with the impact of this unprecedented period. A £79 million funding boost will be used to support services to respond to increasing demand, and ensure timely support is available for those who need it. This includes funding to ensure:

- children and young people's community mental health and eating disorder services will expand, resulting in around 22,500 more children and young people being supported by community mental health services, and 2,000 more children and young people being able to access eating disorder services in 2021 to 2022
- mental health support teams in schools will expand to cover 25 to 35% of pupils in England by April 2022, a year earlier than originally planned, increasing to around 35% by April 2023. Mental health support teams work in a variety of ways to support children in 1:1 or wider sessions, with evidence-based interventions to support issues such as low mood and anxiety The teams also help schools and colleges to develop to provide a 'whole school approach' to mental health and wellbeing, through training sessions for parents or workshops for teachers
- those facing a mental health crisis will continue to receive immediate support through the 24/7 all-age crisis lines, and the NHS will continue to expand access to wider crisis support, including access to intensive home treatment support

We also know that those with existing mental health difficulties have particularly struggled during the pandemic. Community services have been instrumental in helping to keep people living with mental illnesses well in the community, as well as providing support for those with new and emerging needs. We know that for some, experiences during the pandemic such as intensive care unit admissions, working on the front line, or living with long COVID may well translate as mental health needs which require specialist support.

Funding will be used to bring forward planned transformation and expansion for adult services, and ensure staff are equipped to respond to rising demand, and increased complexity of cases which often require longer courses of treatment.

Specifically, additional investment of £38 million will be used to ensure NHS Talking Therapy services (also known as Improving Access to Psychological Therapies or IAPT services) are better equipped to deliver access, waiting time and recovery standards, to treat common mental health conditions such as anxiety, depression and post-traumatic stress disorder. As part of this we will train additional therapists to bring more capacity into those services, particularly to deliver higher intensity interventions, to tackle the needs of more complex cases arising. Funding will also be used to strengthen links between NHS talking therapy services and long COVID services, enabling them to support more streamlined assessment and access to treatment.

£58 million will be used to accelerate the roll-out of the community mental health framework to treat adults and older adults with serious mental illness, specifically:

- bringing forward the expansion of integrated primary and secondary care for adults and older adults with serious mental illness
- embedding mental health practitioner roles in Primary Care Networks across the country from 2021 to 2022 to better meet the needs of people living with severe mental illnesses in primary care
- expanding peer support and non-clinical workforce to boost the capacity of community mental health services
- accelerating transformation across eating disorder pathways, with a focus on early intervention models and close working with voluntary and community sector partners

£19 million will also be used to alleviate pressures on crisis services and inpatient facilities, and help to prevent suicide. Specifically, NHS England and NHS Improvement and DHSC will invest to:

- maintain the 24/7 all-age urgent mental health helplines, which were brought forward years ahead of planned delivery during the pandemic
- support suicide prevention voluntary and community organisations which can play a vital role in preventing escalation to crisis
- ensure 100% of adult crisis resolution and home treatment teams achieve and maintain best practice models of care in the COVID-19 context

£87 million will be used to provide additional support for those leaving hospital, such as a temporary place to live, or care in their homes. This will help people who are well enough to leave hospital cope and recover in the community

We are also laying the groundwork to implement our reforms to the Mental Health Act which are at the more critical in the wake of the pandemic. The Reforming the Mental Health Act white paper commits to giving people more choice and autonomy over their treatment, ensuring that people are only detained when it is therapeutically beneficial and that everyone is treated equally and fairly. £3 million will be used to urgently address gaps in Hospital Approved Mental Health Practitioner workforce, initiate work to address the significant racial disparities under the Act, which have been further exposed by COVID-19, and to begin laying the groundwork for legislative reform.

NHS England and NHS Improvement is also putting in place tailored support and approaches to ensure services are best responsive to the needs of groups who have faced particularly adverse impacts as a result of the pandemic. This includes:

- £13 million to accelerate progress to support young adults, including university students and those not in education or training, who have reported worst mental health outcomes during the pandemic, and get currently sometimes fall between the gaps between children's and adult services
- £2.5 million to test new models of joint working across services, to support children and young people who have experienced complex trauma as a result of violence. Learning from these pilots will be used to inform the roll-out of broader service expansion for children and young people, to ensure there is wide-ranging effective support for this group
- £2.5 million to boost capacity to provide mental health treatment in pilot local areas, to ensure offenders who have significant mental health needs are diverted away from custodial sentences into the community, and are able to access the support they need
- £39 million to address particular challenges faced by individuals with a learning disability and autistic people, who are struggling with their mental health, and to prevent avoidable deaths and ensure better support for those in crisis. Specifically, funding will be used to address the diagnostic backlog in autism services and investment in early identification and intervention, to prevent children and young people with learning disability, autism or both escalating into crisis. This will also include strengthening good quality inpatient care with particular support to enable step down and discharge for those with the most complex needs
- £17 million to boost capacity within memory assessment services and support recovery of the Dementia Diagnosis target rate

NHS England and NHS Improvement is working across the whole of the health system to ensure staff are best equipped to respond to individuals presenting with challenges resulting from the pandemic. For example, from 2021 to 2022, mental health practitioners will be embedded into each Primary Care Network. NHS England and NHS Improvement is also refreshing Social Prescribing Link Workers to ensure they include COVID-19 recovery priorities, including new content on welfare and employment support, trauma informed recovery, financial wellbeing and bereavement.

Looking forward, we will build on these developments and ensure that the progress that has been made over the recent months can be preserved, and lays the foundations for further service transformation.

6. 5. Implementation and next steps

We will continue to monitor the impact of COVID-19 on people's mental health to ensure that our ongoing response continues to be shaped by the latest data and evidence, as well as the effectiveness of actions we have taken.

PHE will continue its monthly surveillance reports of the mental health and wellbeing impacts of COVID-19 to inform the wider work across government to concentrate on the issues that impact the most on mental health, as well as the populations and communities most affected. We will also continue to monitor data and trends on self-harm and suicide risk and take any action we can to reduce these as far as possible. Further information can be found in the National Suicide Prevention Strategy Progress Report.

Ultimately, we must judge the effectiveness of our actions by the impact they have on the groups we have targeted, as well as the mental health services which will deliver care and support to individuals most adversely affected. That is why we are setting out clear measures to judge our progress.

Our objective is to minimise the increase in mental ill-health experienced by individuals, and also to deliver the ambitious access and quality targets for services set out in NHS England and NHS Improvement's NHS Long Term Plan to ensure quality care is there for individuals who need it, when they need it.

To understand the impact our actions are having on individuals, we will continue to monitor:

- trends in self-reported mental health and wellbeing outcomes, such as life satisfaction, loneliness, major stress, depression and anxiety, through the monthly publication of PHE's COVID-19 mental health and wellbeing surveillance report
- demand for mental health services, including referrals to community mental health services and psychological therapy programmes
- prevalence of mental ill-health, particularly of key at risk groups including children and young people
- trends in suicide and self-harm data

We will also continue to monitor key metrics to measure access and quality standards for NHS services to understand the impact our action is having on services as published in the Mental health Dashboard.

We will retain the cross-government Ministerial group. This group will meet quarterly over 2021 to 2023 to monitor progress against the actions listed in this plan. The group will also seek to identify areas for further action and collaboration, including informing preparations for the next Spending Review, expected this autumn.

We will also put into place mechanisms to help inform, influence and independently challenge the group's work. For example, we have asked NHS England and NHS Improvement's Independent Advisory and Oversight Group to check and challenge implementation of the plan, as well as feeding in ideas and areas for future action. Expertise within this group spans the charitable sector, local government, as well as the experience of living with mental health challenges, and will be key to ensuring the work of government continues to be targeted and impactful.

To minimise the risk of a significant increase in mental health prevalence in the population, we set out to achieve a plan which is truly cross-government and considers the broad range of factors which impact on an individual's mental health and wellbeing

This action plan is the first step. It aims to lay firm foundations for future cross-government and sector working to ensure mental health and wellbeing continues to be a core consideration of our ongoing response to the pandemic, as we follow the steps set out in the roadmap and beyond.

Going forward, we are fully committed to ensuring this holistic approach continues to inform government action to tackle the root causes of poor mental health in the years to come.

1. See COVID-19: mental health and wellbeing surveillance report. ↩
2. As of 19 March 2020, 4,315 MAAs were registered via COVID-19 UK PubsalAdd. ↩
3. For example, those who have a social worker, those with an education and health care plan or those who have been deemed as otherwise vulnerable by local councils or education providers. ↩
4. See Staying mentally well: winter plan 2020 to 2021. ↩
5. Young offender institutions (under-18s), secure children's homes and secure training centres. ↩
6. The Sutton Trust, 2014. Extra-curricular Inequality Research Brief, Cullinane and Montacute, 2017. The Lessons: Improving essential life skills for young people, The Sutton Trust. ↩
7. Kellogg's, 2015. Mam, S., Wade, M., Sandercock, G., and Beedie, C. (2017). The impact of summer holidays and school deprivation status upon cardiorespiratory levels in primary school children. Presented at European College of Sports Science, Essen, Germany. ↩
8. Gill and Sharma, 2004. Food poverty in the school holidays, Barnardo's. ↩
9. Kellogg's Foundation, 2015. Isolation and Hunger: the reality of the school holidays for struggling families. ↩
10. A survey commissioned by the charity Alcohol Change UK, shows almost 1 in 3 drinkers (29%) have been drinking at increasing or high risk levels over the past 6 months (over 14 units per week). ↩
11. Provisional data for England and Wales show there were 5,460 deaths related to alcohol-specific causes registered in the first 3 quarters of 2020 (January to September), a 16.4% increase compared with the same 9-month period in 2019. ↩
12. See The Money and Mental Health Policy Institute: the facts – what you need to know. ↩
13. See COVID-19: mental health and wellbeing surveillance report: important findings. ↩
14. See Thriving at Work: a review of mental health and employers. ↩

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