

# Can mental health policy ever deliver its objectives?

Jennifer White and Helen Johnson

## ABSTRACT

In February 2011, the Coalition Government published its first mental health strategy *No Health Without Mental Health*. One year on, Jennifer White and Helen Johnson ask if this strategy was simply the latest in a series of well-meaning strategies in mental health that fall short of their objectives when implemented. The ambition of the latest strategy was to mainstream mental health provision and care and achieve 'parity of esteem' with physical health. These are difficult times for the public sector and this Government has set itself a challenge that would be difficult even in affluent times. After years of successive Government strategies purporting to prioritise mental health, are we nearly there yet?

A cabinet member for Mental Health and Social Care. This is the proposition of Richard Layard, Emeritus Professor of Economics, London School of Economics (LSE) and Head of the Centre for Economic Performance's Programme on Well-being. In March 2012 he gave a lecture to the LSE where he said:

***'Mental health problems have been here since the Stone Age. What is new is that, for the first time, we now have things we can do about them' (Layard, 2012).***

His speech came just over a year after the publication of the Coalition Government's mental health strategy, *No Health Without Mental Health (NHWMH)*.

***'Healthy Lives, Healthy People is the first public health strategy to give equal weight to both mental and physical health' (Department of Health, 2011).***

Bold words from the Secretary of State for Health, Andrew Lansley, on the publication of his mental health strategy in February 2011. The ambition of the strategy was to mainstream mental health provision and care and achieve 'parity of esteem' (Department of Health, 2011a) with physical health. Given that bold claim now

seems the appropriate time to review whether the objectives set out in recent mental health policy have been successful. In this article, we ask if mental health is being given 'equal weight' (Department of Health, 2011) to physical health and if the things that can be done to improve mental health are, in fact, being done.

Since July 2010, a series of papers have been published by the Department of Health (DH) under the guidance of Lansley, designed to reform the NHS and 'liberate' it from Whitehall control. The fierce debate over the principles of healthcare and who should provide it, exacerbated by the debate around the Health and Social Care Act 2012 has overshadowed the details of these structural and policy changes. The organisational and structural reforms have already started, but mental healthcare provision, in particular, seems to have slipped down the agenda. Can the Government really succeed in its aim of establishing mental health as an equal to physical health? Is this the right objective? How does this strategy differ from the many others that have come before? These are difficult times for the public sector and this Government has set itself a challenge that would be difficult even in affluent times. After years of successive government strategies prioritising mental health, the most pertinent question right now must surely be—'are we nearly there yet?'

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## Where did we come from?

At the time of our last article on mental health (Johnson, 2009), the successor strategy to the *National Service Framework for Mental Health* (Department of Health, 1999) was eagerly awaited. Given the substantial structural reforms being undertaken by the Government, this article will primarily compare the latest mental health strategy with the previous strategy *New Horizons: A Shared Vision for Mental Health* (Department of Health, 2009) laid out the Labour government's strategy for the coming years with the then Health Secretary, Andy Burnham MP writing 'for the first time, it recognises mental health and wellbeing not just as a health concern, but as a major social issue demanding action across all parts of government'—not dissimilar to the claim made Lansley. *New Horizons*, which was broadly welcomed by stakeholders, did not claim to be all new and shiny. Instead, it sought to 'build on recent achievements, [while] helping to prevent mental health problems from developing in the first place' (Shift, 2009).

Section 3 of *New Horizons: Cross-government Actions on Key Themes and Across the Life Course* listed no less than 120 actions. Many of these read more like pledges or aspirations—in many cases, there was no clear measurement of success linked to the actions or definitive outcomes. It contained pledges from a wide range of Government departments, including the Ministry of Justice, the Department of Work and Pensions and the Department for Children, Schools and Families (now Department for Education). For example, Action 6 states:

**'An Atlas for Mental Well-being in England will be developed and published in spring 2010. This will contain relevant information to support local commissioners in both urban and rural areas.'**  
(Department of Health, 2009: 22)

Spring 2010 was also the anticipated time of the General Election. A cynic might suggest that this 'Atlas' was never intended for nationwide implementation as, by this time, many within the Labour Parliamentary Party were beginning to fear they might lose the election. Another example is Action 10:

**'Publication of a violence and abuse prevention framework in spring 2010. This will engage a number of government departments and provide evidence to address violence and abuse, which are key factors for poor mental health.'**

Again, this framework was due to be published around the same time as the election, and was intended to engage 'a number of government departments' and 'provide evidence'. This action—together with many of the strategy's other pledges—would not be implemented prior to Purdah.

At the time of *New Horizons*' publication, many of the key stakeholders pointed out that the strategy was 'without targets or funding commitment' (Santry, 2009). Paul Corry, Director of Public Affairs at Rethink writing in *The Guardian* blog 'Joe Public' called *New Horizons*:

**'...an inspiring strategy that's full of hope for people with severe mental illness. Yet once again, I'm at a loss as to where the cash is going to spring from to finance the grandiose expectations.'** (Corry, 2009)

Overall, the reaction to the strategy was very positive, but tinged with concern, given the wider economic situation and a looming general election. Perhaps even more worrying—in the context of the strategy being carried forward after the election—was the admission from

Professor Louis Appleby, National Director for Mental Health in England, that there was little evidence on how much money the policies would save. As the main political parties geared up for the election, strategies that offered no clear savings or outcomes were no longer a priority.

In March 2010, *Confident Communities, Brighter Futures: A Framework for Developing Wellbeing* (HM Government, 2010) was released. With the country and the press in full electioneering mode, this framework attracted little attention. Speaking at the framework's launch, Dr Andrew McCulloch of The Future Vision Coalition warned:

***'This could be the beginning of another revolution in public mental health or it could all fade into the background and will do without that wider commitment. The challenge now is to develop a comprehensive public mental health strategy and to embed this within public health, where it belongs.'***  
(NHS Confederation, 2010)

Dr McCulloch's words echo what was being said only three months earlier at the New Horizons launch. It is unfortunate and almost certainly frustrating for those working in the mental health sector, that this strategy was launched so close to an election that would see the government ejected from office only six weeks after its publication.

### **Do we know where we're going?**

In May 2010, the Conservative and Liberal Democrat parties came together to form a coalition. The parties thrashed out a 'Coalition Agreement' that was intended to set key markers of what they hoped to achieve over the next Parliament and to be an amalgamation of their respective election manifestos. It is worth

reminding ourselves of the original Coalition Agreement pledges that related to mental health. There are four parts that are related (see *Box 1*):

Considering that, less than a year later, this same Government committed itself to making mental health a priority on a par with physical health, it is surprising that mental health gets so little attention in the Coalition Agreement. Admittedly, talking therapies are acknowledged as falling under the public health remit, although the stated aim to 'reduce long-term costs for the NHS' hardly demonstrates a deep understanding of the wider health, personal, societal and economic benefits that can be achieved from general good mental health.

In July 2010, the Coalition published the White Paper *Equity and Excellence: Liberating the NHS* (Department of Health, 2010) which provided an over-arching strategy for how the Government intended to reform the NHS. It stated that the criteria used for the NHS Outcomes Framework would ensure that they 'do not exclude outcomes for key groups or services ... such as mental health'. It laid out the Government's intention to build on the work done by its predecessors in payment by results (PbR), by implementing a set of currencies for adult mental health services for use from 2012/13 and developing currencies for child and adolescent services. The White Paper also claimed the Government would ensure 'coherent and coordinated local commissioning strategies across all three services' which includes mental health. All of these commitments are still broad, with little sense of timeline, however, towards the end of the paper it does list April 2011 at the time they intend people to have a 'choice of provider in some [my emphasis] mental health services'.

Published in November 2010, *Healthy Lives, Healthy People* (Department of Health, 2011b) outlined the Government's plans to revolutionise

**Box 1. Mental health pledges in the Coalition Agreement**

**Defence:**

- We will work to restore the Military Covenant by providing extra support for veterans with mental health needs

**NHS:**

- We will guarantee that health spending increases in real terms each year of the Parliament
- We will prioritise dementia research within the health research and development budget

**Public health:**

- We will ensure greater access to talking therapies to reduce long-term costs for the NHS.

public health and reform the NHS. This white paper also announced that the DH would be publishing a new mental health strategy in 2011. Unlike the July 2010 white paper, *Equity and Excellence: Liberating the NHS*, the importance of mental health to wider public health is woven throughout *Healthy Lives, Healthy People*, and the importance of mental health across age groups and to wider wellbeing is also highlighted. This could be taken as an example of how thinking had developed since the Coalition Agreement.

**Haven't we been here before?**

By the time of the publication of the mental health strategy, *NHWMH* in February 2011, the storm around the wider NHS reforms and the Health and Social Care Bill was already raging. At the launch of the strategy, Lansley proclaimed:

***'For the first time, people of all ages with mental health problems will be able to receive personalised care to reflect their own needs. The NHS will also no longer focus its attention on treatment alone—but will move towards early intervention and prevention to deliver outcomes for patients which are amongst the best in the world.'***

Despite Lansley's claims, there are striking resemblances between *NHWMH* and *New Horizons* and very little that is truly 'new'. On the one hand, this gives an encouraging message about the importance of policy continuity—no mean feat, given the change of colour of government from red to blue and yellow. However, it hardly supports Lansley's claim that this strategy is 'for the first time'.

The latest strategy has again been broadly welcomed—indeed, there is very little in the six core objectives that the mental health community

would want to disagree with—but very similar concerns have been aired to those expressed when *New Horizons* was published.

To some, the strategy is big on vision, but light on definitive outcomes and implementation. Money and resources remain a concern. The UK Council for Psychotherapy (2011) expressed doubts over the £400 million funding, questioning whether it was actually 'new money'. The Mental Health Foundation (2011) noted:

***'... it is noticeable that there are few solid financial commitments made...Previous strategies, for example, have pledged to tackle stigma and discrimination, but we are yet to see evidence that this commitment has been successfully acted on.'***

So, what is actually new? The Mental Health Foundation's response to the 2011 strategy welcomes the fact that 'for the first time, medically unexplained symptoms (MUS) are specially mentioned as an issue that will need tackling from a mental health perspective' (Mental Health Foundation, 2011). However, MUS are specifically mentioned in *New Horizons* as well. In fact, there are whole sections of both *New Horizons* and *NHWMH* that are almost identical (for example, see *Box 2*).

In some respects, it is unsurprising that there are so many similarities between the two strategies; given the two were published less than two years apart, policy in this area is unlikely to

## Box 2. Similarities in *New Horizons* and *NHWMH*

### 1. *New Horizons*:

Action 101

The new **Ministerial Advisory Group** for inequalities and mental health, involving external stakeholders and chaired by the Minister of State for Care Services, will advise on strategies and monitor progress. (p70)

### **No Health, Without Mental Health:**

We will also establish a Mental Health Strategy **Ministerial Advisory Group** of key stakeholders, including people with mental health problems and carers, to work in partnership to realise this strategy's aim to improve mental health outcomes for people of all ages. (p15)

### 2. *New Horizons*:

The development of **Payment by Results** for mental health has the potential to improve services (p77)

Better information, particularly in relation to quality and outcome measurement, will be vital for effective commissioning. For most services, this might well entail developing systems to ensure the appropriate collection of HoNOS scores for patients on the new Care Programme Approach, particularly as the evolution of Payment by Results in mental health is likely to depend on assessments that incorporate HoNOS. (p80)

### **No Health, Without Mental Health:**

The Government is developing a system of **Payment by Results** for adult mental health services (p54)

The NHS information architecture is being developed to support better routine outcome measurement across all mental health services. The use of the HoNOS is becoming widespread. This is a widely accepted outcome measure for severe mental illness collected through the Mental Health Minimum Dataset and is being used in the roll-out of Payment by results in mental health. (p48)

### 3. *New Horizons*:

Only a national and local **cross-government approach** working with local government, in partnership with the third sector, communities and individuals, will achieve the changes that will reduce the burden of mental illness and unlock the benefits of well-being and mental health for the whole population.(p9)

### **No Health, Without Mental Health:**

This mental health outcomes strategy sets out how actions **across government** will help to deliver better mental health outcomes. It is more than a service improvement plan; it seeks to promote a transformation in public attitudes towards mental health. (p12)

### 4. *New Horizons*:

Tackling **stigma and discrimination** is one of the main priority areas for many respondents and there is strong support for maintaining and developing campaigns. (p17)

### **No Health, Without Mental Health:**

We all need to take responsibility for caring for our own mental health and that of others, and to challenge the blight of **stigma and discrimination**. (p5)

have changed radically and continuity is to be welcomed. It does, however, raise an important question—for all the well-meaning words in these strategies, to what extent, if at all, are the policy objectives ever actually achieved? How can observation and implementation be guaranteed?

## Are we going in the right direction?

Improving mental health has been a 'priority' of UK government for years, with strategy after strategy eloquently explaining ways in which the population's mental health will become just as important as its physical health. In a supplementary document to *NHWMH*, the DH published *Talking Therapies: A Four-Year Plan of Action* which took the Improving Access to Psychological Therapies (IAPT) programme initiated under Labour, and expanded it out to children and young people, those with long term physical conditions, medically unexplained symptoms and severe mental illness. The programme is designed to implement National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. IAPT's immediate priority was to have trained more than 3700 therapists and psychological wellbeing practitioners by March 2011.

Unlike the *NHWMH* strategy, the action plan sets out clear targets. *Talking Therapies* lays out six core elements to what it calls 'roll out completion' which are:

- Completing training programme
- Extending training programme
- Better access for older adults
- Delivering improved quality standards
- Choice and equity for patients
- Employment and other activity support.

IAPT was also given a national profile as psychological therapies were included in the NHS Outcomes Framework 2012/13.

## Delivering better outcomes?

Alongside the main strategy, the supporting document *Delivering Better Mental Health Outcomes for People of All Ages* (HM Government, 2011) was also published. This document goes through each of the 6 outcomes objectives elaborating on what is expected to achieve the outcomes and examples of how it has been done. The supplementary document also weaves in the various Outcomes Frameworks, many of which were not published at the time NHMWH was published. The key Outcomes Frameworks referred to are the Public Health Outcomes Framework, the NHS Outcomes Framework and the Adult Social Care Outcomes Framework. These Outcomes Frameworks are intended to be the lynchpins of the new health and public health services—enshrined in legislation by the Health and Social Care Act 2012. Each Framework has a series of Domains and Indicators which make up the criteria by which success will be judged. To the credit of the DH there is acknowledgement in this document that mental wellbeing and mental health are affected by factors outside of the health service itself. It identifies five key areas needed for promoting mental health and preventing mental illness: starting well, developing well, living well, working well and ageing well. Rather like Shakespeare’s seven stages of man, these areas attempt to encapsulate all the stages of life where our mental wellbeing, if not preserved and nurtured, can lead to mental illness.

*Delivering Better Mental Health Outcomes for People of All Ages* is an ambitious document that seeks to give further detail to the overarching strategy of *NHMWH*. It does set itself targets, such as refocusing Sure Start Centres to those ‘who need it most’ and providing a further 4,200 health visitors who together with GPs will lead and deliver the Healthy Child and Family Nurse Partnership Programme to promote wellbeing

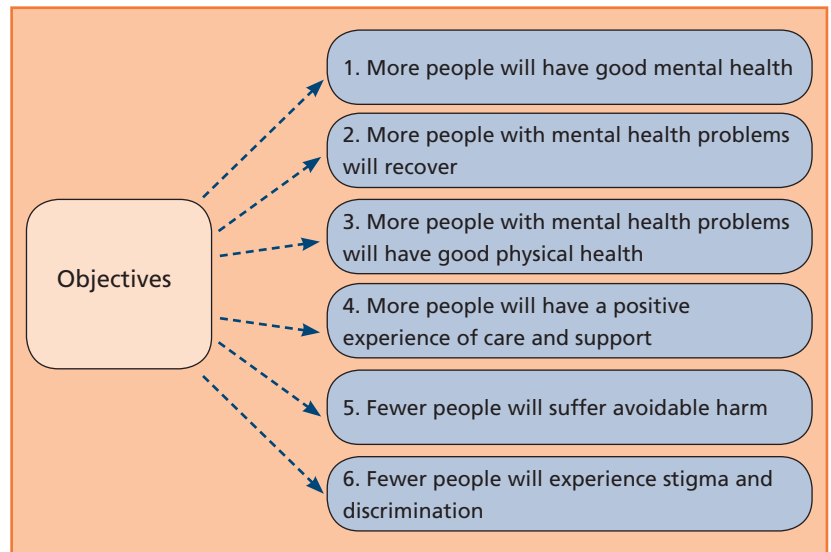


Figure 1. The six objectives of *No Health Without Mental Health*

from the very beginning of life. It is now over a year since the strategy was published and health has moved squarely back into the centre of the political and public debate thanks to the controversy of the Health and Social Care Act 2012. What is not entirely clear, however, is how these outcomes are being achieved.

## So are we nearly there yet?

In January 2012, the Mental Health Foundation alongside Mind, Rethink Mental Illness and the Centre for Mental Health, published *The Mental Health Strategy, system reforms and spending pressures: what do we know so far?* The five page brief seeks to broadly review the impact of *NHMWH* in the context of wider funding pressures in healthcare. Of IAPT it concludes:

***‘There remain concerns, however, that some other psychological therapy services may be being concurrently reduced by some PCTs. Individuals with more complex problems may therefore be missing out on psychological approaches.’ (Mental Health Foundation, 2012)***

Of the *NHMWH* strategy itself, the brief finds:

***‘...knowledge of the strategy among commissioners in particular is variable and there is little evidence that it is being used as a guide to local decision making.’***

## KEY POINTS

- *Healthy Lives, Healthy People* claims to be the first public health strategy to give equal weight to both physical and mental health
- When *New Horizons: A Shared Vision for Mental Health* was published, Andy Burnham MP, then Health Secretary, said '[it is] a major issue demanding action across all parts of Government'
- Increasing Access to Psychological Therapies (IAPT) was made a national priority by its inclusion in the NHS Outcomes Framework 2012/13
- The Mental Health Foundation alongside other charities reviewed the *No Health, Without Mental Health* strategy in January 2012 and concluded that there is 'little evidence that its being used as a guide to local decision making'
- Professor Layard of LSE calls for a cabinet minister for mental health may well be the only way to ensure the area is given 'equal weight'

Perhaps this is where the problem lies. No government would announce a new strategy designed to tackle the nation's 'physical health' in a single suite of policy documents. Strategies, targets, initiatives and outcomes are developed for specific areas of physical health, whether that is cancer, diabetes, obesity etc. Could it be that to successfully improve the mental health of the population, government needs to stop thinking about such a broad and complex area of health in terms of a single, homogenous issue and instead think about how to address the specific needs of people with dementia, schizophrenia, depression, social exclusion, anxiety or bipolar disorder?

The Coalition Government claimed to be serious about putting mental health at the centre of the nation's wider health. Today, the Department of Health website lists NHS, Social Care and Public Health under its 'policy' tab, but not mental health. Over a year on from the ambitious and admirable programme outlined in *NHWMH* it does seem that we may be on our way if not fully there yet. Given the reaction to the Health and Social Care Bill 'localism' does not seem to be the right route to follow. As the economic difficulties continue and funding becomes more and more restricted in the wider health service perhaps government, of any shade, needs to stop and consider if a strategy every few years is the best route at all. Perhaps Professor Layard is correct and what is needed is a dedicated person, sitting at Cabinet level

reminding all fellow ministers about the need to factor in mental health when drafting policy. As the successive strategies tell us, our mental health can determine and impact our physical health. Surely then, our mental health should be given not just equal, but more weight, in our journey to wellbeing. BJHCM

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