community links

Early Action Task Force

Thriving Minds:

Acting early on mental health

The Early Action Task Force

The Early Action Task Force, led by Community Links, is a cross-sector group of leaders making the case for a society that prevents problems occurring rather than one that struggles with the consequences.

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This paper is intended to stimulate thinking, and as such neither the Task Force members nor those listed above necessarily support all of the proposals contained within it. The contents and any errors contained within this report remain the responsibility of the authors alone.

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Summary

The current crisis in mental health is as much a social crisis as a medical or funding crisis. Mental health underpins so many aspects of our lives that in order to tackle the causes of poor mental health we need a far ranging response beyond simply reforming mental health services. By acknowledging that mental health is everyone's responsibility, sectors should act together to share the cost of early action, as well as the resultant benefits – what the Early Action Task Force terms the 'triple dividend' of enabling people to lead thriving lives, whilst costing less to public services, and contributing more to our economy.

We have focused on six key areas that could do more to tackle mental health earlier, but could have easily doubled the list:

Education

Half of all diagnosable mental health conditions in adulthood begin before the age of 14

Given the above statistic, our school years present an obvious opportunity to promote mental health early. Head teachers should adopt 'whole-school' approaches that embed wellbeing in their ethos, work and performance frameworks to improve the mental health of pupils and teachers too. Local and central government also need to ensure that their policies are focused on promoting positive mental health in schools through collaboration with local services, and reducing the pressure of incessant exams.

Employment

Mental health problems account for 47% of long term absences from employment

Whilst many mental health problems begin outside of the workplace, they can be highly stressful places that place unnecessary additional strain on individuals and exacerbate mental health problems. Unsupportive work cultures and a lack of mental health literacy mean that problems often go unchecked until they reach crisis point and individuals need to take extended periods of time off. Training in Mental Health First Aid can address this, but lone initiatives are not enough. We need wider approaches such as happier@work to ensure that workplaces are mentally health places to be. Inevitably some people will still need to take time off work, so it's important that employment support services are geared towards the needs of those with mental health problems and enable them to get back into appropriate, sustainable, and good quality work when they are ready to return.

Money

Problem debt makes a person twice as likely to develop a mental health problem

Large numbers of people are caught in a vicious cycle of mental health problems and problem debt.

By reducing the amount of debt people take on, improving access to advice services, and changing debt collection practices, we can act earlier to break this link. Citizen's Advice Bureau's Healthy Advice is an innovative scheme to ensure they are reaching people with emerging mental issues who need advice as early as possible.

Criminal Justice

90% of prisoners have a mental health problem

The criminal justice system hosts many people at the sharp end of our collective failure to tackle mental health issues earlier, and the system can play a central role in creating an alternative. The excellent examples of Street Triage and Liaison and Diversion schemes divert people with mental health problems away from the criminal justice system and into the care they need. Acting earlier also means making prisons mentally healthy environments, so they aren't creating or exacerbating mental health problems for offenders who will eventually leave prison. Finally, the majority of offenders do not actually go to prison, so it is important that probation services are equipped to provide support in the community as well as ensuring offenders are ready to re-enter society.

Renting

Renters are 75% more likely to experience serious anxiety and depression than homeowners

Insecure, unaffordable and poor quality housing, particularly in the private rented sector, is having a hugely damaging impact on our mental health. Many of the solutions to this problems, including building more affordable housing, are particularly daunting, but promising initiatives are emerging. For example, new legislation in Scotland is making renting more secure, and local initiatives like introducing co-regulation in Doncaster to encourage landlords to apply basic standards, but much more needs to be done.

Communities

Chronic loneliness is a comparable risk factor for early death as smoking 15 cigarettes a day

Even in our digital age, communities remain an important place for fostering social connection and preventing loneliness. This can be best achieved through a mixture of formal services aimed explicitly at building social capital, and every day places and activities that encourage more incidental connections. As individual and community mental health are inextricably linked, it is important to not only enable people to create meaningful relationships, but to foster a positive image of our communities and how we relate to each other. This will, in turn, promote better mental health, as demonstrated by Haringey Thinking Space.

Introduction

The patchwork support that exists beyond medical services, in areas such as housing, education, and employment, largely focuses on how we help those who have already developed mental health issues. This is a laudable and necessary aim, but without early action in wider sectors such as housing, education, and employment, we will be constantly fighting fires instead of preventing them. This is not just a healthcare crisis, but a social one too. Mental health issues represent the largest single cause of disability in the UK, affecting one in four adults and costing the economy around £105 billion a year: roughly the cost of the entire NHS. Yet mental health budgets in the NHS and local authorities remain low, and despite it gaining increasing prominence in the public realm, there still seems to be a little recognition from other sectors that mental health is also their concern.

This report analyses how we can act earlier on mental health across six key areas, including education, work, money, criminal justice, private renting and communities. We use the term 'early action' to refer to any service or activity that prevents problems occurring or getting worse, tackling their causes rather than their consequences. We could have doubled the list of areas covered, as mental health runs through everything in a circle of cause and effect; debt can make us mentally ill, but equally mental illness can lead us to end up in debt. Our thinking in each of these chapters is underpinned by the following principles:

Mental health should be framed positively

With some notable exceptions, the term 'mental health' is often used as a catch-all for flourishing, languishing, and everything in-between. We must be very clear about what we mean when we talk about mental health. We have chosen the World Health Organisation's[1] definition as a starting point, which describes mental health as:

"a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

Crucially, mental health is not merely the absence of illness, and an early action approach focuses on both promoting mental health, and preventing mental illness. The former shifts the focus from preventing disease in a single person towards tackling wider social determinants. The latter is about reducing the incidence, prevalence and recurrence of mental illness. Both are important and work in tandem, and in this paper we are particularly interested in focussing on the social determinants of mental health as addressing them are inherently about early action.

Focus on readiness at key transitional periods in life

75% of mental health issues are established by the age of 24, and one in four adults will experience a mental health problem in any given year[2]. This could be due to a wide range of traumas from the loss of a loved one to homelessness.

An individual's ability to absorb such shocks is often referred to as their 'resilience'. However, as we've previously argued, we find the term resilience negative and reductive[3]. It frames people as passive recipients of trauma who will at best 'bounce back'. In contrast, 'readiness' emphasises the importance of supporting people to thrive and seize positive opportunities, as well as cope with setbacks.

Readiness is particularly important when we consider life's major transitions. Rather than merely helping people deal with the shock of change, we should be equipping them to thrive when starting school, moving into employment, or entering retirement. Whilst most preventative work in mental health has focused on children and young people, there are key points of vulnerability at a number of stages in our lives[4]. Therefore any early action approach to mental health must take into account the cumulative effect of events over a lifetime[5], and focus on ensuring we are all ready to flourish during transitional phases.

Mental health is everyone's responsibility

It's now widely accepted that we won't tackle our mental health challenge through health services alone. Individual projects and services are being developed to tackle it in more preventative ways, but there is still a still a long way to go until every organisation considers the mental health impacts of their work in the same way they would physical health - even if some good work in Europe has begun via the 'Mental Health in all Policies' initiative[6].

We are not arguing that every teacher or prison warden should be an expert in mental illness. However, everyone should at least have some understanding and knowledge of what promotes good mental health. At the very least, public services, community activities, and the range of environments in which we live should commit to doing no harm to our mental health.

Focus on settings, not just individuals

Our public health approach to physical health has achieved some notable successes: from building sewers in the Victorian era, to more recently combating smoking. Obviously, an individual's ability to cope with and respond to trauma is important, but we currently individualise mental health and often forget the impact of everyday settings where we live and work. Some of the key settings where we could act earlier on mental health include workplaces, schools, communities and the home. These are often inter-connected, and so any response needs to take into account the ways in which different settings interact with each other to prevent mental illness and promote mental health.

Mental health and physical health are inextricably linked

There is growing recognition that you cannot treat someone's physical ailments without also attending to their mental health too. Astonishingly, people with mental health issues can die on average up to 25 years younger than those without them[7]. In fact, 12% to 18% of all NHS expenditure on long term physical health conditions is linked to poor mental health, which is the equivalent of between £8bn and £13bn per year.

The 2012 Health and Social Care Act enshrined parity of esteem - the principle by which mental

health must be given equal priority to mental health - in law, but progress has been painfully slow. Spending on mental health services is falling in many areas, and whilst mental health issues account for 28% of the UK's 'burden of disease', just 13% of the NHS budget is spent on it. Any attempts at early action on physical health should also take into account mental health, but unfortunately we are often far better at thinking about the former than the latter.

Mental health is a social justice issue

Not enough attention is given to the importance of structural issues and their role in mental health, including inequalities associated with housing, income, employment, gender and ethnicity.

'Transformation' continues to be a buzz word in the mental health sector, but all too often activities end up being merely ameliorative and do not challenge the root causes of problems. Some of these issues require huge shifts in the way we think, act and legislate, so we are not making any grand claims in this report. However, mental health is fundamentally an issue of social justice.

Education

Half of all diagnosable mental health conditions in adults begin before the age of 14

School is an almost universal experience for young people in the UK, and therefore presents a significant opportunity to act earlier to promote mental wellbeing - an opportunity brought home by the fact that half of all diagnosable mental health conditions in adults begin before the age of 14[1], and three children in every classroom have a clinically diagnosable mental health condition[2].

Education is probably the one sector where there is already ample evidence of the impact of promoting good mental health earlier. Pupils' emotional wellbeing at a young age often accurately predicts their academic progression and engagement in school later on[3]. An economic study of school-based mental health interventions found that early action could create savings of up to £150,000 per child[4]. As well as reducing future costs on public services such as the NHS and the criminal justice system, promoting positive mental health enables young people to be ready for their future lives, coping with setbacks and seizing opportunities.

During their school years, young people can be exposed to a range of factors that either put their mental health at risk or promote thriving minds. Many of these factors exist outside of school, including poverty, parenting skills and bereavement. However, there are some elements that schools do have control over, and may make the difference between a child suffering poor mental health and one that is ready in the face of significant adversity. For children in schools, perceived academic failure, bullying, lack of positive friendships and the existence of peer pressure, as well as poor pupil to teacher relationships, all present big risk factors to their mental health[5].

Starting school at the age of four, moving from primary to secondary school, and the leap to college or university are all key transitions that can have a particularly large impact on our mental health. We know that changing school due to external reasons, parents finding new work or the family being evicted, can be a particularly disruptive experience. Young people are also facing the tumultuous period of adolescence when they experience physical changes, issues of identity, and relationships for the first time.

"PROMOTING POSITIVE MENTAL HEALTH ENABLES YOUNG PEOPLE TO BE READY FOR THEIR FUTURE LIVES, COPING WITH SETBACKS AND SEIZING OPPORTUNITIES"

To act early on mental health in education, we need an education system focused on teacher and pupil wellbeing, improved partnerships at the local level, and a whole-school approach to mental health.

Focusing the education system on teacher and pupil wellbeing

"WE SHOULD NOT COMPROMISE CHILDREN'S MENTAL HEALTH IN THE PURSUIT OF HIGH ATTAINMENT"

Far too little attention is paid to the impact of the education system itself on children's mental health. For example, a relentless focus on academic attainment may have dangerous consequences for the mental health of both pupils and teachers. A recent report from ChildLine[6] highlighted school and exam pressures as one of the most regularly cited causes of anxiety by young people, as well as a concerning level reporting suicidal feelings directly linked to exams and academic failure. Yet recent government mental health guidance to schools makes no specific mention of exam stress as a risk to mental health[7]. And it isn't just young people preparing for their GCSEs or A-Levels – a survey of teachers in 2016 reported that children as young as six are suffering from exam stress[8].

Despite surveys finding teaching to be the most stressful occupation in the UK, support is patchy, with schools often reluctant to acknowledge the pressure on teachers – exemplified at the extreme end by schools making teachers sign 'compromise agreements' preventing them from disclosing that they have left their position due to stress[9]. Teachers who stay in work while unwell can also have a negative impact on their relationships with and can affect pupils' attainment outcomes[10] as well as making them stressed[11].

Education policies and performance frameworks should not put undue pressure on young people and their teachers. Examinations aren't the only way to evaluate student knowledge and hold schools to account. Finland, to name one regularly cited example, only has one standardised test which its pupils are expected to sit before they finish high school. Yet an emphasis on play and a holistic understanding of the world, equitable access to childcare, and highly professionalised and autonomous teachers has meant that Finland is continually amongst the highest ranking countries in educational attainment. We should not compromise children's mental health in the pursuit of high attainment.

It is promising that Ofsted have introduced specific mental health criteria into their assessment framework, but they need to go further in creating the conditions for better mental health support in schools. For example, making Personal, Social, Health and Economic (PSHE) education statutory and ensuring it is properly funded and delivered by trained staff[12]; ring-fencing investment into young people's mental health to ensure it isn't spent on other things[13]; and creating a quality assurance scheme for counsellors so schools know they are investing in quality services[14], would all go a long way towards enabling effective early action.

Improving partnerships at the local level in the face of austerity

As well as considering the role of central government, understanding the role of local services is key. Despite vocal commitment to mental health from government, more than half of councils in England either cut or froze their CAMHS budgets between 2010-11 and 2014-15.[15] This has resulted in longer

waiting times (with some children waiting years for assessments) and services increasing their eligibility thresholds to try and reduce the number of children referred - leading to a fifth of children being refused treatment from CAMHS in 2015.[16]

In order to make sure they are providing the most effective response in spite of cuts, local authorities and public health need to work with schools to determine the most important services for children's mental health. The Institute of Public Policy Research (IPPR) has suggested the creation of local head teachers forums by health services to allow schools to influence commissioning and funding decisions on children's mental health services in a more systematic and meaningful way[17]. Whilst more acute services will always be needed, working with schools can enable local authorities to tackle mental health issues earlier, reducing the burden on acute services and creating a more sustainable solution than short-term cuts.

Other less obvious sectors could also partner with (and fund) schools to ensure earlier action on mental health. As will be highlighted later in this report, mental health issues that are not addressed in childhood can creates significant costs later on to employers, financial institutions, and the criminal justice system, amongst others. Innovative partnerships between schools and these groups could yield benefits that reduce mental health issues and the associated costs in the long term.

Developing a whole-school approach

Figure 1: Whole school approach[18]

Whilst structural factors play a significant role, schools are not powerless to create positive change. As support outside of school is increasingly limited, it become even more important that schools create an internal environment that promotes positive mental wellbeing. Children are currently less likely to confide in teachers about mental health issues due to a lack of confidence in how they will be supported[19]. Teachers themselves say they don't know enough – 9% feel they haven't been given enough training to help them spot the signs of mental illness in pupils, 45% said that training had been inadequate and 32% said they had received no training at all[20]. Equipping teachers with mental health literacy can ensure they are confident in supporting pupils, as well as ensuring they can identify signs of concern as early as possible.

There remains a huge stigma attached to mental illness that can be particularly acute in schools. Young people don't feel able to talk openly about their mental health due to embarrassment, fear of being judged, and a lack of understanding about mental health[21]. An effective method of improving understanding and tackling stigma is what's known as a 'whole-school approach'. A whole-school approach is one in which all staff, including school leadership, teaching staff, and ancillary staff work together to promote positive mental health through the ethos of the school, the curriculum, and specific interventions to support mental health. **Figure 1** demonstrates the eight principles upon which a whole-school approach is based, highlighting that the involvement of school leadership is key to driving successful change.

Specific activities could include staff receiving training in mental health, a PHSE curriculum with a specific focus on mental health, creating student councils, regular assemblies addressing issues of mental wellbeing, an 'open-door' policy for students wishing to discuss anything relating to their wellbeing, and an on-site counsellor, amongst many more. **Mancroft Advice Project** is one example of schools adopting such an approach:

Mancroft Advice Project

The Mancroft Advice Project (MAP) is a charity based in Norwich which provides advice, counselling and youth work services to young people. Its schools-based project is a five-year pilot funded by the Early Action Neighbourhood Fund[22] which is specifically aiming to shift CAMHS spending in Norwich towards prevention, as well as improving children's social and emotional wellbeing and reducing the number of young people who are NEET. It targets 11-16 year olds in three schools with a range of interventions, including youth work, counselling advice and mediation. It splits support into primary, secondary and tertiary prevention:

- **Primary:** support network and training for schools and local practitioners on promoting emotional wellbeing, assistance in setting up wellbeing activities in community organisations such as youth clubs, a PHSE wellbeing curriculum, and a participation programme to increase student engagement in school decision-making
- **Secondary:** a general drop-in within the three schools for young people to come and discuss their issues, delivering a programme of activities to build confidence and self-esteem, and working with teachers to identify young people who may be in need of their service
- **Tertiary:** counselling and specialist advice

As well as offering specific support for wellbeing, schools can also offer practical support. As poverty and an unstable home environment can create risks to mental health, schools can work with families to ensure they are better supported to deal with such challenges. For example, **School Home Support** provide staff to work in schools to help with families with multiple and complex needs. Whilst this can include self-esteem and confidence workshops, it also often involves practical measures such as addressing problems with housing, debt, physical health, and domestic violence.

Conclusion

Reducing the number and stresses of exams, linking schools with local services, and taking a whole-school approach are three ways in which we can act earlier for mental health in education. In doing so we can reduce the prevalence of mental health issues amongst our young people, and ensure that they are ready to create and seize opportunities after they leave school. As mentioned above, addressing mental health in schools is necessary but not enough in and of itself. Another key environment, and one that often follows on fairly soon after education, is the workplace.

Employment

Mental health issues account for 47% of long term absences from work

First you get a dry scratchy sensation in your throat. Then a surprise sneeze or two; a runny nose, watering eyes, and maybe even a hacking cough. We've all suffered the familiar symptoms of a cold. Some of us battle valiantly on, infecting our colleagues and slogging through a day's work without really achieving anything. Others realise that a day or two of respite will speed our recovery, allowing us to return to full efficiency quicker than we might otherwise. According to the CIPD[1], minor illnesses such as colds, headaches and upset stomachs constitute the majority of short term absences from work. We can take well known preventative steps such as making sure food isn't off, using a tissue when we sneeze, and regularly washing our hands, but generally speaking such minor illnesses are an unavoidable part of life and sometimes require sick leave.

Stress is also an unavoidable part of life, and can be brought on by a multitude of things that extend far beyond the workplace. It is an unpleasant feeling, but when it is short lived, it normally doesn't cause any lasting harm. However, excessive or prolonged stress can be hugely damaging to our mental and physical health, and can sometimes even kill[2]. Stress and mental illness are also far more likely to lead to long-term absence; second only to acute medical conditions such as strokes, heart attacks and cancer[3]. In fact, whilst mental health issues are responsible for only 25% of absences of less than a week, they account for 47% of long-term absence[4]. This comes with an enormous economic cost, as sickness absence due to mental health issues cost the economy £8.6bn a year[5]. Mental health issues don't always lead to absence. Presenteeism - where employees continue to go to work but are struggling with mental health issues - is actually almost twice as costly to the UK economy as mental illness related sickness absence, costing £15.1bn a year[6].

"OUR FAILURE TO ACT EARLIER ON MENTAL HEALTH IN THE WORKPLACE IS NOT ONLY DAMAGING LIVES, BUT IS ALSO HINDERING THE ECONOMY "

Our failure to act earlier on mental health in the workplace is not only damaging lives, but is also hindering the economy. Acting early in the workplace requires systemic changes within organisations to ensure that a wide range of tools are available to employees, cultural change to promote disclosure, and leaders that are committed to ensuring their workplace is as mentally healthy as it can be. We need to step in as soon as someone is unable to work due to poor mental health, give them the time to recover and then be much more flexible and supportive when they are ready to return.

Stigma and disclosure in the workplace

"A THIRD OF PEOPLE EXPERIENCING MENTAL DISTRESS AT WORK DON'T APPROACH ANYONE FOR SUPPORT WHEN PROBLEMS START"

So if mental health issues are so common in the workplace, and work can play a role in creating or exacerbating them, why do we find it so difficult to talk about mental health at work? We wouldn't think twice about responding to the casual question of 'how are you?' with, 'not great, I think I've got a cold coming'. But how many of us would let others know we are feeling depressed in such an offhand manner? It is telling that out of nine equality issues, mental illness is the one that respondents find the least comfortable to discuss at work[7]. This lack of disclosure - often due to both perceived and actual stigma - means that a third of people experiencing mental distress at work don't approach anyone for support when problems start.

Research shows that employees report discomfort working with someone with mental health issues, and that generally speaking those with poor mental health are less likely to be believed than those with poor physical health[8]. This stigma is clearly a society wide issue and can't be solved solely in the workplace. However, there are clearly some things that could be done to address unsupportive workplace cultures and develop strategies to support those who do suffer from mental health issues.

Many of us know a little bit of basic physical first aid - what action to take when we suffer a minor cut to prevent it becoming a major injury - but what about when we have a knot in our stomach, a lump in our throat, or are feeling really stressed? Go into any workplace and you are likely to find a poster or two about 'health and safety at work' which details the kinds of physical risks you might face, how to avoid them, and what to do if you fall foul of any of them. But what is the equivalent for mental health?

One idea that has been gaining ground in recent years is **Mental Health First Aid (MHFA)**, aimed at improving mental health literacy, reducing stigma, and ultimately providing quick support for those suffering mental health issues until professional help can be accessed[9]. Originally developed in Australia, it entails standardised education about mental health to equip people with proactive strategies and information about further support[10]. At the very least workplaces should ensure that line managers receive MHFA training to ensure they can recognise distress as early as possible, and provide help until crisis is resolved or specialist support is sought. Research shows that MHFA yields a number of benefits, including positive changes in knowledge, attitude and behaviour; greater confidence in helping others; and reducing the social distance from people with mental health issues. Employers should therefore be incentivised to adopt MHFA and it should be a statutory requirement to have mental health first aiders in a workplace in much the same way we must have physical first aiders.

Creating mentally healthy workplaces

As powerful and early acting as mental health first aid can be, lone initiatives are unlikely to make a major difference. There is growing recognition by employers that mental health is important in terms of productivity, profit, and organisational success, but strategic action is lacking. Those that do address

wellbeing and mental health at work tend to rely on individual initiatives - a bit of yoga there or some flexible working here - and do not take the holistic approach that research highlights is most effective.

So how could organisations better promote mental health in the workplace? Most research identifies a range of key elements to good work that include:

- Employment security
- Autonomy, control, and discretion
- Balance between efforts and rewards
- Tools to deal with periods of intense pressure
- Strong workplace relationships
- High quality line management
- A lack of stigma around mental health issues

Early action in the workplace entails changing systems, cultures, and leadership; one example that exemplifies this, led from the top but built from the ground up, is **happier@work**.

happier@work

Based in the four organisations that make up Kings Health Partners (KHP), happier@work seeks to reduce stress in the workplace and improve wellbeing by working at the individual, team and organisational level. It includes running mindfulness workshops for staff and producing a team action plan focused on mental wellbeing; helping to reduce staff illness, raise productivity and motivate staff to provide the best care possible for their patients.

happier@work was created following feedback from staff surveys and focus groups highlighting that staff were experiencing increased mental distress due to higher workloads, whilst at the same time feeling less recognised and appreciated in their efforts. It was quickly recognised that the causes of staff mental health issues were not always within the control of the individual, and so it was important to co-design interventions that were targeted at the team and organisational levels as well.

As well as staff now attending mindfulness and stress awareness workshops to help manage pressure at a personal level, they are also encouraged to raise issues that are outside of their individual control at team meetings where a team action plan is drawn up and progress is monitored. Line managers are better able to understand team issues through mental health awareness training, and can support staff to improve their work environment through access to an expert on space and wellbeing, with a small budget for alterations.

Following the yearlong pilot, an evaluation found that staff wellbeing and productivity had improved by 7%, with staff reporting increased confidence, knowledge, ability to manage stress and support their teams' health and wellbeing.

Helping people to return to work

Systemic approaches like happier@work should eventually help lead to mentally healthier workplaces, but people will still experience problems and need time off. Good work is clearly important for anyone's wellbeing, and falling into long-term unemployment can be scarring, so getting people with mental health issues back/into work is important. As well as enabling individuals to flourish, this has significant financial benefits; mental health issues are the most common cause of receiving disability and health benefits - rising 103% between 1995 and 2014 - a period in which other reasons for claiming fell by 35%[11].

The two main barriers to finding employment that people with mental health issues face are stigma and poorly targeted support services. **Individual Placement Support** is a relatively cheap way to tackle the second problem. It is a voluntary programme that starts with people's goals, seeking to enable them to find a paid job of their choice rather than forcing them into an unsuitable job just to get them off of benefits. Employment advisers are integrated with the wider mental health team who are supporting an individual's recovery, and the programme is sufficiently resourced to ensure that people are supported once they are in employment rather than abandoned as other programmes often do[12]. Research has shown that individuals with mental health issues receiving such support are twice as likely to find and keep a job compared to other rehabilitation services[13].

Conclusion

Acting earlier in the workplace to ensure that the risks of stress and other negative factors are avoided wherever possible will not only yield social benefits to individuals, but economic benefits to organisations, sectors, and the wider economy. We are currently in the midst of a 'productivity crisis', and it is reasonable to ascribe some of this problem to the mental health crisis. Inevitably in a labour market that is currently characterised by insecure, part-time and poorly paid work, even the approaches outlined above will not be enough to promote good mental health. In-work poverty has become a huge issue in recent years, and part of the reason for this is that work just doesn't pay. As a result some people end up in large amounts of problem debt, the subject of our next chapter.

Money

Problem debt makes a person twice as likely to develop a mental health problem

Many of us recognise the niggling sense of worry over an unpaid bill sitting unopened at home, or the mounting interest on a student or business loan. Yet debt itself is not necessarily a bad thing. Without it, most of us would be unable to buy a house, study at university, or start a new business. For those on low incomes or in sporadic employment, credit can smooth temporary fluctuations in income as a result of an unexpected outgoing or a lack of hours that week.

However, problem debt, defined as being behind on two or more consecutive payments, makes a person twice as likely to develop a common mental disorder[1], and the more debts a person has the more likely they are to develop mental health issues[2]. Worrying about debt places demands on people's time and mental energy, and creditor action can exacerbate this through harassing behaviour or sending round bailiffs. Having debts can prevent people from engaging with their usual social activities - increasing social isolation and damaging relationships. A lack of money can also mean going without essentials such as heating or eating, which have a negative effect on both mental and physical health.

Conversely, people who have existing mental health conditions are three times more likely to be in debt or arrears than those who don't[3]. Mental health issues can lead to the loss of a job, or only being able to work sporadically, meaning debts which were previously payable no longer are. Certain mental health conditions can also mean people engage in excessive spending, with the subsequent associated guilt and shame leading to a downward spiral in their mental health and mounting debts[4].

Debt can be associated with particular stages of life, such as starting university, buying a new home, and starting a family. Since the introduction of tuition fees, university students in particular are struggling with the negative impact of debts upon their mental health[5]. A recent study found that financial difficulties can increase the risk of mental health issues for students including depression and alcohol dependency, leading to dropping out of university and even larger debts[6].

"AS HOUSEHOLD DEBT CONTINUES TO RISE, THE RISK OF PEOPLE DEVELOPING ASSOCIATED MENTAL HEALTH ISSUES IS ALSO INCREASING"

The link between problem debt and mental health is well known, but solutions have only recently started emerging to break the relationship. As household debt is rising, the risk of people developing mental health issues is also increasing. Failing to reduce this risk creates significant costs for health services, as well as creating problems for creditors who are more likely to have to

write off debts. These costs create an incentive for services, including creditors, to act earlier to ensure that the relationship between debt and mental health is broken. We have identified three ways in which sectors could be acting earlier to eliminate the link between debt and poor mental health – by reducing the amount of problem debt that people take on, by accessing advice early, and by changing debt-collection practices.

Reducing the amount of problem debt that people take on

An obvious way to act earlier would be to cut the problem off at source and ensure people only take on debt they can afford to pay back. Those on lower incomes or with poor credit ratings are usually less able to access traditional sources of credit (with their associated low interest rates) and are more vulnerable to irresponsible lending practices by unscrupulous creditors. As well as improving regulation of doorstep lenders and private finance companies, the government and finance sector can reduce problem debt by improving access to affordable sources of credit[7].

For those with existing mental health conditions, a high proportion report changes in their spending patterns and ability to make financial decisions during periods of poor mental health[8]. As a result they may take out unnecessary and unaffordable debt, disengage from creditors, and damage their credit rating, leading to further financial exclusion. The Money and Mental Health Policy Institute[9] rightly recommends that financial services could provide better budgeting tools, voluntary settings or controls that enable people to limit their access to credit during periods of poor health, and increased options for flexible and appropriate third party access to allow for family members or carers to monitor spending.

Accessing advice early

Citizens Advice Bureau have identified what they call the 'preventative advice gap' – highlighting that up to 23 million people in the UK don't get the advice they need until they are already in financial difficulty[10]. They are not getting appropriate advice at key stages in their lives and seeing debt advice in particular as a last resort. As people are given increasing control over their money – through withdrawing pensions earlier or Universal Credit, for example – it is essential that people are able to access advice early.

Everyone is likely to receive financial advice when buying a house; we are much less likely to be offered it when expecting a baby, starting university or experiencing a health problem. However, if advice was offered alongside other services, co-locating debt advisors in GP surgeries, children's centres or magistrate courts for example, we can enable people to access advice before their financial problems begin creating mental distress. This also increases the ease with which people with existing mental health conditions can access money and debt advice, in an environment in which they are already comfortable.

As well as co-locating advice support, it is crucial health professionals can identify when patients are facing money problems. The Royal College of Psychiatrists[11] have produced a guide for mental health professionals that can be summarised in the anagram CARE.

- **C** - Consider debt as a possible underlying determinant of ill health
- **A -** Ask about debt – the person may be too embarrassed to bring it up.
- **R -** Refer consenting clients to a money adviser.
- **E -** Engage with financial advisers.

Changing debt collection practices

Excessive contact by creditors and the threat of legal or court action can increase stress and anxiety, particularly where a person is being contacted by multiple creditors simultaneously[12]. This can also negatively affect their wider family – for example, a report from the Children's Society found that interaction with bailiffs has a particularly damaging effect on children's emotional wellbeing[13].

Whilst creditor practice has improved over the last ten years as a result of increased mental health awareness and training, bad practice still exists and its impact on people's mental health can be profound. A best practice debt collection protocol should include offering a range of communication options to the customer, allow a 30 day breathing space for those who have contacted to say they are seeking advice on their debts, and creating rewards and incentives for staff to constructively engage in debt collection, rather than focusing on amount collected[14]. For greatest impact, banks, debt-collection and debt-purchasing agencies should also provide basic mental health training for all staff, combined with highly trained specialist teams for those with greater need.

Healthy Advice, Derbyshire Citizens Advice Bureaux (CAB)

Derbyshire CAB delivers weekly advice sessions in 99 out of 102 GP surgeries in the county, giving doctors the opportunity to address many of the social determinants of physical and mental health such as debt, social security issues, and housing problems.

By placing advisors in GP surgeries, CAB is increasing early access to advice for those who may not be aware of or consider using advice services. This is reducing the health impact of financial problems, and helping to resolve the financial problems themselves. Advice on maximising income, for example through accessing benefit entitlements, can also reduce the likelihood of people taking on debt in the first place.

As well as the individual benefits, this early action is easing the pressure on health services (by reducing GP's time spent on social issues and improving health outcomes) and financial services, by reducing the likelihood of people taking on problem debt and helping them to resolve delays in payment.

Conclusion

As well as considering how debt may be affecting those with existing mental health conditions, it is important to recognise the role of debt in creating mental health problems. Acting earlier, either by reducing the amount of problem debt people take on or improving support around paying it back, breaks the relationship between debt and mental health problems and creates benefits for debtors, creditors, and our wider society.

Rent arrears are one of the fastest growing debt problems in the UK, particularly for those living in the private rented sector. This unaffordability combined with insecurity and poor quality housing has huge implications for mental health, and is the subject of our next chapter.

Renting

Renters are 75% more likely to experience serious anxiety and depression than homeowners

Our home is more than just the physical structure that we live in. It provides a stable foundation from which we can flourish; a place of refuge where we can recharge our batteries and spend time with our friends and family. It is easy to take this for granted. With the number of people living in private rented sector (PRS) doubling over the past ten years, millions of people are finding themselves trapped in precarious, expensive, and entirely inadequate housing that not only damages their mental and physical health, but prevents them from making a home.

According to a poll commissioned by Generation Rent[1], renters are 75% more likely to experience serious anxiety and depression than home owners. Part of this is attributable to the fact that renters are poorer on average, and therefore at higher risk of mental illness, but evidence is emerging that points the finger at the chronic insecurity and involuntary movement that now pervades renting in the UK. 76% of private renters have lived at their current address for less than five years, compared to 20 percent who own their own homes[2]. Frequent and often involuntary moves have been linked with negative health outcomes, particularly for children and young people[3], and as 75% of mental health outcomes are established before the age of 24 it makes sense to address this issue at least in part through housing.

With the number of renters predicted to carry on growing at the current rate, we will soon be dealing with – if we're not already - an avalanche of mental health issues unless we improve people's experience of renting. Most of the steps taken so far have focused on strengthening security of tenure, but other elements such as the extent to which a tenant can control their physical environment and their satisfaction with their landlord are also key[4]. If we want to ensure that people have the chance to flourish mentally in the PRS, we must address all of these at the earliest possible point.

Problems and solutions in the private rented sector

Whilst lots of research has been conducted analysing the mental health issues of housing association tenants, practically nothing has be done with private renters. International research has shown that there is nothing intrinsically bad for our mental health about renting – it is something we have chosen to create through decades of housing policy choices. Therefore new legislation is one way of addressing the issue, and, as is often the case with early action, Scotland is leading the way.

In Scotland, the recent **Private Housing (Tenancies) (Scotland) Act 2016** has the potential to reduce involuntary moves, prevent eviction, and generally improve housing standards. Reducing involuntary

The Private Housing (Tenancies) (Scotland) Act 2016

The newly enacted Private Housing (Tenancies) (Scotland) Act 2016 will come into force in 2017 and has abolished the assured shorthold tenancy, replacing it with a longer term and more secure standardised contract, landlords will need a legally recognised grounds for eviction, and tenants will have a chance to take issues to the newly created PRS Housing Tribunal to challenge wrongful termination and unfair rent rises. The legislation also attempts to address the issue of affordability by allowing local authorities to target rent controls at areas where increases seem out of control.

moves is particularly important as it is one of the most stressful events we can face.[5]

At a more local level, landlord licensing has grown in popularity in recent years. However licensing schemes are often seen negatively by landlords and their representative bodies, underpinned by the assumption that more regulation (in an already much unregulated sector) is anathema to their profit making goals. Co-Regulation is a new form of landlord licensing, currently operating in Doncaster and Liverpool (albeit with different operating models, delivery partners, and delivery process). It provides the opportunity to engage with landlords and promote a culture of social responsibility.

In Doncaster, for example, landlords can join an organisation called **HomeSafe** - a trusted mediator between them and the local authority - who can then recommend them for a license from the council and inspect their properties. This is far cheaper for the landlord than going directly through the council, which they can still do if they wish, and a monthly subscription fee allows HomeSafe to offer ongoing support around a landlord's rights and responsibilities. As the programme has only been running for about a year, the support side of HomeSafe is still in development but offers the opportunity to provide a much needed 'point of contact' for tenants so landlords can, for example, signpost them to debt advice services rather than immediately decide to evict them if they end up in rent arrears.

This point of contact is important, and is severely lacking for private renters, as opposed to those in the social rented sector where it is often facilitated by the local authority or housing association. We are not suggesting that private landlords should have an intimate knowledge of their tenants lives as this is neither desirable nor realistic, but the co-regulated approach means that the local authority can agree desired outcomes with a delivery partner and can therefore influence delivery by making certain objectives part of the licensing conditions and/or terms of membership of the co-regulated scheme. This could therefore be linked with a local areas Joint Strategic Needs Assessment, and enable a focus on mental health in an area where it has been identified as a particular issue. In this sense co-regulation provides the opportunity for licensing to go beyond just enforcing minimum standards and theoretically helping to create a more socially conscious culture of landlordism.

More broadly, there needs to be a greater understanding of private rented housing issues within the mental health service sector too. This is particularly important in primary healthcare settings such as GP surgeries which are often the first point of contact for those who are suffering from housing related mental health issues.

Preventing homelessness

Like all of the issues discussed elsewhere in this report, there is two-way relationship between homelessness and mental health, as mental health issues can cause homelessness, and often be made much worse by it[6]. 80% of homeless people report some sort of mental health issue, and 45% are diagnosed with a mental health problem (as compared to 25% of the general population[7]). This places pressure on services such as A&E, for whom the annual cost of treating mental health issues amongst the homeless is around £85m[8]. With private renting now the leading cause of homelessness, early action to keep people in their homes is even more important for preventing serious mental health issues. However, tenancy support is only available to those in social housing and much of the prevention work currently being done tends to be at the more acute end; for example, at the point of discharge from a hospital.

The Passage

The Passage is a London homelessness charity that has redesigned its whole approach towards prevention. This includes raising awareness among central and Eastern European migrants about the need to plan where they will be living before moving to the UK, and preventing people from being discharged directly from hospital onto the streets. It therefore combines early action across the spectrum.

As well as its hospital discharge service mentioned above, it also runs a 'Home for Good' project that helps formerly homeless people retain their home by connecting them with local volunteers and community organisations. Social connection and the associated improvement in wellbeing can be crucial in helping them find the stability and support they need. It was put into action following the finding that 60% of those using soup kitchens are not actually sleeping rough but returning to old social support networks.

Conclusion

If we are to promote mental health and prevent the mental health issues caused by poor housing, then a good place to start would be improving the experience and support available for private renters. Insecure tenancies, unaffordable rents, and poor quality housing undermine the possibility of a person's rental property becoming a home and becoming a solid foundation from which they can flourish. A combination of changes to national policy and local initiatives such as co-regulation are most likely to be effective in promoting mental health, with benefits not just to individuals but local services too.

Communities

Chronic loneliness is a comparable risk factor for early death as smoking 15 cigarettes a day

All too often we frame mental health narrowly; quickly 'diagnosing' a mental health problem and locating it within an individual's biology. We jump to conclusions about chemical imbalances in the brain[1] and, at very worst, unfairly view symptoms as a result of individual deficiencies. An early action approach to mental health flips this on its head, seeking to understand the social causes - and implications - of mental health issues, and link the individual perspective with that of the community.

The changing nature of where we live, work and play is leading to increasing levels of loneliness as more of us live alone, our community spaces are disappearing, and the internet allows us to connect more but can also leave us feeling ever lonelier. Loneliness, both relatively minor and chronic, is experienced broadly consistently across all ages[2]. Although we create and maintain relationships in many different areas of our lives, statistics show that personal wellbeing is higher amongst those who regularly talk to their neighbours, and people's satisfaction with where they live and getting on with those who live near them has been found to be even more important than the quality of housing for their personal wellbeing[3]. Preventing loneliness and promoting social connections are therefore critical for early on mental health, and our local communities are a good place to do this.

Everyone has different needs and expectations around social connection. Some of us are broadly happy spending a lot of time alone, whereas others feel the need for constant interaction. Either way, we are inherently social animals and loneliness occurs when there is a difference between our expectations and reality. Whether it's simply a casual acquaintance or a lifelong friend, relationships are almost always good for us. Social ties have both a general beneficial effect on our mental health and provide a resource to draw upon to cope with stress[4].

Connecting people, improving mental health

In order to understand how we can encourage social connection within local communities we must look at the "infrastructure of connections and values which underpin our relationships, which remain largely invisible and taken for granted"[5]. This infrastructure exists along a continuum from highly formal services explicitly aimed at connecting people, and the more incidental connections that are created through the varied community spaces and events that we might engage with on a day to day basis for other purposes entirely. To build thriving networks where people can meet, make friends, and thrive a combination of 'platforms' from across the spectrum are needed.

There is a wealth of evidence out there about the positive impact of connected communities, exemplified by the RSA's work on community capital[6]. They argue that communities in which people are "embedded within local networks of social support" can promote better wellbeing, as well as realising economic, citizenship and capacity dividends. Central to this are the relationships created by a variety of individual initiatives, such as a lone mother's group, a community organising project, and a 'community chest' of information about local voluntary organisations. All of these enable people who are at particular risk of social isolation to meet people, engage positively, and ultimately combat loneliness.

It's not just single initiatives in an area that combat loneliness, but a wide range of projects combining together. This requires resources, both in terms of time and money, which are hard to find in the current funding climate and labour market. It is possible to encourage more light touch approaches to social connection, platforms that have another purpose entirely and therefore don't necessarily require huge amounts of additional funding to build and sustain.

This is what we have previously called 'incidental connection'[7], often using the example of the school gate to illustrate this. It is a space that individuals engage with largely to pick up and drop off their children, but as a result may end up meeting other parents and making new friends. These relationships can then, over time, become supportive - in this particular context often around the complicated logistics of raising a child. We spoke to people from a range of different platforms, including school gates, running clubs, and local marketplaces and many of them spoke about the importance of social connections created in these spaces to their mental health; for example, a participant of the research who regularly attended a running club highlighted the mental health support she had received during a tumultuous period in her life:

"We discuss things as well, if we've got problems, because it stays in that circle. It's like having a different group of friends that don't actually know your family and your other friends and people you work with. So you can discuss things and it won't go any further. As well, it can be forgotten. We sometimes say it's a bit like a counselling service!"

We found that many of these incidentally connecting platforms share a number of key characteristics. Ultimately people engage with them because, as mentioned above, they are functional and therefore serve a purpose. However, we found that platforms also often provide fulfilment of some kind, whether that's (in)direct health benefits, a sense of belonging, or skills and capacity building, and it is the friendliness inculcated by these platforms that cements an individual's motivation to engage. These three characteristics - functional, fulfilling, and friendly - can be enhanced by doing very simple things such as, in the case of the school gates, providing a covered area for shelter with tables and chairs for parents to linger and chat to each other.

It is all well and good arguing for the creation of such platforms - incidentally connecting or otherwise - but it is not enough to ensure they exist. There must also be a way to connect people with them, particularly for those groups most at risk of becoming chronically lonely. Ideally we'd like to stop people from becoming lonely in the first place, but sometimes people fall through the net. The first point at which they might talk about their loneliness is with their GP, but we know that doctors often feel they don't have anything to offer someone who is feeling lonely[8]. The concept of social prescribing has been developed in recent years to tackle the problem.

Ways to Wellness

Ways to Wellness is the UK's largest social prescribing programme, aiming to reach 11,000 patients in the west of Newcastle over seven years, and the first health service to be funded by a Social Impact Bond. Social prescribing aims to improve health by prescribing non-medical activities that enhance social, physical and mental wellbeing, explicitly recognising the power of strong social networks and physical activity to promote good health and reduce reliance on mainstream health services.

Patients are referred from the seventeen participating local GPs to a 'Link Worker' who works with the individual on a one-to-one basis to identify meaningful health and wellbeing goals and then connects them to local community activities. One year in, Ways to Wellness has seen 1,500 patients, with an average four point improvement on their Well-being Star, showing a significant improvement in their health, feeling more positive about life, and their ability to engage with others in their community.

Ways to Wellness is particularly interesting as it explicitly links long-term physical health problems with mental health issues. For people like Gordon, a socially isolated 70 year old with Chronic Obstructive Pulmonary Disease (COPD) and Type 2 Diabetes, this has been a lifesaver. His GP referred him to Ways to Wellness and through his Link Worker, Terri, he is now regularly playing snooker at a local community centre and is meeting friends far more often than he did previously.

"I feel like there is finally a light at the end of the tunnel, and I want to say thank you for calling me and listening. I really appreciate it." **Gordon**, Ways to Wellness Patient.

From individual to community mental health

As Ferguson[9] argues, it is the stories that we tell about ourselves and our communities that matter for mental health. These stories are influenced by structural inequalities such as poor housing, the shared history and culture of an area, for example deindustrialisation, and individual experience within the community. Negative narratives, often perpetuated by the media, can be highly damaging to individuals and communities and end up becoming internalised, leading to anxiety and other mental health issues.

This is exemplified by the Community Therapy approach, which was originally developed in Brazilian favelas and inspired Haringey Thinking Space. This approach is based on the idea that suffering and misery are internalised by those who are excluded, and whose experience is diminished by professionals, civil servants and politicians. People then end up losing faith in their own knowledge, and this loss of belief is the source of their discontent[10].

Haringey Thinking Space

Designed and delivered by the Tavistock and Portman NHS Trust, HTS was developed following the summer 2011 riots. Described as both a community development project and therapeutic initiative, HTS is enabling residents to better understand their difficulties and to get support from each other; reducing anxieties, improving personal and social functioning, and building a sense of community that crosses generations and ethnic groups.

Local communities were initially surveyed in the wake of the riots and it was found that people felt disconnected and disengaged from their community and public services, with prevalent feelings of powerlessness, hopelessness, and distrust. Anxiety and other common mental health issues were also an issue. The Thinking Space was designed in response and is grounded in a psychoanalytical approach that perceives mental health issues as symptomatic of underlying trauma and difficult past experiences. This approach seeks to challenge dominant narratives that shape people's lives and can inhibit their attempts to connect more closely with their community and respond to adversity.

HTS runs a weekly meeting that is open to any resident that wishes to attend, consisting of a two hour discussion sometimes relating to a particular theme but left open for participants to decide upon. Each session is facilitated by a community development worker and two Tavistock staff members trained in psychotherapy and community therapy who ensure the conversation remains respectful, non-judgemental and democratic. As well as discussing their shared experiences, HTS participants are encouraged to devise and share solutions to their problems. This has led to a number of spin off groups including coffee mornings for mums and a men's group.

As one participant put it:

"It's enhanced my life. To realise that there are other people in a common situation, like myself, and realising that just by sharing my experiences that might help someone else... Just connecting with people in your neighbourhood going through similar things has made me feel more positive on a day to day basis."

Other outcomes include participants feeling mentally healthier, with 34% feeling depressed less often, 81% feeling good about contributing to the community, and 80% having made new friends as a result of attendance.

It's clearly not just the health sector that have a role to play in this, and it is actually the remit of all organisations and sectors within a community to promote mental health. Examples include supermarkets such as Asda including a "quiet hour" of shopping for autistic shoppers[11], with other shops now following suit. This is important because it not only shows a widening awareness of mental health issues, but also a growing understanding about how to address them.

Conclusion

One of the best ways to act early on mental health in communities is to encourage greater and more meaningful social connection, drawing on resources that already exist and enabling communities to create them where they don't. It is not enough to merely encourage these platforms, however, and we must also ensure that people - particularly those at risk of social isolation - are able to use them.

Ultimately if we fail to act earlier on mental health on all of the areas covered so far in this report, then people are more likely to suffer from mental health issues and potentially end up in the criminal justice system.

Criminal Justice

90% of prisoners have a mental health issue

Whilst most of us rarely come into contact with the criminal justice system, people with mental health problems are vastly overrepresented within it. As well as 90% of prisoners having some form of mental health issue, between 20% and 40% of police time is taken up dealing with incidents related to it, and 39% of offenders on probation suffer from a mental health problem[1]. There are a catalogue of missed opportunities for many people in getting the support they need.

Mental health has long gone unaddressed within our prisons; yet tackling it is important if we are to make the system, and society, safer. Unaddressed problems can lead to severe distress, self-medicating with illegal drugs and increased incidences of self-harm and violence. Tightening budgets and staff cuts have accompanied increasing incidences of violence in prisons linked to mental health problems, with 321 suicides in 2015, a 27% annual increase in self-harm, and a 40% increase in assaults on prison staff[2].

Although cuts to mental health services have not helped, the magnitude of mental health problems within the system has been a problem for decades. There is a strong case for early action to tackle the issue at source, thereby making it safer for everyone involved. The social and financial benefits of acting earlier won't just accrue to mental health services or prisons; evidence shows that improved mental wellbeing is strongly linked to reducing reoffending, thereby reducing the cost and pressure on criminal justice system, as well as enabling people to stay out of prison and hopefully thrive.

Diversion away from the criminal justice system

Lisa is a young woman who has had a difficult start to life. Her mother was in a series of violent relationships and suffered from alcoholism, so Lisa avoided going home and engaged in risky behaviour to feel included. Despite coming into contact with school pastoral services, health services, social services, the police, and the youth offending team before the age of 16, Lisa developed a drug addiction and became involved in sex work to fund her habit. She experienced multiple mental health issues but was not supported by services because they required her to be 'clean' before helping her deal with her mental health issues. Lisa's involvement with the criminal justice system continued and she served several custodial sentences remaining troubled by mental health issues, addiction and vulnerable to harm.[3]

A large proportion of prisoners have multiple or complex needs, including a range of mental health problems. Many have experienced chaotic lives, marked by poverty, trauma, and abuse. As Lisa's story above illustrates, their journeys into the criminal justice system are often characterised by a litany of

failures by public services: acting too late and not providing the support they need, whether that is a home, a stable family environment, or treatment (and often all three and more).

To act earlier we need to analyse the various paths people take into the criminal justice system and divert people away who would be better supported elsewhere. On average, 20-40% of police time is taken up responding to mental health-related incidents, yet police officers typically lack the appropriate training to respond to people with mental health needs. To make matters worse, police often struggle to get an adequate response from already stretched local health or social care agencies. Good examples of early action responses include Street Triage, which places a specialist mental health worker on joint patrols with police or in police control rooms.

Thames Valley Police & Oxford and Berkshire Health NHS Foundation Trusts Street Triage Scheme

A partnership between police and NHS Trusts, this Street Triage scheme is running across 7 counties. The schemes aim to find alternative options to detention under the Mental Health Act, and so avoid using police custody as a place of safety whilst lessening the amount of time police have to spend dealing with mental health related incidents.

The scheme places a specialist mental health worker alongside a police officer on joint patrol during peak hours, seven days a week. The police control room and officers can also request telephone support county-wide directly from the mental health worker, also available during peak hours, seven days a week. Outside those hours there is a single telephone point of contact available to the county as an advice line.

The street triage schemes have enabled police to act earlier on mental health and divert people with unmet needs towards appropriate support, and also freeing up police and mental health resources. Police and mental health workers are also gaining better understanding of the other's field, meaning police are more confident in dealing with mental health generally and mental health professionals have more clarity on the extent of police powers and the issues they are dealing with.

Courts are often particularly well-placed to identify people with mental health needs who haven't been drawn to the attention of the police. A person who hasn't paid their TV licence due to severe depression, for example. Yet courts requesting psychiatric reports on defendants regularly have to wait weeks for these reports to arrive, and when they do they often contain recommendations that don't match available local support. Liaison & Diversion services are also currently being piloted in England to ensure specialist mental health workers are available in police custody, youth offending teams, and courts. L&D services also offer offenders practical advice via a community worker, to tackle the underlying issues that they often face, such as housing, debt, and substance misuse. Services such as these have been found to reduce the burden on both criminal justice and health services, increase understanding of mental health problems amongst criminal justice workers, and improve access to support to people otherwise unengaged or unknown to mental health services[4, 5].

Courts should also explore methods of sentencing that are informed by mental health. Currently, the

only example of this is Mental Health Treatment Requirements (MHTRs) – a recommendation that an offender accesses psychiatric treatment as part of their community sentence – but this is rarely used due to a lack of knowledge about MHTRs and the delay in receiving treatment, often around three months, can make them unsuitable for sentencing. This delay is a result of MHTRs being the responsibility of local CCGs and mainstream community mental health providers, and commissioning arrangements mean these community services are unable to give courts the priority they need[6]. As well as changing commissioning arrangements, this kind of sentencing could also go further in examining the social determinants of mental health problems, and addressing these through a treatment requirement, for example by ensuring someone has accommodation if homelessness is exacerbating their mental health problems.

Adopting a whole-prison approach to mental health

Prisons have a long history of acting as punitive institutions. Designed as retribution for those undeterred from a life of crime, and described by a former prisons inspector as "places of violence, squalor and idleness" [7]. There is growing recognition that this punitive system doesn't deter (re)offending, and that it creates and exacerbates mental health problems. With reducing resources and overcrowded prisons increasing the need for reform, there appears to be renewed appetite to discuss the notion of prisons acting more as a rehabilitative environment. Rehabilitation is inherently early action as it creates the potential for offenders to live thriving lives, costing less to public services and contributing more to society when they leave[8].

An essential part of rehabilitation for many offenders must involve addressing the range of unmet mental health needs. Whilst specialist mental health support does exist in prisons, they are usually extremely stretched and limit their help to those with the most severe needs. Given the number of prisoners who suffer from mental health conditions that don't meet thresholds of severe need but we know are being damaged by the punishing prison environment, we should look to adopt a 'whole-prison' approach to mental health rather than simply providing 'add-on' services.

Such an approach would reflect the standards of 'Enabling Environments', designed by the Royal College of Psychiatrists to be applied to any setting where there is a service provider and a service recipient[9]. By utilising an approach designed to support people's mental health, EEs reduce the likelihood of mental distress that can lead to self-harm and suicides, as well as enabling offenders to begin to address their multiple needs and work towards rehabilitation. On a smaller scale, some UK prisons are providing Psychologically Informed Planned Environments (PIPEs) for prisoners with severe personality disorders or those who pose a serious risk of repeated sexual or violent offending. PIPEs are small units within prisons where all staff have been trained in a psychologically informed approach[10]. What this means in practice ranges from simple measures such as asking how offenders are feeling and using their first name, to increasing the staff to offenders ratio and enabling offenders to explore their personal history and reasons for negative behaviour with a personal officer. Given the high staffing requirements of PIPEs, their scalability has been questioned at a time of resource scarcity. EEs are less resource-intensive however, given their more generic application, and there are increasing calls for all prisons to work towards being enabling environments[11].

Providing support in the community

The majority of offenders don't go to prison and are the responsibility of the probation service, which also monitors offenders who have completed their prison sentences and have been released on licence. Probation has been subject to considerable reform over the last few years, with responsibility for medium- to low-risk offenders now contracted out to private companies, as well as widening the scope of probation to include another 45,000 offenders who have served sentences under 12 months. A major element of the reform was the provision of 'Through the Gate' services, aiming to provide offenders with housing and healthcare support in advance of release to ready them for life outside prison, as well as post-release support in finding work.

Focusing on the transition from prison to the community is welcome, given we know how likely prisoners are to suffer mental health issues and this is when they are at their most vulnerable point. Although there appear to be some teething problems with the current Through the Gate services, the overarching idea behind the reforms is a sensible one. Innovative approaches, such as the community interest company established by Lancashire Constabulary – Jobs, Friends, and Houses – demonstrate that addressing the social determinants of crime such as unemployment, social isolation and homelessness really can yield results.

Jobs, Friends and Houses, Lancashire Constabulary

Lancashire Constabulary is running an entirely new rehabilitation model to break the re-offending cycle, by tackling underlying social problems that drive people to commit crime. Instead of imprisoning vulnerable people, they want to help people in recovery from addiction, offending, homelessness, long-term unemployment and family breakdown to improve their lives and contribute to society. Their key project, Jobs, Friends and Houses (JFH), is a construction and lettings community interest company that employs people in recovery to renovate derelict properties in Blackpool, which are then either sold or rented out to the recovery community.

Blackpool is one of the most deprived areas in the UK, with high levels of intergenerational poverty, drug use and looked-after children. It is increasingly challenging for people in recovery to succeed in this context, with 34% of prisoners in Lancashire reoffending after serving more than 12 months. This is financially and socially costly, increasing the likelihood of people repeatedly facing ongoing problems.

JFH shows that effective rehabilitation can be delivered through services outside the criminal justice system, a more sustainable long-term alternative given ongoing cuts to police funding. Limited access to work and housing means that people often find it difficult to move from early to long-term recovery through existing rehabilitation services. JFH is able to sustainably provide both while operating a commercial model: people are able to afford a home because they're in paid employment, allowing them to see themselves as part of a successful, professional construction company that's making a difference. By offering meaningful work, a decent home and a supportive network, the model's addressing the main challenges facing ex-offenders with many complex needs. Since it started in late 2014, no one it supports has reoffended.

Conclusion

A recent focus on rehabilitation and the need to make prisons safer hopefully indicates a sea change in the Government's approach to criminal justice. Early action for mental health should be a key principle in diverting people away from the criminal justice system to free up money to invest in improving prisons and rehabilitation services, reducing reoffending and therefore also the human and financial cost of crime. As well as recognising the role that the criminal justice system can play in exacerbating mental health, wider efforts to tackle the broader contributing factors to poor mental health and offending behaviour are vital.

This report is not intended as a blueprint or a strategy. It is purposefully broad, and we recognise that it is likely to be missing far more than it contains. As such it is intended as the start of a conversation rather than the end; aiming to spark thinking about how mental health is everyone's responsibility, and that we should pay attention not only to how we may be accidentally damaging mental health, but also how we can promote wellbeing. Whether it is a mental health specialist working alongside the police in magistrate courts, or an entire school community working together to address mental health in everything it does, acting earlier is crucial if we are to address the current crisis.

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Thriving Minds

Acting early on mental health

The current crisis in mental health is as much a social crisis as a medical or funding crisis. Mental health underpins so many aspects of our lives that in order to tackle the causes of poor mental health we need a far ranging response beyond simply reforming mental health services. By acknowledging that mental health is everyone's responsibility, sectors should act together to share the cost of early action, as well as the resultant benefits – what the Early Action Task Force terms the 'triple dividend' of enabling people to lead thriving lives, whilst costing less to public services, and contributing more to our economy. In this paper, we outline a range of areas where an early action approach could and should be adopted - education, employment, money, renting, communities and criminal justice.

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