

## **Mental health and wellbeing plan: BASW England's response to the Department for Health and Social Care's call for evidence**

The British Association of Social Workers (BASW) is the professional association for social work in the UK with offices in England, Northern Ireland, Scotland, and Wales. With over 22,000 members, we exist to promote the best possible social work services for all people who may need them, while also securing the well-being of social workers working in all health and social care settings.

In responding to this call for evidence BASW England launched an online survey as well as hosting an online workshop. There was an open invite to all BASW members to take part in either the online survey or the online workshop.

Prior to engagement, we decided on the following questions to explore for our response:

- How can we all promote positive mental wellbeing?
- How can we all prevent the onset of mental health conditions?
- How can we all intervene earlier when people need support with their mental health?
- How can we improve the quality and effectiveness of treatment for mental health?
- How can we all support people with mental health conditions to live well?
- How can we all improve support for people in crisis?

To improve mental health and wellbeing outcomes requires us to understand the scale of problem. Many are already aware of stats such as the fact that 1 in 4 people will experience a mental health problem of some kind each year in England.<sup>1</sup> It is also important to understand how it has been exacerbated by the pandemic in recent years. Research by Mind in April 2021 found that "around a third of adults and young people said their mental health has got much worse since March 2020".<sup>2</sup>

Understanding the scale of poor mental health and wellbeing in this country also means looking closer at who and which groups of people are more likely to get them than others.

The mental health charity, Mind, have shared the following stats:

- People who identify as LGBTIQ+. LGBTIQ+ people are between 2–3 times more likely than heterosexual people to report having a mental health problem in England.
- Black or Black British people. 23% of Black or Black British people will experience a common mental health problem in any given week. This compares to 17% of White British people.

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<sup>1</sup> McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). Adult psychiatric morbidity in England, 2007: results of a household survey.

<sup>2</sup> <https://www.mind.org.uk/coronavirus-we-are-here-for-you/coronavirus-research/>

- Young women aged 16-24. Over a quarter (26%) of young women aged between 16–24 years old report having a common mental health problem in any given week. This compares to 17% of adults. And this number has been going up.
- Around 40% of people in England who have overlapping problems including homelessness, substance misuse and contact with the criminal justice system in any given year also have a mental health problem. (This is sometimes called facing 'multiple disadvantage'.)<sup>3</sup>

A key issue raised in responses was intersectionality in relation to mental health and mental wellbeing, which is wide ranging and therefore requires an approach that seeks to impact on wider societal issues. BASW England is very concerned about the current impact and expected additional impact in the autumn, of the cost-of-living crisis, both in relation to people who access social work services and social workers themselves.

Areas such as Housing, poverty, racism and racial inequalities, insecure employment conditions, inequalities in access to health care services and the impact of the climate crisis on communities with the least resources should be key considerations for any future Mental Health plan. BASW England MH Thematic group, supports the Ten evidence-based actions that government could take in the forthcoming white paper as outlined in the briefing "Tackling mental health disparities" from the Centre for Mental Health.<sup>4</sup>

***The following section sets out a summary of the thoughts and key points highlighted by our members as part of our online survey and workshop relating to the questions as set out above.***

- We can all promote positive mental wellbeing by teaching people throughout their lives what good mental health looks like and how we can maintain it. Media messaging and education needs to promote the ethos that mental health and mental wellbeing is everyone's business and destigmatising of mental ill health should be a priority. Normalising the concept of talking about and supporting good mental health and promoting parity with physical health is essential. Expanding the public health messaging on how to maintain positive mental health, sharing positive stories for example, making direct links with the impact of forming and maintaining positive relationships on mental wellbeing.
- Education was also highlighted as something that needs to start at an early age, in pre-school environment cultures.
- There are many examples of local community initiatives taking direct action to promote a sense of inclusion and to address issues of isolation, this however relies on individual commitment to develop and support these initiatives and a more robust mechanism of supporting local community activity would ensure the growth of localised and targeted support.
- Promoting mental wellbeing should not however, be at the expense of services for people with severe and enduring mental health needs.

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<sup>3</sup> <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#WhosMostAffectedByMentalHealthProblems>

<sup>4</sup> Tackling Mental Health Disparities, Centre for Mental Health

<https://www.centreformentalhealth.org.uk/publications/tackling-mental-health-disparities>

- BASW members also highlighted the need for there to be better understanding of the link between poor support in the workplace, and the creation of better work environment cultures.
- Improved training for all professionals and increased public awareness in relation to learning the signs people show when their mental health is deteriorating indicating when they might need support. Improving education amongst primary care services is essential to ensure early signs are picked up on and that the people are directed towards the correct support at the earliest opportunity, this would also have an impact on the number of inappropriate referrals received by secondary mental health services. Consideration should be given to making mental health first aid and advocacy training mandatory across the work force.
- Improved knowledge amongst professionals in relation to trauma, Autism, ADHD for example may reduce missed opportunities to diagnose and provide appropriate support which could help reduce the risk of someone subsequently developing mental ill health or being misdiagnosed. Recognition and action is needed to address the racial inequalities inherent and widely documented in relation to diagnosis and treatments within mental health services.
- Although there are aspirations within the Reforming Mental Health Act White Paper to ensuring a more diverse workforce and addressing the over representation of people from BAME backgrounds within mental health services, we do not feel that this goes far enough and there should be more thought to how to support people from BAME communities by addressing racial discrimination more proactively and forcefully and by addressing health and economic deprivation. With the increasing pressures on health and social care budgets it is often the grants and support to the voluntary sector which is squeezed. There should be more money to support voluntary sector and peer support initiatives.
- Organisations need to ensure that communities are aware of existing support and that access to support and information is timely, straight forward and in a format that is useable to those who need it whether that be the physical accessibility or the format in which information is provided. Easier access is needed to services that address issues related to trauma need to consider the lifelong impact of trauma and be accessible as they are required i.e. repeated referrals and waiting lists need to be streamlined.
- Support should be person centred and organisations must keep the needs of the individual at the heart of all policy making and use a truly strengths-based approach, both in terms of individual support planning but also in terms of organisational cultures. This requires commissioners to ensure that all services reflect the needs of their local populations taking into consideration issues such as socio-economic factors, cultural needs, neurodiversity, disability, and existing strengths within those communities. This should include more effective evaluation of services and include people with lived experience as a requirement of those evaluations.
- Easier access is needed for talking therapies and expansion of current provision to people who cannot attend appointments, for example older people who may be experiencing significant depression, anxiety and may be physically too frail to leave their home and may not always be able to use online support. There should be greater flexibility to provide longer treatment plans - with specialist support packages.
- Appropriate funding for voluntary sector and community organisations is essential as these organisations are often the most accessible and informed about local need and often can adapt quickly to address changing needs, as evidenced during the pandemic.

- A comprehensive workforce plan is needed that ensures enough social care as well as nursing staff are available where and when they are needed for example consistent AMHP cover over a 24/7 period. Investment in support mechanisms for staff such as peer support forums are needed to address issues of retention and burn out. Services should ensure there is a good balance of qualified and newly qualified staff and that plans are in place to address future workforce pressures. Ensuring that services are offering flexible terms to employment including part time hours, would enable many to continue in their role.
- Improved work environments should lead to a lower reliance on agency staff which impacts on team stability and consistency for people using services. The promotion of hybrid office/homebased options for the workforce provides opportunities for a better work/home life balance. Developing a national minimum standard in relation to management and leadership is essential to ensure that organisations are well led and safe. Whilst the introduction of Freedom to speak up guardians is welcomed further work is needed to ensure staff feel safe to raise concerns within their work place. The lack of national pay-scale for social workers, is leading to competition across boroughs both in terms of permanent and agency posts which again impacts upon stability in teams and consistency for people using services. The new work associated with changes in legislation for example the Care cap and LPS, will have a significant impact on social work capacity and pressures on the sector and this needs to be fully understood and be services appropriately funded to manage this as mentioned earlier in this document.
- A comprehensive national strategy to address bed shortages which result in out of area placements or inappropriate placements, is urgently needed but this needs to be considered alongside the wider concerns about the privatisation and corporate profit making related to health and social care. This strategy would also need to include access to community-based provision to ensure people can be discharged from hospital in a timely and appropriate manner.
- Reducing the post code lottery, and all counties have provision for IAPT, primary MH, and ensuring in stat MH that there is enough EMDR, CBT for anxiety and trauma and specialist provisions. Also, more bespoke offers for younger children and ASD, ADHD combined with MH
- The lack of mental health support in prisons has a direct impact on the outcomes for people on release and pressures on other parts of the system for example people being referred to CMHTs at very short notice pre discharge from prison without any prior input in prison or people discharged from prison without the required referrals to community services and if not detainable they may slip through the net, leading to homelessness and relapse. Improved access to mental health support in prisons and smoother pathways into services on release are essential.
- Services do not exist in isolation and when one part of the system is struggling with capacity, this can have a direct impact for others for example people are being provided with Care Act services not due to eligibility but due to pressure from other services to contain/keep someone safe or protect the public, this not only puts undue pressure on ASC but more importantly may mean individuals are not receiving the specialist support they need. Substance mis-use services and Mental Health services are usually delivered separately, and this can act as a barrier to accessing support, with people not being denied services because of needs in both areas, this can lead to increased risk of homelessness, further deterioration in the persons mental and physical health resulting in multiple hospital admissions or prison. Further development of dual diagnosis services is required, to address this. Work is needed

in partnership with probation and prison services to consider public safety and perhaps more funding available to MAPPA panels.

- Co morbidities are common with people with mental ill health and further research is needed to address this, both in terms of improvements to existing medications used to treat mental ill health but also in terms of developing support mechanisms to promote peoples to live healthier lives and manage their physical wellbeing for example, some NHS primary care networks have developed models of “wellbeing navigators” to directly assist people with co morbidities who may require additional input to address their physical health needs. Investment and research into initiatives already in use in some areas with a view to expansion on a national level for example many primary care networks, offer exercise on prescription which is evidenced to improve both mental and physical wellbeing.
- The key factors which promote positive mental and physical wellbeing which are important to all individuals are also relevant to people with mental ill health. Secure and supportive employment and housing, access to good quality affordable food, ability to heat and power their home and to have an income in line with the living wage is essential. The pandemic highlighted the disparities between socio economic groups in relation to access to outdoor recreational spaces which had a direct impact on people’s wellbeing, this needs to be addressed to provide more accessible and equal availability of outdoor recreational space to all communities.
- A national focus on removing the stigma of mental ill health and making mental health a priority for all is needed. Asking people who experience mental ill health what works for them and ensuring co production is key to all service development. CQC inspections could major around this element rather than increasing number of tick box Key performance indicators and focus on quality of outcomes not just volumes of throughput.
- Support such as one to one mentoring/life coaching at the level that works best for that person, i.e. weekly, two weekly, hand in hand with access to someone who can prescribe meds if needed and talking therapies e.g. for old traumas. There needs to be an offer which allows individuals to easily access support when they need it, post discharge from services. Investment is needed in models that allow people who have previously been supported by secondary mental health services to directly access support e.g., specialist drop in CTRs without the need to be referred by another professional. These models ensure people can access support when they feel they need it without undue time delays or multiple referrals and assessments from different professionals.
- Ensure offers are across diverse platforms and equality and diversity is truly embedded and embraced within organisations both in terms of delivery of services but also in relation to the workforce. Systems need to be able to connect to each other, to ensure people do not have to repeatedly answer the same questions from professionals if they don’t wish to. Support planning needs to be more joined up with a focus on what really matters to the individual and ensuring they have opportunities to outline what they need and want to happen should they become unwell.
- There needs to be timely and easier access the right level of community or inpatient provision when it is needed, currently people with low level needs are being admitted to inappropriate beds due to lack of community input. Easy access to support is crucial and needs to include a self-referral model to reduce handoffs and waiting lists, for example some areas have developed crisis cafes which operate on a drop in model, where individuals determine for themselves if they need input or support. The

current position of people waiting for months for assessment or intervention is unacceptable and is pushing more people into crisis rather than taking a preventative early intervention approach.

- Addressing the workforce and provider issues outlined previously is essential, there needs to be consistent provision of well-trained staff throughout the system and this requires national systematic changes to training, recruitment, retention and pay arrangements for staff. Improved access to 136 suite provision is essential to ensure that people are not being detained or supported in inappropriate settings or left without support at times of significant mental health crisis.
- More provision of well-trained people in A&E's, psychiatric liaison teams, ensuring psychiatry input during crisis. Whilst better general public awareness is needed to recognise when someone is experiencing a mental health crisis, there also needs to be improved training for all public facing staff for example emergency workers, DWP staff, education etc.
- The impact on individuals' mental health, as a result of wider societal issues is well evidenced, and wider change is needed to address these in order to successfully start addressing issues relating to mental wellbeing and mental ill health. Violence towards women and girls, racism, poverty, cheap availability of alcohol, gambling and drug addictions all carry significant risk of negatively impacting on individuals' mental health. Initiatives such as increasing the unit price of alcohol, providing more immediate access to detox services, anti-gambling and drug addiction information, access to dedicated help lines or walk in crisis support centres would be instrumental in addressing some of these areas. There is patchy and uneven support across the country making access to both early help and crisis help still somewhat of a postcode lottery.
- Adult Social care services are preparing for imminent CQC inspections, the Care Cap, Liberty Protection Safeguards, Integrated care systems and a raft of other reforms – all at a time when workforces are already recovering from the impact of the covid epidemic and people and budgets are stretched. Historically it seems that these reforms will probably mean that councils will have to employ additional interim or short-term staff in order to plan for this reform meaning that more of their resources are taken up at a time when they are already facing financial difficulties.

If you would like to discuss any of these issues further then please get in touch with our Policy lead for England, Josh Dixon on [joshua.dixon@basw.co.uk](mailto:joshua.dixon@basw.co.uk)