



Centre for  
Mental Health



rethink



THE AFYA TRUST

# No Health Without Mental Health: A guide for community organisations

Every year, one in six of us has a mental health problem. Depression and anxiety are the most common, affecting about half of the adult population at some point in their lives. Following the publication of the Government's new mental health strategy, this briefing explains what the strategy says and how community and voluntary organisations can contribute to achieving better mental health for all and improved chances in life for people with mental health conditions.

## Facts and figures

- Mental ill health costs some £105 billion each year in England alone;
- Half of all lifetime mental health problems emerge before the age of 14;
- One new mother in 10 will experience post-natal depression;
- Three-quarters of people with mental health problems never receive any treatment for them;
- Nine out of ten prisoners in England and Wales have a mental health problem.

## The Government strategy: what will it aim to do?

This year, the Government published a new mental health strategy for England, No Health Without Mental Health. It can be found at: <http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm>.

In conjunction with a range of organisations, the Government published a 'Call to Action' to set out six key objectives for better mental health and improved mental health care. These are:

### 1. More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

### 2. More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

### **3. More people with mental health problems will have good physical health**

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

### **4. More people will have a positive experience of care and support**

Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

### **5. Fewer people will suffer avoidable harm**

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

### **6. Fewer people will experience stigma and discrimination**

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

## **What does this mean in practice?**

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The strategy covers a wide range of issues, from preventing mental ill health in the first place to ensuring people get better treatment when they are unwell and tackling the prejudices that still get in the way of a fair chance in life for many people.

The NHS Confederation has produced a briefing about the implications of the strategy in practice, which can be found at: <http://www.nhsconfed.org/Publications/briefings/>

[Pages/No-health-without-mental-health.aspx](http://www.nhsconfed.org/Publications/briefings/Pages/No-health-without-mental-health.aspx).

## **Who's responsible for achieving the objectives?**

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With such a wide-ranging set of objectives, mental health now needs to be seen as everybody's business, that no one can ignore.

The NHS has a big role to play in improving the quality of care it offers to everyone with a mental health problem. This includes finishing the job of extending access to psychological ('talking') therapies to people of all ages in all parts of the country. It also includes changing the way mental health services support people to make better lives for themselves.

Local authorities also have a lot to do. Councils already have to make plans to improve the overall wellbeing of their communities and these are likely to be extended by the new government as they take on responsibility for public health. They also have responsibility for many of the biggest influences on our mental health: housing, the local environment and, of course, social care for both children and adults.

But the need for action goes wider still. Schools can make a huge difference to children's mental health. The police and employment services all work with people who have mental health problems and they too have roles to play.

Community and voluntary organisations often link up several of these agencies and can provide them with invaluable information, insights and examples of effective support work, for example with ex-offenders, older people, families and young children.

## **What are the main barriers to success?**

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Public services across the country are facing unprecedented spending pressures. After years of growth for some, large cuts are now being sought across the board: even in the NHS.

There is a big risk that the need for services to work together to promote good mental health and support people better will be cast aside by the need to make savings and protect budgets. People with mental health problems often lose out when services are cutting budgets and retrenching. Changes to the welfare system are of particular concern to many people with mental health problems and their families, many of whom face a drop in income or additional tests to get benefits.

Within mental health, there are also significant inequalities that stand in the way of achieving the strategy's objectives. There is significant evidence to suggest that the experience of discrimination and marginalisation within society is connected to poorer mental health. Mental health care for children and older people often lags behind that offered to working age adults. People from some Black and minority ethnic communities are still less likely to get talking therapies and much more likely to be diagnosed with severe mental health problems and to be detained in hospital under the Mental Health Act. Homeless people, prisoners, lesbian, gay, bisexual and transgendered people, children in care, and care home residents have high levels of mental ill health that is too often not properly treated.

If the strategy is to work for everyone, these inequalities will need to be tackled. It is often community and voluntary groups that are most keenly aware of these issues by working directly with or emerging from the very groups who are most disadvantaged.

## How can community organisations get involved?

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Community organisations will be fundamental to the success of the new strategy. Local groups have the potential to make change happen in four main ways:

### Lobbying for change

Calling on local authorities, health service commissioners, Work Programme providers, schools and others to take up the challenge

of putting the objectives of the strategy into practice on the ground. Health care commissioning is undergoing major changes with the proposed abolition of primary care trusts (PCTs) in favour of new 'clinical commissioning groups' led by GPs. There will also be 'Health and Wellbeing Boards' to pull together different partners to improve health in their communities, run by local authorities. Together, they will produce Joint Strategic Needs Assessments (JSNAs) and strategies for improving quality of life in their areas. In some places, these new systems are being tested out already.

While the new commissioning groups will not have to include voluntary and community groups on their boards, they are likely to have to show they have listened to the views of local people and prove that they have considered them in their decision-making. Such change can make successful lobbying difficult but it may present an opportunity for a 'new start' where previous systems have not been receptive to calls for change.

## Service provision

Many community groups provide services directly to people other services don't support well. They are able to reach people that statutory services often fail to help appropriately. Funding for this work is often piecemeal, insecure and short-term, yet without it the strategy will not improve the lives of the people who are most often left out. Voluntary organisations could work through umbrella groups to help to build capacity, to gain a greater understanding of how to access new funding streams and to create partnerships across large and small organisations.

## Advocacy

Voluntary organisations very often encourage services to work together to offer individuals the support they need to make their own lives better. Advocacy can help to create a shift in power from services alone to a partnership between professionals and service users. It can also raise awareness of the needs of groups whose mental health

and wellbeing gets neglected by mainstream services. Advocacy is often precariously funded despite its pivotal role in ensuring people get the right support at the right time. Voluntary organisations can also provide a brokerage role, especially with the growth in personalisation and personal budgets for health, as well as social care.

## Monitoring progress

Community organisations often see when progress is being made or when problems are emerging in the services they work with. They can provide early warning when things go wrong and can monitor service users' and carers' views of the support they are offered. They can also support service users and carers to feed in to the structures that exist to have their voices heard. The proposed new NHS public involvement body, HealthWatch, will be key to getting the views and experiences of people using mental health services into local NHS decision-making structures.

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