DHSC Open Consultation:
Mental health and wellbeing plan.
Think Ahead Submission

Introduction

In April 2022, the Department of Health and Social Care (DHSC) launched an open consultation to gather evidence and expertise from individuals and organisations to inform a new 10-year mental health and wellbeing plan.

At Think Ahead, we recruit, train, and develop the mental health workforce to provide the most effective support for people with mental health problems. We know that to help people with mental health problems flourish, the workforce who support them must also be flourishing.

If we truly want to transform our national approach to mental health, we need a happy, motivated, and properly resourced workforce. People with mental health problems will never be given the respect and support they deserve, unless the same is given to the people employed to help them.

Every year, we recruit up to 160 graduates and career-changers into mental health social work: providing them with a combination of academic learning and intensive on-the-job training by placing them in NHS mental health trusts and local authorities across England.

Our close relationship with new mental health social workers and their employers, alongside our wider work in the sector, gives us extensive insight into the urgent challenges facing the workforce, and the impact these challenges have on service delivery.

Our Submission

This submission is a product of the following:

- **Think Ahead survey:** a survey to Think Ahead trainees and other established mental health practitioners, asking about their current working conditions and what would improve their professional wellbeing and effectiveness.
- **Think Ahead interviews:** interviews with Think Ahead trainees, internal practice experts, and people with lived experience about their professional and personal experience of mental health services.

- **Think Ahead research:** previous surveys and pieces of research that gathered insight from trainees and practicing mental health professionals.

We are proud to be part of the mental health sector. There is a huge amount of brilliant and important work going on in mental health services and third sector organisations, some of which is mentioned in the submission below, but much more that will not be reflected here: our organisational focus is on workforce challenges, and we retain that focus throughout this written submission.

For information

DHSC put forward several questions in their consultation covering prevention, early intervention, crisis support and long-term recovery. We have included the questions and answers that we felt, as a workforce charity, we were best placed to answer. Our value is using our closeness to trainee and newly qualified mental health practitioners and the mental health services who employ them, and we have used that expertise to provide insights into the questions we deemed most relevant. We have retained the numbering system from the DHSC survey. For a list of all questions that were asked, please find it as Appendix A at the end of this document.

The questions put forward by DHSC could be answered from the viewpoint of children, young people, working age adults, older adults and people more likely to experience poor wellbeing. Our answers below are focused on mental health services for adults of working age and people more likely to experience poor wellbeing. This is because the services we work alongside mainly serve that demographic of service users, though a lot of what we put forward below is relevant for all demographic groupings.

Question 5: Do you have ideas for employers can support and protect the mental health of their employees?

Employers have an important role in tackling the mental health crisis. In many cases, the workplace provides an early opportunity to spot a decline in someone's mental wellbeing. It may be subtle changes in behaviour (such as turning your camera off during online meetings or seeming distracted), disengaging from work or social activities with colleagues, taking time off work, or being tired and unable to focus.

Employers are not going to solve the mental health epidemic alone, and nor should they. It is right that any mental health problem is referred onto agencies that can provide the right response to effectively get the person the support they need. However, to reduce the number of people experiencing mental ill-health, society needs to utilise all the early opportunities to help someone before they become more unwell.

There has been a great amount of progress in this area with successful campaigns such as Time for Change and organisations such as Mental Health First Aid England leading the way in making employers understand the role and responsibilities around their employees' mental health and wellbeing.

At Think Ahead, we are still learning and developing our approach to mental health and wellbeing in the workplace; we have adopted many common approaches to ensuring a safe and inclusive workplace that prioritises staff wellbeing such as mental health first aid training, flexible working, compassionate management and leadership, values-driven company culture, social activities, access to employee assistance programme, and encourage an open and supportive working environment through things like tea and talk mornings.

As well as recruiting into our head office, our flagship programme recruits up to 160 graduates and career-changers to become mental health social workers. We do not directly employ these social workers, but instead support them through their learning and professional journey.

They are students in the first year of the programme, and in the second year they are directly employed by the NHS trust or local authority that they have been placed with. While we do not employ them directly, we do all we can to support them in their first years as a social worker including:

- Using occupational health to ensure we have made reasonable adjustments to carry out their training.
- Providing them with a Think Ahead 'practice specialist' senior social worker who is their support and advocate throughout.
- Establishing a hardship fund to support trainees in times of financial difficulty.
- Investing in senior social workers in the trainees' place of work to provide wrap-around supervision and support to the trainee.

We understand Think Ahead trainee mental health social workers may come to the profession with their own experience of poor mental health (either directly or indirectly), their own life challenges, and their own vulnerabilities. Putting yourself forward for a job supporting others, does not mean you no longer need support yourself.

We recognise that as a non-frontline, office-based organisation we have the capacity and ability to prioritise those interventions for our staff and for our trainees, and that many employers need greater resources to provide their colleagues with the wellbeing and mental health interventions that they deserve. Providing time for reflection, for self-care, and for empathetic and effective supervision is very challenging in today's public services, but that does not make it any less important, or the impact of not doing it any less serious.

As a mental health charity that works directly with mental health services every day, we see the importance in breaking down the 'them and us' mentality between service user and professional. Senior leaders and HR management in the public sector must recognise that the staff they employ will often be affected (either directly or indirectly) by the very issues they have been employed to resolve for others.

There is a huge amount of pressure on public services, but we have heard from employees in the mental health workforce that their own wellbeing and mental health is often neglected or ignored. We examine further the ideas we have heard to improve the wellbeing of mental health sector employees below.

Question 6: What is the most important thing we need to address in order to prevent suicide?

Mental health services and third sector organisations like Samaritans and CALM have done brilliant, determined and literally life-saving work supporting people during times of crisis. There will be a suite of innovative interventions put forward by organisations, such as these, in response to this question.

There is no ‘one thing’ that holds the answer to suicide prevention. It is a complex and multi-faceted issue that can only be understood properly if we have a better grasp of the national data to ensure evidence-driven provision and policy. Our answer to this question will focus on workforce issues around provision, resources, and training, but there will be many other responses including equally crucial issues that need to be addressed to support people who are living in crisis.

To address suicide, we will speak about two groups of people:

1) People who have attempted suicide before or have expressed suicidal ideation. They are known to mental health services as have been hospitalised or expressed a wish to hurt themselves to their GP or other health professional.
2) People who are not known to mental health services as they have not attempted to take their own life previously or any attempt is unknown to health services.

To reduce the suicide rate for the first group we need increased provision and capacity throughout the mental health workforce. In 2020, nearly 5,000 people in England lost their life to suicide (according to Samaritans who lead the way in suicide data). It is estimated that for every life lost, there are around 30 hospitalisations every year of people who have attempted suicide (up to 150,000 people a year), and then of course there are thousands of others experiencing suicidal ideation and are known to services.

We support the proposed changes to the Mental Health Act: that people in crisis should only be detained in hospital as a last resort. However, the desire to make detention in hospital a last resort only works if there are other options. We cannot reduce the number of people going to hospital, only to leave those people without enough robust and effective support to meet the gap. We urgently need a well-resourced sector with appropriate staffing levels and knowledge to provide support to people in crisis, wherever they are, whoever they are, whatever time of day or night that are seeking that support.

Mental health services are full of compassionate and skilled professionals, but from our conversations with practitioners, many do not have the capacity to respond in the way they would want to.

There are many third sector organisations doing vital work in this area: well-known phone services such as Samaritans, or innovative tech-based provision such as the text messaging support service Shout, or Samaritans’ web-based chat pilot. It is vital that third sector provision continues to be funded and supported to continue their innovative work: but it is not a replacement for effective and fully functional public services.

Samaritans lead the way with data collection and analysis, but again we need public investment in national data collection and analysis across all NHS trusts to ensure evidence-driven policy and provision. For example, some areas of the country have higher suicide rates as do some demographics, and provision and services should be tailored to meet the needs of these groups.

To effectively reduce the suicide rate amongst the second group: people who lose their life to suicide but who are not known to mental health services, we need to upskill all staff, not just clinical staff, with suicide-specific training. This helps increase the number of people who can spot the signs and symptoms that someone may be experiencing suicidal ideation, and gain confidence to intervene in the event of a crisis and confidently refer that person into the mental health system.

An increased awareness throughout the whole system, national efforts to reduce the stigma and campaigns to encourage people to seek support, are all welcome: but it must be matched by the necessary resources and staffing capacity to support people in crisis.

Question 7: What more can the NHS do to help people struggling with their mental health access support early?

The NHS can help people much earlier by having systems, processes and training in place that are informed by mental health expertise and knowledge.

1) **Procedural changes:**

"We need to remove non-engagement as a criterion for discharge". (Social worker, Think Ahead survey).

In our research for this consultation, we talked to several former and current frontline practitioners who recommended the removal of the 'three strikes and you're out' rule. This process means that in some areas of the country, people will be referred into the service (often by a GP), and then they will be sent a letter with details of their first appointment. Following this letter, two follow-up letters will be sent to seek a response from the person. If none of the letters are responded to, they are discharged.

This process hampers people being able to get the support they need early and should be reformed for the following reasons:

- It fails to recognise that many people do not use post anymore for communication.

- Many people live in multiple addresses or may house share and therefore post is not safe and secure.
- Many people may not be able to read at all, or confidently enough to read a letter.
- People with mental health problems may find opening and responding to post very difficult.
- People with mental health problems may experience additional anxiety around navigating appointments.

Such processes may reduce numbers in the short-term and reduce time spent chasing people for responses, however – the people who are then discharged remain unwell and are likely to be referred back into the service later, possibly more unwell. To provide people with early support, they need to be able to access that support as soon as they are referred and not have that support delayed due to procedural barriers.

We recommend that this process is revisited, and that efforts are made to:

a. Establish what means of communication would work more effectively for the service user and be open minded to what that may be e.g. social media or WhatsApp (which is arguably more secure and direct than a letter going to an address, which may well be out of date).
b. To continue to make efforts to engage that person even if they have not responded to the appointments.
c. If non-engagement continues, to talk to the GP or agency that referred the person in to try and make an alternative plan.

2) Early, tailored intervention at the right time:

"Being told they know what you need to feel better, and then being told that it is not available in your area or that it is months and months to wait, causes more harm than good. You actually get worse waiting for that support because it feels like life can't start until the help starts". (Service User, Think Ahead interview)

The lack of available specialist services and therapeutic support is relevant to all areas of this consultation. We have highlighted it here because providing someone with the right response at the right time when a person first starts to become unwell could be the difference between that person recovering well or needing support for months, years or even decades in the future. This is only made worse when a person is told by a GP that they need a certain intervention or specialist service to feel well or to improve their wellbeing, and then to discover that intervention is not available for some considerable time, or at all.

"I was waiting for Cognitive Behavioural therapy for a very long time. I still didn't get it. I lost interest. Sometimes you need to access psychological support and you could be on a waiting list for six months, by the time they get around you, you've tried to deal with it yourself.

The impact this has on you is that it increases your anxiety, you think it's going to solve your problems, and then as nothing happens you become out of touch with services, you get used to not having the support. When they finally get round to you – things have moved on, whether in a good way or a bad way". (Service user, Think Ahead interview)

However, when someone living with mental distress, is provided tailored and specialist support in a timely fashion, it can make a huge difference.

"I'm a gay Pakistani Muslim man and I struggled for many years with my mental health. I think some of it was related to my sexuality, I didn't have any gay friends, it was a tough time. I came across a service where it was LGBT service and the practitioner really understood my perspective, and I didn't have to feel uncomfortable about who I was. I think having specialist services do help individuals as they feel safer to be themselves" (Service user, Think Ahead interview)

3) Reducing criteria for support/allowing more professional judgement:

Many professionals and people with lived experience talked about the impact of not being deemed unwell enough to get support, and then becoming more unwell. Although we saw high caseloads as one of the top three reasons practitioners feel ineffective and unhappy at work, practitioners also recognise that not supporting people early leads to greater problems for the service and service user later down the line.

"Hearing you don't meet the criteria is very disheartening and dehumanising. It makes you feel like your problems don't really exist or something, it can make you feel very alone and ignored". (Service user, Think Ahead interview)

The decisions taken on whether someone needs further support or onward referrals must not be driven by capacity/caseload management, but instead by the expertise of the practitioners and the voice of the service user as to what provision would be most effective and what service they need.

"To be honest, you learn how to play the system after years in support. I knew how many boxes I need to tick on what form to ensure I got my twelve therapy sessions rather than

being offered six for example. It's just a case of working out what they [the GP] needs to see on the form". (Service user, Think Ahead interview).

The system needs to be tailored and flexible enough to make professional decisions on interventions based on the needs of the service user.

Question 8: Do you have any suggestions for how the rest of society can better identify and respond to signs of mental ill-health? (including community bodies, public services, community services, and how they can work together).

1) There needs to be greater provision of quality-assured community services and support networks.

We asked mental health professionals what are the things that would improve the lives of the people they support, and just under 70% of people said people needed access to better local provision, which includes sports clubs, day centres, talking groups, reading groups, specialist community groups, and peer support groups.

"The NHS is so reliant on signposting to community resources, so further funding should be focussed on social groups and provision". (Trainee social worker in the NHS, Think Ahead survey)

"One of the things that would improve the lives of people would be giving them a sense of being rooted in a community – whether that be work, education, volunteering, going to a group on a weekly basis – a feeling of belonging". (Care coordinator, Think Ahead survey)

"Community is vital. It is so important. It provides people with a sense of belonging, of purpose. We often hear about the need for service users to engage with the community. But where are the community projects? I have nothing to refer anybody to. People stopped attending some of our local community projects during the pandemic of course, and now they've just gone." (Think Ahead trainee social worker, Think Ahead interview)

At Think Ahead, we advocate for social approaches to mental health which recognise that medical intervention cannot be relied on alone to improve someone's mental health. A person's sense of place in the world, their feeling of belonging and purpose must be helped if they are going to become better. This could be through work or relationships, but for many people it is through community. This is particularly true for people who may not be able to

work due to their illness or who do not have a safe family/community connection to rely on; having a community project or service that someone can access is hugely important.

There should be a more systematic approach to community provision: community services often rely on voluntary and third sector local organisations creating projects through good-will and volunteering their time. We did hear that there has been an increase in funding and support for peer-led projects, and that investment in people with lived experience is welcome. However, there is too much of a postcode lottery as to what is available in geographically: community provision can often be lacking in the areas that potentially need it the most, as these are often also the areas of the country where people have less resources/time/ability to fundraise.

2) Enhance mental health training for all social workers.

Social workers will regularly support the most vulnerable members of society and any strategic response to the mental health challenges will need to involve them. At Think Ahead, we recruit mental health social workers into the mental health workforce. We select and support up to 160 people each year to train to become social workers. Whilst this is a generic, professional qualification, the Think Ahead trainees gain specific expertise in mental health through additional bespoke content in the curriculum and work-based placements.

However, many social workers do not receive the same degree of training on mental health even though all social workers will support people who are either directly or indirectly affected by mental health challenges and distress. Being informed about mental health means social workers and practitioners are better able to respond to issues such as domestic abuse, drugs/alcohol dependency, child safeguarding issues, because these issues are often seen alongside mental health challenges. Our agencies are inevitably siloed by issue, so when a social worker needs to be able to respond to someone holistically, an understanding of mental health and wellbeing is fundamental to that support being effective, regardless of which service has been accessed initially.

We recommend that course content for a PGDip in Social Work has a much more explicit focus on mental health; currently many of the programmes of learning have no modules specifically on mental health but appear to have a greater focus on theory and social policy. While learning about mental health is threaded through modules, the practical and detailed exploration of mental health conditions and their effect on human behaviour and choices is not explicit in the course content for most routes into social work and should be given far greater emphasis.

"Social work practice integrates legal, psychosocial, practical and emotional interventions to support, protect and enable people of all ages to improve their lives. In all fields of practice, this inevitably includes encountering and supporting mental health and wellbeing needs of individuals of all ages, and families. Yet mental health is rarely well covered in social work qualifying courses. While some social workers specialise in mental health in post-qualifying specialisms, there is a pressing need to integrate mental health knowledge and skills in all qualifying training, building skill and confidence and meeting needs more effectively". Ruth Allen, Think Ahead trustee, CEO British Association of Social Workers.

3) Effective multi-agency working with consistent information sharing

"I have recently started a new job as a transition worker between CAHMS and Adult Mental Health Services, there is such poor communication between the two and no clear guidance on my role or what might optimise positive change for these young people". (Social worker, Think Ahead survey).

The response to mental health conditions would improve if multi-agency working was more effective, efficient, and based on a model of collective responsibility, as opposed to agencies feeling the pressure to protect their own capacity due to staffing and budget constraints.

The opportunities to spot worsening mental health problems may come in any area of someone's life, and often it will be non-specialist agencies that see evidence of an increase of risk to someone's life or the lives of others. It may be a housing officer, Jobcentre Plus advisor, Independent Domestic Abuse Advisor, a probation officer, a teacher: there must be a more effective way for information to be safely shared amongst agencies to trigger a response that meets the risks and needs of that individual.

Mental health services are struggling with the level of need (as we examine in later questions), and one of the ways to mitigate this is to create more opportunities for earlier intervention through coherent information sharing and collaboration between agencies. This is currently still too reliant on professionals using their networks and their instincts to know when to flag concerns, and while this professional judgement is informed by training and experience, the process and systems need to be far more effective in ensuring that no one slips through the net.

4) Provide people with mental health problems the housing and financial support they need to improve their lives

A third of all mental health practitioners that we surveyed as part of this consultation told us housing was one of the top three challenges for people with mental health problems.

It is entirely intuitive that if someone is housed in unsafe and unsanitary housing or given accommodation that makes them feel unsafe or vulnerable, or re-housed time and time again forcing them to make new connections in the community every time – their mental health is going to be adversely affected.

"So many people who experience mental health problems are inappropriately housed, left in 'temporary' accommodation for years on end, over-crowded, in accommodation with mould and damp, or can't access housing altogether, too poor and no financial means to help themselves." (Social worker, Think Ahead survey)

While organisations such as Shelter, Mind and Rethink Mental Illness will provide much more comprehensive analysis of the relationship between housing and mental health, it is important that as a mental health workforce charity we reflect the challenges faced by mental health practitioners when wider social issues such as housing as not being responded to effectively.

"Social workers do not operate in a vacuum". (Social worker, Think Ahead interview)

Whatever improvements may be proposed to the way mental health services function, unless fundamental issues around housing and financial security are addressed, then progress will always be limited. The scope and scale of the problem is too vast for us to cover here, and the expertise in these areas lies elsewhere, such as the Money and Mental Health Policy Institute and Centre for Mental Health, but the mental health workforce cannot help people flourish, if every aspect of the person's life is under immense pressure due to housing or financial problems.

We support ideas and schemes that seek to provide additional support on life issues for people with mental health problems. We advocate for the social approach to mental health as we fundamentally believe mental distress can only be relieved if our response understands the whole person and the life issues that affect their wellbeing.

We support the 'Mental Health Breathing Space' scheme that provides service users with a break from debt collection. Currently, only an AHMP can recommend a client by provided

with this respite. We recommend expanding the number of people who can refer a client for this respite to include social workers.

5) De-stigmatisation of profound long-term mental health conditions.

In the last fifteen years, there has been a remarkable shift in society's approach and understanding to mental health. While there is still some way to go, our offices, schools and communities are often far more understanding and compassionate places.

There is a huge amount online about how to look after our own wellbeing: to prioritise our own 'self-care' with tips from everything to running yourself a bath, to going outside, to exercise, to taking time away from your phone and screens. Campaigns run by the NHS such as Every Mind Matters provide helpful and easy to follow tips about managing anxiety and improving sleep. All this helpful advice and opening up of the conversation about mental health is to be welcomed.

However, this wider progress has not been matched with a national increased understanding of the more severe mental health conditions such as Bipolar, Schizophrenia, Psychosis, or personality disorders.

We would like to see national government funded mental health awareness campaigns that proactively tackle some of the misconceptions around these serious mental health conditions. While statistics such as 1 in 4 of us experiencing a mental health challenge is now well-known and can provide great comfort and reassurance that we are not alone in our challenges, we must see campaign materials that also speak to the 2 in 100 who experience Bipolar or Borderline Personality Disorder sometime in their life.

Any effort to reduce the stigma of complex and often misunderstood conditions like schizophrenia must be alongside a suitable level of provision of support. If we are seeing progress in empowering people to speak out, to get help, to tell someone what is going on – then we need to be confident that the capacity is there to respond to that increased awareness. An increase in awareness leads to an increase in demand, and to not be able to meet that demand can cause additional trauma and worry to the person who has disclosed or been diagnosed.

Question 9: What needs to happen to ensure the best care and treatment is more widely available with the NHS? We want to hear about the important issues to address in order to improve the NHS mental health care and treatment over the next 10 years.

At Think Ahead, our guiding principle is that people with mental health problems can only flourish if the workforce set up to support them is also flourishing.

We understand the challenges currently facing the mental health workforce; we believe that for the NHS to provide the best care and treatment to people with mental health problems, the challenges facing the mental health workforce must be addressed urgently.

"The best thing the government could do to help service users is to help us, the professionals. We are struggling; how can we be expected to help others when our own mental health is so often disregarded?" (Trainee mental health social worker, Think Ahead interview).

There will be many issues facing NHS treatment of mental health conditions that are not covered below; our focus and expertise is in the current workforce challenges and in relation to the social approach in tackling mental health, and we remain true to that focus in our response to this consultation.

Below are some issues that come up time and time again for the mental health workforce in NHS mental health trusts and in local authorities.

1) Staffing shortages

Staffing issues are caused by retention issues and recruitment challenges.

Retention issues in mental health services are well-documented. We surveyed our network of mental health professionals and social workers as part of our research for this consultation, and over a third said they were considering leaving their profession in the next 12 months.

Mental health care has, on average, higher turnover of staff than the rest of the NHS – 13.6% of all mental health staff left in 2015/16, compared with 8.6% in acute NHS trusts.

Although many people in our survey and other pieces of research may not follow through with their desires/hopes to leave the mental health workforce, to have such large number considering an alternative career or profession is a level of disillusionment that is not only

worrying for vacancy levels and capacity, but also the motivation and morale of the remaining staff.

"We need people to stop leaving, there is such a lack of morale when you see things on the news about how social worker or a mental health trust has failed somebody, when I say I'm a social worker I don't feel proud. We need to get rid of blame culture, offer exciting career paths where people can earn more money and develop new skills, when you work a highly stressful job but don't have good support, you have low pay, know you will never be able to afford your own home, and constantly see bad press about the job, it's very, very demotivating" (Mental health social worker, Think Ahead survey)

The high level of vacancy rates causes additional strain on the staff who remain working in already stretched teams, and this then causes more staff to face burnout or long-term absences, creating a cycle of increased pressure on fewer and fewer staff.

"The pressure it puts on people who are still working is immense. I had 3 people out of 14 off long-term sick, and that makes such a difference to the workload of others. I couldn't even get agency staff to fill the gaps. There just aren't the people there willing to do the work.

*I found myself up at 2am, 3am, worrying. It had an impact on my relationships and home life. I was sick with stress trying to manage the team, with no additional capacity or support. I just couldn't do it." (*Ex-service manager of mental health service, Think Ahead interview)

The people who are still working are often doing overtime and using evenings and weekends to fill in paperwork. Even when not working, the stress of work can have an impact on people's wellbeing at home and affect their relationships with family and friends.

"It feels nobody cares about us to be honest. I would do anything to try and make people understand what it's like. The fear of going into work on Monday morning, people are just getting through one day after the after. So many people are going off sick. The managers don't have any answers, they just tell us it's a national problem so what they can do?" (Trainee mental health social worker in an NHS trust, Think Ahead interview).

The impact of high staff turnover and staffing shortages affects the:

a) **Individual practitioner:** increased pressure, lack of team morale, decreased motivation, less capacity, working with new clients often, unmanageable caseloads.
b) **Wider service:** loss of knowledge, skills and investment in the staff who leave, increased pressure, demotivated team, risk of people being absent from work.

c) **Service user:** no continuity of care as staff leaves causing delays in care due to note not being passed over and relationships with key staff needing to be re-established.

"One of the top three things that would make me more effective is better staff retention, so knowledge is retained and shared". (Mental health social worker, Think Ahead survey)

"The lack of continuity of care is the biggest complaint I get from service users, they hate the changeover". (Social worker, Think Ahead survey)

"One of the top three things to improve the lives of our service users would be a consistent, named key worker". (Trainee social worker, Think Ahead survey)

Ideas to improve retention:

We believe that to create a happy workforce who are motivated to stay in the profession, people need to have their wellbeing and their effectiveness at work prioritised. Employees should feel supported and cared about, and feel they have been given the resources, skills, time and support to do their job well. When conducting research for this consultation, we asked mental health professionals what would improve both their wellbeing and their effectiveness.

- 85% of respondents mentioned increased pay/resources/money/funding in one of their answers
    - "*The top three things to improve our effectiveness are sufficient resources, sufficient resources and sufficient resources".* (Social worker, Think Ahead survey)
    - *"We need higher salaries to meet inflation costs"*. (Social worker, Think Ahead survey)
    - *"We need fair pay to reflect the responsibility of the role and the level of scrutiny".* (Social worker, Think Ahead survey)
- 70% talked about improvements to organisational culture and working conditions: ideas ranged from longer lunchbreaks, free coffee, more time to socialise and connect to other mental health professionals, somewhere in the office to go as quiet space, staff able to take breaks together so they can talk, free parking, away days, mindfulness for staff, wellness breaks, team building, and 'forced self-care time'.
    - *"We need more sense of working together as a team, I can feel very isolated".* (Social worker, Think Ahead survey)
    - *"It would improve my wellbeing at work if people actually celebrated things when they go right".* (Social worker, Think Ahead survey)

- *"Even if they just let us go home an hour early sometimes after a tough day or organised a night out. Something to boost morale. We know there isn't a ton of money there to pay us more, but some things don't cost much but would mean a lot". (*Trainee social worker, Think Ahead interview*)*

- 65% talked about working flexibly: ideas including more work from home, 4 day weeks, shorter hours, more autonomy, and deciding own hours.
- 80% talked about reducing caseloads and reducing caseloads.
- 70% talked about the need to improve technology to improve wellbeing and effectiveness, with over 10% saying that a slow internet connection makes their work much harder. Many said they have not been given the equipment or IT training needed to do their work well, that IT systems are not working together, people are using the systems differently, and data is not being shared due to IT faults.
    - *"One of the things that would improve my effectiveness as a care coordinator would be stronger communication and organisation, such as emails being set up and getting access to a laptop".* (Mental health social worker, Think Ahead survey)
    - *"We need better tech to be effective. Things such as work phones that allow for apps so we can do quick recording".* (Care co-ordinator, Think Ahead survey)
    - *"I could do more my job more effectively if we had easier, more reliable computer systems and technology for recording, such as table to electronically record notes while with people and tech that doesn't crash all the time".* (Social worker, Think Ahead survey)

Recruitment:

Growing the workforce of mental health professionals is a crucial part of responding effectively to the level of demand. The NHS expects to need over 27,000 additional members of staff in mental health services by 2023/24.

To meet these recruitment aims, the NHS needs to commit to a far-reaching and engaging recruitment campaign to drive interest in a career in mental health. Our own research in 2020 (Public knowledge and perceptions of mental health) suggests that 11% of the UK's working-age population would consider a career in the mental health sector within the next five years (which could equate to nearly 4 million people).

However, there are many barriers that need to be addressed when recruiting into the mental health workforce:

- There was a lack of awareness of the type of roles available (fewer than 30% of people have heard of psychological practitioner roles). We found that this challenge was more pronounced amongst Black, Asian and ethnically diverse communities, for example we found 55% of white people had heard of occupational therapist but only 44% of Black, Asian and ethnically diverse people. (This data is taken from Think Ahead's recruitment research, conducted in 2020 with YouGov and 2021/22 with Savanta ComRes).
- People overestimate the barriers to entering the mental health workforce: nearly a fifth didn't know the requirements necessary to enter the profession, and around 60% believed you must be able to self-fund tuition fees and living expenses, while 84% believe you need a clean criminal record.
- A fifth of people think you are not allowed to work in the profession if you have your own experience of mental illness.

Ideas to improve recruitment:

We recommend a national campaign to raise awareness of mental health roles and professions. This campaign should:

- Explain the number of different roles available and the training routes towards qualification.
- Challenge misconceptions around mental health careers.
- Be modern, engaging, utilising creative content to give people a sense of the career possibilities.
- Target underrepresented groups to ensure diverse talent pools are being reached.
- Include investment in candidate management to convert interested and suitable candidates.
- Campaign materials to showcase career trajectories: people want to know in what their future might holds.

There have been many similar campaigns to recruit into teaching, the police, armed forces and social care, but the mental health sector has not had the same investment.

To meet the recruitment and retention challenges, mental health services need to modernise their approach to staff wellbeing and utilise much more engaging recruitment methods. In this current context of coming out of Covid, with an increased demand for flexible working

and a career that provides work-life balance, we need public services to compete. It is not enough just to say you will have a career that 'gives something back'; we must create modern workplaces that give their employees the investment, support and motivation they need to do their work effectively.

2) Caseloads

While this is directly relevant to retention and staffing issues above, the research we conducted for this consultation suggests that caseloads need to be considered separately. Every 'case' is a person, and the ability to offer professional support has a huge impact on the individual involved as well as their dependents, wider family, friends, colleagues, and community.

Caseloads being unmanageable has an impact on:

- **Professionals:** It is demoralising and demotivating to have a caseload too large to effectively support. People are working outside of their normal hours just to do the bare minimum.
    - *"We have supervisions to discuss our cases, but how is anyone expected to be able to use that time when you have 40 people to discuss, and you're meant to be talking about yourself too. It's just not possible to keep tabs on it all".* (Mental health social worker, Think Ahead interviews)
- **Services:** Unmanageable caseloads mean more discontent and stress in the workplace which leads to greater absences and therefore even greater pressure on the staff who remain. It also means that the social approach is less likely to be prioritised as people are just dealing with urgent issues around medication. We know that social factors in people's lives, such as relationships and housing, are critical to building and maintain positive mental health. To not provide a service that responds to these life issues will hamper progress.
    - *"Our morning meetings are all just about who is taking their medication and who isn't – not because we don't care about the other things but because there isn't any time to speak about anything else because there are so many cases".* (Trainee social worker, Think Ahead interview)
- **Service users:** They are less likely to get the support they need and often will need to be in crisis before someone responds. Practitioners are only able to deal with the most urgent cases so need to wait until people become more unwell before being

able to provide support. We have heard practitioners say that they are more likely to discharge service users to keep numbers down.

- *"Mental health services just do not have the capacity to deal with the demand. Working with a caseload of 50 ill people, I just don't have time to give everyone the attention they need and I would like to give".* (Mental health social worker, Think Ahead survey).

3) Reduce waiting times for psychological support

The waiting times for psychological support are well-documented; the impact is far-reaching. An estimated 8 million people could not get specialist help in 2021 due to not being considered unwell enough to qualify, in addition to the 1.6 million people on official waiting lists (NHS Providers). While the IAPT programme reports that over 90% of referrals waited less than 6 weeks to enter treatment, we know that many who could benefit are not being referred due to lack of capacity, and many who do enter treatment face 'hidden' waiting times, with weeks, months, and even years between initial assessments, appointments, and further treatments. As just one example of knock-on effects, two fifths of patients waiting for mental health treatment contact emergency or crisis services, with one-in-nine (11%) ending up in A&E (RCP).

We have heard from mental health social workers the pressure they feel when trying to 'hold' (i.e., actively support) someone for 6 months to a year while they wait to receive psychological support. Several mental health social workers also talked about their desire to be trained in more therapeutic interventions and around medication/medical interventions, to mitigate the impact of the waiting lists on the service users they support. Many talked about the frustration and sadness felt as they saw people get more unwell as they waited.

"Therapeutic resources do not exist on a large enough scale. People with severe mental illnesses in my area are often waiting 18 months for a care coordinator alone, and then a further 18 months – 2 years to receive meaningful therapy" (Mental health social worker, Think Ahead survey).

Not providing suitable and effective psychological support to someone can cause increased anxiety and distrust in the system.

As part of our routine work to understand experiences from the frontline, we spoke to James, a young man whose partner, Ben, became mentally very unwell very quickly. James

supported Ben for a year as Ben was in and out of hospital. James has written about his and Ben's story. Tragically, Ben lost his life to his illness. James writes here about the impact of Ben not being given psychological support after Ben had been first detained in hospital after a psychotic episode.

"Ben's psychiatrist rang him two days later to check in with him. Once again, this 'assessment' was carried out over the telephone. The conversation lasted 15 minutes in which Ben assured the psychiatrist that he was just being silly and that he no longer thought he was the messiah. The psychiatrist seemed to take this at face value and that was the end of that. There had been no visual assessment of Ben's facial expressions, eye movement, body language.

We finally had a face-to-face appointment in May 2021, almost 6 months since Ben had been sectioned. At one point during it, I saw the care coordinator begin to drop off to sleep, which I try to be forgiving of given how stretched they may have been at the time.

However, it was almost 6 months since Ben had been sectioned and he had received no psychological treatment/1:1 support with a clinical psychologist. I pointed this out and the coordinator shrugged at me and told me that he could be waiting another 3 months for this.

Outraged that someone so sick could be waiting so long for a crucial element in their recovery, I emailed them my concerns of the lasting impact delaying his psychology could have on him and within 2 days, they retracted their suggestion and excited Ben by promising that Ben would be seen by a psychologist within a few weeks and was now top of the list.

This was clearly an empty promise, however. A date never materialised, and it was in fact July before Ben's psychology got arranged - 8 months after he was originally sectioned.

It was too late by this point; Ben was mistrustful of the entire process and decided to stop taking his medication. He turned to me telling me 'I feel broken', revealed suicidal thoughts and announced revelations that he had failed to save the world".

4) Effective partnership working between NHS trust and local authorities

The response to mental health ill health can only be effective if agencies, and in particular local authorities and NHS trusts are working together with joint aims and complimentary approaches. While some services are fully integrated and working well, many agencies remain too focussed on their own pressures rather than working in a joined-up way.

For example, to inform this consultation response, we spoke to one mental health social worker who is employed by a local authority but had been working in an NHS mental health trust in an integrated service. He was trained on NHS systems and worked with NHS colleagues. However, the local authority was understaffed in its own social work teams, so bought him and other mental health social workers back into working for the local authority directly. This has caused a gap in provision in the NHS trust, a confusion over roles and responsibilities, nurses and other medical professionals unable to provide the practical support service users are asking for, and the mental health social worker feeling disempowered and frustrated.

The social worker said: *"I can deal with stress of being overworked and having so much on my plate, but only if I feel a sense of control. I don't really know what my job is meant to be. I keep being asked to do things that I'm not supposed to be doing anymore. I don't feel anyone has any clarity over roles".*

QUESTION 10: What is the NHS currently doing well and should continue to support people with their mental health?

The NHS has made huge progress with integrating the role of the social worker into NHS services and ensuring that the social approach to mental health sits alongside medical intervention, but there is still some way to go.

Where social workers are effectively integrated within NHS teams this means service users receive a much more holistic response; someone advocating for them who can see the other aspects of their life such as relationships, housing, employment. Understanding the effect those social elements will have on a person's mental health is vital. When social workers are effectively trained in mental health, they can stand alongside the service user and help spot and mitigate things those medical professionals may not be trained or have the time/skills to spot.

"I felt safe with my social worker. When I was in hospital, the psychiatrist, nurses and so on would do their ward rounds. They would stand in a line in front of me, talking at me.

Sometimes I used to try and arrange some chairs in a circle so they we could all sit together to discuss my care in a way that feels less intrusive and intimidating for me, but the chairs were always put back. My social worker knew it wasn't doing me any good. So, she stopped the ward rounds for me. I didn't even know she could do that. But she went to the doctors with information from me, and vice-versa. It was so much better for me like that. She listened to my needs and made things happen". (Service user, Think Ahead interview)

We would encourage a continued commitment to social work within the NHS and support for social workers who work directly in the NHS mental health trusts.

Ideas to further integrate and support social workers in the NHS:

- Implement effective ASYE programmes in the NHS or through effective partnership working with local authorities.
- Recruit social workers into leadership positions within the NHS.
- Greater training and awareness of the social approach to mental health and its impact.
- Ensure that recommendations in the Skills for Care and Social Work England guidance on support for mental health support workers is followed:
    - Ensure social work is well-led in integrated systems, enable professionalism, ensure staff are equipped to deliver effective teamwork, promote excellence in practice, enable social workers' engagement and wellbeing, ensure fair and transparent performance systems, develop a workforce fit for the future, and demonstrate how the social worker role makes a difference.

Question 11: What should our priorities for future research, innovation, and data improvements over the coming decade to drive better treatment outcomes?

1) Face to face vs. virtual appointments

In our conversations with service users and practitioners, we found several people saw real benefit to providing support online. For example, some people may be more comfortable engaging online, or for those living remotely it may be a cost-saving and time-saving exercise to not have to attend all appointments face-to-face.

However, there are real concerns with the increase in online appointments and the possible shift in professionals encouraging service users to utilise online functionality to access support.

"I didn't feel they were manipulating me as such, but that on the phone it is very clear that they are trying to encourage me just to see them online. You have to really ask if you want someone to see you face to face". (Service user, Think Ahead interview)

"I used to self-harm. I could be on the computer to someone self-harming under the desk for all they know. I look like I'm drinking a glass of water on the screen, it's gin for all you know. It's too easy to hide, too easy to only show what you want. You can always lie to them face to face too but it's much harder". (Service user, Think Ahead interview)

There needs to be a consistently understood and evidence-driven approach to the use of online appointments and when they can be helpful in supporting service users. This evidence must be driven by the experiences and outcomes for the service users, not by commercial considerations.

2) Health inequalities

"I've been saying this for years now, why is it I was going to meetings 25 years ago to talk about the overrepresentation of black men in the mental health system and 25 years on that it still happening? Why is it that mental health inequalities are still happening?" (Service user, Think Ahead interview)

For years, the evidence has shown that black men are far more likely than others to be diagnosed with severe mental health problems and far more likely to be sectioned under the Mental Health Act.

While we need to improve the data analysis and evidence gathering of how to tackle these health inequalities, we also need action. We welcome the proposed changes to the Mental Health Act to tackle these inequalities by empowering people with mental health problems and providing more therapeutic, people-centred provision. However, as set out above, without additional resources, a more coherent approach to data and evidence, and a focus on providing a holistic response that considers all the life issues and prejudices faced by diverse communities, we will not resolve long-standing inequalities in public health.

3)Co-production with people with lived experience of mental health services.

We have heard there is progress in this area. That increasingly services understand the role of co-production and the utilisation of peer support networks to provide support to service users. However, terms such as 'co-production' are not uniformly understood and therefore

the approaches are inconsistent. With the increased pressure on services, it is approaches like co-production that are often the first to be de-prioritised. To ensure effective and consistent implementation, resources need to be put behind how to implement co-production in a way that is truly transformational and not tokenistic. Examples of best practice must be analysed and then the learnings disseminated in a coherent and consistent manner.

Question 12: What values or principles should underpin the plan as a whole?

Based on all the inputs we have received to inform this consultation response; we would recommend prioritising these three principles:

1. Everyone with a mental health problem deserves the right to flourish, in whatever way is right for them. To achieve this, the workforce who support them must also be flourishing.
2. We break down a 'them and us' division between professional and service user; so that the way we support the mental health workforce reflects our understanding that mental health professionals have challenges of their own and need to work in safe, supportive environments.
3. The 'social approach' to mental health is not a 'nice-to-have': it is fundamental to not only reducing risk, but to supporting someone to live independently and not become dependent on services over many years.

QUESTION 14: How can we improve data collection and sharing to help plan, implement, and monitor improvements to mental health and wellbeing?

The frontline professionals we have spoken to emphasise these three ways to improve the collection and use of data:

- Ensuring a cross-departmental approach to data collection and analysis: understanding that the impact measured by one service is of such increased value if seen alongside data of other agencies. Creating a common-sense approach to data analysis where the outcomes are measured in a way to ensure people are supported to live independent and happy lives, rather than being discharged.
- Providing the resources to ensure local agencies and services can recruit data and research expertise in-house, who are able to support practitioners in how to effectively use systems and how to understand and utilise the data to inform practice.
- Creating means to empower service users to have access to information about their own care plans.

Conclusion

What we have set out above is not exhaustive. It largely retains a focus on workforce issues as that is our expertise and experience. It is where we can most add value. The brilliant and dedicated work in this sector is too extensive to list.

We all know things need to change. It is not enough to help people with mental health problems to simply become ‘safe’ (even though that is profoundly challenging in itself); we want people with mental health problems to flourish: to feel respected, to have dignity, to have hope in a future that feels right for them. We must transform the way the workforce is supported to go any way to making this aspiration a reality.

Setting out our ideas and insights into what can improve the workforce challenges is just the beginning. We look forward to working with DHSC, sector partners, our trainee social workers, our programme alumni, and people with lived experience to make these aspirations a reality.

Appendix A

Full list of questions in the DHSC consultation link

1. How can we help people to improve their own wellbeing?
2. Do you have suggestions for how we can improve the population's wellbeing?
3. How can we support different sectors within local areas to work together, with people within their communities, to improve population wellbeing?
4. What is the most important thing we need to address to reduce the numbers of people who experience mental ill-health?
5. Do you have ideas for how employers can support and protect the mental health of their employees?
6. What is the most important thing we need to address in order to prevent suicide?
7. What more can the NHS do to help people struggling with their mental health to access support early?
8. Do you have any suggestions for how the rest of society can better identify and respond to signs of mental ill-health?
9. How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?
10. What needs to happen to ensure the best care and treatment is more widely available with the NHS. We want to hear about the important issues to address in order to improve the NHS mental health care and treatment over the next 10 years.
11. What is the NHS currently doing well and should continue to support people with their mental health?
12. What should our priorities for future research, innovation, and data improvements over the coming decade to drive better treatment outcomes?
13. What should inpatient mental health care look like in 10 years' time and what needs to change in order to realise that vision?
14. What values or principles should underpin the plan as a whole?
15. How can we support local systems to develop and implement effective mental health plans for their local population?
16. How can we improve data collection and sharing to help plan, implement, and monitor improvements to mental health and wellbeing?