

Major Conditions Strategy – Call for Evidence Think Ahead Response

How we can better support those with mental ill health?

We need a properly resourced workforce. People with mental health problems will never be treated with the respect and support they deserve, unless the same is given to people employed to help them.

Mental Health Workforce – Recruitment & Retention

1) Recruitment

The mental health workforce needs to be better staffed, focusing on both recruitment and retention, reducing churn and system delivery costs.

We recommend an engaging national recruitment campaign to raise awareness of mental health roles and professions highlighting different career routes and trajectories and challenging misconceptions. The campaign should target underrepresented groups for workforce diversity and invest in candidate management to increase uptake of new and existing roles.

2) Retention

Flexible and supportive working environments will improve retention. Flexibility should be carefully balanced against increasing demand for MH services.

Employees should feel supported, cared about, and given resources, skills, flexibility and time to do their job well.

We recommend a cross-sector policy commission to examine and improve working conditions for mental health professionals and support staff.

New mental health roles in Primary Care settings

More qualified mental health staff in GP surgeries and community pharmacies would reduce patient wait times and MH crisis through early intervention.

We recommend:

- MH specialists in GP surgeries and pharmacies to triage and support people with MH issues, working alongside Social Prescribers to support and signpost people to MH voluntary sector and community services.
- MH specialists based in A&E to provide immediate frontline care and support, and referral to community-based crisis and recovery services where in-patient treatment is not required.
- Training and development of new roles (e.g. Mental Health Personal Independence Co-ordinators) in every MDT.
- Trained workforce to extend IAPT and other therapeutic community support.

A Mental Health training and development approach in the wider social sector

We need better mental health awareness and understanding in the wider public-facing services who are often engaged with people facing life challenges that affect mental health and wellbeing.

This can be achieved by:

- Ensuring the health and social care system, and community support services, are informed about mental health and trained to respond compassionately, referring to specialist services where needed;

- Upskilling all health and social care staff with suicide-specific training. This enables identification of potential suicidal ideations and a workforce confident to intervene and refer to appropriate services.

Social approach to mental health throughout all services

Our response to mental distress needs to understand the whole person and their societal factors.

All mental health services and allied or complementary workforces should understand the social approach.

Unmanageable caseloads hinder the social approach as staff prioritise urgent crisis or medication issues.

We recommend further investment in training and development of specialist mental health social workers, who provide essential connections between diagnosis, treatment and social interventions, and statutory and non-statutory community services.

Currently, funding allows for only 160 entrants per year to Think Ahead's specialist mental health training programme. This funding does not keep pace with growing need for social work support for an increasing prevalence of mental health issues.

How can we better enable health and social care teams to deliver person-centred and joined-up services?

The response to mental ill health can only be effective if agencies, and in particular local authorities and NHS trusts, are working together with joint aims and complementary approaches to mental health and wellbeing. 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.

The social approach to mental health is fundamental and should be applied in all mental health services, both statutory and non-statutory, and across the wider voluntary and community sector partnerships to ensure an effective person-centred support model.

We recommend:

- Increased mental health knowledge and understanding across all health and social care teams, and in every MDT through consistent, nationally recognised training and development programmes- mental health is an issue that affects every person, every professional, every team.
- Better access to and use of data and technology - technology can facilitate effective information sharing to ensure people are not required to repeat their stories and trauma to professionals, causing anxiety and delay in accessing care, treatment and support (this is particularly relevant when thinking about trauma and mental health). Increased investment in technology, including person-centred diagnostic and therapeutic tools, within integrated care systems aids continuity and consistency in support and treatment, dismantles barriers between services and sectors, and creates opportunities for robust outcome measurement, improving joined-up services and creating new

efficiencies and positive impact. A focus on recruiting teams that are diverse, reflecting the communities they serve, and that have wellbeing support in place to look after them and their own mental health and wellbeing.

- Multi-disciplinary forums sharing best practices in mental health awareness and support. Forums to include medical and social services including the wider VCSE and public sector to ensure effective person-centred, joined-up services.

How can we make better use of research, data and digital technologies to improve outcomes for people with, or at risk of developing, the major conditions?

According to Think Ahead research, the poor implementation of data and technology was the third biggest factor in preventing mental health social workers do jobs effectively.

To optimise the use of research, data and technology we need to:

- Ensure 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.
- Provide 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.
- Create means to empower service users to have access to information about their own care plans.
- Research, data and technology needs to be focussed on outcomes. There need to be real-world outcomes from the research and data – not just numbers. Focussing on MH outcomes is not just a moral imperative, but also a practical one if we want the UK to prosper.
- Identify and share best-practices. If something is working, it should be embedded in other places where appropriate. Research needs to be conducted to identify these practices in a systematic way.
- Appropriate training and equipment for staff. It's critical to the effectiveness of the use of technology that staff are confident in data-input and analysis of the results and findings.
- Better information-sharing across medical services. Effective technology needs to be in place to ensure that mental health concerns raised in any medical setting (whether someone is specifically seeking mental health support or raising a mental health concern as part of a medical visit for a different medical complaint) are flagged, stored and retained. This information needs to be made available and shared with all relevant services, whether that's primary care providers or wider mental health services.