

Response to the Department of Health and Social Care consultation on the Government's mental health and wellbeing plan

Public summary

Overview

In April 2022, the Department of Health and Social Care (DHSC) opened a [call for evidence](#) to inform a new cross-government, 10-year plan for mental health and wellbeing for England. [Our response to this call for evidence](#) was based on our previous policy work across a broad range of topics with relevance to mental health, as well as evidence from Academy programme participants and grant awardees, people with lived experience of mental health issues, and members our elected Fellowship, which includes some of the UK's foremost experts in clinical and academic psychology, psychiatry and neuroscience.

Here, we summarise the main issues we raised in our response to the call for the evidence, which consisted of a range of questions covering promoting wellbeing, prevention, early intervention, treatment and support for those in crisis. Our full response to the call for evidence, including a list of contributors, [can be found here](#) or at acmedsci.ac.uk/policy/policy-projects/mental-health.

Note: As the call for evidence asked only for answers to a specific series of questions, this summary was not submitted to DHSC.

Summary of the Academy's response to the DHSC mental health and wellbeing plan call for evidence

Across the potential stages of intervention for mental health, from promoting wellbeing and prevention to treatment and crisis support, there are several common themes that we believe should be central to the Government's mental health and wellbeing plan:

Research as an integral part of the 10-year plan

Research that is innovative, inclusive and collaborative is key to understanding the causes of mental health issues at an individual and population level, and for finding new effective ways of preventing and treating them. It is imperative that research is central to the development, evaluation and implementation of the Plan, and that the Plan sets out how research related to all stages of intervention will be supported. Research must not only be considered in relation to treatment, as it is in the discussion paper, but must underpin the Plan from start to finish.

We highlight priority areas for research throughout our response, including:

- An update of the Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) survey

- Longitudinal cohort studies to study environmental and genetic mental health risk factors and the effectiveness of interventions
- Quantitative and qualitative research to identify the causes of increasing rates of mental ill-health in children and young people
- Research to evaluate the effectiveness of social interventions
- Basic and clinical research to develop and evaluate new innovative treatments and interventions, including digital and technological innovations for treatment and service delivery
- Research to understand the interactions between mental and physical health
- Implementation research for translating research into practice
- Research to identify the most effective ways to promote mental wellbeing and prevent poor mental health in young children

The Government, research funders, regulators and the NHS all have a role to play in supporting mental health research and ensuring research is translated into benefits for patients. Key priorities should be boosting investment in mental health research, building capacity for research in the healthcare system, improving data sharing, linkage and access, increasing the involvement of people with lived experience, and strengthening interdisciplinary and multi-centre collaboration. The Academy has identified a specific need for an integrated national training scheme for mental health to encourage and support healthcare workers to partake in academic training and research.

Taking a holistic approach to prevention and tackling inequalities

There is ample evidence that economic and social factors, such as poverty, unemployment and housing and/or food insecurity, have some of the biggest impacts on a person's mental wellbeing and mental health. The Plan, and the Government's broader health agenda, must look to address these determinants and the vast inequalities in mental health that derive from economic and social inequality. The plan must place a focus on building healthy and resilient communities that promote good mental and physical health, instead of placing the onus on individuals. This will involve working with communities as equal partners, empowering them to design and deliver interventions tailored to the communities they serve.

The environment within which a child is born and raised is a strong predictor of child mental and physical health, and subsequently their health in later life. Prevention must therefore start early in life, focussing on how to ensure that all children are raised in an environment that promotes good mental health and considering the role of all individuals and organisations that will have contact with a child from conception through to adolescence. Greater investment is needed in support for families and prevention in schools.

Investing in services and building workforce capacity

Mental health services and their workforce (including the research workforce) are working at capacity, with a number of our Fellows referring to it as a 'workforce in crisis'. Both early intervention and harnessing the benefits of research for patients and the workforce are dependent on relieving workforce pressure and boosting capacity in the system. This means recruiting, training and supporting staff across all services within and outside of the NHS, from psychiatrists, psychologists and psychotherapists to mental health nurses, school nurses and counsellors and members of the voluntary and community sector. Priority areas for increased investment include Child and

Adolescent Mental Health Services, perinatal services, Improving Access to Psychological Therapies (IAPT), and acute hospital care and crisis support.

A cross-Government, cross-sector plan

As many of the causes of mental ill-health fall outside of the control of the healthcare system, many different systems and parts of society will need to come together to prevent and treat mental health issues. The Plan should set out the structures that will be put in place to enable a cross-Government and cross-system approach that coordinates efforts across the education, work, health and social care, justice, public health and voluntary and community sectors. A key facilitator of this approach will be data linkage between systems to enable service delivery and research.

Involving people with lived experience, their families, caregivers and communities

Meaningful involvement of patients, their families and caregivers must be central to the development, implementation and evaluation of the Plan and any subsequent actions, and mental health policy and research more broadly. This will ensure that interventions are designed with the needs of those they serve in mind, and to foster trust in service providers. Attention must be paid to involving all individuals and communities, particularly those who experience poorer mental health outcomes such as people of Black and ethnic minority backgrounds, men, and younger people.

The voluntary and community sector plays an invaluable role in prevention and treatment of mental ill-health, taking pressure off public services and delivering interventions that are accessible and tailored to the needs of their communities. The Plan should consider how voluntary and community organisations can be better supported and linked with other sectors, including the health and social care and education systems.

Championing a personalised and integrated approach to health

People with the same mental health diagnosis can experience different symptoms and require different interventions. We must therefore move towards a targeted and personalised approach to prevention and care. As well as being critically dependent on workforce capacity, this also requires interdisciplinary research to develop new treatments, new modes of service delivery and a better understanding of which interventions work best for which people. Given the impact of physical health on mental health and vice versa, there is also a need to enable services and the workforce to deal with physical and mental health issues in an integrated way.

The Academy of Medical Sciences

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