**Mental health and wellbeing plan consultation**

The government has committed to develop a new cross-government, 10-year plan for mental health and wellbeing for England. As part of the process to develop the plan they have recently published [a discussion paper and call for evidence consultation](https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence).

The 10-year Mental Health and Wellbeing plan will apply to all ages and cover a wide spectrum of mental health issues from prevention up to crisis. The government has stated it is committed to improving mental health and wellbeing outcomes, particularly for people who experience worse outcomes than the general population. They state that this is part of their commitment to ‘level up’ and address unequal outcomes and life chances across the country. The discussion paper asks six main questions:

* How can we all promote positive mental wellbeing?
* How can we all prevent the onset of mental ill-health?
* 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 conditions?
* How can we all support people living with mental health conditions to live well?
* How can we all improve support for people in crisis?

The LGA will be submitting a response, and this is an opportunity for Children and Young People Board members to contribute their views on what the response should highlight. The Community Wellbeing Board has also discussed the consultation. The submission will also include contributions from other LGA policy areas, such as welfare and leisure, to reflect the wider contribution of councils to mental health.

The closing date for submission to the consultation is 7th July 2022. The final LGA submission to the consultation will be signed off by the Lead Members of the Community Wellbeing Board and the Children and Young People’s Board.

**Key messages to highlight in our submission:**

**Local government has a key leadership and delivery role in promoting good mental health and wellbeing in local communities.**

Councils make a vital contribution to promoting good mental health in individuals and communities. Roles and responsibilities include:

* + system-wide local leadership through health and wellbeing boards, integrated partnerships and place-based care and support systems
	+ public health responsibilities to promote mental wellbeing and prevent poor mental health throughout the life course and commission a range of services that can be considered part of the wider mental health support system, such as school nursing mental health support in schools and drug and alcohol misuse services.
	+ statutory duties and powers related to mental health for children and young people and for adults under the Mental Health Act
	+ the overview and scrutiny of mental health provision
	+ councils have a critical role to play in reducing health inequalities and enhancing inclusion and cohesion within their communities. Covid has worsened inequalities and led to increased mental health.
	+ provision of wider council services that promote wellbeing and combat loneliness and social isolation, such as libraries, green spaces and commissioned voluntary and community services.
	+ a range of support to refugees and asylum seekers
	+ promotion of economic growth and employment and how it relates to mental health. Positive support for the workforce in councils.
	+ wider council functions contribute to good mental health and wellbeing – not just social care - but housing, employment, culture and leisure.

**Support for children’s mental health is a priority.**

Local authorities have a vital role in helping children have mentally healthy childhoods, including the provision of affordable and secure housing, green spaces, leisure and culture activities, and crucially through the provision of community-based early intervention and prevention services, which help children and families stay well and address issues before they reach crisis point.

The pandemic has exacerbated existing mental health issues among children and young people. The number of children with mental health problems seen by social workers has increased by a quarter, amounting to 1500 children presenting to councils each week[[1]](#footnote-2). However, even before this children’s mental health services had seen a massive increase in demand, with the number of children referred to mental health services increasing by nearly 60 per cent between 2017/18 and 2019/20[[2]](#footnote-3).

We are calling for fully funding the whole system of children’s mental health support to make sure that children get the help they need, when they need it. That includes early help to prevent children reaching crisis point.

The LGA says that the wellbeing for education return and recovery funding the government provided to councils is “a small amount of money given the scale of need being presented to schools, councils and health services”. It wants to see “long-term sustainable investment in the whole system of children’s mental health support”

**Maternal and perinatal mental health**

Ensuring that all women receive access to the right type of care during the perinatal period is needed to reduce the impact of maternal mental health problems for the mother and family during pregnancy and beyond, for the first two years of life on infant mental health and the child’s future adolescent and adult mental health. Infant mental health is crucial to the long-term development of good mental, physical and emotional health and wellbeing throughout the whole life course.

Councils want a properly resourced, integrated workforce plan that underpins the recently refreshed Healthy Child Programme. A workforce strategy should recognise that health visitors working in local government play a pivotal role in improving maternal mental health and ensuring all children get the best possible start in life, as well as recognising vital mental health support provided by school nurses.

**Investment in early intervention and prevention helps reduce long term mental health.**

To achieve better mental health for everyone, we need a system wide focus on early intervention and prevention. 75 per cent of mental health disorders start by 24 years of age. Good mental health starts at conception and continues into childhood. Intervening early to prevent mental health problems developing, or to treat and support children, parents and families before problems progress is essential.

**Local government needs sufficient and sustainable funding**.

Local government needs sufficient and sustainable public health and social care funding to enable councils and their partners to harness all their services and assets to help the whole population to be mentally healthy, prevent the escalation to more costly clinical services and work with health colleagues to support people of all ages while they are mentally unwell and to support their recovery.

We want councils to be regarded as equal partners alongside the NHS in improving the nation’s mental wellbeing. The mental health and wellbeing plan is an opportunity to recognise local government’s role and ensure that local, regional, and national partners can best work together.

**Health inequalities**

Councils have a critical role to play in reducing mental health inequalities and enhancing inclusion and cohesion within their communities.

There are clear links between poor mental health and health inequalities[[3]](#footnote-4). Children from low-income families were four times more likely than those from the wealthiest households to have a serious mental health difficulty by the time they left primary school. Unemployment and poverty have always been associated with poorer mental health and a higher risk of death from suicide. And rates of mental health problems can be higher for some BAME groups than for White people[[4]](#footnote-5).

Furthermore, studies of the mental health impacts of the pandemic have indicated that the inequalities that were already there have been exacerbated during the last two years. People with the least resources and lowest incomes; communities experiencing racial injustice; women and children facing violence and abuse at home; and people living with long-term physical conditions have all been hit harder by the pandemic and its impacts on mental health. People living with mental health conditions have reported losing both informal networks and essential services during the lockdowns, and there is evidence that deaths from COVID-19 have been three times higher than average for people with psychosis[[5]](#footnote-6).

**Poverty and mental health**

There is a strong link between poverty and poor mental health[[6]](#footnote-7). The LGA and councils are undertaking some projects addressing this issue.

As part of the Cabinet Office Fairness Group, we are working with a range of partners, including government and advice providers, on the development of the ‘vulnerability toolkit’, which provides advice and guidance to public sector organisations on identifying and supporting vulnerable debtors. This includes people with mental health conditions. We also worked with government on the development of the debt respite scheme for mental health called Breathing Space.

Councils are working with DWP alongside other key stakeholders to ensure that appropriate support is provided to vulnerable claimants during the final stages of implementation of Universal Credit.

**The mental health needs of asylum seekers, refugees and people resettling from Ukraine**

Asylum seekers and refugees often have significant underlying physical and mental health problems, caused by factors arising before, during and after migration. These include experiencing conflict, violence, danger, exploitation and loss, uncertainty around housing, finances and employment during the process of seeking asylum, challenges accessing care, and potential discrimination from healthcare professionals and the local community[[7]](#footnote-8).

The mental health needs of people being resettled from Ukraine are likely to be substantial. Resettlement needs are likely to be longer term, as recognised in other schemes. In addition, the £10,500 is only for the Homes for Ukraine scheme, whereas those coming under the family visa scheme will still need local services which will need to be funded by councils.

There are existing capacity issues with translation services, English for Speakers of Other Languages (ESOL) provision and health services, particularly mental health support.

**Mental Health Act reform**

The Government announced in the Queens Speech on 10th April that it will publish draft legislation to reform the Mental Health Act. The LGA supports the reform of the Mental Health Act. We welcome the ambition to achieve meaningful change for people living with severe mental illness, and the central role of local government in supporting this**.**

The new Act will represent a significant and complex change with wide-ranging practice, workforce, service delivery and funding implications for councils. Reform must be supported through investment in social care, and the funding for partners to develop a broader range of appropriate specialised mental health support in the community.

Achieving a reduction in people being detained in hospitals due to their mental health is not solely about legislative change. There also needs to be alternative treatments and services available commissioned by councils in the community, as well as NHS services. There needs to be a system-wide shift in policy and resources away from medicalisation of mental ill health, to early intervention, prevention, and support for recovery through integrated community-based services.

The success of the new Act will require the NHS and councils working in partnership. More needs to be done to fully embed mental health into integrated care teams, primary care, urgent and emergency care pathways. The Health and Social Care Act provides a base on which to build a more collaborative culture.

**Employment**

The effect of lockdown took its toll on peoples’ mental health, with the Health Foundation predicted a rise in referrals across England for the next three years at an annual additional cost of around £1.1 billion. Joined up services are critical to support some groups back into work, especially long-term unemployed people and those with long-term physical and mental health issues who may struggle to get into, retain and progress in work which affects their confidence, pay, living standards and productivity.

Alongside this there is a growing awareness of the relationship between health and prosperity, with differences in health helping to explain productivity gaps between places. The Levelling Up White Paper rightly stresses the link between people’s health, education, skills and employment prospects and focuses on policies to ensure everyone, wherever they live, has the opportunity to lead healthy and productive lives. The forthcoming Disparities White Paper and the Cross Government Forum on Health Disparities should offer more place-based solutions. Where local government has more flexibility to work hand in hand with providers from the outset, there are positive outcomes.

Poor health is one of the greatest barriers to finding and retaining a satisfying and rewarding job and wider involvement in society. Conversely, having high-quality employment and being socially connected are key factors in a person’s health and wellbeing. Councils have developed [many innovative interventions](https://www.local.gov.uk/publications/inclusive-economies-and-healthy-futures-supporting-place-based-action-reduce-health#foreword) over recent years in these areas. Such interventions help their citizens to acquire the skills and opportunities to find work that suits them, overcome barriers to work and engagement in society, and become more healthy, active and resilient.

Councils themselves provide a range of support to staff to support health and wellbeing and we will provide examples and benefits of support.

1. <https://www.local.gov.uk/about/news/surge-children-mental-health-problems-seen-councils-during-pandemic> [↑](#footnote-ref-2)
2. <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/01/cco-the-state-of-childrens-mental-health-services-2020-21.pdf> [↑](#footnote-ref-3)
3. [CentreforMH\_Inequalities\_Factsheet.pdf (centreformentalhealth.org.uk)](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_Inequalities_Factsheet.pdf) [↑](#footnote-ref-4)
4. [BAME and mental health | Mental Health Foundation](https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities) [↑](#footnote-ref-5)
5. <https://www.manchester.ac.uk/discover/news/people-with--schizophrenia-five-times-more-likely-to-die-from-covid-19/> [↑](#footnote-ref-6)
6. <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty> [↑](#footnote-ref-7)
7. <https://www.rcpsych.ac.uk/international/humanitarian-resources/asylum-seeker-and-refugee-mental-health> [↑](#footnote-ref-8)