



UNIVERSITY OF  
BIRMINGHAM

**University of Birmingham Mental Health Policy Commission**  
***Closing the Treatment Gap: From a Treatment to a Prevention Paradigm***

This is an invitation to submit evidence to the Mental Health Policy Commission on Closing the Treatment Gap, hosted by the University of Birmingham.

The Commission is issuing this call for evidence in order to investigate: mental health strategies based on prevention; community strength or asset-based and early intervention approaches that have the potential to reduce the number of people experiencing poor mental health; supporting people to self-care; and intervening earlier to reduce the risk of problems becoming entrenched.

The Commission has been established to:

1. Critically examine the evidence base to support a new paradigm for mental health based on mental health promotion and illness prevention;
2. Draw on domestic and international evidence of promising models of practice both in public agencies, Non-Governmental Organisations (NGOs), International Non-Governmental Organisations (INGOs), and civil society organisations to address the treatment gap;
3. Devise a framework to understand the health economic and workforce implications of scaling up current models of mental health treatment and management to identify the potential gap;
4. Consider the workforce implications of a new paradigm;
5. Make public policy recommendations to support the shift of paradigm; and
6. Identify partners to work with on a field-test phase to refine the proposed model and support its spread and adoption.

The Commission is chaired by the Rt. Hon. Professor Paul Burstow. The Commission's membership is attached at Annex A and the terms of reference are attached at Annex B.

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## **1. Introduction**

NHS England established a Mental Health Task Force, chaired by Paul Farmer, to report on actions to improve mental health in England. This report built on the Children's Mental Health Task Force that reported in 2015 and set out the challenges and ambitions for improving access to mental health services. [The Five Year Forward View for Mental Health](#) was published in February 2016 and predominately focused on scaling existing treatment models. The recommendations of the *Five Year Forward View for Mental Health* were largely welcomed by NHS England in the report *Implementing the Five Year Forward View for Mental Health* published in July 2016 and in the report *Delivering the Five Year Forward View for Mental Health: Developing quality and outcomes measures* published by NHS England and NHS Improvement in July 2016. However, the *Five Year Forward View for Mental Health* also reflected the strong message of the Task Force Public Consultation, namely to emphasise the importance of prevention. In particular, the Task Force recommended that Public Health England develop a Prevention Concordat. The *Five Year Forward View for Mental Health* identified that an additional £1 billion investment is required, and the UK Government has since committed to making this investment by 2020. The Commission welcomes this investment, but questions whether this will be sufficient to close the treatment gap by 2020. The investment is crucial, but the Commission aims to demonstrate that prevention and early intervention are key areas of investment and can provide good value, both social and economic, across public services.

The Commission will build on the work of the Centre Forum Commission on Mental Health whose 2014 report, entitled [The pursuit of happiness: a new ambition for our mental health](#), outlined the importance of a co-ordinated approach towards mental health comprising universal services and targeted interventions, and reinforced the role of primary care organisations in addressing mental health.

The Commission is therefore issuing this call for evidence in order to investigate: mental health strategies based on prevention; community strength or asset-based and early intervention approaches that have the potential to reduce the number of people experiencing poor mental health; supporting people to self-care; and intervening earlier to reduce the risk of problems becoming entrenched.

## **2. The context for considering a paradigm shift**

There is a significant gap between the prevalence of mental health problems and people who are offered support which results in poor outcomes, cost shunting, lost opportunities and, ultimately, shortened lives. Mental illness accounts for 23 per cent of the disease burden and has been estimated to cost the UK economy £110 billion a year. Between 1990 and 2010, UK disability adjusted life years (DALYs) for mental and behavioural disorders rose by 17 per cent, whilst DALYs overall fell by 8 per cent.

Statistics show the current treatment gap between prevalence and treatment, and the gap is shocking: one in six adults have a common mental disorder (CMD), but only one in three are receiving treatment; one in ten children have a diagnosable mental health problem, yet only one in four receive access to treatment. For some population groups this gap is even greater because of the barriers to accessing appropriate support. Access to mental health treatment is falling short of need. When combined with the fact that those with serious mental health problems currently have the same life-expectancy of the general population in the 1950s, there is a clear case for investing in mental health services.

The *Five Year Forward View for Mental Health* acknowledged that ‘The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services’. To facilitate this, it identified that an additional £1 billion investment is required to close the treatment gap; the UK Government has since committed to making this investment and has pledged an extra £1bn by 2020 to deliver the recommendations of the Task Force and to improve mental health. The Commission welcomes this investment, but questions whether it will be enough to close the treatment gap by 2020.

Closing the treatment gap requires a shift in paradigm. The Commission seek evidence to support a move away from the paradigm of treatment and containment and towards a paradigm of prevention and early intervention. In other words, the Commission believes that the treatment gap needs to be closed by reducing the demand for access to mental health services. Simply up-scaling the current service models cannot close the treatment gap; instead the population requiring treatment needs to be downsized.

The Commission seeks to determine how this new paradigm can be developed and to demonstrate that prevention strategies, early intervention approaches, community strength and asset-based approaches, and supporting people to self-care in public services can help to reduce the current treatment gap.

### **3. How to contribute**

There are three sections to this call for evidence.

[Section 4](#) asks specific questions which respondents are invited to answer. Some of these questions may not be relevant or of interest to you, and those making submissions are welcome to address any or all of these questions.

Alternatively, you may address the areas for consideration in [Section 5](#) if this is more appropriate.

Once either Section 4 or Section 5 has been considered, respondents are then invited to consider the ‘request for knowledge’ in [Section 6](#).

Respondents are invited to submit papers, documents, and any other material to support their responses. If you do not wish to provide a written response, the Commission also welcomes the submission of collections of published or unpublished papers, documents, data, etc. that you think would be beneficial to the Commission and/or should be considered by the Commission.

The Commission will consider all evidence and your response to this call for evidence will shape the Commission’s activities, lines of enquiry, and, ultimately, the final report. The Commission will be engaging with policy-makers and liaising with national media outlets. Your evidence and your responses may therefore influence policy-making on a national level, and, where appropriate, may be cited on national platforms and in published reports.

#### **4. Call for evidence – questions**

The Commission invites respondents to consider any or all of the following questions:

- a. What prevention strategies, early intervention approaches, community strength or asset-based approaches can be effective in improving mental health and resilience and in reducing the demand for mental health care?**
  - i. Are these universal or targeted towards particular groups of people?
  - ii. What principles should be at the centre of such strategies and approaches, and what evidence is there to demonstrate that these principles inform good practice and result in positive outcomes?
  - iii. Do these strategies and approaches involve and include family, friends, carers, and social networks?
  - iv. Do these strategies and approaches reach out successfully to potentially marginalised or excluded social groups?
  - v. Do these strategies and approaches help to tackle the stigma associated with poor mental health?
  - vi. What are the financial and resource needs of these strategies and approaches?
  
- b. What resources and approaches can enable people with mental health difficulties, their families, and their social networks to manage their mental health more effectively and hence lead more satisfying and productive lives with less need to access mental health services?**
  - i. What are the benefits and limitations of current models or practices – and what other approaches would you recommend?
  - ii. How do personal budgets or other mechanisms enable people to manage or enhance their mental health?
  - iii. How can people be enabled to participate in education, employment, volunteering, or other meaningful activities?
  - iv. What family / community focussed resources or interventions are effective in enabling social participation and inclusion?
  - v. Do these approaches reach out successfully to potentially marginalised or excluded social groups?
  - vi. What maximises people's ability to sustain wellness in the long-term?

**Respondents are welcome to address any or all of the above questions. Respondents are invited to submit papers, documents, and any other material to support their responses.**

## **5. Call for evidence – areas for consideration**

The Commission invites written submissions on any or all of the following areas for consideration. Respondents are invited to submit papers, documents, and any other material to support their responses.

- a. The role of different organisations in contributing to better mental health outcomes and reduced demand for services, including:
  - i. Local authorities, police and transport police, fire services, schools, youth services, and drug and alcohol services;
  - ii. Primary care;
  - iii. Secondary health care services, including A&E and psychiatric liaison services;
  - iv. Specialist mental health services;
  - v. Voluntary and independent sector;
  - vi. Local and informal community organisations, support groups, faith groups, etc.
- b. The effectiveness (or otherwise) of current policies, guidelines, and funding structures in enabling organisations to contribute to better mental health outcomes and reduced demand for services.
- c. Implementing new approaches and ways of working. What are the enablers and barriers to scaling-up existing effective models and recruiting and developing the workforce to deliver them?
- d. Mental health in the workplace, including:
  - i. Recruitment issues;
  - ii. Support to employers and employees when employees encounter mental health difficulties;
  - iii. Return to work pathways.

## **6. Call for evidence – request for knowledge**

The Commission invites respondents to tell them any or all of the following. Respondents are invited to submit papers, documents, and any other material to support their responses.

- a. The factors influencing the increasing prevalence of mental health problems;
- b. The social and economic costs of poor mental health;
- c. Experiences of the operation of public services in relation to mental health;
- d. Examples of projects, services, innovations, or improvement work, including evaluations or assessments, which may be relevant to the work of the Commission;
- e. Views on the facilitators, obstacles to, and opportunities for improvement in the mental health and wellbeing of people in England;
- f. Views on the options and priorities for the future of population approaches to mental health and wellbeing in the UK.

The Committee also welcomes any other comments or information you think is relevant or should be considered.

## **7. Conclusion and next steps**

We look forward to receiving your opinions, experiences, and examples. These will help to build a picture of mental health services in the United Kingdom and elsewhere. The Commission will consider all evidence and the results from this call for evidence will help inform next steps.

## **8. How to respond**

We invite views on the issues and questions outlined and discussed in this call for evidence. We particularly welcome responses to the specific questions outlined in ‘questions and areas for consideration’. It is not necessary to respond to all the questions if you are not able to; you are welcome to provide answers only to the questions or issues that most interest you or that have the most relevance to you. You may also choose to focus solely on providing a response to the ‘general questions’ or ‘request for steers’.

The closing date for responses is **Friday 14 April 2017**

To help to build a picture of our evidence base, when responding to this call for evidence please state whether you are responding as an individual or whether you are representing the views of an organisation. If you are responding on behalf of an organisation, please specify in your response who you are representing.

You can reply to this consultation either:

By email to:

Francesca Tomaselli at [F.Tomaselli@bham.ac.uk](mailto:F.Tomaselli@bham.ac.uk)

By letter to:

Francesca Tomaselli  
School of Social Policy  
Muirhead Tower  
University of Birmingham  
Edgbaston  
Birmingham  
B15 2TT  
United Kingdom

## **9. Confidentiality and data protection**

Information provided in response to this call for evidence, including personal information, may be subject to publication or release to other parties or to disclosure in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004 or any successor legislation). There is also a statutory Code of Practice issued under section 45 of the FOIA with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us what information you regard as confidential and why you regard it as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding.

We will process any personal information provided in response to this call for evidence in accordance with the requirements of the DPA (or any successor legislation).

## **10. Comments or complaints on the conduct of this call for evidence**

If you wish to comment on the conduct of this call for evidence or make a complaint about the way it has been conducted, please write to Professor Paul Burstow.

Address:

Professor Paul Burstow  
School of Social Policy  
Muirhead Tower  
University of Birmingham  
Edgbaston  
Birmingham  
B15 2TT  
United Kingdom

Email:

P.Burstow@bham.ac.uk

## **Annex A – Membership of the Commission**

The membership of the Commission is as follows:

**Dr Susanna Abse**

Psychotherapist and Partner at The Balint Consultancy, former Chief Executive Officer of Tavistock Relationships, Executive of the British Psychoanalytic Council

**Andy Bell**

Deputy Chief Executive of the Centre for Mental Health, Co-Chair of the Future Vision Coalition, Trustee of Young Minds

**Professor Dame Carol Black DBE**

Senior Policy Advisor on Work and Health the Department of Health and Public Health England, Chair of the Board of the Nuffield Trust, Principal of Newnham College at the University of Cambridge

**Professor Paul Burstow PC**

Professor of Mental Health Policy at the University of Birmingham, Chair of the Tavistock and Portman NHS Foundation Trust, former Member of Parliament for Sutton and Cheam between 1997 and 2015, former Minister of State in the Department of Health between 2010 and 2012

**Jacqui Dyer**

Senior Management Board Lived Experience Advisor for the Time To Change campaign, Member of the Ministerial Advisory Group for Mental Health, former Vice Chair of the Mental Health Taskforce for England

**Professor Thomas Jamieson-Craig**

President of World Association for Social Psychiatry, Professor Social and Community Psychiatry at King's College London

**Dr Cynthia Joyce**

Chief Executive of MQ, former Executive Director of the Spinal Muscular Atrophy Foundation and Executive Director of the American Academy of Neurology Foundation

**Dr Karen Turner**

Director of Mental Health at NHS England

The advisors to the Commission are:

**Dr Karen Newbigging**

Senior Lecturer in Healthcare Policy and Management in the Health Services Management Centre at the University of Birmingham, and former National Lead for Gender Equality and Women's Mental Health at the Care Services Improvement Partnership

**Professor Jerry Tew**

Professor of Mental Health and Social Work and Director of the Family Potential Research Centre at the University of Birmingham and is currently leading a Department of Health funded evaluation of preventative approaches in social care

**Benjamin Costello**

Doctoral Researcher and Teaching Associate in the Department of Philosophy at the University of Birmingham and Research Associate to the Commission

## **Annex B – Terms of Reference**

The Commission will consider:

1. The contribution of asset-based approaches to community development in reducing the burden of poor mental health and how such approaches might best be spread;
2. The contribution and scale of early intervention supporting parents and infants necessary to make a significant reduction in the demand for mental health services in later life;
3. The contribution and scale of workplace interventions supporting employees to maintain their mental health and wellbeing necessary to reduce demand for mental health services;
4. How scarce healthcare resources are marshalled in Low and Middle Income Countries (LMICs) to deliver public mental health;
5. What individual and population level interventions the NHS, local government, and other public services should adopt to promote public mental health and wellbeing;
6. What the most promising range of individual and population level interventions are and the health economic case for them.