

# A second pandemic

Improving mental health services for  
every generation



Briefing paper  
By Pushkin Defyer, October 11th, 2021

**Centre**

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## About Centre

We are an independent non-profit foundation and cross-party think tank. Our mission is to rebuild the centre ground and to create a more centrist and moderate politics. We support better public services and a strong economy inspired by policies from the Nordic countries.

To achieve these goals, we work with people from across the UK and party politics. This includes engaging with politicians and our networks, which include academia, politics, and law.

Our work includes creating new conversations by hosting events and conducting interviews. We also produce new policy ideas to better inform debate, publish papers, and release articles. We aim to build consensus, shape public opinion, and work with policymakers to change policy.

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## **Foreword from former Member of Parliament Stephen Lloyd**

This is an important paper addressing a subject - mental health - which everyone agrees still remains woefully under-resourced or even properly understood.

The policy recommendations cover all ages from children through to pensioners, which is how it should be. When mental health issues are identified and supported early, clear evidence suggests better outcomes for those of our citizens who are affected.

This report should become recommended reading in the Department of Health, as well as across all the political parties at Westminster.

If we want to secure parity of care between mental and physical health, this report offers a blueprint of how to achieve such a goal.

A handwritten signature in black ink that reads "Stephen Lloyd". The signature is written in a cursive, flowing style.

Former Member of Parliament  
for Eastbourne



## Summary



As the UK fights COVID-19 with the vaccine rollout, the focus now needs to also be on a second pandemic, that of mental health after the pandemic. To do this, we need a unified NHS system for mental health.



For early years and education, we want a system that focuses on reducing the strains on young people, which includes exams and ensuring they can always receive help within schools.



Within the workplace, collective bargaining and representation on company boards will allow employees to have more influence over mental health support. We also propose establishing referral units in every workplace.



In later life, we need to ensure mental health is supported. Therefore, we want more community hubs to tackle loneliness, fix our broken social care system, and ensure they have enough to live on.

## **Introduction**

The approach to mental health within the UK is currently one of acknowledging the gravity of the issue but putting the onus on others to deal with it. The NHS is left chronically underfunded in constant crisis management with mental health while charities step in to plug the gaps. This is one of the government's most basic duties in ensuring its citizens' well-being. Whilst we like to see the NHS as a world-leading institution in healthcare provision, with accessible and good quality treatment, there are serious issues with the mental health system. Mental health solutions are often inadequate, with high referral thresholds caused by the NHS lacking sufficient resources. This means healthcare professionals sometimes have to wait for conditions to deteriorate before they can intervene. In the meantime, they have to offer piecemeal solutions which do not solve the issue.

The UK needs an ambitious and effective solution to our increasing mental health crisis by utilising existing settings used by much of the population, i.e. workplaces and educational settings, to identify, prevent, and offer comprehensive support to those who need it. We need to foster environments in these areas where mental health is put first. Not only will this benefit the health of the population, but taking more preventative and supportive measures will have knock-on effects on other issues, whether that is helping the workforce to be more productive by prioritising quality of work over quantity, or allowing those falling behind in our current one-size-fits-all approach to flourish in a new environment where people's needs are met and alternative methods of working are understood.

Mental health needs the funding and structural reform necessary to begin to tackle this crisis, which, while lamentable pre-COVID, may end up being lost due to a large influx of patients post-COVID. By utilising existing structures, we can address gaps in infrastructure and provide consistent support. At the same time, investing in research and supporting a wider range of therapies and prescription drugs will help address each individual's unique situation more effectively.

By doing all of these things we can create a lifelong support system which is comprehensive and addresses every individual's need.

Chapter one

# General population



Mental health within the UK is not a niche topic where a select few people suffer a great deal; it is a large-scale problem that can affect anyone and everyone for any reason. In England alone, a quarter of people will experience mental health difficulties in any given year, while 1/6th will experience common problems in a week<sup>1</sup>. Given this, it is a massive problem that we have not addressed properly. We have instead offered people an inaccessible, chronically underfunded system that can only deal with mental health difficulties when they grow into something extremely serious. Only one in four people who need support can access it<sup>2</sup>, while the quality and speed of services can drastically vary, with one branch in 2014/15 able to get nearly all of its patient's psychological therapy within 6 weeks, while another was only able to get 7%<sup>3</sup>.

With these statistics already outlining a vast pre-pandemic crisis, the situation has only worsened during the on-and-off restrictions of the past year and a half. With those most vulnerable and at risk of loneliness having to isolate themselves for their safety, with young people having to sacrifice much of their educational and social experiences, with millions having not received the financial support they deserve while others have been laid off, many have struggled to cope in the face of having to stay at home and not visit friends and family and even lose their only source of income. Indeed, 4 in 5 with existing mental health difficulties found the crisis made their situation worse or much worse, and over two-thirds said this was due to isolation, with nearly half stating they received less support<sup>4</sup>. This is only among those with existing difficulties, while others are sure to have experienced new difficulties.

We now face the two major tasks of not only dealing with the oncoming crisis and preventing NHS mental health systems from being overwhelmed while providing good quality care but also building and expanding the broken and disjointed existing infrastructure which could barely cope with pre-pandemic numbers. We need an ambitious set of reforms which target the issues and effectively transform NHS mental health services from a relatively small, underfunded and unappreciated department that works in constant crisis management to a large-scale national effort. It needs to put the nation's wellbeing first and lead the global conversation on mental health, doing what the NHS does best and setting an example for what other nations can do.

## Policy proposals

**An NHS umbrella.** In the short term, “The Strategy Unit have estimated £3–4 billion is needed...”<sup>5</sup> to expand capacity for mental health services by an adequate amount. However, in the long term, there needs to be a joined-up system where physical and mental health are treated as equals. First, local mental health provisions and charities should be brought under an NHS umbrella. This should also include social care and mental health staff being placed under the NHS pay scales. Second, there needs to be a wider increase in the number of mental health units and treatment centres so they are more accessible, people can access a wide range of support and can deal with greater demand. Finally, when it comes to inpatient care, we also need to increase funding for capacity to meet demand in local areas. This would prevent young people from having to travel hundreds of miles<sup>6</sup> due to no suitable services available within their local area.

**A single NHS IT system or compatible systems that cover both the mental health and social care systems.** This should not just be a new or updated set of IT systems for physical health services; it should also include data on mental health so people can easily access services wherever they are across the UK.

**A programme of drug decriminalisation and legalisation.** Alongside this, the government should fund trials and legalise the usage of medical drugs such as psilocybin as well as expand available mental health support beyond CBT. This will ensure we can give unique support to each individual who needs it as well as offering good quality services not based on unfounded fears of certain practices.

**An NHS watchdog.** This NHS watchdog would deal with failures in mental health services. This would include an accountability board to investigate failings within the system and to give appropriate or good-quality support where needed. It would also include a complaints system for those who feel they are being let down within the system.

Chapter two

# Education



While the general picture in terms of the mental health crisis is worrying in itself, when it comes to young people, the root cause can begin to be identified. 50% of mental health issues in the population can be identified by the age of 14<sup>7</sup> and 75%<sup>8</sup> by 24, while more than a quarter of UK 5–16-year-olds have probable or possible mental health issues<sup>9</sup>. Young people's mental health is not only the root of later problems; it is also currently in crisis, with suicide a leading cause of death and high rates of anxiety and depression<sup>10</sup>.

When it comes to actual support available for under-18s when experiencing mental health difficulties, children are let down by services such as CAMHS due to lack of consistent funding, structural issues, and over-reliance on already overstretched schools<sup>11 12</sup>. Many educators see the mental health system as inadequate and hard to access to support their students<sup>13</sup>. Going forward, we need to reassess how we deal with young mental health. At the moment, measures in place to support young people are disjointed and inaccessible, with high referral thresholds and long waiting times<sup>14</sup>. 75% of them are not receiving the support they need<sup>15</sup> as specialist services are turning away 1 in 4 children referred to them<sup>16</sup>. To create a solution which is not only both accessible and joined up but also truly supportive and targeted to the needs of individual pupils, we must utilise educational settings, so we not only tackle the issues with CAMHS but address the issues with mental health caused by educational issues.

Educational establishments are an ideal tool to end the mental health crisis in young people as nine million pupils attend some form of educational establishment in the UK<sup>17</sup>, and with almost all the 5-18-year-old population in school attendance. The use of schools as a tool to deal with mental health can have a significant impact on solving the issue and improving the quality of support many receive.

## **Policy proposals**

**Integrate CAMHS into the education system.** We believe we must integrate mental health referrals into state schools and universities. This would involve at least one trained individual within each school or university campus. Integration should also be offered to private universities and schools. This will ensure schools and CAMHS can work closely together to ensure solutions for every child can be adapted into their educational environment.

**Reform OFSTED.** OFSTED will prioritise mental health inspection above all else, so even if a school is high in academic performance, their mental health provision must be sufficient to achieve a good score. They should also have the power to shut down schools or implement wide-sweeping regulations on schools that fail on mental health support for students. In the longer term, we are also calling for OFSTED to be replaced with an education watchdog, just as we are calling for across different public services, which would deal with school inspections. An anonymous complaints system for students will also be created in the face of poor mental health standards within educational establishments. This will allow parents and students to make a complaint if mental health standards are not being upheld. This would involve merging the existing Teaching Regulation Agency into the new watchdog and ensuring students can easily make a complaint with clear guidance.

**More flexibility for school lessons.** To help schools improve mental health provisions for pupils, the government must allow educators more flexibility in what provisions they put in place for lessons. For example, we believe the government should facilitate online learning and access to courses for all students free at the point of use so those unwell enough to be unable to come in person can access good quality work and not fall behind. As we have seen over the pandemic, schools can facilitate online learning at a good quality when they have the resources to do so. This greater flexibility will allow children in inpatient care—who currently receive sub-par education<sup>18</sup>, access to online learning and courses, enabling them to maintain a consistent education alongside their peers.

**Better prevention for mental health issues.** To prevent mental health issues from spiralling out of control and ending the culture of crisis management in Mental Health services, we need to implement and invest more in preventative measures. GPs, a lot of the time, fail to recognise young people's Mental Health<sup>19</sup>, and while it would be a simple fix to just add more information to GP syllabi to include youth mental health, we believe it would be more effective to have a specialised section with GPs that deal with this area to ensure a higher success rate of recognising at earlier stages and preventing mental health issues in young people, aided by the referral system in schools as well. This will ensure issues are caught either by schools or, if not, GPs. The government should also ensure there is training to recognise issues specific to vulnerable groups for GPs and school referral units.

**Reform exam systems.** A lot of mental health issues for young people come from exam pressures as educational institutions are seeing significant and increasing levels of mental health issues on campus. This is particularly with the reforms to A Level and GCSE tests making them more difficult to pass<sup>20 21 22</sup>. We see a similar situation in earlier years with SATs, not only do they put tremendous strain on children's mental health, but they also create an environment of teaching to the test, leading to shallow learning and putting sustained learning at risk, and they fail to have any effect in preparing pupils for further education and later employment<sup>23</sup>.

We must also look at the structural issues to deal with in our 'teaching to the test' culture in educational syllabi due to government-mandated tests and how they are structured. This is why we support scrapping SATs, which are both unnecessary and harmful, and shifting GCSEs toward coursework-based assessment, while also increasing the proportion of coursework in A Levels. This would put less pressure on students, reducing the number of high-stakes exams in the education system.

Our school-based referral and solution system, as well as greater funding for inpatient care, will ensure better and wider quality support. It will also ensure vulnerable groups will be accounted for more appropriately than in the current system<sup>24</sup>. Our solutions will allow a more specific and wider variety of support for each individual, benefiting those in vulnerable groups who will now receive support tailored to their situations. In inpatient care, students will also continue to receive the same level of education as peers online and greater funding will allow for better quality services for young people who need specific support.

Chapter three

# In the workplace



We propose integrating mental health services into the workplace, creating mental health hubs to tackle mental health issues. The workplace is a useful place to deliver mental health care in part because it has wide coverage. This is mainly because the UK currently has a low rate of unemployment for those over 16 years of age at 4.9% from February to December 2020. The UK also had 75.1% of the population between 16 and 64 employed between December and February 2020. This means any improvements to mental health support within workplaces have the potential to improve mental health outcomes in a large section of society, and workplaces provide a pre-existing meeting place to provide mental health care.

Introducing increased mental health support into workplaces will benefit businesses as well as improve the mental health of their employees. The financial cost of poor mental health in the business community amounted to a total sum of £45 billion in 2020, with 1 in 6 workers having mental health difficulties at any one time. We know that mental health issues cost our economy over 15 million hours of work a year. Public sector workers take an average of 3 sick days per year, which contributes to the UK's productivity issues and imposes an estimated 4.5% burden on GDP. Most of these issues come down to lack of support, with around half of public sector workers and just over 60% of private sector workers saying they felt supported when they came forward with mental health problems. However, there are also issues with workers' willingness to come forward about such problems.

We have the ability to not only save businesses costs of mental health and help go a long way in solving the UK's productivity crisis but also make drastic improvements in the lives of millions, with an estimate of every £1 invested in effective mental health support yielding £5 in return.

## **Policy proposals**

**Referral units for mental health within workplaces.** Referral units will be implemented within workplaces of over 250 employees. This will be a structured system with a workplace mental health professional who is able to refer employees to appropriate support. These referral units would also include ordinary workers who are trained as pastoral care officers who will ensure individual plans for each worker are kept to and fitted to their work life. Finally, there would be a safeguarding officer to deal with breaches or issues concerning the treatment of employees.

Smaller businesses with fewer than 250 employees will receive free government training for one staff member to act as a referral officer and another as a safeguarding officer. As businesses increase in the number of employees, the amount of training the government will pay for will decrease until the business has 250 employees.

For businesses with less than three people, the process would instead involve advice on how they can refer themselves to mental health services, although this training should be of the same quality as larger businesses receive.

These services should be available to those contracting with the company or those who are on internships, apprenticeships, or work experience.

**An anonymous complaints process.** This would be for businesses that fail in the quality of their mental health support. It would be set up to ensure issues are immediately and effectively dealt with. This will be a part of a set of government watchdogs we wish to set up to keep in check the private and public sectors and ensure they don't break collective bargaining agreements.

**Flexible working.** To ensure individual plans for mental health can be implemented as well as an environment where generally mental health is put first, workers will have a right to work from home and have flexible working hours. Companies that reject flexible working hours or working-from-home requests from an employee or employees will have to offer valid reasoning for doing so. This will only be accepted if they can prove this would obstruct the performance of their duties. Flexible working will also help smaller businesses to increase productivity and there will be potential financial benefits.

**Workers will have a right not to answer work-related contact from their employer out of hours.** This will be unless it is extremely urgent or is agreed to when applying for the job or in collective bargaining. This means workers can have their recreational time undisturbed with some separation between work and personal life.

**Give workers more say over mental health in workplaces with collective bargaining and workers on company boards.** This would involve the negotiation of legal agreements within each sector which will in part set out the mental health rights of employees and extra support within the workplace. Collective bargaining helps to reflect the diverse needs of each sector and workplace which can be catered for and updated regularly by those who know the businesses best, employers and their employees. This ensures high standards of mental health support from businesses alongside flexibility within each sector. This system would be backed up by ensuring that employees are elected to newly created supervisory company boards.

**A Guaranteed Minimum Income.** Where workers are unhappy to stay in environments and they feel their mental health is not valued, workers often end up unable to leave their workplace. A Guaranteed Minimum Income would give them certainty that if they needed to leave their job or find a new place of work, there would always be a safety net to stop them falling into poverty.

Chapter four

# Pensioners



There is a general belief that as people age, they must decline in physical and mental health. The current situation reflects this: 20% of those living with others have mental health conditions, the figure rises to 25% for those living alone, and it reaches 60% for those in care homes. Mental health issues can lead to more serious conditions such as Alzheimer's and also have a direct effect on physical health. The cost of Alzheimer's alone for UK society is £32,250 per person and £26 billion overall. With an ageing population, this number will likely increase as time goes on. What we are approaching now is incredible pressure on caring facilities and finances in the UK with a rapidly ageing population. There are three key elements in dealing with mental health in the elderly and improving it: finance, purpose, and isolation.

Isolation plays a key role in affecting the mental health of the elderly. 31% of people over 50 feel lonely at least some of the time, with 1.4 million feeling lonely often, a number which will rise to 2 million over the next decade if no effort is made to tackle this.

Giving elderly people purpose is also very important. This can be through connecting elderly people with friends and social groups, so they feel part of a community rather than isolated.

Finally, finance inevitably plays a large role in poor mental health for those both in care and not. This year, pensioner poverty has risen by 200,000 on the previous year according to government HBAI figures. A paper by Age UK in 2019, "Struggling On," goes into greater depth about the scale of this issue. It reveals that 3.8 million are cutting back on food, seeing friends, etc., to make do with their difficult situations. Many feel the hardship and cutting back and financial pressure will both decrease happiness and harm mental health. The paper identifies increasing costs in later life such as heating, pensions, or ineligibility for benefits as the main issues.

## **Policy proposals**

**A Guaranteed Minimum Income with a top-up system for those over the age of 65.** A Guaranteed Minimum Income with a specific top-up for pensioners would act as a replacement for the current state pension system. By itself, a Guaranteed Minimum Income is unconditional, meaning any ineligibility or complications are dealt with as it is available for all, and allows for an acceptable standard of living by the Joseph Rowntree Foundation's definition. A Guaranteed Minimum Income alone would come to £19,200 a year, although for pensioners this has also been calculated at £12,772.

It would also vary between months of the year, increasing if needed in the winter months as a replacement for the winter fuel allowance. It would also vary depending on housing payments and rent costs in different areas.

On top of this, there will also be two ways to top up these payments for those over 65, which would be from either public or private funds. For public funds, there will be a wider National Sovereign Wealth Fund, and this will include a social care fund and, importantly for this, a pensions investment fund. This will allow taxpayers to pay an additional amount towards a pension fund, which can then be taken out as pension money. The other option is to take out a private pension, which can be paid on top of a Guaranteed Minimum Income. Although a Guaranteed Minimum Income will still decrease with extra income, these payments will not be counted in the same way. With more financial freedom, those retired will then have more of an ability to find their purpose through activities such as volunteering.

**Reinvigorating local communities with new or expanded community hubs.** Creating more connected communities can both take small steps and larger ones. On a smaller scale, it could include local councils providing more funding for transport or better Wi-Fi connection and access to technology. Both of these help to connect them with their friends and areas locally along with their local community. A larger step, however, would be to either create community hubs in areas that don't have them or to expand existing hubs. The ultimate aim would be for these hubs to include provisions that would help pensioners and the wider community to connect more. This includes community kitchens, regular meet and eats, access to free food for those that need it, cafes and education or music facilities. Elements of this, such as 'meet and eat,' are aimed at integrating them into a more social and active routine with more purpose as a result.

Chapter five

# Solving the social care crisis



For those of older age, we need to ensure the quality of care received by the older generation is of good quality, giving them a happy and healthy life through their final years. When we look at our current care system, it is not well-suited for giving the elderly a social and active environment, which in turn harms their mental and physical health. Care homes often undermine rather than support an active social life, with disturbingly high rates of isolation among residents<sup>43</sup>. Mental health among matched age groups outside care homes was better<sup>44</sup>, though still poor, as noted earlier.

In doing so, it increases the risk of serious mental health decline. This can, in turn, have negative knock-on effects on physical health and create a poor quality of life for those at their most vulnerable and at the end of their lives. On top of this, there is a lack of data collected in care homes, particularly in England, with data collection being made harder by the level of bureaucracy due to the number of organisations involved<sup>45 46</sup>. This is preventing evidence-led policy and not giving us a full picture of the situation, for example, around the area of severe mental health prevention effectiveness<sup>47</sup>.

In short, the current care system is not prepared for the ageing population and will create a major mental health crisis among our elderly, one on a larger scale than what we are seeing now.

## **Policy proposals**

**A long-term social care fund.** A big part of ensuring those retired in later life have the care they deserve is to ensure their mental, and in turn physical, health does not deteriorate. To do this, we need to ensure there is an accessible, effective care system of quality to ensure everyone has their dignity preserved in later life. This will also mean more people of an older age will be able to access the care they deserve. We will make social care free with the cost being covered by a ring-fenced long-term social-care fund. This will be paid for using a ring-fenced proportion of income tax payments, which would be placed in a Sovereign Wealth Fund that would increase over time if managed properly. However, in the short term, this will be paid for using direct taxation, with the money coming from capital gains and dividends taxes increasing to income tax levels. This funding will then be available for other areas once the cost is covered by the long-term social-care fund.

**Intergenerational care.** Our centrepiece policy for directly dealing with isolation in care homes is intergenerational care, where care homes and nurseries are merged with benefits of purpose, company, and activity accompanied by the integration. There are several studies regarding the benefits of intergenerational care, such as a 2013 study by BMC Geriatrics<sup>48</sup>, and there are multiple projects around the world, including in Australia and the UK<sup>49</sup>, where it has been successful.

## **Conclusion**

This paper shows how we can start to build a mental health system that works for people throughout their lives. If implemented, it will be a start to rebuilding our communities and protecting people's mental health after the pandemic. Without this plan or serious measures to improve mental health, we risk the pandemic being followed by continued issues with our mental health services.

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