

An interview with Sarah Hughes, Chief Executive at the Centre of Mental Health

Sarah, for those that could not attend our conference what were the key messages of your presentation?

- We all have mental health, about 1 in 4 have a mental health difficulty
- Prevalence of mental health difficulties increasing, linked to inequalities
- COVID-19 is a collective trauma, but we are not all experiencing it in the same ways. The effect of COVID-19 such as bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones. Many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety.
- Groups facing higher risks of mental health include children, young people, people with long term conditions and those with existing mental health difficulties and Black, Asian and minority ethnic communities
- 10m people will need support but likely to grow over time
- Financial safety nets will help, as will education and workplaces to create trauma-informed spaces & approaches, tailored employment programmes, proactive mental health support for highest risk groups and support people with ongoing mental health needs
- Partnership working is key

The following questions come from governors, through our Zoom chat or follow up emails.

Carers and family members who have suffered during lockdown. Is there anything we can signpost them too?

Carers and family members have been hit badly during the pandemic. It has been difficult, and many services did close e.g., opportunities for respite did not happen, people were not getting support in their homes. Two organisations advocating for the mental health of carers are:

- **Making Space**, an organisation for people caring for people with mental health issues and giving advice.

- **Carers Trust** – which campaigns and works with politicians and policy holders to create real change for unpaid carers throughout the UK. It also has a section which outlines what is available locally. Every Foundation Trust (mental health or otherwise) should have a carers strategy in place. As well as awareness raising and training it would be good for governors to ask about what services people are accessing and what is available to them.

Anything on the risk to learning disabilities mental health?

The risk to people with neurodiversity has been profound. We know people in residential care are vulnerable. There has been a **Care Quality Commission** drive to ensure organisations have strategies in place. An important question is how the principles have been embedded e.g. accessibility as a barrier.

Chaplains also have mental health needs. How can we help them?

An important question as this group (or indeed all faith leaders) are not recognised and discussed. We are advocating for communities to start engaging with faith groups and the challenges we are going to see coming up. They have demonstrated their value to the system. Like the workforce they need to be connected into the wellbeing strategies.

What does good look like in terms of tackling the MH problems identified. Do we have the people who are trained in these issues to staff initiatives?

The biggest single risk to the achieving the ambitions set out in the Long-Term Plan is workforce. Where are the people coming from and how is this going to be funded? In the comprehensive spending review £250m was given over the next year but we need £200m a year in ongoing funds to train people. Questions around the recruitment and retention of workforce would be useful for governors to ask, what recruitment drives are trusts using, what mechanisms are we using to engage. There is also a communications piece around do people want to work in health, are people motivated too?

Is there any indication where acute trusts can work actively with mental health trusts? Is MH an area where Integrated Care Partnerships are supposed to be focussing?

Integrated Care Systems are very much a platform for the integration of mental health. Collaboration is a key driver. If you think about shared pathways e.g. liaison psychiatry, crisis in mental health we can bring these two sectors together. Some ICSs are encouraging a mental health lens around all areas of their care delivery.

Is there any active input into commissioners?

There is a campaign called [#never more needed](#) that provide support materials to help people engage with their Member of Parliament and lobby for change.

Are you aware of any plans to improve the transitions between youth and adult mental health services?

In the [Long Term Plan](#) the age group has shifted from childhood to 18 to childhood at 25 so that timeframe will allow more time for negotiation. There is a lot of research in this area and it is a priority for the NHS. Good to see this significant policy shift.

You mentioned a PHE BAME report, can we have the link please?

<https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

Is there promotion of mental health first aid courses as physical ones are standard practice?

Psychological first aid is important. As well as lobbying the Health and Safety Executive we joined the campaign '[#Wheresyourheadat](#)' to help mandate it so it is on par with physical first aid.

Are we asking those suffering from mental health issues what the stumbling blocks for them are in terms of accessing help?

A key question is whether mental health patients are receiving physical health checks, as we know only 27% attend these. When we talk to people with lived experience many letters were not going out, or they were in a brown envelope (that created anxiety). It is incumbent on trusts to develop systems that allow for big things but also smaller nuances. [The Centre for Mental Health](#) is involved in research to help local trusts communicate better with those with lived experience.

What does good look like in terms of an effective mental health strategy?

There is always a stumbling block around whether services meet local need. A key question for governors could be are our trusts working closely with public health partners (from local authorities) in understanding this. A good mental health strategy should also be evidenced based.

How can foundation trusts make sure they are keeping up to date with the latest information and evidence in mental health?

Translating data and policy so people can understand is key. The Centre for Mental Health provides resources and people can sign up to our newsletter. NHS benchmarking data is good as it is in real time. Organisations such as NHS Providers and think tanks such as The Health Foundation and The Kings Fund also add a lot of value.

Was it as high as 40% of mental health charities need to close, was this a consequence of COVID-19?

We know the COVID-19 pandemic is impacting many **voluntary organisations**, community groups and social enterprises. Infrastructure bodies analysing charities highlighted that 35-40% of all charities need to close and about 20% of these will be Mental Health related. The biggest impact will be felt by local grass roots organisations. A key question therefore is what we are doing to support these.