



# World Class Mental Health Commissioning

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Angela Greatley  
Chief Executive

The Sainsbury centre for Mental Health

# The future of mental health

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- What is meant by mental health
- Where the focus on mental health should be
- What needs to be different for the future
- What we have achieved to date
- Making it happen

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Mental health is:

- More than the absence of mental illness
- The foundation for wellbeing and effective functioning for an individual and a community

(taken from WHO 2004)

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## Implications for Society:

- ❑ People who experience mental health problems are citizens and are entitled to equality and human rights
- ❑ People who experience mental health problems should expect the social and economic opportunities available to other citizens
- ❑ People who experience mental health problems should not have to tolerate unchallenged prejudice and discrimination

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## Implications for public services:

- All public services should deliver their programmes in a way that promotes good mental health
- All public services should eliminate policies and practices that exclude people who experience mental health problems
- All public services should recognise that people may experience problems throughout their lives and that no particular group should be excluded.

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What will be different in the future?

- ❑ Governments will exercise leadership underpinning positive societal attitudes
- ❑ Private and public organisations will take seriously their responsibilities to promote good mental health
- ❑ Concern about mental health and wellbeing will be a normal part of life in schools, workplaces, social settings and in health & social care (not just mental health care)
- ❑ Excellent services will be available to those who experience mental health problems

(see 'The Future of Mental Health: a vision for 2015' SCMHE et al. 2006)

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But, everything seems to connect to everything else - how can we tackle this immense agenda?

- Review activities to date and plot the way forward.
- Identify some key steps that can make most impact

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In mental health care, over ten years much has been achieved:

- The 1999 NSF brought new services for people with serious problem
- Factors leading to social exclusion were summarised by the SEU in 2004 and some programmes are in place to tackle these issues
- There has been growing collaboration between health & social care for example with the 2007 commissioning framework for health and well-being
- All programmes now emphasise the centrality of the voice of the service user
- The 2005 DRE report set out an action plan for tackling discrimination
- The health care of prisoners has become the responsibility of the NHS
- The IAPT programme is bringing new investment into talking therapies and staff training.

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Certainly there is unfinished business:

- ❑ In-patient care remains poor
- ❑ The talking therapies journey has just begun
- ❑ Race equality remains a significant problem as the 'Count me in 2007' census showed
- ❑ Health care for offenders remains poorly developed
- ❑ Employment is still a problem despite a strong evidence base for its importance
- ❑ A recovery based approach is still an aspiration for most service users.

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Making it happen, employment as an example:

- ❑ Champion mental well-being in strategic partnerships
- ❑ Advocate the importance of mental health as an issue for every business
- ❑ Work with major employers, Jobcentre plus, chambers of commerce to show that people with mental health problems are employable
- ❑ Get local health and local government agencies to lead by example
- ❑ Support general practice primary care to change its approach
- ❑ Commission differently for vocational services, building on service user preference

Make a real difference!

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Commissioners hold the key to kick-starting change:

- ❑ See how local need matches national requirements and agree priorities
- ❑ Use your powers, and recognise your duties, to pursue collective goals
- ❑ Develop the tools of your trade e.g. use that data, develop local knowledge and build upon it
- ❑ Choose methods that will allow you to tackle those priorities, e.g. pathways
- ❑ Talk with service users, carers and communities – can the LINKs system be used?
- ❑ Look forward to gradual developments in personalised services linking this to recovery based practice by providers
- ❑ Look forward to individual budgets – including maybe in health

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Commissioners cannot tackle everything.....

But they can agree priorities and take action where there will be most impact in improving services and achieve world class mental health commissioning.

Contact: [angela.greatley@scmh.org.uk](mailto:angela.greatley@scmh.org.uk)

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**Thank you**