

Royal College of Nursing Response to The Department of Health and Social Care Ten-Year Mental Health Plan Call for Evidence

With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

1. Introduction

- 1.1. As the largest professional group implementing and delivering care within mental health services, it is vital that the voice of nursing is heard through consultation on *The Department of Health and Social Care (DHSC) Ten-Year Mental Health Plan Call for Evidence*.
- 1.2. In developing this response, the RCN drew on the existing evidence base, as well as comprehensive feedback from a range of RCN members which included nursing students, mental health nurses, adult nurses, children's nurses, nursing support workers, midwives and retired nurses. Key themes are set out in this response.
- 1.3. Direct quotes, where deemed to be relevant, are provided and presented within double quotation marks, with the absence of a preceding reference. Further anonymised feedback provided to the RCN, may be shared with DHSC upon request.
- 1.4. Following analysis of input, the RCN suggests that the following 'values' and 'principles' should underpin the plan as a whole:
 - *Promoting choice through holistic and compassionate person-centred care*
 - *See the individual, understand their population*

- *Valuing diversity, promoting inclusion*
- *Early intervention and improved service access*
- *A robust and fully funded health and care workforce*

1.5. The RCN suggests that some of the most important issues that the new ten-year plan needs to address are, in the following order of priority:

- *Early intervention and services access;*
- *Prevention;*
- *Crisis care and support;*
- *Wellbeing and health promotion;*
- *Quality of life for those living with mental health problems;*
- *Stigma;*
- *Treatment quality and safety; and*
- *the climate and ecological emergency.*

2. Improving the population’s ‘holistic’ wellbeing and making sure people with a mental health condition live well

2.1. ‘*Advancing public health*’ emerged as a central tenet to improve the wellbeing of the population. Public health supports individuals, organisations, and society to tackle preventable disease, mortality and disability using:

- *Prevention: reducing the incidence of ill health supporting healthier lifestyle;*
- *Protection: surveillance and monitoring of infectious disease; emergency response and immunisation; and*
- *Promotion: health education and commissioning services to meet specific health needs.¹*

2.2. The RCN identified a range of solutions for improving wellbeing via a public health lens. As well as the more health/clinical response to mental wellbeing, key areas were described as opportunities for further investment, including “*access to creative solutions, social prescribing, having a social perspective, supporting grass roots solutions, psychoeducation, integrate into sports centres and other communal areas.*”

2.3. In exploring key areas of influence on someone’s mental health and quality of life, the RCN identified the following, in order of relevance:

- *Social and family relationships;*
- *Housing;*

- *Money and debt management;*
 - *Physical health;*
 - *Employment and job security;*
 - *Provision of social care; and*
 - *Connection to community.*
- 2.4. Across the UK there have been a range of political and policy commitments to achieve parity of esteem for those with the most serious mental health problems. This aspiration draws on a range of factors, including the knowledge that those with mental health problems like schizophrenia and bipolar disorder die between 15-20 years before the general populationⁱⁱ.
- 2.5. It is the RCN's view that holistic care is vital, and mental health needs cannot be separated from that which relate to physical and social needs. RCN members have suggested there is risk in over-emphasising the need for 'more counselling and brief talking therapy,' without parallel and sufficient investment in services that can help to ensure parity of esteem is realised. It is the RCN's view that all people, including the most marginalised groups in society, benefit from a holistic approach to support wellbeingⁱⁱⁱ, where a 'one-size approach' does not and will not work^{iv}.
- 2.6. The holistic practitioner role of the nurse is central in bringing the public health lens of mental, physical and social wellbeing into fruition. Registered nurses can help people to understand "*the difference between our wellbeing and a severe and enduring mental illness.*" In this sense, helping to address the over-pathologizing of people's natural responses to challenging issues (i.e. stress and moral distress)^v.
- 2.7. The wellbeing of the population is intertwined with issues of inequalities and marginalisation, with the impact of inequalities such as 'income' being shown to correlating with health and wellbeing^{vi}. In the current context, with a cost-of-living crisis, priority must be given to reducing the financial hardship experienced by people with low incomes and/or high debt, including many nurses across the UK^{vii}.
- 2.8. If the Government is to address the issues of mental wellbeing for the population, health and care policy must acknowledge that "*many people become acutely or chronically distressed through a combination of bio, psycho and social factors that are not best thought of as within their control.*"
- 2.9. It is the RCN's view that more effort must be made to 'develop communities of people': "*wellbeing is not simply the precursor to being able to contribute to*

community life, it is also partly the by-product of that community's support and empowerment."^{viii}

- 2.10. The RCN understands that it is vital that professionals are accessible to their local communities, to help build relationships and improve access to support: *"being part of the community, being visible and accessible is crucial,"* while avoiding *"the creation of barriers which may discourage people from seeking help in a timely manner."*
- 2.11. There needs to be investment (i.e. education and support) in community health earlier in people's lives, helping to foster resilience and positive mental wellbeing: *"focus on supporting young people to develop healthy, fulfilling lives. Without this stable base, their window of tolerance for managing the ups and downs of daily life is hindered"*.
- 2.12. 'Widening choice' is understood as a necessary step to improve the mental wellbeing of many people who do not respond well to the limited available first-line treatments (such as medication, counselling, and Cognitive Behavioural Therapy).
- 2.13. RCN members suggest that *"for some people these prescribed interventions do not work, we should be giving them different options for resolving their difficulties - instead, we label people as 'treatment resistant' or 'chronic' suggesting that the individual is at fault. Rather than acknowledging the limitations of the current offering of treatment that is available in the UK."*
- 2.14. In the context of 'widening choice,' the RCN continues to advocate for a move towards co-production between people with lived experience of mental illness and use of services, with policy makers, professionals, and system leaders: *"we cannot hope to learn from our mistakes without listening to those affected."*
- 2.15. The 'climate and ecological crises' is indicated as a population-wide stressor for many, with particular concerns raised in the context of children and young people's mental wellbeing: *"the climate and ecological emergency is already causing many people to feel that life is hopeless and out of control."*

3. Protecting the mental wellbeing of nurses, midwives and the nursing support workforce

- 3.1. The RCN consistently reflects the experiences of members, including that much of the nursing workforce is burnt out^{ix}, services are dangerously understaffed^x and people are living with traumatic experiences that have led to moral distress and moral injury^{xi}. Against this background, change is essential.
- 3.2. RCN members report that *“a lot of clinicians spend hours on admin.”* Registered nurses are expected to undertake increased administrative duties, pulling them away from direct patient care, leading to moral distress.
- 3.3. Within this context, registered nurses must have *“manageable workloads, make[ing] sure they have purpose in what they are doing.”* Any administrative duties asked of registered nurses must be explicitly necessary for patient care and patient safety. Registered nurses must not be asked to undertake such duties solely as a means for performance monitoring and audit purposes.
- 3.4. Within this ten-year plan, the DHSC must facilitate and foster, within services, a caring and compassionate culture across health and social care, not only for patients, but also for staff^{xii}. Employers must set out to *“prioritise the wellbeing of the nursing workforce, so they, in turn, can prioritise the wellbeing of the population.”*
- 3.5. In the context of high vacancies and extreme pressure on health and care services, the RCN is concerned about the health and wellbeing of the mental health nursing workforce. The health and wellbeing of the nursing workforce is fundamental to patient safety and the quality of care.^{xiii}
- 3.6. The RCN’s recently published report on the experiences of nursing staff on their last shift details how increased workloads, low staffing levels and unmanageable pressures have had a significant impact on the mental and physical wellbeing of nursing staff. Respondents reported high anxiety and stress levels, sleep problems, low morale, and burnout.^{xiv}
- 3.7. The safe, effective, efficient, and compassionate care that the population looks to the NHS to provide is only possible if staff, both clinical and non-clinical, are physically and emotionally healthy^{xv}.

- 3.8. Health, safety and wellbeing is more than just the absence of work-related disease or injury, but rather, an emphasis on achieving good physical and mental health amongst the nursing workforce. As well as complying with the legal requirements of health and safety laws, registered nurse leaders have a professional responsibility to create healthy environments that improve the health and wellbeing of others^{xvi}. This must also be the priority of other system leaders responsible for the wellbeing of the workforce.
- 3.9. Occupational health services must be available at the point of need to support the psychological and physical wellbeing of staff. Additionally, all employers must fund sufficient, timely and ongoing access to confidential counselling, bereavement and psychological trauma support for all staff. Staff must be able to self-refer to these services and be given time off to attend^{xvii}.

4. Suicide prevention

- 4.1. The nursing community makes an invaluable contribution to identifying and caring for individuals experiencing a mental health crisis, especially those at risk of, or experiencing suicidal thoughts. Nurses themselves are considered a high risk of suicide group.
- 4.2. The RCN understands that the necessary steps to prevent suicide are multifaceted. As per a previous submission to the House of Commons Health Select Committee inquiry on suicide prevention^{xviii}, the RCN suggests that there remain six key areas where action is needed to improve suicide prevention in England:
- 4.3. **1. Improved Governance:** stronger governance mechanisms are required to ensure policy development for good mental health promotion, including suicide awareness, occurs at a national level.
- 4.4. **2. Build a highly skilled nursing workforce for the future:** a robust nursing workforce, which has the capacity, skill mix and knowledge to support more effective health promotion, including suicide awareness and prevention, is required.
- 4.5. **3. Train and upskill all health and care professionals:** the variations in training and education on suicide awareness must be urgently addressed through pre-registration nursing education. Better training in mental health

awareness, including suicide awareness, should be mandatory for all health professionals working with at risk groups across health, social care and criminal justice settings.

- 4.6. **4. Deliver more responsive and coordinated services:** people at risk of suicide require rapid access to very specialised treatment. While mental health services are re-orientating, the commitment made to developing more responsive and coordinated services must be continued through sustained funding.
- 4.7. **5. Supporting key high-risk groups:** registered nurses are a key high-risk group for suicide due to the strain and level of responsibility that is attached to their role. There are significant variations across England in the quality of workplace health promotion and crisis support, which needs to be addressed. NHS organisations should implement our Healthy Workplace Toolkit^{xix}, which emphasises the importance of good working conditions.
- 4.8. **6. Improve data collection and data sharing:** the Information sharing and suicide prevention: Consensus Statement principles^{xx}, developed by the Department of Health and Social Care (DHSC) and key stakeholders, need to be streamlined into services who may support individuals at risk of suicide.
- 4.9. The RCN would like to emphasise how it is essential to involve “*parents, carers and significant adults in the risk assessment rather than ‘just sending people home’ without careful safety planning with significant others.*” Such involvement must align with the DHSC led Consensus Statement^{xxi}.
- 4.10. The RCN Mental Health Forum’s Ethnic Minorities Subgroup, in particular, encourage the creation of safe spaces to raise, challenge, understand and respect diverse views and opinions: “*Culturally sensitive and tailored care is vital when treating people from diverse backgrounds, having a range of traditions, languages, faiths, and cultural norms around mental wellness and ill health that differ from the majority perception*”.^{xxii}

5. Preventing people experiencing mental ill-health by helping people get support at the earliest stage

- 5.1. One of the consultation questions asked *what is the most important thing to address to reduce the numbers of people who experience mental ill-health?*

There was no single unified perspective, reflecting the diversity of experience, expertise and need.

- 5.2. The following points have been identified as crucial factors to address if society is to prevent mental ill-health:
- *Address the socioeconomic challenges facing populations (as aligned to the public health content discussed in Section 2);*
 - *Integrate and connect services that are fit for purpose and responsive to population needs – including health and social care, voluntary sectors, as well as places of worship;*
 - *Early intervention and access to the right care, at the right time, in the right place – reducing access disparity across the country;*
 - *Increase mental health nursing presence in first contact services, i.e. primary care, specifically within GP practices, schools and community centres;*
 - *Improve access to high-quality education across the lifespan;*
 - *Tackle health inequalities, abolish racism and reduce stigma.*
- 5.3. The RCN continues to call for further funding of statutory mental health services in which registered nurses practice. To prevent long-term mental illness, RCN members are calling for increased financial investment with *“a focus on robust community support services to prevent hospital admissions and long-term residential placements which can deskill the person.”*
- 5.4. RCN members work across a variety of clinical settings, including primary care, community and secondary services. Due to increasing demands on secondary services, the threshold for receiving the right care at the right time continues to increase: *“as funding for secondary services has been cut in real terms, the bar for getting that service has become higher and higher.”*
- 5.5. The RCN supports the move away from, what some refer to as *“silo working models,”* towards Integrated Care Systems (ICS)^{xxiii}. The RCN calls for the Ten-Year Plan to promote *“integrated care models locally and nationally and allowing nurses to continue to develop new ways of working that can support integrated care.”* Such integration must have equity, equality and responsiveness at their centre: *“we need inclusive services, well trained and dedicated workforce which is proactive”.*
- 5.6. Where mental health issues are becoming more prevalent across the country, RCN members are concerned with the risk of over-medicalising of people’s experiences. The RCN holds the view that it is vital that the UK

population understands the difference between *mental wellbeing* (staying mentally well), *psychosocial stress* (natural response to life-challenging issues) and *mental illness* (debilitating condition that may limit someone from undertaking their day-to-day activities).

- 5.7. One approach to addressing and understanding individual needs is by: *“work to embed trauma informed practices; a move away from diagnostic led treatment pathways, to formulation informed care.”*
- 5.8. Although ICS models are inclusive of health, social care and independent sectors, members report the need to improve early intervention by *“tapping into spiritual lead[er]s in the communities, such as Imams and Pastors”*; central community resource and gateway for many.
- 5.9. The RCN has provided clinical expertise to the *No Time To Wait* campaign^{xxiv} and supports its calls to have a mental health nurse attached to every GP surgery in England, specifically at an advanced level of practice.
- 5.10. An advanced mental health nurse practitioner not only offers a high-level of clinical expertise but provides the leadership skills to support and develop the knowledge of colleagues on mental health care, while identifying and responding to the needs of local populations^{xxv}.
- 5.11. RCN members suggest that mental health Trusts *“need to stop using risk as a barometer for service provision and access.”* RCN members are clear that in their experience, some acute inpatient mental health units only accept admission of people detained under the Mental Health Act or at very high levels of risk to themselves and/or others. Gatekeeping to treatment based on risk and capacity alone, does not support early intervention nor the prevention of deterioration.
- 5.12. Mental health nurses in primary care can support distressed and ‘at risk’ patients at the first point of contact without *“passing people onto different providers.”* In turn, reducing pressure on secondary services and reducing unnecessary delays in accessing care and treatment.
- 5.13. The RCN would like to highlight the issue of understanding mental health and early intervention across the lifespan: *“A significant proportion of people who experience mental health problems, have experienced trauma in childhood.”*

5.14. The RCN would like to see more investment into early intervention and psychological support in schools and in communities: *“helping people to resolve difficult emotions and to cope at difficult points in their life in a more responsive way, which avoids them reaching 'crisis point'.”*

5.15. With ever increasing waiting times for Child and Adolescent Mental Health Services (CAMHS) support, it is believed that addressing mental health challenges earlier in schools *“would most likely benefit and impact on referrals to CAMHS whom you could work in collaboration with as required.”*

6. Supporting people in mental health crisis

6.1. The RCN continues to call for an assessment of the capacity and structure of crisis and community-based mental health services for people with complex emotional needs (i.e., people with a diagnosis of personality disorder)^{xxvi}. Services must align with the four areas of the Mental Health Crisis Care Concordat, which are:

- *Access to support before crisis point;*
- *Urgent and emergency access to crisis care;*
- *Quality of treatment and care when in crisis;*
- *Recovery and staying well.*

6.2. It is vital that clinical leaders and organisational managers acknowledge their role in supporting, challenging, and reviewing the practices and services within their organisations. Accountability must be clear at all levels. This responsibility must not lie solely on practitioners and emergency workers who are constrained by governance and commission parameters.

6.3. In the context of providing care to people in a crisis, for the RCN advocates for the development of a joined-up approach to crisis care: including improved integration, information sharing and *“better communication between services”* (such as police, ambulance, A&E, mental health teams and support services).

6.4. Suggested solutions include having a joint-services approach to creating a *“shared database with all relevant information which is simple to access and upload live information.”* However, such a move will need to consider and overcome potential issues of data protection^{xxvii}.

- 6.5. The RCN would like to emphasise the current system pressures faced by secondary mental health services and the wider-public sector: *“people are under so much pressure, that they try to pass actions to other teams and this should always be a team approach.”*
- 6.6. Within this context, the RCN recommends that all services who respond to people in mental health crisis must have shared policy and protocols that set out *“clear service parameters around roles and responsibilities.”* Such a move is understood as providing benefit in developing *“collective responsibility and avoiding the blame game.”*

7. Improving treatment for mental ill-health

- 7.1. Safe and effective staffing must be a priority in the ten-year plan. To improve the treatment for mental ill-health, there must be a fully funded and developed workforce in place.
- 7.2. With increasing numbers of people requiring mental health care and treatment, it is vital that the NHS is equipped with the right numbers of nurses, with the right skills, in the right places, in order to provide the best care and treatment.
- 7.3. NHS vacancy data for England (2021/22 Q4) shows a 16.8% average vacancy rate for registered nurses in the mental health sector.^{xxviii} This rate is higher than the average for all other nursing sectors included in this data (acute, ambulance, community, specialist), and higher than the overall registered nurse vacancy rate for England, which is currently at 10.0%.^{xxix}
- 7.4. This high vacancy rate suggests that registered nurses working in mental health care and treatment are not equipped with the staffing levels required to provide safe and effective care.
- 7.5. To address the recruitment and retention crisis facing the nursing workforce, the UK Government’s approach to long-term workforce planning must shift to a more sustainable, demand led model based on a fully funded Government led workforce strategy covering each country in the UK – including England.
- 7.6. There is increasing concern that registered nursing is becoming diluted across mental health services^{xxx}. The role of registered mental health

nurses must not be substituted by an unregistered workforce for the purpose of meeting workforce targets or creating cost savings. The public must always have access to the right support, in the right place and at the right time, centred around patient safety and professional accountability.

- 7.7. Any health and care workforce strategy must take specific steps to ensure that increases in the overall nursing supply result in an expansion in the numbers of nursing staff working in mental health settings and includes a fair pay rise for all nursing staff. The RCN is clear that any strategy must be based on an independently verified assessment of population and workforce needs.
- 7.8. Education and continued professional development are central to safe and effective staffing. Nursing staff working in mental health should be supported through fair workplace procedures, as well as access to clinical supervision, continuing professional development (CPD) and opportunities for career progression, to ensure they can provide the best care and treatment.
- 7.9. There must be sufficient dedicated funding of Continuing Professional Development (CPD) and uptake improved for all registered nurses and nursing support workers, in all health and care settings, alongside pay progression and career development opportunities. Funding of CPD must be based on modelling of future service and population-based need.
- 7.10. The RCN would like to highlight the benefit of the provision of strengthened approaches to training for all nursing staff on mental health, mental wellbeing, and specific common mental health conditions such as dementia and personality disorder. The RCN also needs to emphasise and highlight the need for the nursing workforce to have protected time, as part of their role, to undertake critical reflection of practice and professional development, for example clinical supervision.
- 7.11. There must be more CPD opportunities for the nursing support workforce, who are often a first point of contact for patients. In addition, the view was that a service managers and commissioners should undertake training on systemic responses to distress, to better understand the dynamics which contribute to systemic splitting and rejection in responding to the needs of traumatised and distressed patients.

- 7.12. Better pay leads to better outcomes, improved respect and increased value of the nursing workforce. Despite being the largest safety-critical profession in health care, the nursing profession remains undervalued with regards to pay. The RCN recognises that the salaries of nursing professionals have consistently fallen below inflation – which is now being exacerbated by the cost-of-living crisis.
- 7.13. The RCN is clear that pay can be clearly understood as a matter of patient safety amidst a staffing crisis and paying the workforce fairly will support people to join and stay in the profession. One respondent questioned “*how can Nurses and HCAs be expected to care for others if they are struggling themselves financially and mentally.*”
- 7.14. Fair pay for nursing staff is a policy lever immediately available to the UK Government to improve retention and recruitment of nursing staff. The RCN are urging that nurses receive a pay award of 5% above inflation, in order to improve the retention and recruitment crisis as soon as possible.
- 7.15. The DHSC call for evidence asked what inpatient mental health care will look like in 10 years’ time, and what needs to change in order to realise that vision. It is clear from the aforementioned nursing vacancies across the mental health sector, reports from members, and widespread media coverage that inpatient mental health care is facing a crisis. The RCN is of the view that the workforce crisis must be addressed through a government led workforce strategy.
- 7.16. Having the right numbers of nursing staff, with the right skills, in the right place at the right time improves health outcomes, the quality of care delivered and patient safety.^{xxxi} Like all health and care settings, mental health inpatient care settings should have the right staffing numbers and skill mix to ensure that patients receive the best possible care.

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