



Key facts and trends in mental health 2016 update

Welcome to the fourth edition of the Mental Health Network factsheet. It provides an overview of the major trends in the mental health sector. Compiled from a wide range of sources, the factsheet sets out available data relating to:

- investment in services
- trends in morbidity
- suicide and homicide rates
- service activity
- use of mental health legislation
- mental health of children and young people
- service user experience
- inequalities experienced by people with mental health problems
- workforce and staff satisfaction.

Investment in services

The last official surveys relating to investment in adult and older people's mental health services were published by the Department of Health in 2012, covering the financial year 2011/12.^{1,2} The surveys found that mental health funding had fallen in real terms compared with the previous financial year by 1 per cent for adult mental health services (ages 18–64) and by 3.1 per cent in real terms for older people's mental health services.

In March 2015, research by Community Care and BBC News found that the funding for NHS trusts to provide mental health services had fallen by 8.25 per cent, £600 million, in real terms over the course of the last parliament (from 2010/11 to 2014/15).³ The data, based on 43 Freedom of Information (FOI) requests to 56 mental health trusts in England, showed that total funding for the trusts' mental health services fell in cash terms from £6.7 billion in 2010/11 to an expected £6.6 billion in 2014/15.

Figures from the Health and Social Care Information Centre suggest that over a five-year period from 2008/09 to 2013/14 social care expenditure on adults with mental health needs aged between 18 and 64 reduced in cash terms from £1.2 billion to £1.1 billion.⁴

Research published in 2014 by Young Minds, based on Freedom of Information requests to clinical commissioning groups (CCGs) and upper tier local authorities, found that 77 per cent of NHS CCGs who responded (74 of 96) had frozen or cut their child and adolescent mental health services (CAMHS) budgets

Suicide and homicide

between 2013/14 and 2014/15. Sixty per cent of local authority respondents (59 of 98) had either cut or frozen their CAMHS budgets since 2010/11.⁵

The UK invests £115 million per year on mental health research. Mental health receives 5.5 per cent of the UK health research spend. Approximately £9.75 is spent on research per person affected by mental health problems.⁶

Trends in morbidity

The Health and Social Care Information Centre expects to publish the results of the *2014 Adult psychiatric morbidity survey* by late 2016. The 2007 adult psychiatric morbidity survey found that the proportion of the English population aged between 16 and 64 meeting the criteria for one common mental disorder increased from 15.5 per cent in 1993 to 17.6 per cent in 2007. Twenty-four per cent of those with a common mental disorder were receiving treatment.⁷

Published in December 2015 by the Health and Social Care Information Centre, the *2014 Health survey for England* found that 26 per cent of adults reported having ever been diagnosed with at least one mental health problem.⁸

Women were more likely than men to report ever having been diagnosed with a mental health problem (33 per cent compared with 19 per cent). Nineteen per cent of adults reported that they had ever been diagnosed with depression, including post-natal depression. This was the most frequently reported diagnosis. People from lower income households were more likely to have ever been diagnosed with a mental health problem. Twenty-seven per cent of men and 42 per cent of women in the lowest income quintile reported this, compared with 15 per cent of men and 25 per cent of women in the highest income quintile.⁹

By 2030, it is estimated that there will be approximately two million more adults in the UK with mental health problems than there were in 2013.¹⁰

The latest report of the National Confidential Inquiry into Suicide and Homicide with People with Mental Illness was published in 2015.¹¹

During 2003–2013 in England, 13,972 deaths (28 per cent of general population suicides) were identified as patient suicides, i.e. where the person concerned had been in contact with mental health services in the 12 months prior to their death. This represents an average of 1,270 patient suicides per year over the period.

In general, the report says: "Patient suicides in the UK have become substantially more common since 2009 – 1,876 in 2013 – but this rise is mainly the result of a rise in England where patient numbers overall have also increased." As a proportion of all suicides, patient suicides have increased from 27 per cent in 2003 to 30 per cent in 2013. The report states: "This may similarly reflect a rise in patient numbers, though safety problems in care may contribute. A higher proportion of patients could also occur if services improve access and long-term contact for people at high risk."

The annual number of suicides among male patients has been increasing since 2006 in England, while for females the number has fallen between 2003 and 2012. The rise in male patients since 2006 is 34 per cent, whereas the general population rise in males is 15 per cent. The annual number of suicides in male patients aged 25–34 has fallen in the report period and there has also been a fall in female patients aged 65+. The rise in male patients aged 45–54 has been particularly striking, around 90 per cent since 2006.

From 2003 to 2012, there was a 61 per cent fall in the number of inpatient suicides in England.

Over the 2003 to 2013 period there was an average of 57 patient homicides per year in England. There was a fall in the number of patient homicides over the whole report period when examined by year of conviction, and by year of offence. However, the report states: "This fall has not continued after 2009 and there may have been an increase in 2013, as our current confirmed figure is higher than at the same point in data collection in previous years."¹²

Service activity

Research by Community Care and BBC News, based on data obtained from 34 trusts under the Freedom of Information Act, found that between 2010/11 and 2014/15 average referrals to community mental health teams had increased by 19 per cent, and to crisis and home treatment teams by 18 per cent. Referrals to early intervention in psychosis services had increased by 4 per cent over the same period. The researchers caution however that some trusts had absorbed outreach, early intervention and crisis functions into community mental health teams, which may impact on these headline figures.¹³

Analysis of 2014/15 Health and Social Care Information Centre data shows that almost two million people (1,835,996) were in contact with mental health and learning disability services at some point in the year, an increase of 89,298 (5.1 per cent) on the previous year. This means that 3,617 people per 100,000 of the population in England accessed mental health and learning disability services (approximately one person in 28).¹⁴

Over one million women (1,004,227) were in contact with mental health and learning disability services in 2014/15. This is higher than the number of men (829,677) and equates to 54.7 per cent of the total number of people over the year.¹⁵

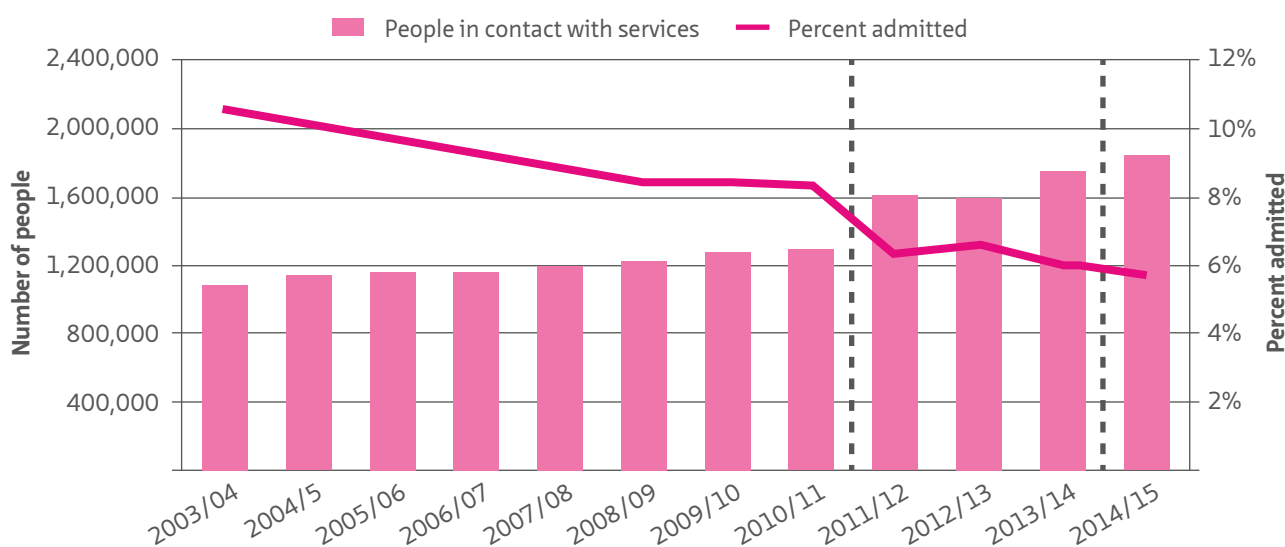
Inpatient care

From the same data, 103,840 service users (5.7 per cent) spent time in hospital during 2014/15. This is a decrease compared to 2013/14, when 6.0 per cent (105,270) of service users spent time in hospital. This is a continuation of the trend seen in earlier years.¹⁶

In 2014/15, people in contact with mental health and learning disability services spent a total of 8,523,323 days in hospital, in the year. This is an increase of 395,180 bed days, or 4.9 per cent, when compared to the figure from 2013/14 (8,128,143). This increase is said to be largely a result of the expansion of the scope of the dataset to include people in contact with learning disability services for the first time.¹⁷

In the same year, the median in year bed days for each adult mental health or learning disabilities care spell that spent some time in hospital was 34.0 days. The median for NHS providers was 33.0 days, and for independent sector providers the median was 69.0 days. It should be noted that not all independent sector providers submitted data, and that long inpatient stays are expected for some types of services typically provided by independent sector providers (traditionally long-term complex care or forensic services).¹⁸

Figure 1. People in contact with mental health and learning disability services by highest level of care and year 2003/04–2014/15



Source: Health & Social Care Information Centre (October 2015a)

Mental health legislation

Data is not routinely collected for numbers of acute adult beds. However, March 2015 figures from NHS Benchmarking, cited by the recent Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults, indicated that there are 6,144 acute adult NHS beds in England, down 3.7 per cent on the year before. A survey undertaken by the commission found that 93 per cent of wards were operating above the Royal College of Psychiatrists recommended 85 per cent occupancy rate.¹⁹

Outpatient and community services

Most people in contact with mental health and learning disability services (94.3 per cent) during 2014/15 did not spend any time in hospital.²⁰

In 2014/15, there were 1,583,066 hospital outpatient attendances under the adult mental health speciality (treatment speciality by attendance type), and 382,798 hospital outpatient attendances under the old age psychiatry speciality (treatment speciality by attendance type).²¹

In 2014/15, Improving Access to Psychological Therapy (IAPT) services received 1,267,193 referrals, of which 495,721 (39.1 per cent) were self-referrals. Sixty-four per cent of those referrals (815,665) entered treatment. The average (mean) waiting time between referral and first treatment appointment was 32 days. In the same year, 1,123,002 referrals ended, of which 468,881 (41.8 per cent) finished a course of treatment. 6.3 was the average (mean) number of attended treatment appointments, and of which 60.8 per cent showed reliable improvement.²² Due to changes in the IAPT dataset, comparisons with previous years cannot be reliably made.

Primary care

Many people with mental health problems will be seen mainly by their GP. According to a Care Quality Commission (CQC) report from 2015, at any given time an average of one in four patients of a full-time GP requires treatment for a mental health condition. There were nearly three million adults on local GP registers for depression in 2013/14, and nearly 500,000 people on GP registers for a serious mental illness.²³

Mental Health Act

The Mental Health Act 1983 was used more than 58,000 times to detain people in 2014/15, representing the highest ever year-on-year increase ever (approximately 10 per cent). Fifty-one per cent of mental health inpatients were subject to the Act. Overall, this represents an increase of 8,982 (18 per cent) since the CQC began monitoring the Act in 2009/10.²⁴

On 31 March 2015, the Health and Social Care Information Centre reported that there were a total of 25,117 people subject to the Act. Of these, 19,656 were detained in hospital and 5,461 were being treated under community treatment orders (CTOs).²⁵

Overrepresentation of some black and minority ethnic (BME) groups in the detained population has been widely reported for many years, with compulsory admission rates for people of black ethnicity almost three times greater than those of white patients. The CQC report that compulsory admission rates of black people tend to be highest in areas with higher levels of deprivation and areas where there is a higher proportion of non-white residents.²⁶

During 2014/15, detentions on admission to hospital increased by 2,903 (8.3 per cent). There was a larger percentage increase in detentions following an informal admission, which rose by 14.1 per cent (1,991). The total number of detentions increased in NHS hospitals by 3,995 (8.2 per cent) compared to the year before to reach 51,969 and in independent sector hospitals by 1,268 (24.6 per cent) to 6,430. The increase in detentions was mainly attributable to uses of Part II of the Act (Civil Detentions) with very little change in the number of detentions under Part III of the Act (Court and Prison Disposals). Uses of Section 3 following the use of Section 2 have increased year on year between 2010/11, where there were 6,617 uses recorded, and 2014/15, where there were 10,787 uses. This represents an increase of 4,170 uses, or 63.0 per cent over the last five years.²⁷

The number of instances where section 136 of the Act was used to make a short-term detention to a hospital as a 'place of safety' increased by 2,400 (or 14.1 per cent) to 19,400, compared to the year before.²⁸

Service user experience

Deprivation of Liberty Safeguards (DoLS)

There were 137,540 DoLS applications received by councils between 1 April 2014 and 31 March 2015, the most since the safeguards were introduced in 2009. This is a tenfold increase from 2013–14 (13,700).²⁹

62,645 applications were completed by councils during the year, with 52,125 granted (83 per cent of all completed applications).³⁰

“Of those who wanted friends or family involved in their care, the majority said that a member of their family, or someone else close to them, had ‘definitely’ (55 per cent) been involved as much as they would like.”

More than 13,000 service users responded to the 2015 CQC survey of people using community mental health services across 55 NHS trusts.³¹

Respondents were asked whether the person or people they saw most recently listened carefully to them. The majority (70 per cent) said they ‘definitely’ did, compared with 73 per cent in 2014. Sixty-two per cent said that they were ‘definitely’ given enough time to discuss their needs and treatment compared with 66 per cent in 2014.³²

Almost three-quarters (73 per cent) of respondents said that overall, in the last 12 months, they ‘always’ felt that they were treated with respect and dignity by NHS mental health services, compared with 75 per cent in 2014.³³

Respondents on CPA (41 per cent) were more likely than those not on CPA (30 per cent) to say that in the last 12 months, NHS mental health services ‘definitely’ gave them help or advice with finding support for physical health needs.

Of all respondents to the survey who wanted or needed help or advice with finding support, 32 per cent said that in the last 12 months, NHS mental health services ‘definitely’ gave them help or advice with finding support for financial advice and benefits. Twenty-five per cent said that in the last 12 months, NHS mental health services ‘definitely’ gave them help or advice with finding support for finding or keeping work. Thirty-three per cent said that, in the last 12 months, NHS mental health services ‘definitely’ gave them help or advice relating to finding or keeping accommodation.³⁴

Of those who wanted friends or family involved in their care, the majority said that a member of their family, or someone else close to them, had ‘definitely’ (55 per cent) been involved as much as they would like.³⁵

Children and young people

The last national morbidity survey for children and young people’s mental health was carried out in 2004. At that time, one in ten children and young people aged between five and 16 were reported as having a clinically diagnosed mental health disorder. Four per cent had an emotional disorder (anxiety or depression), 6 per cent had a conduct disorder, 2 per cent had a hyperkinetic disorder and 1 per cent had a less common disorder such as autism. Two per cent of children had more than one type of disorder.³⁶

Around half of looked-after children are reported to have emotional or behavioural difficulties.³⁷ One-third of children and young people in contact with the criminal justice system have been looked after.³⁸

In 2013/14 there were 51,000 referrals of 15–19-year-olds to psychological therapies, with referrals for young women double the number of referrals for young men.³⁹ New referrals to Improving Access to Psychological Therapies (IAPT) services for under 18s show an upward trend, as illustrated below.

There were 3,372 inpatient admissions under the child and adolescent psychiatry speciality (main speciality) in 2014/15, of which 1,260 were emergency admissions.⁴⁰

Under the child and adolescent psychiatry speciality there were a total of 261,475 outpatient attendances in 2014/15 (treatment speciality by attendance type).⁴¹

Physical health

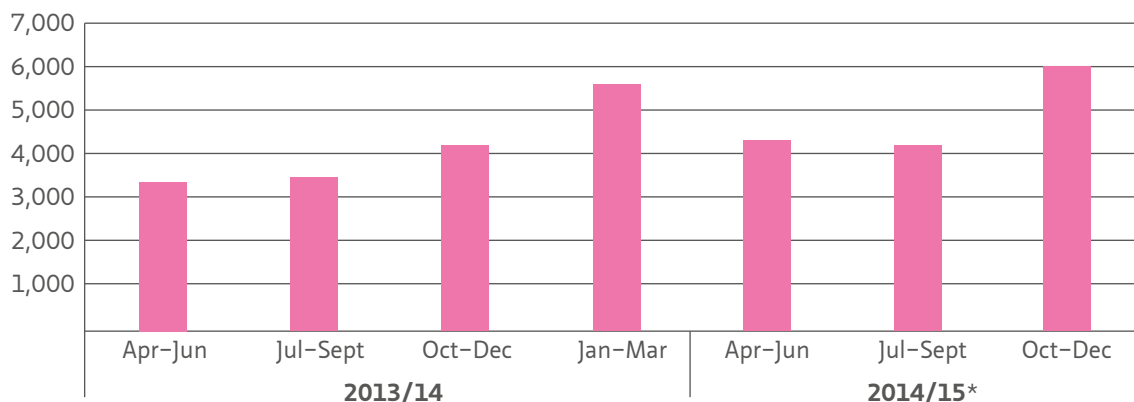
The King’s Fund and Centre for Mental Health estimate that between 12 and 18 per cent of NHS expenditure on the treatment and management of long-term conditions is linked to poor mental health and wellbeing.⁴²

People with severe mental health problems have an average reduced life expectancy of between 10 and 25 years. Risk factors include smoking, physical inactivity, obesity, and the side effects of psychiatric medication.⁴³

People with a mental illness are almost twice as likely to die from coronary heart disease as the general population, four times more likely to die from respiratory disease^{44,45} and are at a higher risk of being overweight or obese.⁴⁶

Taking an inclusive definition of a mental health problem, which includes people with alcohol or illicit drug dependencies as well as conditions such as psychosis, approximately 42 per cent of all cigarettes smoked by the English population are smoked by people with a mental health problem.⁴⁷

Figure 2. Number of new referrals for under 18s to IAPT services, per quarter, 2013/14 to 2014/15



Source: Health & Social Care Information Centre (2015), Focus on the health and care of young people

Stigma

Time to Change's *Attitudes to mental illness 2014* report illustrated that attitudes towards mental health problems are continuing to change for the better.

The number of people acknowledging that they know someone close to them who has had a mental illness increased from 58 per cent in 2009 to 65 per cent in 2014. Forty per cent of people surveyed said they would be comfortable talking to their employer about a mental health problems, although nearly half (48 per cent) said they would feel uncomfortable, showing that there is still some way to go to improve attitudes.⁴⁸

“Between October 2014 and September 2015, 7.6 per cent of people with a mental health problem or learning disability were classified as unemployed.”

Employment

The Office for National Statistics report that, in England between October 2014 and September 2015, 64.9 per cent of people with a health condition or illness lasting more than 12 months were in employment. Five per cent of people with a health condition or illness lasting more than 12 months were classified as unemployed. In comparison, 40 per cent of people with a mental health problem or learning disability were in employment over the same time period. 7.6 per cent of people with a mental health problem or learning disability were classified as being unemployed.⁴⁹

Analysis of NOMIS data from the Office of National Statistics shows that in August 2015, of 1,941,050 employment and support allowance claimants in England, 933,790 claimants were recorded as having a 'mental or behavioural disorder' (48.1 per cent). In August 2014, 46.9 per cent of claimants were recorded as having a 'mental or behavioural disorder'.⁵⁰

A survey of over 900 people by Rethink Mental Illness, published in 2015, found that 67 per cent of people with mental illness who were accessing benefits said they wanted to work or were looking for work.⁵¹

Workforce

Staffing trends

The Centre for Workforce Intelligence published a report in November 2014 on the psychiatrist workforce in England.

The report found that consultant psychiatrists (CCT holders) comprised 4.5 per cent of the mental health workforce and 10.5 per cent of the total NHS consultant workforce in England. Over the preceding decade, the number of consultant psychiatrists has increased by more than 40 per cent on a full-time equivalent (FTE) basis (from 2,920 in 2003 to 4,084 in 2013). This rate of increase was lower than the 48 per cent growth in the total number of NHS consultants over the same period.⁵²

From the same report, clinical psychology staff made up 7.7 per cent of the total NHS mental health workforce on a FTE basis. Between 2003 and 2013 the number of clinical psychology staff increased by 33 per cent, from 5,331 to 7,088 (FTE basis).⁵³

The Centre for Workforce Intelligence's report further states that mental health nurses make up 48.3 per cent of the total mental health workforce. The number of qualified psychiatric nurses, defined by the Centre for Workforce Intelligence as mental health nurses and intellectual disability nurses, fell by 5.5 per cent from 45,242 to 42,762 between 2003 and 2013. However, over the same period, there was a 32 per cent increase in the number of community nurses, from 11,924 to 15,694 (FTE). The number of face-to-face contacts per year by community nurses, increased by 125 per cent, from 3,095,261 to 6,957,144 over an eight-year period from 2003 to 2010. The number of contacts per community nurse therefore increased by 83 per cent over this period, with each community nurse having approximately 204 contacts in 2003 and 375 contacts in 2010.⁵⁴

More recent figures from the Health and Social Care Information Centre's monthly workforce statistics for England, show that the number of qualified nurses working in the psychiatry area has dropped by 10.8 per cent from 41,320 as at 30 September 2010 to 36,870 as at 31 September 2015. This is further detailed in the table below.⁵⁵

Figure 3: NHS hospital and community health services in England: Qualified nurses within psychiatry area 2010–2015

As at 30 September annually	Full-time equivalent					
	2010	2011	2012	2013	2014	2015
Community psychiatry	15,986	15,575	15,767	15,694	15,389	15,826
Other psychiatry	25,334	24,477	23,558	22,896	22,398	21,044
Total nurses working in psychiatry area of work	41,320	40,052	39,325	38,590	37,787	36,870

Source: Health & Social Care Information Centre monthly workforce statistics cited in response to parliamentary question⁵⁶

Staff satisfaction

The 2015 NHS Staff Survey involved 297 NHS organisations in England. Responses were received from 299,000 NHS staff. Fieldwork for the survey was carried out between late September and early December 2015.⁵⁷

In response to the question: 'Is patient/service user experience feedback collected within your directorate/department?', 70 per cent of staff working in mental health or learning disability trusts, and 76 per cent of staff working in combined mental health/learning disability and community trusts, answered 'yes', compared to 67 per cent of staff across all trusts⁵⁸.

In response to the statement: 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation', 59 per cent of staff from mental health or learning disability trusts, and 66 per cent of staff working in combined mental health/learning disability and community trusts, 'agreed' or 'strongly agreed' with the statement. This compares with 69 per cent of staff across all trusts.

Staff working in mental health settings consistently report higher levels of satisfaction in terms of the recognition they receive for their work, as well as the support they receive from their immediate manager. Compared with 52 per cent of staff across all trusts, 56 per cent of staff in mental health/learning disability trusts and 57 per cent of staff working in combined mental health/learning disability and community trusts are 'satisfied' or 'very satisfied' with the recognition they get for good work.

In addition, compared with 67 per cent of staff across all trusts, 72 per cent of staff in mental health/learning disability trusts and, similarly, 72 per cent of staff working in combined mental health/learning disability and community trusts are 'satisfied' or 'very satisfied' with the support they get from their immediate manager.

For more information about the issues raised in this factsheet, please contact claire.mallett@nhsconfed.org

“Staff working in mental health settings consistently score report higher levels of satisfaction in terms of the recognition they receive for their work, as well as the support they receive from their immediate manager... 57 per cent of staff working in combined mental health/learning disability and community trusts are ‘satisfied’ or ‘very satisfied’ with the recognition they get for good work.”

References

1. Mental Health Strategies (2012), 2011/12 *National survey of investment in adult mental health services*, Department of Health
2. Mental Health Strategies (2012), 2011/12 *National survey of investment in mental health services for older people*, Department of Health
3. McNicoll A, (2015), Mental health trust funding down 8 per cent from 2010 despite coalition's drive for parity of esteem, *Community Care*, 20 March 2015
4. Health & Social Care Information Centre (December 2014), *Personal social services: expenditure and unit costs, England – 2013–14, Final release*
5. Young Minds (21 June 2014), News story: *Devastating cuts leading to children's mental health crisis* [Accessed 23 February 2016]
6. MQ –Transforming Mental Health (April 2015), *UK mental health research funding – MQ landscape analysis*
7. The NHS Information Centre for Health and Social Care (2009), *Adult psychiatric morbidity in England – 2007*
8. Health & Social Care Information Centre (December 2015a), *Health survey for England 2014: Chapter 2: Mental health problems*
9. Ibid.
10. Mental Health Foundation (September 2013), *Starting today – The future of mental health services*
11. University of Manchester (July 2015), *The national confidential inquiry into suicide and homicide by people with mental illness annual report 2015: England, Northern Ireland, Scotland and Wales*
12. Ibid.
13. McNicoll A (March 2015), op. cit.
14. Health & Social Care Information Centre (October 2015a), *Mental health bulletin – Annual statistics, 2014–2015*
15. Ibid.
16. Ibid.
17. Ibid.
18. Ibid.
19. Crisp N, Smith G and Nicholson K (eds) (2016), *Old problems, new solutions – Improving acute psychiatric care for adults in England*, The Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults
20. Health & Social Care Information Centre (October 2015a), op. cit.
21. Health & Social Care Information Centre (December 2015b), *Hospital outpatient activity – 2014–15*
22. Health & Social Care Information Centre (November 2015), *Psychological therapies: Annual report on the use of IAPT services – England – 2014/15*
23. Care Quality Commission (June 2015), *Right here, right now*
24. Care Quality Commission (December 2015), *Monitoring the Mental Health Act in 2014/15*
25. Health & Social Care Information Centre (October 2015b), *Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment, England – 2014–2015, annual figures*
26. Care Quality Commission (December 2015), op. cit.
27. Health & Social Care Information Centre (October 2015b), op. cit.
28. Ibid.
29. Health & Social Care Information Centre (September 2015), *Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual Report 2014–15*
30. Ibid.
31. Care Quality Commission (2015), *Community mental health survey 2015*
32. Ibid.
33. Ibid.
34. Ibid.
35. Ibid.

36. Green H, McGinnity A, Meltzer H, Ford T, Goodman R (eds) (2005), *Mental health of children and young people in Great Britain, 2004*, Office for National Statistics
37. National Institute for Health and Care Excellence (2010), *Looked after children and young people – public health guideline*
38. Ibid.
39. Health & Social Care Information Centre (June 2015), *Focus on the health and care of young people*
40. Health & Social Care Information Centre (November 2015), *Hospital episode statistics: admitted patient care 2014–15*
41. Health & Social Care Information Centre (December 2015b), op. cit.
42. The King's Fund and Centre for Mental Health (2012), *Long term conditions and mental health: The cost of co-morbidities*
43. World Health Organisation (2015), Information sheet: *Premature death among people with severe mental disorders*
44. Harris E and Barraclough B (1998), Excess mortality of mental disorder, *British Journal of Psychiatry*, 173 (1), pp 11–53
45. Phelan M, Stradins L, Morrison S (2001), Physical health of people with severe mental illness, *British Medical Journal*, 322, pp 443–444
46. Kivimäki M et al (2009), Common mental disorder and obesity: Insight from four repeat measures over 19 years: Prospective Whitehall II cohort study, *British Medical Journal*, 339
47. McManus S, Meltzer H and Champion J (2010), *Cigarette smoking and mental health in England*, National Centre for Social Research
48. Time to Change (2015), *Attitudes to mental illness 2014 research report*
49. Office for National Statistics – NOMIS Database (Accessed 23 February 2016), *Annual population survey analysis – Variables (percentages)*
50. Office for National Statistics – NOMIS Database (Accessed 23 February 2016), *Benefit claimants – Employment and support allowance analysis*
51. Rethink Mental Illness (June 2015), News story: *July emergency budget: Mental health charities issue survey and voice concerns about cuts to benefits of people with mental health problems*
52. Centre for Workforce Intelligence (November 2014a), *In-depth review of the psychiatrist workforce: Main report*
53. Centre for Workforce Intelligence (November 2014b), *In-depth review of the psychiatrist workforce technical report*
54. Ibid.
55. HC Deb, 12 January 2016, cW
56. Ibid.
57. Picker Institute Europe (23 February 2016), *NHS staff survey 2015 – Briefing note*
58. Picker Institute Europe (23 February 2016), *NHS staff survey 2015 – National and trust type weighted 2014–15 data*

Mental Health Network

The Mental Health Network represents providers from across the statutory and non-statutory sectors. We represent over 90 per cent of NHS foundation trusts and trusts providing mental health services.

We work with government, regulators, opinion formers, media and the wider NHS to promote excellence in mental health services, and the importance of good mental health.

We help shape and challenge national policy and legislation affecting our members. We make sense of the broader political and policy environment, and provide members with up to date news and analysis. We also work to identify and spread good practice and innovation in the mental health sector.

For more information about our work, visit www.nhsconfed.org/mhn or email us at mentalhealthnetwork@nhsconfed.org.

If you require this publication in an alternative format, please contact publications@nhsconfed.org. We consider requests on an individual basis.

Further copies can be requested from:

Tel 0844 334 5249

Email publications@nhsconfed.org

or visit www.nhsconfed.org/publications

© The NHS Confederation 2016. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered Charity no: 1090329

Stock code: INF41301



NHS Confederation
50 Broadway London SW1H 0DB
Tel 020 7799 6666
Email enquiries@nhsconfed.org
www.nhsconfed.org

Follow the Mental Health Network
on Twitter [@nhsconfed_mhn](https://twitter.com/nhsconfed_mhn)