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Informing the mental health strategy for England

Alcohol Change UK is one of the leading UK charities working to reduce alcohol harm. **We are not anti-alcohol. We are anti-alcohol harm.** Our vision is a society free from alcohol harm, delivered through five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We focus on evidence and compassion.

We produce research, deliver the incredible Dry January® challenge as part of the year-round behaviour change programme: Try Dry®, provide leading edge training to public-facing professionals including on our award-winning Blue Light approach, provide independent information to the public, and share our expertise with Governments to help them to improve the nation's health and wealth.

We welcome the opportunity to respond to the Department of Health and Social Care's open call for evidence on informing the mental health strategy for England.

We welcome practical examples and evidence on how mental health services can work more effectively across:

- the wider NHS, including new neighbourhood health centres
- services to support people with co-occurring mental health and neurodevelopmental conditions
- different sectors, including education, employers, local authorities and the voluntary, community and social enterprise (VCSE) sector

How can mental health services work more effectively across these areas? Please provide examples of cross-sector pathways in practice. (Optional, maximum 300 words)

Any mental health strategy needs to address substance use as it is such a widespread combination, and possibly more so when you get into primary care mental health services rather than secondary care. Over two thirds of adults starting alcohol treatment

in England report a mental health need,[1] while between 2010 and 2020, 47% of people in contact with mental health services in England who died by suicide had a problem with alcohol use.[2]

From our work, we have heard many cases where people who have mild to moderate mental disorders as well as substance use problems receive very poor care. We have been told that talking therapies are sending people away to address their alcohol use first, which is contrary to the UK Clinical guidelines for alcohol treatment, which calls for a "no wrong door" approach.[3]

The Wales Mental Health and Wellbeing Strategy 2025-2035[4] gives good recognition to the interface of mental ill-health and substance use, including alcohol. The Housing First model also provides a method for coordinated and intensive support for people experiencing alcohol dependency and mental health problems.[5]

What further support should be provided for people with severe and enduring mental illness? (Optional, maximum 300 words)

Alcohol Change UK's "Blue Light" manual[6] sets out the very real social, psychological, and emotional barriers that people with entrenched alcohol dependency and serious, multiple unmet needs face. The impact of poor sleep, depression, and cognitive damage, among other conditions, will mean that people's ability to manage themselves is severely impaired.

Our Blue Light Approach has trained practitioners across the UK in our structured, effective interventions. The Approach is built around a mixture of assertive outreach, multi-agency management, and harm reduction techniques. We also support local authorities to roll out the Blue Light Approach locally, embedding it and the key component of multi-agency working into local services.

The second edition of the Blue Light Approach is freely available.[7] It has been updated with learning from the past 10 years, features case studies from areas which have embedded this way of working, and updates the language and terminology used.

The Blue Light Approach has successfully supported people with alcohol dependency and associated mental health problems with many positive outcomes for local authorities. For example, an independent evaluation of the Blue Light Approach in action in Buckinghamshire showed clear reductions in police callouts, crime reports, antisocial behaviour, and emergency healthcare use. Average annual service costs per person dropped from £57,200 to £45,100. That is a saving of more than £12,000 per person, and a return on investment of between £4 and £5.70 for every £1 spent.

What are the main barriers to continuity of care across transitions between hospital and community services, and between different levels of care, including child to adult services? Please provide examples from either side of the transition and outline how these barriers could be effectively addressed. (Optional, maximum 300 words)

Important lessons about local barriers to continuity of care can and should be learned from Safeguarding Adult Reviews (SARs). Over 800 SARs have been published since 2015, and many concern marginally housed individuals and people experiencing

homelessness. As SARs are statutory processes, it is important that lessons are being learned from them. Alcohol Change UK carried out analysis of patterns and themes in SARS in 2017.[8] We will be publishing an updated analysis of more recent SARS later this year and would be happy to discuss the findings.

Which preventative approaches have the strongest evidence for reducing incidence or severity of mental health problems and promoting good mental health? (Optional, maximum 300 words)

Reducing alcohol consumption at population level would be beneficial for people's mental health. Alcohol use can be both a cause and a consequence of mental health problems, with some using alcohol to self-medicate, creating a cycle which can be difficult to break.

In a survey commissioned by Alcohol Change UK, over half of people who drink alcohol (53%) said they did so for a mental health reason – such as feeling anxious, stressed or worried, feeling bored, having trouble sleeping, or feeling sad or low – at least once in the past six months.[9] The survey found that four in ten people (44%) said drinking alcohol had made their mental wellbeing worse, experiencing increased anxiety, trouble sleeping, memory issues, sadness, or irritability.

Good, evidence-based policy can make a difference to millions of lives by creating an environment which prevents alcohol harm. The three most effective and cost-effective policies to reduce alcohol consumption are to restrict its marketing, reduce its availability, and increase its price.

Additionally, support and treatment must be accessible to all. Until 2020/21, an estimated 82% of adults dependent on alcohol in England were not receiving the treatment they needed.[10] Investment in drug and alcohol services since the 'Harm to Hope' strategy in 2021 has begun to have a positive impact, with increasing numbers accessing treatment. Restoring the 5-year programme of investment recommended by Dame Carol Black will allow service providers to plan services, recruit staff, and crucially, reach out to the 73% of the people dependent on alcohol who are not currently accessing services.

What commissioning, funding and oversight or accountability arrangements (nationally and locally) best support safe and integrated mental health services that improve outcomes across mental health, participation in work, education and community life, and social functioning? Please provide examples. (Optional, maximum 300 words)

Alcohol Change UK has built on the success and learnings of the Blue Light Approach and developed "The West Sussex Co-occurring Conditions Protocol", which provides a model that can be useful elsewhere. It sets out how assessment and care will be organised for adults with co-occurring conditions in West Sussex.

The combination of mental disorders and substance use is a challenge for professionals. A common assumption among professionals is that if substance use ceases then mental health problems do too. Often, this is incorrect and serves to increase the stigma experienced by those with co-occurring conditions and creates barriers to treatment.

In partnership with Alcohol Change UK, West Sussex has developed a protocol to guide practitioners on pathways for this group. The key principle is that people should not be

denied access to mental health services on account of their substance use and vice versa. Nor is there any value in debating which condition causes what, or in defining which came first, or is the more important problem. The focus should be on people's clinical presentation.

For mental health and substance misuse services to work well together, an oversight group is needed to smooth the implementation of the protocol. Still, services must adapt to make it easier for clients to engage with them, otherwise the same issues dealt with through the Blue Light Approach will continue to arise.

We are happy to provide further details on the above and help the government with its development of policies to support people with alcohol problems.

References

[1] Office for Health Improvement & Disparities (2025). *Adult substance misuse treatment statistics 2024 to 2025: report.*
[2] The National Confidential Inquiry into Suicide and Safety in Mental Health (2025). *Annual Report: UK patient and general population data, 2012-2022.* University of Manchester.
[3] Department for Health and Social Care (2025). *Clinical guidelines for alcohol treatment.*
[4] Welsh Government (2025). *Mental health and wellbeing strategy 2025 to 2035.*
[5] Crisis (2018). *Everybody in: How to end homelessness in Great Britain. Chapter 9: The role of Housing First in ending homelessness.*
[6] Alcohol Change UK (2014). *The Blue Light Approach*.
[7] Ward, M., Holmes, M., and Gardiner, J. (2026). *The Blue Light Approach: Improving care and support for people with entrenched alcohol dependency. Guidance for practitioners.* Second edition. Alcohol Change UK.
[8] Alcohol Change UK (2019) *Learning from tragedies: an analysis of alcohol-related Safeguarding Adult Reviews published in 2017*.
[9] Alcohol Change UK (2020). *Over half of UK drinkers have turned to alcohol for mental health reasons during pandemic.*
[10] Office for Health Improvement & Disparities (2025). *NDMTS – Adult profiles.*