

Dear Jim

I'm writing to tender my resignation from the role of national director for mental health with immediate effect. It seems that it is common knowledge that change at the top is wanted. You have told me that a new person to lead the sector is wanted by our political leadership and I have no doubt that there are many talented and committed people from which to choose. Since this position is apparently widely already known by several people I cannot continue to do the job in the way it deserves to be done and it's best you quickly find someone that you. And the political leadership can have confidence in.

It is clear to me that there is huge political appetite for change and a brand new, radical approach to mental health. Having spent the last 43 years as a mental health nurse, fighting for change and progress in mental health services, I can only hope that great things are in store for a sector that deserves the best talent, leadership and innovation that there is. Also realistically I can't lead the sector when the political leadership don't want to engage with me, so it's best that I step aside immediately to allow a new person to be swiftly identified.

I am immensely proud of the progress made by colleagues and partners in recent years. The commitment to parity, share of spend, the MHIS, the ability to have a 5 year plan with clear ring-fenced funding, work force development and clear targeted outcomes has made a huge difference to what could be achieved.

More patients than ever before are being seen and treated many by services and expert clinicians that simply were not available a few short years ago....Mental health support teams in schools, 24/7 psychiatric liaison services in all major acute hospitals, specialist MH perinatal services, IPS services, specialist gambling clinics, 24/7 crisis lines, exciting 24/7 neighbourhood pilots in 6 areas of the country with many more to follow. We have spent the last two or three years implementing different models of emergency EDs or equivalents with some significant success and now want to roll these out nationally. These all build upon the solid advancements in the community transformation space and also closer links to the vital work undertaken in primary care. We have spent the last two or three years implementing different models of emergency EDs or equivalents with some significant success and now want to roll these out nationally. We have 40k more staff working in MHS services, having grown at 9k a year in since 2019. We've doubled the mental health nurse training pipeline from circa 2500 pa, to more than 5000 pa; we've created new roles, increased peer support workers and seen real innovation in different provider models such as some excellent provider collaboratives that have shown marked shifts from bed-based models of care to community alternatives. Our Talking Therapies programme is world-leading and has proven impacts on employment outcomes as well as other important clinical outcomes, as recognised by the OBR and Jeremy Hunt when he was Chancellor. We have long worked towards obtaining a commitment to a new Mental Health Act and this is also now progressing.

The appetite for digital innovation has been significant in the sector whether that's been electronic EPRs, digitally embedded products in clinical platforms [such as Kooth which now accounts for 10%

of CYP activity) and AI. This has been against a backdrop of disproportionately low national digital investment in MH recent years. The determination to go further faster is very real. Very soon we will have completely irradiated dormitory provision right across the mental health sector in England; an amazing step forward.

The third sector has been an important partner in delivering measurable and material improvements in both local areas and nationally. Rethink Mental Illness, MIND, Young Minds, the Centre for Mental Health, Royal Colleges, ADASS, people with lived experience and many others have helped the NHS to achieve things which a few years ago might not have seemed possible. Combined with an incredible national team which I believe is unrivalled in the world, we've made progress. We've made a difference but never forgetting that everything that is achieved is driven by frontline organisations, teams and partnerships [including vital small local charities] and above all the experience and needs of those with mental illness and MH problems who daily inspire, battle stigma and who still have to fight too hard for true parity. I salute them and they humble me daily.

Looking forward, I believe the NHS must continue to focus on many of the things which we have started eg localising care, ending out of area placements, reducing waiting lists investing in innovation and AI, integrating care wherever possible, moving towards prevention and early intervention, remembering and planning clearly for the needs of older people, driving productive models of care and clear quality outcomes, better working with patients and their families to reduce suicide and tragic incidents, embedding quality in all that we do and retaining and investing in our staff. Tackling inequalities and reducing the premature mortality of people with serious mental illness remains an area that we have sadly made insufficient progress on. However, the PCREF and with the work of the incredible champion who is Jackie Dyer, we have a road map to guide next steps but let us be in no doubt there is a great deal still to be done. Much of which does not require additional investment but much of which, absolutely does.

Maintaining share of NHS spend on mental health, will be critical although it fell last year and will again this year. It likely will continue to do so over the next 3 years. I hope I am wrong. Share of Spend has helped us for example, move from seeing a shocking 25% of CYPs with a clinical need, to [a still shocking] 50%, over the last few years despite a huge increase in prevalence. We used the investment to increase the CYP MH workforce from circa 9.5k to circa 21k in order to achieve this and to roll-out Mental Health Support Teams to more than half the country and we have a plan, if it's funded, to achieve whole country coverage by 2030. Possibly being one of only a few countries in the world to achieve this. We had planned on a further 5 years in the Long Term Plan, to finish the job. It's only one example of what a 5 year funded plan has enabled us to achieve in England. So having a share of NHS spend matters as does having MHIS and a detailed, multiyear plan.

I want to thank my national team, partners, those leading and working in NHS mental health services and above all the many services users and carers who have given so much to drive improvements in MHS in this country in recent years and who will be intelligent, vocal and values- driven in all that comes next.

Claire Murdoch