

# Mental Health in England

Policy into Practice

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*September 2006*

## Summary

- Context and comparisons
- Mental Health in England – key recent developments
- What has changed?
- The role of the *National Institute for Mental Health in England* and the *Care Services Improvement Partnership*
- Future trends

## Context and Comparisons

### United Kingdom

- Population  
60,431,700
- Land area  
130,439 sq. km
- GDP  
\$1,882,617 million

### California

- Population  
35,116,033
- Land area  
411,471 sq. km
- GDP  
\$1,621,473 million

## Conference objectives include

- Learning how other countries mental health systems are transforming
- Identify areas of convergence and shared experiences
- Identify areas of divergence and opportunities for new perspectives

## Key Recent Developments

- The National Service Framework for Mental Health (1999)
- The NHS Plan (2000) – new teams and new workers
- Mental Health and Social Exclusion (2004)
- The National Service Framework 5 Year Review (2004)
- Mental health as an economic and social issue

# The National Service Framework

## **Seven standards covering:**

- Mental health promotion
- Primary mental health care
- Access to services
- Specialist care
- Hospital and crisis accommodation
- Support for carers
- Preventing suicide

## The NHS Plan

- New teams:
  - Assertive outreach – intensive support for difficult to engage people
  - Crisis resolution and home treatment – 24 hour intensive support for people in crisis
  - Early intervention – treatment at first onset of a psychotic disorder and appropriate follow up

# The NHS Plan

- New workers
  - **Graduate Primary Care Mental Health workers** – trained in brief therapy techniques
  - **Gateway workers** – improving access to specialist services
  - **Carer support workers**

# The National Service Framework 5 Year Review (2004)

Published in December 2004, by Louis Appleby, the Department of Health National Director for Mental Health.

Main findings of the report include:

1. suicide rates are at their lowest recorded level;
2. most users of services report that their experience of mental health care has been positive;
3. staff numbers have substantially increased and modern treatments are in widespread use; and
4. specialist community mental health teams have been set up across the country, offering home treatment, early intervention or intensive support for people with complex needs.

# The National Service Framework 5 Year Review (2004)

- The mental health of the whole community:
  - Social inclusion and stigma
  - Race equality
- Primary care
- Psychological therapies
- In-patient wards
- Dual diagnosis
- Workforce and new ways of working
- Information systems

## Social Exclusion Report 2004

- How to enable more adults with mental health problems to enter and retain work?
- How to enable social participation and access to services?

## Social exclusion has multiple impacts

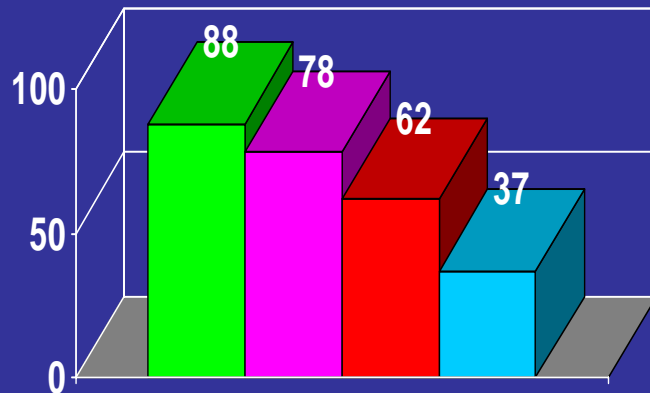
What can happen when people or areas suffer from a combination of linked problems – unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown.

Characterised by the inter - relatedness of problems that are mutually reinforcing; combined they create a fast moving, complex and vicious cycle.

(Social Exclusion Unit 2004)

# Exclusion – The Evidence

% of employers who would recruit from different groups  
ONE evaluation (DWP 2001)



■ lone parents  
■ long-term unemployed  
■ physical health problems  
■ mental health problems

- ***Less than 40% of employers would recruit people with mental health problems***

***Two thirds deterred from applying, for fear of unfair treatment but many:***

highly skilled

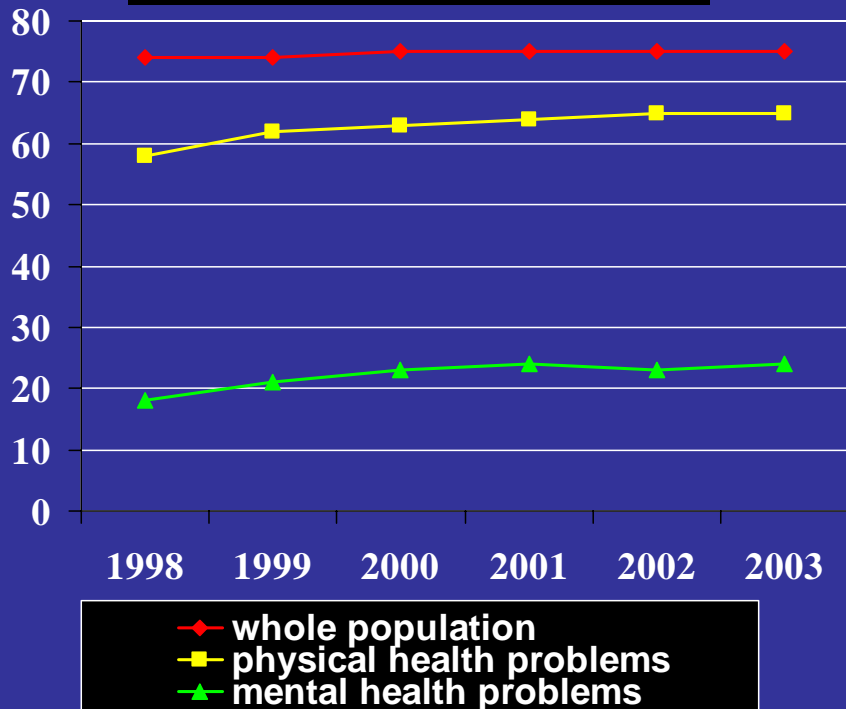
relevant experience

able to work with

minimal adjustment

# Less than a quarter of adults with mental health problems are in work

*LFS data for England only*



## Main barriers

fear of losing benefits  
employers' attitudes  
fluctuating nature of  
condition

*low expectations of health  
professionals*

## People are excluded in many different ways

- low levels of participation in
- FE/leisure activities

physical illness  
overlooked

not eligible to be  
juror or school governor

harassment complaint  
not taken seriously

financial services  
hard to access

1/4 tenants with serious  
arrears at risk of eviction

# National Social Inclusion Programme

Formed in September 2004, three year programme to:

- Reducing barriers to employment, education, volunteering, housing and community participation
- Promoting new forms of service for independence, choice, and personalisation through developing leadership, management and teams

## Progress

- **School Governance Regulations** amended to revise and clarify the opportunities to hold Governor posts
- Joint work with **Disability Rights Commission**
- **National employer forum** established
- **Workforce strategies** being established: skill sets for inclusion
- **Education:** commissioners of adult education now require Colleges to be accessible; Nine regional networks set up to oversee progress

What has changed?

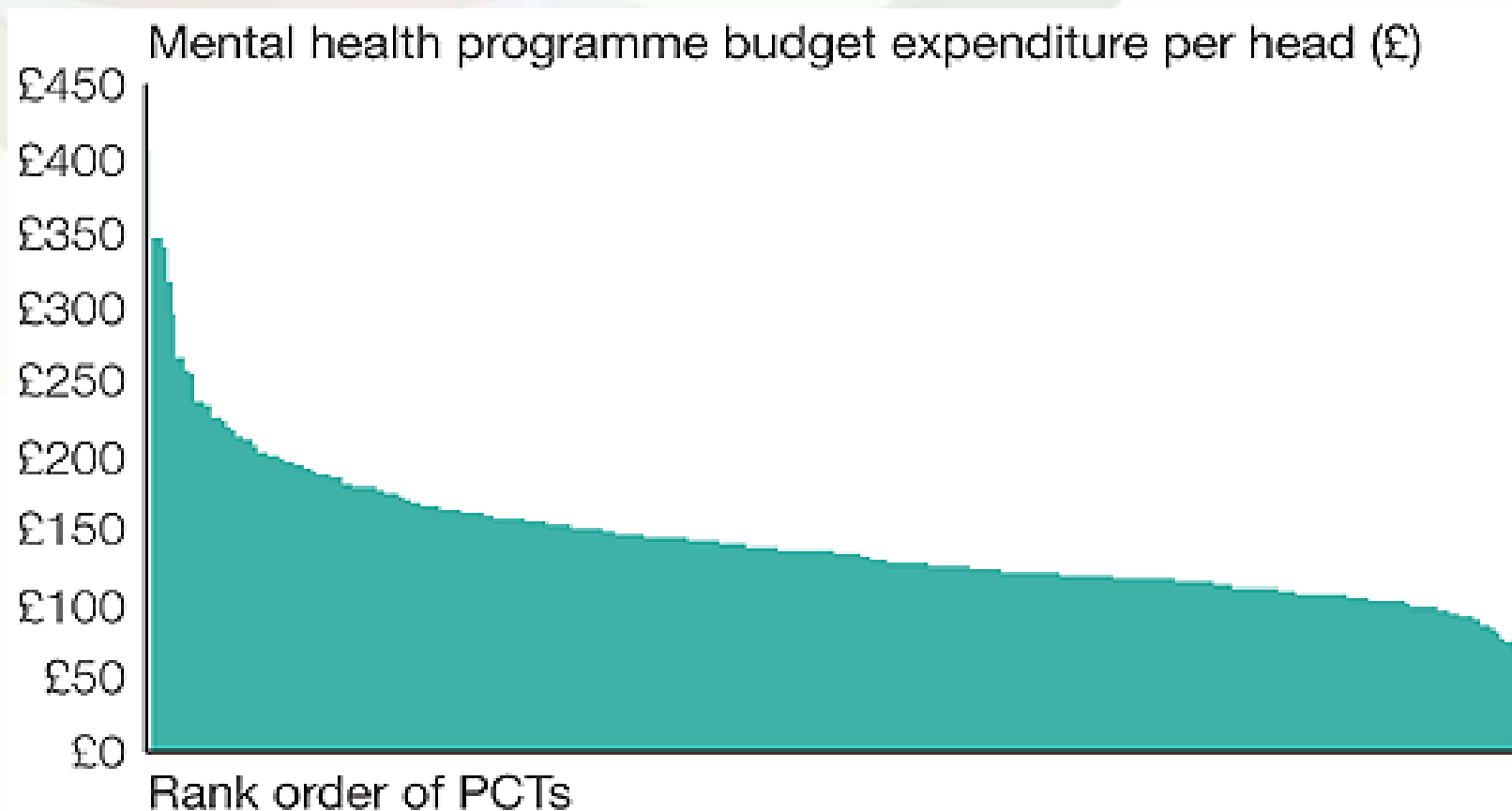
## International pathways to mental health system transformation

- The emergence of the recovery paradigm
- The rise of consumer activism
- A trend towards a more holistic and integrated view of mental and physical health as well as social care and services

# Total investment in NHS services (at 2005-06 pay and price levels)

	Total NHS Spend			Total Mental Health Spend		
	Total investment (£m)	Annual increase (£m)	Percentage increase (£m)	Total investment (£m)	Annual increase (£m)	Percentage increase (£m)
2001-02				3,921		
2002-03	64,877			4,318		
2003-04	70,461	5,584	8.61	4,364	46	1.07
2004-05	72,831	2,370	3.36	4,755	391	8.96
2005-06	76,144	3,313	4.55	4,904	149	3.13
Increase since 2001-02					983	25.10
Increase since 2002-03		11,267	17.37		586	13.57

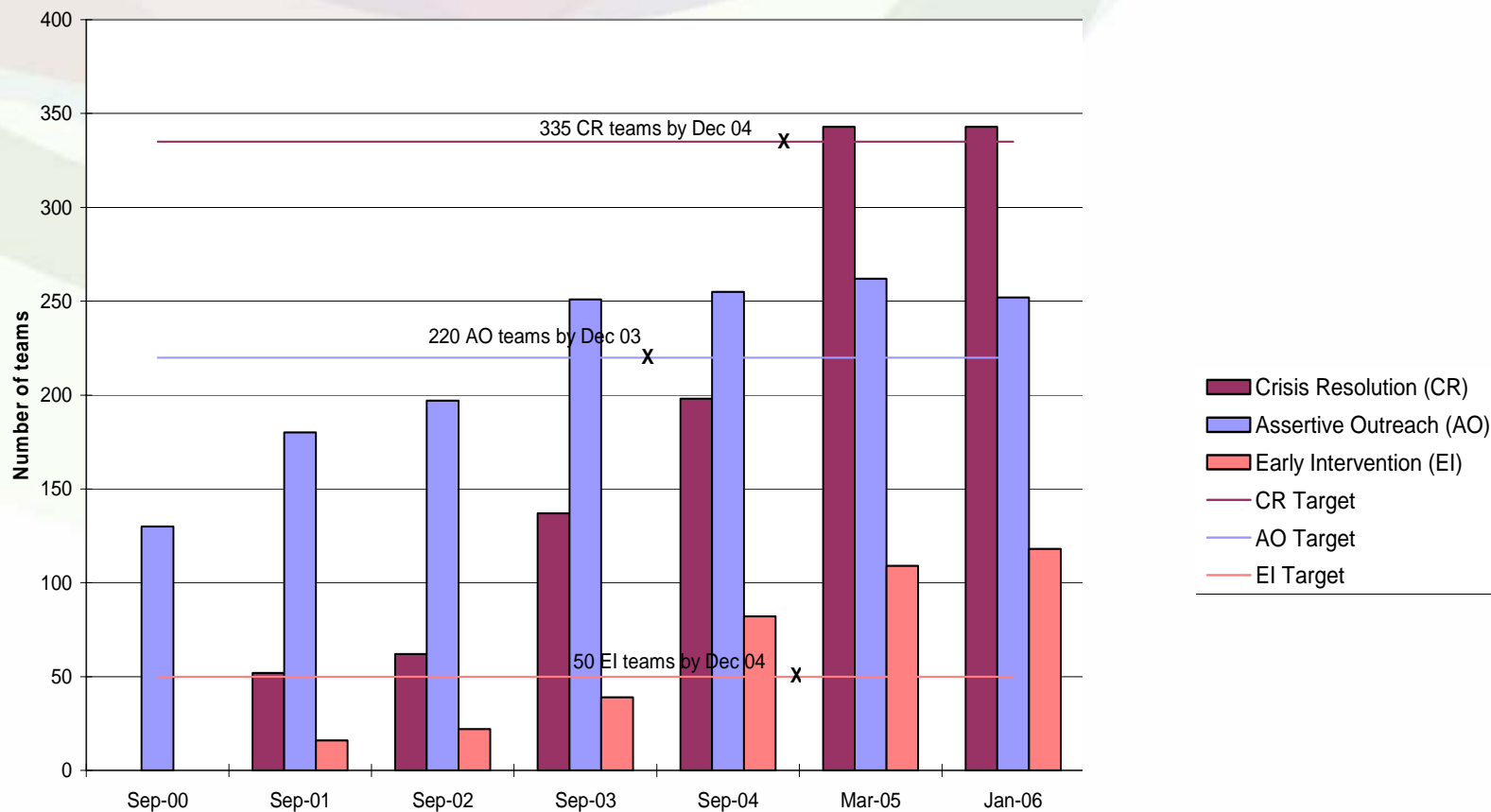
# Variation in NHS expenditure on mental health services per head in England 2004/05



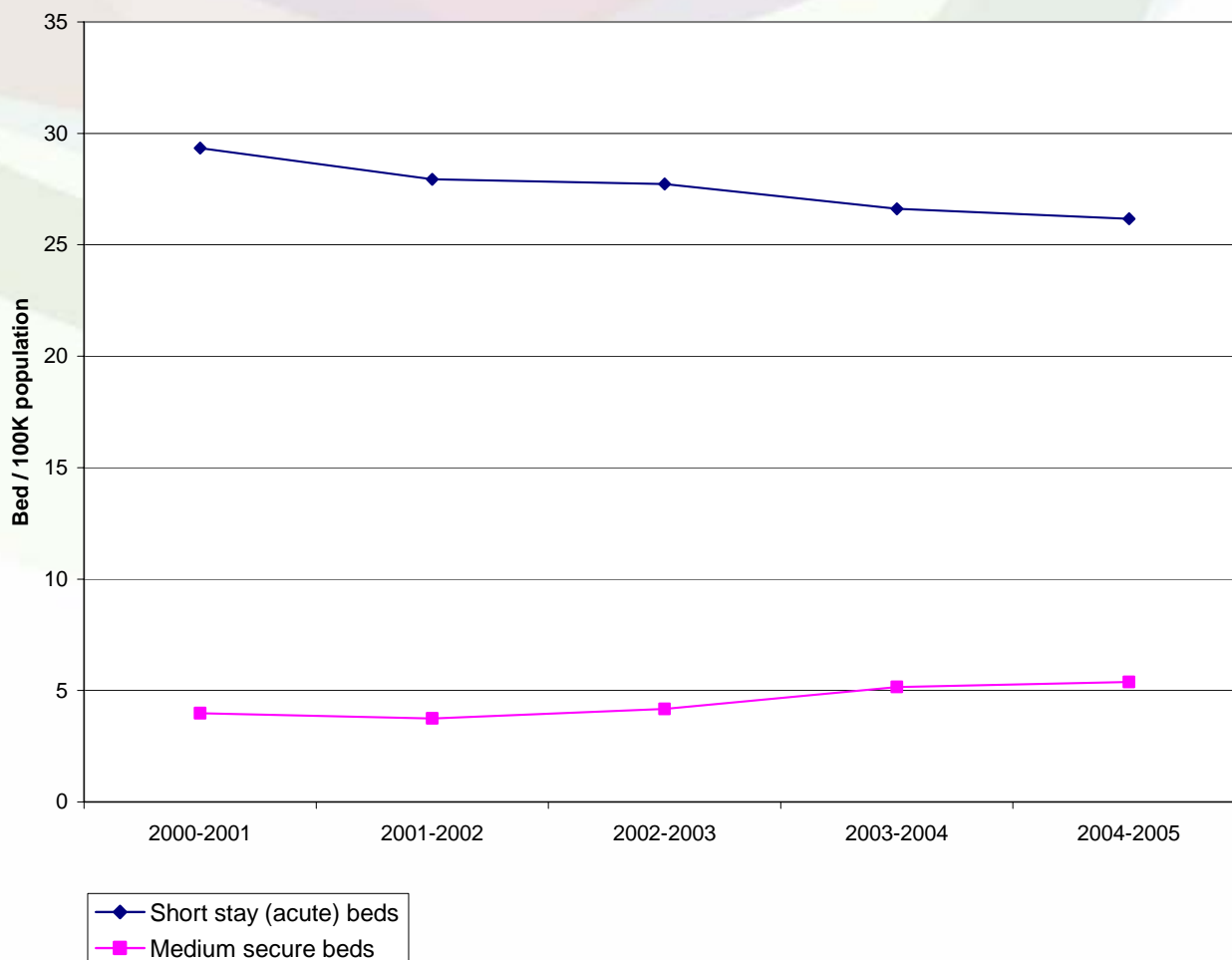
# Percentage real increases in investment in mental health services in England 2001/02 - 2005/06

<b>Service category</b>	<b>Growth (adjusted for inflation)</b>
Access and crisis services	117%
Secure and high dependency services	100%
Home support	54%
Accommodation	20%
Psychological therapies	14%
Community Mental Health Teams (CMHTs)	14%
Continuing care	10%

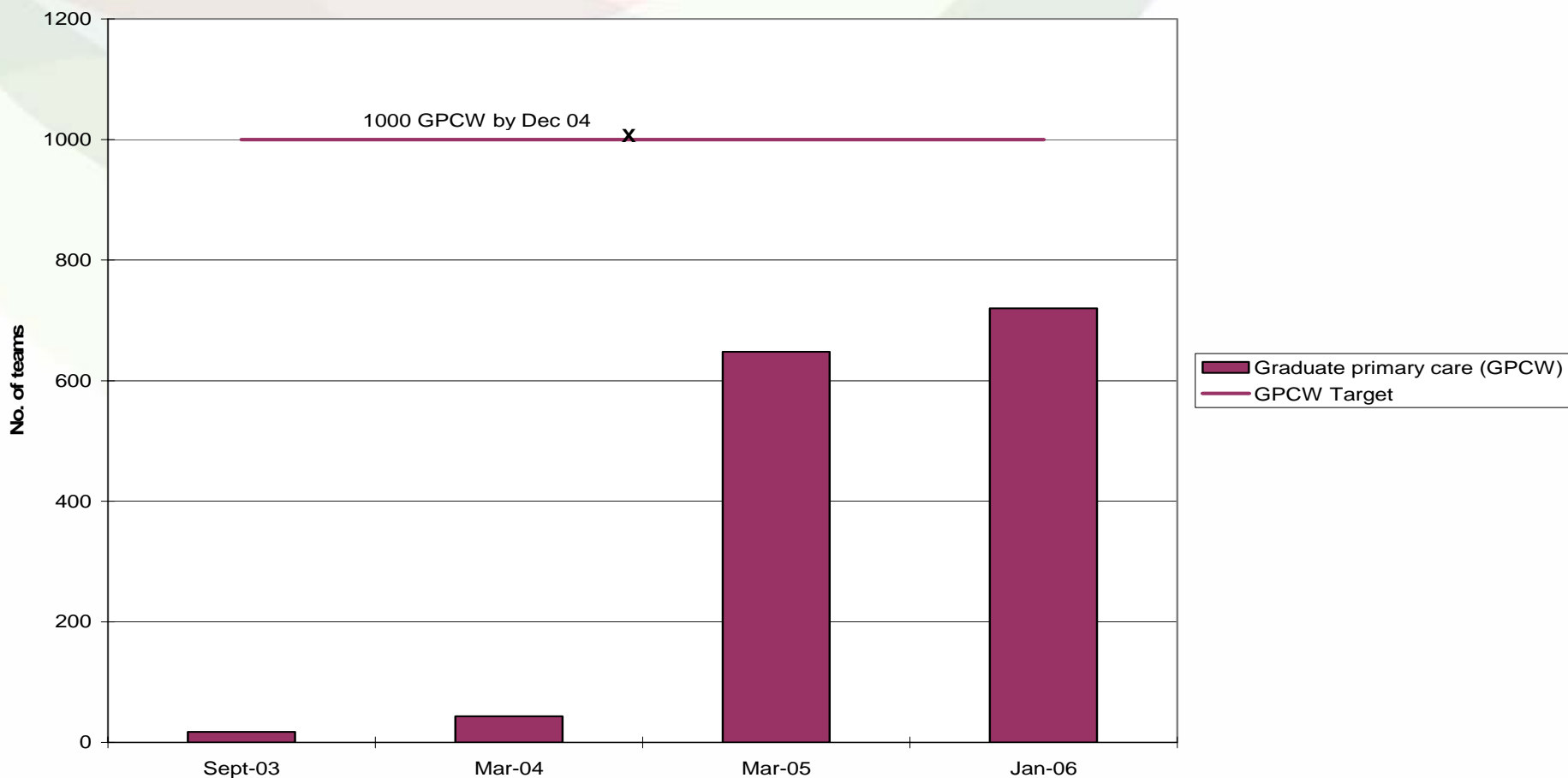
# Number of New Mental Health Teams in England, Sep 2001-Jan 2006



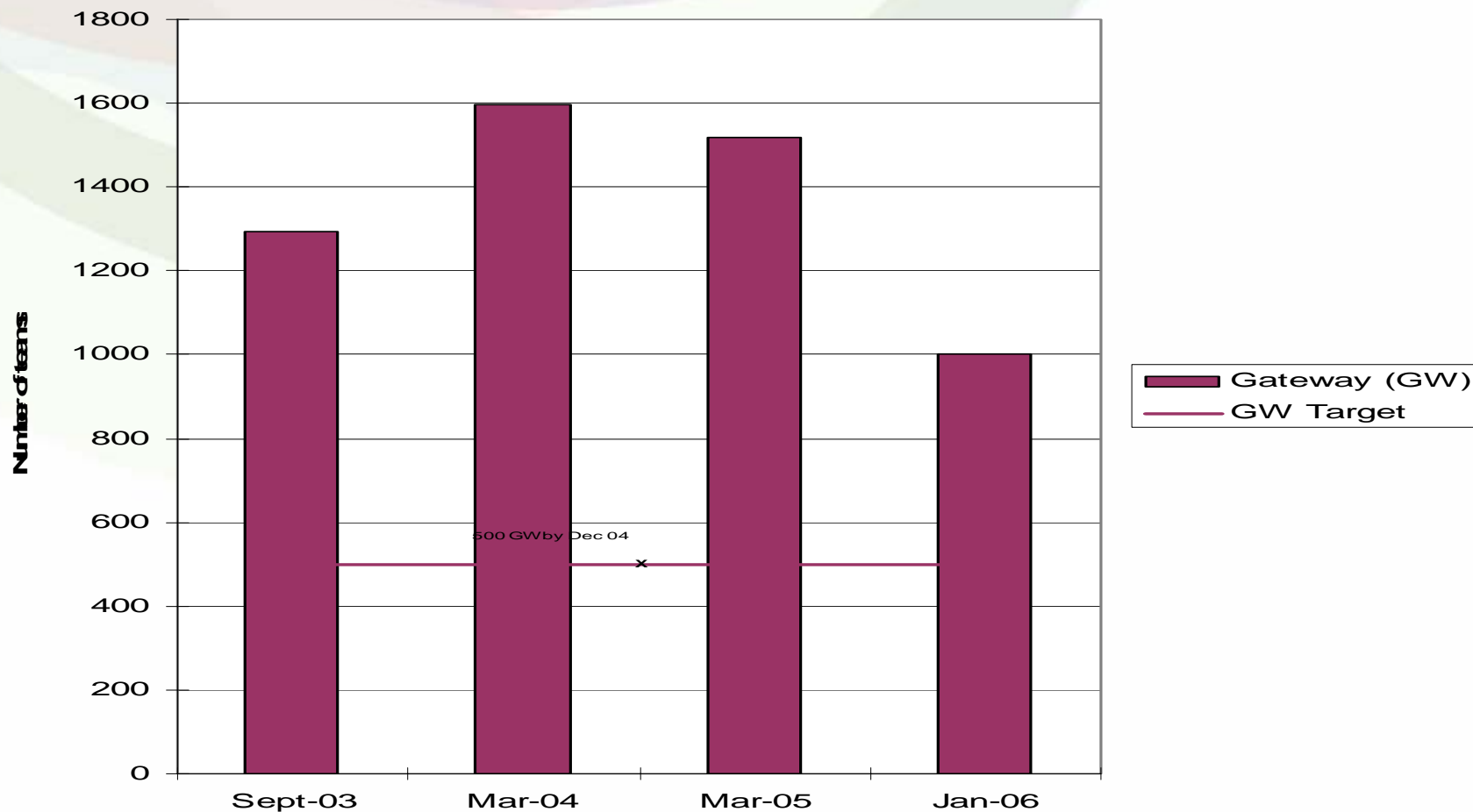
# Hospital Beds for Mental Health per 100,000 of the Population



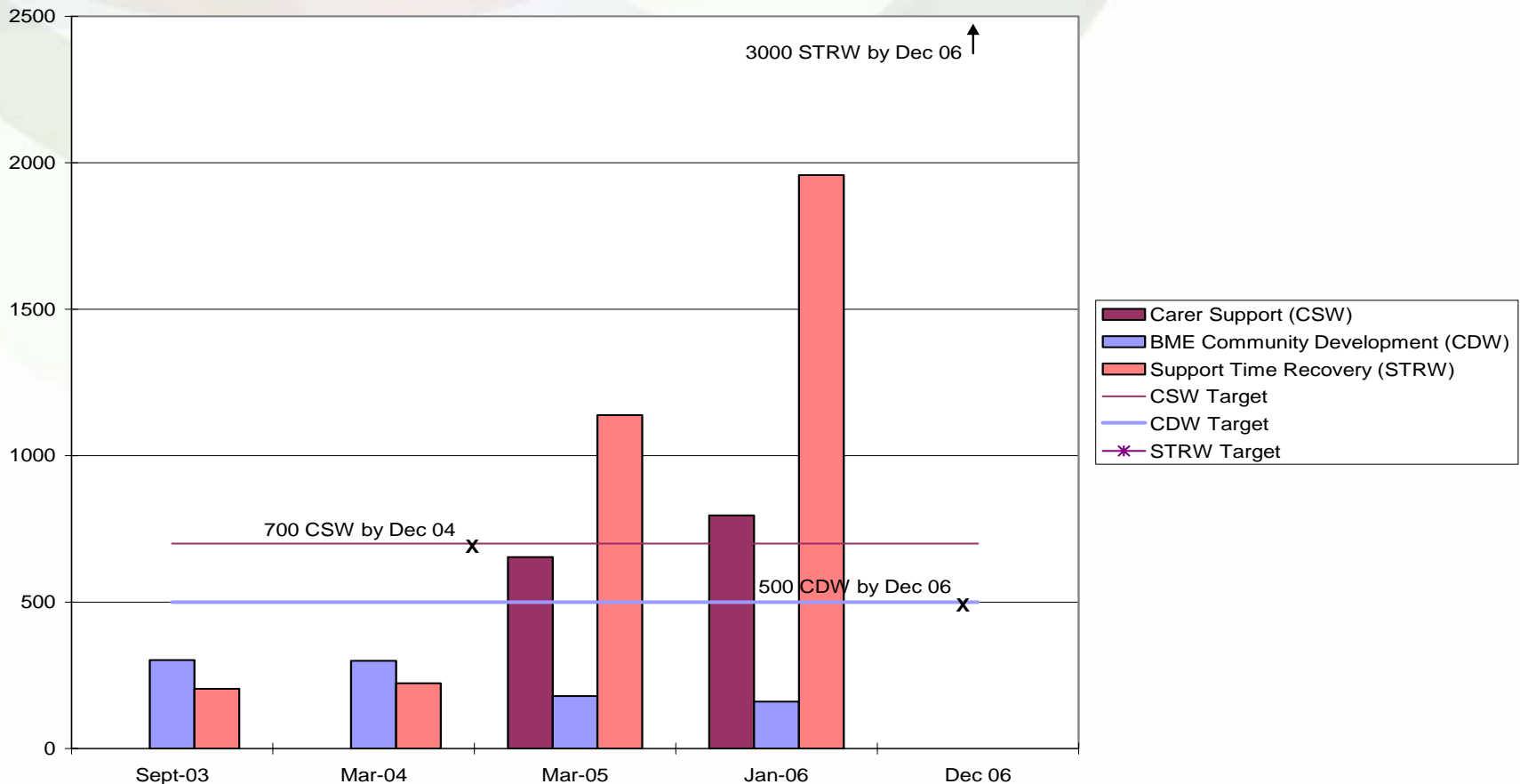
# Implementation of Graduate Primary Care Workers in England



# Implementation of Gateway Workers in England



# Targets for & Numbers of New Workers Sept 2003-Dec 2006



## Achievements

- The climate has changed for the better
- Services have improved but the demands on services have grown
- We now have much more of an improvement culture in mental health
- We have met a number of the targets set in 2000
- We have made progress on user and carer issues
- There has been some good thinking on recovery, but

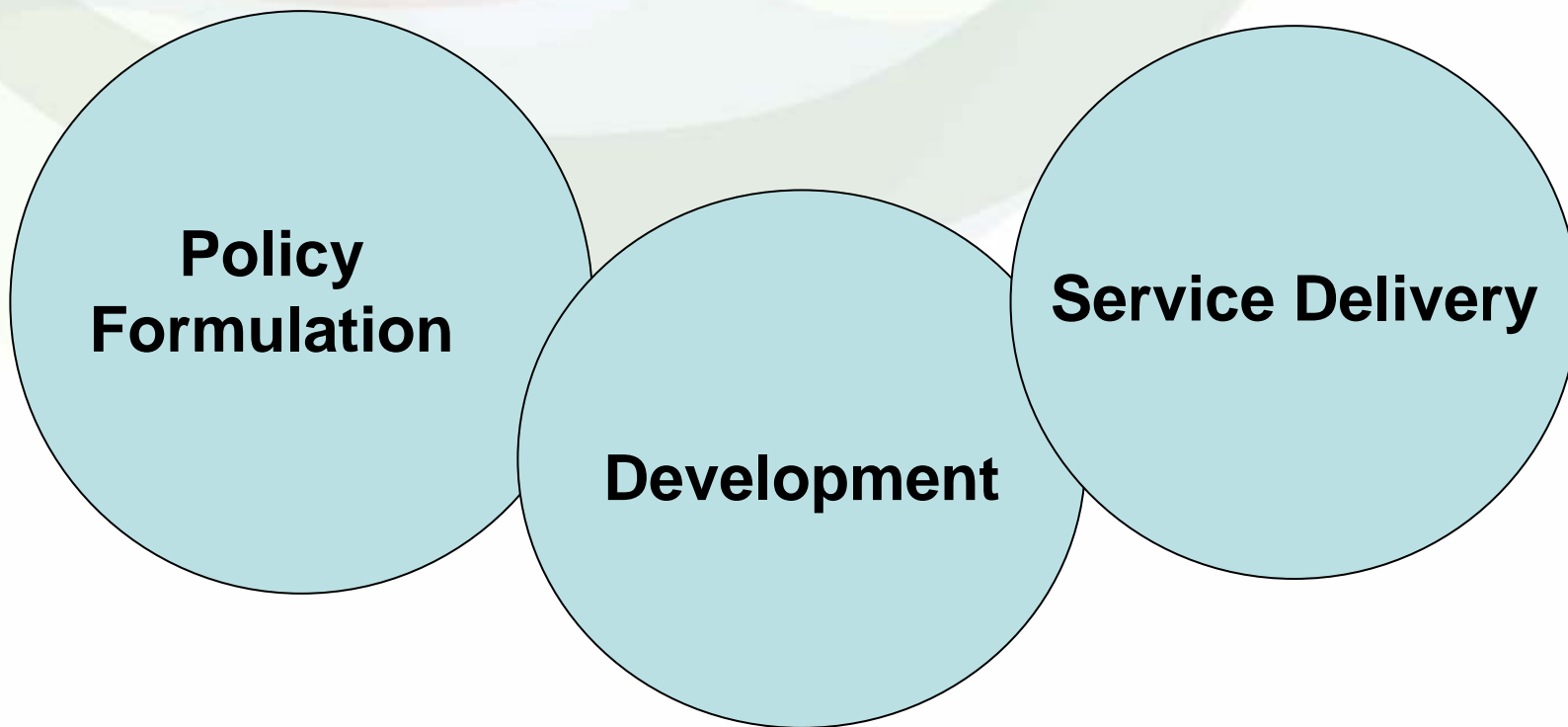
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## But

- Some targets remain unmet
- The shortcomings of the input target approach are apparent
- We are struggling with issues of stigma and discrimination
- The recovery paradigm is not yet universal in its application - less progress in applying the paradigm of recovery to services

The role of the  
*National Institute for Mental Health in  
England*  
and the *Care Services Improvement  
Partnership*

# Putting Policy into Practice



**Policy  
Formulation**

**Development**

**Service Delivery**

## NIMHE

- NIMHE was formed in 2002 to support the mental health system respond to the challenges made by the National Service Framework for Mental Health.

## NIMHE Strategic Objectives

- Improving health & well being
- Supporting service and performance improvement
- Promoting equality, access, choice and independence.
- Supporting system change

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## Care Services Improvement Programme (CSIP)

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- Funded by the Department of Health
- NIMHE is now part of CSIP
- Implement national policies for local benefit
- 8 Regional Development Centres

# CSIP Regional Map



## 7 National Programmes

- Children and families
- Health and social care in criminal justice
- Integrated care network
- Learning disabilities
- Mental health (NIMHE)
- Older people and physical disability
- Social care (including the Care Services Efficiency Delivery programme)

# Structure of our work programme – where our work takes place

- National Programmes
- Pan-regional work
- Working with local organisations

## Examples

- 10 High Impact Changes
- Choice
- Working with Criminal Justice
- Capital Volunteering
- Acute Care Collaborative
- Service development networks

# Future Trends

## The wider impact of mental illness

- Mental illness is a major source of suffering, probably worse than poverty.
- **There are now more mentally ill people drawing incapacity benefits than there are unemployed people on Jobseeker's Allowance.** Mental ill health is a major cause of disability – nearly 40 per cent of people on incapacity benefit have “mental health problems” as their main disability
- At least a third of all families are today affected by mental illness.
- According to the Psychiatric Morbidity Survey 16% of adults of working age have a mental illness, of whom up to a half are seriously ill.

## Social justice and the “rights” agenda

- **Disability Discrimination Act (2005)** - The Disability Discrimination Act 2005 (DDA 2005) builds on and extends earlier disability discrimination legislation. It introduces a duty on all public bodies to promote equality of opportunity for disabled people.
- **The Public Sector Gender Duty** - A legal duty introduced as part of the Equality Act to come into effect April '07. All public sector bodies will have to demonstrate equity of outcome for women and men in all aspects of policy, service delivery and workforce issues.

## Future Direction

- Continue to strive for higher standards of treatment and care
- Change the balance of power in favour of the service user
- More choice and “personalisation”
- Enable people with mental health problems to achieve greater independence and a greater contribution to their communities through promoting social inclusion
- Take full account of the economic and social benefits of reducing mental illness and promoting good mental health – the economic benefits of health intervention
- Take a broader view incorporating prevention, improving mental well being, treatment, and recovery.

## Personal lessons

- Develop the partnership with stakeholders from the beginning
- Good relationship management is so important
- Don't try to do everything – focus on the pivotal issues

# Thank You!

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