

Parliamentary briefing from Mind



Provision of Mental Health Services

January 2014

About Mind

We're Mind, the mental health charity for England and Wales.

We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

Summary

Improving the quality and quantity of mental health services is the highest priority for our supporters. Mental health problems are on the rise and people need mental health support more than ever. Between 2012 and 2013 we saw a 50 per cent surge in calls to our Infoline and a sharp increase in callers who are at risk of suicide.

The Government has committed to 'parity of esteem' in the NHS, where mental health is on an equal footing with physical health. But in 2011/12, total NHS spending mental health dropped for the first time in a decade. Given the changes and cuts to the local authority funded services, social care and welfare support, NHS services are more crucial than ever to ensure people have the support they need.

Key Concerns about current provision of services

It's vital that good mental health provision is available in each part of the mental health system. A shortage in one part of the system will inevitably have a knock on effect in other parts. We have concerns about 4 key areas:

- Overall Investment in mental health
- Poor access to social care and personal budgets
- Inadequate access to talking psychological therapies
- Problems with crisis care services

Investment in mental health

Investment in mental health remains poor compared with other conditions. Mental health accounts for 23% of the total burden of disease for the NHS but, despite the existence of cost-effective treatments, it receives only 13% of health expenditure. In addition, only 7% of local authority spending on social care is for adults with mental health problems.

This systemic underfunding is compounded by a real terms decrease in investment in mental health services of -1% in the year 2011/12, the first fall for over a decade. Furthermore, the government has discontinued the annual National Survey of Investment in Mental Health Services which provided this figure and has monitored expenditure for the past 11 years. Without the important measures contained in this survey we will not be able to effectively measure progress towards achieving parity.

Poor access to social care and personal budgets

Social care services can provide help people with mental health problems need to stay well and manage their condition, such as help with washing and dressing, shopping, bills and appointments. The Care Bill, currently going through Parliament, brings much-needed change to the social care system, but there are still critical areas that need improvement:

- **Eligibility threshold set too high to help** – only people with ‘substantial’ needs will be entitled to social care. Many people with mental health problems will not meet this threshold and will be excluded from care. This is a short-sighted approach - mental health problems can often be stabilised by early access to social care, and can rapidly spiral out of control without that care.
- **Personal budgets are not reaching people with mental health problems** - personal budgets via ‘direct payments’ are shown to help people with mental health problems pursue the goals in their lives and recover. But 2011-12 figures show only 14% of people with a primary mental health need receive a personal budget, compared with a 43% average for all people receiving social care services.
- **Section 117 ‘After-care service’ must be protected** – S.117 of the Mental Health Act 1983 requires local authorities and CCGs to provide a mix of free-of-charge health and social care services to people leaving hospital after being sectioned. After-care is designed to help people cope outside of hospital, and therefore prevent hospital readmission. The Care Bill seeks to redefine what constitutes after-care and in so doing, risks reducing the social care services local authorities will provide, leaving patients with only the bare minimum of services in future.

Inadequate access to psychological therapies

People are having problems accessing early intervention services, such as talking therapies, which can make a huge difference to recovery, prevent mental health problems getting worse, stop relationships falling apart and prevent job losses.

Our report, [‘We still need to talk: A report on access to talking therapies’](#), found that:

- **One in 10 people have been waiting over a year to receive treatment** and over half have been waiting over three months. There are no statutory waiting times to receive psychological therapy for a mental health problem despite its proven benefits.
- **3 out of 5 people weren’t offered a choice in their treatment**, even though this increases the effectiveness of the treatment by up to three times and different therapies work well for different people.
- **Access to talking therapies is patchy across the country**, but people from black and minority ethnic communities, people with severe mental illness, and older people find it hard to access psychological therapies on the NHS.

The Government’s Improving Access to Psychological Therapies (IAPT) programme has helped millions access therapies on the NHS, but demand for mental health treatments is

rising and far too many people are still not getting the treatment they need, when they need it.

Problems with crisis care services

A mental health crisis is frightening and can be life-threatening. Yet our crisis care campaign has found that the quality of help you get will depend on where you live. From the experiences of people who have used crisis services and data obtained from Freedom of Information Requests to mental health trusts, we have found:

- **The availability and quality of crisis care services varies from excellent to unacceptable.** Too often people are turned away and struggle to get help. In some places, inpatient wards are not safe and far from therapeutic.
- **Crisis care teams are under-resourced, understaffed and overstretched.** 4 in 10 mental health trusts (41%) have staffing levels well below established benchmarks levels and the options available to people vary widely across the country.
- **There is a huge variation in the use of physical restraint of across England –** Physical restraint is an extreme response to managing someone's behaviour when they are in a mental health crisis. It can be humiliating, cause severe distress and at worst it can lead to injury and even death. In a single year, one trust reported 38 incidents while another reported over 3,000.
- **Face down restraint used on 3,000 occasions in 2012.** Pinning someone face down on the floor is dangerous and can be life-threatening. It can feel like you're being suffocated and can cause even more distress. Some trusts have put an end to this practice altogether but others continue to use it despite the dangers.

It was horrific... I had some bad experiences of being restrained face down with my face pushed into a pillow. I can't begin to describe how scary it was, not being able to signal, communicate, breathe or speak.

Anything you do to try to communicate, they put more pressure on you. The more you try to signal, the worse it is.

How can mental health provision be improved?

Ensure the Care Bill addresses the level of need

- **The national eligibility threshold needs to be set at 'moderate' rather than 'substantial'.** We recognise that this will be costly but denying people with mental health problems the support they need will inevitably impact upon their health and the NHS services they use, as well as leading them to re-enter the social care-system at a later stage, with more severe and expensive needs
- **Guidance accompanying the Care Bill must address problems of accessing personal budgets.** Mind welcomes the introduction of a right to advocacy in the Care Bill and we hope this will go some way to increasing the use of direct payments amongst

people with mental health problems, but we believe further guidance is also necessary

- **Direct payments must be sufficient for an individual to purchase the care they need** – providing people with the same amount a local authority would pay for services ignores the increased cost they face, as they cannot be expected to benefit from the same economies of scale.
- **Section 117 service must be protected.**

Improve and increase access to psychological therapies

- **Therapy should be available within 28 days of requesting a referral, or sooner if it is a mental health emergency.** We need equivalent waiting times for mental health as currently exist for physical health. NHS England and Government must urgently establish and deliver these standards and enshrine them as a right in the NHS Constitution.
- **A full choice of evidence-based psychological therapies should be available to all.** Further work must be done locally to ensure people are offered whichever therapy they need. In order for progress to be made on this, choice should be stipulated in the Government's Mandate to the NHS commissioning Board.
- **Equality of access to therapy for everyone in England.** Government and NHS England should commit to a wider roll out of services for older people; children and young people; people with severe mental illness and long term conditions; and people who are homeless and with co-occurring substance dependency.

Improve access to and quality of crisis care services

- **Government should introduce an end to face down physical restraint in all healthcare settings urgently,** and include the use of face down physical restraint in the list of 'never events'.
- **Government should establish national standards for the use of physical restraint** and accredited training for healthcare staff in England. The principles of this training should be respect-based and endorsed by people who have experienced physical restraint.
- **Services have to meet people's needs** with a focus on humanity; choice and control; and a more person-centred, recovery focused approach.
- **Crisis teams must be given the resources they need to do their job** and should be staffed to established national benchmarks.

What can MPs do?

- Raise our concerns about the Care Bill with Ministers. You can contact us for more information about our work in this area.
- Call on the Minister and NHS England to invest more in psychological therapies to meet rising demand and introduce maximum waiting time standards urgently.
- Find out how your local commissioners are meeting the needs of those of your constituents who will experience a mental health crisis this year.

If you'd like to talk to us about this briefing, please contact:

Paul Spencer
Parliamentary Officer

t: 0202 8215 2220
e: paul.spencer@mind.org.uk
w: mind.org.uk



Mind, 15-19 Broadway, London E15 4BQ