
The Royal College of Psychiatrists' election manifesto 2019

November 2019

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Increasingly, people are willing to talk about their mental health, but services are too stretched to provide the care clinicians and patients know they need. With the public demanding action on mental health, this election is an opportunity to achieve real change in how we treat mental illness.

After years of underinvestment, mental health services are showing that when they are given the much-needed resources, they can make a life-changing impact on patients' lives. At least 9,000 more new mothers and their families were helped by the expanded perinatal services last year¹ and 70,000 more children have been helped with their mental illness, hitting the Government's target two years ahead of schedule².

There is still a long way to go until we reach true parity between mental and physical health care. Too many patients are on long waiting lists or are sent hundreds of miles away from home for treatment.

The College supports the devolution of health powers and calls for sufficient funding for each nation's needs. This manifesto is focused on policy recommendations for Westminster Parliament and the figures cited relate to England. For devolved matters you can read the following:

- [RCPsych in Scotland manifesto for the 2016 Parliamentary election](#)
- [RCPsych in Wales Manifesto for the 2016 Assembly election](#)
- [RCPsych in Northern Ireland Manifesto for the 2016 Assembly election.](#)

Our asks

1. Provide high-quality care close to home

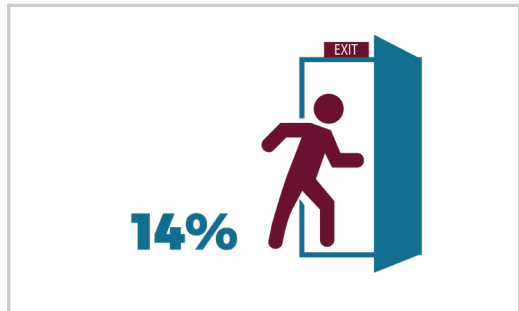
In just one year, patients were sent around 555,000 miles for treatment that should have been available locally. That's the equivalent of going around the world 22 times. The next Government needs to increase the number of appropriately staffed mental health beds in struggling areas while community services are improved.



Patients were sent the equivalent of 22 times around the world to get a mental health bed.³

2. Make NHS mental health services a great place to work

The political parties' promises to improve mental health services will only be realised with the right workforce to deliver them. In the last year, 14% of people working in an NHS mental health trust have left their job.⁴ Among our members' biggest workplace concerns is ensuring they have somewhere to sleep, to eat hot food and to park. They also mention difficulties with short term inflexible rotas which means it is impossible for them to book time off in advance. We've even heard about members struggling to get time off to get married.



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3. End the NHS pensions crisis

The recruitment and retention challenge has been made worse by the NHS pensions crisis. Senior psychiatrists have been forced to cut the number of hours they work or even retire early to avoid tax bills, which in some cases have been larger than their entire annual salary. When patients are already waiting months to see a doctor this is unsustainable and damages patient care.



Psychiatrists have reported being asked to pay tax up to 120% of their annual salary.

4. Double the number of medical school places

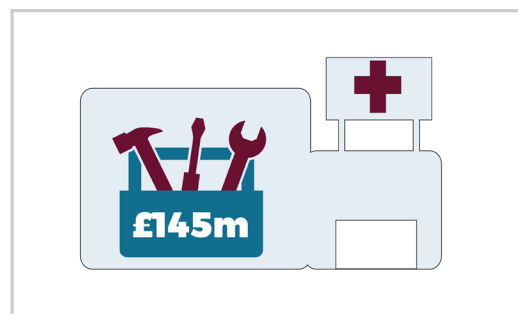
To meet the promises already made for mental health care, reduce vacancies and cover retirements we need an additional [4,370 consultant psychiatrists by 2029](#). Despite the shortage of doctors our medical schools operate under a strict admissions cap, turning away highly qualified ambitious students. We need to double the number of medical school places by 2029 to train enough consultants to fill the roles already promised. Places should be allocated to schools with a plan in place to encourage students to choose psychiatry.



We need to double the number of students going to medical school.

5. Give mental health a fair share of capital spending so patients can be treated safely and with dignity

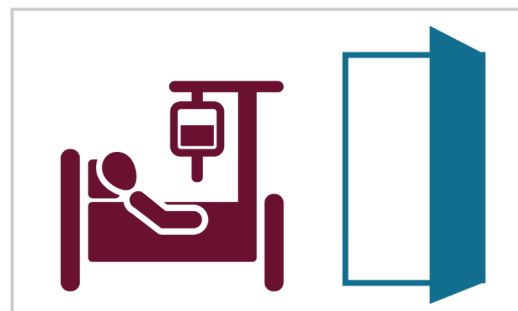
Mental health trusts have some of the oldest and worst maintained buildings in the NHS. The Independent Review of the Mental Health Act found that patients in mental health facilities are often placed in badly designed, dilapidated buildings which can contribute to a atmosphere of containment and make it harder for them to get better.



Last year, the NHS mental health trusts were unable to make £145m of repairs which were causing 'high' or 'significant' risks to safety and patient care.⁵

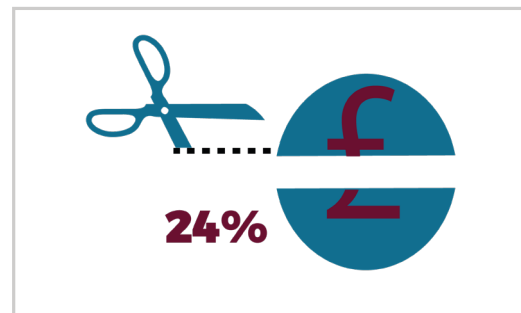
6. Give every patient with a mental illness their own private room

1,176 mental health beds are in mixed wards forcing patients to share dormitories – 7% of all NHS mental health beds⁶. These wards are completely unsuitable for patients suffering from significant mental illnesses who need a calming and supportive environment to recover.



7. Change the way we commission addiction services

Patients who have addiction disorders alongside other mental health conditions often don't get the joined-up care they need. The College is supporting the call from the Government's Advisory Council on the Misuse of Drugs misuse to change the way we commission these services. Commissioning needs to be reviewed with a much bigger role for the NHS. Local NHS areas should also be given the freedom to use safe consumption rooms which have been shown to save lives.



Addictions services for adults have been cut 24% in the last five years in real terms.⁷

8. Implement the Independent Review of the Mental Health Act and tackle inequalities in mental health care

The Government should implement the Review's recommended steps to improve care for people in a mental health crisis and tackle the racial inequality around the rates of detention. The Government should also implement the College's [recommendations on racism in mental health](#) to ensure that mental health services consider the specific needs of all patient groups.

Black British men are..

least likely to receive MH care ↓ **most likely to be detained**

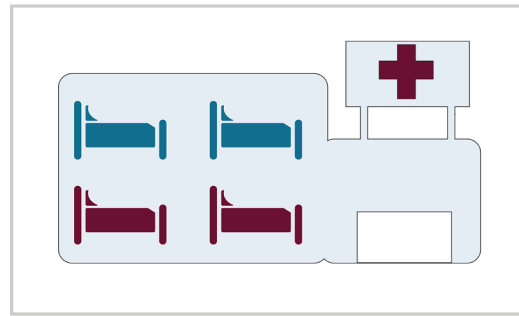
9. A cross-governmental mental health strategy overseen by a Cabinet Committee

If we want to improve the nation's mental health, we can't focus on the NHS alone. The next Government needs to set up a cross-government committee to consider how all policies impact on people's mental health. This would allow a much greater focus on prevention, which is good for individuals and families while also providing excellent value for public money.

**PREVENTION
IS BETTER
THAN CURE**

10. Tackle the mental health social care crisis

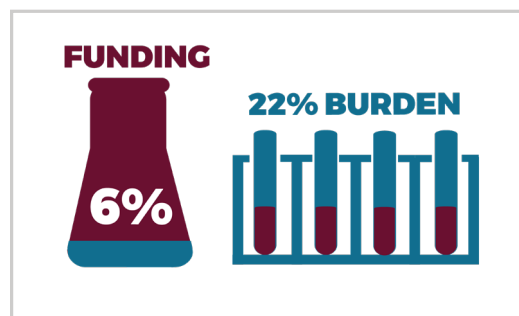
One of the key decisions the next Government has to make is how to provide fair and sustainable social care. People with a mental illness are often stuck in hospital because of inadequate social care support to help them stay well at home.



Half of all delayed discharges from mental health trusts are because of lack of housing and care packages.⁸

11. Invest in research to find better treatments for mental illness

Mental health currently receives less than 6% of UK health research funding⁹ despite accounting for around 23% of the total disease burden¹⁰. It is vital we invest in research in areas ranging from advanced neuroscience to social prescribing to build a robust evidence base to inform prevention and treatment. To achieve this, we also need to reverse the decline in the number of academic psychiatrists and to ensure our entire workforce is 'research ready'.



References

- 1 NHS England (2019) <https://www.england.nhs.uk/2019/04/specialist-mental-health-support-for-new-mums-available-in-every-part-of-england/>
- 2 The Royal College of Psychiatrists (2019) <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2019/08/09/target-to-treat-extra-70-000-children-with-mental-health-problems-met-two-years-early-nhs-england-say>
- 3 Royal College of Psychiatrists (2019) <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2019/11/05/hundreds-more-psychiatric-beds-needed-to-help-end-practice-of-sending-patients-hundreds-of-miles-for-treatment-says-rcpsych>
- 4 NHS Digital (2019) NHS workforce statistics <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/july-2019>
- 5 NHS Digital (2019) <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2018-19>
- 6 HSJ (2019) <https://www.hsj.co.uk/finance-and-efficiency/exclusive-hundreds-of-patients-kept-in-distressing-dormitory-style-wards/7025290.article>
- 7 Ministry of Housing, Communities and Local Government (2019) Local authority revenue expenditure and financing <https://www.gov.uk/government/collections/local-authority-revenue-expenditure-and-financing>
- 8 NHS (2019) *Government Delayed Transfers of Care Data 2019–20* <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2019-20/>
- 9 UK Clinical Research Collaboration (2015) *Health Research Analysis 2014* <http://www.ukcrc.org/wp-content/uploads/2015/08/UKCRCHealthResearchAnalysis2014-WEB.pdf>
- 10 Department of Health (2011) *No health without mental health: A cross-government mental health strategy for people of all ages* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215808/dh_123993.pdf