

fair deal

for mental health



year three report

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Collaborating organisations

Academy of Medical Royal Colleges
Association of Chief Police Officers
Age Concern
Alzheimer's Society
Association of Directors of Adult Social Services
Association of Directors of Children's Services
Association of Medical Research Charities
British Psychological Society
Care Quality Commission
Centre for Mental Health
Citizens Advice
College of Emergency Medicine
College of Occupational Therapists
College of Social Work (BASW)
Consumer Credit Counselling Service
Department for Education
Department for Business, Innovation and Skills
Department for Work and Pensions
Department of Health
Depression Alliance Scotland
Disability Benefits Consortium
Diverse Minds (Mind)
DrugScope
Equality and Human Rights Commission
Faculty of Public Health
Financial Services Authority
Finance & Leasing Association
Friends Provident Foundation
General Medical Council
Government Equalities Office
Government Office for Science
Hafal

Health Committee
Healthcare Quality Improvement Partnership
Home Office
Independent Police Complaints Commission
Institute of Psychiatry
Law Commission
Law Society
Local Government Association
London Development Centre
Manic Depression Fellowship
Medical Research Council
Mental Health Alliance
Mental Health Foundation
Mental Health Providers Forum
Mental Health Research UK
Mind
Ministry of Justice
Money Advice Liaison Group
Money Advice Trust
National Mental Health Development Unit
Northern Ireland Association for Mental Health (Niamh)
National Health Service Confederation
National Treatment Agency for Substance Misuse
Rethink
Royal College of Nursing
Royal College of General Practitioners
Royal College of Physicians
SANE
Scottish Association for Mental Health
Stand to Reason
Together
Voices Of eXperience (VOX)

Foreword

Psychiatry has a major role to play in the development and delivery of social policy. This is because policy directly affects the lives of patients, their families, and our colleagues. As psychiatrists, we get to see the consequences of policies at first hand. However, we can never just be silent witnesses.

Indeed, as doctors, we are uniquely placed to make a positive difference to policy and legislation, by working together to ensure all patients receive the best treatment, care and support available and one that meets their needs. In 2008, the Royal College of Psychiatrists launched the Fair Deal campaign to achieve this aim as a key priority of the current Presidency. Bringing together evidence and informed opinion across our membership, Fair Deal has been a highly accessible, successful and influential campaign that has promoted equal rights and fairness for mental health service users, carers and those working with them.

Focusing squarely on inequality, unfairness and discrimination across the eight key areas of the campaign in collaboration with all our members, Fair Deal has changed the law, reworked national and local policy, and improved practice on the ground. By working together and harnessing the considerable resources of the College's Policy Unit we have demonstrated that the College is much more than the sum of its parts. This has involved coordinating the efforts and work of different groups within the College, commissioning new work and supporting our divisions and faculties to achieve an effect at the regional as well as the national level.

This final report of the Fair Deal campaign outlines our achievements and successes. None of these would have been possible without the dedication, energy and hard work of many College members and the Policy Unit staff.

We should all be very proud of what the Fair Deal campaign has achieved. Although the campaign has now run its 3-year course, its values, aspirations and spirit will endure as they remain indelibly woven into the fabric of the College.

Dr Martin Deahl, Chair, Fair Deal Steering Committee
Professor Dinesh Bhugra, President, Royal College of Psychiatrists
June 2011

The eight Fair Deal areas

- Funding
- Access to services
- In-patient services
- Recovery and rehabilitation
- Discrimination and stigma
- Engagement with service users and carers
- Availability of psychological therapies
- Linking physical and mental health

3 years of Fair Deal

In July 2008, the College set itself a campaigning agenda around the central idea that people with mental disorders were not achieving a fair deal in society. We chose eight areas where these inequalities were most marked and which were most relevant from the perspective of psychiatrists engaged in treatment and care of patients and their families. Rather than a traditional campaign with a single objective, Fair Deal has provided a framework of themes. These have been addressed in the College's general policy, communications, research and educational work, and informed a series of specific projects.

Looking back

As we look back to the pledges made in the original Fair Deal manifesto (see Resources on p. 23), we can report progress on almost every initiative listed. During the campaign, we also encountered unexpected new challenges to which we needed to respond including the recession, the election of a new UK government and a programme of significant legislative, policy and service reform across all four UK countries.

Broadly speaking, the past 3 years have been a productive time for mental health throughout the UK. The profile of mental health issues has risen within both the government and public consciousness. Public mental health has assumed a new importance and its contribution to reducing health inequalities for people with mental disorders was documented in groundbreaking reports such as the *Marmot Review of Health Inequalities* (www.marmotreview.org).

The English context

Although questions remain about its implementation, an impressive evidence-based mental health strategy (HM Government, 2011) as well as an outline vision for a new public health strategy with a central role for mental health (Department of Health, 2010) have emerged and the College has played a major role in developing both. This has been achieved through our membership of the Future Vision coalition, who produced a *New Vision* report (Future Vision Coalition, 2009). This report advocated a cross-departmental public mental health approach, the closer integration of health and social care models of mental health, and recovery and anti-stigma principles being placed at the heart of any mental health strategy. There was also a recognition of the importance of a parity of esteem between mental and physical health. All of these reflect the eight central principles of the Fair Deal manifesto.

The Scottish context

Mental health became well represented in the limited number of National Health Service (NHS) targets set for the country: for suicide, psychiatric readmissions, alcohol screening in primary care, waiting times for child and adolescent mental health services (CAMHS), psychological therapies, substance misuse, and early diagnosis of dementia. These have helped to drive improvements in standards of care and members of the College have been instrumental in these developments.

Mental health in Wales

The groundbreaking *Mental Health (Wales) Measure* has come into force (National Assembly for Wales, 2010). The College in Wales has been fully involved in the proposal and subsequent implementation of the *Measure*, which changes current legislative arrangements regarding the assessment and treatment of people with mental health problems.

Northern Ireland

The outcome of the *Bamford Review* (Bamford, 2007) kept mental health high on the political agenda in Northern Ireland. Despite the fact that austerity measures undermined promised funding for some services, strategies for psychological therapies and personality disorder established a framework for these services to be developed. Members of the College have taken an active role in shaping these initiatives.

Fair Deal – practical impact

Overall, the principles of a fair deal for people with mental illness have gained in prominence over the past 3 years. How public prominence translates into tangible improvements is harder to calculate, although in many areas concrete improvements have occurred.

A new research charity for mental health, Mental Health Research UK, has been established with College support. The Time to Change anti-stigma campaign in England is also likely to be extended for a further 3 years with government backing.

The concept of recovery from mental illness has also entered the lexicon of government policy, paving the way for new models of care. Pilot projects are currently being carried out across England. The role of psychological therapies as a preferred intervention in a range of mental disorders has gained acceptance and has been matched with expanded funds. The elimination of discrimination on grounds of mental health in legislation has been taken forward. The new mental health strategy has also focused on the relationship between physical and mental illness as a priority.

Fair Deal – policy input

Since 2008, the College has responded to over 100 consultations, including: *Dementia Strategy*; *The Marmot Review*; *The Boorman Review of NHS Health and Wellbeing*; the *Autism Strategy*; the Care Quality Commission's *Mental Health Strategy*; *End-of-Life Care Strategy*; Equality Act; *Liberating the NHS*; *Public Health White Paper*; *Unfitness to Plead*; and the Health Select Committee inquiries.

Reading this report

In this report, we describe some of the main developments that have taken place as part of the Fair Deal campaign within the context set out here. As progress reports are already available for the first 2 years of the campaign (see www.rcpsych.ac.uk/fairdeal), we focus on the achievements of the last year of Fair Deal.

Funding

Funding of mental health research and services needs to increase. It should more fairly reflect the costs of mental health problems in society and the need for improved knowledge of mental disorders.

Fair Deal projects included:

- ▶ **Campaigning for mental health research funding.** The College has tirelessly lobbied the UK government to match its rhetoric about the importance of mental health research with adequate funding. This has had important successes.
- ▶ **Securing research funding.** Through our Academic Psychiatry and Psychiatry of Old Age faculties, the College has been key in setting up Mental Health Research UK, a mental health research charity, and developing a new dementia research initiative with the Wellcome Trust.
- ▶ **Joint Commissioning Panel for Mental Health (JCPMH).** In a time of recession and NHS reform in England, the College has collaborated with the Royal College of General Practitioners on a new body, the JCPMH. This will issue simple guidance for existing and future commissioners so that they can help deliver high-quality services in an economically 'cold' climate.
- ▶ **Northern Ireland: the political manifesto.** The inadequacy of funding for mental health services was made a key political issue in the Northern Ireland Assembly 2011 election.
- ▶ **Mental health in a 'cold' economic climate.** In collaboration with the King's Fund and others, the College launched a major report on how mental health services can significantly improve their productivity while reducing their costs.

Selected project profiles

- ▶ **Fighting for research funding.** Securing mental health research funding is essential if we are to understand mental illness, identify its social and biological causes, and treat it. The Academic Psychiatry Faculty has played a key part in this work, and has advised the Medical Research Council and the Wellcome Trust on establishing a dedicated mental health research strategy for the next decade (www.rcpsych.ac.uk/academic).

'Mental health patients are disadvantaged because research funding lags behind that for physical illnesses like cancer, heart disease or diabetes.'

Professor Nick Craddock, immediate past Chair, Faculty of Academic Psychiatry

- ▶ **Securing new funding.** Historically, mental health has received less funding than its overall impact on people's quality of life should demand. The College, through its Academic Psychiatry, Psychiatry of Old Age and other faculties, has worked to change this. Owing to their help, there is now a new mental health research charity (where previously there

were none) called Mental Health Research UK (www.mentalhealthresearchuk.org.uk), and also a new initiative by the Wellcome Trust to provide set-up funding for a second major mental health research charity.

The Psychiatry of Old Age Faculty, through its representation on the Ministerial Advisory Group for Dementia Research, also played a significant part in developing a new funding programme for dementia research from the National Institute for Mental Health.

- ▶ **Joint Commissioning Panel for Mental Health.** The JCPMH is a new initiative bringing together 13 leading mental health organisations to address concerns about the future commissioning of mental health services and public mental health interventions. The new body, co-chaired by the Royal College of General Practitioners and the Royal College of Psychiatrists, will help provide the practical guidance that GP pathfinder consortia, local authorities, and primary care trusts (PCTs) in transition often report is lacking when commissioning for mental health (www.jcpmh.info).
- ▶ **The Northern Ireland manifesto.** Mental health need in Northern Ireland is reported to be at least 25% higher than in England (Royal College of Psychiatrists in Northern Ireland, 2011), but services are not available to meet demand. A call for a more comprehensive service provision featured strongly in the 2011 Northern Ireland Assembly election manifesto (Royal College of Psychiatrists in Northern Ireland, 2011).
- ▶ **Mental Health and the Productivity Challenge report.** With the NHS committed to finding productivity improvements, mental health has been under the funding spotlight. This report, developed with the King's Fund (Naylor & Bell, 2010), made the case for mental health services playing a key role in the drive to improve productivity (www.rcpsych.ac.uk/coldclimate).

'To help ensure a fair deal, it is vital that high-quality services are commissioned with strong health and personal outcomes. This is the aim of the JCPMH.'

Dr Neil Deuchar, Co-chair JCPMH and College Associate Registrar

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Access to services

Access to services should be made easier across the lifespan for all people with mental health problems. The most overlooked groups include those in transition from adolescent to adult services, older people, prisoners, people with intellectual disabilities, and those with substance misuse problems.

Fair Deal projects included:

- ▶ **Better access to dementia services in Scotland.** Launched in June 2010, *Scotland's National Dementia Strategy* aimed to use existing services more effectively and efficiently. As no additional funding came with it, College members worked to redesign existing services and improve access.
- ▶ **Improving access to learning disability services.** In 2011, the Psychiatry of Learning Disability Faculty published a 'blueprint' on how consultants can provide and/or improve access to learning disability services (Faculty of the Psychiatry of Learning Disability, 2011).
- ▶ **Diversion services for offenders.** With an announced national roll-out of diversion services for offenders with mental health problems in the criminal justice system, the General and Community Psychiatry Faculty has been involved in drawing up a national model for this service.
- ▶ **International work: 'psychiatrists without borders'.** College members spent time volunteering to improve access to mental healthcare in remote settings, including the Solomon Islands, earthquake-hit Haiti, and Ghana.
- ▶ **An occasional paper on the quality of life of young people with psychiatric disorders.** Written by the College's Policy Unit, with input from child and adolescent and adult psychiatrists, this paper on developing services to improve the quality of life of young people with neurodevelopmental disorders, emotional/neurotic disorders and emerging personality disorder was launched in June 2011 (Royal College of Psychiatrists, 2011).
- ▶ **Breaking down the barriers to prison transfer.** The College has been working to influence the Department of Health to overcome the barriers to timely transfers and introduce a new standard of a 14-day limit for transferring prisoners with acute mental illnesses to appropriate healthcare settings.

Selected project profiles

- ▶ **Scottish dementia services.** Launched in June 2010, *Scotland's National Dementia Strategy* aimed to use existing services more effectively and efficiently to increase the number of people being diagnosed with dementia; provide better support for both patients and carers; and reduce the reliance on psychoactive drugs through early diagnosis. Although no additional funding came with the strategy, various work-streams involving and led by College members aimed to enable a redesign of services and a pooling of resources (www.rcpsych.ac.uk/scotland).

- ▶ **Learning disability service access.** In January 2011, the Faculty of the Psychiatry of Learning Disability published a report that promotes access to services for people with learning disability. It

'The Faculty report, Future Role of Psychiatrists Working with People with Learning Disability, sets out a vision for the specialist role of our profession in the future. This should help us address the challenges of health service reform, particularly with regard to outcome measures and general practitioner commissioning.'

Dr Ian Hall, Chair, Psychiatry of Learning Disability Faculty

Dr Peter Hughes, spent over 3 months in Haiti providing mental healthcare to the victims of the earthquake (www.rcpsych.ac.uk/haiti).

- ▶ **Rolling out diversion services for offenders.** In response to the national diversion of mentally disordered offenders in England to enable them to get appropriate help earlier in their contact with the criminal justice system, the College has been working with Professor Louis Appleby, National Clinical Director for Health and Criminal Justice. This has involved drawing up a national model for this service, and developing a service specification that can be adapted for local use (www.rcpsych.ac.uk/diversion).

describes how consultants can work most effectively, collaborating with general practitioners (GPs) and providing specialist advice and assessments for those with more complex problems. New work on the autism strategy and guidance promotes access to mental health services for people with autism as well as proper assessment under 'fair access to care' to get help from Social Services (www.rcpsych.ac.uk/CAMHs).

- ▶ **'Psychiatrists without borders' – improving access in international settings.** The College's volunteer programme sends experienced psychiatrists to remote placements to improve access to mental healthcare in difficult settings. One of our members,

'At times, I have been burnt out and totally exhausted [by Haiti]. However, there is a sense that there is a long-standing benefit from our presence in terms of mental health; certain people have received treatments who wouldn't have done otherwise.'

'There are definitely Haitian health professionals I know who now carry knowledge of mental health treatment with them, and can make a difference.'

Dr Peter Hughes, Springfield University Hospital and International Medical Corps Haiti

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In-patient services

In-patient services should be improved, with sufficient capacity for patients to be admitted locally into an appropriate ward. Improvements in ward conditions and the expansion of child and adolescent and intensive care beds are key.

Fair Deal projects included:

- ▶ **Community Treatment Orders (CTOs).** As a leading member of the Mental Health Alliance, the College produced an influential briefing on CTOs based on a survey of its members. We also continued to monitor mental health law in England and Wales, and the development of new legislation in Northern Ireland.
- ▶ **Launch of the CAMHS in-patient handbook.** In-patient CAMHS staff are often newly qualified and lack experience. In response, the College's Centre for Quality Improvement (CCQI) developed a handbook for CAMHS services and provided every in-patient unit in the UK with a copy of this guide.
- ▶ **Eating disorders.** The Eating Disorders Section has co-led development of a multidisciplinary Quality Assurance Network for Eating Disorders (QED).
- ▶ **In-patient services in Iraq.** The College's Iraq Subcommittee has been working with the Iraqi Ministry of Health to improve standards in patient rights and care.
- ▶ **Providing forensic care in an economic downturn.** The College's Quality Network for Forensic Mental Health Services addressed how its 293 forensic psychiatry wards can engage with the national Quality, Innovation, Productivity and Prevention (QIPP) challenge for medium secure services in England.
- ▶ **Northern Ireland in-patient survey.** Following the College's 2009 survey (which found high levels of overcrowding on in-patient wards), a protocol has been introduced in partnership with the Department of Health to allow for more efficient bed usage.
- ▶ **In-Patient Care: Do the Right Thing.** The College's report (currently in production) on what matters in in-patient care, highlighting essential standards.
- ▶ **Rehabilitation in-patient services.** The CCQI launched 16 pilot sites for a new accreditation programme for in-patient rehabilitation units.

Selected project profiles

► **Mental health legislation.** As a core member of the Mental Health Alliance, the College continued to monitor the operation of the Mental Health Act 1983 in England and Wales. The College also worked on the preparation for new capacity-based mental health legislation in Northern Ireland, undertook a survey of College members on the use of supervised community treatment in England and Wales, and contributed to a briefing report and paper on it (Lawton Smith, 2010). A key concern has been to continue the campaign for the principles of non-discrimination and human rights for detained individuals (www.rcpsych.ac.uk/mhlaw).

► **Handbook for in-patient CAMHS staff.** In early 2011, a handbook on leadership in CAMHS was published (GAVI, 2011). This practitioner's handbook for staff working in in-patient CAMHS was developed as a result of the recognition that in-patient CAMHS staff were often newly qualified, lacking in experience and had little training about the specifics of working in an in-patient CAMHS environment. The Quality Network for In-Patient CAMHS (QNIC) was commissioned by the National CAMHS Support Service (NCSS) to produce this handbook. Copies have been disseminated to every in-patient CAMHS unit in the UK and online training modules were developed to support the manual's implementation (www.rcpsych.ac.uk/CAMHS).

► **Northern Ireland in-patient work.** Following a 2009 survey which found that in-patient wards in Northern Ireland were overcrowded (McGarry & Main, 2009), the College has worked with the Department of Health to introduce protocols to allow for more efficient bed use. An audit carried

'Overcrowded wards are not acceptable environments for patients, or for staff, and can affect not only a patient's privacy and dignity, but also the care they get. The Fair Deal campaign in Northern Ireland has addressed this, resulting in concrete changes and more efficient bed usage.'

**Dr Philip McGarry, Chair,
Northern Ireland Division**

'Mental health patients may be detained and treated without their consent. Because of this they are uniquely vulnerable to discrimination, neglect of their human rights and poor standards of care. The Royal College of Psychiatrists, through its Fair Deal campaign, continues to try to ensure that people suffering from mental illnesses are entitled to the same high standards of respect, choice and medical care as everyone else who uses the National Health Service.'

**Dr Tony Zigmond, College Lead
for Mental Health Law**

out between May and November 2010 found that this has been effective as no patient had been admitted outside of their own trust area in that 6-month period (www.rcpsych.ac.uk/NI).

► **Forensic care during an economic downturn.** Part of the CCQI, the Quality Network for Forensic Mental Health Services (QNFMS) has 67 medium secure units covering 293 wards as members. The QNFMS has recently addressed how their network engages with national QIPP for medium secure services, exploring where efficiency savings can be made, considering outcome measures, and developing a model to support services at a local level (www.rcpsych.ac.uk/QNFMS).

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Recovery & rehabilitation

Recovery and rehabilitation should be integral to mental healthcare and treatment. A coherent rehabilitation policy based on recovery-oriented practice is needed for people experiencing long-term mental health problems.

Fair Deal projects included:

- ▶ **Work Capability Assessment and the Welfare Reform Bill.** With the help of the College's Policy Unit, the General and Community Psychiatry Faculty provided expert advice to the Department for Work and Pensions on Work Capability Assessments.
- ▶ **Recovery South West.** The College's South West Division's Fair Deal project has focused on personal narratives of recovery in the region.
- ▶ **'The London Declaration'.** Psychiatrists from two London mental health trusts published the first position statement supporting a recovery orientation in mental health services (SLAM & SWLSTG, 2010).
- ▶ **Social Inclusion and Mental Health.** This comprehensive review of the research evidence and the importance of recovery-oriented practice was published in June 2010.
- ▶ **Rehabilitation services and commissioning: *Making the Case for a Rehabilitation Facility.*** The Rehabilitation and Social Psychiatry Faculty launched a new guide on how to make a business case to commissioners for a rehabilitation service.
- ▶ **Out-of-area treatments toolkit.** The economic and personal costs of treating people out of area were addressed in this new toolkit, *In Sight and In Mind*, a collaboration between the Rehabilitation and Social Psychiatry Faculty and the Department of Health.
- ▶ **Recovery and returning to work.** The College has launched a new website offering information and guidance about returning to work after a period of mental ill health (www.rcpsych.ac.uk/workandmentalhealth).

Selected project profiles

- ▶ **Welfare reform.** Introduced into Parliament in early 2009, the Welfare Reform Bill involves the further reform of the welfare benefit system, with the aim of moving more people off benefits and into work. With the help of the College's Policy Unit, the Faculty of General and Community Psychiatry has provided expert advice to the Department for Work and Pensions, and submitted written evidence to the review of the Work Capability Assessment by Professor Malcolm Harrington (Harrington, 2010) and to the consultation on the Disability Living Allowance (Department for Work and Pensions, 2010; www.rcpsych.ac.uk/welfare).
- ▶ **Social inclusion and Fair Deal.** *Social Inclusion and Mental Health* (Boardman *et al*, 2010) was published in June 2010. This represented the main output for the College's Scoping Group on Social Inclusion chaired by Jed Boardman, and complemented the College's Position Statement published in 2009. The book reviewed the evidence for the social inclusion of people with mental health problems and emphasised the role of recovery-oriented practice in contributing to an improvement in their social participation (www.rcpsych.ac.uk/inclusion).
- ▶ **Recovery South West.** This Fair Deal project from the South West Division has focused on encouraging and developing personal narratives of recovery. Through its anti-stigma actions, this initiative could have a region-wide political impact. To facilitate fundraising, Recovery South West Community Interest Company has been established in association with the College (www.rcpsych.ac.uk/SW).
- ▶ **Making the Case for a Rehabilitation Facility.** This faculty report (Edwards *et al*, 2010) was launched at the Rehabilitation and Social Psychiatry Faculty's annual conference in 2010. It provides a detailed guide on how to prepare a business case for a rehabilitation service.

'Feedback from commissioners about the In Sight and In Mind toolkit has been very positive. This well-received and user-friendly resource has been the product of another strong collaboration between the Policy Unit and the Rehabilitation Faculty.'

Richard Meier, Analyst, Policy Unit

'The proposals to reform the welfare system present a threat to people with all forms of disability. It has been imperative for us to work together through Fair Deal, to maintain a fair and equitable system for all.'

Dr Jed Boardman, College Welfare Reform Bill team

▶ **In Sight and In Mind.** The Rehabilitation and Social Psychiatry Faculty highlighted the problems associated with the use of out-of-area placements for people with complex mental health problems (social dislocation, disrupted care pathways and higher costs). The Faculty Chair was invited to represent the College on an expert group commissioned by the Department of Health to develop a toolkit for commissioners and providers on good practice in the use of out-of-area placements (www.rcpsych.ac.uk/OATStoolkit).

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Discrimination & stigma

Discrimination and stigma need to be tackled throughout society. The NHS should lead by example in promoting equality and human rights in all of its work both as an employer and provider of health services.

Fair Deal projects included:

- ▶ **Discrimination Bill.** A Private Members' Bill which addresses discrimination on grounds of mental health against Members of Parliament, jurors, company directors and school governors.
- ▶ **Ending violence against women and girls.** The College's Women in Psychiatry Special Interest Group has been working to introduce new competencies for psychiatric trainees in identifying and dealing with situations involving violence against female service users.
- ▶ **Scottish Mental Health Arts and Film Festival.** In 2010, the College was again a partner in the Scottish Festival. Over 2 weeks in October, more than 250 events in theatres, cinemas, libraries and community halls throughout Scotland were put on to help challenge attitudes towards mental illness.
- ▶ **Education in the West Midlands.** The College's West Midlands Division Public Education Subcommittee held an education day on mental health problems among schoolchildren as well as releasing DVDs on dementia for Urdu- and Punjabi-speaking communities.
- ▶ **A pledge to tackle stigma in Northern Ireland.** The 2010 World Mental Health Day (10 October) was celebrated in Northern Ireland by the Health Minister and Chief Medical Officer joining students to sign a pledge on tackling the stigma against people with mental illness.
- ▶ **Equality Act.** Together with partners, we led on a campaign to help overcome the discrimination faced by people with a medical history of mental illness who try to find work. The amendment to the Equality Act we sought was passed, with the result that, in essence, it is no longer legal to ask detailed questions about an applicant's medical record prior to a job offer being made.

Selected project profiles

- ▶ **Discrimination: Private Members' Bill.** A Private Members' Bill drafted by a member of College staff was presented to the House of Lords in March 2011 by Lord Stevenson of Cottenham. It addressed discrimination on grounds of mental health against Members of Parliament, jurors, company directors and school governors. Its principles have been accepted as valid by government officials, although the Bill has not gone to Second Reading (www.rcpsych.ac.uk/discrimination).
- ▶ **West Midlands Education.** In February 2010, the West Midlands Division Public Education Subcommittee held a full-day event entitled 'A Life Full of Colour – Promoting Mental Health through Schools'. Supported by Dudley and Walsall Mental Health Partnership NHS Trust, this event provided an opportunity to learn about the type and impact of mental health problems in schoolchildren and to bring various local agencies together. In March 2011, a public education DVD launch was also held to promote new films on dementia (*Journey of Memory*) and depression (*Dawn of Hope*) in Urdu and Punjabi. The production of these films has raised awareness and reduced stigma among local Black and minority ethnic communities.
- ▶ **Stopping violence against women.** The College's Women in Psychiatry Special Interest Group focuses on the mental health of women as well as women as service providers. In 2010, it led work on introducing competencies for psychiatric trainees on dealing with situations involving violence against women (www.rcpsych.ac.uk/women).

'The Scottish Mental Health Arts and Film Festival has developed rapidly since it began in 2007. We owe much to Dr Peter Byrne [from the Royal College of Psychiatrists] for suggesting the festival and continuing to guide it. What began as a weekend of film has truly established itself as a... powerful way of engaging with mental health issues such as identity, stigma, social justice and happiness.'

Lee Knifton, Festival Director, Scottish Mental Health Arts and Film Festival

'The new Mental Health Strategy for England (2010) lists the elimination of discrimination against people with mental health problems as one of its six underpinning principles. Our Private Members' Bill gives the government an opportunity to demonstrate their commitment to achieving this goal – and above all overcome the outrage people who take medication for their mental health condition feel when they are denied the right to sit on a jury.'

Dr Rowena Daw, Head of Policy, Royal College of Psychiatrists

- ▶ **The 4th Scottish Mental Health Arts and Film Festival.** In 2010, we were again a partner in the Scottish festival of music, film, poetry, dance and drama, all focused on challenging attitudes to mental illness. The theme of this 4th festival was childhood (www.mhfestival.com).

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Engagement with service users and carers

Engagement with service users and carers must be meaningful, not tokenistic. People with direct experience of mental health problems or an intellectual disability should have a central role in the design and delivery of mental health services.

Fair Deal projects included:

- ▶ **National Institute for Health and Clinical Excellence (NICE) guidelines on service user experience.** One of the National Collaborating Centre for Mental Health's (NCCMH's) most recent projects is a new NICE guideline on service user experience across mental health services. Produced by a working group co-chaired by a service user, this guideline will apply to all areas of mental health service provision and will add a more rigorous, in-depth insight into the experience of people who use these services.
- ▶ **Section on Eating Disorders and BEAT.** The College's Eating Disorders Section has established a formal collaboration with the main representative body of service users and carers, BEAT (Beating Eating Disorders). This has resulted in joint initiatives, including proposals for a new editorial code to end media promotion of a thin body ideal.
- ▶ **National Audit of Dementia.** An innovative tool developed for collating the views and experiences of people with dementia cared for in general hospitals (see p. 17).
- ▶ **Tackling politics: psychiatrists, service users and carers together.** Established in 2008, the College's service users' and carers' fora ensure that all College policies and activities are informed by service user and carer experience. This extended to our work at the 2010 political party conferences, where a College team of psychiatrists, service users and carers worked together to influence the political process.
- ▶ **Directly involving young people in CAMHS service improvement.** In 2010, the in-patient and community CAMHS networks recruited young people advisors. Having all previously accessed CAMHS themselves, they now represent young people in College's peer-reviews and standard formation.

Selected project profiles

► **New NICE guidelines – service user involvement.**

The NCCMH was commissioned to develop a new approach to the analysis of qualitative evidence for the new NICE guideline on service user experience. The National Quality Standards will be set up to accompany this guideline. The guideline working group has a service user representative as joint chair, and 6 of its 15 members are service users or carers. The guideline will apply to all areas of mental health service provision and will add a more rigorous, in-depth insight into the experience of people who use these services (www.nccmh.org.uk/guidelines_patient_experience.html).

► **Eating disorders and BEAT.**

The Eating Disorders Section has established a formal collaboration with the main representative body of service user and carers, BEAT, with Section representation on the BEAT Executive Committee. By speaking together, our voices have carried greater authority than alone. In a joint national conference with the College's Child and Adolescent Psychiatry Faculty, we addressed issues pertaining to families, exploring the role of families in treatment across ages (www.rcpsych.ac.uk/ED).

► **New tool for dementia care.**

A new observation tool, Person, Interactions, Environment (PIE) is being developed for use in acute hospital wards as part of the National Audit of Dementia (care in general hospitals). The tool is designed to gather information about the ward as experienced by the patient and in this way provide feedback from the perspective of service users (which is not always possible to gather via traditional methods such as surveys or interviews). The National Dementia Audit team are also working on the development of a quality mark for older people-friendly care in hospital wards, in which the PIE would be used for ongoing evaluation of care and action planning (www.rcpsych.ac.uk/dementiaaudit).

'I feel my involvement is not tokenistic, no "them and us", just working collaboratively and respectfully with each other as equal partners. We are seen not just as service users but as service user consultants, and most importantly, as individuals.'

SURF member

► **Service user and carer involvement.**

The College's Service Users' Recovery Forum (SURF) and Carers' Forum inform all aspects of College work. Each forum has 30 members, with representation from Northern Ireland, Scotland and Wales, and an e-network of 1000 members (www.rcpsych.ac.uk/involved).

'The NCCMH continues to incorporate the Royal College of Psychiatrists' Fair Deal ethos in all its work, particularly the Engagement with Service Users and Carers area. This commitment to service user understanding and inclusion led to the Centre being awarded by the British Medical Association for the NICE guideline for ADHD in children, young people and adults (Highly Commended), and the "Understanding NICE Guidance" booklets for schizophrenia (Highly Commended) and treating depression in adults (Commended).'

Professor Tim Kendall, Director, NCCMH

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Availability of psychological therapies

Availability of psychological therapies should be equitable across all ages, patient groups and settings. A particular focus is needed on older people, people with intellectual disabilities, hospital in-patients and prisoners.

Fair Deal projects included:

- ▶ **The National Audit of Psychological Therapies (NAPT).** This 3-year project aims to evaluate and improve the quality of treatment and care provided to people in England and Wales who experience anxiety and depression. With over 30 voluntary sector organisations participating, we believe that NAPT is the first national clinical audit to involve the voluntary sector.
- ▶ **Psychological therapies in Iraq.** The College's Iraq Subcommittee has been running workshops for psychiatric trainees in cognitive-behavioural therapy (CBT) in November 2010 and April 2011. Further workshops are planned later this year.
- ▶ **Faculty of Medical Psychotherapy.** The faculty has prioritised the delivery of support to all medical psychotherapists to counter threats to the current and future provision of psychological therapy services.
- ▶ **Investing in early intervention.** The College's Policy Unit and Dr Margaret Murphy have been involved with the We Need To Talk coalition, adding the professional voice to the MIND campaign to improve access to psychological therapies.

Selected project profiles

- ▶ **Psychological therapies for anxiety and depression.** The NAPT is a 3-year project (now in year 2) that aims to evaluate and improve the quality of treatment and care provided to people in England and Wales who experience anxiety and depression. The key aims of the audit are to measure access, appropriateness, acceptability and outcomes. Several of the audit standards relate to access to psychological therapy services. For example, the NAPT retrospective audit of patients' completing therapy looks at waiting times, from referral to assessment and from referral to treatment.

One of the key aims is to look at the extent to which outcome measures are used by services, and what these show about patient recovery. The NAPT team are working with experts at the University of Sheffield to try to define and measure 'recovery' across the broad range of measures used by services participating in NAPT. The NAPT service user questionnaire, *Talking Treatment*, was developed during the pilot phase of the audit with the help of several service user focus groups. The qualitative data from the national phase of the audit will be analysed by a service user researcher, who will work in collaboration with the NAPT team to produce a thematic analysis of its content (www.rcpsych.ac.uk/napt).

- ▶ **Faculty of Medical Psychotherapy.** Working closely with Improving Access to Psychological Therapies (IAPT) initiatives locally and nationally, the Faculty of Medical Psychotherapy has helped improve access to psychological services for people with more complex and enduring psychological needs as part of a managed care pathway (www.rcpsych.ac.uk/psychotherapy).
- ▶ **Access to psychological therapies in Northern Ireland.** The College in Northern Ireland has continued to highlight the need for psychological therapies. When a promised £7-million-a-year strategy for psychological therapies was significantly cut, we spoke out loudly, and have continued to lobby on this issue (www.rcpsych.ac.uk/NI).
- ▶ **We Need to Talk campaign.** The campaign successfully lobbied the government to secure an important commitment to improving access to psychological therapies in the Comprehensive Spending Review. The College's Policy Unit and Dr Margaret Murphy are working with the British Psychological Society on a forthcoming event to discuss the implementation of IAPT for CAMHS (www.rcpsych.ac.uk/wntt).

'Without the knowledge that these audits give, it's very, very difficult to formulate proper policy and to get the treatment where it's needed most. So any inequalities of service need to be pulled together and the Royal College of Psychiatrists, which I have the honour of being an honorary Fellow, is putting this together with its usual expertise and commitment.'

Stephen Fry, journalist and author

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Linking

physical and mental health

Linking mental and physical health must be part of every doctor's practice. This will require education, training and collaborative working between mental health services and other medical specialties.

Fair Deal projects included:

- ▶ **Alcohol in Northern Ireland and Scotland.** Debate on alcohol consumption and pricing has been important in all four UK countries, but particular developments have occurred in Northern Ireland and Scotland.
- ▶ **Psychiatric Liaison Accreditation Network (PLAN).** This has grown to 32 mental health liaison teams and is developing a 'quality mark' for emergency departments that provide high-quality mental healthcare to patients.
- ▶ **Liaison Psychiatry Faculty.** Currently, the faculty is working with the English Department of Health on payment by results for liaison activities and on appropriate outcome measures.
- ▶ **Neuropsychiatry: sleep and unexplained symptoms.** Over the past year, the College's Section of Neuropsychiatry has developed a specialist training curriculum on these two issues.
- ▶ **Eating Disorders Section: avoiding unnecessary deaths in hospital care.** New guidelines have been issued aiming to reduce deaths of people with an eating disorder in hospital.
- ▶ **Training in China.** In 2010, the College's Western Pacific Divisions ran its first workshops on the training of trainers in primary care psychiatry in Guangzhou, China.
- ▶ **Psychiatrists' health project.** Based on a survey of College members, this project examined the issue of mental health among working psychiatrists and other medical professionals. The findings helped develop interventions and resources offered by the College's Psychiatrists' Support Service (www.rcpsych.ac.uk/pss).

Selected project profiles

- ▶ **Alcohol in Northern Ireland and Scotland.** Northern Ireland appears likely to become the first UK jurisdiction to introduce a minimum unit price for alcohol. The College convinced ministers of the benefits of a floor price, arguing that this would have a significant impact on the £900 million cost of excessive alcohol consumption. Dr Philip McGarry, Chair of the Royal College of Psychiatrists in Northern Ireland, addressed the launch of the consultation. Minimum pricing has the stated support of the Democratic Unionist Party, Ulster Unionist Party and Social Democratic and Labour Party, which will mean it is likely to be introduced by the next Northern Ireland Assembly (www.dsdni.gov.uk/index/consultations/consultation-minimum-pricing-of-alcohol.htm).

In Scotland, a national programme of screening and brief interventions in primary care settings has been established, and there has been new investment in treatment services. However, a new Bill setting minimum pricing for alcohol was defeated, despite widespread support.

- ▶ **PLAN.** This is an accreditation programme established by the CCQI for mental health services in general hospitals. It has now grown to 32 mental health liaison teams (approximately a third of all services). The focus on improving performance and the quality of the service provided to people with physical and mental health problems remain key to the process. A new piece of work currently in its very early stages is a quality mark which will be awarded to emergency departments that provide high-quality mental healthcare (www.rcpsych.ac.uk/PLAN).
- ▶ **Neuropsychiatry: sleep and unexplained symptoms.** The College's Section of Neuropsychiatry has developed a specialist training curriculum to improve understanding of how mental and physical health are linked. The Section has also held two conferences which looked at medically unexplained symptoms and sleep disorders as areas in which mental health links with physical health. In conjunction with multidisciplinary teams working in various centres around the UK, the Section has explored and publicised the availability of psychological therapies for treating those disorders (www.rcpsych.ac.uk/neuro).
- ▶ **Reducing avoidable deaths of individuals with anorexia nervosa.** New guidelines published by the Royal College of Psychiatrists and the Royal College of Physicians (2010) aim to reduce the number of avoidable deaths of individuals with severe anorexia nervosa on general medical units, giving clear guidance to healthcare professionals on the correct management of combined mental and physical health issues (www.rcpsych.ac.uk/ED).

'The Fair Deal approach was an important framework for campaigning on alcohol by the College in Scotland and this led to an acceptance by health organisations for the need for action on price and availability as well as treatment... This is also now accepted by the public, and the new Scottish Government have made clear their intention to tackle alcohol-related harm through a programme based on evidence of what works.'

Dr Peter Rice, Chair, Scottish Division

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Fair Deal

– looking forward

The Fair Deal campaign is drawing to a close, but its themes are perennial and ingrained within the Royal College of Psychiatrists' values and practice.

Looking ahead, the recession will force us to consider the issue of equity and equality in close detail: the economic situation is likely to expose existing service users and carers to greater financial and mental strain, and may increase the risk of mental illness as well as having a negative effect on well-being among the wider population. As part of the Fair Deal campaign, the College's work on welfare reform, drug and alcohol services, and mental health in the economic downturn has been vigorous over the past 3 years. Now these issues assume even more urgency.

During the 2010 UK general election campaign, the College identified two new priorities for a fair deal for mental health as a goal over the next 5 years. First, investing in early intervention, and second, putting mental health at the heart of public health. Crucially, these are not just slogans but essential areas for the College to pursue. A critical issue for the College to consider is also the fundamental area of funding streams for mental health services and research, and the linked recruitment of psychiatrists.

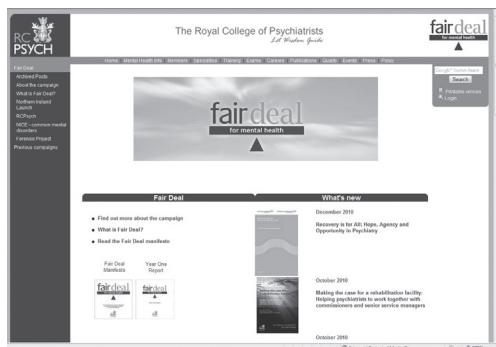
Clearly, access to services for people with mental illness needs to be protected and cuts to front-line services monitored. A forthcoming College survey on the impact of reduced budgets for services will provide necessary data, whereas at national, divisional and specialty level work on service redesign will continue.

Achieving a fair deal for mental health will mean paying close, continuing attention to these matters over the coming years. Although the solutions and approaches adopted across the UK, and also worldwide in the international divisions, will differ, the Royal College of Psychiatrists must continue to work together as a whole to exploit its collective expertise.

Resources

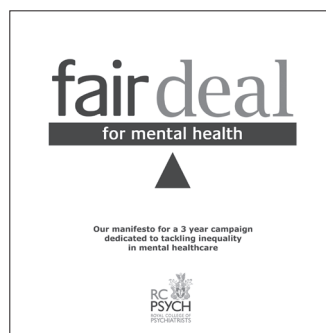
Fair Deal website

www.rcpsych.ac.uk/fairdeal



Fair Deal manifesto

A PDF version of the manifesto can be downloaded from the campaign website



Fair Deal year one report

Available on the campaign website



Fair Deal year two report

Available on the campaign website

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