

mentalhealth

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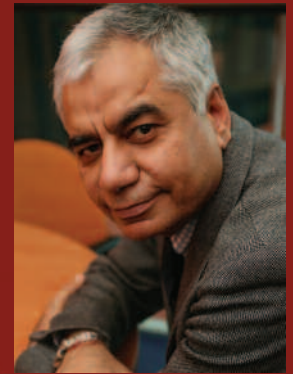
Today

food for thought

how the food in our fridge
can affect our minds

in this month's issue: **Is schizophrenia inherited?**
Scotland's suicide strategy **The Fair Deal campaign**
NIMHE on mental wellbeing **Beyond Bedlam**

Professor Dinesh Bhugra, president of the Royal College of Psychiatrists, says all mental health professionals can work together to achieve the goals of the college's Fair Deal campaign for better mental health services



Last month, I was honoured to begin my three-year term as president of the Royal College of Psychiatrists. My inauguration tied in with a new College campaign dedicated to tackling inequality in mental health care and working towards a fair deal for people with mental health problems and learning disabilities.

Never before has awareness of mental health issues been so high in the UK parliament, the media and society in general. But I believe this improved awareness conceals some underlying – and extremely worrying – problems with mental health services.

Our Fair Deal for Mental Health manifesto, which provides the framework for the College's three-year campaign, clearly highlights the inequalities that people with mental health problems experience. Although the government has provided extra investment for mental health services over the last decade, mental health services continue to lag behind those in physical health. The manifesto identifies some key problems, including funding shortages, limited access to services, poor inpatient services and widespread discrimination.

Although conditions in many inpatient units have improved with new single-sex wards, this is by no means universal. On many wards, conditions still remain unacceptable – plenty of wards consistently run with 120% occupancy, and pressure on beds means that many patients are discharged without warning or adequate preparation. This is in spite of the input of many hard-working staff who often work beyond the call of duty.

I stress that these are my personal views, but it seems that many other people share my concerns. When I gave a recent interview to *The Observer* newspaper on these issues (6 July 2008) the article's publication triggered responses from psychiatrists and other doctors, mental health professionals, mental health organisations and service users. All but one or two agreed with my comments.

One area of particular concern is a lack of funding both for mental health research and services. For example, recent figures show that mental health research received only 6.5% of total research funding, compared with 25% for cancer research and 15% for neurological disease. In addition, the amount of NHS spending allocated to mental health services is woefully disproportionate to the human and economic costs of mental disorders.

Access to services remains a problem for many patients. For instance, one in four older people living in the community have symptoms of depression severe

enough to warrant help – but only half of these are diagnosed and treated.

Psychological therapies – which are effective in the treatment of a range of mental disorders and favoured by many service users – are not equally available across all ages, patient groups and geographical areas. There is a particular lack of provision for older people, children and adolescents, prisoners, people with learning disabilities and inpatients.

The provision for aftercare of patients remains patchy across the country. It is unacceptable that some patients remain in hospital for months after their need for hospitalisation ends, just because they are waiting for transfer to appropriate community places.

The College believes that, in the 21st century, these types of problems must end. That is why we have identified eight priority areas: funding of research and services; access to services; inpatient services; recovery and rehabilitation; discrimination and stigma; engagement with users and carers; availability of psychological therapies; linking physical and mental health.

Over the next three years, we plan to carry out a series of projects and campaigns in each of these areas. We will strive to improve inpatient services by campaigning for more realistic capacity targets (we recommend bed occupancy targets in the region of 85%) and better ward conditions for all patients.

The College will also continue to work to develop a 'whole person' approach to healthcare and end the dualistic thinking within the NHS that rigidly separates physical and mental health.

But no change can, or should, happen alone. The campaign was founded on the views of psychiatrists, service users and carers. I hope grassroots healthcare professionals – such as social workers and mental health nurses – will join us in our campaign.

This campaign is our open call to all of those who share our view that people with mental health problems do not get a fair deal. We want to build links, share views, and discuss areas of best practice. There is strength in numbers, and I firmly believe that high-quality mental health services can only be achieved when all mental health professionals start working together openly, honestly and effectively. ■

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The College would be delighted if you would sign up on our website and show your support so we can send you Fair Deal updates. You can also email us to let us know your experiences and views on our Fair Deal priorities and explore potential avenues of mutual working.

For more details, see www.fairdeal4mentalhealth.co.uk or email fairdeal@rcpsych.ac.uk