

# fair deal

for mental health



**year one report**

## **Authors**

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# Collaborating organisations

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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 Association of Social Workers  
British Psychological Society  
Citizens Advice  
College of Emergency Medicine  
College of Occupational Therapists  
Commission for Equality and Human Rights  
Consumer Credit Counselling Service  
Delivering Race Equality in Mental Health Care  
Department of Health  
Department for Innovation, Universities and Skills,  
Government Office for Science  
Depression Alliance Scotland  
Disability Benefits Consortium  
Diverse Minds  
Drugscope  
Faculty of Public Health  
Financial Services Authority  
Finance & Leasing Association  
Friends Provident Foundation  
Hafal

Healthcare Quality Improvement Partnership  
Independent Police Complaints Commission  
Institute of Psychiatry  
Law Society  
Local Government Association  
London Development Centre  
Manic Depression Fellowship  
Mental Health Alliance  
Mental Health Foundation  
Mental Health Provider's Forum  
Mental Health Research UK  
Mind  
Money Advice Liaison Group  
Money Advice Trust  
National Institute for Mental Health in England  
Northern Ireland Association for Mental Health  
National Health Service Confederation  
Rethink  
Royal College of Nursing  
Royal College of General Practitioners  
Royal College of Physicians  
SANE  
Sainsbury Centre for Mental Health  
Scottish Association for Mental Health  
Stand to Reason  
Together  
VOX (Voices Of eXperience)

# Foreword

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**One year of Fair Deal.** It is a year since the College's flagship campaign Fair Deal was launched at the 2008 Annual Meeting in London. As outlined in our manifesto ([www.fairdeal4mentalhealth.co.uk](http://www.fairdeal4mentalhealth.co.uk)), Fair Deal promotes equal rights and fairness for mental health service users, carers, and those working with them. It also challenges psychiatrists to address inequality, unfairness and discrimination across eight key areas, and to collaborate with others to achieve this.

**Much has been achieved.** In this report, we consider the progress that has been made and look ahead to some of the future work to come. The report highlights only a selection of the projects undertaken as part of Fair Deal across the College. The Steering Group (chaired by Dr Martin Deahl) has worked to coordinate these initiatives to achieve maximum effect. This includes activity in the national jurisdictions (England, Scotland, Wales and Northern Ireland), regional Divisions, Faculties and Special Interest Groups.

**Founded on collaboration.** Where appropriate, the College has liaised and worked with the government, the voluntary sector and other agencies to drive forward the Fair Deal agenda. Much of this work is being taken forward by the Policy Unit within the College. Many of the projects have a national focus. In the coming year, however, we will further engage the College Divisions and adopt a more regional and local perspective.

**Driven by psychiatrists.** As psychiatrists we should be leading from the front, championing the rights of our patients, other service users and their carers. We are also uniquely placed to identify local issues of concern. Indeed, we have an ethical and moral duty to do so. The Fair Deal campaign therefore seeks to inspire, encourage and support the College membership, nationally and internationally, to pursue this aim.

**But with a great deal still to do.** The influence and impact of the Fair Deal campaign is only as strong as the motivation and drive of our members. However, by working together, we can make a real difference to the lives of service users and carers, as well as the public perception of mental health services and professionals.

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

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

# Fair Deal

## – the first year

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### How do you bring about change?

In the past year, all those involved in the Fair Deal campaign have asked themselves this question. Many have answered it by identifying something 'wrong' and developing a project to rectify this (often in collaboration with other organisations). Others have tried to gradually influence the political agenda or public perception over a longer period of time. Some, meanwhile, have swiftly responded to key government projects or consultations as they have emerged.

### Working in the real world

However, what all the initiatives in Fair Deal have in common is that they have taken place in the real world. They have been both helped and hindered by wider political developments, emerging scientific knowledge and 'frontline dispatches' from mental health services in all four UK countries and beyond. This can mean that hard work and good initiatives have sometimes fallen on unsympathetic ears or have had an indirect effect that is difficult to measure. However, by speaking out about the aims and projects of our campaign, the College has provided a key voice for change and a fairer deal for all involved in mental health.

### Cross-cutting initiatives

In this report, we present a selection of initiatives and projects from Fair Deal. Organised by the eight key campaign areas, these provide an overview of the campaign's progress and impact. However, some initiatives do not fit into a single 'letter' of Fair Deal and address multiple issues. A selection of these 'cross-cutting' activities is presented below.

### England: New Horizons and Future Visions

New Horizons has been a major policy focus for the College. Due for launch in October 2009, this will succeed the 10-year National Service Framework for Mental Health. In order to inform the content of New Horizons, the College decided to join other mental health organisations in the Future Visions coalition. This coalition published a *New Vision* report outlining the need for New Horizons to:

- ▶ take a public mental health approach that is adopted by all government departments
- ▶ more closely integrate health and social care models of mental health

- ▶ place at its heart recovery principles, as well as a shift in the balance of power towards users, carers and communities.

The College has also coordinated policy seminars to influence and inform New Horizons. Furthermore, work on the Darzi reforms has also taken place, involving linkage with regional mental health leads, presenting College views on government reform, and briefings on mental health as a core part of care pathways and polyclinics.

### Scotland: Child and Adolescent Mental Health Services (CAMHS)

Politically, the Scottish Division used Fair Deal to focus on CAMHS provision. Through the political conferences, cross-party groups, and also by providing oral evidence at the Health Committee Inquiry, the Division repeatedly drew attention to a lack of specialist CAMHS beds. The Division also scored a success in 2008 in relation to an 18-week referral to treatment target campaign for mental health services. The Scottish Government announced in late 2008 this would be introduced, starting with CAMHS.

### Wales: reconfiguration and suicide prevention

Fair Deal Wales will officially be launched in 2009, although the campaign manifesto has been presented to the Welsh Assembly Government. The Welsh Division worked in the first year of the Fair Deal campaign to influence the reconfiguration of mental health services, and also significantly contributed to the new Suicide Prevention Strategy for Wales.

### Northern Ireland: a single Bill for mental health

Fair Deal was launched in Northern Ireland in October 2008. Major campaign activity has included the Division joining with other organisations to campaign for a single mental health and capacity Bill.

### Cross-jurisdiction UK initiatives: risk to self

Many Fair Deal initiatives also apply to all UK countries, including the 'risk to self' working group chaired by Lord Alderdice. This is considering issues of self-harm and suicide with the aim of improving awareness about their non-psychiatric causes, changing service staff attitudes and influencing commissioners and the National Health Service (NHS) in service provision. The group is also investigating training needs and barriers to the effective implementation of existing policy.

### Divisional work: South West pilot site

As a precursor to wider collaboration with the College Divisions in year 2 of Fair Deal, the Policy Unit and South West Division have worked to address local issues through political and policy campaigning.

### Outside the UK

The Board for International Affairs has taken forward projects in various countries, including India, Kenya, Pakistan, Iraq, Syria, Egypt, Malawi and Mongolia.

### Responding to one consultation every 4 days

In 2008/2009, the College responded to around 65 consultations. Substantial responses were made by the following faculties: General and Community Psychiatry, Forensic Psychiatry, Learning Disability Psychiatry, Rehabilitation and Social Psychiatry, Old Age Psychiatry, Child and Adolescent Psychiatry. Consultations included: National Dementia Strategy; Learning Disability Action Plan (Wales); patient data use; national framework for assessing children and young people's continuing care; Mental Health Act review (Scotland); Care Quality Commission proposals for 2009/2010 assessments of health and social care; Marmot review on health inequalities; Personality Disorder Strategy (Northern Ireland); Joint Committee on Human Rights; and the Health Select Committee.

# Funding

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**F**unding 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:

- ▶ **Significant money for psychological therapies.** The National Collaborating Centre for Mental Health played a central role in securing extra government investment.
- ▶ **Influencing and shaping national service funding.** The College's Policy Unit jointly delivered events designed to influence the development of national indicators, measures and metrics to address mental health inequalities in England.
- ▶ **First ever UK charity dedicated to mental health research.** The College has advised the new charity, Mental Health Research UK, on their strategy to raise millions for research to tackle the biological and social causes of mental illness.
- ▶ **New online resource on information-based funding, quality and outcomes (IFQO).** A timely College resource showing the key role those elements play in clinical practice.
- ▶ **Lobbying against 'recession cuts' to mental health services.** The College Research and Training Unit reviewed the scientific literature on financial difficulty and mental health, and in collaboration with the Policy Unit raised concerns with politicians and civil servants.
- ▶ **Liaison Psychiatry and General and Community Psychiatry Faculties led on improved funding for services.** This included work on psychiatry in general hospitals and assessments conducted under the Mental Health Act.
- ▶ **Fair Deal in Iraq.** The Board of International Affairs, through its Iraq Subcommittee, assisted the International Medical Corps to secure funding and undertake work on the integration of mental health in primary care.

## Selected project profiles

- ▶ **More money for psychological therapies.** The College's National Collaborating Centre for Mental Health (NCCMH) played a key role in the 2008 government announcement that additional significant investment would be given to psychological therapies in primary care. This came from the NCCMH's development of the NICE guideline on depression.
- ▶ **Shaping national funding for services.** The College Policy Unit joined forces with the Sainsbury Centre for Mental Health, the Department of Health and the National Institute for Mental Health. Working with over 100 experts, it explored the social determinants of mental health and identified outcome measures addressing mental health inequalities. The work aimed to ensure that mental health receives an adequate share of future national spending in health and social care (through new public service agreement targets). The project also contributed to the strategic review, led by Professor Michael Marmot, to propose an evidence-based strategy for reducing English health inequalities post-2010 and the development of the New Horizons policy.
- ▶ **Funding for mental health research.** Historically, mental health has received substantially less funding than its overall impact on individuals' quality of life should demand. Unlike illnesses such as cancer, there has never been a dedicated charity raising money for mental health research. The College has advised and worked with a new charity – Mental Health Research UK – that aims to raise millions for research to tackle the biological and social causes of mental illness.
- ▶ **New online resource on information-based funding, quality and outcomes.** Dr Martin Elphick, the College's specialist adviser on outcomes, produced a resource explaining how new approaches to routine collection of patient and service information can be used to allocate funding for mental health services, as well as to monitor quality (<http://www.rcpsych.ac.uk/members/currentissues/ifqo.aspx>).
- ▶ **College Members and Faculties.** The Liaison Psychiatry Faculty developed a policy implementation guide which provides a template for funding standard liaison services in district general hospitals. The General and Community Psychiatry Faculty used the College's report on Section 136 of the Mental Health Act (*Standards on the Use of Section 136 of the Mental Health Act 1983 (2007) – Version for England, CR149*) to support commissioning of services with assessment suites and adequate staffing.

*MHR-UK is the first charity to make mental health research a priority. Advice from the College and its Policy Unit has been extremely important in our first steps towards raising the money we need to make this a reality.*

**Professor Clair Chilvers, MHR-UK**  
([www.mentalhealthresearchuk.org.uk](http://www.mentalhealthresearchuk.org.uk))

*I'm very pleased that the College is involved in making sure that mental health has an important place in the broader health inequalities agenda.*

**Professor Michael Marmot**

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# Access to services

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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:

- ▶ **Scotland: a new 18-week referral to treatment.** In collaboration, the Scottish Division helped achieve the introduction of an 18-week target for CAMHS services.
- ▶ **Policing and mental health: improving 'places of safety'.** The College published 24 new standards to inform good policing practice when removing people with perceived mental disorder from public spaces to 'places of safety'.
- ▶ **Improved service access in Wales.** The Welsh Division took a key role in helping configure mental health services with targets for child and adolescent services, as well as assertive outreach teams.
- ▶ **Policing and mental health: diversion into care.** The Policy Unit organised a high-level seminar on diversion from police custody into mental health services.
- ▶ **Care pathways and Darzi conference.** The College held a major conference on the challenges of the Darzi reforms for English mental health services.
- ▶ **Addictions Faculty and alcohol.** A member of the Alcohol Health Alliance UK, the College publicised the lack of alcohol treatment services. In Scotland, the establishment of screening for risky alcohol use in primary care was agreed as a key NHS target.
- ▶ **Defining the psychiatrist's role in tackling the risk of self-harm and suicide.** Chaired by Lord John Alderdice (psychiatrist and College member), the Policy Unit has coordinated this work, including giving oral evidence in the House of Lords.
- ▶ **Tackling dementia in people with intellectual disabilities.** A new national strategy led jointly with the Faculty of Old Age Psychiatry and the British Psychological Society was launched in April 2009.

## Selected project profiles

- ▶ **Scotland: 18 weeks and counting.** In 2008, the Scottish Division in collaboration with the Depression Alliance Scotland, VOX and Scottish Association for Mental Health (SAMH), campaigned for an 18-week referral to treatment target for mental health. Late in 2008 the Minister for Health announced this would be introduced for CAMHS with the view to extending it to other services later.

*The new referral target is an important 'win' for the Scottish Division, the College, and Fair Deal. However, getting it introduced into CAMHS is just the first step, and we look forward to this being implemented across all Scottish mental health services.*

**Dr Tom Brown, Chair, Scottish Division**

- ▶ **Darzi: high-quality and seamless care pathways.**

Representing a key stage in work undertaken by the College on care pathways, the College's Education and Training Centre hosted a national conference addressing the mental healthcare implications of the NHS reform over the next 10 years.

- ▶ **Improving the 'places of safety' report.** Section 136 of the Mental Health Act 1983 (2007) gives the police powers to remove a person perceived to be experiencing mental disorder from a public place into a place of safety. The College worked with organisations such as the Association of Chief Police Officers to develop and publish 24 separate recommendations on the use of Section 136. These covered: physical standards of places of safety; staffing issues; conveyance of patients between places of safety; local policy and monitoring of standards (both at the local and the national level). The report also included the first ever standardised recording form to monitor Section 136 detentions.
- ▶ **Personality disorder and perinatal services in Northern Ireland.** These received a boost with the development of a strategy for personality disorders and a recent government announcement that out-patient perinatal services will be developed. College members played key roles in these outcomes.

- ▶ **Diversion from police custody.** In response to Lord Bradley's imminent review of the diversion of people with mental health problems into appropriate healthcare, the Policy Unit co-organised a seminar for senior practitioners. This identified practical mechanisms for quick and efficient diversion into appropriate healthcare.

*Detention under Section 136 is the only civil detention under the Mental Health Act for which no statutory form is required. As part of Fair Deal, the College wants to see a single, nationally agreed, standard monitoring form introduced, and we are pleased that the Independent Police Complaints Commission has this as one of its recommendations too. Reliable data are an essential step towards improving standards of care for this vulnerable group of individuals.*

**Dr Michele Hampson, Chair,  
General and Community Psychiatry  
Faculty**

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# In-patient services

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**I**n-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:

- ▶ **Standards that improve the care of in-patients from Black and minority ethnic groups.** The College in collaboration with the Delivering Race Equality in Mental Health Care programme developed recommendations for new care standards.
- ▶ **A toolkit to make care for under-18-year-olds on adult wards safe and appropriate.** The College Centre for Quality Improvement produced an audit toolkit to help adult mental health wards provide safe and appropriate care for patients under 18.
- ▶ **New knowledge and training.** The College Education and Training Centre provided training for responsible clinicians under the new Mental Health Act, and online training about people deprived of liberty under the Mental Capacity Act.
- ▶ **New briefings on in-patient care.** Bringing together evidence and insight, the College Policy Unit produced a series of briefings on key issues in in-patient care.
- ▶ **Initiatives to improve in-patient services for older people and those with intellectual disabilities.** The College Centre for Quality Improvement launched new quality improvement networks.
- ▶ **New mental health legislation in Egypt.** As part of Fair Deal, the Board of International Affairs supported the development of new mental health legislation in Egypt to ensure better practice surrounding admissions and discharges.

## Selected project profiles

► **New standards to improve the care of in-patients from Black and minority ethnic groups.**

The College in collaboration with the Delivering Race Equality in Mental Health Care programme developed recommendations for new standards to gauge the quality of care provided to in-patients from Black and minority ethnic groups. Chaired by Melba Wilson (National and London director of the programme), and produced through an independent expert panel, the standards will directly inform in-patient accreditation networks run by the College Centre for Quality Improvement.

*Ensuring a 'fair deal' for in-patient care services for Black and minority ethnic groups is a key part of the Delivering Race Equality programme. We are working in close partnership with the Royal College to help address existing inequalities, and to improve future care.*

**Melba Wilson, Director,  
Delivering Race Equality  
in Mental Health Care**

► **Key knowledge and training programmes.**

The College Education and Training Centre conducted training sessions for responsible clinicians under the new Mental Health Act, and also produced an online training resource on people deprived of liberty under the Mental Capacity Act.

*Hospital managers now need to ensure that all under 18-year-olds are admitted to an environment suitable for their age. Our toolkit reflects the aims of the Fair Deal campaign, as it helps in-patient services provide safe and appropriate care.*

**Anne O'Herlihy, Research Fellow,  
College Centre for Quality Improvement**

► **Safe and appropriate care for under 18-year-olds on adult wards.**

Due to the inequitable provision of CAMHS beds and poor emergency access to community alternatives to in-patient CAMHS, it is likely that some young people will continue to be admitted to adult mental health wards. The College Centre for Quality Improvement has therefore produced an audit toolkit (funded by the then National Institute for Mental Health in England) to help adult mental health wards provide safe and appropriate care for under 18-year-olds. It will be piloted in 25 wards across the English regions, with plans to implement these standards through an accreditation review process in 2010.

- **The implementation of new mental health legislation and code of practice.** The College Education and Training Centre (CETC) inaugurated training for responsible clinicians under the new Mental Health Act, and College members worked to improve transitional arrangements for psychiatrists. The College also, jointly with the Law Society, hosted a large-scale conference 'The Mental Health Act 2007: Six Months On'.

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# Recovery & rehabilitation

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

Fair Deal projects included:

- ▶ **Campaigning for people with mental health problems in the Welfare Reform Bill.** The College Policy Unit continues to press for revisions that will ensure a fair deal.
- ▶ **A new vision for rehabilitation services.** The Rehabilitation and Social Psychiatry Faculty launched a strategy defining the components of the modern rehabilitation service and making the case for full service provision across the UK.
- ▶ **Ensuring services value and optimise social inclusion.** The College's Social Inclusion Working Group undertook a comprehensive review of the social exclusion of people with mental health problems, and made recommendations for changes to service provision.
- ▶ **100000 'debt first aid' kits delivered to psychiatrists and other professionals.** In response to the economic downturn, the College launched a new toolkit to help health and social care professionals identify and work with people experiencing debt and mental health problems.
- ▶ **'Recovery' included in national clinical guidelines on schizophrenia.** The National Collaboration Centre's schizophrenia update guideline has a section on recovery, including the need for a multimodal approach, early intervention, assertive outreach, psychological treatment and careful use of medication.
- ▶ **Shaping a drug strategy for Scotland.** Addictions Faculty members were active in the production of the Scottish Drug Strategy *The Road to Recovery* published in 2008.

## 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 from benefits into work. It proposes significant changes to the provision of support to individuals but also to the expectations and responsibilities placed upon them. The College Policy Unit with Mind, Rethink and the Sainsbury Centre for Mental Health jointly campaigned to ensure that the particular needs of people with mental health problems are fully addressed in both Houses of Parliament. Policy Unit staff also continued to raise the practical problems of the new benefit schemes to influence their fair rollout and to improve the experiences of people with mental health problems.

*The Royal College of Psychiatrists set out five principles for effective reform [of the Welfare Reform Bill] which the amendments should meet. Although meant particularly for people with mental health problems, they apply across the piece.*

**Paul Rowen, MP**

- ▶ **A new vision for rehabilitation services.** Within the UK there is no nationally agreed service specification or strategy for psychiatric rehabilitation. A consequent lack of access to local rehabilitation services means that many people with complex or long-term mental health problems receive care in expensive 'out-of-area' hospital placements, or remain at home reliant on the care of their families. To address this, in 2009 the Faculty of Rehabilitation and Social Psychiatry launched its UK strategy document on the provision of rehabilitation services.

*This partnership between the FSA and the College Policy Unit has brought together professionals working in the mental health field with those dealing with financial capability. Together, we have tried to provide the tools and resources necessary to help health and social care professionals who often find themselves in the front line, helping people struggling with interlocking mental health and debt problems.*

**Chris Pond, Director of Financial Capability, FSA**

- ▶ **Financial difficulty, debt and mental health.** The College Research and Training Unit received funding in 2008–2009 from the Financial Services Authority (FSA) and distributed 100,000 copies of the *Final Demand* booklet to health and social care professionals. The CRTU also launched findings of a scientific review of the studies on the relationship between debt and mental health, and started a new project focusing on how creditors treat people who are in debt and are experiencing mental health problems.

- ▶ **Social inclusion and Fair Deal.** The College's Social Inclusion Scoping Group undertook a comprehensive review of the social exclusion of people with mental health problems. A position statement, with recommendations for changes to service provision, was published in June 2009.

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# Discrimination & stigma

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**D**iscrimination 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 as an employer and provider of health services.

Fair Deal projects included:

- ▶ **Tackling discrimination against people with mental disorder.** Through its work on the new Equality Bill, the College is focusing on discrimination against people with mental disorder, including older people and those seeking employment.
- ▶ **Campaigning for a single Mental Health and Capacity Bill in Northern Ireland.** This would mean no difference in treatment provision would exist between those with physical and mental health problems, including the detention of people with the capacity to make decisions about their treatment.
- ▶ **Addressing mental health in Parliament.** The Policy Unit co-led research on MPs' and Lords' understanding and experience of mental health problems.
- ▶ **Stopping ill-informed media representations of violence and psychosis.** The College Press Office provided media training to College members and monitored media coverage of mental health issues.
- ▶ **Recognising older people and addiction.** The Addictions and Old Age Psychiatry Faculties collaborated to produce a report on the needs of older people with alcohol and other drug problems, a group whose needs are often neglected.
- ▶ **A fair deal in North America.** The Board of International Affairs launched major Canadian research on stigma and discrimination, a study on services in New York (the Bronx) and psychiatric residents' views on mental health policy in Mexico, the USA and Canada.
- ▶ **RCPsych at the movies.** The Scottish Mental Health Arts Film Festival featured contributions from the Scottish Division and Professor Dinesh Bhugra.

## Selected project profiles

- ▶ **Addressing age discrimination in mental health services.** The College made tackling age discrimination a key priority in year one of the Fair Deal campaign. This involved campaigning in Parliament to ensure that the government outlaws age discrimination in health services. It also involved policy recommendations on the organisational changes required to provide mental health services based on need rather than age. An inter-faculty working group also produced principles to guide commissioning, service provision and clinical practice to create equity and better meet the needs of older people.

*People subject to mental health legislation face stigma that extends beyond the period of detention, whereas capacity legislation aims to safeguard vulnerable individuals' rights. Northern Ireland is working to set an international precedent in combining the two in a single piece of legislation.*

**Dr Cathal Cassidy, Chair, Northern Ireland Division**

accompanying report called for the immediate repeal of the laws that prevent people with experience of mental health problems from standing for Parliament and for mental health awareness training to be made available.

- ▶ **Stopping ill-informed media representations of violence and psychosis.** The College Press Office provided media training to Public Education Committee members on violence and mental health. The College Press Office also monitored the media's coverage of mental health issues. In the past 12 months, the College has written to newspapers and magazines that have ignored guidelines on the reporting of suicide, self-harm and risk, breaching the Press Complaints Commission's Code of Practice.
- ▶ **Scottish Mental Health Arts and Film Festival.** This festival ran over 2 weeks and included involvement from the Scottish Division, as well Professor Dinesh Bhugra on 'Bollywood cinema'. Based on the event's success, the College will be a key partner in 2009.

*The Scottish Film Festival is the world's biggest anti-stigma event, and we were delighted to be part of it.*

**Dr Peter Byrne, Chair of Public Education Committee**

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# Engagement

## with service users and carers

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

Fair Deal projects included:

- ▶ **Strengthened involvement of service users and carers.** The 2008 establishment of the Service Users' Recovery Forum (SURF) and the Carers' Forum ensured that the majority of College activities have service user and carer representation and input – including formulation of all official College policies.
- ▶ **A new 1000-strong network of users and carers.** In addition to the above developments, the College has also established a larger and more diverse electronic network of service users and carers to advise on College activities.
- ▶ **Measuring and improving carers' well-being.** The College Research and Training Unit, in collaboration with Rethink and the Alzheimer's Society, have developed a new routine outcomes measurement tool.
- ▶ **Involving people with intellectual disabilities in clinician approval.** An appraisal process for intellectual disability clinicians has been developed with the College Research and Training Unit, with a section on user and carer feedback. The Learning Disability Faculty also produced a policy on copying clinical letters to patients.
- ▶ **Northern Ireland's users and carers shape the training curriculum.** From the beginning of 2009, users and carers from the College network began to help develop the College's training curriculum, in cooperation with the Academic Coordinator at Queen's University, Belfast.
- ▶ **Service users began running parts of the College's national accreditation scheme for forensic mental health services.** An important expansion of the role of 'experts by experience' in this setting.

## Selected project profiles

- ▶ **Service and carer involvement made central to College activity.** In 2008, the College established the Service Users Recovery Forum (SURF) and the Carers Forum. Both forums have been asked to undertake three main tasks. First, to represent the interests of service users and carers on relevant College Committees. Second, to respond to and help initiate strategic policy. Third, to contribute to the development of good practice and training of College members.
 

*The College has, and should continue, to lead the way in regard to service user and carer involvement in its activities.*
- ▶ **There are now approximately 50 members of the SURF and Carers Forum groups.** A diverse network of 1000 service users and carers was also developed. This aims to assist with consultation over College policies and direction. Critically, the College has aimed for service user and carer representation on all Faculty and Divisional committees. Representation has also been made key at public events held by the College, and on all working groups.
 

**SURF member**
- ▶ **New tool to measure carer well-being.** The Carer Well-Being and Support tool was launched in mid-2008. This tool has been designed to be used with carers of people with a mental health problem (common or severe) or dementia, and was developed by the College Research and Training Unit in collaboration with Rethink and the Alzheimer's Society. It can be used for routine outcome measurement and research, and the College hopes that it will become *the* outcome measure to use in collaboration with carers.

*It was really important that we developed this tool through working closely with carers, the Alzheimer's Society and Rethink. It has resulted in a scientifically robust tool that covers the issues that carers think are important, and we believe it will be widely used in the statutory and voluntary sector to improve carers' well-being and support.*

**Dr Alan Quirk, College Research and Training Unit**

- ▶ **Service User Involvement in the Quality Network for Forensic Mental Health Services.** The level of service user involvement in the Quality Network dramatically increased in 2008/2009 following the appointment of medium secure unit in-patients as service user experts on the network's advisory group. Service users conducted telephone interviews as part of the self-review stage, participated in peer-review visits to forensic services, and led peer-review meetings at these services.

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# Availability of psychological therapies

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Availability of psychological therapies should be equitably implemented 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:

- ▶ **New recommendations on providing better psychological therapies in psychiatry and primary care.**
- ▶ **A national audit that really 'counts'.** The College Research and Training Unit started a major 3-year audit that aims to improve access and positive treatment outcomes in Wales and England.
- ▶ **Greater access to therapies through an enhanced Scottish workforce.** In collaboration with the Royal College of Nursing, the Scottish Division continued its campaign to improve therapy access. It also assisted NHS Education for Scotland in its published analysis of workforce expansion and training.
- ▶ **Government recognition that psychological therapies should be a core component of mental health service provision in Northern Ireland.** This resulted from campaigning work conducted by the Northern Ireland Division.
- ▶ **New and significant funding for psychological therapies.** Guidelines produced by the National Collaborating Centre for Mental Health directly contributed to significant extra funding for therapies.
- ▶ **A strategy to increase the availability of psychological therapies for people with intellectual disabilities.** This was launched by the Learning Disability Faculty and the British Psychological Society.

## Selected project profiles

- ▶ **Psychological therapies report.** Representing a collaboration between the Royal College of Psychiatrists and the Royal College of General Practitioners, the launch of this report (*Psychological Therapies in Psychiatry and Primary Care*, CR151) in 2008 aimed to improve the provision of psychological therapies for people with mental and physical disorders, in both primary and secondary care settings. The report identified new ways to develop and maintain psychological services that meet satisfactory standards, and set out clear benchmarks to assess whether these aims were being accomplished.

*The CRTU are leading the first Healthcare Quality Improvement Partnership audit in England and Wales to be carried out in primary care. This will reflect the Fair Deal objective of helping services to improve both access and treatment. We are working with a range of partners, including the Royal Colleges, mental health charities, and New Savoy Partnership.*

**Louise Nelstrop, College Centre for Quality Improvement**

Health Minister has declared that psychological therapies should be a core component of mental health and intellectual disability services, and has committed significantly increased funding for psychological therapies.

- ▶ **Learning Disability Faculty.** In 2008 the Faculty, in conjunction with the British Psychological Society, launched a strategy on assessment and management of challenging behaviours in people with intellectual disability. It also produced specific audit standards relating to access to therapies within services.

*The [report's] timeliness will be evident to everyone concerned about the psychological well-being of individuals coming to clinicians for help, whether in the general practitioner's surgery, the hospital consulting room or in the community.*

**Dame Fiona Caldicott**

▶ **Psychological therapies audit.** This important project began in 2009. A 3-year programme funded by the Healthcare Quality Improvement Partnership, the project aims to conduct a national audit of psychological therapies for people in England and Wales who have anxiety and depression. The audit aims to promote access, appropriateness, acceptability and positive outcomes of treatment. This is important as although funding for psychological therapy provision has increased via the Improving Access to Psychological Therapies (IAPT) programme, not all psychological therapies provided by primary care trusts in England, and none provided by local health boards in Wales, fall under the IAPT programme.

▶ **The Northern Ireland Division has been campaigning hard for the better availability of psychological therapies.** It has also worked with the Department of Health to put together a strategy for the development of psychological services in Northern Ireland. Following this, the

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# Linking physical and mental health

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

Fair Deal projects included:

- ▶ **Addressing inadequate service provision.** The *No Health without Mental Health* report made recommendations on improving the often inadequate attention given within health services to the link between physical and mental health.
- ▶ **A new Psychiatric Liaison Accreditation Network (PLAN) to improve service quality.** The Network aims to improve the performance and quality of mental health services provided in general hospitals.
- ▶ **Improving the detection and management of patients with psychological problems in primary care.** This was detailed in a new report between the Royal College of General Practitioners and the Royal College of Psychiatrists (*The Management of Patients with Physical and Psychological Problems in Primary Care*, CR152).
- ▶ **Support for College members experiencing mental and physical health problems.** This has been provided through the Psychiatrists' Support Service's telephone helpline and website.
- ▶ **Guiding the Scottish Government.** College members from the Scottish Division wrote new guidance on how to improve the physical health of those with severe mental health problems.
- ▶ **Helping College members and health workers outside the UK.** The Board of International Affairs ran training programmes on the links between mental and physical health in Kenya, Malawi, Mongolia, Egypt and Pakistan.
- ▶ **Primary care and mental health in Northern Ireland.** A major conference was held on the interface between physical and mental health.

## Selected project profiles

- ▶ **No Health without Mental Health report.** Written by the College Research and Training Unit in collaboration with the Psychiatric Liaison Faculty, this was launched by the Academy of Medical Royal Colleges in 2009. The report highlighted the link between mental and physical health, and the urgent need to strengthen both the quality of mental healthcare provided to people with physical illness and the quality of physical healthcare provided to those with mental health problems. A briefing document was also published online, enabling non-mental health professionals to learn more about the psychological problems associated with specific physical conditions.
 

*Many people in general hospitals have mental health needs that are not being adequately addressed. The No Health without Mental Health report and the Fair Deal campaign are raising awareness about this, and PLAN will help improve services.*

**Professor Else Guthrie,  
Chair of Psychiatric Liaison Faculty**

- ▶ **The Psychiatric Liaison Accreditation Network.**

The College Centre for Quality Improvement established an accreditation programme for mental health services to general hospitals. Launched in February 2009, over 20 mental health liaison teams have signed up to PLAN so far. Each team will be guided through an annual cycle to measure them against a set of quality standards using self- and peer-review methods. Findings from the reviews will be considered by an expert committee comprising representatives from our partner organisations, including the Royal College of Physicians, the Royal College of Nursing, the College of Emergency Medicine and Mind. Participating teams will be provided with support to help them make positive changes and thus increase their performance against the standards year on year.

- ▶ **The Psychiatrists' Support Service.** The service is contacted by doctors who are experiencing difficulties both in the workplace and at home as the result of a physical health condition, which may have led to a prolonged period of absence and/or increased levels of stress and anxiety. Understanding and recognising the link between physical and mental health has proved to be one of the main skills of the service's advisers.
- ▶ **The Management of Patients with Physical and Psychological Problems in Primary Care (CR152).** Published in January 2009, this report provides a practical guide to improving the detection and management of psychological issues and problems in the context of diagnosing and managing physical illness in the primary care setting. At the same time (January 2009) the Mental Health in Primary Care Forum was launched.

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# Fair Deal

## – the next year

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The next year of Fair Deal will see the continuation of the College's work on all eight priority areas, through projects in collaboration with government, the voluntary sector and other agencies.

### Future national challenges

Among other initiatives, the College will be working with the Time to Change campaign on stigma and discrimination. We will also take forward a project on a human rights-based approach to delivering mental healthcare. We will continue to monitor the operation of the Mental Health Act and the Mental Capacity Act (Deprivation of Liberty provisions), in particular the operation of community treatment order provisions. This will be achieved partly through our involvement with the Care Quality Commission and also through our membership of the Mental Health Alliance.

A project on discrimination in employment within the NHS for people with mental health problems will also be a priority. The Rehabilitation and Social Psychiatry Faculty together with the Psychotherapy Faculty will be involved in devising Fair Deal projects, with work on prison transfer for forensic patients continuing in 2009/2010. The emergence of a new 10-year mental health policy framework for England will continue to be a high priority, as will key policy developments in Scotland, Wales and Northern Ireland.

### A Fair Deal in the Divisions

To strengthen and extend the involvement of College members and Divisions in Fair Deal the Policy Unit has launched the Working with Divisions project. This initiative will develop skills, knowledge and capacity within the 11 College Divisions to campaign on Fair Deal issues of local importance. It will aim to influence local politicians and policy makers, and will also raise the public profile of the Fair Deal campaign at a local and regional level. Fostering and supporting these Divisional initiatives will be key as the influence and impact of the Fair Deal campaign is only as strong as the motivation and drive of the College's members.

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## Involving MPs and local politicians

To support the development of Fair Deal projects in the Divisions, the Policy Unit launched a new resource at the 2009 Annual Meeting: the *Fair Deal Political Pack*. This guide will provide Divisions with clear pointers on how members, service users and carers can raise issues with MPs, other parliamentarians and in local government. In addition, the Policy Unit will use the South West Division pilot as a basis for devising a strategy for similar projects across the College Divisions in 2009/2010. This will be achieved through supported meetings, strategy sessions, and skills training.

# Find out more

## Fair Deal website

[www.fairdeal4mentalhealth.co.uk](http://www.fairdeal4mentalhealth.co.uk)



## Fair Deal manifesto

[www.fairdeal4mentalhealth.co.uk](http://www.fairdeal4mentalhealth.co.uk)