



Preventing mental illness:

Our manifesto for the next UK general election

#NoHealthWithoutMentalHealth





Dr Lade Smith CBE
President of the Royal College of Psychiatrists

Preventing mental illness: Our manifesto for the next UK general election

We, the Royal College of Psychiatrists, are calling on all political parties to prioritise mental health in their manifestos – in particular, by committing to take actions to help prevent mental illness.

Here, we outline five priorities for making this happen:

- 1** Reduce the prevalence
- 2** Reverse the mental health crisis
- 3** Achieve parity of esteem between physical and mental health
- 4** Support our workforce
- 5** Equitably fund research and data collection

Foreword

We are faced with a public mental health emergency that is devastating the lives of thousands of people, while psychiatrists and mental health services are over-stretched and under-resourced amidst the ongoing impacts of the cost-of-living crisis, wars and displacements, the climate and ecological crisis, and the Covid-19 pandemic.

Simply put, significantly more people require mental healthcare in the UK than the number receiving it. We also know there are many people with mental illness who are not known to or accessing services at all, particularly in minoritised ethnic groups and underserved populations, with stigma and discrimination often acting as barriers.

People not accessing the mental health treatment they need exacerbates their ill-health, which only widens major health inequalities in the population. Those who are referred to mental health services are often faced with long delays in receiving care and too many are ending up in crisis, at the Emergency Department, at which point the system is not well set up to respond. Not only do these delays add to our patients' distress, but they impact other parts of the health system and hurt the economy.

But many mental health conditions are avoidable and can be cured if treated early. Globally, an estimated one in five children aged between one and seven years has a mental health condition¹. We also know that half of mental illnesses in adults start before the age of 14 and three quarters before the age of 24². In fact, children from the poorest 20% of households in England are four times as likely to have serious mental health difficulties by the age of 11 than those from the wealthiest 20%³. Furthermore, 30% of children in Scotland live with a parent with a possible mental disorder⁴.

Pressures caused by increases in the cost of living are a threat to good mental health and must be addressed to prevent a stark increase in mental illness and severe mental illness as well as a further widening of inequalities. Of the more than 2.5 million adults currently out of work across the UK due to long-term sickness, 1.35 million are experiencing mental ill-health. Mental health conditions cost the UK economy an estimated £118 billion annually, equivalent to 5% of GDP. Preventing relapse and treating people early is key to keeping them in work and maintaining their relationships. And, even for those mental illnesses with strong genetic roots, high-quality treatment that is safe, timely and therapeutic can reduce the duration of episodes and minimise relapses, meaning that people are far more likely to achieve their potential.

The public mental health emergency is real. There is a clear need for cross-government prioritisation, with ministerial support, to prevent mental illness. We need investment in high-impact, evidence-based public mental health interventions to catch behaviours indicating a developing mental health condition at the earliest possible stage, preventing them from persisting and impacting people for the rest of their lives.

This is why we are calling on all political parties to prioritise the prevention of mental illness in their manifestos.

Dr Lade Smith CBE

¹ Vasileva M, Graf RK, Reinelt T, Petermann, U and Petermann F (2021) Research review: A meta-analysis of the international prevalence and comorbidity of mental disorders in children between 1 and 7 years. *Journal of Child Psychology and Psychiatry*, 62(4): 372–81. <https://doi.org/10.1111/jcpp.13261>

² Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 62(6): 593-602. [10.1001/archpsyc.62.6.593](https://doi.org/10.1001/archpsyc.62.6.593)

³ NHS Digital, Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey, 29 November 2022

⁴ Scottish Government, Scottish Health Survey 2022 Main Report, Volume 1



About us

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists. We work to secure the best outcomes for people with mental illness, intellectual disabilities and developmental disorders by promoting excellent mental health services, supporting the prevention of mental illness, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of our members and the profession. Representing over 21,000 members and with approximately 1,600 mental health services signed up to our quality networks, we work in all four nations of the UK, as well as supporting members internationally.

Psychiatrists are medically qualified doctors whose first two years of postgraduate training include working in general medicine or surgery. They then undertake at least six further years of training in the mental and

physical manifestations of psychological and behavioural disorders. Psychiatrists treat and help people to manage or recover from a range of mental health conditions, including substance use disorders and severe and enduring mental illnesses.

Psychiatrists are at the heart of mental health services. Consultant psychiatrists are often the leaders of the multidisciplinary team, supervising doctors in training and other mental health staff. Key to psychiatry is holistic practice, considering all aspects of patients' lives – the role of biological, psychological, social and environmental factors in the development of their illness and presentation of their symptoms – and an ability to understand the risks and benefits of treatments that might be available. It takes a unique skillset to synthesise this information in a way that can make an important difference to people's lives.

Priorities to prevent mental illness

1 Reduce the Prevalence

Reduce the prevalence of severe mental illness in the population

Mental ill-health can impact everyone. In England, one in four adults and one in six under 18s experience at least one episode of mental illness each year, which can have far-reaching and detrimental impacts over the course of a person's life. From 2019 to 2022, the prevalence of possible mental disorder among adults increased from 17% to 27% in Scotland⁵. Between 2017 and 2022, rates of probable mental disorder among 17- to 19-year-olds more than doubled from 10% to 26% and increased in children aged 7-16 years from 12% to 18% in England.

We know that inequalities give rise to mental illness. People from minoritised ethnic

backgrounds are more likely to experience severe mental illness and less likely to receive care and support when they need it. Those from socially deprived backgrounds, including in remote and rural areas, as well as those who are lesbian, gay, bisexual, transgender and gender diverse, are at greater risk of mental ill-health.

The climate and ecological crisis poses a catastrophic threat to public mental health and is already leading to an increase in the prevalence of mental illness and exacerbating pre-existing mental illness.

Recommendation:

- Introduce and commit to a target to reduce the prevalence of mental health conditions and severe mental illness in all age groups across the UK.

⁵ Scottish Government, Scottish Health Survey 2022 Main Report, Volume 1

⁶ Scottish Government, Scottish Health Survey 2019 Main Report, Volume 1

2 Reverse the Mental Health Crisis

Fund and resource mental health services to recover and expand capacity to meet growing demand

Almost 1.4 million people with suspected mental illness in England are still waiting to start treatment. During the month of June 2023, 11% of patients in Wales waited over 56 days from referral for a Local Primary Mental Health Support Services assessment and 21% waited more than 56 days for a therapeutic intervention⁷. In July 2023, 14% of children waiting for their first specialist Child and Adolescent Mental Health Services (CAMHS) appointment in Wales had been waiting for

over four weeks⁸ and 6,667 children and young people were waiting for specialist mental health treatment in Scotland at the end of June 2023.

The situation in urgent and emergency care is also dire, with adult acute bed occupancy not falling below 95% in England since May 2022. In June 2023, there were 39,137 emergency and urgent referrals to crisis care teams, an increase of 53% compared with June 2022; 10.7% of the emergency and urgent referrals during this time period were for children aged under 18⁹. More than 106,000 inappropriate out of area placement days occurred during the second quarter of the 2023/24 financial year, across all ages and bed types¹⁰. In the absence of equivalent data across Wales, Scotland and Northern Ireland, we can only assume that the situation is as concerning in these nations as it is in England. We also know that some patients are forced to travel across borders to other nations in the UK to receive treatment.

⁷ StatsWales, Part 1: Local Primary Mental Health Support Services, 23 August 2023

⁸ StatsWales, First appointment waiting times for Specialist Child and Adolescent Mental Health Services, 13 September 2023

While patients are waiting, too many will end up in Emergency Departments in crisis, often forced to spend days waiting for an inpatient bed. These delays make recovery from mental illness so much harder and cost the NHS and the economy more in the long run.

Too many people with a mental illness encounter crisis situations. While it is vital that care is improved for people experiencing a severe mental health crisis, too often there is a lack of investment in the continuity of their care which drains the NHS and our economy of its resources. Investing in mental health services in the community could lessen this burden, preventing incidences of mental illness and freeing up resources to be used for other public services, such as the police. Lessening wait times will also reduce the need for inpatient treatment and lower the carbon footprint of mental healthcare.

Recommendations:

- Invest in mental health services in the community to lower the number of people having a relapse of their mental illness and presenting to Emergency Departments in crisis.
- Introduce new response time standards for urgent and emergency mental health care.
- Intelligent commissioning of services including of beds that are fully resourced in areas with persistently high bed occupancy rates and inappropriate out-of-area placements, using models like the provider collaboratives.

⁹ NHS England, NHSE, Mental Health Services Monthly Statistics, June 2019 to June 2023

¹⁰ NHS Digital, Out of Area Placements in Mental Health Services, 12 October 2023

3 Achieve Parity of Esteem Between Physical and Mental Illness

Address the treatment and mortality gap for people with mental illness and severe mental illness

People with mental illness and severe mental illness are not receiving treatment when they need it. In England alone, 4.5 million people accessed NHS mental health services in 2021/22, while approximately 8 million people with mental health needs are currently not receiving care from services¹¹. As of June 2023, almost 254,000 people out of nearly 528,000 people (48.1%) with a severe mental illness in England were yet to receive all six components of a physical health check in the past year. Many with mental illness are not known to or accessing services at all, particularly in minoritised ethnic groups and underserved populations.

The life expectancy of patients with severe mental illness is 15 to 20 years lower than the general population¹². Adults with a severe mental illness (e.g., enduring psychosis, bipolar disorder, schizophrenia) are almost five times more likely to die before the age of 75 than those without and this mortality gap is widening over time. 120,273 adults in England with severe mental illness died before

the age of 75 between 2018 and 2020, and 80,182 of these deaths were from physical illnesses, like cancer and heart disease, which could have been prevented with earlier detection and treatment or lifestyle changes¹³. Physical health problems are too often missed or overlooked in this group.

Inequality engenders mental illness, and people with mental illness are treated inequitably – a cycle that must end. We need systems and a workforce in place which are empowered to address health inequalities and improve outcomes for people with a severe mental illness.

Recommendations:

- Implement agreed reforms to mental health and capacity legislation to ensure adequate access to mental health treatment, while maximising patient autonomy.
- Fund and properly resource mental health services to address the treatment and mortality gap for people with mental illness and severe mental illness.
- Expand and widen the scope of regular health checks with appropriate resourcing to increase the provision of comprehensive physical assessments for people with diagnosed mental illness.

¹¹ National Audit Office, Progress in improving mental health services in England, 9 February 2023.

¹² Office for Health Improvement & Disparities (OHID), Severe mental illness (SMI) and physical health inequalities: briefing, 27 September 2018

¹³ OHID, Severe Mental Illness, 7 March 2023

4 Support Our Workforce

Grow and support the wellbeing of the mental health workforce

Patient demand is growing and mental health services are critically overstretched. Staff retention and recruitment present significant challenges in the face of unmanageable workloads and poor work-life balance. Sickness absence rates across the NHS reached 5.6% in 2022 compared with 4.3% in 2019¹⁴. Almost a quarter of sickness days were attributed to stress, anxiety, depression and other psychiatric illnesses. Due to mental illness in the NHS workforce, there is a reduced capacity to treat mental illness in the population.

Having qualified colleagues in post to support each other is the single biggest contributing factor to staff wellbeing. However, psychiatry and mental health nursing are understaffed and under-resourced, with one in five nursing posts and one in seven medical posts in NHS mental health trusts in England remaining vacant¹⁵. Despite 99–100% recruitment into psychiatry, growth rates for psychiatry are significantly lower than growth rates for many other specialties.

In England, the number of full-time equivalent (FTE) consultant psychiatrists working for NHS organisations increased by 6.1% from 4,186.0 in June 2013 to 4,440.2 in June 2023¹⁶. Over the same timeframe, the number of FTE consultants across all other medical and dental specialties increased by 44.5%¹⁷. However, in Scotland, there was a slight drop in FTE consultant psychiatrists from 524.0 in June 2013 to 517.3 in June 2023, equivalent to a 1.3% decrease¹⁸. Consultants across all other medical and dental specialties had a combined increase of 35.0% over the same period¹⁹. In Wales, the FTE number for consultant

psychiatrists in June 2023 (193.1) was down 9.8% on September 2013 (214.0)²⁰. Over that same timeframe, the number of FTE consultants in post across all other specialties rose by 28.0%²¹. In 2021, the overall consultant psychiatrist vacancy rates for the UK nations were reported to be 11.6% in Wales, 10.4% in England NHS trusts, 7.0% in Northern Ireland, 5.8% in Scotland, and 3.9% at independent and third sector providers²². In line with the approach taken by national bodies, our RCPsych 2021 workforce census did not count posts as vacant when filled by temporary locum doctors. As such, these figures are an underestimate. However, the RCPsych's forthcoming 2023 workforce census will report two different forms of vacancy rate – one that excludes temporary locum positions and one that includes them.

Without a more supported mental health workforce, there will be more people with mental illness not receiving the care and support they need. This will be detrimental for all patients, not least those with severe mental illness.

Recommendations:

- Fund NHS staff mental health and wellbeing initiatives that have demonstrated effectiveness.
- Address racism and discrimination in NHS workplaces by implementing actions such as those in the RCPsych Tackling Racism in the Workplace plan and the NHS equality, diversity and inclusion (EDI) improvement plan.
- Fund and deliver the doubling of medical school places, ensuring more are assigned to schools with a proven track record of delivering consultants in shortage specialties, including psychiatry.

¹⁴ NHS Digital, NHS Sickness Absence Rates, 2022

¹⁵ NHS Digital, NHS Vacancy Statistics (and previous NHS Vacancies Survey), 24 August 2023

^{16, 17} NHS Digital, NHS Workforce Statistics - June 2023, 28 September 2023

^{18, 19} NHS Education for Scotland, NHS Scotland Workforce, 5 September 2023

^{20, 21} StatsWales, Medical and dental staff by specialty and year, 9 August 2023

²² RCPsych, Workforce Census, 2021

5 Equitably Fund Research and Data Collection

Prioritise mental health research and data collection to improve understanding and facilitate innovation

We know that research enhances clinical mental healthcare and improves outcomes for patients. However, mental health has seen a decade of sub-par funding compared with physical health, resulting in a relative delay in the development of new drugs, and clinical treatments for mental health conditions. There has also been a paucity of high-quality research into social interventions and epigenetic factors linking genomics with psychosocial variables.

Research funding is vital to the mental health ecosystem, but mental health research is underfunded relative to the burden of illness. In 2018, research analysis by the UK Clinical Research Collaboration showed that mental health research accounted for only 6.1% of the total UK health research budget²³.

Substantial capital funding should be allocated to mental health trusts, health boards, and health and social care trusts, as well as higher education institutions, for research and development in mental health, including for the prevention agenda. Allocating additional funding for research studies, clinical trials, and technology-driven solutions can facilitate the development of innovative interventions, evidence-based practices, and improve modes of treatment. Collaboration between academia, healthcare providers, and industry will accelerate progress in understanding mental

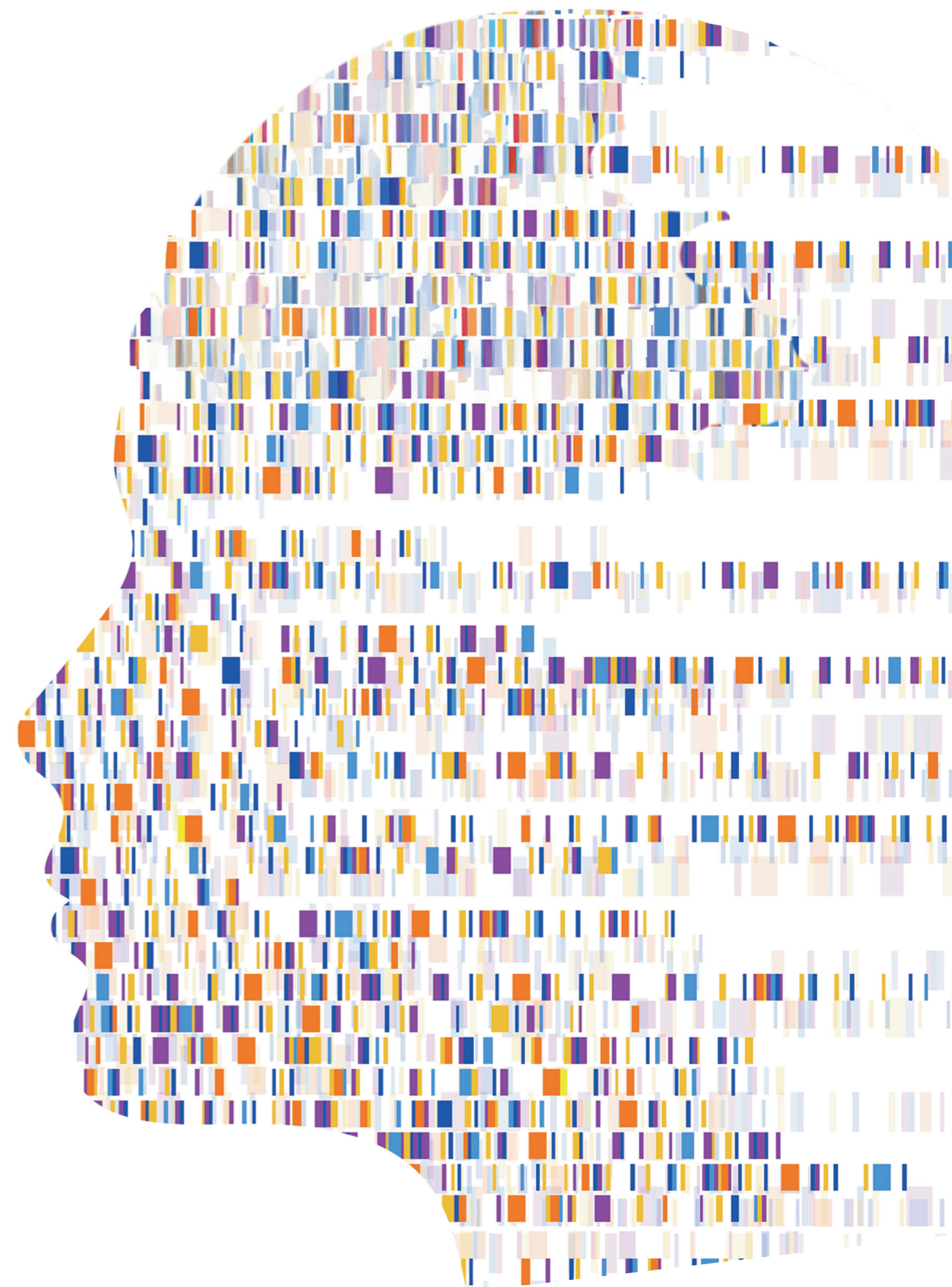
health conditions and developing more effective interventions. It is also important that existing mental health research is evaluated, with sufficient resource put in place, to effectively implement well-evidenced innovations.

While our manifesto endeavours to present statistics from across the UK where possible, comparable mental health data is not always available for each nation. Where there is an absence of nation-specific data, it is often necessary to use illustrative figures from England where there is generally a wider range of data available. Accurate data collection is a priority of the RCPsych, and we are of the view that systems for collection and interpretation of relevant mental health data need to be improved in Wales, Scotland and Northern Ireland as a matter of equity.

Recommendations:

- Equitably fund mental health research to ensure we have a greater knowledge and understanding of effective evidence-based interventions, treatments and service models that contribute to preventing and treating mental illness and better patient experiences, recovery, and long-term outcomes.
- Prioritise mental health research studies, clinical trials and technology-driven solutions to develop innovative interventions and treatment practices.
- Improve systems for mental health data collection and interpretation in those parts of the UK where sufficient data is not currently available.
- Build academic capacity in the mental health workforce by encouraging clinicians to become research active but also properly funding the clinical academic pathway.

²³ UK Clinical Research Collaboration (2020) UK Health Research Analysis 2018. Available at: <https://hrcsonline.net/wp-content/uploads/2020/01/UK-Health-Research-Analysis-2018-for-web-v1-28Jan2020.pdf>



Our mission

The College works to secure the best outcomes for people with mental illness, learning difficulties and developmental disorders by promoting excellent mental health services, supporting the prevention of mental illness, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

www.rcpsych.ac.uk

#NoHealthWithoutMentalHealth

