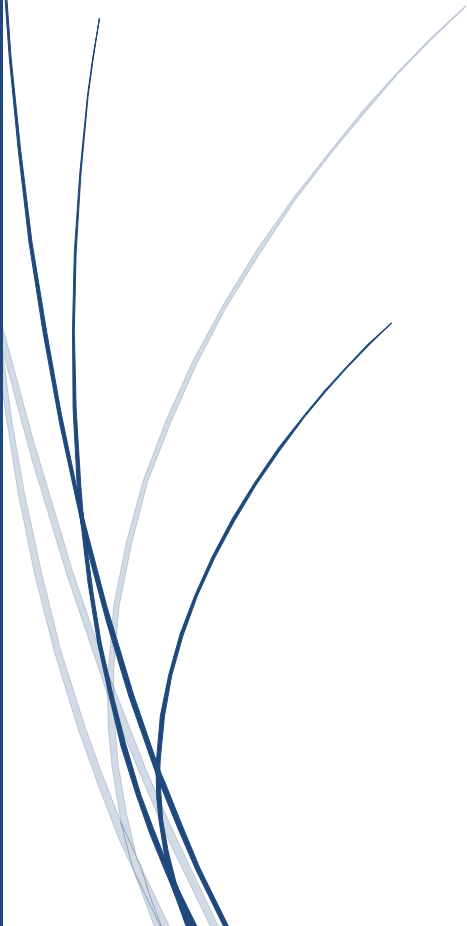


MANIFESTO 2017



Five steps to fairness

The Royal College of
Psychiatrists' manifesto to
improve the nation's
mental health



About the Royal College of Psychiatrists

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the UK. The College aims to improve the outcomes of people with mental illness and the mental health of individuals, their families and communities. To achieve this, the College: sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; and works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

Where does this manifesto apply?

As UK health systems are devolved, this manifesto relates only to England. For more information on the work of the College in the rest of the UK, please contact:

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Mental Health Policy Group

The College has also published a joint manifesto with the Mental Health Policy Group, a collaboration of the following six organisations: Mind, Rethink, Centre for Mental Health, Mental Health Foundation, Mental Health Network of the NHS Confederation and the Royal College of Psychiatrists.¹

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Introduction

Mental health has never been higher up the nation's agenda. In recent years we have seen a step-change in the priority being given to mental health by politicians, health leaders and opinion formers.

However, mental illness remains one of the largest single causes of disability in the UK.
2,3,4,5

One in five mothers suffer from depression, anxiety or psychosis during pregnancy or in the first year after childbirth.

One in ten children aged 5 – 16 have a diagnosable mental health problem.

One in six adults have a common mental disorder.

1-2% of adults have a severe mental illness.

One in 30 adults are living with a drug dependence.

One in four older people in the community are affected by depression.

Progress has been made, with more people accessing treatment for their mental ill health than ever before. However, support for people with mental health problems has long been underfunded and undervalued and still only 1 in 3 people with a mental health condition receive treatment.

The Royal College of Psychiatrists (RCPsych) believes that our vision to achieve equal and equitable access to treatment for people with mental illness is within our grasp. People can, and do, recover from mental ill health. It is therefore essential that momentum towards this goal is sustained.

We are calling on the next government to:

- 1. Implement the Five Year Forward View for Mental Health in full by 2021**
- 2. Ensure fair access to mental health treatment and support**
- 3. Improve the mental health of children and young people**
- 4. Improve the recruitment and retention of the mental health NHS workforce**
- 5. Set a greater ambition for the nation's future mental health.**

"People want their mental and physical needs treated in the same place and with equal respect. It will take sustained work to bring mental health onto an equal footing with physical health, ending decades of inequality. Strategies don't deliver themselves though, people do. As doctors who specialise in mental health, psychiatrists have a central role in delivering better mental health care for their patients."

Professor Sir Simon Wessely, President, Royal College of Psychiatrists

Ask 1: Implement the Five Year Forward View for Mental Health in full by 2021

We call on the next government to implement the Five Year Forward View for Mental Health in full, including the recommendations made by the independent Commission on Acute Adult Psychiatric Care.⁶

Why is this needed?

In March 2016, the NHS agreed to a five-year all-age mental health strategy for England, developed by the independent Mental Health Taskforce.⁷ By 2021, if the recommendations are implemented in full:⁸

- 30,000 more women each year will be able to access evidence-based specialist mental health care during the perinatal period
- 70,000 more children and young people will be able to access appropriate mental health services
- 600,000 more adults with common mental disorders will have access to the Improving Access to Psychological Therapies (IAPT) programme
- 60% of people experiencing a first episode of psychosis will be treated within a NICE-approved treatment pathway within two weeks
- 280,000 more people living with mental health problems will have improved physical health
- At least half of all acute trusts will deliver 'core 24' liaison psychiatry
- The number of people who die by suicide will be reduced by 10%
- All inappropriate out-of-area placements (OAPs) for acute care will be eliminated
- 100% of the population will be able to access liaison and diversion services.

As NHS leaders seek to address the nation's growing health needs and improve services in a highly constrained financial environment, it is imperative that mental health remains high on the agenda with accountability at a local level for how money is spent.

Essential actions:

1. To commit to fully fund and implement the Five Year Forward View for Mental Health by 2020/21, including the recommendations made by the independent Commission on Acute Adult Psychiatric Care
2. To collect and publish data on progress against the recommendations of the Five Year Forward View for Mental Health
3. To ask all local areas to publish mental health spending separated by mental health condition and per person. Increasing transparency of local outcomes, finance and performance measures for mental health will help drive accountability, demonstrating that money is reaching the frontline and that services are improving.

Ask 2: Ensure fair access to mental health treatment and support

We call on the next government to expand the current access and waiting time standards for mental health treatment in England and pledge to include a right to all mental health treatments in the NHS Constitution.

Why is this needed?

Patients have benefited from maximum waiting time targets for physical health care for many years which ensure that they have timely access to care. The government must commit to do the same for mental health and to extend work underway on evidence-based mental health treatment pathways for children, young people, adults and new mothers.^{9,10} For patients to benefit fully there needs to be hard targets attached so that patients know how quickly they can expect to access mental health treatments.

The next government should also close the loophole in the NHS Constitution, which means patients don't have the right to access the majority of mental health treatments and therapies. Currently, the NHS Constitution gives all patients the right to access medicines and treatment within 18 weeks¹¹, but key mental health treatments, such as talking therapy, are excluded. While such treatments are approved and recommended by NICE, they are not classed as a 'technology' so patients do not have a right to access them under the Constitution.

To end this significant inequality between physical and mental health care, the NHS Constitution must be amended to give patients the right, when recommended by their doctor, to receive all NICE-recommended mental health treatments.

Essential actions:

4. To amend the NHS Constitution to give patients the right to all NICE-approved mental health treatments
5. To ensure children and young people with mental health problems are able to access routine mental health care within 6 weeks
6. To ensure 90% of new mothers who need hospital treatment for a mental illness are able to access a mother and baby unit within 24 hours
7. To ensure anyone who is subject to an assessment under the Mental Health Act receives this assessment within 4 hours of referral
8. To establish a waiting time pledge of a maximum 4-hour wait for admission to an acute psychiatric ward for adults or acceptance for home-based treatment following assessment, as recommended by the independent Commission on Acute Adult Psychiatric Care¹²
9. To ensure adults who receive an urgent or emergency assessment, and are to be treated in the community, receive their first face to face mental health appointment within 24 hours
10. To set access and waiting time and treatment standards for community and primary mental health care.

Ask 3: Improve the mental health of children and young people

We call on the next government to develop 'mental health improvement clusters' in schools and commit to secure, ring-fenced funding for child and adolescent mental health services (CAMHS).

Why is this needed?

One in ten children aged 5-16 have a diagnosable mental illness. Sustained additional investment is needed for CAMHS which should be ring-fenced to ensure it reaches children. Without the right treatment and care at the right time, mental health problems can worsen and persist into adulthood as more than half of mental ill-health starts before the age of 14.¹³

Poor mental health makes it hard for children to cope at school, but many find it difficult to access NHS services because the system is overstretched. The associated poor mental and physical health outcomes, as well as reduced attainment, attendance and productivity, have far reaching consequences into later life.

Schools also have a key role in promoting good mental health in children, and identifying when children are experiencing mental distress, but they cannot do this alone. This crisis needs to be tackled by bringing schools and expanded NHS CAMHS closer together, to give children and young people effective support in the school environment.

To help schools integrate better into the wider support network for children's mental health, they should be encouraged and supported to create local 'mental health improvement clusters'. Clusters, with dedicated funding, would work together to identify how to provide better mental health support for their pupils, learning from each other's successes and pooling resources. For example, a visiting school counsellor could work with their local NHS service to help several schools in a cluster.

This should be complemented by schools taking a 'whole-school approach' to promote wellbeing, resilience and emotional intelligence. Mental health should be a key element of Personal, Social and Health Education (PSHE) and any school improvement plan.

Essential actions:

11. To support and fund schools to form 'mental health improvement clusters' and jointly commission better mental health treatment and support for children and young people
12. To increase and ring-fence funding for CAMHS
13. To review Local Transformation Plans to ensure they are embedded within Sustainability and Transformation Plans and linked to local schools, alongside CCGs, Primary Care, Local Authorities, Voluntary Sector services and NHS specialist CAMHS.

Ask 4: Improve the recruitment and retention of the mental health NHS workforce

We call on the next government to recruit at least 1,000 extra consultant psychiatrists into the NHS so that all patients can receive consultant-led care for their mental ill-health.

Why is this needed?

We can only deliver the much-needed improvements to the mental health of the nation if we have enough well trained staff to deliver quality services. However, the NHS is facing a shortage of both psychiatrists and mental health nurses. The number of psychiatrists in the NHS has fallen by 4% since 2014, with a 10% drop in those specialising in children's mental health and those working with older adults.¹⁴ Since 2010 there has also been a 12% cut in the number of mental health nurses working in the NHS¹⁵.

This is exacerbated by a 10% reduction in the number of doctors training in psychiatry between 2012-2015, and more than 40% of core psychiatric training places were unfilled after the first attempt.¹⁶ People with mental ill-health should have the same right to expect consultant-led care as people with physical ill-health.

Furthermore, the mental health workforce is especially reliant on trained staff from overseas: 41% of trainee psychiatrists are non-UK graduates.¹⁷ Psychiatry is therefore particularly vulnerable to possible changes in immigration caused by Brexit and the new international skills charge.

In order to address these significant issues, Health Education England must develop a robust mental health workforce strategy that tackles all the barriers to recruiting and retaining the mental health workforce of the NHS. This strategy should consider all aspects of medical workforce planning over a period of at least ten years, including plans to recruit more psychiatrists and ensure that all our future doctors have a better understanding of mental health. Exams that medical students sit need to better reflect the importance of mental health and all foundation trainees should undertake a training placement in psychiatry.

Essential actions:

14. To recruit at least 1,000 extra consultant psychiatrists into the NHS
15. To ensure all foundation trainees undertake a training placement in psychiatry by 2021
16. To ensure medical school exams better reflect the importance of mental health
17. To allow medical schools which produce a higher proportion of more psychiatrists to admit more medical students
18. To ensure UK medical schools consider Psychology A-level as equivalent to other sciences and admit students with a Psychology degrees in the same way they would admit someone with a degree in Biomedical Sciences or Nursing
19. To introduce a financial incentive scheme to encourage more trainees to work in areas and specialities where it is difficult to recruit
20. To offer more flexible contracts for psychiatrists who are considering retiring from the profession.

Ask 5: Set a greater ambition for the nation's future mental health

We call on the next government to develop a new strategy for mental health beyond April 2021, when the current plan ends, with an investment of at least £500 million annually for the rest of the next Parliament.

Why is this needed?

RCPsych believes that the Five Year Forward View for Mental Health¹⁸ is a 'down payment' on securing fair access to mental health services. Currently only one in three of the people with mental health problems are receiving the treatment and support they need.¹⁹ This needs to be addressed. For example, even with the current targets, only one quarter of adults with common mental disorders will be able to access talking therapies via the IAPT scheme by 2021.²⁰

We need a greater ambition for the nation's mental health beyond 2021 with clear targets for increasing the number of people who are able to access treatment and support for their mental illness. A new strategy should also take a broader view, incorporating specific clinical priorities not covered in detail by the current strategy. This should include a greater focus on the treatment and support for people living with intellectual disabilities and addictions, as well as older adults and those with neuropsychiatric illnesses.

In order to achieve true parity between mental and physical health, there needs to be a commitment to continue increasing investment in mental health. In coalition with the Mental Health Policy Group we have determined that as a minimum, funding to NHS mental health services needs to be increased by £500 million annually from 2020/21 onwards. On this basis, in 2021/22 there would be an additional £1.78 billion compared to 2015/16, rising to an additional £2.28 billion in 2022/23. In our view, this is the minimum investment that will be required to help ensure that those in need of support, including children and young people, receive the help they need through the NHS.

Delivering better care to more people not only requires increased investment, it also requires the development of new ways to improve the quality and productivity of services through mental health research.

Essential actions:

21. To develop a new strategy for mental health beyond April 2021 and set a target for when patients with mental health problems are equally as able to access mental health care as physical health care
22. To increase mental health funding beyond 2020/21 by at least £500 million a year for the rest of the next Parliament
23. To commit to delivering the 10-year mental health research strategy currently in development and committing to equitable funding by amending the requirements and criteria for decision-making through the existing Research Excellence Framework.

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