

Royal College of Psychiatrists 2017

Queen's speech briefing

Mental Health was one of the major topics in the General Election, mentioned over 80 times in the four biggest parties' manifestos. We hope it is one area where MPs from all sides come together to improve mental health care.



The Royal College of Psychiatrists welcomes the announcement that the Government will reform mental health legislation and ensure that mental health is prioritised in the National Health Service in England.

1. Reform of mental health legislation

The Royal College of Psychiatrists welcomes the Government's plans to consult on the proposal to review the Mental Health Act. We have long been concerned by the rising number of people who are being detained under the current legislation.

It is important that the reasons for the rise in detentions under the Mental Health Act are not taken for granted. We are pleased that the Government has said they will review the reasons behind the rise, what actions are needed to improve service responses and why there are a disproportionate number of detentions from certain ethnic backgrounds.

It is important the Government does not base its policy on the assumption that detentions are rising because of flaws implicit in the law rather than other issues such as a lack of early intervention or community services.

The Mental Health Act currently performs key roles including granting clinicians legal authority to assess and treat patients, providing mental health care for those who don't recognise the need for treatment and avoiding criminalising the mentally ill. Any new mental health legislation will affect this, so we are asking the Government to consult psychiatrists and others affected by any legislative changes as widely as possible at every stage of formulation and passage.

Mental health interventions are too important to be designed without careful consideration of all the evidence and research available to us. Any new mental health legislation must be evidence-based and follow wide consultation. It must also be part of a cross-government initiative. Mental health cannot be solely a matter for the Department of Health - issues of mental health detention are relevant across the majority of government departments.

The Government must examine the links between mental health service provisions and the increase in people being detained. The Care Quality Commission (CQC) has warned that a decrease in the availability of acute mental health beds is putting mental health professionals "under extreme pressure, and may lead to the Act being used just to obtain a bed". While it would be against the law to detain someone just to access a bed, the CQC describes this as the "least worst option available."ⁱ

The Health Select Committee also identified an inverse relationship between the number of available psychiatric beds and rates of detentionⁱⁱ, supported by a 2011 study that developed a model predicting one extra involuntary admission for every two non-secure beds closed in the preceding year.ⁱⁱⁱ This relationship must be investigated further.

The best way to prevent people being detained under the Mental Health Act is to prevent them from reaching a crisis point, but it is difficult for patients to access these preventative mental health services. For example, one in five children referred to mental health services by GPs and other professionals are turned away because they do not meet the threshold for treatment.^{iv}

Community Treatment Orders (CTOs)

The Royal College of Psychiatrists also welcomes the review of Community Treatment Orders. CTOs were introduced in 2008, after it was argued that they would provide a less restrictive alternative to detention in hospital, result in fewer detentions and save money. A CTO allows a person who has been treated in hospital under the Mental Health Act to leave hospital and be treated in the community. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services. There is, however, considerable debate and controversy both domestically and internationally over the effectiveness and the ethics of this provision. We would advise careful consideration of the legislative options in relation to any decision for their continued use.

Detentions of Black and Ethnic Minority Groups

The rates of detention of BME groups are indeed higher and this is an area requiring further exploration.

The Acute Adult Psychiatric Care Commission chaired by Lord Crisp and supported by the RCPsych identified the detention of Black and Minority Ethnic Groups as a specific area of concern. They recommended that NHS Mental Health Trusts pilot carry out a Patient and Carers Race Equality Standard. This would help ensure that all patients get equal treatment and have a particular focus on why more people from Black and Minority Ethnic Groups are being detained in their area.

Questions for the Government

- Will the Government look at more than just mental health law to see what other factors have led to an increase in detentions under the Mental Health Act? For example, have they made an assessment of the important role that early intervention can play in reducing people reaching a crisis in the first place?
- Is the Minister able to spell out how the Government is going to consult widely to ensure that experience of both mental health professionals and patients are heard when looking at how to reform mental health legislation?

2. Prioritising mental health in NHS care

As the Prime Minister has said it is a burning injustice that people with mental health conditions struggle to access the help they need. It is therefore vital that the Government follows through on the commitment to prioritise mental health care in the NHS.

The plans outlined in the Five Year Forward View on Mental Health published in the last Parliament are an important start in prioritising mental health care, but we are pleased that the Government has committed to making further improvements in "early intervention, investing in community services and expanding access to 24/7 crisis care support both in the community and in A&E".

We have seen that without a priority focus on mental health, patients always seem to miss out. New research by the RCPsych has found that despite the Government's commitment that all local Clinical Commissioning Groups (CCGs) would increase how much they spend on mental health in line with their overall budget increase, more than 14% of CCGs are going to fail to meet this target. 10% are not going to meet it the year after.

The reason that most CCGs gave for not meeting this target is that they had to pay off their debts before they could increase investment in mental health services.

A skilled workforce is vital to implement the ambitions of the Five Year Forward View for Mental Health. The Royal College of Psychiatrists is working closely with NHS England, the Department of Health and Health Education England to inform a viable workforce strategy to ensure our mental health services are well-resourced.

The College would welcome clarification on the make-up of Government's manifesto pledge for 10,000 extra mental health professionals, including the proportion of psychiatrists within this number. Quality services require well-trained medical staff and we need to ensure people with mental illness get consultant-led care.

As the number of psychiatrists in the NHS has fallen by 4% since 2014^v, the Government's commitment to continue the investment in the 1,500 extra medical places must be used as an opportunity to attract more students into psychiatry.

The Government's manifesto pledge to ensure all trainees experience working in a mental health setting must be realised in its fullest sense. If more trainees get experience in mental health settings, the more likely they are to choose it as a career. Psychiatric specialisms like children's mental health and older adults have seen a 10% drop in trainees since 2014 - exposure to these fields during training may help to reverse this trend as students see the benefits in these career paths.

We are pleased to see the Government promise to protect the rights of EU citizens currently working in the NHS but further detail is needed on how this can be ensured. The proposed doubling of the International Skills Charge for people on tier two visas is a concern for the mental health sector. 41% of trainee psychiatrists come from abroad, the highest of all medical specialties^{vi}, meaning the £2,000 charge per employee will fall more heavily on mental health services than any other area of the NHS.

It takes 13 years to train as a psychiatrist. There are no quick fix solutions, so we must take every opportunity to lay the foundations now for robust mental health services in the future.

Questions for the Government

- Does the Government agree that investing in early intervention mental health services could help prevent more people falling into a crisis situation?
- Is the Government able to say how many of the 10,000 planned extra mental health professionals will be psychiatric doctors and how many will be mental health nurses?
- Has the Government made an assessment of the impact of the International Skills Charge on the provision of mental health services?

3. The Proposed Green Paper on Children and Young People's Mental Health

The Green Paper, coupled with the Government's manifesto pledge to give every school a single point of contact with mental health services, is an opportunity to help bring schools and Child and Adolescent Mental Health Services (CAMHS) closer together to give children and young people effective support that is appropriate to their needs.

The Five Year Forward View for Mental Health has set a target that at least 35% of children and young people with a diagnosable mental health condition will receive treatment from an NHS-funded community team by 2020. While this is a welcome improvement on current provision, it still leaves 65% of children without the help they need.

The earlier you treat a mental health problem in childhood, the less likely it is to develop into a serious long-term condition. Teachers are usually the first people to spot a mental health condition and schools are the most likely public service to be contacted about a mental health issue.

The Royal College of Psychiatrists supports the inclusion of mental wellbeing and protection from internet harms in the curriculum.

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'. With dedicated funding, clusters would work together to provide better mental health support for pupils by sharing best practice or pooling resources, better equipping schools to cope with rising numbers of pupils needing additional support with mental health issues.

A similar 2015 pilot scheme led by the Department for Education (DfE) and NHS England brought together 255 schools and 27 CCGs across 22 areas.^{vii} One of the main reported benefits was sharing knowledge and good practice and an improved understanding of referral pathways, contributing to more timely, appropriate referrals.

The 2015 pilot assigned one NHS CAMHS staff member as a lead per school. While this regular CAMHS presence had benefits, such high intensity support is costly and there were concerns about long-term sustainability. A cluster model where one NHS CAMHS lead services several schools in one area would provide an effective, sustainable channel of communication provides a good return on investment.

Mental health improvement clusters would be a way to build on the evidence-based successes of the 2015 DfE and NHS England pilot and create a sustainable, effective mechanism for teachers to better understand and cope with the rising number of pupils requiring mental health support in school.

This should be complemented by a 'whole-school approach' to promote wellbeing, resilience and emotional intelligence.

Questions for the Government

- Will the new Green Paper include proposals to help and encourage schools and local mental health providers work more closely together?
- With many children currently unable to access mental health treatment within a reasonable timeframe, what measures will the new Green Paper include to reduce the time children have to wait to get treatment?

ⁱ Care Quality Commission Monitoring the Use of the Mental Health Act in 2013/14 (CQC, 2015)

ⁱⁱ <https://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/584/584.pdf>

ⁱⁱⁱ Keown Patrick, Weich Scott, Bhui Kamaldeep S, Scott Jan. 'Association between provision of mental illness beds and rate of involuntary admissions in the NHS in England 1988-2008: ecological study' BMJ 2011

^{iv} <https://www.nspcc.org.uk/what-we-do/news-opinion/1-in-five-5-children-referred-to-local-mental-health-services-are-rejected-for-treatment/>

^v NHS Digital (2017) NHS Workforce Statistics - December 2016, Provisional statistics
<http://digital.nhs.uk/pubs/hchsworkdec16prov>

^{vi} http://www.gmc-uk.org/SOME_P_2016_Full_Report_Lo_Res.pdf_68139324.pdf

^{vii} <https://www.gov.uk/government/publications/mental-health-services-and-schools-link-pilot-evaluation>