Mental Health Ten Years On: Progress on Mental Health Care Reform

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National Director for Mental Health

A 10-year programme of reform of mental health care was launched in 1999. Since then annual investment in specialist mental health services has increased by over £1.5 billion. We have over 700 new mental health teams in the community offering home treatment, early intervention or intensive support. Last year almost 100,000 people were treated at home rather than admitted to hospital. There have been large increases in all the main staff groups, including a rise of 1300 consultant psychiatrists, 2700 clinical psychologists and almost 10,000 mental health nurses. Modern drug treatments that were previously rationed are now used more than the older drugs – there has been a 20-fold increase in the use of modern anti-psychotic drugs. The national patient survey shows that 77% of community patients rate their care as good, very good or excellent. The suicide rate has fallen to the lowest figure on record - and records began in 1861. The WHO has said that England has the best services in Europe.

Policy background

The Mental Health National Service Framework (NSF) published in September 1999 established a ten-year programme of reform built around standards of care covering:

- mental health promotion
- access to services
- effective service models in primary and secondary care
- carer support
- suicide prevention.

The NSF was seen as a ground-breaking document, welcomed by patients and the professions, and is still the blueprint for service reform nearly eight years later.

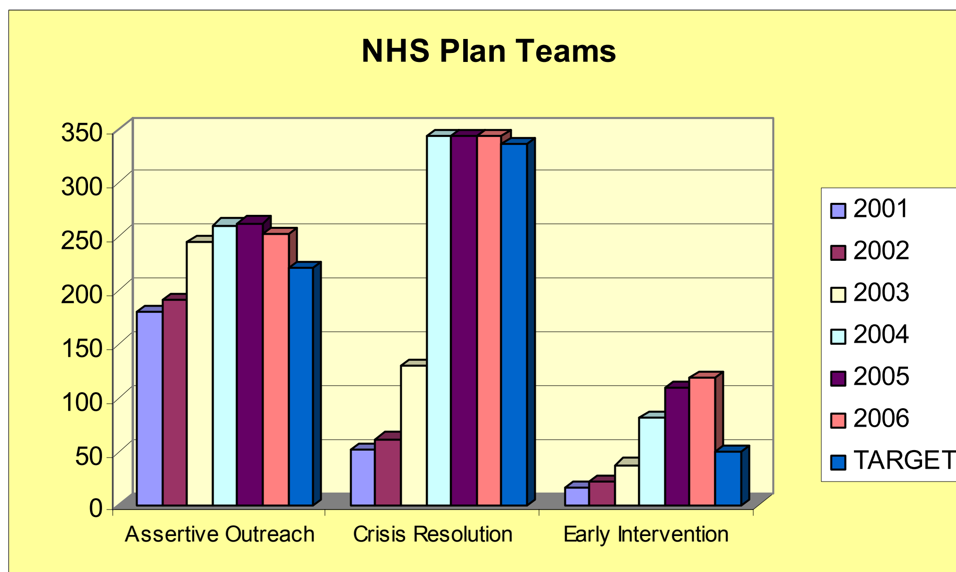
The NSF was followed in 2000 by the NHS Plan. This identified mental health as one of the clinical priorities of the NHS and set precise and challenging targets for mental health services nationally. The theme of the NHS Plan was to strengthen community care, which was losing public confidence, and in doing so, to take the pressure off acute beds.

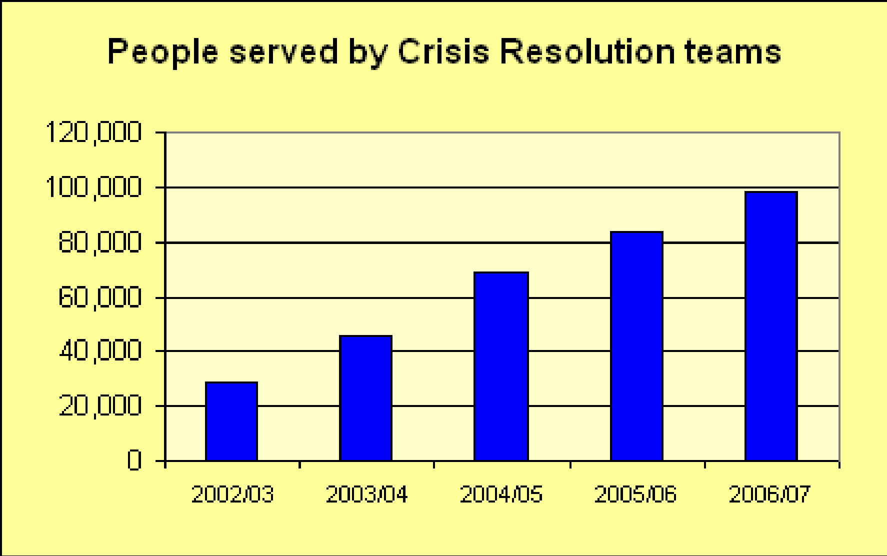
Achievements

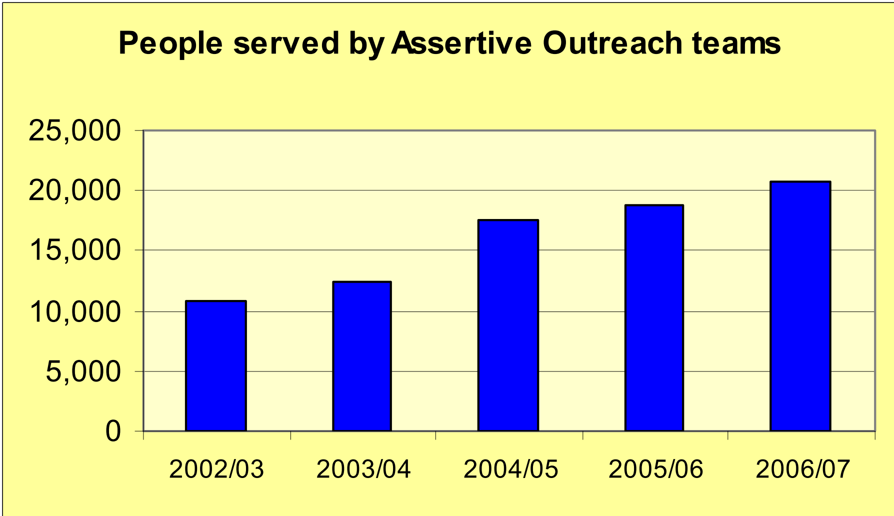
Community mental health teams

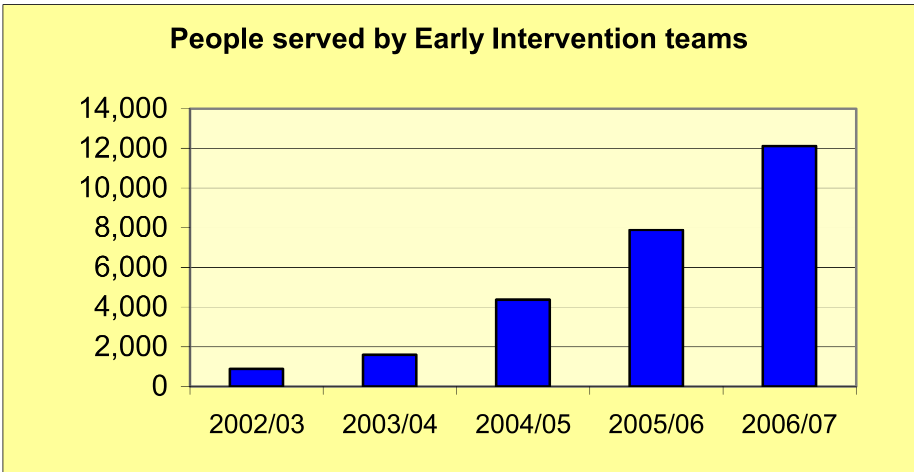
Before the NSF, community care relied on small mental health teams that struggled to provide for the diverse needs of all patients with severe mental illness. We have brought in specialised community services, namely:

- 343 crisis resolution (home treatment) teams offering an alternative to in-patient admission. Almost 100,000 people used these services last year. As a result, admissions to hospital are falling.
- 252 assertive outreach teams providing intensive support in the community to patients with complex health and social needs (eg drug misuse or offending as well as mental illness) who might otherwise drift out of care.
- 118 early intervention teams providing young people, who have developed a severe mental illness for the first time, with rapid assessment and treatment, leading to better outcomes.









Source: Local delivery plan returns

Investment

The way of calculating mental health investment has changed over the last 10 years and it is not possible to make simple comparisons between years. However, the most recent figures show that spending by health and social services rose by almost £1 billion – around 25% - in the four years from 2001-2. Spending in the years immediately after the NSF rose at a similar rate. A conservative estimate of the real terms increase since the NSF is therefore more than £1.5 billion, an unprecedented rise. As a proportion of NHS spending, mental health spending has been stable at 8-9%.

Workforce

Workforce expansion and re-design have been at the heart of reform. The numbers of key staff groups have increased since 1997 as follows:

- consultant psychiatrists to 3800, a rise of over 1300 (55%)
- clinical psychologists to 6800, a rise of over 2700 (69%)
- mental health nurses to 48,400, a rise of over 9300 (24%)

In addition to increased staff numbers, we have brought in

(1) new staff, including

- over 900 primary care therapists – graduates who have been given dedicated training to deliver psychological therapies
- 3000 STaR (support, time and recovery) workers, providing support and advice to community patients and their families

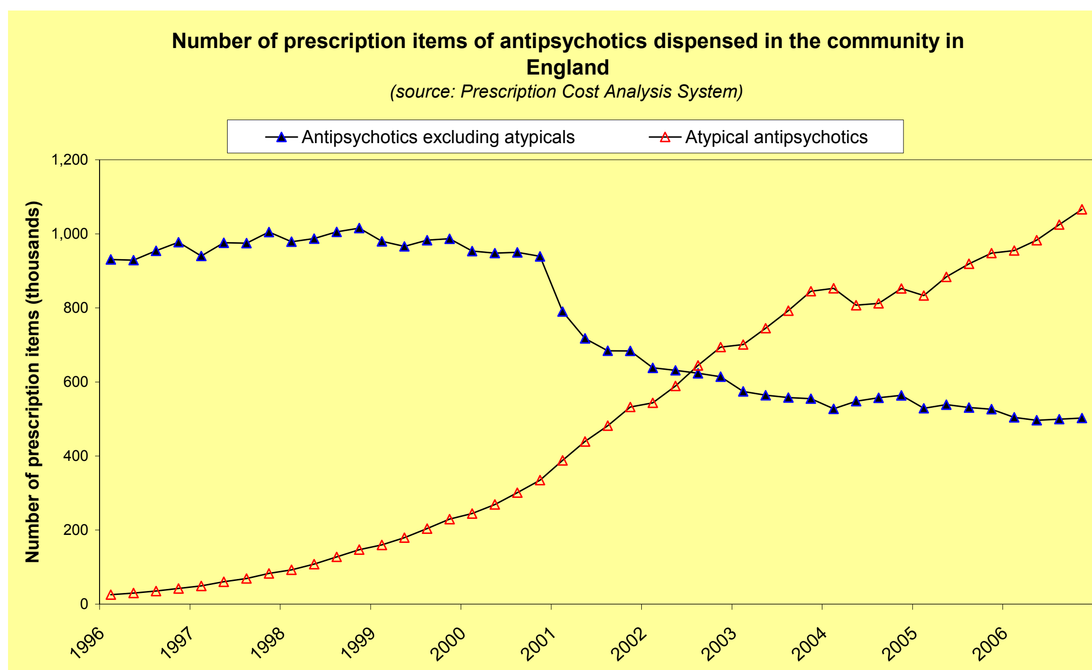
(2) new roles, such as nurse prescribing and nurse consultants.

(3) new ways of delivering therapies with an emphasis on self-help, such as computerised cognitive therapy.

Modern treatments

In addition to new staff delivering non-drug treatments, there has been a major improvement in the availability of modern drug treatments, generally preferred by patients and professionals because of their better side-effect profile. In particular, modern (“atypical”) anti-psychotic drugs that were rationed and capped in most services in the mid-1990s (they are more expensive) have become the first-line treatment for schizophrenia. Their use has increased 20-fold while the use of older drugs with more severe side-effects has fallen.

We have commissioned NICE to provide us with clinical guidelines on all the main mental disorders and these are helping to drive service change in line with research evidence.



In-patient wards

Mental health wards had become neglected places, physically and therapeutically impoverished. Now there are modern wards in many parts of the country, providing single rooms, bright surroundings and outdoor space, and a programme of work is in place to replace or refurbish all remaining unsuitable wards. Between 2001 and 2005, £1.6 billion capital was spent by mental health trusts on improvements. In addition, specific sums have been allocated, such as £130 million in 2006-7 to improve psychiatric intensive care units (for patients who need intensive nursing or observation), places of safety (where patients are first brought by police) and the safety of female patients.

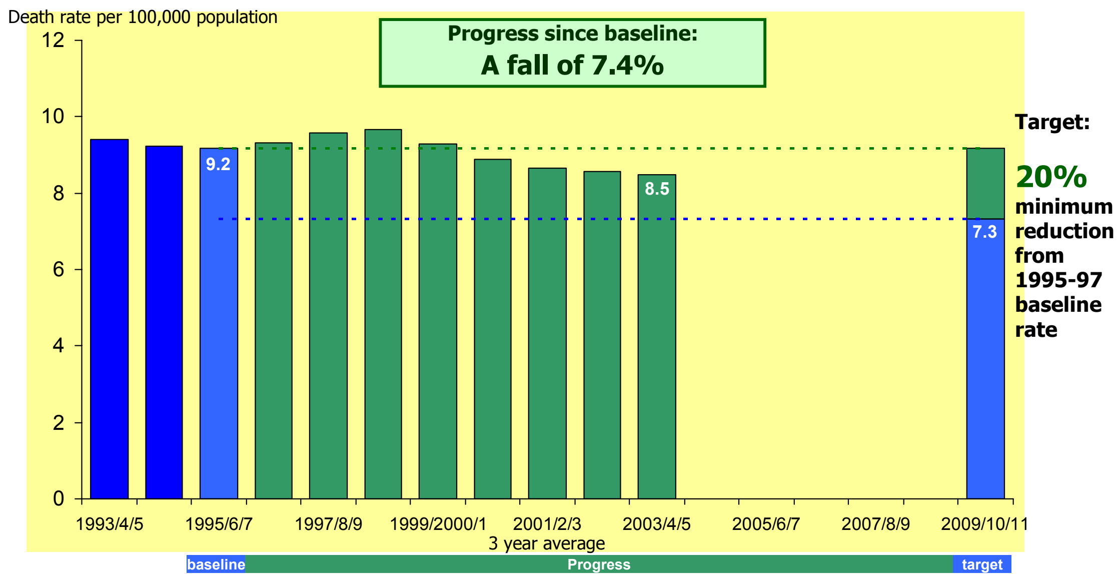
Suicide

Since 1997, suicide in the general population has fallen by 7.4%, around 350 deaths per year, towards a target of a 20% reduction by 2010. Our current suicide rate is lower than any on record (records began in 1861) and is one of the lowest in Europe. Suicide in young men, which had doubled since the 1970s, has now fallen for five consecutive years – better recognition of risk by front-line agencies is likely to be a key factor.

Suicide in mental health in-patients has fallen since 1997 by over 60 deaths per year (29%). This follows a government initiative to remove ligature points and prevent hangings, but the fall is not confined to this method and suggests a general improvement in ward safety.

Mental Health PSA Target

Death rates from Intentional Self-harm and Injury of Undetermined Intent excluding 'Verdict Pending' in England 1993-2005 and target for the year 2010, All persons

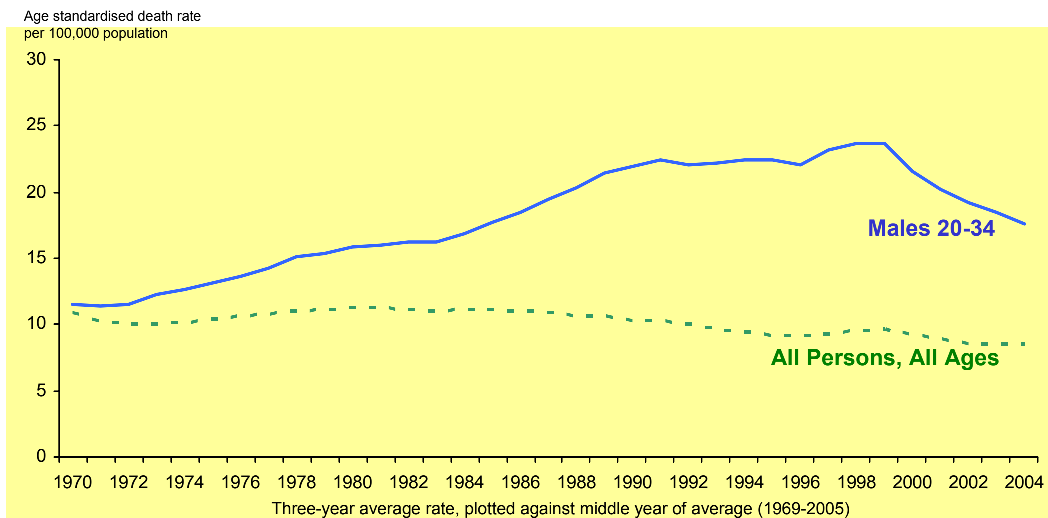


Rates are calculated using the European Standard Population to take account of differences in age structure.

Source: ONS (ICD9 E950-E959, plus E980-E989, excluding E988.8 (inquest adjourned) ; ICD10 X60-X84, Y10-Y34 excl. Y33.9 (verdict pending))

Trend in suicide rate for young men (aged 20-34)

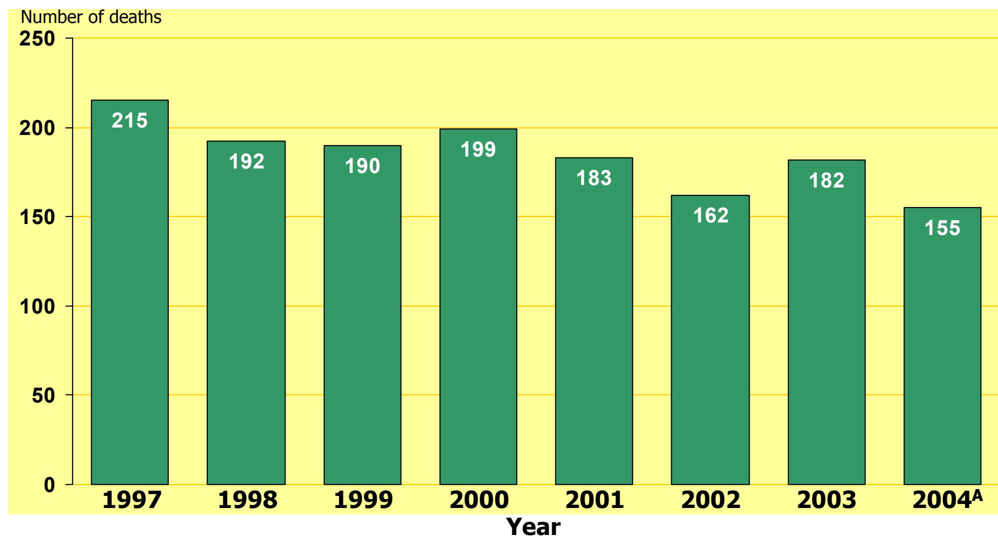
Death rates from Intentional Self-harm and Injury of Undetermined Intent, England



Rates are calculated using population estimates based on 2001 census. Rates are calculated using the European Standard Population to take account of differences in age structure.
Years to 1998 and 2000 have been coded using ICD9; 1999 and 2001 onwards are coded using ICD10.

Source: ONS (ICD9 E950-E959, plus E980-E989, excluding E988.8 (inquest adjourned) ; ICD10 X60-X84, Y10-Y34 excl. Y33.9 (verdict pending))

In-patient suicides - England 1997-2004



*Projected figures are shown to provide the most accurate number of cases expected for the given time period

*Projected figures may vary annually according to changes in the baseline data

[A] Note: Data for 2004 are 94 percent complete.

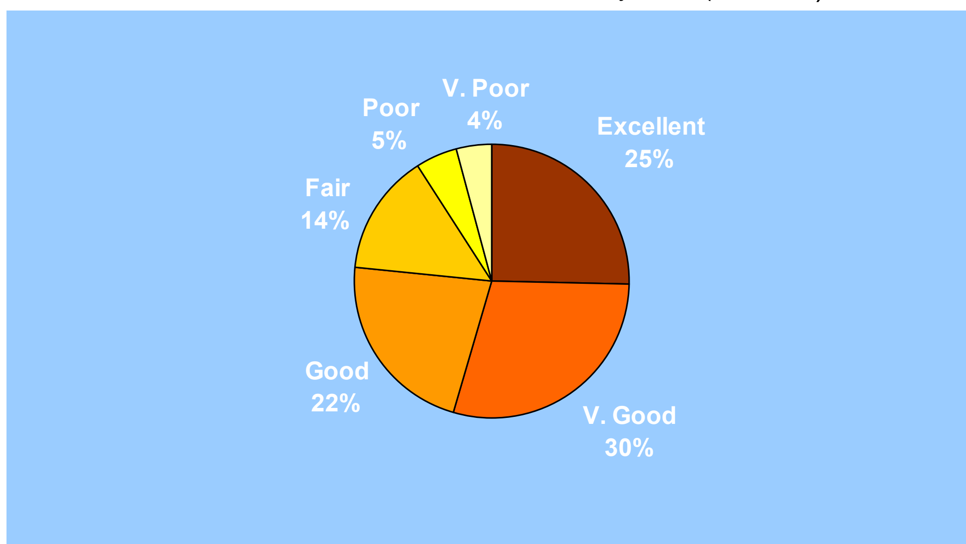
Source: National Confidential Inquiry into Suicide and Homicide by people with mental illness, latest available data used

Patient views

The national patient surveys conducted by the Healthcare Commission report generally positive views of services, with 77% of patients describing their care as good, very good or excellent. Comments on staff are strongly positive, with around 90% of patients saying that they are listened to, and treated with dignity and respect.

Patient view of care received from mental health services

Source: National Patient Survey 2006 (n=26068)



The next few years

In the first few years of reform, much of the progress was in specialist mental health services. However, the focus has now shifted towards the mental health of the community as a whole. The emphasis of policy is on breaking down traditional boundaries – between professional groups, between primary and secondary care, between the NHS and the independent sector, between health services and other agencies such as education and employment.

The policy priorities are:

- Social inclusion - improving quality of life for people with mental illness, linking better mental health care to opportunities for employment and training, and opposing stigma, in line with the 2004 report on mental health by the Social Exclusion Unit.

- Psychological therapies – expanding the availability of therapies, especially cognitive therapy, and linking this to better occupational outcomes, in line with the government's 2005 manifesto commitment.

- Services for ethnic minorities – removing inequalities in patient experience between ethnic groups through more responsive services, community engagement and staff training, in line our *Delivering Race Equality* programme. There are 160 community development workers in post (towards a target of 500).

- Mental Health Bill – controversial but unfairly criticised, it introduces powers to treat patients in the community when they would otherwise be untreated and at high risk.

No-one would dispute that problems remain in mental health care, often reflecting the previous neglect of the service. But recently Dr Matt Muijen, WHO head of mental health in Europe, said publicly that England has the best mental health services in Europe and that this is acknowledged in other countries. Interestingly, he also said we had a "culture of criticism" that prevented it from being acknowledged here.