# Mental Health and the NHS – an brief update

Mental Health and the NHS have barely been out of the news over the last few weeks, only FIFA generating more column inches. There must be a link there somewhere, but perhaps better not to try. Anyway, these are important times for us.

The Care Quality Commission’s annual State of Care report launched on the 15 October, highlighted areas of concern in mental health. These included issues such as the safety of wards, attitudes of non-mental health staff to those in crisis, and access to beds for child and adolescent mental health services. The College responded to those comments, more details are given within this newsletter. We also responded informally to the closure of Bootham Park Hospital – expressing regret over the circumstances. Whatever the rights and wrongs of the matter, and opinions differ on this to put it mildly, there must be something awry with a system or process that ends with the sudden closure of a hospital with only five days warning. It was not surprising therefore that I received lots of messages of concern and distress from patients, carers and staff.

The biggest story though is likely to be the release of the Mental Health Task Force report. This was commissioned by Simon Stevens, chief executive of NHS England, earlier in the year, and asked to produce a strategy for mental health for the NHS in line with the Five Year Forward View. I have previously urged you to read the 5YFV, as we must now all call it if we want to sound “in the know”, and I do so again and even provide [a link for you](https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf). Now, the Taskforce was charged with creating a new five-year national strategy to 2020, with a primary objective to improve mental health outcomes for people of all ages, across NHS-funded activity. This included care and support provided through primary care, acute physical and mental health settings, specialist mental health services and public health – all reflecting the priorities of the 5YFV. The slightly odd thing was that the Taskforce was commissioned for and by the NHS, but the delivery is to be entrusted to what we call the Arms-Length Bodies (ALBs), a cheery bunch made up of NHS England, Care Quality Commission, Public Health England, Health Education England, NHS Improvement and NICE, who come together as - wait for it - yes, the Five Year Forward View Board. I told you it was important.

Lots of people have been involved in this. One of them is me. At this point you would expect me to tell you what’s in it, but I can’t. This is partly because I have been sworn to secrecy, but also because it’s not finished yet, and the nature of these things is that the really important decisions are only taken when the hands of the clock reach one minute to midnight. So, having raised your expectations, I am afraid you will have to wait a little bit longer.

Meanwhile, we were also busy during party conference season, attending all the major party conferences (Lab, Lib Dems, Conservative and SNP) and carried out a series of round table and fringe meetings as well as meeting with all of the main players from each of the parties. A write up of our public affairs work at party conferences is included in this newsletter. As ever though, much of the most important work took place in the evening at the endless round of parties, most of which convinced me that we need a National Alcohol Strategy, whilst also explaining why we will probably never get one.

However, all of this has been happening against the backdrop of the current junior doctor contact discussions, or rather current lack of them, between the BMA and the Department of Health via NHS Employers. Whilst the College has no responsibility for negotiating contracts, we have a massive interest in the wellbeing of our trainees, and indeed our profession. So, we have been expressing our support for our trainees at every level. I have been working both with the Academy of Royal Medical Colleges and individually to express our concerns, shared by all the other colleges, albeit some later than others. I have also written to the Secretary of State for assurances that psychiatry will be included as a shortage specialty as part of the negotiations, and that the proposed arrangements will not disproportionally affect the salaries of our Psychiatric Trainees. In the meantime, we really do hope that both sides will return to the negotiating table, because that is really the best way forwards.

OK, to end on a lighter note. On November 10, the College is hosting its prestigious annual awards, with 17 categories as well as a lifetime achievement award. The RCPsych Awards mark the highest level of achievement in psychiatry. They recognise and reward the outstanding teams and individuals who are making a real difference to mental health services. I would like to say that “everyone is a winner”, but of course that would be an impossibility. So the winners will be announced on the 10th at our awards ceremony. Congratulations to all of those shortlisted, and I very much look forward to the day. We have as ever a guest presenter – so please welcome Katie Hopkins. No, only joking, we have a genuine celebrity who is also a genuine person (the two are not or even usually synonymous). And just as with the Mental Health Task Force, I shall keep you waiting before letting you who it is, except that he (or she) is likely to be much wittier and briefer than our report. So find out who it is by following our live tweeting on the day - hashtag [#RCPsychAwards](https://twitter.com/hashtag/rcpsychawards).

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