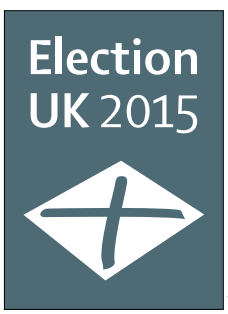
The future of mental health in the UK: an election manifesto



Adrian Roots

Alastair Campbell recently told *The Sunday Times* that 100% of British politicians would benefit from seeing a psychiatrist.[1] We would not go so far, but believe that every politician would benefit from thinking more about mental health care and how to improve it. To help them with this, the Royal College of Psychiatrists has already published *Making Parity a Reality*, a mental health manifesto for the next UK Government.[2] It is disheartening that half of the things we called for—proper liaison psychiatry services, a minimum unit price for alcohol, and investment in parenting programmes—have such robust evidence bases that they should have happened years ago. It is disgraceful that the remainder—adequate numbers of hospital beds for people with mental health problems, a maximum waiting time of 18 weeks to receive treatment for a mental health problem, and safe and speedy access to quality crisis care that does not often involve police cells—would just lift mental health up to the level of physical health care.

On a more positive note, since publication of the manifesto we have seen progress in some of these areas—notably, the introduction of waiting and access standards for Early Intervention in Psychosis and Improving Access to Psychological Therapies services, more funding for liaison psychiatry,[3] and the announcement that people younger than 18 years will no longer be taken to police cells if experiencing a mental health crisis.[4] This is welcome, but there is much to do. The Royal College of Psychiatrists is playing its part in making further progress—for example, establishing an independent Commission to examine concerns about shortages of acute adult psychiatric beds.[5] But what did we leave out? For that, we now reveal our "secret manifesto", which highlights more key issues that are important for the future of health care in the UK .

The first issue is integrated physical and mental health care. In a genuine *coup de main*, the real manifesto for the UK's National Health Service (NHS) has already been published—the *Five Year Forward View*.[6] It rightly identified integration as being one of the three key priorities for the future,[6] and mental health is critical to each element of this. The essence of psychiatry is integrating the physical, psychological, and social to understand mental disorders and their treatments, and as a discipline it underpins the integration of primary and secondary care, social and health care, and finally physical and mental health. So we call for NHS leaders to be judged not on whether they have hit their targets or balanced their books, but whether or not they have helped bridge the gap in primary and secondary care, improved the mental health of those with physical disorders, and conversely improved the physical health of those with psychiatric illness.

A second important concern is to reform tariffs and funding in mental health care. Most readers of *The Lancet*, just like voters anywhere, will go into a state of stupor when the topic turns to tariffs and funding. But it matters. So long as one part of the English NHS is rewarded for increasing its activity (acute trusts on a payment-by-results system), but another is punished for doing the same (mental health run on block contracts—do more work, you get actively penalised), mental health services will never have parity with services for physical illness. Our secret manifesto calls for correction of this structural imbalance.

The use of evidence is the third issue that matters for the future of mental health care. Lots of interventions that sounded like "a good thing" turned out to be no such thing. A few years ago, for example, when individuals or groups were confronted by trauma, it was considered good practice to offer single-session psychological debriefing within hours. But then researchers found that this did more harm than good: those who received single-session psychological debriefings actually had higher rates of post-traumatic stress disorder.[7] And nothing short of a randomised controlled trial (RCT) could ever have discovered this. We need to beware of "pilotitis" in mental health and remember that what the enthusiastic pilot study promises, the proper RCT all too often taketh away. Our secret manifesto reminds everyone that any intervention that can do good must also do harm—the only question is whether the former outweighs the latter.

Care and treatment for people living with mental health problems are the fourth priority. We need care when illness cannot be treated. But the latter obviates the need for the former, at least in the long term. So we need sustained long-term investment in the neurosciences if we are to offer radical changes in the treatment of dementia and many of the major mental disorders. And we need new generations of clinicians skilled in—and respectful of—science, and hence in a position to act upon new knowledge as it emerges.

The need to abolish or reform mandatory training for mental health staff is the fifth element of our secret manifesto. Too often mandatory training is expensive, time consuming, of poor quality, and reflects a knee-jerk reaction to the issue of the day. In the university sector, standards have been driven up partly by the recognition that students are now consumers of education, and if they don't like the offer, they can and do vote with their feet. But there is no such incentive to improve mandatory training for mental health staff, who frequently believe it is done largely to prevent blame and litigation.

The sixth issue in our secret manifesto is to end the myth that parity of esteem between mental and physical health services has been secured through legislation in the UK. During the passage of the 2012 Health and Social Care Act, an amendment was passed to give the Secretary of State for Health a duty to "secure improvement in the prevention, diagnosis and treatment of physical and mental illness". Since then, members of the government, including the Prime Minister David Cameron, have claimed to have "legislated for parity".[8] But parity of esteem means valuing mental health equally with physical health, and whatever the intention of the amendment's supporters, the actual wording does not reflect this core principle, since it is possible to secure improvement in two things while still disadvantaging one. Everyone needs to abandon the Panglossian notion that there is a legal footing behind parity. If there was, the Royal College of Psychiatrists would not have needed to write *Making Parity a Reality*.[2]

Seventh, our secret manifesto invites a look at the benefits, costs, and unintended negative effects of inspection, as, for example, by the English Care Quality Commission. It is no longer a case of *An Inspector Calls*, as now they come, like Shakespeare's sorrows, not as single spies but in battalions. If we assess clinical interventions on the basis of a rigorous assessment of the balance of good and harm, the same must apply to inspection as well. Has the soaring cost of inspection and professional regulation (especially the opaque indirect cost) improved quality, and what side-effects has it had? Does increasing the penalties for transgression imposed by the regulators and courts, whether you be doctor, nurse, or manager really maintain public confidence? And can one really have a duty of candour without first having a genuine culture of learning without blaming? At the moment in the UK we seem to be moving towards a truth and reconciliation commission, but with more emphasis on the former than the latter.

Our final recommendation is the need for a healthy health-care workforce. The NHS, as many from the Chief Executive downwards have said, is not always a model employer, and should be doing more to improve the health of its workforce. The challenge that we face is what to do about it. Those who work in the health service, at least in hospitals, are increasingly being offered wellbeing programmes, which, as the UK's Chief Medical Officer's 2014 annual report underlined, are largely unevaluated.[9] But does anyone really believe that the large amounts spent annually on medical locums,[10] the fact that even despite recent improvement the average NHS member of staff still takes one day off sick for every 25 days,[11] or that one in five staff members has experienced bullying or harassment from a colleague in the past 3 months, and two in five have had work-related stress within the past year,[12] is going to be solved by more fruit in the canteen or more bike racks, important though these are? The mental health of the workforce will only improve if there is a recognition of the role of interpersonal factors and the corrosive effects of a culture of blame and shame linked to ever increasing penalties for transgression, and a rejection of a political culture that seems more concerned with highlighting bad care (the exception) and not good care (the rule). Action is needed on the true causes of low morale and wellbeing among the workforce through a bottom-up way of encouraging improvement and supporting people, rather than the current top-down approach of name, blame, and shame.

We have been surprised by the number of politicians who have told us that they agree with our secret manifesto, but are unwilling to say so in public. We urge them to be both brave and courageous (in the real senses of the words, not as per Sir Humphrey's coded warnings in *Yes Minister*) and adopt both the Royal College of Psychiatrists' official and secret manifestos as a priority.

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SW is President and GS is policy analyst for the Royal College of Psychiatrists. We declare no competing interests.

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