



FEATURE

INTERVIEW

Simon Wessely: “Every time we have a mental health awareness week my spirits sink”

The first psychiatrist president of the Royal Society of Medicine is worried that over-awareness of mental ill health will sink an under-resourced service

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One of the UK's most prominent psychiatrists has called for an end to public awareness campaigning about mental health. It “massively expands demand” on already stretched NHS services and may be convincing people they are ill when they are not, warns Simon Wessely, who was until June president of the Royal College of Psychiatrists.

“Every time we have a mental health awareness week my spirits sink,” says Wessely, who in July became the first psychiatrist to be president of the Royal Society of Medicine. “We don't need people to be more aware. We can't deal with the ones who already are aware.”

Fresh from his move to the royal society, Wessely remains concerned about the over-reporting and under-resourcing of mental illness, and the lack of integration between mental and physical health services—despite NHS England head Simon Stevens' affirmation last month that mental health is now “front and centre” of the health service agenda.¹

“I'm really worried that we will overstretch and demoralise our mental health services if all we do is raise awareness but don't provide more people, better circumstances, better support, and less burden of regulation,” he told *The BMJ*.

Too much awareness

Recent years have seen a major drive by government, the NHS, and mental health charities to change attitudes towards mental health and to raise its profile in line with physical health. In a crescendo of media coverage, royals and celebrities have opened up about their own struggles.

Despite having welcomed Prince Harry's interview about his mental health in April this year, Wessely believes we can have too much of a good thing: too much awareness. He particularly questions surveys in which most students report having mental health problems.

“We should stop the awareness now. In fact, if anything we might be getting too aware. One wonders what's happening

when you have 78% of students telling their union they have mental health problems—you have to think, ‘Well, this seems unlikely.’”²

If we have made progress on the profile of mental health, then the same cannot be said of the resourcing of services against a background of increasing demand (see box). Theresa May has pledged to “end the burning injustice of mental health and inadequate treatment”³ and this summer the government announced a £1.3bn (€1.5bn; \$1.8bn) plan to expand mental health services by recruiting enough nurses, therapists, and consultants to treat an extra million patients by 2020/2021.⁴

Yet some noted that this would only begin to replace over 6000 mental health nursing posts that have been closed since 2010,⁵ and the Royal College of Nursing warned that it would be hard to train enough people within the timeframe set.⁶

“The worry is that they will get a lot of pretty cheap [people]. They will have to be cheap, not that well trained, inexperienced people who will do nice touchy feely stuff—but they're not going to be able to manage the difficult stuff,” says Wessely.

Integration

Wessely, whose main role is regius professor of psychiatry at King's College London, believes that what would make the most difference, in terms of breaking down stigma and improving services for patients, is proper integration of mental and physical health services. “I'd give up parity between mental and physical health any day if I could have integration,” he says.

What patients most want is for mental and physical services to be together, he says, because it is when staff work together that they understand each other's—and the patient's—needs better.

But, however logical that may seem, with mental health trusts separate from physical health the system set up under the Health and Social Care Act of 2012 does not make it easy to offer this kind of integrated care. When psychiatrists see patients who

also have physical health problems, and vice versa, they cannot share their notes because the computer systems are separate and behind firewalls.

Although the government has said it wants to integrate services better, Wessely says that its much vaunted Improving Access to Psychological Therapies (IAPT) programme, introduced in 2008 to provide cognitive behavioural therapy services to people with anxiety and depression, has instead created a sort of “third way,” independent of both primary and secondary care.

The success of IAPT, which hit the government’s target in January of 50% recovery for those who complete a course of therapy,⁴ is being overplayed, he says, and the figures “massaged” because of the government’s need for treatments that show quick results.

Pest control

That mental health has become “fashionable” in recent years has not made it more appealing to medical students, Wessely notes (see box).

Stigma within the medical profession is a big part of the problem and in terms of changing their attitudes the “public are ahead of us,” he says. Peer pressure and family pressure are two of the main reasons students state for not wanting to specialise in psychiatry.

Wessely, who qualified at Oxford and trained at the Maudsley Hospital in London, where he is still a consultant, knew he wanted to go into psychiatry early on. But he remembers countless times when colleagues spoke with derision about the specialty and suggested that he was too good a doctor to go into mental health. Some believed there was nothing wrong with mental health patients, some believed they were all “sabre wielding” and dangerous, and others believed anyone who is interested in psychiatry must be mad themselves.

“I vividly remember neurologists at Queen Square [the National Hospital for Neurology and Neurosurgery in London] would always say, ‘You seem a decent enough chap. I can’t understand why you want to do psychiatry.’

“My senior house officer was quite upset a few weeks ago when she turned up at the emergency department and someone said, ‘Oh look, here’s the pest controller.’ It’s terrible. That happens a lot.”

#BantheBash

While concerned about the risks of making the public too aware of mental health, Wessely is passionate about tackling this

stigma within the medical profession and finding ways to get medical students excited about psychiatry.

As president of the Royal College of Psychiatrists, Wessely launched its Anti-BASH (#BantheBash) campaign to try to end the stigma within the profession. “I spent a lot of effort on that. We’ve stopped the rot. Recruitment of psychiatrists was going down and now it’s leveled out.”

He rejects as “nonsense” the idea that psychiatrists are themselves the most guilty, within the medical profession, of prejudice against some forms of mental illness.

“We are not part of the global conspiracy of making everyone into a mental health problem. We do the opposite,” says Wessely. “We really are the people who try to maintain some form of boundary between sadness and depression, between eccentricity and autism, between shyness and social phobia.

“We will say, ‘Look, this isn’t a psychiatric problem,’ because we are acutely aware of the dangers of overmedicalisation of what are normal emotional problems.”

An expert in post traumatic stress disorder, Wessely’s work helped established the principle that victims of trauma should not see a psychiatrist or counsellor immediately as it can cause problems for the majority who will recover with time.

“You might sometimes see that as unsympathetic. It’s based on having a view that we do not want to treat the world.”

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Mental health services in numbers

1 in 5 The proportion of doctors undertaking core psychiatry training in 2014 who did not progress into higher specialty training⁷

The number of percentage points by which the growth in consultant psychiatrist numbers is lower than growth across the total consultant workforce⁸

The percentage by which the number of NHS mental health nurses fell between 2010 and 2017⁹

The percentage increase between 2013/2014 and 2015/2016 in the numbers of ambulance call outs to patients with mental ill health¹⁰

The percentage increase between 2012 and 2015/2016 in the number of people being sectioned⁹