

DINNER/DISCUSSION SUMMARY

The future strategy for the management of mental health in the UK

Held at The Royal Society on 4th May, 2011

The Foundation is grateful for the support for this meeting from The Wellcome Trust.

Chair: **The Earl of Selborne GBE FRS**
Chairman, The Foundation for Science and Technology

Speakers: **Professor Lord Layard FBA**
Centre for Economic Performance, London School of Economics and Political Science
Professor Simon Wessely FRCP FRCPsych FMedSci
Vice Dean, Academic Psychiatry, Head, Department of Psychological Medicine, and Director, King's
Centre for Military Health Research, Institute of Psychiatry, Maudsley Hospital, King's College London
David Behan CBE
Director General of Social Care, Local Government and Care Partnerships, Department of Health

LORD LAYARD set out some of the statistics about mental health. 50% of total disability was due to mental illness, at a cost of £30bn; 43% of incapacity benefits are recorded as mental illness; 25% of those attending GP surgeries were diagnosed as sufferers from mental illness. We know that £11bn is spent by the NHS on treatments for mental illness; but there are many more large unmeasured costs. There are cost effective treatments - e.g. cognitive behaviour therapy (CBT) for depression, and parenting training for problems with children - which save a £1 for every £1 spent. But only 25% of adults and children are under treatment for mental health, although 90% are treated for physical ailments. Failure to meet the NICE guidelines for treatment is due to the lack of facilities for GP surgeries to refer to specialists; the lack of proper training for practitioners; but, above all, because of the stigma that attaches to anyone felt to have a mental illness. He welcomed the Government's policy set out in "No Health without Mental Health" to implement the NICE guidelines by 2014; to accept that we needed 8,000 new therapists; and provide £400m funding. However, even this would not cope with the many people suffering from unexplained medical symptoms and children in need. NHS spending must change to cope with this. Mental health needs to take a proportionally larger share of NHS funds, and suffer proportionally less from cuts.

PROFESSOR WESSELY agreed with Lord Layard; the recognition of the importance of mental health, and the allocation of resources to deal with it were essential. The vast disparity between the resources devoted to physical treatments and mental conditions was unreasonable; the costs to the economy, the great personal distress that mental illness brought to individuals, the lost years of productive life and the death rates associated with depression must be tackled. We need to recognize the distinction between "illness" and "sickness". In many cases of "illness" there was no organic malfunction - although it might be the case that it was a warning for future malfunctioning. Physical and psychological systems interacted, and psychological distress increased with the number of physical symptoms. Many patients benefited more from mental than physical treatment. A patient's mood was critical - many could suffer severe physical problems and cope, others with less obviously mental problems could not. We know in some cases what works, e.g. CBT, but the stigma attaching to labelling an illness as mental may inhibit debate. To improve matters we must bring physical and mental care together; cease having separate physical and mental health trusts; and develop the training of both GPs and specialists. The new system of GP health care commissioning may help, provided that it makes full use of the academic health sciences which demonstrate good practice, and the public accept that mental health care is as necessary and desirable as any other type of care.

MR BEHAN spoke about the government's strategy paper "No Health without Mental Health" This set out a strategy which aimed to transform attitudes and practice to mental health and mental well being. Its approach was that mental health was "everybody's business"; it was crucial at any stage in life, and anyone engaged in society - educators, employers, physical carers - should understand how important it was to deal with it. The cost of poor mental health was even greater than Lord Layard suggested - 23% of the total burden of ill health, and £105bn of NHS and other costs. One in four people will have mental health problems in their life; 50% will have periods of depression; and 90% of those in prison have mental health problems. The strategic thrust of the paper was to adopt a full life cycle approach; challenge the pervading stigma; encourage early intervention; seek parity of esteem with physical treatment; stress that recovery is of benefit to all - not just the sufferer - see that sufferers can make well informed choices about treatment; focus on outcomes; and ensure equality of approach. Successful outputs will be better mental health, better experience of treatment and care, a reduction in avoidable harm (such as suicide) and reduced discrimination and stigma. The strategy was formed after consultation with many outside bodies, who will be responsible for delivery. The government will invest £400m; expand access to psychological therapies; and work for those with long term addiction and health issues. Public health and "well being" should improve if suggestions drawn from the Foresight report such as better health goes with connections with people, activity and learning. Led to personal lifestyle action. At the local level, support services needed to be more comprehensive - mental health, social conditions housing and employment went together. £2bn would be allocated to social care. Personalised treatments and services would be encouraged.

There was abroad support in the following discussion for the objectives and strategy outlined in "No Health Without Mental Health" strategy. But, as one speaker remarked, that was unsurprising given the nature of the audience. But concern was raised about how the strategy was to be delivered and how the thoroughly desirable increase in funds for mental health could take place in the context of NHS cuts and increasing demand, inevitable with an ageing population, for physical treatments. Many in the room would agree that mental suffering was more damaging to the individual than physical trauma, and that, in a reasonable world, resources should flow to mental health, at the cost of some physical treatments e.g. arthritis, which, in many cases, people could live with. But the difficulty of making such a shift was great - all diseases had their lobbyists who would fight for their illness, and sometimes reject evidence based rational for change. There was great danger in trying to implement such a shift before the "stigma" issue had been successfully addressed. However irrationally, there was a public prejudice that physical suffering is worse than mental

suffering and that many mental problems were the sufferer's own fault. Ministers, scientists and doctors need to work hard on this issue. Failure to win the public argument before implementing change risks a GM products type disaster where science and logic is rejected by populist outcry - to the disbenefit of individuals and the economy.

There was also concern about how the strategy could be delivered in the context of the reorganization of the NHS and GP consortium commissioning. It was to be hoped that, because the commissioners would be closer to their patients they would recognize the importance of mental health care, and ensure their budgets were suitably allocated. But there was no certainty about this, and there were considerable doubts about whether the £400m would in fact find its way to mental care as intended. What if a consortium decided it wished to devote more of its budget to an issue which they thought mattered more to their patients? In the past Primary Health Care Trusts and Regional NHS management could ensure the budgets were allocated according to top down directives; and targets established; and (with some luck or manipulation) met, none of this applied under the new regime. The Secretary of State, Dr Lansley, at the Department of Health had accepted that he was personally responsible to the PM for the delivery of the strategy, and officials in the Department accepted responsibility to him, but, under present arrangements, it was doubtful if they had the levers to deliver.

Speakers stressed the importance of early intervention and prevention rather than cure. They also agreed that the emphasis put on social care and material conditions was right. But, again, the problems of delivery arose. Under the Localism Agenda, local authorities would be given greater discretion on their budgetary spending, and they would also be suffering large cuts. They should be able to use the opportunity to bring services together. But would it be possible to preserve, indeed, enhance, expenditure on social care in these circumstances? It was agreed that social care needed to be more comprehensive, and, for example, address housing and poverty issues. But was there any power to require authorities to do so? They were under multiple housing obligations already, which they cannot meet. Adding a further requirement is unlikely to help; apart from anything else the "stigma" problem will reoccur. We already know how difficult it is to site a hostel for mentally disturbed patients; they objections will be even stronger if an authority wants to place disturbed families in flats or houses. Speakers gave heartrending accounts of abused or unloved children, where early intervention might have reduced suffering. But what did early intervention mean? Taking the child into care? Forcing the parent to accept guidance? Are social workers sufficiently trained, empowered and resourced to take such decisions? A counter danger was assuming that despair and anxiety caused by social issues could be treated by medicalizing them. This was particularly dangerous when dealing with ethnic and other minorities, where anxiety might arise from social issues which were not apparent to the outsider. The danger was in assuming that boundaries between different mental states were fixed; they could vary and interact with social and emotional circumstances. But where there was a clear case where therapy or medical care could help. It is right to act.

Speakers warned against the danger that one therapy might be thought the answer to different mental health problems. CBT could be very valuable in many cases, but it was not the answer in such severe mental problems such as schizophrenia. For these to be tackled, we need to look to further research and scientific investment, particularly in pharmacology and neurology. But this investment, particularly in the industry, is lacking. The drugs being used now were the same as those used 40 years ago. It was in the "talking therapies" that change was happening.

Speakers expressed concern about the training of doctors in identifying mental problems and diagnosing them appropriately. They were also concerned that psychotherapists now had limited

medical training, compared with that required in the past. But it was accepted that all psychological and counselling interventions should be based on evidence. However, the absence of available evidence did not mean that there was no evidence that could not be found through further research. The problem was designing the research, funding it, and, inevitably getting results accepted if they flew in the face of prejudice.

The messages from the discussion were that, although the Strategy was on the right lines, the problems in the way of its implementation were formidable. The efforts of the Department to build consensus around the recommendations were welcomed, although there was a danger that consensus could always turn into competition. Perhaps not sufficiently stressed was a powerful driver would be relating funding to results. Services which could not show their value should be decommissioned and therapies where evidence showed success, should be actively pursued. But two big issues remained - training medical students to consider at all times medical and mental issues together; and overcoming "stigma". The latter was the long term task of everyone in society.

Sir Geoffrey Chipperfield KCB

Academy of Medical Sciences
www.acmedsci.ac.uk

Department of Health
www.dh.gov.uk

Foundation for Positive Mental Health
www.foundationforpositivementalhealth.org

The Foundation for Science and Technology
www.foundation.org.uk

Institute of Psychiatry, King's College London
www.iop.kcl.ac.uk

London School of Economics and Political Science
www.lse.ac.uk

Professor Lord Layard FBA
www.cep.lse.ac.uk/_new/staff/person.asp?id=970

Mind
www.mind.org.uk

Medical Research Council
www.mrc.ac.uk

My Home Life
www.myhomelife.org.uk

No health without mental health - strategy document
www.dh.gov.uk/mentalhealthstrategy

The Office for Strategic Co-ordination of Health Research (OSCHR)
www.nihr.ac.uk/about/Pages/about_oschr.aspx

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