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The Mental Health Strategy, system reforms and spending pressures: what do we know so far?

Centre for Mental Health, Mental Health Foundation, Mind and Rethink Mental Illness

Executive summary

The Government's 2011 mental health strategy, *No Health Without Mental Health*, published in February 2011 received widespread support; setting out a vision for both improved mental health for all and better support for people with mental health problems. However, the evidence that was available by the summer of 2011 suggested that the strategy's practical impact on service commissioning and provision has been limited; knowledge of the strategy among commissioners in particular is variable and there is little evidence that it is being used as a guide to local decision making

There are considerable pressures on all publicly funded services including those for people with mental health problems. Although there is no evidence to suggest that mental health services are being disproportionately cut, particularly in the NHS, these pressures are, nonetheless, having a significant impact on a range of services across the country.

There are concerns that while demand for mental health support is increasing¹, for example, in relation to rising unemployment, some services are shrinking. People who require support from a range of services (e.g. housing, welfare benefits, social care) have

been hit hardest, losing out as cuts affect a number of services at the same time.

System reforms in the NHS and elsewhere are yet to take effect but they bring an element of both opportunity and risk to services for people with mental health problems.

Prioritising the objectives of the mental health strategy whilst implementing system reforms should ensure that both policies have a positive rather than negative impact on the lives of people who need support from a range of services.

Introduction

In the summer of 2011, Centre for Mental Health, the Mental Health Foundation, Mind and Rethink Mental Illness commissioned an independent researcher, Dr Susan O'Connor to evaluate the impact of the Government's mental health strategy, *No Health Without Mental Health*.

Dr O'Connor undertook a survey of 24 national organisations to identify key themes from intelligence they had received to date from their members. A brief questionnaire was sent followed up by either a face-to-face or phone organisation with the 17 organisations that responded.

The interview focussed on how delivery of the strategy was being influenced by pressures on public spending and the emerging reforms in health local government and other public services.

The results of that work were presented to a 'summit' of national mental health organisations in September where additional information was obtained.

This analysis summarises the main findings of that process and the implications of these findings for mental health policy and practice in England. The organisations that were interviewed and the documents that were reviewed are listed in Appendix 1 and Appendix 2 respectively.

Impact of the strategy

The strategy is generally well regarded. It is widely agreed that it is important that there is a strategy, and the objectives are broadly supported. Knowledge of the strategy, however, varied with, for example, commissioners of services being less aware than providers. There is little evidence, as yet, that the strategy is being used systematically to guide local decision making; this is currently dominated by cost reduction, leading to reorganisation and cuts in service. In most areas priorities are not been driven by the strategy, among commissioners in particular. While there are examples of innovative thinking, in some areas the focus on cuts appears to be hindering work done to achieve the objectives set out in the strategy.

There is some evidence, however, that Objective 3 of the strategy, 'More people with mental health problems will have good physical health' is having a greater impact and, increasingly, the link between physical and mental health is being acknowledged, for example in the development of liaison psychiatry teams in general hospitals. Reducing premature mortality in people with serious mental health problems is identified in the NHS Outcome Framework.

Impact of spending pressures

There is considerable evidence of cuts in support for people with mental health problems across the statutory and voluntary sectors. However, there is no clear evidence that mental health services are being reduced disproportionately, nor that they are being protected. The overall picture appears to be erratic with stark reductions in some areas and additional investment in others.

Improving Access to Psychological Therapies (IAPT) services continue to receive extra funds from government as a result of which total psychological therapy investment is still rising. There remain concerns, however, that some other psychological therapy services may be being concurrently reduced by some PCTs. Individuals with more complex problems may therefore be missing out on psychological approaches.

People with mental health problems often rely on a number of different services for support, and it is the cumulative effect of reductions in a range of services that is having the greatest impact. Currently the biggest concern for many mental health service users and their families is the planned reduction in benefits and welfare reform. A number of changes to the benefits system will affect claimants with mental health problems; including changes to incapacity benefits, housing benefit and Disability Living Allowance.

The voluntary sector, especially smaller organisations, faces considerable funding problems (not only from cuts in NHS spending but also cuts in local authority spending). Particular concerns have been raised that specialist services, for example advocacy for people from specific communities, are being replaced by generic services that are less well tailored to the needs of the most marginalised groups of people.

We are particularly concerned about mental health services for older people and services for children. These services did not receive the same increase in funding during the growth period of the National Service Framework for Mental Health (1999-2009); the gap widened and now many are being cut. Cuts across other local services are also likely to hit older people harder.

Many of the surveys we reviewed were carried out in early 2011 or in 2010, when concerns about spending pressures first emerged. The situation in many places may already be very different and will require further monitoring.

Individual organisations' own surveys show that pressures are affecting a range of services:

- The **Royal College of Nursing's** Frontline First campaign has estimated the loss of 40,000 nursing posts (over 10%) across the UK across all specialities over next three years. <http://frontlinefirst.rcn.org.uk/>
- The **NHS Confederation** Members Survey found that most organisations were experiencing financial pressure. 23% of respondents from Mental Health organisations thought that the quality of clinical outcomes would decrease (twice as many as in the acute sector). This survey also found that the majority of respondents thought that cuts to local authority spending would be problematic with nearly half of community providers and a third of mental health providers anticipating the cuts would be 'extremely problematic'. <http://www.nhsconfed.org/OurWork/latestnews/Pages/Financial-squeeze-biggest-worry-for-NHS-leaders.aspx>
- The **National Housing Federation** surveyed members about cuts to Supporting People in January 2011. Although investment in Supporting People is being reduced by 12% in real terms respondents to the survey suggested that nearly three quarters of local authorities were planning cuts greater than 12%. They estimated that over 40% of local authorities were planning cuts greater than 20%. Respondents believed that the clients most at risk from cuts were older people with support needs, people with drug and alcohol and mental health problems and offenders. The federation have produced a checklist for local authorities to consider which is available on their website: http://www.housing.org.uk/publications/find_a_publication/care_and_support/4_facts_4_questions_on_sup.aspx
- **YoungMinds** received 55 responses from a Freedom of Information request to 120 child and adolescent mental health service (CAMHS) providers and commissioners. More than half of those who responded said they intended to reduce their spend. The biggest cuts were in local authorities, with some slashing up to 25% from their budgets. A quarter said funding would remain the same but some added they would be forced to abandon plans to develop and improve services. Another 20% also said they would lose posts. On a more positive note, 21% said they planned to increase funding for CAMHS. Encouragingly, in some areas there has been significant investment in new services. NHS North of the Tyne has invested more than a million pounds into a community treatment service and the Royal Free Hampstead NHS Trust will finance an eating disorders service. www.youngminds.org.uk
- **Youth Access** surveyed its 194 member organisations in March 2011. 36% responded and the majority anticipated reductions in funding with 42% of agencies reporting that they faced the threat of closure. Demand for services has continued to increase; the survey estimated at least 45,000 young people might be left without access to services they need. <http://www.youthaccess.org.uk/>
- **Mind** carried out a "Cutswatch" phone survey of 95% of its members in February 2011. There was still a great deal of uncertainty at this time with a reduction overall of at least 4% anticipated.
- The **College of Occupational Therapists** noted a reduction in OT posts in both mental health and acute NHS trusts. The posts that are going appear to be higher or lower banding with the middle bands being more protected.

- The **Royal College of Psychiatrists** is aware of cuts in services including drug and alcohol, learning disability and CAMHS. Consultant posts may be reducing: for example when a consultant retires two posts are being turned into one. The College reports that it will ensure that if any post changes by more than 20% it will be re-evaluated.
- The **British Psychological Society** has undertaken a survey of managers of NHS psychology services. 56% reported reductions in staff, 47% downgrading of posts.
- **SANE** has gathered information from a number of sources. Since February 2011, 72 services, the majority for people with mental health problems, have been reported closed, many due to lack of funding. The services cover a range of types of provision for all age groups, including art and performance space, employment support, housing and rehabilitation provision, friendship and support groups, information services, day centres and in-patient and outpatient provision.

Impact of health system reforms

There is a great deal of uncertainty about what health service reforms will mean for services for people with mental health difficulties.

There are in theory major opportunities, for example with the creation of Health and Wellbeing Boards and the increased use of outcome measures in public services. But there are also considerable concerns about the possibility of increased fragmentation of services for people who rely on consistent support and of the disruption to local relationships between services caused by organisational and structural changes, particularly in the NHS.

In the NHS, the NHS Confederation's Mental Health Network has emphasised the importance of ensuring that clinical commissioning groups will have sufficient skills and expertise to commission the full range of services.

The creation of new clinical networks has great potential in the mental health field. There

is already a pilot mental health network in the South West with broad membership that included not only clinicians but local authority partners, voluntary sector organisations, service users and carers.

Proposals for "any qualified provider" in the NHS, however, are of concern to smaller voluntary sector organisations who lack the infrastructure to meet the requirements of this scheme.

A number of initiatives are under way to ensure that the needs of people with mental health problems are met by the new systems and structures. These include the Joint Commissioning Panel, set up by the Royal Colleges of Psychiatrists and General Practitioners to provide clinical commissioning groups with advice about how to commission a range of mental health services. The panel has an expert reference group including users and carers.

An implementation framework for No Health Without Mental Health is also to be produced early in 2012. This is intended to set out how national and local organisations can take practical steps to putting the strategy's objectives into practice in the context of the changing public service landscape.

Appendix 1: Organisations interviewed

Rethink Mental Illness
 Anxiety UK
 British Association of Occupational Therapists/
 College of OTs
 British Psychological Association
 Centre for Mental Health
 Bipolar UK
 Mental Health Network, NHS Confederation
 Mental Health Providers Forum
 Mental Health Helplines Partnership
 Primary Mental Health Care Forum
 Richmond Fellowship
 Royal College of Nursing
 Royal College of Psychiatrists
 SANE
 Social Perspectives Network
 Young Minds
 Youth Access

Appendix 2: Documents reviewed

Joint Commissioning Board for Mental Health, 2011 Service Descriptors <http://www.rcpsych.ac.uk/policy/policyandparliamentary/projects/live/commissioning.aspx>

Mind 2011, Analysis of Cutswatch Survey, Technical report of findings

National Housing Federation, Supporting People Survey 2010/11, http://www.housing.org.uk/publications/find_a_publication/care_and_support/4_facts_4_questions_on_sup.aspx

NHS Confederation June 2011, Members Survey Final Report <http://www.nhsconfed.org/OurWork/latestnews/Pages/Financial-squeeze-biggest-worry-for-NHS-leaders.aspx>

NICE July 2011 Draft quality standards and draft guidance on service user experience in adult mental health and patient experience in adult NHS services. <http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp>

Royal College of Nursing Frontline First campaign <http://frontlinefirst.rcn.org.uk/>

YoungMinds 2011 survey of FOI requests www.youngminds.org.uk

Youth Access April 2011. Results of a Survey on the funding situation of Youth Information, Advice, Counselling and Support Services.

Notes and references

1. Sources of evidence which suggest that demand for mental health support is increasing, including:

- The number of prescriptions for antidepressants increased by 28% from 34m in 2007-08 to 43.4m in 2010-11, according to the NHS information centre.
- NHSIC Provisional Monthly Hospital Episode Statistics for admitted patient care, outpatient and Accident and Emergency data – April to July 2010 show that hospital admissions for intentional self harm have increased by nearly 10,000 – just over 10 per cent - in three years. There were 104,340 admissions for intentional self harm in 2009/10; a 3,130 (3.1 per cent) rise on 2008/09 and a 9,960 (10.6 per cent) rise on 2006/07.