

Improving Public Perceptions of Mental Ill-Health

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This editorial examines recent British policy initiatives to accelerate the process of making fundamental changes to the way in which people with mental ill health are treated and supported in society.

Introduction

The British healthcare policy “Closing the gap: priorities for essential change in mental health” was published in January 2014 with the specific intention of making improvements to the ways in which people with mental ill- health are treated and supported in society. “Closing the Gaps” is designed to augment the British governments existing mental health strategy “No Health Without Mental Health” which was published in 2011 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf) and built around six unambiguous objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

This aims to ensure that everyone who needs mental health care should get the right support, at the right time. Additionally, one of the priorities identified was tackling premature mortality of people with mental health problems across all age groups and importantly, that more must be undertaken to prevent mental ill health and promote mental wellbeing. Additionally British voluntary or 3rd sector initiatives such as the “Time to Change campaign”, led by Mind and Rethink Mental Illness aims to reduce discrimination against people with mental health problems. (<http://www.time-to-change.org.uk/>)

Background

“Closing the gaps” shows that all too often, poor mental health precipitates for example premature job loss and this is detrimental to the individual sufferer and for the economy. Furthermore It is known that unemployment is linked to the onset or recurrence of mental ill- health and this is why the various strategies to alleviate the burden of mental ill health rely on corporate and effective support from health and employment services and supportive action by employers. Despite the rhetoric people, who use mental health services and those that care for them, continue to report gaps in provision and long waits for services. “Closing the Gaps” confirms that there has been little impact on the enormous gap in physical health outcomes for those with mental health problems and De Hert et al (2011) in a review of the literature found that the lifespan of people with severe mental illness is shorter compared to the general population and that this excess mortality is mainly due to physical illness, being two or three times higher as that in the general population

25 steps to closing the gaps

“Closing the Gaps” identifies 25 aspects of mental health care and support where government, social care leaders and academics among others expect to see tangible changes in the near future that will positively change the life outcomes for people with mental ill health. It is beyond the scope of this editorial to consider in detail all of the 25 steps but the most important of these are:

- **High-quality mental health services with an emphasis on recovery should be commissioned in all areas.**

The British government wants to ensure that there is a hospital bed available locally for every adult who needs one and to reinforce this the British National Institute for Health and Care Excellence (NICE) have published quality standards around adult mental health. (<http://guidance.nice.org.uk/QS14>)

These standards give detailed information about the expected direction of the care pathway and are designed to augment the information available to commissioners.

- **Leading an information revolution around mental health and wellbeing**

The British government believes that the country needs a truer, more up-to-date and more detailed picture of mental health and wellbeing. This is essential for delivering measurable improvements in community and population mental health, service improvements, evidence-based commissioning and in changing attitudes to mental wellbeing. To assist in this the government have developed a new national Mental Health Intelligence Network (MHIN) (<https://www.nepho.org.uk/mental-health-intelligence-network/resources/2801>)

This network draws together comprehensive information about mental health and wellbeing with an aim of providing a greater insight into mental health problems, how they vary with age and in different parts of the country, and what the most pressing needs are in each area.

- **Establishing clear waiting time limits for mental health services and addressing inequalities around access to mental health services**

“Closing the Gaps” demonstrates that people with mental health illnesses wait for unacceptable periods before getting an appointment. It is a specific intention to develop new national standards that focus on improving access to adult mental health services and these will be introduced in 2015.

- **Improving access to psychological therapies**

Confidence about the veracity of the evidence base that underpins the efficacy of psychological therapies is high and many family doctors want to be able to direct patients (including children and young people) to relevant psychological therapies at an early stage, as a way of preventing a deterioration of mental health. Additional investment by the British government will fund an extra 300,000 people to benefit from psychological therapies such as cognitive behavioural therapy. To illustrate this, in a randomised controlled trial of patients with attention-deficit/hyperactivity disorder the efficacy of cognitive behavioural therapy was assessed. This trial showed that the use of cognitive behavioural therapy compared with relaxation with educational support resulted in improved ADHD symptoms, which were maintained at 12 months. (Safren et al 2010)

- **Reducing the use of restrictive practices and ending the use of high risk restraint,**

The Serious Case Review into the events at Winterbourne View where people with learning disabilities were abused by health care staff has made it clear that (<https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response>)

restraint and restrictive practices, such as medication and seclusion have been over-used in the care of people with challenging behaviour in health settings and are now unacceptable. It is however acknowledged that dealing with patients who are aggressive or threatening, or who refuse treatment, is difficult. This new policy seeks to encourage the use of positive behaviour support to minimise the use of restrictive interventions and new guidance is being developed on the use of restrictive practices as a demonstrable last resort.

- **Poor quality services will be identified sooner and action taken to improve care and where necessary protect patients**

The Care Quality Commission (CQC) the English health care regulator is currently developing a new model for monitoring, inspecting and regulating mental health providers that will ensure poor quality services or gaps in provision are identified sooner. The CQC will carry out more visits to service providers, and talk to people who use those services, as well as their families and carers.

- **Mental health care and physical health care will be better integrated at every level**

This new policy reveals that as much as 80% of all mental health care takes place in family doctor surgeries and hospitals. It indicates that the whole health care system has to improve integration between physical and mental health care. It is therefore essential that staff working in these settings understand the symptoms of mental illness and the physical health needs of people with mental health problems. This will help guide treatment decisions and lead to improved day-to-day care. Importantly physical illnesses must be diagnosed earlier and treatment plans adapted to reflect mental health needs to accelerate recovery. New training programmes are going to be developed that will enable all healthcare employers to ensure that their staff have a greater awareness of mental health problems and how they may affect their patients. For example, self-harming can be one of the first outward signs of mental illness and it may be a sign of a mental health crisis

- **promote mental wellbeing and prevent mental health problems**

Mental health issues either affect around 10% of women during or after pregnancy and the new policy is highlighting this to support new mothers. Similarly, schools will be supported to identify mental health problems among children sooner. To help an interactive e-Portal is being developed that will bring together the latest evidence and guidance around mental health problems in children and young people, which will be launched in early 2014. This is to help ensure that people with mental health problems will live healthier lives and longer lives.

Other mental health initiatives

In addition to “Closing the Gaps” the British government are going to fund additional mental health nurses to undertake work with mentally ill clients in police stations and courts across the country. The extra £25 million of funding will help ensure that people with mental health and substance misuse problems are able to access timely and appropriate support with an additional aim of reducing re-offending (<https://www.gov.uk/government/news/extra-funding-for-mental-health-nurses-to-be-based-at-police-stations-and-courts-across-the-country>)

A large percentage of people who are found guilty of committing crimes by the judiciary who are given a custodial sentence and sequestered to a prison or young offenders institute also have a mental health problem. Many have a substance misuse problem or a learning disability and one in four has a severe mental illness, such as depression or psychosis. The additional funding is being made available so that people with mental illnesses, learning disabilities and substance misuse problems receive the optimum treatment they need at the earliest possible stage.

There is a growing consensus that prison may not always be the right environment for those with severe mental illness. It is known that a custodial sentence can actually exacerbate mental ill health, heighten vulnerability and increase the risk of self-harm and suicide among vulnerable prisoners. Birmingham (2003) for example has indicated that mental health problems are the most significant cause of morbidity in prisons with over 90% of prisoners having a mental disorder.

In most cases, the police are the first point of contact with the criminal justice system and there is an early opportunity through police intervention and liaison to engage appropriate mental health services and potentially avoid future problems. This police stage is currently the least developed in the offender pathway in terms of engagement with health and social services, as intervention generally occurs further along the pathway at the court and sentence stages. It is intended that these new services will help identify when someone in a police station or involved in court proceedings has a mental health problem and are referred to the right mental health services and are given the help and support they need. Ten geographical areas of England have been identified to receive the funding including Merseyside and London

These new services will be prospectively evaluated and if successful will be extended to the rest of the country by 2017. This will mean people with mental ill health, substance misuse problems and learning disabilities who are suspected of committing an offence and come into contact with the police will have an assessment of their health needs, including their mental health, which will be shared with police and the courts. This will help ensure decisions made about charging and sentencing take into consideration an individual’s health needs. It will also mean treatment is given sooner which may reduce re-offending. In this context, McNeil and Binder (2007) have published empirical data, which showed that participation in a mental health court program was associated with longer periods of not reoffending. This funding initiative to address mental health in the judicial system is part of the government’s wider commitment to public services which reflect the importance of mental health in their planning and gives it equal priority with physical health. (<https://www.gov.uk/government/policies/making-mental-health-services-more-effective-and-accessible--2>)

Conclusion

“Closing the Gaps” is a laudable mental health policy, which ultimately seeks to reduce the stigma associated with mental health problems and the discrimination people experience. In doing so, the government believe that this will help millions of people affected by mental ill- health to fulfil their potential as active and equal citizens. Although overall, the number of suicides in England has fallen over the past 10 years the suicide rate is higher for some groups, including young and middle aged men, people in the care of mental health services and prisoners. The new funding to employ mental health professionals in police stations and courts may help reduce this.

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