By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee – 11 June 2010

Subject: Accessing Mental Health Services: Adult and Older People's Inpatient Services.

---

*NB: This briefing note is intended to provide an overview of the context in which this subject has developed and within which people have operated in recent years and may not reflect the latest national policy developments.*

1. Introduction.

(a) Mental health and mental health services are both terms with a very wide scope:

1. Around 14% of the annual NHS budget is spent on mental health services.

2. Approximately 1 in 6 adults will experience a mental health problem at any one time and the problem will last longer than a year for half of these.

2. Definitions and Terminology[1].

(a) **Mental health** is a core component of psychological wellbeing, and hence everyday life, and is as important as physical health. The two issues are interlinked; poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing or not recovering from serious physical health problems.

(b) **'Mental health problem'** is a loose term which can be used to describe the full range of mental health issues, from common experiences such as 'feeling depressed' to more severe clinical symptoms such as 'clinical depression' and enduring problems such as schizophrenia.

(c) Mental health problems have traditionally been divided in several ways:

1. **Organic** (identifiable brain malfunction) versus **functional** (not due to structural abnormalities of the brain).

2. **Neurosis** (severe forms of normal experiences such a low mood, anxiety) versus **psychosis** (severe distortion of a person's perception of reality).

---

[1] Section 2 has been adapted from definitions supplied by the London Health Observatory (LHO), http://www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/MentalHealth.aspx

(d) Terminology for mental health problems varies considerably across professions and cultures, according to prevailing attitudes towards mental health and current understanding.

1. **Common mental health problems** include problems such as anxiety, depression, phobias, obsessive compulsive and panic disorders.

2. **Severe and enduring mental health problems** include those mental health problems such as psychotic disorders (including schizophrenia) and bipolar affective disorder (manic depression).

3. **Personality disorder** is defined as 'an enduring pattern of inner experience and behaviours that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment'.

(e) **Dementia** is a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation. This syndrome occurs in Alzheimer's disease, in cerebrovascular disease, and in other conditions primarily or secondarily affecting the brain.[2]

3. The Structure of Mental Health Services

(a) Commissioning mental health services is a joint activity for health and social services. Money can be pooled between health bodies and relevant health-related local authority services for mental health (under a framework set up by the National Health Service Act 2006). More broadly there are a range of partnerships and structures through which decisions around mental health services commissioning are driven – Joint Strategic Needs Assessment (JSNA), Local Area Agreements, Local Strategic Partnerships, Joint Commissioning Boards and Practice Based Commissioning (PBC) consortia.

(b) A number of specialised services where the number of affected patients is relatively small are commissioned either regionally by one of the ten Specialised Commissioning Groups, or nationally by the National Commissioning Groups. In mental health this includes secure services and some personality disorder services.

(c) Mental health services have been commissioned through block contracts, but there have been recent developments towards local

[2] Definition of dementia taken from *International Statistical Classification of Diseases and Related Health Problems, 10th Revision*, World Health Organisation, http://www.who.int/classifications/icd/en/

currencies (a unit of care for which payment is made) and the extension of Payment by Results (PbR) to mental health. This has involved using mental health outcome measures from HoNOS (Health of the Nation Outcome Measures).[3] Recent years have seen the introduction of systems aimed at incentivising an improvement in the quality of health services, including mental health. The Quality and outcomes Framework (QOF) has aimed at monitoring and rewarding activity in primary care, specifically GPs. The CQUIN (Commissioning for Quality and Innovation) scheme was developed to complement PbR by making a proportion of provider income conditional on quality and innovation.

(d) Across England, 90% of those receiving care for mental health problems do so within a primary care sector, yet around 80% of mental health NHS spending is spent of inpatient services. The last 30 years have seen a scaling back of psychiatric hospital services. In England there are 23 mental health beds per 100,000 population.[4]

(e) GPs treat many patients, and usually refer those they cannot help to directly to community mental health teams (CMHTs) or psychiatric outpatient clinic. CMHTs are the main source of specialist help for mental health problems. These teams can include social workers, community psychiatric nurses, doctors, psychologists, occupational therapists and support workers.

(f) Some of the ways in which mental health services have been developed in the community include[5]:

1. Early intervention teams which aim to treat psychotic illness during its early onset.

2. Assertive outreach teams to provide intensive support for those difficult to engage in traditional services.

3. Crisis resolution home treatment teams providing acute care in patients' homes in crises (a 24-hour service).

(g) Recent years have also seen the development of the Improving Access to Psychological Therapies (IAPT) programme aimed at extending 'talking therapies' and encouraging provision outside hospitals.

(h) In the acute sector, acute admission wards provide inpatient care with intensive support for patients in periods of acute psychiatric illness. Inpatient Assessment Units assess functional and organic type illness in older adults, and take referrals from Community Mental Health Teams for Older People, GPs and Consultant Psychiatrists. Patients who are in an acutely disturbed phase of a serious mental health

---

[3] For further details see The Royal College of Psychiatrists website, http://www.rcpsych.ac.uk/quality/honos.aspx

[4] The NHS Handbook 2009/10.

[5] The names given to services can vary between areas of the country.

disorder, are detained in Psychiatric Intensive Care Unit (PICU) facilities.

(i) Other mental health inpatient services aim to provide rehabilitation services and provide care to people with an enduring mental illness and for whom a residential placement in the community has been judged to be unsuitable.

(j) Forensic mental health services are there to deal with patients whose behaviour is beyond the scope of general psychiatric services and who may require a degree of physical security. Some will be mentally disordered offenders. These services fall into three categories:

1. Low-security services, often near general psychiatric wards in NHS hospitals.

2. Medium secure services operating regionally with locked wards.

3. High-security services provided by the three specialist hospitals of Ashworth, Broadmoor and Rampton.

(k) CAMHS services are arranged in four linked tiers. These range from tier 1 services which contribute to mental healthcare, but where it is not the primary function, such as schools, to tier 4 dealing with the most severe and complex cases and includes inpatient and specialist services such as eating disorders.

4. Mental Health Services in Kent and Medway

(a) In Kent and Medway there is a Strategic Commissioning Board for Mental Health (covering both LA areas) and three Joint Commissioning Boards for Mental Health (one for each Primary Care Trust area). There is PCT and Local Authority Social Services representation on all of these. Amongst the PCTs, NHS Medway is the lead commissioner for mental health services.

(b) These three PCTs and two local authorities have recently produced *Live it Well*, a draft joint strategy for improving the mental health and wellbeing of people in Kent and Medway in April 2010[6]. This draft strategy did not cover dementia care and services, child and adolescent mental health services (CAMHS), or drug and alcohol services, for which there are separate strategies.

(c) Kent and Medway NHS and Social Care Partnership Trust (KMPT) is the major provider of mental health services in Kent and Medway, but there are a range of other public and private sector providers. A number of social care staff are seconded to KMPT from Kent County Council.

[6] See Item C1, Adult Social Services Policy Overview and Scrutiny Committee, 30 March 2010, http://democracy.kent.gov.uk/ieListDocuments.aspx?CId=127&MId=2944&Ver=4

**Appendix - Maidstone and Tunbridge Wells Borough Councils Joint Mental Health Services Working Group**

1. Introduction

   (a) In March 2010, the Borough Councils of Maidstone and Tunbridge Wells published a Joint report on Adult Public Mental Health Services. The Executive Summary, Recommendations and Conclusion are below for reference.

   (b) The full report can be accessed here:

   http://www2.tunbridgewells.gov.uk/pdf/Joint%20Scrutiny%20Review%20of%20Mental%20Health%20Care%20Provisionintranetx.pdf

2. Report Extract.

**Executive Summary**

The range of issues encompassed by the term "mental health" is expansive, and this report does not aim to give a definitive picture of services for those with mental health problems in Maidstone and Tunbridge Wells. The report does, however, seek to outline the range of services available (particularly for more common mental health conditions) the coordination between service providers, and the areas that clearly require attention.

Mental health service provision across the boroughs is fragmented and complicated; the working group spent a significant amount of time simply trying to map service provision and establish what services were available for residents in the public, community and voluntary sectors. The group found that there was a lot of support for those with mental health issues, however this was not always clearly publicised and members felt that for those residents in distress, the time and effort required to identify available services was prohibitive. The need for improved coordination between service providers from all sectors was clear, particularly in increasingly difficult financial times when coordinating services could make more efficient use of limited funding.

Throughout the review, the group became increasingly concerned about the waiting times for counselling and other psychological therapies. Although encouraged by the Improving Access to Psychological Therapies (IAPT) programme, the group felt that this was an issue that urgently needed to be addressed in order to prevent mild to moderate mental health issues becoming more severe.

A survey of GPs in Maidstone and Tunbridge Wells reflected the concerns of councillors, with only 18.75% of respondents agreeing that the current provision of mental health services was adequate. Waiting times, the limited variety of available treatments and knowledge of voluntary sector provision were all specifically highlighted as issues by GPs.

As a result of their enquiries, members of the working group were keen to emphasise the need to:

- monitor access to psychological therapies and establish whether more funding needs to be directed at tackling mild to moderate mental illness to prevent deterioration of patients' mental health;
- improve access to information about voluntary, community, public and private mental health services for all sectors of the community; and
- encourage joined-up working between service providers to ensure seamless and complementary provision of services for the benefit of all residents experiencing mental health problems.

….

**Recommendations**

The Mental Health Services Working Group recommends that:

<u>To Local Authorities</u>

1. Local authorities embrace the Time to Change Campaign as a route to tackling the stigma attached to mental health disorders.

To West Kent PCT and the Kent and Medway NHS and Social Care Partnership Trust

2. The PCT engages with local authorities in the development of its Wellbeing Strategy.

3. Information on voluntary, community, public and private mental health services for all sectors of the community be made more easily available.

4. A website be developed, along with an accompanying leaflet, outlining all local mental health services in Kent along with details on how to access these.

5. The local website referred to in recommendation 4 be advertised in GP surgeries, Gateways and libraries alongside the NHS Choices website and highlighted to GPs new to the area to improve knowledge of services.

6. Clarity is ensured over developments or cuts in mental health services to reduce uncertainty over services, which can be worrying for vulnerable patients.

7. Consultations should be in a variety of formats, with short versions available containing only priority questions, to ensure that carers and service users can participate even where time is limited.

8. Consultation results should be clearly publicised along with proposed follow up actions, including for the recent listening exercise.

9. The following areas of concern are focussed on:

Access to psychological therapies and availability of funding for services which tackle mild to moderate mental illness;
Tackling long waiting lists for talking therapies in order to prevent deterioration of patients' mental health;
Improving access to secondary care for a broader range of patients;
Ensuring an emphasis is placed on listening to the needs of service users in secondary care; and
Improving access to information on patient healthcare, budgets and statistics, in particular via websites.

To Local Authorities and the Health Trusts

10. In light of evidence that physical activity contributes to good mental health, local authorities and the health trusts should work together to provide exercise on prescription.

To Local Authorities, the Health Trusts and the Third Sector

11. Joined-up working between service providers should be encouraged to ensure seamless and complementary provision of services for the benefit of all members of the public experiencing mental health problems.

12. Patients should be supported in undertaking voluntary work as a precursor to returning to paid employment.

. . . .

**11. Conclusion**

11.1 It is now recognised that mental ill health is a serious problem which affects a large proportion of people at some point in their lives. The NSF saw significant increases in the money spent on the services and the available support particularly for those with more serious mental health problems. However, additional funding will not be available in the future and public finance will be much tighter, which does pose a threat to the continuation of progress that has been made as well as the capacity of local mental health services in the statutory and voluntary sectors.

11.2 Maidstone has benefited from being chosen as an expansion site for the improvement of access to psychological therapies and, as identified, will receive up to £2 million of funding for CBT. Nevertheless, there continues to be a need for improvement in services, particularly in waiting times for talking therapies. There are many factors which support mental health care being a priority both at a local and national level and as a service which should be protected. Consideration should be given to the level of unmet need, service user satisfaction, health problems – particularly related to the recession. Both Maidstone and Tunbridge Wells continue to have high levels of recipients on incapacity benefit as a result of mental health problems. This suggests that improvement of mental health care and the promotion of good mental health are required.

11.3 Research has indicated that greater community based treatment is required in order to ensure that those suffering with long term mental health problems are able to cope with their mental health issues whilst living as near to a normal life as possible in the way they want to. General mental health promotion for the whole population is also very much on the agenda but should not be at the expense of those who are most in need of care and support.

11.4 Additionally, Members have raised concern with regard to the apparent lack of communication between individual service providers and suggest that greater interaction should increase service efficiency. Sharing information on the resources, skills and knowledge with different services may help people to access the help they require quickly and recover more effectively.

11.5 The working group was, overall, encouraged by the ongoing work to improve access to mental health services and to address inequalities in this. However, until all services are clearly publicised and working together seamlessly, there remains a very real concern that residents suffering from mental health problems may not receive the help that they need - particularly not in time to prevent a mild or moderate problem becoming more serious.

---

For further information on this report, please contact:

Kat Hicks, Interim Overview and Scrutiny Manager, Tunbridge Wells Borough Council,
E-mail: kat.hicks@tunbridgewells.gov.uk
Tel: 01892 554085