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To: Kent and Medway NHS Joint Overview and Scrutiny Committee,  
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Subject: Mental Health Services: Overview

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## 1. Introduction

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

1. Nearly 11% of England's annual secondary care health budget is spent on mental health.
2. More than £2 billion is spent annually on social care for people with mental health problems.
3. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.<sup>1</sup>

## 2. Definitions and Terminology.<sup>2</sup>

(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, but are not necessarily mutually exclusive where an individual person is concerned:

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

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<sup>1</sup> HM Government, *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*, pp.8, 10, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124058.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf)

<sup>2</sup> 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](http://www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/MentalHealth.aspx)

2. Neurosis (severe forms of normal experiences such as a low mood, anxiety) or psychosis (severe distortion of a person's perception of reality).
- (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.<sup>3</sup>

### **3. Overview of Mental Health Services**

- (a) The following is an overview of the structure of mental health services to provide the broader context within which community mental health services operate.
- (b) 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 on 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.<sup>4</sup>

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<sup>3</sup> Definition of dementia taken from International Statistical Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision, World Health Organisation, <http://www.who.int/classifications/icd/en/>

<sup>4</sup> The NHS Handbook 2009/10.

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- (c) GPs treat many patients, and usually refer where appropriate 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.
- (d) Some of the ways in which mental health services have been developed in the community include:<sup>5</sup>
  - 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.
- (e) There is a range of health services involved in urgent and emergency care for people with mental health problems – including crisis resolution home treatment teams (CRHT) and liaison psychiatry services.
- (f) CRHT provide treatment at home for those who are acutely unwell but do not require A&E admission.<sup>6</sup>
- (f) Liaison psychiatry provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to in-patient wards.<sup>7</sup>
- (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.
- (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.

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<sup>5</sup> NB: The names given to services can vary between areas of the country.

<sup>6</sup> Royal College of Psychiatrists, Acute mental health care: briefing note, November 2009, p.5,

<http://www.rcpsych.ac.uk/Docs/Acute%20mental%20health%20care%20briefing%20final%2097-03%20version.doc>

<sup>7</sup> Royal College of Psychiatrists, Faculty of Liaison Psychiatry, <http://www.rcpsych.ac.uk/specialties/faculties/liaison.aspx>

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- (k) Patients who are in an acutely disturbed phase of a serious mental health disorder are detained in Psychiatric Intensive Care Unit (PICU) facilities.
- (l) 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. Patients in secure care will be detained under the Mental Health Act; some may have committed an offence.<sup>8</sup> 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.
- (m) 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 Finances**

- (a) The year 2012/13 will see the beginnings of a major shift in the way mental health services are funded, from block contracts towards Payment by Results (PbR) currencies relating directly to individual service users accessing services. It is the introductory year for mental health care clusters to be introduced with local prices.<sup>9</sup>
- (b) The clusters cover post-GP (or other referral) care for mental health services that have traditionally been labelled working age (including early intervention services) and older people's services.<sup>10</sup>
- (c) The care clusters as a unit of currency are based primarily on the characteristics of a service user, rather than on their diagnosis alone.<sup>11</sup>

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<sup>8</sup> NHS Confederation, *Defining mental health services. Promoting effective commissioning and supporting QIPP*, January 2012, p. 11, <http://www.nhsconfed.org/Publications/reports/Pages/Defining-mental-health-services-QIPP.aspx>

<sup>9</sup> Department of Health, *Payment by Results Guidance for 2012-13*, February 2012, p.113, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_133072.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133072.pdf)

<sup>10</sup> *Ibid.*, p.127 [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_133072.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133072.pdf). A list of exclusions can be found here also.

<sup>11</sup> *Ibid.*, p. 117.

- (d) A distinction is made between currencies and tariffs in NHS finances. A currency is the unit of healthcare for which a payment is made and the tariff is the price paid for that unit of healthcare.

## 5. Mental Health and QIPP

- (a) QIPP (Quality, Innovation, Productivity and Prevention) is a series of 12 workstreams aimed at making efficiency savings to be reinvested in services. Across the NHS in England as a whole, the QIPP target is to find £20 billion in efficiency saving by the end of 2014/15.<sup>12</sup>
- (b) Building on the 2011 Government strategy, *No Health Without Mental Health*<sup>13</sup>, in relation to QIPP and mental health, the following indicators are monitored nationally:
- the number of new cases of psychosis served by early intervention teams;
  - the percentage of inpatient admissions that have been gatekept by Crisis Resolution/Home Treatment Teams; and
  - the proportion of people under adult mental illness specialties on the Care Programme Approach (CPA) who were followed up within seven days of discharge from psychiatric inpatient care.<sup>14</sup>

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<sup>12</sup> 12 The Department of Health, Quality Innovation, Productivity and Prevention, <http://www.dh.gov.uk/en/Healthcare/Qualityandproductivity/QIPP/index.htm>

<sup>13</sup> HM Government, *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124058.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf)

<sup>14</sup> Department of Health, *The Operating Framework for the NHS in England 2012/13*, 24 November 2011, p.17, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_131428.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf)