working in mental health

PRACTICE AND POLICY IN A CHANGING ENVIRONMENT

Edited by
Peter Phillips
Tom Sandford
Claire Johnston

Working in Mental Health

A paradigm shift is taking place in the ways in which mental health services are delivered, both for service users and for professional mental health care workers. A more influential service user movement, a range of new community-based mental health care programmes delivered by an increasing plurality of providers, and new mental health policy and legislation are all changing the landscape.

Written by a team of experienced authors, and drawing on their expertise in policy and clinical leadership as well as user perspectives, this textbook explains how mental health services and their staff can operate and contribute in this new environment. Divided into three parts, the first focuses on the socio-political environment, incorporating service user perspectives. The second part goes on to look at current themes and ways of working in mental health, including chapters on recovery, the Improving Access to Psychological Therapies (IAPT) programme and mental health care for specific vulnerable populations. The final part explores new and future challenges, such as changing professional roles and commissioning services. The book focuses throughout on the importance of public health approaches to mental health care.

This important text will be of interest to all those studying and working in mental health care, whether from a nursing, medical, social work or allied health background.

Peter Phillips is Senior Lecturer in Addiction at City University London and Honorary Lecturer in Social and Community Mental Health at University College London.

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Dr Liz Hughes is a senior lecturer in Mental Health in the Department of Health Sciences at the University of York and is involved in both research and teaching related to mental health and nursing. Liz first obtained a BSc in Psychology in 1989, and then went on to train as a mental health nurse. She has worked in both acute inpatient settings as well as in inpatient and community addictions treatment services. Her first academic post was at the Institute of Psychiatry, Kings College London where she was a research nurse for seven years, and was involved in two trials of dual diagnosis training. She obtained a PhD in 2008. Liz has significantly contributed to the Department of Health Dual Diagnosis programme, producing a range of national resources to assist the workforce development for dual diagnosis, in particular *Closing the Gap: a capability framework for effective working with people who have combined mental health and substance use problems*. Her main research interests include dual diagnosis of mental health and substance use; sexual health and relationships in people with serious mental health problems; and workforce development in mental health.

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Caroline Humphries is a Churchill Fellow of the Winston Churchill Memorial Trust, researching the role of social enterprise in the delivery of health services in the developing world. She was previously the Improving Access to Psychological Therapies Programme Manager for Islington Primary Care Trust (NHS Islington). She has a keen interest in improving health service delivery, with a career background of policy development and NHS performance management at the Department of Health.

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Ann Jackson's clinical background is in acute inpatient mental health care on a ward run as a modified therapeutic community in 1984–1992. She has twenty year's experience working in practice development and research; working with teams as external facilitator to systematically review practice and integrate with best evidence and policy. She was recently appointed as the Associate Director of Healthcare at St. Andrew's Healthcare, the largest UK charitable provider of specialist mental health services. She is primarily responsible for leading and supporting the Heads of Professions and strategic clinical developments across the Charity. Ann was previously at the Royal College of Nursing for sixteen years and gained a wealth of experience working across national policy and practice agendas. Secondments to the Department of Health (Offender Health) and Leicestershire Partnership NHS Trust afforded the opportunity to lead policy making and practice specifically around women's mental health. Ann represented the RCN on multiple forums over the years, most notably the Department of Health Taskforce for the Health Aspects of Violence against Women; the Women's Mental Health Programme Board and the subsequent National Mental Health Development Unit (NMHDU) Equalities

Programme Board. She now sits on the Ministerial Working Group for Mental Health and Equalities. Ann's academic and policy interests include women's mental health – in relation to gendered violence; women in the criminal justice system; and intersectional approaches. Other interests include socially inclusive practice: equality, diversity and human rights as applied within the workplace and in clinical practice. She is currently the Chair of the Board of Directors of Women's Aid Leicestershire Limited.

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Dr Helen Killaspy is reader and honorary consultant in rehabilitation psychiatry at University College London Medical School and Camden and Islington NHS Foundation Trust in London. She is Chair of the Faculty of Rehabilitation and Social Psychiatry of the Royal College of Psychiatrists. Dr Killaspy's research focuses on the evaluation of interventions and services for people with longer term, complex mental health needs. She led the international study that developed the Quality Indicator for Rehabilitative Care and she is leading a national programme of research into the clinical and cost-effectiveness of contemporary mental health rehabilitation services in England.

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Simon Lawton-Smith is Head of Policy at the Mental Health Foundation, the leading UK charity working in mental health and learning disabilities. He is author/co-author of a range of reports and articles on mental health. From 2003 to 2008, Simon was Senior Fellow in Mental Health at the King's Fund, where he led the mental health work programme, linking policy development with service development and research projects. From 1997 to 2003 Simon was Head of Public Affairs at national service provider mental health charity Together. Previously he spent seventeen years in the civil service, at the Department of Health, the Northern Ireland Office and the Cabinet Office.

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Dr Andrew McCulloch has been Chief Executive of the Mental Health Foundation for nine years. Prior to his appointment, he was Director of Policy at the Sainsbury Centre for Mental Health for six years where he established a reputation as a leading authority on mental health policy. He was formerly a senior civil servant in the Department of Health for sixteen years and

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Jill Manthorpe is Professor of Social Work at King's College London and Director of the Social Care Workforce Research Unit. She is also Associate Director of the National Institute for Health Research (NIHR) School for Social Care Research. She has a long-standing interest in mental health practice and policy and has undertaken research on dementia care, safeguarding, risk and student suicide. Her current studies cover carers' support, personalisation and social care workforce changes.

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Dr Fiona Nolan is a mental health nurse, and trained in the old psychiatric institutions in Surrey (Horton and Banstead Hospitals) prior to completing a BSc in Political Science. She has since then worked in a variety of inpatient and community services, including a generic community mental health team, an assertive outreach team and most recently as team manager of a crisis resolution team. She has been involved in mental health services research since 1999, and recently was awarded a PhD in Social and Community Psychiatry from University College London. Fiona currently holds a joint clinical academic position with UCL and Camden and Islington NHS Foundation Trust, representing the first nursing post of its kind between these partners. She works as a nurse consultant in clinical research for the Foundation Trust with a focus on developing nursing capacity and activity in research. She is chief investigator on one Research for Patient Benefit funded study and co-applicant on several other NIHR studies. She presents at several national and international conferences annually.

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Michael Parsonage is an economist who since 2003 has been working as a Senior Policy Adviser at the Centre for Mental Health (formerly the Sainsbury Centre for Mental Health), where he has produced a number of reports based on the application of economic analysis

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Dr Julie Repper is Recovery Lead in Nottinghamshire Healthcare Trust, Associate Professor of Recovery and Social Inclusion at University of Nottingham, Director of two service user led voluntary sector groups and she is working on the Department of Health funded 'Implementing Recovery in Organisational Contexts' project two days per week. She works collaboratively with people who have lived experience to develop innovative training, research and service developments and is currently Director of the Nottingham Recovery Education Centre and leading the development of the Peer Support Workers' training and employment in her local services.

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Hári Sewell is founder and Director of HS Consultancy and is a former executive director of health and social care in the NHS. He is a writer and speaker in his specialist area of ethnicity, race and culture in mental health. Hári is honorary Senior Visiting Fellow at University of Central Lancashire and also at Buckinghamshire New University. He has worked as an expert panellist with the Department of Health and the Royal College of Psychiatrists. Hári is joint editor of the journal *Ethnicity and Inequalities in Health and Social Care* and is on the editorial board of *Journal of Integrated Care*. He was the founder and chair of the national Social Care Strategic Network (Mental Health) until November 2010. Hári was part of the Marmot Review of Health Inequalities Post-2010. His book, *Working with Ethnicity Race and Culture in Mental Health: a handbook for practitioners*, was published in October 2008. He has had various articles and book chapters published, and new material emerges regularly.

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Alan Simpson is Professor of Collaborative Mental Health Nursing in the School of Health Sciences, City University, London and Chair of Mental Health Nurse Academics UK. He leads on mental health nursing research with a special focus on service user and carer involvement. Currently leading a trial of peer support for people being discharged from mental health hospitals, he is also involved in a study of 'protected engagement time' on acute inpatient wards. He has previously conducted a number of research studies in community and inpatient mental health settings, advised and evaluated the highly successful Star Wards initiative and has led evaluations of several innovative educational projects. Alan supervises PhD and Masters Degree students and teaches pre-registration students and post-registration student staff. Alan is a mental health nurse and a member of the Joint Institute of Mental Health Nursing established

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Sylvia Tang MB BS FRCPsych

Dr Sylvia Tang has been the Medical Director at Camden and Islington NHS Foundation Trust since 2006, and was previously the associate Medical Director. She continues to work as a Consultant Psychiatrist in General Adult Psychiatry in Islington, which remains the main driver for her work. She has led the programme of service line management implementation at Camden and Islington, and the associated reorganisation of services and mental health PbR (Payment by Results) in the trust. The clinical strategy is based around the implementation of clinical care pathways that drive operational services. The process of implementation of the acute care pathway, setting out common aims, outcomes and addressing interface issues has led to two phases of bed reductions over the last five years, which have now resulted in the closure of two hospital sites, with a third to follow shortly. She has also established with the Darzi fellow, the clinical leadership programme for higher trainees, which has seen thirty medical trainees and other multi-professional staff participating in management projects and attending training at Middlesex University in the last years. She also does some advisory and educational work with a local charity providing bereavement counselling.

Acknowledgements

As editors we are very grateful for the work of our contributors. We set out to produce a collection of chapters written by some of the most distinguished doctors, clinical academics, nurses, service user commentators and policists on mental health in the United Kingdom.

We asked all our contributors to write in as accessible a way as possible, while introducing complex issues in a succinct and pithy style. Mental health authors are no different from other authors, however: some write sharply and clearly, while others are more difficult to follow and pack difficult ideas together. This book reflects the range of styles of writing and the array of mental health practice and policy positions that readers are likely to encounter. All the chapters, of course, can only provide a short summary of wide range of issues and information about the authors' specialisms and expertise.

We hope that we will encourage readers to investigate further and read and discuss more widely the ideas, thinking and standpoint of our commentators.

We as editors have made the difficult and contentious decisions about what should be left out, what should be included, and who should be asked to write the chapters. We should like to thank Grace McInnes and James Watson at Routledge for their support in the production of this book as well as the anonymous reviewers who all gave us such helpful advice. Any shortcomings, however, are our responsibility. We hope that what we have produced is worthy of all this support and that this book will make a valuable contribution to the mental health and social care community, and that above all you will find it an enjoyable and thought-provoking read.

Foreword

Jo Brand

I am probably not the best person to provide a short foreword for this book, given that I left my job as a Senior Charge Nurse in a 24-hour psychiatric emergency clinic in south-east London in 1988 to pursue what I assumed would be a short-lived career in stand-up comedy. The emergency clinic is no more and, 24 years later, I am still in comedy. I keep in touch with friends from the job I did, but although I am aware of changes broadly speaking, from reading the newspapers, the finer points of how mental health services have moved on are somewhat of a mystery to me. And you may not be surprised to learn that on a night out with old friends we tend not to spend much time on mental health policy.

So, in many ways, as an ex-professional in mental health services, this book is exactly what I need. Written in clear and concise language with mercifully few buzzwords and phrases (a real bête noire of mine) it lays out accessibly what has been done, how things are, and what needs to be done in the vast and complex arena of mental health services. The political impact on all NHS services is, of course, something that we cannot ignore and the impossible task of adequately funding mental health services and making them count is something I found usefully addressed in this book, too. Personally, as a staunch Labour voter, I fear the future of the NHS is in shaky hands, although one hopes that the services and all the good work achieved up to this point will not be completely abandoned. And just for the record, my perfect mental health care worker is a combination of instinctive intelligence, kindness and humour ... something that I hope to see in our services as they progress towards the future.

Foreword

The economic context shaping the development of mental health services

Michael Parsonage

Public expenditure on mental health services for adults of working age more than doubled in the ten years following publication of the National Service Framework for Mental Health in 1999 (Department of Health, 1999). The actual increase was 142 per cent in cash terms (based on data in Healthcare Commission (2008) for the years 1999/2000–2001/02 and Mental Health Strategies (2010) for the years 2001/02–2009/10), equivalent to average growth of 9.2 per cent a year. Rising prices accounted for some of this increase, but – even after allowing for general inflation – spending rose by no less than 90 per cent in real terms over the period, or 6.6 per cent a year on average.

The increase in expenditure for mental health was almost exactly the same as for other services in the National Health Service (NHS), with total health spending rising in cash terms by 143 per cent in the ten years to 2009/10 (HM Treasury, 2010a). While the comparative figures do not suggest any particular prioritisation of mental health, they do at least imply that the sector shared fully in the extra provision made available to the NHS, which was underpinned by strong economic growth during much of the period in question.

The additional resources for mental health meant that:

- many more staff were employed, including for example nearly 50 per cent more consultant psychiatrists and a trebling of the numbers of staff professionally qualified in psychotherapy (NHS Information Centre, 2011a);
- more patients were treated, with the number of adults using secondary mental health services increasing by around 3 per cent a year on average (NHS Information Centre, 2011b); and
- new community-based services were introduced, including more than 700 teams providing specialist crisis resolution, assertive outreach and early intervention services (Department of Health, 2007).

Looking ahead, the prospects for all health services including mental health are very different. Public expenditure will be severely constrained for some years to come, because of the need for deficit reduction alongside a general expectation that recovery from the recession starting in 2009 is likely to be slow and protracted. The Coalition Government has pledged not to reduce NHS spending in real terms, but any increases in the foreseeable future are likely to be very modest, as shown by the settlement in the 2010 public spending review, which will result in NHS expenditure growing by a total of just 0.4 per cent in real terms over the next three years (HM Treasury, 2010b).

In the face of continuing pressures from demographic change, new technology and the tendency of health costs to increase more rapidly than general inflation, it will be possible

to maintain the quantity and quality of existing services only by making very substantial improvements in efficiency. The NHS is already committed to generating up to £20 billion of annual savings by 2014/15 through the Quality, Innovation, Productivity and Prevention (QIPP) programme. There is no precedent for making efficiency improvements on this scale, particularly at a time when the health service will be in the throes of structural reorganisation.

Another feature of the economic context particularly affecting mental health is that there will be upward pressures on the demand for services just as budgets become increasingly constrained. One reason for this is the persistence of high unemployment, which is well established as a risk factor for mental ill health, as are other aspects of a weak labour market such as job insecurity, debt problems and housing repossessions. Unemployment increased by nearly half between 2008 and 2009, to around 8 per cent of the economically active population, and, according to forecasts published by the Office for Budget Responsibility in advance of the 2011 budget, is expected to remain at or around this level well into 2013, and even by 2015 will still be above the level experienced at any time in the ten years up to 2009 (Office for Budget Responsibility, 2011). Additional demands on mental health services are also likely to arise from the knock-on effects of cuts in other public spending programmes such as social care, welfare benefits, housing and criminal justice.

The combination of severely constrained budgets and continuing cost and demand pressures clearly creates a difficult environment for the development of mental health services and not surprisingly this is a recurring theme throughout the chapters of this book. In helping to formulate an appropriate response, here are a few very brief pointers from an economic perspective:

- It is an important feature of mental ill health that its consequences reach far and wide, affecting many different aspects of people's lives and imposing costs that fall on many different budgets. As a corollary, effective treatment can yield economic benefits that go well beyond the mental health sector, including savings elsewhere in the NHS (because of the strong links between mental health and physical health), savings in other parts of the public sector (including social security, social services and – in some cases – criminal justice) and benefits to the wider economy (mainly because of improved employability). Budget cuts which reduce the availability of evidence-based treatments will often be a false economy in terms of their overall impact on NHS costs, the public finances and economic activity.
- Another risk is that resources will be disproportionately diverted from prevention and early intervention, where the potential benefits and cost savings are less immediate than in the case of services for existing clients. Such short-termism is again likely to be a false economy, as there is now an increasingly strong body of evidence to show that many interventions in this area are good value for money, in some cases outstandingly so (Knapp *et al.*, 2011).
- Mental health services should always be ready to discuss the scope for rationalisation and efficiency savings, particularly where these can be achieved through the spread of best practice rather than the introduction of new and untried solutions. For example, the Audit Commission has shown that there is wide variation between providers in the use of mental health inpatient beds, even after adjusting for the needs of local populations, and that if all trusts could achieve the median rate of bed days, the number of beds required would be reduced by 15 per cent, at a saving of well over £200 million a year (Audit Commission, 2010).
- Finally, in the development of new models of service delivery, it is particularly important in the present economic climate that close attention is always given to the scope for potential

efficiency savings. For example, there is some evidence from research that the use of peer support workers can reduce admissions to hospital and shorten inpatient stays (Lawn *et al.*, 2008), a finding that is directly relevant to the design and implementation of recovery-oriented services.

In summary, even at a time of financial stringency there remains a good economic case for improving mental health, because of the multiple potential benefits.

References

Audit Commission (2010) *Maximising resources in adult mental health*. Available at http://www.audit-commission.gov.uk/nationalstudies/health/financialmanagement/Pages/100623maximisingresources.aspx.

Department of Health (1999) *Mental health national service framework*. London: Department of Health.

Department of Health (2007) *Mental health ten years on: progress on mental health care reform*. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074241.

Healthcare Commission (2008) *Bringing value for money to mental health*. London: Healthcare Commission.

HM Treasury (2010a) *Public expenditure statistical analyses 2010*. Cm 7890. London: HM Treasury.

HM Treasury (2010b) *Spending review 2010*. Cm 7942. London: HM Treasury.

Knapp, M., McDaid, D. and Parsonage, M. (2011) *Promoting mental health and preventing mental illness: the economic case*. London: Department of Health.

Lawn, S., Smith, A. and Hunter, K. (2008) Mental health peer support for hospital avoidance and early discharge: an Australian example of consumer driven and operated service. *Journal of Mental Health,* 17, 498–508.

Mental Health Strategies (2010) *2009/10 National survey of investment in adult mental health services*. Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117488.

NHS Information Centre (2011a) *NHS staff 2000–2010*. Available at http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers.

NHS Information Centre (2011b) *Mental health bulletin 2010*. Available at http://www.ic.nhs.uk/statistics-and-data-collections/mental-health.

Office for Budget Responsibility (2011) *Economic and fiscal outlook – March 2011*. Cm 8036. London: TSO.

Part I
Mental health care and the socio-political environment

1 UK mental health policy development

A framework for meaningful change

Andrew McCulloch and Simon Lawton-Smith

This chapter seeks to give an overview of English mental health policy over the last few decades, focusing particularly on the period 1997 to the present day, and on future challenges. It will also seek to explain what mental health policy is, and to give a little of the history before 1997. The aim is to draw out the key components for those actually involved in or affected by mental health policy and practice.

What is mental health policy?

Policy itself is often misunderstood. Koontz and Weihrich usefully define it as 'General statements or understandings which guide thinking on decision making' (Koontz and Weihrich, 1988). As such it breaks down into primary and secondary legislation (law), explicit administrative policy (e.g. published Government statements) and unwritten policy (e.g. verbal briefings by Ministers and civil servants to, for example, senior health service managers). At the coalface policy is only one factor in decision making and often a secondary one to clinical or resource issues (Muijen and McCulloch, 2009).

National mental health policy per se is specific to mental health, e.g. mental health legislation or a mental health white paper. However, mental health services and mentally ill people are of course impacted by generic policies on health, welfare, housing and others and these impacts are often more important than that of specialist policy. This must always be borne in mind when considering mental health policy. Each part of the UK has its own mental health policies although there is some sharing of legislation to which Scotland is an exception and Northern Ireland is becoming so. It is too complicated within a short chapter to deal with UK mental health policy so we have focused on England. It is generally, however, considered that Scotland is in advance of England in its development of public mental health and perhaps legislation (for example, Scottish mental health legislation on compulsory treatment takes account of a person's capacity to make decisions about their own care; English legislation does not). In England service development has been very much to the fore.

Mental health policy until 1979

Modern mental health policy started with the introduction of legislation to control the governance of lunatic asylums in early Victorian times and has evolved from there. After the First World War more modern approaches such as psychotherapy started to evolve and after the Second World War charitable and local authority mental health services, mainly asylum based, were mostly incorporated into the NHS. These started to decline in size in the 1950s and this