Meeting unmet health need in people with mental health and intellectual disability: **one year on**

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Why did the BMA publish this report?

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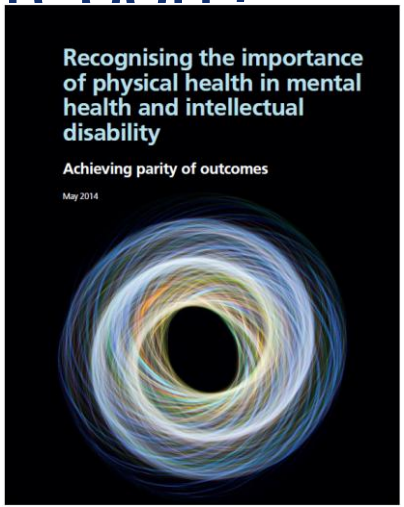

To challenge the expectation across society, and within the medical profession, that individuals with mental health conditions and intellectual disability will live shorter lives

To build on others' work in this area, notably the Royal College of Psychiatrists, and push the issue forward. **Whilst parity of esteem is enshrined in law it is far from a reality**

The report set out a range of actions that need to be taken to ensure that parity can be achieved in practice

The scale of the problem?

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Statistics on the poor physical health outcomes for those with mental health conditions or intellectual disability have been well documented:

someone with a mental health condition will typically die **15-20 years** earlier than someone without

those with an intellectual disability die on average **13-20 years** sooner than the general population.

The majority of premature deaths in these vulnerable groups arise from preventable causes and could have been avoided by timely medical intervention

Mechanisms of co-morbidity

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The relationship between mental and physical health involves a combination of biological, psychosocial, environmental and behavioural factors.

Co-morbidity is associated with:

- **health behaviours, such as higher rates of substance misuse, smoking, poorer diets and lower levels of physical activity;**
- **lower likelihood of reporting physical health problems and a reduced ability to seek and comply with treatment;**
- **the psychological burden of chronic disease**

Mechanisms of co-morbidity

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The mechanisms underlying the relationship between mental and physical health are complex: a combination of factors are likely to contribute to reduced life-expectancy.

The interrelated nature of physical and mental health problems means that ‘health behaviours’ should not be examined in isolation: increased morbidity is invariably linked to factors that occur in combination.

Barriers to accessing services

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- Physical illness in people with mental health conditions frequently goes undetected
- Recognition of mental health problems in patients diagnosed with physical illness is similarly lacking
- People with intellectual disability frequently have unmet physical health needs

Organisation and delivery

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Accessing services and treatment:

- access to psychological therapy remains limited
- there are inadequate crisis mental services
- transitions from children's to adult services are problematic
- there are significant physical and practical barriers faced by those with intellectual disability when accessing services.

Coordination of care:

- there has been a longstanding tendency to view physical and mental illness as separate and distinct spheres of medicine
- this separation creates uncertainty over who is responsible for the physical health of patients with mental illness.

Commissioning and funding

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- Funding allocated to mental health services does not reflect disease burden.
- Mental health services tend to be viewed as one of the ‘easiest areas to cut’ during times of austerity.
- Decisions to cut mental health services more than physical health services contravenes commitments to parity.
- Untreated mental illness is thought to be costing the NHS over £10 billion in physical healthcare costs per annum.

Challenging behaviour and discrimination

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- The behaviour of mental health and intellectual disability patients may be challenging. Fear and mistrust may affect the quality of care given.
- Discriminatory attitudes of healthcare professionals towards mental health and intellectual disability may affect communication with patients.
- Assumptions about mental health or intellectual disability may result in ‘diagnostic overshadowing’.

Areas for action

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To achieve ‘parity of outcomes’ the BMA report set out the following areas for action:

provisions for a **national mortality review** system
promoting **prevention and early intervention** strategies
delivering **joined-up care**
improving **training and workforce planning**
investing in **research**.

What has happened since the BMA published this report (May 2014)?

Mortality review

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- NHS England, the Healthcare Quality Improvement Partnership and the University of Bristol jointly announced the Learning Disability Mortality Review Programme on 18 June 2015.
- A three year project, examining why people with learning disabilities die at a younger age, and will inform strategies to tackle this inequality.
- The Programme will work with other agencies, such as the Learning Disability Public Health Observatory and the Transforming Care (Winterbourne View) Improvement Programme.

Promoting prevention and early intervention

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- The BMA report called for mental health to be a priority for Directors of Public Health across the UK. Intervention programmes should specifically consider people with mental health problems and intellectual disability.
- The Royal College of Nursing and the Mental Health Foundation made a joint call earlier this year for early intervention and better mental health provision in the community.
- In March, the Education Secretary announced £8.5 million for schemes to provide families with mental health support, focussed on early intervention.

Waiting time standards

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The 2015-16 Mandate to NHS England reaffirmed commitments to introduce three new waiting time standards for mental health services.

- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.
- 75% of adults referred to the IAPT programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral.
- By 2020, all acute trusts will have in place liaison mental health services for all ages appropriate to the size, acuity and specialty of the hospital.

Finance

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The introduction of the new standards will be supported by £80m of funding:

- £40m recurrent funding for early intervention in psychosis standard.
- £10m for the IAPT standard.
- £30m to support the liaison psychiatry standard.

In March, the coalition government announced £1.25billion of mental health funding over the next five years, with the majority for children's mental health services.

- The first £143million is to be allocated in the coming months, with a further £30million for improving services for those with eating disorders.

Finance

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However, Young Minds FOI requests for children and young people's services found that:

- 75% of Mental Health Trusts have frozen/cut their budgets between 2013/14 and 2014/15
- 67% of CCGs have frozen/cut their budgets between 2013/14 and 2014/15
- 65% of Local Authorities have frozen/cut their budgets between 2013/14 and 2014/15
- Over 1 in 5 Local Authorities have either frozen or cut their CAMHS budgets every year since 2010.

Mental health trusts in England saw budgets fall by more than 8% in real terms over the course of the last parliament, from £6.7billion in 2010-11 to an expected £6.6bn in 2014-15

Education and training

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- The BMA's report called for the integration of mental health into medical training. F1 and F2 doctors should all undertake a psychiatry placement.
- It recommended that all healthcare professions should undertake mental health and intellectual disability awareness training as part of their continuing professional development.
- The CMO's annual report, published in September 2014, recommends a specific period of mental health training in GP training, and recommends that HEE publishes a report on progress towards ensuring that 45% of foundation year doctors undertake a psychiatry post.

Research

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- Mental health illness accounts for 23% of ill health, but just 5.5% of research funding. On average, the UK spends only around £115million per year on mental health research.
- MQ: Transforming Mental Health – a charity supporting mental health research – published a report in April 2015 analysing mental health research funding in the UK, indicating that it is significantly underfunded
- The MQ report called for funding to reflect the burden of mental illness, a recommendation included in the BMA report

Government's position

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- Community and Social Care minister Alistair Burt has identified children's mental health, the introduction of waiting times for basic treatment and improved crisis care as three focusses.

- Conservative party manifesto stated that:

"We have legislated to ensure that mental and physical health conditions are given equal priority. We will now go further, ensuring that there are therapists in every part of the country providing treatment for those who need it. We are increasing funding for mental health care. We will enforce the new access and waiting time standards for people experiencing mental ill-health, including children and young people."

Next steps

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- Ensure that promised funding is available to improve access to mental health services.
- More work is needed to integrate mental health education with the undergraduate and postgraduate medical curricula.
- Encourage more research funding for mental health, to more fairly reflect the burden of mental ill health.