Mental Health 2017: Implementing the Five Year Forward View

At the Mental Health 2017: Implementing the Five Year Forward View conference held in September 2017 at the Royal Society of Medicine, delegates were informed on the current government plans to focus attention on perinatal and children’s mental health, to bring mental health care from institutions into the community and integrate physical and mental health services. Felix David here reports on some of the conference highlights.

“Let’s set up services that work” said Professor Tim Kendall, National Clinical Director for Mental Health NHS England and NHS Improvement, in his presentation on what the Five Year Forward View for Mental Health sets out, where it is going, and what had been done so far.

The Five Year Forward View was generated by the Mental Health Taskforce, which engaged the professional opinions of approximately 20,000 people involved in mental health care in the UK. In the report, three key areas are highlighted for future improvement: a high-quality seven-day service for people in crisis, the integration of physical and mental health care and an emphasis on prevention and early intervention services. “There are also lots of other recommendations across lots of different bodies in the NHS, but essentially it amounts to a billion pounds for adults by 2021”, said Prof. Kendall, and an extra £1.4 billion for expanding CAMHS in the next four years.

In 2017/2018, the plan is to have 35,000 more children and young people with access to mental health treatment services, with an additional £170 million to expand community services. This is to encourage localities to take control of tertiary beds in Tier Four CAMHS “to try and reconnect institutional responses to children and young people back to their localities” rather than making them travel long distances for care, said Prof. Kendall. The report states that the goal is to have 70,000 more children with access to mental health care interventions by 2021. Currently, CAMHS services see one in four children with a mental health problem, and the new target will increase this to one in three, which “I know will make us feel slightly uncomfortable that that is all we are managing to do” said Prof. Kendall.

Greater investment is also intended for perinatal services. Before the Five Year Forward View was composed only 15% of the country had access to community-based perinatal mental health services, and the report sets 2020-2021 as the target to have easy access to community-based perinatal mental health services, which currently cost about three billion pounds to the NHS, said Prof. Kendall - with one third of patients going into acute care turning out to have a mental, rather than physical, health problem.

New operating models are also intended for forensic care and Tier Four CAMHS to bring mental health services from institutions back into the community. “This is not taking people who are currently very dangerous to others or themselves and just dumping them in the community”, said Prof. Kendall, but “it is gradually helping them reconnect with the community from which they are from.”

At present, around £2 billion is tied-up in institutional care services such as forensic and locked-rehabilitation care (£1.1 billion in forensic services, £900 million in locked-rehabilitation), which could be reinvested into ultra-intensive community treatment teams. As such, there is no mention in the report to
increase the number of beds currently available, with the notable exception to create more Tier Four beds for children and young people and perinatal services, but this will be a short-term solution only. “The intent is to create alternatives to admissions” said Prof. Kendall, “as we are instead planning a big investment in community services across acute care and crisis care, and so on”.

‘Promoting the physical health of people with mental health problems’

In his presentation, Gregor Henderson, National Lead for Wellbeing and Mental Health with Public Health England, highlighted how it is vital that mental health is not just defined by mental illness, but is understood in combination with a patients physical health and socio-economic conditions.

At present, people with severe mental illness have less access to population health care and die 15-20 years earlier than the general population, with two thirds of these deaths caused by avoidable physical illnesses. The target in the report is to have access to physical health checks and interventions for 280,000 more people with serious mental illness, as the level of care they currently received varies hugely between different areas. In coordination with the Five Year Forward view, Public Health England also aims to promote equal access for to cancer and other health check programmes, along with the NHS Health Check, for people with mental health problems to reduce risk of cancer, heart disease, diabetes, kidney disease and stroke.

Drug and substance misuse, along with smoking cessation, are also areas of focus. Smoking prevalence is 35% higher amongst people with serious mental illness than in the general population, and it is the leading cause for the inequality in premature mortality rates between people with mental health illness and the general population. The Five year Forward Views aims to provide access to smoking cessation services for all mental health patients and staff with the intention to make all mental health inpatient services smoke free by 2018. “They are dying from the same things as everybody else and the area that we haven’t given enough attention to has been improving the physical health and wellbeing of those living with and recovering from mental health problems”, said G Henderson.

Socioeconomic factors are also important, and “we can’t talk about the health and wellbeing of people with mental illness unless we start talking about unemployment, poor housing and homelessness”, said G Henderson. For example, people that are homeless are more than twice as likely as the general population to have a mental illness, whilst those in unstable or low income work, or in poor housing, have a significantly higher risk of developing mental health issues. As a result, the Five Year Forward View encourages cooperation between different services in the police, schools and social services; and promotes early intervention in the number of children and young people with access to mental health services, with 2020/21 set as the target to give 29,000 more people with mental health conditions the psychological support they require to find or stay in work.

“We can’t expect the NHS to solve all the challenges and we really do need to start working as one system to make the whole thing work more effectively”, concluded G Henderson. Time, however, is now an issue as “it is really now a sprint to the 2020/21 finish and we need to start thinking about what comes after the Five Year Forward View”.

Perinatal mental health

Dr Alain Gregoire, Consultant and Honorary Senior Lecturer in perinatal psychiatry at the University of Southampton, spoke on the precarious state of perinatal services in the UK as a system overstretched, underfunded and overlooked.

Out of the major health complications that can occur during maternity, major depression is the most common by a significant margin, with one in five mothers suffering depression, anxiety and/or psychosis during pregnancy, or in the first year following childbirth. The risk is highest in the first week after childbirth, when the chance of developing psychosis is over four times higher than in any other period during pregnancy and the 10 weeks post childbirth. In fact, “there is no other time in humans that the risk of becoming psychotic is as high as in the immediate few days postpartum” said Dr Gregoire, and yet “we have so many specialised services [for pregnant women] in physical health care, but hardly any in mental health... though people die from depression” - with suicide the second leading cause of maternal death after cardiovascular disease.

In the Global Burden of Disease Report, which measured life years lost or premature death in women aged 15-44, unipolar depressive disorders was the leading disease burden in both high
and low/middle income countries3. The impact on the child is also severe. In a longitudinal study that followed a mother and child from pregnancy to when the child was 16 years old, results showed that every single adolescent that had suffered depression by the age of 16 had been exposed to maternal depression at some point, whilst the risk of depression by the age of 16 was 4.7 times higher in adolescents that had been exposed to antenatal depression compared to those that had not been as exposed4.

In a report by the London School of Economics, the cost to the system if perinatal services are left the way they are was estimated at £8.1 billion to the taxpayer, whilst the cost of providing NICE recommendations for effective care right across the perinatal pathway was estimated at £337 million5. The Five Year Forward View has therefore set 2020/21 as the target for NHS England to provide at least 30 000 more women each year with access to specialist perinatal mental health care, and also to have community-based perinatal mental health services available across the UK.

However, a disparity still exists between physical and mental health care. The current spend in physical care on maternal health is £2800 per person, whilst the projected cost per patient in perinatal mental health is £67 (if the NICE recommendations are implemented). “Do not tell me that there is no money. There is plenty of money; it is just spent in the wrong place... as although we like to think of ourselves as a civilised nation, children and parents remain the Cinderella patient in our mental health services”, concluded Dr Gregoire.

References