

Completing the Revolution
Findings from the Mental Health Review

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CSJ Mental Health Review

- Key stats and facts on Mental Health – why mental health matters
- Overlap with core territory of CSJ – what is the CSJ?
- Key messages & family-focused recommendations
- Next steps – making it happen

Why mental health matters

- Nearly 1/4 years of life lost through illness, disability or early death result from mental disorder
- At £6 billion a year, mental illness the biggest single cost item to the UK National Health Service
- The knock-on cost to the country is £105 billion – health and social care costs, lost working days, family breakdown and monetised value for reduced QoL
- 1 in 4 experience mental health problems at some point in their lives: half of all lifetime cases have started by the age of 14 years

Overlap with disadvantage

- The ‘pathways to poverty’ the CSJ has identified contribute to the development or sustainment of poor mental health and are reproduced in their lives
 - Family breakdown which leads to social isolation
 - Worklessness and dependency on state assistance
 - Serious personal debt
 - Poor educational attainment
 - Addiction to drugs and alcohol
- Hospital beds disproportionately filled by the most vulnerable in society, who are more likely to be ‘sectioned’

Areas of focus in report

- Primary Care – what family doctors do
- Secondary care – hospitals but also ‘care in the community’
- Children and Adolescent Mental Health
- Black and Minority Ethnic Groups
- Ex-military

‘Uncompleted’ revolution

- Mental health services have to play their part in tackling the causes of poverty
- Treatment (drugs and therapy) plays a vital role but will only ever be part of the solution
- Partial ‘deinstitutionalisation’: common characteristic of Western models of mental healthcare
- Basic building block of community – the family – is largely neglected in mental health policy

Headlines

- ‘Need for integration’ – what does it mean?
- Money attached to patients, not institutions
- Care coordination does not need to be done by clinicians
- Properly funded broad care pathways that include and pay for voluntary sector work
- Nurse training, practice & leadership
- Importance of family work

Recommendations (I)

- Family-centred mental health services where parents are supported rather than blamed, and helped with their as well as their children's mental health needs
- Multi-agency interventions involving 'complex families' should include mental health assessments of both parents and children
- More universal and targeted mental health services in schools
 - Whole-school approach which promotes a positive school ethos and culture rather than 'add-on' programmes

Recommendations (2)

- Treat family breakdown and the couple relationship as a public health issue
- ‘Family-sized’ care
- Community ‘places-to-go’ – ensure vulnerable people eg. refugees and asylum seekers, have access to wraparound care and support
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Next Steps – Making it happen

Health reforms offer crucial opportunities to provide wraparound, transformational care BUT a lever-free zone?

- Membership of Ministerial Advisory Group on Equalities in Mental Health
- Opportunities from personalisation agenda
- Working cross-Government and cross-party
- Getting it right at the local government level
- Building support across sector(s)



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