

UK mental health services in crisis

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A recent investigation carried out by *Community Care*, the UK journal for health and social care workers, raised serious concerns about the lack of mental health beds in hospitals.

The investigation revealed that Health Secretary Jeremy Hunt and National Health Service (NHS) England had been alerted to the danger of delays in admitting people who were seriously ill with mental health problems back in December 2013.

The investigation found that since March 2012 there have been seven suicides and one homicide linked to bed pressures. In the past year there have been 468 psychiatric beds closed, bringing the total closures to 2,100 since April 2011.

Data on bed demand showed that admission wards for acutely unwell adults have run at an average monthly occupancy level of 101 percent for the past two years, with several health trusts experiencing occupancy levels of 120 percent for some months. The recommended level is 85 percent.

When wards run over 100 percent occupancy levels, this is often due to health trusts filling beds temporarily, with patients having been sent on short-term home leave. Patients are given short-term home leave, often overnight, or for a few days, enabling staff to ascertain whether the patient is able to cope on his or her own in the community off the ward.

This strategy risks having no beds available, if those patients on home leave relapse and need to be admitted back to hospital in a crisis.

In December 2013 a senior coroner sent Health Secretary Hunt a “prevention of future deaths report”, warning about the lack of mental health beds. The report was issued following the death of a patient who had been assessed as needing “urgent admission”, but who faced an eight-day wait for a bed.

A copy was sent to then head of NHS England, Sir David Nicholson. Hunt’s reply to the coroner indicated

the government was “clear” that acute beds “must always be available for people who need them”.

However, *Community Care* said the reality of the mental health system, as overseen by the government and NHS England, did not in any way match Hunt’s assertions. Mental health trusts across England are under increased strain after having their funding cut by NHS commissioners by 2.3 percent in real terms between 2011-12 and 2013-14.

This summer an email obtained under freedom of information laws revealed that a mental health trust chief executive had written to NHS England after one of her senior officials told her, “Yet again there were no beds in London in either the NHS or private sector”.

In the e-mail Wendy Wallace, head of London’s Camden and Islington NHS Foundation Trust, castigates NHS England’s lack of concern with the problem. “I could not envisage a situation where all the acute beds in London were full and there was not even an investigation into the situation, nor a plan of action, so much for parity of esteem!” she wrote.

Between March 2012 and September 2013 Camden and Islington trust closed 125 beds, including 54 for acute admissions.

The recent case of Matthews Williams, who brutally killed 22-year-old Cerys Yemm and was then killed by police deploying a Taser in a hostel in Wales while being apprehended, highlights the lack of health care provision for people suffering with mental health problems. Williams suffered from paranoid schizophrenia since his teens. This condition left him subject to delusions and hallucinations. He had been released from prison only two weeks prior to murdering Yemm.

In a BBC interview with Williams’ mother, days after the murder, she claimed her son had been unable to access medication that he needed to keep his condition in check. She went on to say he should have

been in hospital rather than living with little or no supervision in the community.

Jeremy Coid, professor of forensic psychiatry at Queen Mary University London, pointed out that less than 25 percent of prisoners who screen positive for psychosis subsequently received an appointment with a mental health professional after release.

Cuts to mental health services have led to enormous demand with little capacity to meet the need. This summer the Royal College of Psychiatrists warned that NHS mental health services were “running dangerously close to collapse”. *Health Service Journal* analysis found that in the last two years there were 213 fewer doctors and 3,640 fewer nurses working in mental health.

The use of a police cell, rather than a mental health hospital or accident and emergency facility, to hold people who are mentally ill is on the increase. According to a report issued by the Care Quality Commission (CQC), in 2012 and 2013, 21,814 people were detained by the police under Section 136 of the Mental Health Act. The law says they should be interviewed and assessed by a registered doctor, or mental health professional, to make arrangements for care. However, the CQC said individuals ended up in a police cell in 7,761 instances.

A major problem is that patients are unable to find a psychiatric bed in the area where they live. Patients are being forced to travel huge distances to access psychiatric beds, with the resultant impact on family and friends who may not be able to travel to see them.

The Royal College of Nursing said that staff cuts and shortages were leaving mental health services “under unprecedented strain”. There are now 3,300 fewer posts in mental health nursing and 1,500 fewer beds than in 2010. Yet demand has risen by 30 percent in the same period.

The extent of cuts to mental health services across the UK was highlighted in a *Channel 4 News* report resulting from a freedom of information request to England’s 47 adult acute mental health trusts. The trusts were asked for their budgets for the years 2013/14-2014/15. Thirty four trusts responded, with 22, (nearly two thirds) saying their funding had been cut. This included 16 who had cut their budgets to crisis team budgets and 18 who had taken money away from community mental health teams.

The lack of psychiatric beds and properly funded community mental health services is failing some of the most vulnerable. It leads to poor quality or at times non-existent services, with people often ending up in prison and then being discharged back into the community with little or no care. At the same time workers employed in mental health services have to deal with fewer resources, and face greater demand with increased caseloads. This leads to crisis management of cases, with ever increasing risk.



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