Poor mental health care in England is “ruining lives,” report finds

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Mental health care in England is now so poor and underfunded that lives are being ruined, a review says.

The report, “The Five Year Forward View For Mental Health”, from the Independent Taskforce to the National Health Service (NHS) in England, found that many people were getting no help or inadequate care, with patients, including young children, being sent across the country for treatment.

The figures are stark considering the scale of the problem and the impact each year on hundreds of thousands of people who are affected by mental illness.

Mental health still receives just 13 percent of NHS funding, despite accounting for more than a fifth (23 percent) of the UK’s disease burden. It is estimated that more than £11 billion worth of extra funding for mental health would be required to bridge this gap. Since 2010, there have been severe cuts to staff with 5,000 fewer mental health nurses and 8 percent fewer mental health beds.

Mental health problems account for the single biggest cause of disability in the UK. In any given year, one in four people will be affected by a mental health problem, yet 75 percent receive no help.

Mental health services for children and young people in England were cut by £35 million last year alone.

The impact of the lack of services for young people is significant, with 50 percent of all mental health problems being established by the age of 14. One in 10 children between the ages of 5 and 16 have a diagnosable problem, with children from low-income families being at the highest risk, a figure two thirds higher than those from the highest income bracket.

The impact on children in later life can be immense. Those suffering with conduct disorder and persistent disobedient, disruptive behaviour are three times more likely to become a teenage parent, twice as likely to leave school with no qualifications, and 20 times more likely to end up in prison.

Many people receive no support, and those who do receive support in the form of psychological therapies are not seen immediately, with the average wait time 32 weeks.

There are a significant number of armed forces veterans struggling with mental health problems, including post-traumatic stress disorder. Some 50 percent of those with mental health problems seek help from the NHS. Many of those seeking help are rarely referred for specialist care.

Older people are affected by high rates of depression, with 40 percent of older people living in care homes being affected and one in five older people living in the community.

The rate of suicide is rising, coming after years of decline. In 2014, 4,882 men committed suicide in England, with a marked increase amongst middle-aged men. Suicide is now the major cause of death in men between ages 15 and 49.

Two thirds of all people with mental health problems receive no support at all, and of those helped, few have access to the full range of interventions that should be available.

Some 90 percent of adults suffering with severe mental health problems are supported by community services. However, there are long waiting times for some of the key interventions recommended by NICE, including psychological therapy.

For those people who require crisis care, the Care Quality Commission found that only 14 percent of those they had surveyed felt they had been provided with the right response.

Only 50 percent of community mental health teams were able to offer help to people on a 24/7 basis. Only a

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small number of Accident and Emergency (A&E) departments in hospitals were able to offer help via a casualty liaison mental health service.

Those younger than 16 who presented at a casualty department would be referred directly to children and young people's services, but could only be seen when these services were open during office hours. At weekends, this would mean a young person having to wait. So run down is provision that the report points out many people in crisis come into contact with mental health services via the police.

The issue of inpatient psychiatric care and the increased numbers of those being detained under the mental health act place increased pressure on already overstretched services. The number of inpatient beds has decreased by 39 percent overall between 1998 and 2012. This has led to bed occupancy rising for the fourth consecutive year to 94 percent.

Many acute wards are not always the safest and most therapeutic environment to be in when trying to recover. The pressure exerted on bed spaces has been made worse by the lack of crisis care and early intervention services. This in turn leads to a shortage in psychiatric beds, with 2,000 acutely ill patients a month being sent out of area.

The report points to a number of recommendations that include being able to provide a seven-day, 24-hour service, with the expansion of home treatment and crisis resolution teams.

The Conservative government claims that it has invested up to?1 billion in mental health services. However, this is not new money, but part of the ?8.4 billion that Chancellor George Osborne was forced to promise, before the last election, would be made available to the NHS.

The running down of mental health services has continued alongside cuts to many of the services in the community that have provided support for people with mental health problems.

Drop-in centres, youth services, befriending projects and Sure Start children's centres have suffered funding cuts. At the same time, unwell welfare claimants are being forced into finding work by the Department for Work and Pensions (DWP), via the notorious Work Capability Test.

Money is no longer centrally allocated for health care, including mental health services. Since the 2012 Health and Social Care Act, money is devolved to local Care Commissioning Groups. These groups are usually led by general practitioners (GPs), who have limited budgets and will likely spend it on contracting for existing services.

No more money is being provided to develop and improve mental health services, and what money there is will be barely enough to support already struggling and overstretched services.

Mental health services, as with all aspects of social welfare, are being cut and being pushed to the breaking point, with those in need becoming increasingly unwell, as they cannot access appropriate services when they need them. To compound this, health care workers are not able to deliver quality care due to lack of resources.

The only way to prevent the total destruction of mental health care services, and to improve them to a level that is needed, is through a massive investment programme to fully fund and develop services.

This can only happen when the wealth generated in society is used for the common good, and not for gratuitous accumulation for personal gain.

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