

UK: Spending cuts deepen crisis in NHS mental health services

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The National Health Service (NHS) in the UK is, according to the Red Cross, facing a “humanitarian crisis.” Its assessment followed the recent deaths of two patients who died while waiting on trolleys in hospital corridors for treatment. These tragic deaths underline the deliberate, ongoing destruction of the NHS.

This process is part of the privatisation and slashing of funding for all public services. Every aspect of public health care is currently under attack.

A recent report by the Nuffield Trust—a health policy research body—on the increasing rise in waiting times for all treatments revealed dangerous levels of delay in those waiting for diagnostic tests. The trust revealed that waiting times for diagnosis and diagnostic testing doubled from 2008 to 2016. In December 2008, 403,955 people were waiting for diagnostic tests. In January 2016, this had increased to 818,599, and rose further to 882,321 in September 2016.

Cuts to mental health services have led to a situation where there is enormous demand, with little capacity to meet the need. In the five years up to 2016, mental health trusts in England had £600 million (US\$751 million) slashed from their budgets. Meanwhile the number of people seeking mental health community help has jumped by almost 500,000 a year, to 1.7 million, since 2010.

The 1997-2010 Labour government was instrumental in cutting the number of overnight beds available for those requiring mental health support. The number of beds available fell from 34,124 in 2001 to 19,249 in 2015.

Figures made available last year by the King’s Fund think tank estimated that 40 percent of 58 mental health trusts in England saw their budgets cut in 2015-2016. Six of the trusts saw their budgets slashed three years in a row.

Government data obtained last September showed that 73 local areas will see their General Practitioner mental health budgets slashed in 2016-2017. In Haringey, one of the poorest boroughs in London, the Clinical Commissioning Group is to cut 16 percent of its mental health budget.

Recent figures for mental health waiting lists in the Greater Manchester Area in North West England reveal a huge crisis in patients unable to access mental health services. Over 200 patients waited for treatment for 90 days, double the regional wait of 27 days and almost five times the already high national average wait of 18.8 days.

Patients who find themselves in crisis due to the unavailability of doctors’ appointments, hospital referrals and lack of community social care services are forced to attend accident and emergency (A&E) departments.

The BBC noted in January that data compiled by NHS Digital “showed that between 2011-12 and 2015-16 the number of patients attending A&E units with psychiatric problems rose by nearly 50% to 165,000.”

These do not include those patients who may have been recorded as attending for other reasons.

The BBC reported that some trusts it had spoken to “said as many as a tenth of patients were attending A&E because of mental health problems.”

The Crisis Care Concordat—set up by the Department of Health with a remit to improve outcomes for patients with mental health issues—was already warning in 2015 of an NHS “system failure.” This had led to large numbers of people in mental distress turning to A&E for help, due to inadequate community-based mental health services, it said.

The warning was echoed by the Rethink Mental

Illness charity, which said cuts to funding for mental health services were costing lives.

In response to the innumerable cases revealing that NHS and social care services can no longer provide basic services, Conservative Health Secretary Jeremy Hunt callously dismissed any such claim. Instead, he attacked the thousands who use A&E departments—unable to get GP appointments and hospital referrals and finding themselves in crisis—as “frankly selfish.”

Prime Minister Theresa May, attempting to divert attention away from the crisis ripping apart the NHS, pledged to prioritise mental health services. However, she failed to mention the impact on mental health due to her government’s overall assault on the welfare state, as well as the proven link between mental health and job insecurity, low wages, poor housing and benefit reform.

A 2014 report by the Faculty of Public Health (FPH) charity linked the rise in the number of mental health patients to the economic crash of 2008. The FPH describes itself as a “standard setting body for specialists in public health in the United Kingdom” and a “joint faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow) and also a member of the World Federation of Public Health Associations.”

The report said the UK is experiencing “a prolonged economic downturn with rising unemployment and uncertain recovery since 2008.” It added, “Economic crises increase the risk factors for poor mental health (poverty and low household income, debt and financial difficulties, poor housing, unemployment and job insecurity).”

It added, “There is evidence to suggest that the UK recession may result in an increase in mental health problems and lower levels of wellbeing, with a widening of inequalities.”

Labour’s Shadow Health Secretary John Ashworth attacked the Conservative government for this crisis and appealed to Hunt, May and Chancellor Philip Hammond to pledge more funding to prevent a repeat of recent events.

Ashworth called for a new funding settlement for health and care in the next budget “so this year’s crisis never happens again.” He said May should commit to bringing forward £700 million of social care money to

help hospitals cope this winter.

While Ashworth criticised May for “not shining a light on cuts to mental health services,” no mention was made of the track record of the Tony Blair/Gordon Brown Labour governments—which laid the basis for today’s disaster by launching the huge cuts now wrecking the NHS and inaugurating privatisation policies. Labour introduced the private finance initiative (PFI) into the NHS, resulting in hospital closures, shortages of staff and ward closures—as hospitals faced huge debts paying off PFI mortgages.

This was overseen by the health trade unions such as Unison and Unite—with the co-operation of Labour councils—ensuring that any opposition by the working class to the breakup of the NHS and what remains of the welfare state was sabotaged.

The unions have not led a single successful struggle to prevent the closures of hospitals, cuts to social care services and savage benefit reforms—nor will they. Their role is to prevent any independent action to fight back against the destruction of the NHS and every social gain won over generations.

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