

Mental health in the mainstream

Jennifer Rankin explains why mental health must rise up the policymakers' list of priorities.

In contrast to the perennial interest in issues relating to crime and punishment, mental health is a subject that gets little attention. Politicians traditionally rarely discuss the importance of mental health and neither does it appear to be a big priority for the public.

This apparent lack of interest is out of proportion to the actual importance of the nation's mental health. Poor mental health is one of the biggest social challenges facing the UK. At any one time, one in six people experience mental health problems. This is not just the so-called 'worried well'. Mental health problems are a major part of the daily business of the health service. At a single point in time, the NHS treats around 2.5 million adults of working age with mental health problems. According to the World Health Organisation, by 2020 depression will be the leading cause of disability and the second biggest contributor to illness after coronary heart disease in the developed world.

Mental health problems are written like invisible ink on social problems such as poverty, worklessness and social exclusion. The Sainsbury Centre for

with mental health itself. Mental health is also how we think and feel about ourselves and about others and how we interpret the world around us. This analysis makes mental health a vital underpinning to health and quality of life.

Earlier this year, the Institute for Public Policy Research (ippr) published *Mental Health in the Mainstream*, a report which explores how to promote mental health and improve help and support available to people with mental health problems. This report argues that it is time for mental health to rise up policymakers' list of priorities. Politicians should take a positive lead and emphasise the importance of mental health for national wellbeing and prosperity. The public should be encouraged to think of mental health as something to be maintained and protected like physical health.

One critical part of the jigsaw is ensuring that the NHS becomes more responsive to mental health. Mental health services have been improving in recent years in some significant ways. Under the current government, mental health has been one of the top three priorities for the NHS alongside cancer and

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Mental Health has estimated that the annual cost of mental illness to individuals and society is around £77 billion. To put this in perspective, a recent Home Office report estimates that in 2003-4 the economic and social cost of crime against individuals and households was around £36.2 billion (Dubourg and Hamed 2005).

The links between mental health problems and crime are well known. "A horrifying level of people" have a mental health disorder in prison, the Minister for Community Care told the Parliamentary Joint Committee on Human Rights in 2004. Nine in ten people in Britain's prisons have mental health problems and many in this group have complex needs that include substance misuse problems.

Possibly one reason why mental health problems have been neglected is due to their complexity. The spectrum of mental health problems encompasses costly and comparatively rare illnesses such as schizophrenia, as well as much more common problems such as depression and anxiety. However, it is important not to confuse mental health problems

coronary heart disease. This has resulted in some new resources and the development of important new services for patients with a serious mental illness, such as psychosis. However, the benefits of priority status have been limited, with less attention given to treating mental health problems in primary care – the arena where the majority of cases are seen. Whether this is down to lack of resources or implementation problems is a disputed point.

It appears that mental health services have been improving at a slower pace than services elsewhere in the NHS. A key example is access to psychological therapies. Whereas the issue of shorter waiting times has dominated attempts to reform hospital services, this focus has been absent in relation to mental health services. In 2004, patients reported waiting times of anything from six months to two years for 'talking therapies' such as cognitive-behavioural therapy. The limited availability of psychological treatments constrains what doctors can prescribe and has encouraged an over-reliance on medication. In 2003, doctors wrote out 27 million prescriptions for anti-

depressants, even though survey evidence suggested that many doctors would prefer to offer alternatives to their patients. This has all contributed to a sense among practitioners and patients that mental health has not fully reaped the benefits of being a 'top priority' in the NHS.

There are promising signs of change. Earlier this year, the Labour Party Manifesto noted that "almost a third of people attending GPs surgeries have mental health problems... so we will continue to invest and improve our services for people with mental health problems". There has been increasing pressure for an expansion of psychological treatments in the NHS. Most notably, the economist and Labour peer Richard Layard has called for greater provision of psychological therapies, arguing that the NHS should train a further 10,000 therapists.

However, it is also important not to overlook the other treatments and interventions that exist alongside formal therapy. The Institute for Public Policy Research (IPPR) has proposed that localities should develop community health centres. These would be one stop shops for health where people can get a range of different information and advice about health and wellbeing. These centres would bring together NHS, social care and voluntary sector staff to provide services tailored to the needs of individuals. It is envisaged the centres would promote better health at grassroots level, through taking a health promotion role, becoming a hub of information and advice about maintaining a healthy lifestyle and by facilitating access to specialist services. This model should offer people with mental health problems a much wider range of options than medication; such as exercise on prescription; books on prescription; information and access to support groups. These centres could also help to join up different kinds of social and practical support for people with the most complex needs. For example, they could also offer support to people with long-term mental health problems to get into education and employment.

Mental health should be woven into how the NHS treats illness and promotes health, as so often, mental and physical ill health go hand in hand. It has been estimated that the risks of cardiovascular heart disease are two times higher for people with depression than for those without depression. People with severe mental illnesses are also more likely to experience a range of problems with their physical health, such as diabetes and obesity. The NHS needs a broader and deeper understanding of wellbeing that includes mental and physical health.

Improvements in the NHS should affect treatment of prisoners with mental health problems. In 2002, the Prison Service adopted the 'principle of equivalence', namely that prisoners should have the same access to healthcare as any other NHS patient. To facilitate this, the responsibility for commissioning health services in prisons is being handed over to the NHS. The Social Exclusion Unit has also made the case that mental health treatment ought to become a greater priority in prisons to help contribute to a reduction in re-offending. Their report *Reducing Re-offending* (2002) argued for better treatment for people across the spectrum of mental health problems, from those with obvious and severe problems to those with lesser needs that have tended to be overlooked in the past. Promoting better mental health is one important aspect of being 'tough on the causes of crime'.

Reforming the NHS to promote physical and mental health together is a big challenge. Even so this is only half the story. The trick is to move mental health beyond the health system, so that it is everybody's business. If the Government leads to ensure

mental health is a mainstream priority, this should bring a healthy legacy.

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