KEY FACTS

- One in six adults may suffer with a mental health problem in England.

- The total number of patients receiving care from MH services for 2004-05 was approx 1,100,000.

- General practitioners spend on average 30 per cent of their time on mental health problems.

- Stress related conditions are the second commonest reported cause of sickness absence.

- Of the 2.72m working age people that were claiming incapacity benefits in August 2005 over 1m listed mental and behavioural conditions as their main disability.
Inequalities exist

- People with severe and enduring mental illnesses such as schizophrenia and bi-polar disorder are at increased risk of a range of physical illnesses and conditions, including coronary heart disease, diabetes, infections and respiratory disease and greater levels of obesity. They are almost twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory disease.

- The recently published Disability Rights Commission (September 2006) report into physical health inequalities experienced by people with mental health problems confirms that people with a mental illness are much more likely than others to have significant health problems.

- Black and minority ethnic communities have poor access to and are less satisfied with mental health services.

- Although women more frequently consult their GP for mental health problems, men are three times as likely to take their own lives. Suicide remains the leading cause of death among young men, and in this age group the risk is four times that for women.

WHAT WE HAVE DONE SINCE CHOOSING HEALTH

- In January 2005, we published a five-year action plan to build on and take forward the proposals in Delivering Race Equality: A Framework for Action, which outlined a whole-system approach to tackle the inequalities experienced by people from Black and minority ethnic communities in their access, experience and outcome of the mental health system of care. We also published guidelines for promoting mental health with black and minority ethnic communities (Celebrating Our Cultures – 2004).

- In October 2005, NIMHE published Making it possible – a good practice guide to improving people’s mental health and well-being. The document is designed to assist people who work in local communities to raise the profile of public mental health and to help focus their efforts on the activities which are most likely to make the most impact.

- The importance of mental health and emotional well-being in people’s capacity to get the most out of life is also recognised in the White Paper Our Health, Our Care, Our Say. It highlights the positive steps everyone can take to improve their mental health and well-being that were set out in Making it possible: Improving Mental Health and Well-being in England, and makes a commitment to ensure that mental well-being is included in the social marketing strategy currently being developed to support Choosing Health.

- Progress has been made on delivering the Social Exclusion Unit report’s (June 2004) recommendations on mental health and social exclusion, concerning employment of people with mental health problems through the National Social Inclusion Programme (NSIP) Pathways to Work programme.

- The NSIP has recently published commissioning guidance on vocational service for people with severe mental health problems. This guidance has been developed in liaison with the Department for Work and Pensions.
Earlier this year, the Chief Nursing Officer’s review of mental health nursing recommended that mental health nurses attain the skills required to improve the physical well-being of people with mental health problems. £7 million is in baselines for 88 “spearhead” PCTs to employ well-being nurses for the next two years. We have recently published new guidance to help PCTs plan for, design and commission and monitor services that will deliver improved physical health and well-being for people living with severe mental illness.

WHERE WE ARE HEADING

- We would wish to see service users provided with more information, through information prescriptions and the care planning process, giving service users more control over their care and their choice of treatment.

- Create a tariff or equivalent effective payment system for mental health services, which would ensure that any tariff of services provides incentives to commissioners to invest in public mental health and in the physical health of those with mental health problems.

- Provide stronger primary care commissioning, informed by better patient feedback, across a broad range of mental health services, not just acute care, to take greater account of physical health care needs.

- Provide better integration of health and social care services around the needs of individuals with mental health problems, by means of moving to better community – based services in line with Creating a patient led NHS and Our health, Our care, Our say.

- Provide better access to 24/7 services for mental health emergencies.

WE WILL HAVE DELIVERED IF

- We improve the mental health and the well-being of the general population, and reduce mortality rates ’ from suicide and undetermined injury by at least 20% by 2010’ (2004 Government PSA target).