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The future of mental health provision

The British Association for Counselling and Psychotherapy and the *New Statesman* gathered experts to discuss how to better treat mental health problems in the UK

While the treatment of mental health problems might ostensibly represent a rare point of consensus across the political spectrum – all parties seem acutely aware that they are a national problem for wellbeing and for productivity – no such uniformity in actual mental health provision has yet been achieved. The issue is a complex one, spanning medicine, psychology, psychotherapy and social care, and each of these facets must be considered thoroughly before a long-term solution can be reached.

The Five Year Forward View for Mental Health, a report from the independent mental health taskforce to the NHS launched in 2016, aimed to strategise the United Kingdom's response to one of its most serious threats, and formed the basis of a recent round table event hosted by the New Statesman and the British Association for Counselling and Psychotherapy (BACP). How the education system is intertwined with the healthcare system, and the recruitment and upskilling of the national mental health workforce, were some of the topics discussed.

The Liberal Democrats' Lord Willis of Knaresborough spoke of in his opening address, the "higher incidence of stress, depression and anxiety, particularly among young people", alongside an "inadequate" number of psychology graduates transitioning to the psychology or psychotherapy professions. He asked: "How do we get this workforce that we need? You can't produce 50,000 psychology graduates and not know where they've gone."

Claire Murdoch, the mental health director for NHS England, recognised that the higher rates of mental problems affecting young people especially had been onset by a variety of trying social circumstances attached to the harsh realities that this generation are facing. She said: "You've got to consider that there's more access to drink and young people have exam pressures. There is social media and the problems that brings – cyber bullying and [an anxiety about] body image." While Murdoch was encouraged by this generation's willingness to talk more openly about the problems they are facing and praised their "awareness", she stressed that in meeting the growing demand for mental health provision that the "NHS can't do it alone", urging other sectors to play a part too.

BACP's head of professional standards Fiona Ballantine-Dykes pointed out that BACP already has "46,000 therapists within our framework, who are already trained" and that this hugely competent workforce is being underutilised, thanks to perhaps too much of a willingness to offer CBT – cognitive behaviour therapy – as a "one-size fits all" intervention. Rather, Ballantine-Dykes argued, the mental health provision in the UK had to become more responsive to individual cases and needs. "There has been a tradition in trying to create a new workforce from scratch, but there is an existing workforce that can be used". This cohort, she said, could be brought into the mental health workforce both for a lower cost and at a much quicker pace than recruiting new therapists.

> "We need early intervention and to be less reactive"

Ballantine-Dykes also added that BACP wanted to understand why when there is a national commitment to offering choice of psychological therapies to patients, why there is a local disproportionate reliance on CBT. She continued: "Early intervention and a system that is less reactive, and more preventive, could help to create a vision beyond CBT as the first-line solution for everything."

Toby Sweet, a member of the BACP Healthcare Division Executive, agreed that mental health problems existed "far beyond" the confines of the NHS. He said: "People with poor mental health don't spend all of their time busying the NHS…there are a number of factors that are toxic to our mental health and it all links in." Sweet explained: "The things that really matter to people are housing and employment. We know that poverty is a huge risk factor for poor mental health, so the government should be tackling poverty and income uncertainty. There is important work done by the NHS on supporting more people through evidence-based employment services like IPS (individual placement and support), yet we still have a conditional benefits system, forcing people to go through ridiculous bureaucracy."

Schooling stuck out as a sore point for the UK's mental health strategy. Dr Elizabeth England, of the Royal College of General Practitioners, asked: "What are the potential points of contact in school? Some mental health problems start very early on and being able to recognise them sooner helps the process massively." But the ability to recognise mental problems is still, as psychotherapist and BACP member Natalie Bailey put it, a "qualified position". She added: "We probably need to have someone actually in the schools, qualified and capable to identify the early signs that might give rise to mental health issues ."

But Gary Fereday, chief executive of the British Psychoanalytic Council, highlighted that the reality of budget cuts meant that on-site mental health provision was less common. "We've got an education system which seems to be very transactional and driven by results and grades. Schools are so focused on exams that the pastoral side of things seems to have taken a backseat." The deputy chief executive of the Centre for Mental Health Andy Bell, meanwhile, suggested that a "culture of voluntarism" was causing a "market failure" within the mental health workforce. He said that it was "almost impossible" for some highly qualified therapists to get paid work, because many organisations, such as schools, were reticent about committing costs to mental health.

While early intervention and preventive strategies from childhood may represent the UK's long-term aim, the Royal College of Psychiatrists' Dr Susan Mizen, was focused on addressing the issues in the now, and in improving access to psychological therapies (IAPT). She set out an ambition to create "infrastructure" for mental health, including better government-funded awareness programmes for the public such as more accessible literature. She said she wanted "every local area" to have IAPT as a service, "fully integrated with physical healthcare" and without silos. Drawing on her experience from leading the Devon Partnership Trust Specialist Personality Disorder Service, Mizen argued that pooling experts in regional STPs (sustainability and transformation partnerships) could help to stop "the hand-off of the most complex patients" by hospitals, not equipped to keep them in.

Ultimately, the round table concluded, the two most pertinent challenges facing the UK's mental health provision process were its workforce and its propensity to coordinate wider policy fields, such as education, with mental health considerations factored in. Dr Elizabeth England noted the need for more synergy between healthcare commissioners, trainers and service providers. She said: "How do we facilitate the conversations that lead to more training or upskilling? Vocational training is often an untapped source for top-up training." And the chair of the all-party parliamentary group for mental health Helen Whately MP reiterated: "In addition to the clinical approach that we take, we must re-shape our models of thinking and the conversation around mental health awareness and sensitivities."

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