Royal College of Psychiatrists: Briefing for King's Speech Debates

Thursday 18 July 2024

About the Royal College of Psychiatrists:

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their career from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom. We work to secure the best outcomes for people with mental illness, learning difficulties and developmental disorders by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

Background:

The College has welcomed the Government's commitment to achieving parity of esteem for mental and physical health, and a pledge to modernise the Mental Health Act. Additionally, their focus on prevention and mental health support, as well as reducing waiting lists and improving mental health provision for young people is well received.

Section I of this briefing contains the College response to key legislation announced in the Kings Speech. Section II contains a background on key mental health issues.

Key Stats:

- The most recent wave of prevalence surveys published by NHS Digital/NHS England confirmed that around 1 in 5 of eight to 25-year-olds in England are likely to have a mental illness.[1]
- Over 1.4 million people (53%) are economically inactive because of long-term sickness reporting that they had depression, bad nerves or anxiety in Quarter 1 2023, with the majority (over 1 million) reporting it as a secondary health condition rather than their main one.[2]
- Mental health patients have been found to be more than twice as likely to wait over 12 hours in A&E than all other patients combined.
- The consultant psychiatrist vacancy rate for England in 2023 was 15.9%, up 5.5 percentage points from 10.4% (1 in 10) in 2021. After accounting for both locum and vacant consultant psychiatrist posts, the 'true vacancy rate' stands at 29.1%.[3]

1 NHS England. Operational performance update. 27 July 2023. Available online: https://www.england.nhs.uk/long- read/annex-operational-performance-update/ [Accessed 24 January 2024].
2 Office for National Statistics. Rising ill-health and economic inactivity because of long-term sickness, UK: 2019 to 2023. 26 July 2023. Available online: https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/economicinactivity/articles/risingillhealthandeconomicinactivitybecauseoflongtermsicknessuk/2019to2023 [Accessed 24 January 2024].
3 RCPsych CENSUS 2023 workforce-census-2023-final-170524.pdf (rcpsych.ac.uk) [Accessed 21 February 2024].

SECTION I

Mental Health Bill:

Reform to the Mental Health Act in England and Wales is long overdue and very welcome. We hope the legislation announced today starts addressing the racial disparities in detaining patients, while improving care and increasing safeguards. It should also provide more choice and autonomy for patients, which may be helped by the use of advance choice documents which not only help to provide a sense of autonomy but can help reduce compulsory detention.

Detentions under the Mental Health Act continue to occur at an unacceptably increasing rate. In addition to the reform, we must make sure we also tackle the underlying causes of the increase in mental health problems that we have been seeing over the past few years, including insecure housing, unemployment, increasing inequality and adverse childhood experiences. Independent research commissioned by the College has shown that any reform must be accompanied by an expansion of services and growth of the mental health workforce, especially in the community.

Though we would like to see Government make reforming the Mental Health Act a priority, this should not be undertaken with undue haste which would mean wasting the great work done across the sector. A small period of reflection should be undertaken to see what further changes could be made to the to improve the Act.

In particular, we hope the Government takes into account the Joint Committee on the Draft Mental Health Bill recommendations, as well as the expert findings of the Wessely Review.

Draft Conversion Practices Bill:

We were pleased to see a Bill proposed for a ban on conversion practices, which we have continued to call for an immediate end to. These types of practices are damaging, degrading and discriminatory.

Our reference to conversion practices is an overarching term to describe activities that attempt to bring about a change of sexual orientation or gender identity, or seek to suppress an individual's expression of sexual orientation or gender identity. Such activities are not and could never be a therapeutic or clinical approach, and the College supports the introduction of legislation prohibiting these activities.

With the appropriate drafting of legislation and implementation guidance, clinicians can still help people fully explore their gender identity where appropriate.

Conversion practices cause severe physical and psychological suffering and violate the human rights of LGBTQ+ people. The legislation must be introduced to address this as a matter of urgency.

Tobacco and Vapes Bill:

Those experiencing severe mental illness die on average 15-20 years earlier than the general population, often from preventable physical illness. But there are highly effective treatments that can help the majority of people with SMI get well. With holistic care that provides psychological and lifestyle support, including treatment for any associated substance use issues, people with mental illness are more likely to stay well.

A major contributing factor to preventable physical illness is smoking. People with mental illness are much more likely to smoke and less likely to access smoking cessation services. We support plans of an incremental smoking ban and hope it will lead to smoke-free generations.

Many people still wrongly believe that smoking has a positive impact on their mental wellbeing, helping them to relax, or deal with stress and anxiety. This is a stubborn myth, which many healthcare workers seem to also believe, when the reverse is true. Smoking does not relieve stress, it only relieves the symptoms of nicotine withdrawal.

It is also vital that smoking cessation programmes are properly resourced and take account of the needs of people with mental illness, particularly given the evidence that people with mental health problems are much more likely to smoke than the general population.

Offering support to stop smoking as part of the treatment available in acute and community mental health settings would be a helpful step forward. It's important that any investments in research and data improvements on smoking cessation include mental health in a significant way to measure the impact of these policies.

We also welcome plans to legislate to restrict advertising of junk food to children along with the sale of high caffeine energy drinks to children.

Children's Wellbeing Bill

We know that around half of all mental health conditions develop by the age of 14 and around three-quarters by the age of 24. Moreover, the most recent wave of prevalence surveys published by NHS Digital/NHS England confirmed that around 1 in 5 of eight to 25-year-olds in England, likely have a mental illness.[4] There is a growing evidence base that class-based interventions can help to reduce prevalence of mental illness later in life.[5]

We hope there are plans to expand mental health support teams in schools – these can catch symptoms earlier, avoiding the likelihood of them developing into chronic conditions. This would lead to comparatively better life expectancy and reduced mental ill-health, positively impacting productivity and demand on NHS services.

[4] NHS Digital. Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey. 21 November 2023. Available online: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health- of-children-and-young-people-in-england/2023-wave-4-follow-up [Accessed 24 January 2024].

[5] For example, Le LK-D, Esturas AC, Mihalopoulos C, Chiotelis O, Bucholc J, Chatterton ML, et al. Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. PLoS Med 18(5): e1003606. 2021. Available online: https://doi.org/10.1371/journal.pmed.1003606 [Accessed 24 January 2024] and Pilling S, Fonagy P, Allison E, Barnett P, Campbell C, Constantinou M, et al. Long-term outcomes of psychological interventions on children and young people's mental health: A systematic review and meta-analysis. PLoS ONE 15(11): e0236525. 2020. Available online: https://doi.org/10.1371/journal.pone.0236525 [Accessed 24 January 2024].

Early interventions are not a substitute for investment in specialist mental health services and any teams must have the capability to refer children and young people on to well-staffed specialist services when necessary.

As leaders in mental health training and education, the College would welcome a more proactive role in the training and development of school support.

We also welcome previously announced plans for new Young Futures hubs to have mental health support. For these to be successful, there should be psychiatric capability in every hub – to efficiently determine clinical mental health needs and refer when appropriate. Providing clinical support could also ensure early identification of substance misuse – often a key driver of ACEs (adverse childhood experiences) and poor mental health.

There is a lot we can learn from the Sure Start model of hubs – bringing together wellbeing support with training and employment advice. Such a model would also achieve the aims of supporting young people to access work or other opportunities, reducing the chance of job insecurity and associated poverty later in life.

SECTION II

Parity of Esteem:

Mental ill-health can impact everyone. In England, one in four adults and one in six under 18s experience at least one episode of mental illness each year, which can have far-reaching and detrimental impacts over the course of a person's life, although early intervention often delivers better outcomes. Between 2017 and 2022, rates of probable mental disorder among 17 to 19-year-olds more than doubled from 10% to 26% and increased in children aged 7-16 years from 12% to 18% in England.

People with mental illness and severe mental illness are not receiving treatment when they need it. In England alone, 4.8 million people accessed NHS mental health services in 2022/23, while approximately 8 million people with mental health needs are currently not receiving care from services.[6] At the end of March 2024, 361,210 out of an estimated 624,616 people (57.8%) with a severe mental illness in England had received all six components of a physical health check in the preceding year. Many with mental illness are not known to or accessing services at all, particularly in minoritised ethnic groups and underserved populations.[7]

The life expectancy of patients with severe mental illness is 15 to 20 years lower than the general population.[8] Adults with a severe mental illness (e.g., enduring psychosis, bipolar disorder, schizophrenia) are almost five times more likely to die before the age of 75 than those without a severe mental illness. 130,400 adults in England with severe mental illness died before the age of 75 between 2020 and 2022, and approximately two thirds of these deaths were from physical illnesses, like respiratory disease and heart disease, which could

[6] National Audit Office, Progress in improving mental health services in England, 9 February 2023.
[7] NHS England, Mental Health: Physical Health Checks for people with Severe Mental Illness. Q4 2023-24. Available online: https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/ [Accessed 09 May2024].
[8] Office for Health Improvement & Disparities (OHID), Severe mental illness (SMI) and physical health inequalities: briefing, 27 September 2018

have been prevented with earlier detection and treatment or lifestyle changes.[9] Physical health problems are too often missed or overlooked in this group.

Recommendations:

- Fund and properly resource mental health services to address the treatment and mortality gap for people with mental illness and severe mental illness.
- Expand and widen the scope of regular health checks with appropriate resourcing to increase the provision of comprehensive physical assessments for people with diagnosed mental illness.

Public Mental Health:

NHS treatment in isolation cannot overcome our national mental health challenge. Investing in public mental health through evidence-based health promotion, prevention and early intervention initiatives is the only way to reduce the prevalence of mental illness in the population and consequently the burden of mental illness in the long-term. The current cost of living crisis makes this situation more urgent. Food insecurity, fuel poverty, debt and loneliness are a reality for millions of people and can greatly impact their mental health.

We know that half of mental illnesses in adults start before the age of 14 and three quarters before the age of 24.[10] In fact, children from the poorest 20% of households in England are four times as likely to have serious mental health difficulties by the age of 11 than those from the wealthiest 20%.

But there is far less coverage of interventions to prevent associated impacts of mental illness, such as premature mortality, and negligible coverage of interventions to prevent mental illness from arising or to promote mental wellbeing and resilience. This implementation failure results in preventable population scale suffering, broad impacts and associated economic costs. Furthermore, it breaches the right to health and the Equality Act, and the implementation gap has further widened during the pandemic.

Recommendation:

- There is a clear need for cross-government prioritisation, with ministerial support, to prevent mental illness for children and young people.
- We need investment in high-impact, evidence-based public mental health interventions to catch behaviours indicating a developing mental health condition at the earliest possible stage, preventing them from persisting and impacting people for the rest of their lives.

Workforce:

[9] OHID, Severe Mental Illness, 4 June 2024

[10] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 62(6): 593-602. 10.1001/archpsyc.62.6.593

We welcome publication of the NHSE Long-term workforce plan earlier this year. We are pleased to see commitments to increase medical school places by one third to 10,000 per year by 2028/29 and by double, to 15,000 per year by 2031/32, alongside £2.4 billion to support education and training.

There are significant retention and recruitment challenges affecting the mental health workforce, with professionals reporting high workloads, administrative pressures, working environments out of step with their fundamental needs, time-pressures and poor work-life balance.

This has an impact on staff mental health and wellbeing and makes early retirement more likely.

Many staff, including those from marginalised groups, have experienced burnout, and have sometimes needed professional support for their own mental health and well-being. Staff sickness figures reveal that anxiety, stress, depression, and other mental illnesses continue to be the most reported reason for sickness absence amongst the NHS workforce. Mental illness (defined as anxiety/stress/depression/other psychiatric illnesses) accounted for the loss of 6.5 million staff days and 25.9% of all NHS sickness absence over the course of 2023.

The College recently completed our biennial workforce census, which highlights the status of the Psychiatric workforce.

In the most recent findings for 2023, 15.9% of consultant psychiatrist posts across England were vacant, up 5.5 percentage points from 10.4% (1 in 10) in 2021. 13.2% (680) of consultant posts were filled by locum psychiatrists, a small reduction of 0.4 percentage points from 13.6% in 2021, however, an increase of 1.7 percentage points from 2019 (11.5%) and 1.4 percentage points from 2017 (11.8%). After accounting for both locum and vacant consultant psychiatrist posts, the 'true vacancy rate' stands at 29.1%.[11]

The cost of absent staff is currently £16.1k per day or £112.7k per week – based on the cost of an absent nurse at £140 per day.

Recommendations:

Promises in the Workforce Plan to retain and recruit the health and care workforce must be built upon and implemented. This requires national level investment:

- Staff should have access to comprehensive **mental health support** (not just 'wellbeing' offers), ideally through a mental health and wellbeing hub (cost of £30million per year).
- Occupational Health and Wellbeing (OHWB) services must be fully funded. Professionals must have protected time to access mental health and wellbeing offers. This should align with approved job descriptions.
- The day-to-day problems that we hear are impacting on the wellbeing of staff should also be addressed. Staff should have access to working tech, adequate space to carry out daily duties including confidential consultations, admin support and 24/7 access to healthy and hot (or the facilities to heat) food and drink. Minimum

[11] RCPsych CENSUS 2023 workforce-census-2023-final-170524.pdf (rcpsych.ac.uk) [Accessed 21 February 2024].

standards should be met for appropriate on-site rest facilities that are available 24/7, with the required IT,

- Mental health must receive its fair share of the money allocated for workforce training and development. This should include national funding to support psychiatrists with Continuing Professional Development (CPD).
- To track progress, NHS Trusts should be supported to improve retention by 4% a year.
- Promises to increase medical school places must be fully costed and delivered, with more medical school places put into schools with a proven track record of delivering consultants in shortage specialties including psychiatry. The College estimates that doubling places could increase the numbers becoming consultants by between 450 and 675 posts a year. Alongside increases we must also see action to address resource and capacity challenges within medical schools so they can meet the influx of new students planned for.
- We must also see forecasts for growing shortage specialities, including psychiatry in the short, medium and longer term. This would help to track progress against demand.

More information:

Please contact Gregory Kay, Public Affairs and Media Officer at gregory.kay@rcpsych.ac.uk