

## About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

This submission will address, from the BMA's perspective, the following questions posed by the Health and Social Care Committee's Expert Panel in relation to Government mental health pledges across a range of areas:

- Was the commitment met overall? or (in the case of a commitment whose deadline has not yet been reached) Is the commitment on track to be met?
- Was the commitment effectively funded (or resourced)?
- Did the commitment achieve a positive impact for people living with mental ill health?
- Was it an appropriate commitment?

## 1. Workforce pledge

### - We are committed to growing the mental health workforce

- 1.1 When discussing the mental health workforce, it's important to note that overall, not enough doctors are currently being trained in England, despite record numbers of people applying, with the latest figures showing a 21% increase on the previous year. Despite this growth the NHS is significantly ill-equipped to tackle the current backlog of mental health care and cannot meet patient need either now or in the future.
- 1.2 Staff retention is a significant factor and is set to worsen without intervention. This is largely a result of a vicious cycle of medical workforce shortages, causing existing staff to be overworked, years of demoralising pay erosion and punitive pension taxation rules. Unless these issues are addressed, we expect increasing numbers of doctors to leave the NHS, either by moving to non-NHS roles, here or abroad, or retiring early. In our latest 'Viewpoint' member survey, 4 in 10 of respondents said they planned to retire early.<sup>i</sup>
- 1.3 Not a single region in England meets the current OECD EU country average of 3.7 doctors per 1,000 people. The latest census from the Royal College of Psychiatrists puts the vacancy rate of consultant psychiatrists at 1 in 10.<sup>ii</sup> That vacancy rate had doubled in the previous six years. Vacancy rates are particularly high in children's mental health and eating disorder services, putting plans to improve those services at risk.<sup>iii</sup>
- 1.4 Vacancy rates in psychiatry were too high even before the pandemic. Demand on services created by the pandemic has only made this vacancy rate more concerning. The official waiting list for NHS mental health care stands at 1.6 million people, including 374,000 under-18s.<sup>iv</sup> Without a vastly expanded workforce, the waiting list will not reduce quickly enough to provide the right care for people at the right time.
- 1.5 The mental health recovery plan published in March was designed partly to reduce waiting times.<sup>v</sup> Anecdotally, members working in mental health services have told us that whilst they acknowledge this was a step in the right direction, they feel that compared to government attention on physical health elective recovery, the Westminster government has once again failed to take action to meet its commitment to achieve parity of esteem between physical and mental health services. A strategy should be implemented to reduce waiting times, and this should prioritise expanding the mental health workforce.
- 1.6 In conclusion, the commitment to expand the mental health workforce was an appropriate one but is not being met. NHS mental health services are ill equipped to cope with increased demand

placed on mental health services in light of the Covid-19 pandemic. Without a significant increase in the number of doctors training to be psychiatrists that vacancy rates will rise to even higher levels and patient safety will be affected.

## 2. Children and Young People's (CYP) Mental Health

- **At least 70,000 additional children and young people each year will receive evidence-based treatment**
- **Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases**
- **Ensure there is a CYP crisis response that meets the needs of under 18-year-olds**

2.1 The latest data shows that NHS England is still a way off from meeting the target of 95% of children and young people accessing treatment within 1 week for urgent cases and 4 weeks for routine cases.

- Q4 2020/21 saw 70.5% of children and young people with eating disorders accessing treatment within 1 week for urgent cases. 72.7% of children and young people with eating disorders were accessing treatment within 4 weeks for routine cases.<sup>vi</sup>
- While it is true that the pandemic has made access to all health services harder, rates of access for children and young people with eating disorders have fallen considerably from the previous year. In 2020 80.5% of children and young people with eating disorders were accessing treatment within 1 week for urgent cases and 84.4% of children and young people with eating disorders were accessing treatment within 4 weeks for routine cases.<sup>vii</sup>

2.2 This downwards trend is a worrying development. The pandemic has been especially difficult for many children and young people and we know that a record number of children are being referred to mental health services both for crisis and non-crisis care.<sup>viii</sup> Worsening access rates demonstrate that services are not able and will likely continue to be unable, to meet those increasing numbers of referrals.

2.3 We believe mental health services must be resourced to deal with such a significant number of people who need treatment. The vacancy rate for child and adolescent consultant psychiatrists still stands above the national average, at 11.2%, which is deeply worrying.

2.4 The target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases was not being met before the pandemic and is now even less likely to be so. Considering referrals of children and young people to mental health services are increasing, resourcing services to improve access rates must be urgently prioritised by the Government.

## 3. Adult common mental illness

- **All areas commission IAPT**
- **Long term condition services**

3.1 The NHS Strategy Unit produced a model at the end of 2020 to help local services in England plan their response to Covid-19. Using this model, they estimated that there would be around 11% more new referrals to mental health services each year for the following three years. These figures are in addition to the approximately 500,000 people that were not able to access services during the first national lockdown.

3.2 A significant proportion of these cases will be made up of adult common mental illness, and a 33% rise in demand over the next three years is not something mental health services are currently equipped for.

3.3 Whilst all areas are now required to offer IAPT services, and self-referral makes access easier in theory, rates of access vary hugely across different demographic groups:

- People from more deprived neighbourhoods are less likely to begin treatment, less likely to complete treatment, and less likely again to recover or see an improvement in their mental health.<sup>ix</sup>
- Recovery rates in IAPT services in 2020 were lower for bisexual people (43%) and lesbian and gay people (49%) than for those identifying as heterosexual (53%).<sup>x</sup>
- The latest version of the NHS England dashboard also shows that whilst the overall recovery rate target for people accessing IAPT is being met, for Black, Asian and Minority Ethnic people it is not.

3.4 Given this, there is a clear need to understand this better and to implement a strategy to remove barriers.

#### 4. Adult severe mental illness

- **280,000 people with SMI will receive a full annual health check**
- **New integrated community models for adults with a severe mental illness [delivery date is 2023/24]**
- **The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital**
- **All areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission**

4.1 The physical health care of those with severe mental illness (SMI) is a shared responsibility between primary care and specialist mental health services and both need the necessary resources to improve matters radically.

4.2 Before the pandemic, GP surgeries were increasingly providing people with a SMI a full annual health check. In 2019, the rate of those with an SMI receiving the check rose by five percentage points.<sup>xi</sup> In the year after the pandemic arrived, however, that rate decreased by twelve percentage points.<sup>xii</sup>

4.3 During the pandemic, GP practices kept patients safe by following infection prevention guidance which has limited the number of people GPs and their staff could see face-to-face. The pandemic also meant that many patients did not seek care or were not able to access it (eg referrals). This means demand on General Practice has significantly increased – and while infection prevention control guidance must be followed throughout remains affected. This is not helped by the fact that the number of GPs is falling) whilst the population rises, demands on GPs are higher than ever. We must recognise the intense strain primary care is now under, and that it is only by resourcing GP surgeries better and investing in workforce growth that we can start to get the rates of those who need that physical health check back up.

4.4 The data suggests that better resourced primary and secondary care services would allow the commitment of annual health checks for everyone with an SMI to be more easily met.

4.5 Regarding the improvement of the therapeutic offer from inpatient mental health services, this must begin first and foremost with investment in the physical environment of mental health inpatient services.

4.6 Meanwhile, as the government commissioned Review of the Mental Health Act warned, the physical environment of mental health inpatient services is too often not fit for purpose.<sup>xiii</sup> Environments are overly restrictive, lack privacy, and are not as safe as they could be. There is

also now a structural shortage of beds leading to the inhumane practice of inappropriately moving people across the country for care when they are at their most vulnerable.

- The latest data shows that £32.4 million was spent in the last quarter on inappropriate out of area mental health placements, with 1,645 new inappropriate placements started in this period alone.<sup>xiv</sup>
- For someone suffering from mental illness, a therapeutic environment is key. We agree with the Review's recommendation that the backlog of maintenance and repairs needs to be addressed so that mental health facilities are brought up to standard. Increased investment in interventions and activities is welcome, but without the therapeutic built environment in which such activities would take place, success in improving patient outcomes will be limited.

4.7 We continue to ask for mental health spending to be doubled in real terms over the period of the NHS Long-Term Plan, alongside increased investment in primary care, public mental health, mental health research and the mental health estate<sup>1</sup>. This would mean investing at least £4.6 billion a year by 2023/24.

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<sup>i</sup> BMA (2021) Viewpoint Survey – September. This data is not suggesting all of those who said they would retire early will retire immediately, but rather that this is a significant Litmus test of doctors' attitudes to working longer in the NHS.

<sup>ii</sup> Royal College of Psychiatrists (2019) Workforce Census

<sup>iii</sup> Ibid.

<sup>iv</sup> The Guardian (2021) *Strain on mental health care leaves 8m people without help, say NHS leaders*

<sup>v</sup> Department of Health and Social Care press release (2021) *Mental health recovery plan backed by £500 million*

<sup>vi</sup> NHS England (2021) Mental Health Dashboard

<sup>vii</sup> NHS England (2021) Mental Health Dashboard

<sup>viii</sup> Royal College of Psychiatrists press release (2021) *Record number of children and young people referred to mental health services as pandemic takes its toll*

<sup>ix</sup> Centre for Mental Health (2020) Commission for Equality in Mental Health

<sup>x</sup> Ibid.

<sup>xi</sup> NHS England (2020) Mental Health Dashboard

<sup>xii</sup> NHS England (2021) Mental Health Dashboard

<sup>xiii</sup> Department of Health and Social Care (2018) Modernising the Mental Health Act – final report from the independent review

<sup>xiv</sup> NHS England (2021) Mental Health Dashboard

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<sup>1</sup> [The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem](#), The BMA (2020)