Written evidence submitted by SANE (MHS0015)

About SANE

SANE is a leading UK-wide mental health charity, established in 1986, that works to improve the quality of life for people affected by mental illness, their families and carers. Its three aims are:

1. to raise awareness and combat stigma about mental illness, educating and fighting to improve mental health services
2. to provide care and emotional support to people with mental health problems, their families and carers, as well as information for other organisations and the general public
3. to promote and host research into the causes and more effective treatments of mental illnesses such as schizophrenia and depression and the psychological and social impact of mental illness.

Introduction

We have restricted our response to the Policy Area of Adult Severe Mental Illness, drawing upon the experiences of the many thousands of patients and carers we support each year who are affected by severe, enduring mental illness.

The Covid-19 pandemic has had a profound impact on the provision of mental health services, as evidenced in numerous reports and the testimonies of patients, families and carers with whom we have had contact through our telephone helpline, SANEline.

Before the pandemic, SANE argued that deep cuts to inpatient bed numbers had not been offset by community mental health services providing necessary support and care for people with severe mental illness in outpatient settings. We have lost almost half the psychiatric beds in England since 2000 and have seen occasions when no inpatient beds have been available in either the NHS or the private sector across the country. SANE's view that there are too few beds available is supported by the Royal College of Psychiatrists, which has stated that 1,000 new beds are needed to meet demand.

This situation is exacerbated by the scale of the staffing vacancies for doctors, nurses and other mental health professionals. This can leave inpatient wards and community teams severely overstretched and unable to provide the consistent care and contact needed by people with severe mental illness.

SANE welcomes the Government's Mental Health Recovery Action Plan and the specific proposals relating to people with severe mental illness. We believe the plan must ensure that there is sufficient patient support following discharge from hospital.

4. Adult Severe Mental Illness

280,000 people with SMI will receive a full annual health check

1) Does the commitment have clear and fixed deadline for implementation?

No.

3) To what extent has the NHS's Covid-19 response affected progress on targets?

SANE response:

Estimates for the diminished life expectancy of people diagnosed with schizophrenia and other severe mental illness vary between around 10 and 25 years, with the most common causes of mortality being cardiovascular, respiratory, cancer and unnatural deaths such as suicide. This illustrates how urgent it is that this commitment is met.

The adverse impact of the Covid-19 pandemic on mental health services will inevitably have affected progress in meeting this target. We know that many of those with whom we have been in contact through SANEline have received a much lower level of care than would normally have been the case, or have not been able to receive care at all. Moreover, we know that as services begin to deal with the backlog, many of the patients coming through the doors will be experiencing significantly more acute mental ill-health.

GPs must be critical in delivering on this target, and the challenge in meeting it is compounded by the difficulty patients can experience in securing a face-to-face consultation. Figures from NHS England show that in July 2021 only 57 per cent of consultations with GPs were being held face-to-face, with more than 900 practices identified as failing to meet basic standards of patient access.

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

1) *Does the commitment have clear and fixed deadline for implementation?*

   No.

2) Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

SANE response:

Without a specific commitment to increase the number of available inpatient beds, all too many patients will continue to struggle to access high quality, therapeutic hospital care in their locality when they need it. Moreover, those who are able to access this care are likely to be significantly unwell before they qualify to be admitted, reducing their prospects of a favourable outcome to treatment.

We believe that we need to restore sufficient local beds for those in crisis or with severe and relapsing mental illness, so that people will not be discharged too early, admitted to a psychiatric unit out of their area, or refused admission altogether.

One of the many consequences of a lack of available local hospital beds is the practice of sending often severely unwell patients out of their area in order to secure a bed, often hundreds of miles away from their family, community and healthcare professionals who know them.

In the months leading up to the end of 2020, the time patients were spending in out-of-area placements began to climb, despite government pledges to end the practice by 2020/21. The Government's pledge to end such placements for adults in England by April 2021 has been broken, leaving hundreds of patients being sent out of area every month. The continuing failure to provide sufficient inpatient beds in the patient's locality can only undermine the commitment to improve the patient offer and compromise 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

1) Was (or is) the commitment likely to achieve meaningful improvement for service users, healthcare staff and/or the healthcare system as a whole?
2) Is the commitment wide enough in scope?
3) Is the commitment specific enough?

SANE response:

In SANE's experience it remains the case that, for the overwhelming majority of people with severe and enduring mental illness being treated in the community, the default option when in crisis is to present at their local Accident and Emergency department. For those unable to do so, it is likely that it will be the police, rather than specialist services, that are available to respond. Across the country around one third of all police call-outs are mental health-related, with that figure rising to as much as 40 per cent in London.

Many of our callers tell us that that they had been discharged from A&E with a promise of a call or visit from their community mental health team within a defined time limit. But this was often not followed through, adding to individuals' distress. We know from our own work that providing reliable, consistent and compassionate support in the community can be transformative.

A recent survey found that almost 44 per cent of our callers had no support for their mental health problems, be it from a community mental health team or psychiatrist, or telephone support such as a crisis line. More than 46 per cent of respondents told us they were unaware of their local NHS mental health crisis helpline, a fundamental tool to ensure an effective 24/7 community-based crisis response. Of those who do have knowledge of the number, many describe how difficult or impossible it is to get through, or find the support offered inadequate.

SANE's experience is that the effectiveness of intensive home treatment as an alternative to acute inpatient admission is limited by the severe pressures on overstretched, fragmented and under-resourced community teams. Research has shown that patients under the care of such teams are three times more likely than inpatients to take their own lives.

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