

MEDIA BRIEF:

Review of specialist community mental health services for adults of working age in England

Mental Health

The World Health Organisation predicts that, by 2020, depression will be the world's leading cause of disability.

Mental health problems cost the UK around £77 billion a year.

In terms of the impact on health services, a primary care trust serving a population of 300,000 people can be treating between 400 and 900 people for schizophrenia, between 9,000 and 15,000 people for depression, and 12,000 people for anxiety at any one time.

In the UK now, one in six adults have some type of mental health problem. This can lead to discrimination, social isolation and ill-health.

Mental health services are therefore a very important part of modern healthcare. Mental healthcare provided in the community is supposed to be different from traditional care in that it treats people outside the hospital and is flexible to their needs.

The Report

This report looked at specialist community mental healthcare services for adults of working age in 2005/06. Service users were asked what they thought about the care they receive and we also looked at whether the services were helping people to recover and become part of their local communities again.

All 174 Local Implementation Teams (LITs) in England were assessed. These teams represent all those involved in local mental health services; they are responsible for planning and commissioning community mental health services for a defined area. *(More details on the teams are available at Appendix A of the report).*

The scoring system used was as follows:

Excellent:	performance went well beyond minimum requirements and the reasonable expectations of patients and the public
Good:	performance went beyond minimum requirements and the reasonable expectations of patients and the public
Fair:	performance only met minimum requirements and the reasonable expectations of patients and the public
Poor:	performance did not meet minimum requirements and the reasonable expectations of patients and the public

When the initial review was complete, the Healthcare Commission and the Commission for Social Care Inspection visited the 11 worse performers to carry out additional fieldwork, interview local service users and help these LITs improve their performance.

Key Findings:

The findings show that, since the introduction of the National Service Framework for mental health, there has been a steady improvement in the range and quality of such services for those who need them and. Local Implementation Teams (LITs) appear to be an effective vehicle for commissioning and delivering new models of community mental health.

The LITs scored as follows: Excellent (9%); Good (45%); Fair (43%); Poor (3%)

There is room for improvement in all LITs with noticeable variations in performance between the regions.

The distribution of results by Healthcare Commission region

Healthcare Commission region	Number of LITs in area	The % of LITs scoring "excellent" or "good"	The % of LITs scoring "fair" or "weak"
South West	15	73.3%	26.7%
North East	13	69.2%	30.8%
South Central	19	68.4%	31.6%
East of England	15	66.7%	33.3%
East Midlands	6	66.7%	33.3%
North West	30	56.7%	43.3%
Yorkshire & Humberside	18	44.4%	55.6%
West Midlands	18	38.9%	61.1%
London	32	37.5%	62.5%
South East	8	37.5%	62.5%

LITs were assessed on three criteria:

1) Access to appropriate care and treatment

- 77% of LITs provided local people with access to specialists mental health services at all times
- However, interviews with people who use the services found only 49% of people had the phone number of someone to contact in a crisis
- Access to effective talking therapies, such as cognitive behavioural therapy, was poor. Under the National Institute for Health and Clinical Excellence (NICE) guidelines, everyone with schizophrenia or suspected schizophrenia should be offered cognitive behavioural therapy (CBT). Worryingly, just 46% of those surveyed were offered it.

2) User involvement

- Despite the importance of and policy drive to involve service users in decisions about their mental healthcare, there remains 'considerable underperformance' in a number of areas.

- Only half of those interviewed in the review were offered a copy of their care plan
- Just 29% of care plans contained information on an agreed course of action in the event of an individual being unable to make decisions for themselves
- Almost a third of people did not know who their care co-ordinator was
- Over 50% of those interviewed for the report had no say in the medication they were prescribed, while a third received no information on side effects

3) Recovery and social inclusion

- 93% of those interviewed had take medication in the year ending March 2006
- The vast majority of LITs were complying with NICE guidelines relating to prescription of anti-psychotic medicine and depot or long-acting injection
- However, just 11% of LITs met NICE standards for informing patients of the side effects of their medication
- 81% of service users with schizophrenia or suspected schizophrenia had a physical health check
- Less than half of people who took part in the survey (48%) said they did not have information about local support groups, only 50% of people who wanted help finding work received it.

Recommendations

The report recommended that, in order to ensure that people with mental health problems receive the services and support they require, LITs must review their practices and ensure they are effectively implementing Care Programme Approach.

The report recommended that those involved with community mental healthcare:

1. Use the results of their local mental health patient survey to help drive improvement in particular around the involvement of service users in decisions about their care and treatment.
2. Take steps to ensure that there is a safe and effective 24 hour service in place, particularly for those people presenting in a crisis
3. Review the current arrangements for implementing evidence-based practice, especially the provision of psychological therapies.
4. Ensure that commissioning decisions address all stages of the care pathway, taking account of the diverse needs of the population and with a particular emphasis on recovery and social inclusion.
5. Agree some local Key Performance Indicators by which they will measure improvement towards the important outcomes outlined in this review.

The Healthcare Commission is currently developing a small number of legacy indicators from this review which will be used for the ongoing monitoring of performance in the 07-08 and 08-09 annual health check.