

Mental health care in London

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Abstract

Aim. – To describe principles and characteristics of mental health care in London.

Method. – Based on existing data, service provision, number of professionals working in services, funding arrangements, pathways into care, user/carer involvement and specific issues are reported.

Results. – London experiences high levels of need and use of mental health services compared to England as a whole. Inpatient and compulsory admissions are considerably higher than the national average. Despite having more psychiatric beds and mental health staff, London has higher bed occupancy rates and staffing shortages. At the same time there is a trend away from institutionalised care to care in the community.

Conclusion. – Mental health services in the UK are undergoing considerable reform. These changes will not remove the greater need for mental health services in the capital, but national policy and funding lends support to cross-agency and pan-London work to tackle some of the problems characteristic of mental health in London. Whilst various issues of mental health care in London overlap with those in other European capitals, there also are some specific problems and features.

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Keywords: Mental health care; London; Service provision; Pathways; Funding

1. Demographics

London is the largest city in the UK, with an estimated population of 7.5 million in 2004. Projections suggest that the population is likely to grow by 800,000 by 2016, and by 2021 will exceed 8.3 million [18].

London is also very different to the rest of the UK. It has a younger population with a higher proportion of adults aged between 20 and 39 years and a lower proportion of adults aged 45 and over [23]. It is also more culturally diverse with one in three London residents being from an ethnic minority community, and over 300 languages being spoken. Around 46% of all non-White ethnic minority groups in England and Wales now live in London [21]. The capital also has the highest proportion of people born outside the UK (27% compared to the England figure of 9%) [23].

London experiences higher unemployment rates compared with the whole of Great Britain, contains some of

the most deprived areas in the country, has high levels of homelessness and mobility and a significant refugee and asylum seeker population [20]. These socio-economic factors impact on the mental health of the city and the need for services.

2. London's mental health and social care services framework

2.1. Overview of services

Mental health services are provided by the National Health Service (NHS) and local authorities, with some services commissioned from voluntary and independent sector bodies, both profit and not-for-profit. London has five Strategic Health Authorities (SHAs), which act as the local headquarters of the NHS, overseeing the work of local health care organisations. There are 31 Primary Care Trusts (PCTs) in the capital, which are mostly co-terminus with the 33 Local Authorities. PCTs have responsibility for both commissioning and providing health services for the local

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population. Specialist mental health services are provided by 11 mental health provider trusts in London (including one PCT which directly provides specialist mental health services). There are also a large number of voluntary and community sector as well as for-profit organisations in London. Local Authorities provide housing, education and social services as well as specific mental health social services including home support; day services; residential services, independent living schemes and support from social work teams. Many social services are now provided in partnership with health services, and 1 London mental health trust and social services department has fully integrated into a health and social care trust.

2.2. *Strategic direction and service improvement*

Mental health services in England are undergoing extensive reform and modernisation as part of the implementation of the National Service Framework for Adult Mental Health (NSF) [12] and the NHS plan [13]. A Policy Implementation Guide [11] sets out in detail how mental health services should be configured. Standards 1 and 2 of the NSF emphasise the role of mental health promotion and primary care. The Government has also undertaken an extensive review of social exclusion for people with mental health problems which resulted in a 27 point action plan aimed at tackling stigma and discrimination and improving social inclusion through education, opportunities for employment, and social and community activity [25].

In 2002, the Government set up the National Institute for Mental Health in England (NIMHE) to support the implementation of the NSF. It aims to improve the quality of life for people experiencing mental distress by supporting service improvement through national programmes of work and eight regional development centres.

2.3. *Funding of services*

Mental health care is provided free at the point of access by the NHS. Many local authority services are cost-free for the service user, some are means-tested. Funding is allocated to local government departments and PCTs from central government. 'Shifting the Balance of Power' [8] sets out the framework for local commissioning of health services; national standards for health care must then be met by local resource allocation. In the case of mental health, PCTs have established joint commissioning arrangements with local government for mental health and social care. Health and social care can be integrated through pooled funds, joint commissioning and provision of services. These powers are set out in the Health Act 1999 (section 31). The amount of funds allocated to PCTs for mental health (which includes learning disabilities) varies according the allocation formula, however there is no obligation for PCTs to spend this on mental health services. Evidence shows that mental health spend by PCTs is in the main determined by historical

patterns of spending rather than perceived need or allocations [1]; a review of mental health spend undertaken in 2002/03 estimated that some London PCTs were spending less than 50% of their mental health resource allocation on mental health services [14].

Overall, money spent on mental health services has increased since the introduction of the NSF. Between 1999/00 and 2002/03 NHS spend on mental health Hospital and Community Health Services (HCHS) increased by £728 million. Local authority spends on Personal Social Services (PSS) for mental health also increased by £146 million, representing a total increase of £874 million on mental health services (19% in real terms) [1]. In London about 71% of all spending on adult mental health services (excluding forensic services) is from the NHS [2]. London has the highest per capita spend on adult mental health across England. In 2003/04 the average investment per head was £144 in London compared with the national average of £123 [1].

Forensic (secure) services account for a significant proportion of the national mental health budget (an estimated 11% of planned mental health investment in 2003/04) and between the years 2001/02 and 2003/04 there has been a 45% increase in planned investment in secure care and high dependency provisions [1]. In London, approximately £171 million was spent on forensic services by Primary Care Trusts in 2002/03. This is approximately 13% of the total London spend on acute, forensic and community mental health services [27].

3. **Pathways and user/carer involvement**

3.1. *Pathways*

It is estimated that 90% of people with mental health problems are cared for entirely within primary care [17], such as General Practitioner (GP) services. This is usually accessed through self-referral at GP surgeries. A GP would usually refer someone experiencing severe or major mental illness to secondary services for further assessment and treatment. If the person was assessed as requiring ongoing care and treatment from secondary services they would be allocated a care co-ordinator and their care would be documented under the Care Programme Approach [3]. Once stabilised, people with long-term conditions such as schizophrenia may be discharged back to primary care. Primary care services also deal with people with common mental health problems, such as mild anxiety or depression. In addition to prescribing appropriate medication, the GP might refer to other services such as talking and psychological therapies, which could be provided by the NHS, the voluntary or independent sector. Urgent access to inpatient care is usually through crisis resolution/home treatment teams, or through accident and emergency centres. Care pathways for offenders are set out in a recent Department of Health publication [7]. The National Institute

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