Britain: Mental health services reach breaking point

By Mark Blackwood
4 January 2014

The emotional support charity Samaritans is currently receiving a call every six seconds to its 24-hour telephone helpline, from people in distress, feeling suicidal or struggling to cope. Last year, some 600,000 people expressing suicidal feelings called the charity.

The Mental Health Foundation has revealed that one death is recorded every two hours as a result of suicide. These figures are backed up by the Health and Social Care Information Centre, which reports that during the period 2011/2012 there were 110,960 admissions for self-harm or attempted suicide recorded by National Health Service (NHS) Accident and Emergency units.

Some 90 percent of cases were the result of attempts at self-poisoning, 7.6 percent due to injuries caused by sharp objects and 3 percent related to attempted hanging, drowning, shooting, and jumping from buildings. Nearly 60 percent of the hospital admissions were for women.

Another report published by the Mental Health Policy Group at the London School of Economics estimates that some six million people in the UK suffer with depression or crippling anxiety conditions. The report, “How Mental Illness Loses out in the NHS”, points out that some 23 percent of all illness in the UK is classified as mental illness but only 13 percent of NHS expenditure is used to treat and combat it. As a result, some three-quarters of sufferers, including some 700,000 children diagnosed with problem behaviours, anxiety or depression, receive no treatment.

This takes place at the same time cuts of £20 billion are being made to the overall health care budget.

With caseloads increasing and funding being cut, South London and Maudsley NHS Trust Medical Director Doctor Martin Baggaley recently told the BBC, “We are in a real crisis at the moment. I think currently the system is inefficient, unsafe. There seems to be a genuine increase in demand.”

“That’s partly explained by a reduction in beds, by resources coming out of the health system, the squeeze on social services budgets, and by general economic situation,” Baggaley added.

Of the 58 NHS Mental Health Trusts in England, almost half are currently running at 100 percent occupancy for mental health beds, well above the 85 percent recommended by the Royal College of Psychiatry. The situation has been made worse by the cut to the mental health budget of 2.4 percent in real terms over the last two years, which has led to a reduction of 1,711 mental health beds in the NHS.

At the same time, staff numbers have been cut. At five Trusts, 15 percent of the workforce has been cut, placing a greater burden on charities to provide support. This is all part of the government’s plans to end public provision of services and hand them over to the private sector, social enterprises and charities.

Local newspaper reports show the effect of these changes on individuals is catastrophic.

In October, the Essex Chronicle reported on the case of Mandy Peck. Having attempted to electrocute herself in the bath, Peck was told no beds were available at the Linden Centre mental health unit in Chelmsford. Two days later, after leaving her parents’ home in her pajamas, she threw herself to her death from a multistory car park. The inquest into Peck’s death revealed that one of the beds at the Linden Centre was, in fact, available.

In early December, Clifford Whetton took a young relative suffering a severe anxiety attack to Queen’s Hospital, Burton, run by the South Staffordshire and Shropshire Healthcare NHS Foundation Trust, only to be told there was no crisis team available on that evening to provide a rapid response and assessment.
Whetton said, “Where was the back-up? The nurse did brilliantly but there should have been someone there. We just had to go home.”

“The mental health system is reaching crisis point and there needs to be something done,” he added.

Dr Matt Long, who campaigned to save the closed in-patient psychiatric services at the Margaret Stanhope Centre run by the same Foundation Trust, said Whetton’s “shocking” experience showed there was “a very real need for institutional provision for acutely mentally ill people in Burton.”

Long said, “It’s vitally important we do not criticise the crisis team. This case highlights family members and friends have to shoulder the responsibility because the welfare state has become insufficient.”

The Campaign to Save Mental Health Services in Norfolk and Suffolk, initiated by front-line staff, has also warned of the dire consequences facing both workers and patients from attempts by the local Norfolk and Suffolk Foundation Trust (NSFT) to slash £40 million from its budget by 2016 and cut bed numbers by 20 percent. Many staff are finding it “almost impossible to function in a safe and legal manner” as a result of the pressure, the campaign said.

In late December, directors from the NSFT voiced their concern saying that there was a growing national crisis in mental health. Non-executive director Graham Creelman said, “Whichever political party is in power, it helps them to continue squeezing funding for the health service, so the pressure would appear to be on the providers to constantly improve.

“We should be constantly improving our quality, but we really need to understand that we’re working in an envelope that is unsustainable for the future without upping pay.

“We must be constantly questioning our efficiency, but this is a developing national crisis in mental health.”

Kathy Chapman, director of operations in the NSFT’s Norfolk and Waveney area, said, “The proportion of health and social care that can be attributed to mental health is much higher than the proportion of the budget that’s spent on mental health.

“We know, and we’ve known for many years, about a big increase in demand for services for people with dementia. That demand has not been followed with a proportion of money to go with it.”