

Breaking Point: the crisis in mental health funding



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Congress House, Great Russell Street, London WC1B 3LS

020 7636 4030 tuc.org.uk

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Foreword

"at the Spending Review next year we will set out our approach for the future. Debt as a share of the economy will continue to go down, support for public services will go up. Because, a decade after the financial crash, people need to know that the austerity it led to is over and that their hard work has paid off."

Prime Minister Theresa May, Conservative Party Conference, October 2018

The spending review process that will take place over the coming months is a crucial moment for our country. In the decade since the financial crash, day to day spending on running our public services as a share of GDP has been slashed to its lowest level since the late 1930s. Successive Conservative-led governments have pursued a self-defeating policy of austerity that has hampered our economic recovery and left large parts of our essential public services at breaking point.

From prisons to local government, from our schools and colleges to adult social care, we have services operating on a shoestring, under-staffed and over-stretched. The dedication and professionalism, not to mention the countless hours of unpaid overtime, provided by our public sector workers have kept services going in sometimes impossible situations. Public sector workers who are earning thousands less in real terms than they were a decade ago due to a punitive pay cap imposed by the Treasury.

Nowhere is this crisis more real than in our mental health services. As this report shows, years of real-terms spending cuts have left services unable to cope with growing demand. Beds, doctors and nurse numbers are falling while the number of patients accessing services continues to escalate. And the recent announcement of extra investment in mental health services falls short of promises –it is just enough to maintain a status quo that is currently failing far too many people in need. This is exacerbated by cuts to local authority and school budgets that are decimating counselling and public health services that are crucial to addressing mental health and wellbeing in our communities, particularly for our children.

We need a whole system approach to the mental health crisis. And this can only come with meaningful and sustainable investment in the NHS, adult social care, local authorities and public health and in our schools and colleges. And despite extra cash for the NHS, the 2018 budget doesn't undo the austerity that has devastated our health services. The current public spending forecasts imply that cuts to other public services including schools and local authorities, will remain in place.

If, as she claimed in her conference speech, Theresa May "gets it" then this must be reflected by spending decisions that her Chancellor makes in coming months. More of the same will not do and warm words alone are meaningless without the investment that will enable us to provide the world class public services our communities desperately need.



Frances O'Grady
General Secretary, Trades Union Congress

Introduction

One in six (17 per cent) of the English population aged between 16 and 64 met the criteria for common mental health disorders in 2014.¹ Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people. But only around a quarter of those with a common mental health condition receive support.²

In 2014, NHS England committed to working towards a more equal response across mental and physical health and achieving genuine parity of esteem by 2020. Parity of esteem is defined as valuing mental health equally with physical health. According to the Royal College of Psychiatrists, it means “equal access to the most effective and safest care and treatment, equal efforts to improve the quality of care, the allocation of time, effort and resources on a basis commensurate with need, equal status within health care education and practice, equally high aspirations for service users and equal status in the measurement of health outcomes”.³

This report looks at the impact that years of under-funding have had on the quality, safety and capacity of mental health services. The primary focus is on the impact of the prolonged squeeze on NHS funding, but services that promote good mental health and wellbeing in our communities are also highly dependent on local authorities, schools, colleges and other bodies that have been subject to even more damaging spending cuts.

To fully understand the crisis in mental health, we need to acknowledge the impact that austerity has had across our public services and the challenges that this poses for developing a systemic, cross-public sector approach to address the mental health needs of our communities.

“Staff teams are stretched to breaking point in mental health and referral rates are increasing whilst NHS and third sector resources are dwindling dramatically. Patients’ needs are more complex now than ever before and more time and space is needed to meet these safely and effectively. Buildings are being sold off to private buyers leaving fewer and fewer community bases and services are being redesignated to suit the estate provision not the needs of the population. I have feelings of despair and fear for the future.”

CBT Nurse Psychotherapist, Yorkshire

“Increasingly there is a cliff edge for people with more complex or severe mental health problems in being able to access specialist talking therapies.”

Clinical Psychologist, Oxfordshire

¹ NHS digital (2016). [“Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014”](#)

² NHS England (2016). [“The Five Year Forward View For Mental Health”](#)

³ The Royal College of Psychiatrists (2013). [“Whole-person Care: from rhetoric to reality \(Achieving parity between mental and physical health\)”](#)

In the 2018 Autumn budget it was announced that the NHS was set to see its funding increase by £20.5bn in 2023–24. And that budget for mental health services will “grow as a share of the overall NHS budget over the next five years.”⁴ According to the Treasury, this represents an increase in spending by more than £2bn by 2023–24.⁵

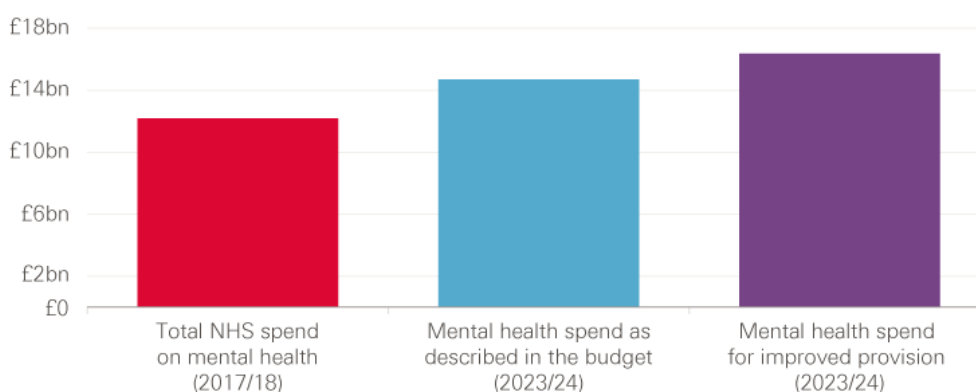
The budget gives us some details on how the money will be spent: “The NHS will invest up to £250 million a year by 2023-24 into new crisis services, including: 24/7 support via NHS 111; children and young people’s crisis teams in every part of the country; comprehensive mental health support in every major A&E by 2023-24; more mental health specialist ambulances; and more community services such as crisis cafes. The NHS will also prioritise services for children and young people, with schools-based mental health support teams and specialist crisis teams for young people across the country. For adults, the NHS will expand access to the Individual Placement Support programme to help those with severe mental illness find and retain employment, benefitting 55,000 people by 2023-24.”⁶

But the current funding commitments to mental health are insufficient to meet demand.

In their analysis of the 2018 budget, the Health foundation notes that ‘Extra investment in mental health services will see funding grow broadly in line with the total health budget but this will mean simply maintaining the status quo which sees just 4 in 10 people who need it receive mental health support. To see some improvement, with provision increasing to 7 in 10, the service would need an extra £1.5bn on top of what the chancellor has announced.’⁷

Mental health spending in the next five years

What the Budget planned for and what we need



Note: Budget scenario assumes that mental health holds its share of NHS England budget in 2023/24. ‘Improved’ provision refers to the number of people with a mental health condition receiving NHS care increases to 70% from a current rate of 39%.

 **The Health Foundation**
© 2018

Source: Mental Health Five Year Forward View Dashboard Q4 2017/18; NHS England Allocations CCG core services; HM Treasury; IFS and Health Foundation analysis in *Securing the future* (2018).

⁴ Budget 2018 (2018). [Documents](#)

⁵ Budget 2018 (2018). [“24 Things You Need To Know”](#)

⁶ Budget 2018 (2018). [Documents](#)

⁷ Health Foundation (2018). [“Response to the Autumn Budget 2018”](#)

Systemic underfunding in mental health services

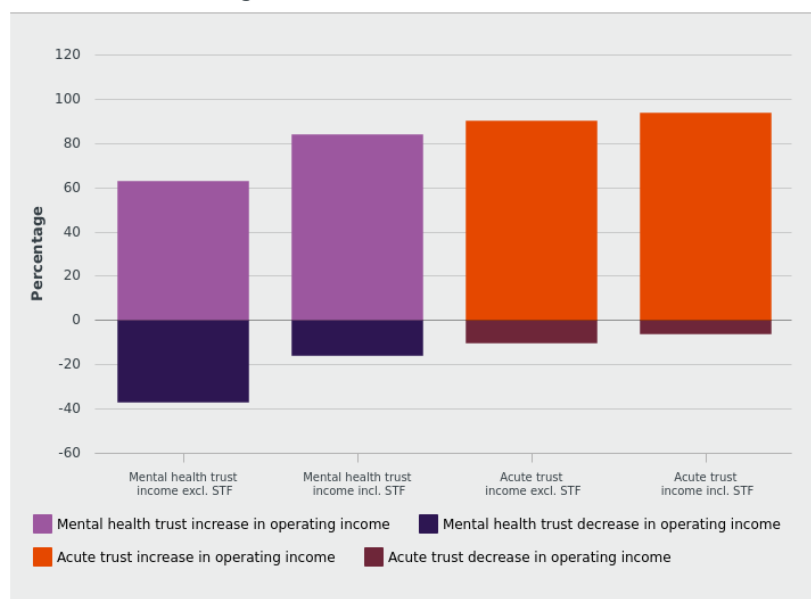
Clinical commissioning groups (CCGs) in England spent £10.1bn (£171,6 spend per head) on mental health in 2017–18, representing 13.7 per cent of overall CCG spending.⁸ In addition, NHS England spent £1.9bn directly on specialised mental health services.

To support the ambition of parity between mental and physical health, NHS England introduced the Mental Health Investment Standard. This requires CCGs to increase investment in mental health services by at least as much as the overall increase in their allocation. In 2017–18, 90 per cent of CCGs met this commitment.⁹

But while the total amount of income received by mental health trusts in England has risen since 2016–17, once inflation is taken into account it becomes clear that they actually received £105 million less than in 2011–12.¹⁰

Many also continue to rely on additional funding through the Sustainability Transformation Fund. A King’s Fund analysis shows that without this centralised funding, the funding gap between mental health and acute providers would have been wider – and only 63 per cent of mental health trusts would have had an increase in their income from the previous year.¹¹

Figure 3: Proportion of trusts with an increase or decrease in operating income inclusive and exclusive of STF funding, 2015/16 - 2016/17



STF: Sustainability and Transformation Fund

Source: King’s Fund analysis of trust annual accounts

⁸ NHS England (2018). “[NHS Mental Health Five Year Forward View Dashboard](#)”

⁹ NHS England (2018). “[NHS Mental Health Five Year Forward View Dashboard](#)”

¹⁰ Royal College of Psychiatrists (2018). “[Mental Health Trusts’ Income Lower Than In 2011-12.](#)”

¹¹ The King’s Fund (2018). “[Funding and Staffing of NHS Mental Health Providers: Still Waiting For Parity](#)”

Some concerns exist over what CCGs categorise as mental health spending, meaning that some mental health funding could have been diverted for purposes other than mental health (for example, to pay off deficits in the acute sector).

In a recent Ipsos MORI survey of the general public in England commissioned by NHS providers, 58 per cent of people said that the government should devote more funding to mental health services – the second highest spending priority behind urgent and emergency care.¹²

Staffing crisis

Between June 2017 and May 2018, 23,686 mental health staff left the NHS,¹³ equivalent to an eighth of the total workforce in mental health. By the end of June 2018, one in ten mental health positions were unfilled, and net recruitment of mental health nurses is getting worse.

"This is my 12th year in the NHS and I feel the job is getting harder and harder to do. There are less resources to refer people to and the frequency of mental health issues in the public domain is a daily occurrence which we are not adequately trained to deal with."

Paramedic, Brighton.

The mental health workforce plan for England, published in July 2017, committed to establish 21,000 new posts (professional and allied) across the mental health system, 19,000 of them employed directly by the NHS.¹⁴ However, between March 2017 and March 2018, the workforce had only increased by 915 people.¹⁵

Underfunding in mental health has had a particularly significant impact on staffing, with a 13 per cent reduction in full-time equivalent mental health nurses between 2009 and 2017 and a 25 per cent reduction in nursing within inpatient care.

Analysis for the TUC by the NHS Support Federation shows that staffing numbers have failed to meet growing demand over the last five years. Since 2013, the number of patients accessing services across England has risen by a third, while the number of doctors has fallen by 2 per cent and the number of nurses by 1 per cent.

The analysis reveals that:

- In 2013 there was 1 mental health doctor for every 186 patients accessing services. In 2018 this has fallen to 1 for every 253 patients.
- In 2013 there was 1 mental health nurse for every 29 of patients accessing services. In 2018 that has fallen to 1 for every 39 patients.

¹² Ipsos MORI (2018). ["NHS at 70 – Public Attitudes To The Health And Care System"](#)

¹³ House of Commons (2018). [Mental Health Services: Resignations: Written question 171696](#), Department of Health and Social Care, Jackie Doyle-Price

¹⁴ Health Education England (2017). ["Stepping Forward to 2020/21: The mental health workforce plan for England."](#)

¹⁵ House of Commons (2018). [Mental Health Services: Staff: Written Question 171694](#), Department of Health and Social Care, Jackie Doyle-Price

Of the 44 NHS Sustainability and Transformation Partnerships (STP) areas in England:¹⁶

- More than half have (23) seen a fall in the number of mental health nurses.
- Half (22) have seen a fall in the number of doctors.

Impacts on capacity and access to services

CAMHS (Child and Adolescent Mental Health Service) is struggling to meet demand despite government commitments to improving services and funding.

1 in 10 children aged 5–16 years have a diagnosable mental health problem,¹⁷ or roughly 3 children in every classroom.

There is a huge discrepancy between the funding of children's and adult's mental health services. In 2017–18, CCGs spent £640 million on children and young people's mental health services¹⁸ (excluding learning disabilities and eating disorders), representing 6.3 per cent of mental health budget. This is despite children making up around 20 per cent of the population.

Additionally, data analysis shows a significant regional variation, with local areas spending from 0.2 per cent to 9 per cent of their mental health budget on children.¹⁹

In 2015 NHS England estimated that 16 per cent of overall spending on children's mental health services comes from local authorities under their public health remit. This is supporting all the children who are not accessing CAMHS. There is clear evidence that early intervention is cheap, effective and cost saving. But cuts to local authority budgets have impacted severely on funding allocated to mental health and put more pressure on CAMHS services.

In the March 2015 budget, the government announced £1.4bn of extra investment in children's mental health over the five years from 2015–16. It also committed to improving access so that 70,000 additional children and young people with a mental health need receive evidence-based treatment per year by 2020/21.²⁰

According to the Mental Health Network of provider trusts, some CCGs in March 2016 hadn't seen "any significant investment at a local level around children's services",²¹ raising concerns about how much of the extra funding allocated for children and young people's mental health has reached front line services. And in a report from October 2018, the National Audit Office said that even if current plans to spend an extra £1.4bn on the sector were delivered, there would be "significant unmet need for mental health services"²²

¹⁶ See appendix 1 for mental health provisions by STPs.

¹⁷ Public Health England (2016). "[The Mental Health of Children and Young People in England](#)"

¹⁸ NHS England (2018). "[NHS Mental Health Five Year Forward View Dashboard](#)"

¹⁹ Children's commissioner (2017). "[Children's Mental Healthcare in England](#)"

²⁰ NHS England (2016). "[Implementing the Five Year Forward View for Mental Health](#)"

²¹ BBC (2016). "[NHS Child Mental Health Money 'Missing' Despite Investment](#)"

²² National Audit Office (2018). "[Improving Children and Young People's Mental Health Services](#)"

because of staff shortages, poor data and a lack of spending controls on NHS clinical commissioning groups.

In a 2017 British Medical Association survey of CAMHS professionals, 91 per cent of respondents felt that CAMHS is poorly funded, and 58 per cent felt that changes to CAMHS funding levels had made them less able to do their job.²³

Recent analysis²⁴ shows that the number of referrals to specialist children's mental health services has increased by 26 per cent over the last five years, despite a population growth of only 3 per cent. And rejection rates remain high: one in four children (24.2 per cent) referred to specialist mental health services were rejected in 2017/18, meaning at least 55,000 children were not accepted for treatment in 2017–18. The number of under-18s admitted to A&E for self-harm has increased by 50 per cent in five years. These are all signs that the service is under significant pressure and struggling to meet demand.

Data from Freedom of Information requests²⁵ shows that nearly half of the 11,000 young people assessed as needing Tier 3 specialist care (moderate to severe mental health needs) waited more than 18 weeks to start treatment, and more than 500 children and young people had waited more than a year. This is despite the 2017 Green Paper on children and young people's mental health setting out a target for a four-week waiting time for access to specialist NHS children and young people's mental health service.

In a recent review of children and young people's mental health services, the Care Quality Commission found that "the system as a whole is complex and fragmented".²⁶ As a result, "too many children and young people have a poor experience of care and some are unable to access timely and appropriate support".²⁷

Poor provision of perinatal health services

During pregnancy or in the first year after childbirth, between 10 to 20 per cent of women experience a mental health problem²⁸. Despite the high prevalence rate, the provision of services has been poor. In 2017, 22 per cent of CCGs provided no specialist perinatal mental health services at all and only 37 per cent of CCGs provided services at the nationally agreed standards²⁹. There has been improvement in access to these services: in the NHS *Five-Year Forward View For Mental Health*³⁰ published in 2016, it is reported that fewer than 15 per cent of CCGs provided specialist perinatal mental health services at the full level recommended and more than 40 per cent provided no service at all. And in May 2018, NHS England announced that new and expectant mums will be able to access specialist perinatal mental health community services, in every part of the country, by April 2019. While we welcome this aspiration, this is an extremely challenging target within current spending plans.

²³ British Medical Association (2018). "[Lost in transit? Funding mental health services in England](#)"

²⁴ Education Policy Institute (2018). "[Access to Children and Young People's Mental Health Services – 2018](#)"

²⁵ Health Service Journal (2018). "[Revealed: Hundreds of children wait more than a year for specialist help](#)"

²⁶ Care quality commission (2018). "[Review of Children and Young People's Mental Health Services](#)"

²⁷ Care quality commission (2018). "[Review of Children and Young People's Mental Health Services](#)"

²⁸ Centre for Mental Health, LSE Personal Social Services Research Unit (2015). "[The Costs of Perinatal Mental Health Problems](#)"

²⁹ Maternal mental health alliance (2017). "[UK Specialist Perinatal Mental Health Community Teams](#)"

³⁰ NHS England (2016). "[the five year forward view for mental health](#)"

Untreated perinatal mental illnesses have a range of effects on the mental and physical health of women, their children and families. It also has an economic cost that can't be ignored: perinatal mental illnesses cost the NHS around £1.2bn for each annual cohort of births. The estimated cost of bringing perinatal mental health care up to the level and standards recommended in national guidance is £280 million a year.³¹

The government committed to investing £365 million in perinatal mental health services from 2016–17 to 2020–21 to ensure that at least 30,000 additional women each year can access specialist community mental health care.

However, due to the very low baseline from which the expansion started, provision in perinatal mental health coverage is still very poor. A 2017 survey³² by the Royal College of Obstetricians and Gynaecologists found that only 7 per cent of the women who reported experiencing a maternal mental health condition were referred to specialist care. It also took over 4 weeks for 38 per cent of the women who were referred to be seen, with some waiting up to a year for treatment. According to the survey, care across the country varied significantly: in one area only 8 per cent of women were referred to 'other specialised maternal mental healthcare services', compared with 50 per cent in another.

Failing drug and alcohol detoxification services

The Health and Social Care Act transferred responsibility for commissioning substance misuse services from primary care trusts to local authorities. People who need help because of drug and alcohol misuse often have complex and varied healthcare needs.

Government cuts have led councils to reduce spending on services like tackling drug misuse in adults. In 2017–18 they cut spending on treatment for adult drug misuse by more than £22 million, a 5.5 per cent cut.³³ Between 2013–14 and 2017–18, seven out of 10 councils in England made cuts to the amount they planned to spend on drug and alcohol services. Of those councils who reduced spending on drug and alcohol treatment services, 83 per cent saw an increase in drug-related deaths.³⁴

Figures³⁵ show that since local authorities became responsible for providing drug and alcohol services in 2013–14, there has been a 7 per cent fall in the number of people accessing treatment.

The transfer of addiction services to local authorities has been a false economy. Failing to help the people most in need has put extra pressure on A&E departments and mental health services.

³¹ Centre for Mental Health, LSE Personal Social Services Research Unit (2015). "[The Costs of Perinatal Mental Health Problems](#)"

³² Royal College of Obstetricians and Gynaecologists (2017). "[Maternal Mental Health – Women's Voices](#)"

³³ The King's fund (2017). "[Local Government Public Health Budgets for 2017/18](#)"

³⁴ BBC News (2018). "[Drug and Alcohol Services Cut by £162m as Deaths Increase](#)"

³⁵ BBC News (2018). "[Drug and Alcohol Services Cut by £162m as Deaths Increase](#)"

School counselling

Half of all mental health conditions first occur by the age of 14, and three quarters by the time someone is 24. Up to one in ten children may be living with some form of diagnosable mental health condition.

The government's green paper on mental health proposes greater interventions in education settings, including designated senior leads for mental health in every school and college and mental health support teams linked to groups of schools and colleges. However, with schools increasingly reliant on providing their own counselling and other mental health services, cuts to pupil funding is preventing the expansion of mental health services in schools and colleges.

According to the Institute for Fiscal Studies, total school spending per pupil in England fell by about 8 per cent in real terms between 2009–10 and 2017–18.³⁶ This included cuts to spending on pupils up to the age of 16 (largely imposed since 2015), but also reductions of 25 per cent in school sixth form funding and 55 per cent on local authority spending, including support for vulnerable pupils and those with special educational needs.

This has had a significant impact on staffing levels and contact time with pupils. There were 66,000 more pupils in state schools in England between 2016 and 2017 but 10,800 fewer staff – including over 5,000 fewer teachers, over 2,700 fewer teaching assistants and over 2,000 fewer support staff. As a result, teacher/pupil ratios have increased, and there are now record numbers of children being taught in classes of over 30 pupils.³⁷

This is acting as a barrier to schools' ability to provide adequate support for mental health and wellbeing. MPs in a joint Education and Health Select Committee inquiry found that schools are cutting mental health services such as counsellors and pastoral provision as they try to cover funding gaps, a survey indicating that 80 per cent of primary headteachers could not afford to provide counselling services in their schools.³⁸

Over 70 per cent of the 2,780 institutions responding to a Department for Education survey in 2017 said that funding was a "major barrier" to setting up mental health provision, with more than nine in ten saying that counselling services and other mental health provision is funded entirely from their own budgets, leaving them with difficult decisions such as whether "to prioritise spending on supporting academic, SEN or mental health needs".³⁹

Kate Fallon of the Association of Educational Psychologists points out the impact on pupils who are more vulnerable to exclusion: "More and more children, including those from primary schools, are being permanently excluded – permanent exclusion is known to have long-term adverse effects on children's outcomes in later life. Schools increasingly find it difficult to access educational psychologists and other support/mental health services who could help provide for schools, children and families which would enable the children to remain in school."

³⁶ IFS (2018) "[School Funding Per Pupil Falls Faster in England than in Wales](#)"

³⁷ DFE (2017 and 2018) "[School Workforce](#)" Data and "[Pupil Numbers and Their Characteristics](#)"

³⁸ The Guardian (2017) "[Schools Cutting Mental Health Services to Plug Funding Gaps, Warn MPs](#)"

³⁹ Schools Week (2017) "[Funding Cuts Block Schools From Delivering Mental Health Support](#)"

Elodie – pupil

“On this day two years ago, I was in bed. And I hadn't left that bed for months. I wasn't able to. The world was all too much. GCSEs were traumatising, peers were cruel and the anxiety had finally taken over.

In one of the largest secondary schools in the country, there was one councillor. One which I wasn't allowed to see as she was stretched as it was and my needs weren't dire enough. I had been trying to be seen since year 8. just 13 years old but I hadn't tried to hang myself or taken a blade to my wrist like many of my peers – so therefore my needs weren't urgent enough to be seen.

It all came to a real head though when I went to the doctors for anti-depressants on the 5 December – my 16th birthday. Celebrations were cancelled and I was hysterically begging the doctor to stop the torment.

I tried everything else and this was the last resort. However, I was turned away. Turned away because the doctor couldn't give them to me unless I seen a councillor. The very same councillor who was full to capacity and hadn't been able to see me for years.

I remember driving home that night crying, screaming, breaking, I turned to my Mum and said. “The only way I can get help is if try to kill myself”.

Two years later and I'm ok. Counselling helped me but more importantly it finally allowed me access to medication that keeps my brain running smoothly. My story has a happy ending but how many other people like me can say the same? I can't help but think about my friend who overdosed in the school toilet and was rushed to hospital or my classmate who was regularly beat by her Dad or my peer who cut themselves over and over again in cry for help. None of these people received access to a councillor when they needed it.

Funding shouldn't present access to councillors in a society where mental health is on the rise.

Having high pass rates looks good but it's nothing next to high death rates.”

Mental health beds occupancy

Official figures show that there has been a 30 per cent reduction in the number of beds available in mental health trusts since 2009.⁴⁰ A survey conducted by The Commission on Acute Adult Psychiatric Care found that 91 per cent of responding wards were operating above recommended levels (85 per cent) of bed occupancy.⁴¹

Analysis for the TUC by the NHS Support Federation shows that bed numbers have dramatically reduced over the last five years. The analysis reveals that number of beds for mental health patients has slumped by 13 per cent (2,954) across England. Three quarters (36) of 44 NHS STP areas in England have seen a fall in the number of beds available for mental health patients.⁴²

Student nurse - South London and Maudsley NHS Trust.

“I’ve worked in both acute wards and community settings, each of which face different challenges as a result of funding. Unfortunately, due to time constraints in both settings, nurses have to prioritise giving medication over offering their time and delivering therapeutic interventions. On a ward the majority of patient contact time is delivered by healthcare assistants who are often all busy attending to the few patients deemed at greatest risk, leaving the care of the rest of the patients on the ward compromised as there is no one available to attend to their needs. Often in these circumstances, tasks can fall to students who are untrained or unqualified to do them. As a student I have regularly felt like staff don’t have time to give me the training I need to be a safe on the wards, let alone be prepared for when I qualify.

I have seen the lack of training and morale on wards lead to support workers merely observing patients who need 1:1 supervision, rather than actively attempting to engage them or trying to build rapport. There’s also a very high staff turnover, particularly in wards, so they have to get agency workers, meaning close consistent relationships between patients and staff are few and far between. This sometimes makes it feel more like a holding space than somewhere we can expect people’s mental health to improve.

⁴⁰ The Guardian (2018). “[Number of NHS Beds for Mental Health Patients Slumps by 30%](#)”

⁴¹ The Royal College of Psychiatrists (2015). “[Improving Acute Inpatient Psychiatric Care For Adults in England](#)”

⁴² See appendix 1

In the community, services are also stretched with nurses having up to 30 patients on their caseload. While colleagues I've met all advocate strongly for the use of talking therapies and the benefits these could have for patients, the waiting lists for these are extremely long and opportunities for training in for this is minimal, while having time to do so is almost non-existent. Ensuring medication is administered to "prevent relapse" or "prevent hospital admission" becomes priority. Community teams are only available Monday to Friday 9-5 meaning that if on weekends if someone needs immediate help, they will not be met by someone who is aware of their needs.

Although I'm aware there is meant to be a pay increase by the time I qualify, this isn't obvious when this might be, and colleagues who are qualified have mentioned that they are still struggling to make ends meet. All of these factors contribute towards poor staff morale, and while this is low it has a huge impact on patient care.

All of this does make me question whether I want to be a mental health nurse, the environment isn't good for my own mental health and I don't always feel like I can help people in the way that I hoped I could. I didn't get into this job to just be giving people medication for the rest of my life."

Impacts on patients and staff safety

"I work in mental health services and I have been very stressed by my job due to lack of funding, creating low staffing levels which in turn means more work coming in from more people having mental health problems."

Administrator, West Midlands

Underfunding in mental health services, together with a fewer available staff to deal with an increasing number of users, has put huge pressure on the workforce and left mental health trusts struggling to staff services safely. This is having a negative effect on patients who use these services and on the health and safety of the staff who provide them.

In its *State of Care in Mental Health Services*,⁴³ the Care Quality Commission reports that in May 2017, 36 per cent of NHS and 34 per cent of independent core services were rated as requires improvement for safe. They identified that poor physical environment of mental health wards, staffing shortage and staff not always managing medicines safely as key factors contributing to poor ratings for safety.

⁴³ Care quality commission (2017). "[The State of Care in Mental Health Services 2014 to 2017](#)"

The Kings Fund conclude that "NHS mental health trusts are struggling to staff existing services on a day-to-day basis and, while actions to implement routine safe staffing levels are evolving, the lack of available staff, particularly nursing staff, at a national level continues to undermine this".⁴⁴

A recent UNISON survey of staff working in mental health services shows that more than two in five staff (42 per cent) said they had been on the receiving end of violent attacks in the last year.⁴⁵ Over a third (36 per cent) said they had seen violent incidents involving patients attacking their colleagues. The report points out that while the majority (86 per cent) felt they had the knowledge and training to carry out their work safely, more than a third (36 per cent) said they had seen an increase in violent incidents in the past year. And mental health workers blamed staff shortages (87 per cent) and the overuse of agency staff (49 per cent) as the main reasons behind the rise in violent attacks.

Ambulance service worker

To be fair I could rattle off a whole novel's worth of examples but from an ambulance service point of view, we end up taking a lot of mental health patients we attend to A&E as a default. This is because we simply can't access crisis teams, GPs or Out of Hours services, who sometimes seem reluctant to deal with this type of patient because they appear to be a specialised group who will require a large amount of time.

I've also lost count of the number of times I've been told by crisis teams across our patch "we are short staffed and can't attend, send them to A+E" – this invariably puts us in a very difficult position especially when the patient refuses to travel with us. They are being let down not only by the very organisations that are there to help but also by the very system that is supposed to protect them.

Sometimes it's not about the patient it's about all those others who have to interact with them.... family, friends, police and ambulance staff. Many of my colleagues worry about the fact that that one patient they leave may then go on to harm themselves, all because mental health services are so poorly staffed, funded and organised.

⁴⁴ The Kings Fund (2018). ["Funding and Staffing of NHS Mental Health Providers: still waiting for parity"](#)

⁴⁵ UNISON (2017). [Survey of Staff Working in Mental Health Services](#)

What we need

- Providing real terms funding increases across the public sector that enable providers to meet on-going demand, deliver world class services and address the significant cuts to resources since 2010.
- A five per cent funding increase across the NHS. The government has committed to giving the NHS around £20.5bn in real terms more a year extra by 2023–24 – an increase 3.4 per cent a year on average. The Institute for Fiscal Studies and Health Foundation⁴⁶ estimate that in the next five years the Department of Health will need 5 per cent extra per year to significantly improve outcomes across the NHS. And they estimate that 4 per cent is needed to keep the NHS running at current service levels and address the backlog of funding problems.
- More needs to be done to ensure that more funding within the NHS reaches mental health services, and that all CCGs adhere to the Mental Health Investment Standard.
- With increased funding in the NHS, we also need better integration between different parts of the health services, with more joined up services between primary, secondary and mental health. The BMA say such interventions could include “liaison psychiatry teams in acute hospitals, enhanced support in primary care, integrated multidisciplinary teams in the community or physical health liaison within mental health settings.”⁴⁷
- Investment in schools that will reverse the 8 per cent cuts to pupil funding seen since 2010 as well as a commitment to real terms increases to per pupil funding over the spending review period. This settlement should also include sufficient funding to enable the implementation of the National Funding Formula so that schools in poorly funded areas can begin to catch up.
- A fair and sustainable funding settlement for local government that addresses the £5.8bn funding gap identified by the Local Government Association, including a £3.5bn funding gap in social care by 2025.
- With half a million cases of stress resulting from workplace issues, more should be done to encourage employer support for effective workplace interventions.

⁴⁶ Institute for Fiscal Studies and The Health Foundation (2018). “[Securing the Future: funding health and social care to the 2030s](#)”

⁴⁷ British Medical Association (2017). “[Breaking Down Barriers – the challenge of improving mental health outcomes](#)”

Appendix 1

Mental health provision by STP

| Region | STP | change in beds | change in doctors | change in nurses | change in demand |
|-----------------|---|----------------|-------------------|------------------|------------------|
| East Midlands | Derbyshire | -22% | -1% | 3% | 33% |
| East Midlands | Lincolnshire | 3% | -3% | -6% | -27% |
| East Midlands | Nottinghamshire | -16% | 0% | -7% | 14% |
| East Midlands | Leicester, Leicestershire and Rutland | -100% | -3% | -6% | 43% |
| East Midlands | Northamptonshire | -6% | -11% | 5% | 43% |
| East of England | Cambridgeshire and Peterborough | -25% | 8% | 79% | 14% |
| East of England | Norfolk and Waveney | -30% | -13% | -20% | 72% |
| East of England | Suffolk and North East Essex | -25% | -10% | 32% | 16% |
| East of England | Milton Keynes, Bedfordshire and Luton | -100% | | | |
| East of England | Hertfordshire and West Essex | -14% | 10% | -14% | 103% |
| East of England | Mid and South Essex | -55% | -55% | -49% | -24% |
| London | North West London | 38% | -2% | 6% | 52% |
| London | North Central London | -2% | 0% | 15% | 52% |
| London | North East London | 15% | 11% | 11% | 221% |
| London | South East London | -43% | 3% | -4% | 27% |
| London | South West London | -7% | -5% | 2% | 32% |
| North East | Northumberland, Tyne & Wear | -28% | 2% | 10% | 9% |
| North East | Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby | -2% | 8% | 13% | 69% |
| North West | West, North & East Cumbria | 10% | 0% | 1% | 11% |
| North West | Lancashire and South Cumbria | -5% | 16% | -7% | 27% |
| North West | Greater Manchester | -28% | 15% | -7% | 20% |
| North West | Cheshire and Merseyside | 16% | 0% | 15% | 40% |
| South East | Kent and Medway | -14% | -13% | -5% | 23% |
| South East | Sussex and East Surrey | -13% | -17% | 1% | 33% |
| South East | Frimley Health | -26% | 11% | -14% | 41% |
| South East | Surrey Heartlands | -31% | -9% | -9% | |
| South East | Hampshire and the Isle of Wight | -11% | -13% | -11% | -13% |
| South East | Buckinghamshire, Oxfordshire and Berkshire West | -10% | 2% | -17% | 10% |
| South West | Cornwall and the Isles of Scilly | -9% | 28% | 111% | 28% |
| South West | Devon | 5% | -11% | -3% | 35% |
| South West | Somerset | -20% | 8% | -6% | 10% |
| South West | Bristol, North Somerset and South Gloucestershire | -100% | | | |
| South West | Bath, Swindon and Wiltshire | -1% | -2% | 9% | 33% |
| South West | Dorset | 159% | -2% | 3% | 108% |

| Region | STP | change in beds | change in doctors | change in nurses | change in demand |
|------------------|-----------------------------------|-----------------------|--------------------------|-------------------------|-------------------------|
| South West | Gloucestershire | -4% | -6% | -4% | -8% |
| West Midlands | Staffordshire | -1% | 13% | 4% | 112% |
| West Midlands | Shropshire and Telford and Wrekin | -13% | 15% | -1% | -5% |
| West Midlands | The Black Country | -17% | -7% | -7% | 32% |
| West Midlands | Birmingham and Solihull | -14% | -11% | -8% | 51% |
| West Midlands | Coventry and Warwickshire | -13% | 1% | -14% | 23% |
| West Midlands | Herefordshire and Worcestershire | -17% | | | 88% |
| Yorks and Humber | West Yorkshire and Harrogate | -17% | -20% | 16% | 16% |
| Yorks and Humber | Coast, Humber and Vale | -17% | -3% | -26% | -11% |
| Yorks and Humber | South Yorkshire and Bassetlaw | 73% | -11% | -14% | 18% |

- The table above shows figures for each STP by region. Please note that there may be some outlier STPs where change in beds or staffing may be attributed to closures or transfers of services between STP areas.
- Figures for beds, doctors and nurses are taken from NHS Digital. These figures were aligned with the 44 STP areas in England.
- Doctors includes: forensic psychiatry, general psychiatry, old-age psychiatry.
- Nurses includes: community learning disabilities nurses, community mental health nurses and health visitors.
- NHS digital does not provide data from some NHS trusts within its mental health clusters. This has reduced the figures in the following STPs: Hereford and Worcestershire, Leicester, Leicestershire and Rutland.
- In some cases mental health beds and workforce are provided by a trust in a neighbouring STPs or a non-NHS provider. This explains why the data appears abnormally low in the following STPs: Milton Keynes, Bedfordshire and Luton, Bristol, N Somerset and S Gloucestershire.