

The Centre for Social Justice
1 Westminster Palace Gardens
Artillery Row
London SW1P 1RL

Telephone 020 7340 9650
Website www.centreforsocialjustice.org.uk

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The logo for The Centre for Social Justice, featuring the text "THE CENTRE FOR SOCIAL JUSTICE" in white, uppercase letters on a dark red background.

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PRESS RELEASE FROM THE CENTRE FOR SOCIAL JUSTICE
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Poorest with mental health problems failed by 'care' in the community, warns major new report

The decision more than 30 years ago to close big mental hospitals and treat patients in the community has failed to help the most vulnerable, according to a major new report from a leading independent think-tank.

At £6 billion a year, mental illness constitutes the biggest single cost item to the NHS, but services are failing to meet needs and change lives. The knock-on cost to the country of £105 billion through higher general health and social care costs, lost working days and family breakdown is completely unsustainable in today's economic climate, the report from the Centre for Social Justice (CSJ) says.

Treatment fails to reduce mental illness in more than two-thirds of cases, suggesting patients need much more than medication and therapy to get better and rebuild their lives.

Many patients are being neglected and denied access to treatment because the closure of the old asylums was not accompanied by a parallel expansion of primary mental health services provided by GPs, psychiatrists and nurses.

The report also reveals how the poorest in society are those most likely to suffer mental ill-health. This is because the drivers and effects of poverty are also the drivers of mental ill-health which, in turn, leads to greater disadvantage.

Addressing these other needs also has to be a priority for services. Mental health services have to play their part in tackling the five pathways to poverty (family breakdown, educational failure, drink and drug addiction, worklessness and welfare dependency, and serious personal debt) identified by the CSJ.

Yet discriminatory funding arrangements at local level often mean that the mentally ill fail to benefit from the wrap-around approaches best delivered by small, grassroots charities and other voluntary bodies.

The CSJ says that the move to care commissioning groups dominated by GPs, as set out in the Health and Social Care Bill, now before Parliament, should be used to enable charities and other independent organisations to compete fairly with state-run services for contracts to care for the mentally ill.

"Communities themselves need to become neighbourly and places where social isolation is the exception to the norm," the report adds.

The CSJ report, *Completing the revolution – Transforming mental health and tackling poverty*, warns that Britain is hampered by an "unfinished revolution in mental health care" and that further reforms are urgently needed to achieve the goals set by the policy-makers of the 1970s and 1980s who championed the cause of care in the community.

"Realising the full potential of this shift required a far-reaching cultural change that has stalled and many needs currently go unmet.

"Money is still tied up in hospital care because the services people need are not available in the community," the report concludes.

Care Services Minister Paul Burstow will speak at the launch of the report at the National Liberal Club on the 31st October. It has been produced by a CSJ working group chaired by Dr Samantha Callan, who has also led the CSJ's influential work on family policy, which includes Professor Chris Thompson, chief medical officer of the Priory Group, and Paul Farmer, chief executive of Mind.

It urges the Government to seize the opportunities presented by the current health reforms to make a "quantum leap forward" and complete the community care revolution.

Hospital beds tend to be disproportionately filled by the most vulnerable in society. The report cites opinion polling of some 329 people with close personal experience of hospitalisation for mental health reasons to make severe criticisms of in-patient care standards.

Patients complain of inadequate treatment and that they feel at risk of attack by fellow sufferers.

The report is also highly critical of the defensive, risk-averse culture that pervades mental health services and a bureaucratic mindset that elevates process over outcomes.

Frequently, fear of making a mistake by releasing into the community a patient who might subsequently become a threat to themselves or the public at large leads clinicians and hospital managers to detain the mentally ill unnecessarily or to prescribe them powerful, mind-numbing drugs.

Potentially beneficial psychosocial counselling is lost to such patients.

Meanwhile, the link between mental illness and violence is "vastly exaggerated" and persists partly because of media scares. "It is essential to put the sense of danger associated with mental illness in its appropriate and proportionate context.

"Risk is often displaced onto the mentally ill person themselves. Their recovery and quality of life are placed at risk by depriving them of liberty. This is sometimes, though not always, necessary and can take the place of finding creative and flexible ways to provide social and other support in the community."

"The contribution a successful public health approach could make to improving mental health at a population, community, family and individual level is potentially enormous, not least by helping to reduce misconceptions and stigma surrounding mental illness," the report says

The report focuses on the role of the family in helping recovery from mental illness. Although family problems can cause disturbed behaviour - half of all such cases start by the age of 14 - support from family members is often the route to recovery.

The report backs a public health approach to mental illness in which the prevention of family breakdown should have a much higher priority.

But alongside prevention should go early intervention in the lives of troubled families and treatment of those showing signs of mental illness.

"Employment can greatly improve well-being. Primary care and other mental health services have a vital role in helping people become work-ready, even if that journey may be a long one."

For media inquiries, please contact Nick Wood of Media Intelligence Partners Ltd on 07889 617003 or 0203 008 8146 or Alistair Thompson on 07970 162225 or 0203 008 8145.

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NOTES TO EDITORS

The report was sponsored by Doha International Institute of Family Studies and Development, St Andrews Healthcare and Partnerships in Care

Historical note: Source: The BBC website

The origins of community care

Care in the community represented the biggest political change in mental healthcare in the history of the NHS.

It was the result both of social changes and political expediency and a movement away from the isolation of the mentally ill in old Victorian asylums towards their integration into the community.

The aim was to "normalise" the mentally ill and to remove the stigma of a condition that is said to afflict one in four of the British population at some time in their lives.

The main push towards community care as we know it today came in the 1950s and 1960s, an era which saw a sea change in attitude towards the treatment of the mentally ill and a rise in the patients' rights movement, tied to civil rights campaigns.

The 1959 Mental Health Act abolished the distinction between psychiatric and other hospitals and encouraged the development of community care.

Through the 1960s, the tide continued to move against the big hospital institutions.

During the 1970s, large-scale psychiatric hospitals were steadily discredited.

The new district general hospitals which provided some psychiatric services contributed to the reduction in the number of beds in mental hospitals from 150,000 in the mid-1950s to 80,000 by 1975.

The 1980s saw the introduction of legislation which would give the mentally ill more rights.

However, by the 1980s concerns were being expressed about care in the community following a series of killings by people with mental health problems.

The 1984 murder of social worker Isabel Schwarz by a former client prompted a government inquiry into community care, led by Sir Roy Griffiths.

His 1988 report, 'Community Care: Agenda for Action' was the forerunner to the Community Care Act of 1990, major legislation which sets out the basis for community care as we know it today.

The Centre for Social Justice is an independent think tank established, by Rt Hon Iain Duncan Smith MP in 2004, to seek effective solutions to the poverty that blights parts of Britain.

In July 2007 the group published *Breakthrough Britain: ending the Costs of Social Breakdown*. The paper presented over 190 policy proposals aimed at ending the growing social divide in Britain.

Subsequent reports have put forward proposals for reform of the police, prisons, social housing, the asylum system and family law. Other reports have dealt with street gangs and early intervention to help families with young children.

The Rt Hon Iain Duncan Smith MP stood down as Chairman of the Centre on his appointment as Secretary of State for Work and Pensions in May 2010 and is now the Founder and Patron.