

New Savoy Partnership Annual Conference

Paul Burstow MP, Minister of State for Care Services

Department of Health
Richmond House
79 Whitehall London SW1A

Thank you Jeremy [Clarke].

I want to start with some history.

Fifty years ago, it seemed that mental health was on the brink of something of a revolution.

The idea that you could warehouse people with mental health problems in asylums or hospitals – to keep them out of sight was challenged.

But the revolution never happened.

Yes, the asylums disappeared.

But more slowly than anyone could possibly imagine.

And what were they replaced with?

In most parts of the country, the vision of well-planned community services that wouldn't simply contain mental health problems but support people to recover as well was a long time coming.

More a slow, painful evolution.

So today I won't talk about a revolution. But I do believe we are on the brink of what could be powerful transformational change.

In improving mental health services for people of all ages, there's an economic imperative we can't ignore.

In 2009 Sir David Nicholson set the NHS a challenge.

To find £15-20 billion of savings by 2014 to reinvest in the frontline.

A change of Government. A ring fence around the NHS budget has added a year to delivering the Nicholson challenge.

Mental health accounts for 10p in every £1 the NHS spends. Over £10 billion.

But dig a little deeper and the true cost is greater.

If you have two or more physical health conditions, you're more likely to have depression. If you have a physical health problem combined with a mental health problem, your recovery will be slower.

Today 70p in every £1 the NHS spends is spent on long term conditions. What the Nicholson challenge asks is whether that money is well-spent.

So part of the answer to the Nicholson challenge – on how we do things better – has to be a recognition that intervening earlier to address mental health problems will not only save money for mental health services – it will help prevent poor physical health too.

Parity of esteem between physical and mental health – it's not just a nice idea – something you do in times of plenty.

In the long term, it will help save money, as well as improving the life chances and wellbeing of millions of people.

Since I spoke here a year ago, we've published the mental health strategy. I called it No Health Without Mental Health.

That's what it's all about. It does what it says on the tin.

It's powerful because it's been co-produced with the many organisations that represent people with mental health problems, with the professional bodies, with the NHS and local councils.

Its reach is underlined in the NHS Operating Framework that's published today.

It sets the direction and the priorities for the NHS for the coming year.

This year's framework states clearly that mental health and physical health services must have parity of esteem.

Primary Care Trusts must consider the mental health strategy when they plan health services.

And for the first time in an Operating Framework it commits to full roll out of IAPT by 2014-15.

That means 800 additional practitioners to be trained in the next financial year.

It means expanding access to talking therapies for older people, black and minority ethnic groups and people with severe mental illness.

Don't underestimate the signal this sends to the NHS. Investment in mental health services matters to this Government.

In terms of the strategy's implementation, we are already making progress.

Last year, I talked about improving access to psychological therapy for children and young people.

One in ten children have a diagnosable mental health problem. Half of all people with lifelong mental health problems first experienced symptoms before the age of 14.

Yet we know from the research that, if we could deliver the right treatment to children and young people we would prevent between a quarter and 40 per cent of all adult mental health disorders.

The litany of missed chances as children with mental health problems ping pong between schools, pupil referral units, the GP surgery, the criminal justice system, and perhaps, if they're lucky, their local CAMHS, is something we simply can't afford.

That's why I announced that we are investing £32 million over the next four years to put access to psychological therapies at the heart of children's mental health services.

We're not trying to create a brand new service from scratch – we're taking what's already there and making it better.

I have been struck by the enthusiasm among children and young people to reshape their mental health services.

I'm particularly grateful for the drive and leadership shown by *Young Minds* – without their support, we wouldn't have come so far in such a short space of time.

Last month, I saw in South London and Maudsley NHS Trust how parents who'd been trained in parenting techniques and were now running classes for parents whose children with behavioural problems.

A service for local parents run by people who looked like them and talked like them – who'd faced the same problems.

And unsurprisingly, they already had hard evidence to show that their approach was making a difference to the outcomes of young people.

I met young people who were acting as consultants to a team developing i-phone apps for children with mental health problems. To quote one of the boys helping with the project, it was: “*more interesting than X-box.*”

And it’s not just in talking therapy that things are changing.

We’re changing what’s meant by recovery – so it’s not just about reducing the symptoms of mental health problems, but aiding recovery in every aspect of people’s lives.

So we judge success by whether people recovering from mental health problems develop stronger social relationships, a greater sense of purpose, a job and a stable place to live.

And because we are taking a public health approach to mental health we know that we must tackle stigma and discrimination too.

We are the first government ever to invest in the *Time to Change* campaign.

There’s one fact about stigma that always stands out to me.

One in five people still think that anyone who has a history of mental health problem shouldn’t be allowed to hold public office.

How many former presidents and prime ministers would have been excluded by such an edict?

It’s a prejudice as outdated as the asylums.

A prejudice should be consigned to the history books just like the asylums.

I believe the stigma attached to mental health problems also infects the quality of care.

Why are doctors so quick to reach for anti-psychotics when it comes to dealing with people with dementia?

Because too many health and care professionals immediately categorise any symptom of distress as “challenging behaviour.”

The starting point for any form of discrimination is when you see the colour, the gender, the sexual orientation – or in this case, the illness and its symptoms – before you see the person.

Yes, we’ve come along way since the 18th century, when people used to pay to visit psychiatric hospitals so they could mock the inmates, and yes inmates was what they were called.

But not as far as we like to think.

The terrible events at Winterbourne View show us that dehumanisation of people with care needs can still happen today.

And MIND in their report Listening to Experience reveal unacceptable use of restraint.

As we pursue reform of both the health and social care system, I want to see an end to the way that that stigma is reflected in the design of our health and care system.

So yes, there is momentum and there is commitment across government.

But I also know there are frustrations. That in some places, waits for IAPT services are growing, which means that people with mental health problems will suffer for longer.

Then there's the situation of funding – nowhere in the public or voluntary sector has it easy at the moment, and when you're running a small service, with relatively low costs, there's always less slack in the system if you have to reduce those costs.

I don't have a magic rabbit that I can pull out of the hat today. But there's two things I will say.

First, today's NHS operating framework is unequivocal in its commitment to IAPT and the delivery of the mental health strategy.

Second, as we get smarter at defining and judging success of mental health services, it will become very clear what works and what doesn't – to both people who depend on those services and to professionals.

The operating framework says there should be at least a 50 per cent recovery rate in fully established services.

The information we have so far on the success of IAPT shows clearly its potential. But there's also huge variation.

And this performance information is publicly available.

It's a prelude for commissioning for outcomes. When services deliver better outcomes for people, and when the people who use them say they are good, they'll get more money.

For many years now, we've used expressions like "*personalisation*," and "*tailoring services around individuals*." And choice and control.

But these buzzwords are taking on a much more concrete meaning as money will follow the service user around the system.

Success will not be defined by how well the NHS processes people who need treatment but by how well people recover and what their experience is.

Conclusion

And that, in essence, is today's challenge.

Making change happen in a time of austerity. Making change happen when you can't throw huge amounts of cash at the problem are long gone.

So we have to work differently, we have to work smarter.

I believe in the end the mental health strategy will stand or fall on strength of the partnerships we develop. We've co-produced the strategy. Now we must co-deliver it too.

So my ask to you is this: tell us what we need to focus on together to make the mental health strategy a success. And what you think you're able to contribute.

Because what's been doubly welcome are the positive steps that organisations like the New Savoy Partnership have taken to solve some of the problems we face.

Like the e-mental health applications it's developing that help expand the number of people who can be treated. And the thinking on how we can improve the research base into the effectiveness of different psychological therapies.

Or the work of Young Minds.

As a society, we've made huge progress in the way we recognise people with mental illness.

But despite this, we still haven't fully accepted that mental health is equal to physical health.

That there must be a parity of esteem between problems of the body with problems of the mind.

That's the challenge facing our NHS, our society.....

A challenge together we can meet.