

Speech by the Rt Hon Andy Burnham, Secretary of State for Health, 26 November 2009, New Savoy Partnership Conference: Psychological therapies in the NHS

Speech to the New Savoy Partnership

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It's a pleasure to join you at a conference renowned for breaking new ground in mental health policy. Whether I manage to live up to this tradition, I'll leave you to judge.

The context of NHS reform

Today I want to talk about how we create the mental health services of the future.

But I want to start with the broader policy context, how your work fits with the broader changes across the NHS.

The challenge for the NHS is now clear. The last decade was the era of expansion, a corrective catch-up investment to boost capacity after decades of neglect.

The next decade will be different. It will be the era of re-engineering to improve quality, reduce costs and make sure progress is sustained.

The NHS has gone from failing to good. Now it must go from good to great, meeting an unprecedented efficiency and productivity challenge by becoming more people-centre and more preventative.

A great NHS will mean radical changes in the delivery of healthcare, with more services moving out of the acute sector and into the community.

It will mean better information and greater transparency, putting patients in control and holding NHS organisations accountable to the communities they serve.

And it will also mean a shift in mentality with the NHS becoming less reactive, and more preventative. Spending money in new ways to improve outcomes for patients.

If all this sounds familiar, it's because it is precisely the journey that mental health has been on for some time – first with the National Service Framework, and then more recently with the improving access to therapies programme.

So whilst I know you can still sometimes feel at the margins of health policy, I believe you're actually ahead of the game – a model of good integration between

community and acute services – a pace-setter for the rest of the NHS.

Broadening IAPT services

And the IAPT programme is at the vanguard of this new era.

A few days ago, I visited an IAPT service in London. I did this because, frankly, I didn't know enough about it. I knew I needed to understand more about the sorts of problems that brought people to seek help, and what they expected from these services.

So what did I learn? Well, I learnt of the terrible impact that depression and anxiety disorders can have on people's lives. People being unable to leave the house. Losing their jobs. Becoming withdrawn and isolated.

But I also heard stories of recovery, of lives regained, relationships rebuilt, people helped back into work and community life.

We have talked a lot about the expert patients in the NHS and about self-care. The strength of IAPT is that it's patient empowerment in action. Whilst their stories were very different, the common thread of what everyone's message to me was that the services had put them back in control. Something you don't always hear about the NHS, where people often feel things 'done to them'.

And this control seems to bring another benefit – the fact that people are helping themselves means they go on helping themselves long after their treatment has finished. Unlike other areas of the NHS, this is treatment with life-long benefits.

People told me they believed that the tools they had forged would stay with them for life, helping them realise their potential, and preventing them from needing more treatment or from becoming worse.

This idea of prevention is key – if we can make services universally available and easily accessible, then we can help people before their situation worsens and they lose their job, their partner, their ability to fulfil their potential. Because when that happens, we all lose out on their contribution to society.

So, if the NHS is to make progress, make that move from good to great, then it needs to draw deep from the example of IAPT.

That's why I want to be clear about my commitment to the programme today.

There can be no pulling back from what we've achieved, even in more difficult times. And as we know, that has happened to mental health services in times past.

I'm determined we see the programme through to its logical conclusion – with psychological therapies embedded as a core part of our response to depression and anxiety disorders.

The progress across the country has been encouraging, the results impressive. We know 100,000 people have already benefited from IAPT services. Recovery rates are now hitting 47 per cent.

Across just 45 sites, nearly 2,400 people have already moved off sick pay during the first year – an impressive achievement in the context of recession, and it leaves us well-placed to meet the programme targets.

Next year, as the funding increases, we can take a step closer to a truly universal offer, with people from all parts of the country being able to draw upon IAPT.

But at the same time, these are still early days for IAPT.

It is clear that we'll need to continue the training programme for several more years to realise the universal offer – and that has to be a major priority.

And as funding moves from centrally allocated budgets to PCT baselines next year, my challenge to you is to make the best possible case for investment locally.

We know how popular psychological therapies are. We've got terrific evidence of how effective it is. So you've got a compelling story to tell to commissioners, both on quality and value for money. It's important this story is expressed in the strongest terms.

The new services must stand on their own two feet, and I am confident that they will. But we will help you to build the case.

We will publish benchmarking data to help the NHS manage local performance and demonstrate the effectiveness of IAPT services – and this will strengthen your hand in local negotiations.

But I believe IAPT stands and falls on choice. The intent was always that this would be a fully inclusive programme, drawing on all NICE-approved psychological therapies. The reality, however, is that IAPT initially prioritised cognitive behavioural therapy, then in very short supply on the NHS.

Now is the time to build on this platform. At this conference twelve months ago, Alan Johnson published a Statement of Intent promising to broaden our IAPT service model to include a wider range of NICE-approved therapies for depression and anxiety.

Since then, I'm pleased to say that some services have already started to develop an integrated model along these lines – in London, for instance, four-fifths of IAPT sites are now routinely offering non-CBT therapies.

But now we need to see this happening consistently across the country. That's why I'm pleased to announce that the NHS has made a public pledge to broaden the treatments in every IAPT service.

It means we can begin to offer fully-formed IAPT services, providing people with a choice between different NICE approved treatments, such as CBT, Interpersonal Therapy, Couples Therapy, Brief Dynamic Therapy, Counselling and Collaborative Care – all held accountable to the public and commissioners by careful monitoring of the outcomes they deliver.

The next step will be publishing guidance and competency frameworks for each of the new therapies early next year, with additional non-CBT practitioners being in post by the end of 2010.

The NHS in each region has then said they will make good their pledge by providing a plan for how best they can achieve fully-formed IAPT services in the years ahead.

This is a major step forward for IAPT – it opens up a new era of choice within psychological therapies.

But, of course, better choice has to be supported by better information. We need to help people negotiate the range of options available to them, particularly those who are self-referring.

That's why we'll shortly be launching the NHS Stressline after a positive trial run. It will give a single source of advice and information on dealing with distress – providing, for many people, the first step towards getting help.

And that first step – to acknowledge that you need help – can often be the most difficult one. So we must be constantly looking at new ways to reach out to those who may find it difficult to come forward for treatment.

For example, we're already working with the Ministry of Defence and have established six mental health pilots across the UK.

I'm also pleased to say we're now working with Combat Stress on another project to help more ex-servicemen access mental health services if they need them.

This is a small beginning – and we know there's further to go – but the programme will involve trained care managers supporting ex-servicemen and encouraging them to seek help, including access to psychological therapies.

We also need to improve access to psychological therapies at both ends of the age spectrum. For children, we've got the successful experience of IAPT in Bury, but we need to do more on building the evidence base on what works best for children and young people. There'll be more on this when Ed Balls and I publish our response to the CAMHS review very shortly.

The other key focus is strong leadership within IAPT.

There's already a lot of important work underway through the New Ways of Working for Psychological Therapies Project – some of you here, I know, are involved, looking at how we can get the very most out of the counselling and psychotherapy workforce within IAPT.

Building on this, I'm launching a new leadership programme for IAPT professionals. This will pave the way for experienced practitioners to study for new Advanced Practitioner roles, giving us a new generation of clinical leaders.

These clinical leaders will be vital for unlocking the full benefits of multi-disciplinary teams and for preparing services for the more radical approach to mental health in the future.

New Horizons

Because our new strategy for mental health – New Horizons – is fundamentally about painting mental health issues on a much broader canvas.

If the National Service Framework supported the 600,000 with severe mental health problems, and if IAPT is for the six million with depression and anxiety, then New Horizons is for the 60 million, for every single one of us, a recognition that good mental wellbeing lies at the essence of a flourishing society.

Developing a coherent population-wide approach is the new frontier, the natural expression of a preventative mental health service.

But, of course, crossing that frontier won't be easy. There are enemies to this agenda, chief of which is ignorance. Only this weekend, we saw the misconceptions and hostility that still surround mental health. Many of you will have seen our plans for couples therapy were first misreported and then subjected to a volley of outrage based on the misunderstanding.

And the outrage centred on one simple argument – that money spent on therapies would be better spent on cancer drugs.

What does this tell us? I think it tells us that mental health is still desperately undervalued, in large part because of the scepticism and stigma that still hangs

over mental illness.

There's a big education job to do, not just amongst journalists and commentators, but across society at large.

There are a few stark facts that should be given to all journalists in training.

That suicide is second only to accidents as a cause of death amongst 15 to 44 year olds.

That fourteen pence in every pound spent by the NHS goes on treating mental disorders.

And all together, the total cost of poor mental health to our society is £77 billion a year – or more than £2,000 a second – and this figure will only grow as demography and dementia increases the burden.

But even then, are we really doing justice to the issue?

The fact is mental health affects everyone and everything. It governs our quality of life, our relationships, our aspirations for the future. It's fundamental to strong families, productive businesses, and healthy communities.

We come back to that old, familiar statistic known by everyone in the room – that one in four of us are likely to experience a mental health problem in our lifetime.

Imagine the gains if we can get to a position where we support each other through these times and if we can ally your work, with broader action across Government and across society, to protect us from mental distress. Imagine the difference to people, communities and the public finances if we can achieve prevention on this grand scale.

That's why the time has come to throw the full weight of Government behind improving mental health and wellbeing.

New Horizons represents a series of firsts.

The first time all Government Departments have come together to make mental wellbeing an explicit goal.

The first time a Government has committed both to improve mental health services and boost mental wellbeing across the general population.

And the first time too that we're developing a fully inclusive vision of mental health – covering people across all age ranges and all social groups, without discrimination or inequality.

But I want New Horizons to be more than 'just another' Government plan.

There are parallels here with obesity: we need New Horizons to do for mental health what Change4Life is doing for obesity. Drawing together action from Government, businesses, providers, community groups and individuals to support general wellbeing. Cultivating the grassroots action that will carry through deep social change, including changes in popular attitudes to mental illness.

It will mean new alliances, new ideas, new ways of working to make better use of available resources. And we'll need everyone to play their part and understand their roles.

And this brings me onto my final point. Voluntary and independent providers, many here today, are a fundamental part of mental health services.

You've been instrumental in the success of the last decade – and I want you to be equally instrumental in the next decade too.

For New Horizons to succeed, we need an NHS of all the talents, and good dialogue between commissioners and providers to ensure the right blend of services are in play.

Conclusion

I spent 10 days work shadowing in the NHS when I was a Junior Minister, including time with a mental health team in Easington. An image has always stuck with me.

One of the long-standing members of staff told me about the early 90s when the pits closed. Their team was threadbare. The referrals piled up in their office, and there was nothing they could do about it. People needed help and it wasn't there.

The impact of this failure lasted generations, touched every part of society, playing into worklessness, alcohol abuse, teenage pregnancy, family breakdown, the list goes on.

The costs of not stepping in to support people when they need it are catastrophic and enduring. That's why I'm determined that in the coming time of financial constraint, mental health is not seen as a soft and easy target. And I give you that pledge today.

It's been in the margins before, it's recently enjoyed unprecedented investment, and I want to make sure the benefits that your work bring to people and to communities are not lost.

The NHS, in moving from good to great, will depend upon the strong, responsive and empowering services you provide. You've led the way in recent times. I'm determined you continue leading the way in the years ahead. Thank you.