In each issue of the *Journal of Community Nursing* we investigate a hot topic currently affecting our readers. Here, Jason Beckford-Ball looks at the state of NHS mental health provision in the community, and asks the question...

Are poor mental health services the real epidemic in primary care?

Like the proverbial bull in a china shop, once again a prominent public figure has blundered unwittingly into an area which they know little about but feel compelled to comment upon.

Veteran broadcaster Joan Bakewell recently gave an interview to *The Sunday Times* about her views on anorexia (‘Anorexia is narcissism, says Joan Bakewell’ — www.thetimes.co.uk), commenting that anorexia stems from our narcissistic society and referring to eating disorders as a ‘first-world’ problem rooted in our preoccupation with self-image (‘Anorexia charities criticise Joan Bakewell for “unhelpful” comments’ — www.independent.co.uk).

Apart from making me wonder what mental health qualifications Baroness Bakewell has (note the ‘baroness’ — this isn’t just any old Bakewell we’re dealing with here), the interview also begs the question as to why so many so-called celebrities charge head-on into subjects they seem to have little knowledge or experience of, in the Baroness’ case making slightly outlandish claims such as ‘no one has anorexia in societies where there is not enough food’.

Putting aside the fact that according to the Royal College of Psychiatrists eating disorders have a complicated aetiology involving body image, genetics and anxiety, and are not caused primarily by vanity or food itself (‘Anorexia and bulimia’ — www.rcpsych.ac.uk), the Baroness did apologise and claim that she had been ‘misquoted’ (the celebrity version of being caught making things up).

Her comments, however, highlight a worrying lack of knowledge about mental health problems in the media, which considering we are currently undergoing a widespread crisis in mental health provision is unfortunate to say the least.

Released a couple of weeks before the Baroness’ intervention, an independent report into mental health provision commissioned by NHS England, *The Five Year Forward View for Mental Health* (www.england.nhs), highlights that, despite a growing understanding of mental health issues among the general public, the idea that those with mental health issues are now being well-served is misleading. Despite promises for ever-greater resources, mental health provision in England is in a parlous state.

According to *The Guardian*, the report paints a ‘devastating picture of England’s mental health services’, with suicide rising fast, the majority of people with psychiatric conditions not getting the help they need, and children being shipped ‘almost anywhere in the country’ to access services (‘Leaked report reveals scale of crisis in England’s mental health services’ — www.theguardian.com).

The report makes depressing but salient reading for community nurses, particularly as most of the problems dealt with in the report are community-based. It states that nine out of 10 adults with mental health problems are being supported in primary care and of those adults with more severe mental health problems
90% are supported by community services. Worryingly, however, three-quarters of people with mental health problems receive no support whatsoever and even those that do get help have inadequate access to interventions recommended by the National Institute for Health and Care Excellence (NICE), including medication and psychological therapy.

As well as severe problems with accessibility, mental health services are simply not fit for purpose, according to the report, which states that ‘bed occupancy has risen for the fourth consecutive year to 94%’, and shockingly that ‘many acute wards are not always safe, therapeutic or conducive to recovery’.

Similarly, while one in five mothers suffers from depression, anxiety or, in some cases psychosis, during pregnancy or in the first year after childbirth, fewer than 15% of localities provide specialist community perinatal services for women with severe or complex conditions. Indeed, more than 40% provide no service at all.

Following the release of the report, the government predictably called for a focus on mental health, with prime minister David Cameron somewhat stating the obvious by declaring: ‘We should be frank. We have not done enough to end the stigma of mental health’ (‘Nation must focus on mental health: PM’ — www.bbc.co.uk).

Extra money has been promised, with the government agreeing to the extra £1 billion demanded by the report by 2020 to start filling gaps in care. The report also sets out eight principles that should underpin reform to England’s mental health services:

- Decisions must be locally led
- Care must be based on the best available evidence
- Services must be designed in partnership with people with mental health problems and carers
- Inequalities must be reduced to ensure all needs are met, across all ages
- Care must be integrated, spanning people’s physical, mental and social needs
- Prevention and early intervention must be prioritised
- Care must be safe, effective and personal, and delivered in the least restrictive setting
- The right data must be collected and used to drive and evaluate progress.

Unfortunately, this has a hint of déjà vu about it, reminding me of any number of government interventions aimed at staving off yet another primary care crisis, only for the crisis to turn into an ‘epidemic’ when the money does not materialise and another raft of measures are released to solve the problems not addressed by the previous raft of measures.

None of which is really Baroness Bakewell’s fault, of course. But her casual musings on the causes of anorexia show the kind of misinformation that prevents mental health problems being taken seriously. It is stigma and misunderstanding that are the real problems underpinning poor mental health provision in the UK, and until we tackle people’s attitudes we will not get the community services so many people deserve.

If we are asking, as we constantly should, why mental health services are so chronically underfunded and we look beneath the obvious reasons — a lack of political commitment, poor governmental analysis, the lack of effective advocacy etc — we might notice that even clever people like Baroness Bakewell manage to denigrate severe mental illness in a way they would never discuss conditions like cancer, brain tumours, Parkinson’s disease or multiple sclerosis (MS), for example.

It is interesting to note that despite 20 years of campaigning against stigma and prejudice there is an inherent judgement assigned to people with mental health problems; that their illness is bound in some way to a character flaw or that their suffering reflects an aspect of ‘culture’, rather than a body in pain. The crisis, for that is what it is, is compounded by a set of political drivers which benefit from the marginalisation of mental health. Drivers which are preoccupied with money and are not averse to constructing blame as a means of balancing the books.

Baroness Bakewell had the decency to acknowledge her own lack of expertise in this area and that might, arguably, model a useful way forward. If we could greet things we didn’t fully understand — conditions like anorexia, depression, psychosis and anxiety — with curiosity rather than judgement and fear, we might begin to confront stigma. The problem is, does our society believe the benefits of that sort of open mindedness outweigh the economics ignorance permits?

Mark Radcliffe
Senior lecturer, King’s College, London