

DISABLED PERSONS (SERVICES, CONSULTATION AND
REPRESENTATION) ACT 1986

Development of Services for People with Learning Disabilities (Mental Handicap) or Mental Illness in England

Tenth Report prepared pursuant to Section 11
of the Disabled Persons (Services,
Consultation and Representation) Act 1986

Pursuant to c.33 1986 Section 11

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TENTH REPORT ON THE DEVELOPMENT OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES (MENTAL HANDICAP) OR MENTAL ILLNESS IN ENGLAND pursuant to Section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986.

1. This is the tenth report to be laid pursuant to Section 11 of the Disabled Persons (Services, Consultation and Representation) Act 1986, which requires the Secretary of State for Health to provide:

— such information as he considers appropriate with respect to the development of health and social services in the community for persons suffering from mental illness or learning disabilities who are not resident in hospital;

— information with respect to persons receiving in-patient treatment for mental illness or learning disabilities in health service hospitals;

— such other information as he considers appropriate.

2. This report describes developments over the last twelve months, and is organised in four sections:

Section A: the Government's general policy on community care;

Section B: services for people with a mental illness;

Section C: services for people with learning disabilities (mental handicap);

Section D: the statistical data required under Section 11(b) of the Act.

3. In this report the term "learning disabilities" is used instead of "mental handicap" except where statute law is directly quoted.

SECTION A: THE GOVERNMENT'S POLICY ON COMMUNITY CARE - RECENT DEVELOPMENTS

4. The Government's aim is for people to receive high quality services which are culturally sensitive and responsive to users' needs and wishes, and deliver the best value for money possible.

5. The Community Care (Direct Payments) Act 1996 came into force on 1 April 1997. The Act gives Local Authorities (LAs) the power to give some people cash payments instead of the community care services they have been assessed as needing. Those people will be able to use the payments to buy the services they need themselves. This is an important development in community care which facilitates greater independence for users. On 24 April 1998, Paul Boateng, the former Minister for Community Care, announced a review of the Direct Payments Act. The aim of the review is to see if any lessons can be learned from the experience of the first year of implementation, and to consider if these lessons can assist with the future development and operation of direct payment schemes. The outcome of the review should be announced in spring 1999.

6. On 4 December 1997, the Government announced the establishment of a Royal Commission to work out a fair system for funding long-term care for the elderly. The Commission is undertaking an independent and comprehensive review of how long-term care for the elderly should be funded throughout the whole of the United Kingdom. The Commission is finalising its work and its report should be published shortly.

7. The Government recognises the valuable contribution of carers, and their fundamental role to community care. The Prime Minister therefore announced on 10 June 1998 a Government-wide review of measures to help carers. The National Strategy for Carers will bring together a range of initiatives designed to address carers' concerns and give them support. It is examining how the problems they face could be tackled by new initiatives and policies from across Government. The strategy report was published earlier this month.

SECTION B: SERVICES FOR PEOPLE WITH A MENTAL ILLNESS

Government Strategy

8. Mental illness is a major issue of concern - about a quarter of the population consult their family doctor each year with a mental health problem. Mental ill-health accounts for 19% of days of certificated incapacity in connection with a claim to social security benefit and 14% of NHS in-patient costs. A 1994 Office of Population and Census Surveys survey showed that 1 in 6 of the adult population had reported a neurotic disorder in the week before interview and 4 people per 1,000 had a psychotic illness in the last year. In addition, there were 4,522 suicides and undetermined deaths in 1997.

Modernising Mental Health Services -

Safe sound and supportive

9. The Government has set out its plans to modernise mental health services by publishing a strategy document on 8 December 1998. It made clear that:

- services should be safe, to protect the public and provide effective care for those with mental illness at the time they need it.
 - services should be sound, ensuring that patients and service users have access to the full range of services which they need.
 - services should be supportive, working with patients and service users, their families and carers to build healthier communities.

10. Modern mental health services will assess individual needs, deliver better treatment and care whether at home or in hospital, enable 24 hour access to services, ensure public safety, and manage risk more effectively. Modern mental health services will have a firm base in primary care. Primary Care Groups will work closely with specialist teams to integrate service planning and delivery. Information systems will support the delivery of care and the management of resources, and there will be close partnerships with education, employment and housing. Patients, service users and carers will be involved in their own care, and in planning services. Services will be delivered in the most efficient and cost effective way with clear guidance from the National Institute for Clinical Excellence. Secure hospital services will be improved. Public protection will remain our first priority at all times.

11. This strategy will be underpinned in 3 ways by the Mental Health National Service Framework to be published in Spring 1999 and implemented from April 2000; a modern legislative framework and a substantial investment in services. The Government announced £700m would be available over the next 3 years to health and social services. Mental health is also a national priority with the lead role shared by health and social services in Modernising Health and Social Services : National Priorities Guidance 1999/00 - 2001/02.

Mental Health Act Review

12. A "root and branch" review of the Mental Health Act 1983 was announced in July 1998. The review has been divided into different phases. The first phase is a scoping study to make proposals to Ministers on the nature and scope of the legislation that should be put in place to reflect modern clinical and social patterns of care and treatment and to support the Government's mental health strategy. The underlying principle is that mental health services should provide safe, sound and supportive mental health and social care for the patient, for the carer and for society as a whole. This is very much a three dimensional approach to providing care. An

expert group, chaired by Professor Geneva Richardson, has been appointed by Ministers to undertake this first phase.

13. The expert group have been asked to advise on a number of specific issues which will ensure that new mental health legislation reflects modern patterns of care and treatment that will fit us for the new millennium. These include specific advice on how measures might be introduced which will, for a small number of people, require compliance with agreed treatment plans whether they are detained in a hospital or live in a community setting.

14. New pharmacological and social care interventions have meant that more and more people with mental illness can live at home, or in a more homely setting. The Government fully supports this change. However, more independent living for some is only appropriate where there is proper compliance with an agreed care plan. What is clear is that compliance is not necessarily to be confined to medication, and that where medication is involved, its administration should not take place in the individual's own home, but in an appropriate clinical setting.

15. The introduction of some form of compulsion which is not necessarily coupled to detention is an important step in providing safe, sound and supportive services which will help prevent, among other things, detention in hospital for a few of the individuals to whom it would apply and is entirely consistent with the Government's overall aim which is to ensure that compliance with treatment should occur in the least restrictive environment practicable.

16. The expert group will consult on their proposals and report their recommendations to Ministers in April 1999. Any proposals to change the law will be the subject of wide consultation.

Health Strategy for England

17. A Green Paper, *Our Healthier Nation: A Contract for Health*, was presented to Parliament by the Secretary of State for Health in February 1998. This identified mental health as one of four priority areas, and set a target to reduce the death rate from suicide and undetermined injury by at least a further sixth by 2010. The final strategy will be published in a White Paper later this year.

18. The White Paper *The new NHS: modern, dependable* (Dec 97) introduced National Service Frameworks (NSF), designed to set national standards and drive up quality across the NHS, and the Green Paper *A First Class Service* (July 98) outlined in more detail what each NSF will include and the projected timetable for delivery.

Suicide Prevention

19. There has been an encouraging decline in the overall number of suicides - a reduction of 11% over the six years up to 1997. The Department of Health has continued work aimed at further reducing the suicide rate. Action has included:

- Influencing the media to cover mental health issues in a more informed and sensitive manner to try to reduce the stigma associated with mental illness.
- On 26 August 1997, Baroness Jay, the then Minister of State for Health, announced important new measures on the labelling and availability of paracetamol and aspirin in response to the high rate of hospital admissions associated with overdose. The initiative to reduce pack sizes will impact on the residual quantities which people keep in their home - where there may be

a risk of impulsive overdose. These changes took effect from September 1998. The restrictions mean that a maximum of 16 tablets or capsules may be sold in supermarkets and general stores. Larger packs of up to 32 may be sold in pharmacies. In justifiable circumstances pharmacists will be able to supply up to 100 tablets. New label warnings emphasise the need to seek medical help in the case of overdose, even if there are no symptoms.

- In order to increase understanding of and learn lessons from the complex nature of events surrounding tragedies involving mentally ill people, the Department of Health is funding the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness under the directorship of Professor Louis Appleby. The aims of the Inquiry are to identify the care arrangements for patients which may be related to the deaths and recommend measures which could be applied nationally to reduce the number of such incidents. A progress report was published in December 1997 and the next report will be published in Spring this year. Health Authorities are also required to commission independent inquiries in all cases of homicide committed by people in touch with, or recently discharged by, specialist mental health services.

- In response to concern that certain occupational groups represented a high risk of suicide, the Department commissioned Professor Keith Hawton to carry out detailed research. His report "Suicide and Stress in Farmers" was published on 7 December 1998.

The Care Programme Approach

20. The Care Programme Approach (CPA) provides a framework for the care of mentally ill people and should be applied to all patients under the care of the specialist psychiatric services. Through its systematic assessments and key working, the CPA is the ideal mechanism for identifying severely mentally ill people, targeting resources on them and ensuring that they do not fall outside the network of care.

21. It has been recognised that it is timely to review the Care Programme Approach with the aim of retaining good practice and making improvements where necessary. Key tasks will be to achieve:

- consistency;
- proper focus by addressing the needs of service users;
- harmonisation with the Care Management process and sound clinical and professional practice; and
- streamlined process in which the complex level deals with the needs of the most vulnerable service users.

22. To achieve these changes in focus the emphasis will be on the importance of care co-ordination and the need for the tiered approach to more appropriately reflect service users' levels of need. The review is expected to report in the Spring of this year.

Resources to Support Policy Initiatives

Funding for Mental Health Services

23. To support the priority the Government places on mental illness, there has been a sustained increase in resources in real terms devoted to mental health as set out below.

24. Additional resources have been made available for mental health in 1998/99. This was achieved by continuing the Strategic Assistance Fund for Mental Disordered Offenders, continuing support to LAs by way of the Mental Illness Specific Grant and introducing the Mental Health Partnership Fund.

Mentally Disordered Offenders Strategic Assistance Fund (MDOSAF)

25. The purpose of the MDOSAF is to help Health Authorities (HAs) re-configure their services to provide an appropriate range of care and treatment for a group which has a particularly complex set of needs. HAs are using the Fund to tackle their own often unique set of circumstances in moving from an historical infrastructure to a more contemporary and planned provision of care working closely with other agencies. The Fund of £15 million was distributed to 15 HAs and consortia with the bulk of the resources going to London where the problems are most acute.

Mental Health Partnership Fund

26. The purpose of the NHS Mental Health Partnership Fund and its sister fund, the Local Authority Mental Health Partnership Fund, is to support innovative service strategies around broader mental health policy initiatives, with a particular emphasis on inter-agency partnerships. The Fund is being used to encourage HAs to further develop comprehensive mental health services for working age adults (a separate fund for children and adolescents has also been established). The Fund is being used to:

- provide pump-priming for new service strategies; and
- enhance an existing quality service.

The Fund of £4 million has been distributed to 64 HAs across the country. The fund will meet 70% of costs, with the remaining 30% being met by HAs.

Central and Local Social Services Expenditure

27. The Mental Illness Specific Grant (MISG) has pumped £433.3 million into social care service developments since 1991, including £73.3 million in 1998/99. LAs have contributed an extra £132.3 million. MISG has been a major catalyst for positive change and development - a Durham University monitoring exercise reveals MISG to have been successful in increasing activity in this area - and it has fostered better joint working between health and local authorities and other agencies.

28. MISG includes the top sliced Target Fund of £13.3 million from the main £73.3 million MISG, to help improve local authority provision for severely mentally ill people where these services are currently underdeveloped. In addition in December 1997, the Government announced the creation of two new funds within MISG: the £2m Child and Adolescent Mental Health Services (CAMHS) Fund extending MISG into child and adolescent mental health services and the Mental Health Social Care Partnership Fund (£4m) available to promote close working relationships between staff in local and health authorities and other key agencies.

29. The Mental Illness Supplementary Credit Approval (MISCA) gives local authorities permission to borrow to finance capital elements of schemes funded by MISG. In 1998/99 MISCA of £11.6 million has been made available to LAs.

30. Most LA's do, of course, fund social provision over and above MISG and MISCA. Their overall spending on mental health in 1996/97 was £467.8 million.

Financial Support to the Mental Illness Voluntary Sector

31. Under Section 64 of the Health Services and Public Health Act 1968, the Department gives grants towards the administrative costs of national voluntary organisations and to support national development projects or innovative local projects with potential for national replication. With regard to mental illness, 85 grants have been awarded to 60 voluntary organisations at a total cost of £3.1 million in 1998/99.

32. Grants have been made to organisations working in the field of child and adolescent mental health, adult mental illness, dementia, women's mental health services and ethnic minority mental health. There has been a continuing emphasis on projects which support the development of good quality local services for mentally ill people. The range of awards cover the full scale of mental health including schizophrenia, depression and phobias.

33. New projects include: a project by the Afro-Caribbean Mental Health Association to rehabilitate black mentally disordered offenders; an Alzheimer's Disease Society project on young people with dementia; a care programme to work project by the Centre for Mental Health Services Development; a project by the Eating Disorders Association to establish an information resource service; a Threshold Women and Mental Health project, which will develop an information line for women on mental health issues; and "Darymeelka Maarika", a project by Mind in Tower Hamlets to improve mental health within the Somali community.

Implementation of Policy

Hospital Closure Plans

34. An Independent Reference Group (IRG) has continued to advise the Parliamentary Under Secretary of State, on a range of mental health issues. Their first task has been to vet long stay hospital closure plans to help ensure that alternative care in the community is in place before closures go ahead. HAs have reviewed their closure programmes and have submitted 34 reports to the IRG. The IRG have considered all 34 schemes at least once. They have made recommendations to Ministers on 18 schemes and have requested further information about 16 schemes.

35. IRG members are drawn from a range of key mental health organisations, including HAs, LAs, charities and representatives of user groups.

Primary Mental Health Care

36. It is well recognised that over 90% of episodes of all mental illness are seen in a primary care setting. Many of these are the common mental disorders but a very significant number of those with severe enduring mental illness are also cared for only in primary care. GPs are therefore consulted by large numbers of people for psycho-social problems and mental illness.

37. Only 40% of GPs spend time in psychiatry during their vocational training (VTS), and this is often in in-patient settings dealing mainly with the long-term severely mentally ill. The Department therefore commissioned a national audit on the primary care - appropriate mental health components of VTS training. This audit is due to report in the near future.

38. In addition, the Department also funded an evaluation of the "Primary Mental Health Care Tool Kit", the publication of which was funded by the Department last year. The Tool Kit provides a systematic approach to the basic primary care procedures for assessment, diagnosis and management of the common disorders, and is a flexible resource for primary care teams to adapt, develop and use in their own local areas.

Health Action Zones and Mental Health

39. The Department has established a Mental Health Network across the 11 first wave Health Action Zone sites, to support their mental health initiatives, facilitate the sharing of good practice and the solutions to issues and problems experienced across sites. The Department has also funded expert input to this network and to individual sites for the mental health components of their work. Second wave sites are currently finalising their proposals and a workshop was held in November 1998 to allow them to meet with first wave sites to develop their mental health initiatives. The Mental Health Network is now meeting regularly around themes chosen by the Health Action Zone members.

General Medical Services (GMS) Local Development Schemes

40. Since April 1998, GMS local development schemes have given HAs the flexibility to improve the development and responsiveness of general medical services by giving local GPs financial incentives beyond those set out in the Statement of Fees and Allowances which sets out how GPs are paid. An example of the kind of initiative that GMS local development schemes may cover is that of a health authority agreeing to fund a specific patient management programme, by practice, with the enhancement of general medical services for patients with mental illness, or the improved provision of medical input into the local Drug Action Team's work. This offers the possibility of chronic disease management style approaches to the care of those with mental illness in primary care, and the Department is currently exploring successful ways in which this may occur locally.

Mental Health Nursing Review

41. The recommendations from the review into Mental Health Nursing which was launched in 1994 have continued to inform education programmes and influence practice. The involvement of users and where appropriate carers in care planning is now well established. Increasingly, services are engaging users in quality initiatives in particular, the review and measurement of the service effectiveness and in some instances as members of the appointments panel for job interviews.

42. The programmes for psychosocial interventions and family therapy have developed further with centres accredited for providing the training now available in most parts of the country. There has also been a heightened focus on acute in-patient care with many services considering appropriate alternatives to hospital admission ie Accident and Emergency liaison nurses providing assessment and diversion to alternative settings, home treatment programmes aimed at reducing pressures for admission.

Review of Psychotherapy Services

43. Guidance contained in the review of strategic policy on English psychotherapy services was supplemented during 1997 by the commissioning of an independent report on funding for education and training in psychotherapy. Agreement was subsequently reached to establish a national advisory group to support consortia to commission education and training in this complex area.

44. The Government has taken a number of further initiatives this year to help improve the mental health of children and adolescents, particularly through prevention and early intervention. The Department's centrally funded programme for mental health promotion includes targeting of resources at key 'at risk' groups such as young men at risk of self-harm. An example is the setting up of a specialised helpline to offer advice, guidance and counselling to young men at the onset of depression.

45. Many of these initiatives are also relevant to the development of the Government's major health promotion strategy "Our Healthier Nation". Health in schools will be a key component of the strategy. The aim is to build on the concept of the healthy school to promote not just excellence in educational achievement but to foster emotional well-being and enable young people to improve their quality of life and that of the wider community.

46. In order to encourage local authority investment in child and adolescent mental health the Department announced earlier this year a £2 million extension of the Mental Illness Specific Grant to support innovative local authority projects in this field in collaboration with HAs. Over 100 bids were received from which 24 projects were selected for funding from October 1998. These cover an extensive range of local authority support for children with mental health problems including looked after children, children excluded from school and those with significant behavioural disorders.

47. The dual health and local authority responsibility for child and adolescent mental health services is reflected in the inclusion of these services in the National Priorities Guidance, 1999/2002. This sets targets for modernising health and social services including the improved provision of appropriate, high quality care and treatment for children and young people by building up locally-based child and adolescent mental health services. The Government recently announced that it is making an additional £84 million available over 3 years from April 1999 to fund the development of CAMHS in line with these objectives. This extra funding will be provided through the NHS Modernisation Fund and the new Mental Health Grant (MHG) to local authorities.

Mentally Disordered Offenders (MDOs)

Policy

48. The long standing policy is that mentally disordered offenders requiring specialist care and treatment should receive it in health or social care settings wherever possible, rather than in the criminal justice system. This policy was reaffirmed by Ministers following the 1992 Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services (the "Reed Review") undertaken jointly by the Department of Health and the Home Office. The findings of this review gave added impetus to the Glancy report of 1974 which proposed a target of 1,000 medium secure places nationally and highlighted the need for more places.

Number of places

49. The provision of secure places is an important part of the strategy to meet the needs of mentally disordered offenders. Between 1991 and 1995 the Department of Health invested over £47 million in a central capital programme with the aim of developing 1,250 purpose-built medium secure places in the NHS. Although under the original programme there are two units still to open, the Glancy target of 1,000 places nationally has already been met.

50. As with any long term programme, further developments have occurred along the way and these include additional local financial support by the NHS regions themselves, a change or mix of specification of some units to include low secure provision and the growth in the private sector provision.

51. Currently in the NHS, beneath the level of high secure services, there are 1,081 medium secure places for mental illness and 178 medium secure places for learning disabilities plus 1,127 low secure places for mental illness and 122 low secure places for learning disabilities making a total of 2,508 places. A further 148 places are planned to open. In addition to this, in the private sector, there are 426 medium secure places for mental illness and 19 medium secure places for learning disabilities plus 95 low secure places for mental illness. The total of places come to 3,048 made up as follows:

	MENTAL ILLNESS				LEARNING DISABILITY			
	Medium Secure		Low Secure		Medium Secure		Low Secure	
	Units	Places	Units	Places	Units	Places	Units	Places
NHS	28	1,081	76	1,127	8	178	5	122
Private	6	426	4	95	1	19		
Totals	34	1,507	80	1,222	9	197	5	122

Pressure on beds

52. There is pressure on secure psychiatric services, in particular medium secure facilities which are intended for mentally ill patients and offenders who are too difficult or dangerous for local hospitals, but who do not require the higher security available at a Special Hospital. The pressure is due in part to the success of current policy evidenced by the increase in the number of sentenced prisoners transferred to NHS facilities which has more risen from 180 in 1987 to 745 in 1997.

Homeless People With Mental Illness (HMII)

53. The Social Exclusion Unit's report on rough sleeping, launched in July 1998, recommended that there should be a single body to co-ordinate services for rough sleepers in London. It is intended that from April 1999 the new body will assume responsibility for HMII services currently funded by the Department of Health. The Department will continue to be responsible for the HMII outside London.

Older People with Mental Health Problems

54. As the numbers of older people in the population continues to grow by the turn of the century the figure for those with dementia in Great Britain, currently some 600,000, is likely to rise to 800,000 corresponding to about 1 in 12 of the population over the age of 65.

55. The Department recognises that a multi-agency approach is needed to plan and deliver a wide range of health, social, voluntary and financial care services for what will be a growing proportion of the population. With this in mind, the

Department has put together a package of measures to help the various agencies in this task. This includes:-

- continued provision of financial support to both the voluntary sector and LAs;
- an innovative "One Stop Dementia Care" project funded under the Community Care Development Programme to provide a co-ordinated and multi-agency system of assessment and care;
- guidance issued in April 1998 to HAs on the moving of elderly people from one setting to another. This addresses the recommendations made by a panel in the Napsbury independent inquiry and builds on best practice that already exists in many HAs across the country. The guidelines should ensure that there is not another similar occurrence. It addresses practice relating to management arrangements as well as clinical issues; and
- guidance issued by the Standing Medical Advisory Committee in April 1998 to HAs and NHS Trusts on the prescription of the anti-dementia drug donepezil. This advised that patients should be referred for assessment and treatment to a specialist experienced in the management of dementia, so that the treatment can be best targeted to those patients most likely to benefit from the drug.

Staffing Issues

Workforce Planning

56. The Department has emphasised the importance of staffing issues in mental health services through the planning guidance issued to the NHS and through meetings with the NHS Executive Regional Office and local education consortia representatives. The Department also has a range of action in hand to promote leadership. This includes the preparation of a document to encourage people to pursue careers in mental health services and the incorporation of mental health specific elements into generic management development programmes. The Department has also taken steps to disseminate good employer practice in the recruitment and retention of the mental health workforce.

57. Since 1996, the Speciality Workforce Advisory Group (SWAG) has undertaken regular reviews of the psychiatry speciality group. As a result of SWAG's recommendations in relation to the numbers entering higher specialist training in many of the psychiatry specialities, we expect an increase in consultant numbers in England and Wales. Extra funding to train higher specialist trainees is being targeted at the priority specialities identified by SWAG, which includes some of the psychiatry specialities.

58. The Department and the Royal College of Psychiatrists have jointly prepared a report on medical staffing and have collaborated in taking forward consideration of its recommendations. All actions agreed at a joint meeting in April 1998 have now been completed.

Information

Mental Health Act 1983: Code of Practice

59. The Mental Health Act Code of Practice provides guidance to professionals on their duties under the Mental Health Act 1983. A revised version of the Code was laid before Parliament on 3 December 1998 and will be published, subject to Parliamentary approval, in February 1999. Finalisation of the text of the revised Code was delayed because of the need to incorporate further guidance on the

admission and treatment for mental disorder of patients who lack capacity, to take account of the House of Lords' decision in *R v Bournewood Community and Mental Health NHS Trust ex parte L* (1998) 3 ALL ER 289.

60. The aim is to clarify and reinforce existing messages about, among other matters, the roles and duties of doctors and approved social workers making assessments under the Act, the role of mental health act managers including exercise of their function to review detention, good working relationships between professional staff, effective communication with patients, consent to treatment, police powers to remove a person to a place of safety and care planning prior to and following discharge, including consideration of leave. It incorporates a new chapter on the interface between the Mental Health Act and the Children Act, guidance on supervised discharge and the new provisions for MDOs introduced by the Crime (Sentences) Act 1997.

61. A revised version of the explanatory Memorandum on Parts I to VI, VIII and X of the Mental Health Act 1983 was published in August 1998. The Memorandum, which describes the main provisions of the Act, is for the guidance of all those who work with the Act and is intended to complement the revised code.

Psychiatric Morbidity Surveys

62. A survey of psychiatric morbidity among prisoners in England and Wales was undertaken in 1997 with results published in October 1998. A survey of mental health and development of children and adolescents in private households is planned for 1999, with some results available towards the end of the year. A survey of psychiatric morbidity in adults aged 16-74 is also planned to begin in 1999.

Mental Health Information

63. A new Mental Health Minimum Data Set, comprising a person-based record of socio-demographic characteristics, problems, interventions and outcomes, has been piloted in 3 mental health provider units. Work is currently in hand to establish the feasibility of extending this data set more widely.

Public Information

Impact Strategy

64. In 1997/98, together with the HEA's World Mental Health Day campaign, the Department spent £1.4 million nationally on public information and mental health promotion. The Department's Impact Strategy aims to educate the general public with a view to combatting discrimination against people with mental health problems. Under Section 64 of the Health Services and Public Health Act 1968, the Department has also given grants which support a number of voluntary organisations which undertake work in this area.

65. In 1998/99, the Department has continued to develop close links with the voluntary sector and other interested organisations. An audit of campaigns and information produced by the voluntary sector and other bodies was completed. In consultation with the voluntary sector, this enabled the Department to adopt a more strategic approach in taking forward priority objectives under the Impact Strategy. The Department has also set up a publicity committee comprising representatives of the voluntary sector and other organisations to ensure continuing collaboration in this policy area.

66. The Department has taken forward a range of activities including a series of conferences, organised in partnership with the Focus on Mental Health Group, to

address important issues around social exclusion and stigma and black and ethnic minority mental health issues; activities to influence the media including support for service users to develop media skills and use the media effectively and a Media Forum to promote constructive discussion with the media to encourage them to cover mental health issues in an informed and sensitive manner; and the targeting of resources on key "at risk" groups such as young men - the Department has continued to develop the CALM helpline to offer advice, guidance, referrals and counselling to young men at the onset of depression.

World Mental Health Day Campaign

67. The Department has continued to support the Health Education Authority (HEA)'s mental health promotion work, focused on the World Mental Health Day (WMHD) campaign. WMHD takes place on 10 October each year and provides a unique opportunity for a wide variety of groups and organisations to raise awareness about mental health. Funding for the 1998 WMHD campaign totalled £635,000. In 1998, some 5,000 local organisers including health professionals, social services and those working in schools, further education and a wide range of voluntary organisations, took part in organising local initiatives and distributing campaign materials.

68. The focus of the campaign is on challenging discrimination and promoting participation and inclusion as key positive steps for mental well-being; and also seeking to highlight broader factors which impact on mental well-being with a view to institutionalising mental health promoting policies in a wide range of organisations.

69. The campaign is committed to raising awareness of mental health both among the general public - through creative use of the media, innovative campaign materials and promoting local action - and also to providing support and expertise for all those in a position to contribute to mental health promotion: teachers, employers, the police, journalists and primary health care teams.

The campaign aims to:

- support and increase commitment to mental health promotion across all sectors locally and nationally;
- influence the development of policy and practice which support mental health at all levels;
- develop people's knowledge, motivation and skills to protect their own mental health and that of others;
- reduce the fear and anxiety surrounding mental distress and to challenge stigma.

70. The campaign has focused on four target groups who are particularly likely to experience exclusion and who are the subject of stereotyped or discriminatory attitudes:

- older people;
- mental health service users;
- black and minority ethnic groups;
- lesbians and gay men.

The campaign has explored the issue of inclusion for these groups through a poster campaign, the aim of which is to celebrate diversity, challenge stigma and discrimination and invite viewers to rethink their own preconceptions.

Mental Health Awards

71. The Department has continued to run the Mental Health Awards Scheme, in partnership with Newcastle City Health Trust, to reward good practice in delivering mental health services in the public, private, voluntary and social services sectors. There are five award categories, each with a cash prize to further improve existing services.

- The Department of Health Voluntary Sector Award is for voluntary organisations which demonstrate good practice in providing services for people with mental health problems;
- The Sir Graham Day Award, sponsored by Newcastle City Health Trust, rewards innovation and good management in mental health services, focusing on effective partnerships between agencies;
- The Breakthrough/Lilly Psychiatry Award is for examples of effective and innovative working partnerships between professionals and users of mental health services;
- The Sainsbury Centre for Mental Health Award is for innovation in developing services for people with complex needs;
- The Breakthrough/Camelot Award is a new Award for 1998 recognising the work of a mental health practitioner whose care and compassion has significantly aided the recovery of mental health service users.

72. The Department of Health Voluntary Sector Award in 1998 was shared between the Friends of St Clements Hospital, Creative Writing and Life Story Groups; and the Feltham Open Door Project. The Creative Writing and Life Story Groups project is extremely popular with users, providing opportunities not provided within hospital or statutory community services. The Feltham Open Door Project opened in 1983 in response to local community needs and has over 15 years experience of providing successful and effective services to vulnerable people, including at weekends and evenings. Winners of all the awards were invited to the Awards Ceremony in London on 27 November 1998.

Patient's Charter and Mental Health Services

73. The Government is committed to replacing the existing Patient's Charter with a new NHS Charter programme which concentrates on the quality and success of treatment. Ministers asked Greg Dyke, Chairman and Chief Executive of Pearson Television, to review the existing Charter and make recommendations on the content of the new Charter. He has been supported by a team of 24 advisers drawn from the NHS, professional and patients' organisations, trade unions and other interested bodies.

74. A consultation exercise on proposals arising from his Report will help in framing a new NHS Charter in Spring or early Summer 1999. The existing Patient's Charter will remain in place until the new NHS Charter programme is implemented.

Research

75. The Department of Health directly funds research covering a whole range of issues relating to mental health. There are two programmes - the Policy Research Programme (PRP), which is designed to underpin the development of health and personal social services policy, and the NHS Research and Development (R&D) Programme, which commissions research in and for the NHS.

76. The PRP includes a strong portfolio of mental health research covering the breadth of the subject area. This reflects the high degree of importance attached to mental health issues. The need for the development of evidence based policy in mental health was an important factor in the identification of mental health as the subject of one of the first of the PRP's strategic initiatives to be taken forward: the Mental Health Research Initiative (MHRI).

77. The MHRI, a £2.5 million integrated and focused package of research is divided into three parts. The first deals with adult mental health and was commissioned in 1996. All eight projects are underway. These include three projects investigating the interface between health and social services for people with serious mental illness. The other 5 projects cover primary and secondary mental health care, risk assessment and measures to reduce carer burden.

78. The second part of the MHRI is research into mentally disordered people who may come into contact with the Criminal Justice System. Two studies have now been commissioned: on pathways out of medium security and on access to medium secure psychiatric services.

79. The final part of the MHRI is research into child and adolescent mental health. A call for proposals went out in May 1998 seeking proposals in two areas, in-patient child and adolescent mental health provision and child and adolescent mental health services in primary care. It is hoped that studies will begin early 1999.

80. The NHS R&D Mental Health Programme has continued to fund projects in key priority areas. To date 33 projects have been funded and over 30 will have reported by the end of 1998. Although the programme has now stopped commissioning it will be reviewed in order to help refine and develop priorities still outstanding.

81. It is planned that, following this, further work will then be taken forward through the already established Health Technology Assessment Programme and the Service Delivery and Organisation Programme (currently under development).

82. The Medical Research Council undertook to develop new research in five of the priorities under the NHS R&D Mental Health Programme. The priority areas were: compliance with maintenance neuroleptics in schizophrenia; prevention of relapse, recurrence and chronicity in depression; compliance with anti-depressant medication and brief psychological treatments for depression in primary care; clinical trials of common disorders in child and adolescent psychiatry; and long-term effects in mental health of early abuse and other traumatic events.

83. Since the call for proposals in 1992, new research grants with a total value of over £5 million were funded in these areas. The majority of these grants are now completed and their final reports have been considered by the Medical Research Council's Neuroscience and Mental Health Board. Final reports from the remainder will be considered later in the current session. The Council's overall research expenditure in neurosciences and mental health was about £54.2 million in 1997/98.

Research initiative on outcomes of social care for adults [OSCA]

84. The Department of Health has commissioned, through open competitive tender, a major new research and development initiative on outcomes of social care for adults. The initiative is budgeted at £2.5m, and consists of a linked series of 13 studies. The purpose of the initiative is to deliver research evidence which can inform the planning, commissioning and delivery of services which are valued and cost-effective, and which promote better outcomes for users and carers.

85. Five studies within the research initiative focus specifically on outcomes of social care for people with learning disabilities or mental health problems. These are: a study of quality of life assessment in small staffed group homes for people with learning disabilities; an evaluation of goal attainment scaling as a measure of outcome in community learning disability services; an evaluation of ten year outcomes and costs of community care for people with learning disabilities or mental health problems; a study to develop a brief tool for assessing outcomes of social care for adults with severe mental health problems; and a systematic review of research evidence on outcomes of mental health rehabilitation services.

86. A newsletter is distributed to social services and HAs, and voluntary sector agencies, as part of arrangements to ensure effective co-ordination and dissemination of the research initiative.

87. The OSCA research and development initiative started in 1997 and is due for completion in 1999/2000.

Occupational Mental Health

88. The Department chairs a standing Interagency Working Group on mental health in the workplace with membership from the Health and Safety Executive, Confederation of British Industry, Trades Union Congress, Advisory Conciliation and Arbitration Service, Institute of Personnel and Development, Health Education Authority and the Federation of Small Businesses. The aim of the Group is to advise on improving mental health in the workplace and to co-ordinate strategies across organisations with an interest in this field. The Government has continued to work to improve employers' awareness of mental health issues and has published a teaching manual for business schools and management educators about mental well-being in the workplace. The group will be looking at ways in which its remit can be widened in line with the Our Healthier Nation (OHN) Green Paper and NHS White Paper.

89. Last year the Department completed its part-funding, in partnership with independent sector sponsors, of the work of a part-time Fellow in Occupational Mental Health, which improves the education of occupational physicians on mental health at work. The project included the development of training materials for managers and the publication of a Clinical Update Series in 15 parts, entitled 'ABC of Mental Health for Occupational Physicians'.

Other Developments

Law Commission Report on Mental Incapacity

90. During 1997, the Department has been represented on an interdepartmental working group convened by the Lord Chancellor's Department, the lead department, in preparing a consultation document on the recommendations of the Law Commission Report on Mental Incapacity. The Lord Chancellor's Department issued a Green Paper in December 1997 entitled "Who Decides: Making Decisions on behalf of Mentally Incapacitated Adults". The aim of this work is to improve and clarify the decision-making process for those who are unable to make decisions for themselves or those who cannot communicate their decisions.

91. The Green Paper allowed for a three month consultation period ending on 31 March 1998 and over 4,000 responses were received in response. These have now been analysed and the Government is expecting to make an announcement in early 1999 on its proposals to take the work forward.

Welfare to Work

92. In July 1997, as part of the New Deal initiative, the Chancellor of the Exchequer announced in the Budget that some £195m was being set aside to help people with a disability or long-term illness including people with a mental illness, move into or remain in work. This policy breaks new ground. The programme is managed jointly by Department of Social Security and Department for Education and Employment in collaboration with other Departments. The Department of Health is closely involved.

93. The programme includes inviting bids for *Innovative schemes* which will test ways to help people move into work or remain in work; setting up a network of *Personal advisers*; an *information campaign* to improve knowledge of the help already available to support a return to work and a *Research and Evaluation* programme. In support of this wider initiative, the Department has been working with a number of voluntary organisations to develop a range of pilot schemes aimed at moving mentally ill people from dependency to more independent living via employment.

SECTION C: SERVICES FOR PEOPLE WITH LEARNING DISABILITIES (MENTAL HANDICAP)

NHS and Local Authority Services.

94. The Department of Health has continued to work to assist the development of better services for people with learning disabilities.

The Social Services Inspectorate (SSI).

95. SSI has published an Overview Report of the Inspections carried out in 8 local authorities looking at services for people with learning disabilities. This report called "Moving Into the Mainstream" which has been well received by the field, offers good practice examples and effective policy checklists. There has been a considerable amount of dissemination activity.

Short-term breaks.

96. SSI has completed a good practice guide on Short-Term Breaks and Respite Care based upon fieldwork carried out. The fieldwork was done during 1997 in four local authority areas. Focus Groups were also held with users and carers. The guide will be published shortly, focusing particularly on the needs of carers. SSI is presently planning an Inspection of Short-Term Breaks in a selection of local authority social services departments. This work will continue over this year and into next.

Other Inspections.

97. SSI are also planning an inspection of Independent Living For Disabled People and an Inspection of the Services to Support Disabled Adults in their Parenting Role. Both these inspections will continue throughout 1998 and 1999 and will be relevant to people with learning disabilities.

Evaluation of different types of residential provision.

98. In 1995 the Department initiated a research project to evaluate the costs and outcomes of various types of residential provision, including village communities. The first phase comprised a review of relevant research and an analysis of available information on costs. The second phase of the research, conducted by the Hester Adrian Research Centre at the University of Manchester began in 1997 and is looking in more detail at several village and residential communities as well as some dispersed housing and supported living arrangements. The results will help local authorities in their task of ensuring that they make the best use of resources in meeting the needs of the people in their area.

Abuse of people with learning disabilities.

99. Learning disability interests including voluntary organisations are represented in the work that the Department is undertaking on vulnerable adults. The Department has also contributed over £210,000 in 1998 for projects and organisations dealing with the prevention and treatment of abuse of people with learning disabilities.

Vulnerable Witnesses.

100. Officials from the Department were involved in the Home Office's interdepartmental working group on vulnerable and intimidated witnesses. The group sought to identify measures to help vulnerable people including people with learning disabilities who come in contact with the criminal justice system as a result

of being a victim of or a witness to a crime. Responses to their consultation document, "Speaking Up For Justice" are now being considered by the Home Office and Department of Health officials are involved in a steering group taking this work forward.

Learning Disability Nursing.

101. The Department continues to encourage developments in learning disability nursing. The Chief Nursing Officer has commissioned an Expert External Advisory Group on Learning Disability Nursing. West Midlands Regional Office set up the group and run it in collaboration with the Department's Nursing Adviser. The group comprises learning disability nurses in practice across England, who provide expert advice when required. Learning disability nursing featured again in the national nursing recruitment campaign.

Long stay Hospitals.

102. The Department of Health's policy is that health authorities should continue to work with social services departments in planning the transfer of residents to the community, and the resources to support them, with a view to closing the old mental handicap hospitals as quickly as possible. Meanwhile, authorities have a continuing responsibility for the residents of those hospitals and need to ensure that a satisfactory level of care is maintained.

103. Last year, Paul Boateng, the former Parliamentary Under Secretary of State asked officials to confirm that learning disability hospital closures were being handled appropriately. He wanted to be sure that health authorities' re-provision plans were based on sound individualised planning, proper consultation had taken place and all options had been fully considered. The review found that the level of inter-agency co-operation is high and there are some exemplary models of joint commissioning and joint providing in some areas. However, formal strategic agreement for the medium/longer term shape of services is not widely evident and there are continued difficulties in some areas in resolving funding responsibilities for people with very complex needs with differing views as to whether they can or should be accommodated in hospital or community settings.

Information on learning disability services.

104. Last Autumn, the Department's Social Care Group and NHS Executive regional offices asked local agencies to collaborate in the second stage of a project which will improve the Department's understanding of the services models that have developed in recent years and give a clearer picture of the services available for people with learning disabilities.

Research.

105. The Department of Health continues to fund research on learning disability. The evaluative study of the quality and costs of different types of living arrangements for people with learning disabilities, and an exercise to disseminate a psychiatric assessment schedule for use with adults with a developmental disability, are currently being taken forward by the University of Manchester. (See also paragraph 98 on evaluation of different types of residential provision). Learning disability also falls within the scope of a major research initiative on outcomes of social care for adults, which started in 1997. The initiative includes a study of quality of life assessment in small staffed group homes, an evaluation of goal attainment scaling as a measure of outcome in a community learning disability service, and an evaluation of ten-year community care outcomes following discharge from long-stay institutions.

Health care needs of people with learning disabilities.

106. Good practice guidance on the NHS role in learning disability services was published in January 1998 entitled "Signposts for Success in Commissioning and Providing Health Services for People with Learning Disabilities". There was also a version for service users "The Healthy Way" accompanied by a poster/ game and a cassette. It followed extensive consultation and emphasises the rights of people with learning disabilities to access good quality and well co-ordinated health services. It describes those issues to be addressed in ensuring that good practice takes place in appropriate services and outlines the range of services required. Publication was followed by four launch conferences and officials have also presented this information at many other conferences in order to increase awareness of this work. Good practice guidance for primary care teams is currently being prepared and will be available in 1999.

Advisory Group.

107. In September 1998, Paul Boateng, announced the setting up of a Department of Health Advisory Group on Learning Disabilities. The Group consists of people with considerable knowledge and expertise in the learning disability field comprising representatives from various statutory and non-statutory organisations. So that people with learning disabilities can play a full part in the Group the Department has set up a parallel group of people with learning disabilities who will discuss the same issues and send representatives to the Advisory Group. The Advisory Group will enable the Department to ensure there is a wider appreciation of the needs of people with learning disabilities across the whole of the Government's agenda for the development of NHS and Personal Social Services.

A Practical Guide for Disabled People - Version for people with learning disabilities.

108. In 1998, the Department revised the publication which gives practical guidance for disabled people on where to find information, services and equipment. Work on a version of the guide specifically for people with learning disabilities continues.

Financial Support for the Learning Disability Voluntary Sector.

109. Thirty six Section 64 grants totalling over £1.2 million have been awarded to some 22 voluntary bodies involved in the learning disabilities field in 1998/99. Supported projects include innovative work in the areas of sexual abuse, staff training, parenting and physical interventions (restraint).

110. The Department also has a scheme to promote shared training of staff across agencies involved with people with learning disabilities, with the aim of implementing Departmental policy and increasing effectiveness of service delivery. A range of training opportunities have been funded, including courses, conferences, training packs and evaluations. In 1998/99 grants awarded through the scheme totalled £150,000. Supported projects include work related to community based day services, mental health, race and culture, and communication.

Other areas.

111. People with learning disabilities and their families and carers will also benefit from more general initiatives in health and social care eg. the proposals in the NHS White Paper and the Social Care White Paper, creation of the new National Training Organisations, the programme of work intended to bridge the health and social care divide and the consultation document on the recommendations of the Law Commission report on Mental Incapacity.

SECTION D: STATISTICS REQUIRED UNDER SECTION 11(b) OF THE ACT

The data provided in the tables below are derived from information provided direct from NHS trusts to the Department of Health. The tables show the number of estimated unfinished provider spells at 31st March 1998 by age and length of provider spell.

Table 1

Number of unfinished in-patient provider spells in NHS hospitals where the patient was under the care of a mental illness consultant, by age and length of provider spell: 31st March 1998.

England	Numbers					
	Age at 31st March 1998					
Length of provider spell at 31st March 1998	All ages	0-14	15-44	45-64	65-74	75+
All Durations	31,750	150	12,200	6,800	4,200	8,400
Under 6 months	20,600	150	8,750	4,200	2,450	5,050
6 months - under 1 year	2,900	-	1,300	650	350	600
1 year - under 2 years	2,700	-	1,000	550	400	750
2 years - under 3 years	1,450	-	450	300	250	500
3 years - under 5 years	1,750	-	400	500	300	600
5 years and over	2,350	-	400	650	400	900

Notes:

- 1) A provider spell is the length of time a patient is under the care of a particular provider.
- 2) These figures are estimates based on data obtained directly from trusts.
- 3) The figures for several trusts have been estimated using partial data and recent trends in data and bed availability.
- 4) Figures may not add up due to rounding.
- 5) “ - ” means less than 50.

Key Points :

Between 1990 and 1998 the number of patients in the mental illness specialities has decreased by 43%. This fall can be explained by the reduction in the number of long stay institutions.

Table 2

Number of unfinished in-patient provider spells in NHS hospitals where the patient was under the care of a mental handicap consultant, by age and length of provider spell: 31st March 1998.

England	Numbers					
	Age at 31st March 1998					
Length of provider spell at 31st March 1998	All ages	0-14	15-44	45-64	65-74	75+
All Durations	8,400	150	4,450	2,800	600	400
Under 6 months	1,300	100	800	300	50	50
6 months - under 1 year	600	-	350	200	50	-
1 year - under 2 years	800	-	450	250	50	-
2 years - under 3 years	650	-	400	200	50	-
3 years - under 5 years	700	-	400	200	50	50
5 years and over	4,400	-	2,100	1,650	400	300

Notes:

- 1) A provider spell is the length of time a patient is under the care of a particular provider.
- 2) These figures are estimates based on data obtained directly from trusts.
- 3) The figures for several trusts have been estimated using partial data and recent trends in data and bed availability.
- 4) Figures may not add up due to rounding.
- 5) “ - ” means less than 50.

Key Points :

Between 1990 and 1998 the number of patients in the mental handicap speciality has decreased by 70%. This decrease can be explained by the reduction in the number of long stay institutions.

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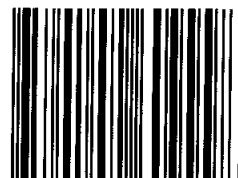
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