

Statistics, Damned Statistics and Mental Health Funding in Redbridge

Most of us accept that we have to modernise mental health services in Redbridge in order to improve access and choice and to promote recovery and social inclusion. It is also evident that there is room for improvement in making the whole system work better and ensuring spending is cost effective and offers value for money. Nonetheless, I am concerned by the emphasis placed on the financial drivers and the claim that Redbridge spends more on adult service than it needs to (Redbridge Public health Report 2004-05)¹. I remain to be convinced by the methodology used to determine this for a number of different reasons.

First of all, there is big question mark over the quality of data collected by mental health trusts. Indeed, many have not met requirements for data collection as evidenced by the star ratings over the last few years. Secondly, Payment By Results will be rolled out in mental health a number of years after the rest of the NHS Why? A major factor is the lack of meaningful data collected. Thirdly, one also has to question, if like for like comparisons have been used, as Redbridge has a number of historical factors that still impact on local mental health services, such as the closure of Claybury. Finally, the model used to assess local mental health needs in Redbridge does not take into account the number of asylum seekers in the borough – who can have complex needs.

Even, if for argument's sake, we accept that Redbridge is a relatively high spender, it is important to remember that there has been historic under-investment in mental health services. Indeed, such services are generally of a lower standard than other parts of the health services. This is reflected by the fact that mental health trusts have lower star ratings than the average health trust. The Health Care Commission has also suggested that historical neglect is still evident in low staff levels and reliance on agencies.

The danger is, however, that spending on mental health services will not kept up with the rest of the NHS. A Department of Health report, the National Service Framework for Mental Health (NSF) – Five Years On² points out that although there was a real increase in total planned investment in adult mental health services between 2001/02 and 2003/04 the increase in 2003/04 was small in comparison to that in earlier years and, if this is repeated over the next few years, increased investment in mental health will fall behind the increase in investment in the NHS as a whole. This is worrying because the Wanless Report³ calculated that in order to successfully implement the National Service Framework, spending on mental health services for adults would roughly need to double by 2010-11.

Another important point to bear in mind is that making better use of resources does not necessarily mean that there will be any reductions in costs to the

1 Redbridge Primary Care Trust, Public Health Report, 2004-2005, p.77, <http://www.redbridgepct.nhs.uk/>

2 The national service framework for mental health – five years on, Dec 2004, Dept of Health

3 Wanless, D (2002) Securing our Future Health: HM Treasury

health care system. For example, increasing the supply of psychological treatments - which many service users request – would, in all likelihood, lead to an increase in demand for talking treatments. Moreover, analysis by a number of health economists point out that the benefits accrued from modernisation and reforms in many instances will fall outside of the health care system, for example: in employment, taxation, welfare benefit savings and so on.

Finally, according to the World Health Organisation⁴, mental health problems are set to grow as a proportion of total illness. For example, by 2020 depression will be the leading cause of disability and the second biggest contributor to illness after coronary heart disease in the developed world.

I recognise that it is important to modernise services, that money has been spent on the wrong things and that we all (statutory, voluntary and community sector) can do things better in Redbridge. I also appreciate the national and local constraints that the statutory sector works under and there are a range of non health factors that impact on mental illness, such as: housing; working conditions; employment and living conditions. Nonetheless, I still remain to be convinced that Redbridge spends enough money on mental health and would urge Redbridge to continue to increase spending (over and above 'NHS inflation') on local mental health services.

⁴ WHO (2001) Mental health – new understanding, new hope, World Health Organisation