Lorinda Lainah

ELECTIVE REPORT

1) Compare the epidemiology of mental disorders in the UK with the epidemiology of mental disorders in the global setting.

Mental health problems in Britain are more prevalent than expected. With a population of 60 million, 15 million (one in four) people in Britain are affected by mental health disorders; half experienced their first symptoms by the age of 14. Half of the adults with a common mental disorder have symptoms of a level likely to require treatment. The Adult National Psychiatric Morbidity Survey showed that 19.7% women and 12.5% men are affected by mental disorders. Mental health problems are more prevalent than coronary heart disease (CHD) which is the most common cause of death and premature death in the UK. In fact, it is 23% of the total burden of ill health in the UK – the largest single cause of disability.

According to World Health Organisation (WHO) more than 450 million people suffer from mental disorders. Worldwide, 5.8% of men and 9.5% of women will experience a depressive episode in a 12 month period; a total of 121 million people will be suffering from a depressive episode in a 12 month period. Around one fifth of the world's children and adolescents have mental disorders.

The most common mental health problems in the UK are mixed anxiety and depression. 8% to 12% of the UK population experience depression in any year. Globally, depression is ranked as the leading cause of disability and the WHO has forecasted that by 2020 depression will be the second leading contributor to the global burden of disease.

2) Discuss why there is a need to improve mental health care delivery in the UK.

Mental health problems are very prevalent however only a quarter (24%) of people is receiving some form of on-going treatment. There are several factors which contribute to the low rate of mental health patients receiving treatments. Mental disorders are attached with a stigma and people with mental disorders are often afraid that they will be discriminated against, which prevents them from seeking mental health care. The 2003 National Survey of NHS patients found that at least 25% of patients with mental health symptoms did not report this to their GPs and of those that did, up to 50% complained only of physical symptoms and did not detail any mental and emotional aspects. Doctors may also misdiagnose or fail to diagnose mental disorders. One study found that only one third of doctors received mental health training in the past 5 years and 10% admitted to feeling concerned about their training with regards to mental health. Another contributing factor is that more focus is given to patients who have more than one mental health illnesses notwithstanding the fact that these "serious cases" are only a small proportion of people. Mental health patients often find it difficult to keep up with their treatments and care plans due to the complex and fragmented nature of mental health care delivery. Furthermore, these patients often have low levels of self-motivation, self-confidence, and compliance. In conclusion, there are many reasons for mental health patients to fall through the cracks of mental health care.

Mental disorder expenditures are a significant burden on the economy. Centre for Mental Health estimated that the collective cost of mental health problems in England is £105.2

billion in the financial year of 2009-2010 – a significant proportion when compared to the total health care expenditure of £140.8 billion in the year of 2010. A breakdown of this data showed that health and social care accounted for £21.3 billion, output losses amounted to £30.3 billion, whereas human sufferings accounted for £53.6 billion. Moreover the King's Fund estimated that from 2007 to 2026 there will be a 135% rise in the spending of mental health care in England. These analyses highlight the increasing impact of mental disorders on the country's economic and social costs, hence the need to improve mental health care and ensure more efficient use of public money.

3) State examples of current efforts to improve mental health care services in the UK.

The 2013-2015 Mandate from the UK Government to the NHS commissioning board states that it is the responsibility of the board to put mental health on par with physical health, and to close the health gap between people with mental health problems and the population as a whole. The mandate also calls for smooth transitions between mental and physical health services, and health and social care. There are also attempts to implement payment by results – a payment method which rewards efficiency and supports patient choice. From 2009 to 2012, a pilot programme for personal health budgets (PHB) provided patients with more autonomy in identifying and allocating the appropriate funds for their health and mental health care needs.

The NHS commissioning board will work with clinical commissioning groups (CCGs) to address unacceptable delays, and improve access standards and waiting times for all mental health services. Parallel to this the government will assess financial implications of any such standards. One example is the Improve Access to Psychological Therapies (IAPT) pilot project in 2012. A funding of £1.2 million is provided to pioneering trusts to share information with other health organisations, and about how they deliver the best treatments that lead to improved patient choice and recovery.

The government is working with Time to Change (an anti-stigma campaign run by the leading mental health charities Mind and Rethink Mental Illness) in the biggest programme to challenge mental health discrimination. In 2014 England will be hosting the 2014 Exchange conference. The conference is an opportunity for NHS, local governments and partners to speed up improvements to mental health services, and to support and improve mental health by learning what other experts are doing across the world.

4) A reflection on my experiences in Beacon UK.

I was placed by Diagnosis Network at Beacon UK – a specialised mental health management company. During the five weeks I was here, I was given plenty of tasks to work on:

- UCLH has commissioned Beacon UK to review their mental health services and I was required to contribute by organising raw mental health patient data into meaningful information which supports the notion for a mental health service revamp.
- Literature research on the different payment methods in health care and the implications towards health care provisions;

- Reading up on pioneer project (an invitation from Normal Lamb for pioneers to bid on large scale experiments on integrated care models) and preparing an overview for the team in the company;
- A similar overview on value/outcomes in health care;
- Reading up on the current health care system and organisation in England.

In addition I received teachings on England's health care system and the commissioning environment. I also had the chance to sit in team meetings and observe my colleagues from different occupational backgrounds working together to bring innovation and integration to mental health care.

Doing my elective at Beacon UK has increased my interest in health care innovation and helped me to truly appreciate the value of improving health care for better patient outcomes. I have realised that collaboration across the broader health care ecosystem can create endless opportunities in exchanging invaluable innovative ideas and driving the improvement in health care. I now have a better understanding of the broader health care system, the current NHS system, and some current health care service issues in the media and health care journals. I find innovation in health care very interesting and when I begin my work as a foundation year officer, I will continue to look for opportunities in health care innovation.