

Community mental health survey 2014: Sean Duggan, chief executive of Centre for Mental Health reflects on the results

The Care Quality Commission's national survey of people who use community mental health services is one of the key barometers of how well the NHS is responding to the needs of working age people with long-term mental health conditions.

This year's survey for the first time offers important insights into how well the NHS is supporting people to in their personal recovery journeys as well as more traditional measures of satisfaction with the care and support they get. It shows wide variations in the extent to which people are getting the support they want and need to recover. And it shows a marked difference in the experiences of services among people whose care is coordinated under the Care Programme Approach (CPA) compared with those who are not.

Among the most significant determinants of how well mental health services support people to recover is the extent to which they build helpful and supportive relationships between staff and service users (Shepherd et al, 2014). The survey found that about three-quarters of service users felt listened to and treated with dignity and respect by professionals. But only about half of those on CPA, and a third of those who are not, said they were adequately involved in planning their own care and support.

Involving and supporting carers, family and friends of service users is also a key part of recovery oriented practice (Machin and Repper, 2014). Disappointingly, the survey found that only 55% of service users said people close to them had 'definitely' been involved as much as they would like. Peer support is also a key element of recovery-oriented care and the survey found that only half of those who felt they would benefit from peer support were offered it.

As well as encouraging hope for the future, recovery oriented services support people to build opportunities for a life outside their illness. Despite clear evidence about the role of employment in recovery for many people, help or advice with finding or keeping work received the poorest response of any question in the survey. Some 34% of people on CPA and 51% of those who were not said they received no help with employment but would have liked it.

Advice and support in dealing with housing and personal finances are also vital to any recovery-oriented service and the results in these areas are also discouraging. Good quality welfare advice can make a significant difference to the health and quality of life of people using mental health services and should be regarded as integral to any modern mental health service (Parsonage, 2013).

The survey also asked about support people had received for their physical health. People with schizophrenia can expect to die 15-20 years too soon, yet a quarter of people on CPA who had physical health needs and wanted support for them did not get it. This needs to change as a matter of urgency. Help with managing the physical side-effects of medication and support to stop smoking for people using mental health services must be regarded a priority by the whole of the NHS.

While the survey results paint a mixed picture of the degree to which community mental health services support people in their recovery journeys, they also provide a starting point for commissioners and providers that want to change. They identify some of the biggest priorities expressed by service users for better support. Not least among those will be the need to invest in effective employment support using the Individual Placement and Support approach. The postcode lottery in the availability of IPS needs to be addressed so that no one who wants to work is denied the best available support (Centre for Mental Health, 2013). Access to high quality welfare advice, and support with housing, should also become routine practice.

Community mental health services are under great financial pressure. After several consecutive years or real terms funding cuts, it is reported today that mental health spending is set to rise by 1.4% in cash terms this year (<http://www.hsj.co.uk/5074846.article>). While this might help to steady the situation, it will not provide the boost mental health services need if we are to achieve genuine parity between mental and physical health in the NHS.

In the meantime, however, many providers and commissioners of mental health services are seeking to reinvest in recovery-oriented practices, such as expanding the use of peer support or creating Recovery Colleges. This is a welcome change that should enhance people's experiences of mental health care, building hope and creating opportunity for people who for too long have been denied a fair chance in life.

References

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