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Mental health

On the cusp of a new dawn

Introduction

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Mental health

Giving support; providing a voice

Debbie Andalo

Mental illness is estimated to cost the global economy about $2.5tn (£1.9tn) a year and is predicted to rise to $6trn by 2030. The UK figure last year was calculated to be £34.9bn.

The burden of mental health on the economy, specifically in the workplace, is the theme of World Mental Health Day on 10 October. To mark the day, this special supplement reveals what is being done to support people with mental health problems across the UK.

Find out how the arts can keep people mentally well and save money. We question whether government declarations to create thousands of jobs in mental health services in England are achievable, despite the promise of an extra £1.3bn. We also consider whether age discrimination is the reason why fewer older people are being referred to talking therapies and how the system is continuing to let down prisoners with mental health problems.

Smartphone apps are increasingly popular to help people keep mentally well, but in an unregulated market how do you know which ones to choose and whether they will work?

We also give a voice to individuals who have battled their own mental health demons. A retired headteacher speaks about the impact on her mental health of coming out as transgender.

We hear from one man who admits the high he got from cocaine was only surpassed by his addiction to gambling and how another young man believed eating disorders were just for girls - until he was struck down by bulimia.

Finally, with reform of the Mental Health Act 1983 on the political agenda, organisations and individuals reveal what they want to see in the new legislation.

Overview

A sector in the spotlight

With the promise of an extra £1.3bn a year and reform of legislation on the cards, mental health services are finally receiving the attention they so desperately need. **Debbie Andalo** reports

England is witnessing the "biggest expansion of mental health services in Europe", according to health secretary Jeremy Hunt, who has promised that an extra £1.3bn will be invested annually in mental health services by 2021.

With one in four people expected to suffer from mental illness at some time in their life - whether it's a new mother struggling with postnatal depression, a teenager with an eating disorder, or an older person isolated and lonely at home - the financial commitment is welcome.

Government pledges to reform the Mental Health Act 1983 - the law that allows the state to step in and detain people in crisis - also offers hope to others, particularly those whose lives are overshadowed by serious illness such as bipolar disorder or schizophrenia.

With anxiety and depression on the rise in younger people, the promise of a green paper by the end of the year to address the mental wellbeing of this age group, is another indication that Theresa May is acting on her promise to tackle the "burning injustice of mental illness".

Announcing that an independent review of the act would be led by psychiatrist Sir Simon Wessely, May told the Tory party conference last week: "Detention rates under [the act] are too high. And it is people from black and minority ethnic populations who are affected the most."

But while there are reports that the money is starting to reach the frontline, there are warnings from trusts, staff and care inspectors that the raft of government promises may not be enough - or come quickly enough - to pull services away from the brink.

Sean Duggan, chief executive of the Mental Health Network of the NHS Confederation, admits the political climate is changing: "Mental health is now a priority. We now get invited to No 10 policy group meetings and have the opportunity to talk to Theresa May's advisers - that never happened so regularly before."

Duggan says that £1.3bn should be enough to deliver the government's Five Year Forward View for Mental Health - its planning blueprint - but adds: "The issue, though, is what happens at the end of those five years? It's not enough money to provide in-depth comprehensive mental health services."

A report from the Care Quality Commission, the State of Mental Health services 2014 to 2017, described mental health services as "at a crossroads". It said that some services remained "rooted in the past", while others were described as world class for the care delivered in hospitals and round-the-clock care in the community.

The report also states that in order to deliver the government's vision for high-quality mental healthcare close to home, the sector "must overcome an unprecedented set of challenges - high demand, workforce shortages, unsuitable buildings and poor clinical information systems".

The problem of mental health patients travelling sometimes hundreds of miles to find an available hospital bed has not gone away, with out-of-area placements rising by 40% in two years.

Liberal Democrat MP Norman Lamb, former health and care minister, has long campaigned for an end to out-of-area placements. However, he says that more money is not always the answer, highlighting the success of Sheffield NHS health and social care foundation trust which has - by reforming services and allocating existing budgets in a different way - treated all acute mental health patients within its own district for the past three years.

"This is a progressive, exciting transformation that we need to be doing everywhere, which doesn't depend on what the government does," Lamb says. "We need to applaud these brilliant reformers who are re-engineering services, which are much more about partnership with people and peer support. It's not just about the money."

NHS Providers, which represents nearly all of England's 240 NHS hospital mental health and ambulance trusts, says trusts expect demand to continue to increase; 80% worry that money will not reach where it is needed most.

Its director of policy and strategy, Saffron Cordery, admits there have been noticeable improvements in perinatal care, and eating disorder services, but adds: "The core mental health infrastructure - the day-to-day of getting the job done - is exactly where we are with the rest of the health service; it's still struggling."

Mental healthcare for children and young people remains a "Cinderella service" and it is crucial that reformers of the Mental Health Act listen to service users. "The reform is an opportunity to tackle the culture of mental health organisations and care more generally," Cordery says. "But we mustn't allow that to take our eye off the other places and people, and make sure that people get what they deserve. It's taken us 10 years to get mental health on the agenda and it's going to take another 10 years to get us what we want to achieve."

A large proportion (80%) of NHS trusts are concerned that funding will not reach where it is needed most
Alamy

> Mental health is now a priority. We now get invited to No 10 policy meetings

Framing a picture of health

The arts can aid mental health and ease pressure on the system, says **Nicola Slawson**

Arts and Minds, a leading arts and mental health charity, has been running weekly art workshops for people experiencing depression, stress or anxiety in Cambridgeshire for the past seven years. Led by an artist and counsellor, its Arts on Prescription project offers a chance to work with a range of materials and techniques, including printmaking and sculpture. The impact has been outstanding.

An evaluation revealed a 71% decrease in feelings of anxiety and a 73% fall in depression; 76% of participants said their wellbeing increased and 69% felt more socially included. As one participant says: "I feel so much better having had the time and space to do some art. It makes such a difference."

Gavin Clayton, executive director of the charity and one of the founders of the National Alliance for Arts, Health and Wellbeing, says: "Our evidence shows that taking part in creative activities has a positive impact on people's mental health.

"The arts are important for wellbeing because beauty has a role in our lives. If we don't listen to that, or pay attention, then that can cause problems."

Cambridgeshire's success has been mirrored across the UK and the findings are supported by the conclusions of a report by an all-party parliamentary group (APPG) - Creative Health: The Arts for Health and Wellbeing.

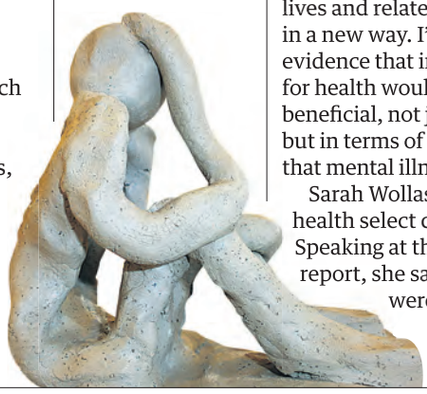
The report, published in July, which followed a two-year inquiry, found that the arts can help keep us well, aid recovery and support longer lives, better lived. The arts also help meet challenges in health and social care associated with ageing, loneliness, long-term conditions and mental health. Crucially they can also help save the care sector money.

Labour peer Alan Howarth, co-chair of the APPG on arts, health and wellbeing, says: "The time has come to recognise the powerful contribution the arts can make to our health and wellbeing."

So why can the arts be so beneficial? "The arts are a way of forming, shaping and holding in front of your eyes something you feel internally," says Phil George, chair of Arts Council Wales, who last November called on the government to fund the arts to improve health.

"It's about storytelling," he says. "It helps people develop a narrative of their lives and relate to their own experience in a new way. I'm convinced from the evidence that investment in the arts for health would pay off. It would be beneficial, not just in terms of wellbeing, but in terms of the pressures and costs that mental illness puts on the system."

Sarah Wollaston MP, chair of the health select committee, agrees. Speaking at the launch of the APPG's report, she said: "If social prescribing were a drug, people would be outraged that it wasn't available to everyone."



A sculpture produced at Arts and Minds. The charity helped to decrease feelings of depression in participants by 73%

Karen Allen

'Being in a room where you've got the space and time to be yourself, really helps'

A couple of years ago, Karen Allen from Denbigh, north Wales, began to have flashbacks of the abuse she had experienced in childhood.

Allen, who had grown up in care, says: "It was a culmination of factors, but ultimately everything I had run away from since childhood came back. I had worked my socks off to get a really good job as a press officer in a local authority and am a single mother to two children. In the end, it got too much. Something had to give and that was me."

She was diagnosed with complex post-traumatic stress disorder and signed off work, before later being dismissed on medical grounds. Allen turned first to a specialist counselling service in Wrexham and then joined the arts and friendship group at the Denbigh Carriageworks Project.

Each week, an artist visits the project to teach participants a new skill, such as sculpture, ceramics or painting. "What's lovely about it, is that if you're feeling depressed, the simple act of being in a room with other people - where you've got the space and time to just be yourself - really helps to improve your mood," Allen says. "There's such a feeling of camaraderie and friendship.

Karen Allen at the Denbigh Carriageworks Project
Mark Waugh

"The art is almost a happy bonus to that connection. While you're mindfully doing the art, it frees up your personality that had maybe been buried. It takes you away from whatever is bothering you, just for a couple of hours." **NS**

Working on the brink

The government's plan to increase the number of mental health staff and diversify the skills of the workforce, has been given a cautious welcome by a sector under pressure. **Kim Thomas** reports

Plans to replace bursaries with loans have already been met with protests from junior nurses Newzulu/Alamy

The government has promised an extra 21,000 posts in mental health services by 2020 to help meet increasing pressures and deliver its long-term vision for the sector. The pledge comes as mental health trusts and service providers report being "overwhelmed" by rising demand and an increase in staff shortages.

Saffron Cordery is director of policy and strategy at NHS Providers, which quizzed its members about the state of mental health services this summer. She says that the sector is "reaching a cliff edge" in terms of the workforce, with more senior-level staff leaving and not enough replacements coming through. Cordery adds that those who remain have seen a real-terms drop in wages as a result of the 1% public sector pay cap, and are under more pressure because of staff shortages.

She argues that increased demand, particularly in child and adolescent mental health services and crisis care, have added to staff stress. People who present for treatment are often, Cordery says, "more unwell and have more complex needs because the broader preventative services that used to be in place are no longer there". These include local government services to treat drug or alcohol problems.

Kim Moore, senior lecturer in nursing at Birmingham City University, says that more nurses are now leaving than joining the profession and for many the combination of poor pay and overwork has become "unmanageable". The abolition of bursaries for nursing students and the impact of Brexit will create "an even bigger hole", she says.

1.2 million people use NHS mental health services monthly

55 NHS mental health trusts, employing 180,000 staff, including 9,000 doctors and 57,000 nurses

50% of trusts say they are unable to meet current demand for children and adolescent mental health and A&E services

Less than a third are confident that national workforce planning will deliver enough clinical staff to meet needs

40,000 estimated unfilled NHS nursing posts

By 2020 the government promises to establish 21,000 new posts and employ 19,000 more staff

8,000 will be for newer roles, including peer-support workers, personal wellbeing practitioners and nursing associates

Sources *NHS Providers: State of the NHS Provider Sector, July 2017 | RCN: Safe and Effective Staffing: the Real Picture, May 2017 | NHS: Stepping forward to 2020/21: The mental health workforce plan for England, July 2017*

Cuts in funding are one of the reasons that mental health trusts are changing their model of care, says Helen Gilburt, fellow in health policy at the King's Fund thinktank: "They are moving away from very specific services, to thinking about how we can support people to recover and have quality of life while living with mental health problems." This shift has prompted the recruitment of a broader skill mix in the workforce, with less reliance on mental health nurses.

The recent mental health workforce plan announced by the Department of Health reflects this new mix. Some 8,000 of the 21,000 new posts promised are for roles that are not professionally regulated, such as peer support workers and nursing associates.

While the plan has been welcomed by the sector, there is scepticism about whether it will be enough. Sean Duggan, chief executive of the Mental Health Network of the membership organisation NHS Confederation, supports the creation of new roles such as nurse associates. "However," he says, "the thing that really worries trusts is where will they get [the staff] from?

"It takes seven or eight years to train a doctor and four to train a nurse. Money is only part of the solution."

Cordery wants guarantees that the new money will reach frontline services, as well as greater effort to make the sector attractive to new staff. "We're not going to be able to magic them out of thin air," she says.

> "The sector is reaching a cliff edge in terms of the workforce, with more senior staff leaving"

Smartphone apps for mental health

The number of apps geared towards improving wellbeing is increasing, but how helpful are they?

It doesn't matter what the problem is, someone will have developed a smartphone app to deal with it - so it should come as no surprise that there are now thousands of apps that promise to improve your mental health and wellbeing. But do they work?

The mental health app marketplace is "very messy", says André Tomlin, who runs the Mental Elf website that offers up-to-date information about mental health policy and research.

Most apps, says Tomlin, are targeted at common mental health conditions such as depression and anxiety, but increasingly there are apps for people with more serious conditions, such as bipolar disorder. Appropriate apps, he says, can be hard to find: "If you go to the App Store and browse in the health and wellbeing section, what you'll get is a ton of yoga and sex apps."

That is not to say that apps cannot be useful. Eve Critchley, head of digital at mental health charity Mind, says those offering access to online peer support are particularly valuable for anyone who feels daunted by the thought of picking up a phone or seeing a therapist: "For people who are socially isolated or less able to engage in face-to-face support, it may be preferable to use something that you can use privately or anonymously."

Mind has its own mental health app, Elefriends, with access to an online community of peer support. It has been downloaded more than 13,000 times. "We hear lots of people say that was their first experience of either seeing someone else talk frankly about mental health," says Critchley, "or of being able to talk about mental health and feeling understood and accepted."

Other useful apps, she says, range from those that track a person's mood or use techniques such as mindfulness, to apps such as Stay Alive that offer crisis support for people with suicidal feelings. Some people, Critchley adds, find it helpful to use a smartphone simply as a journal to record feelings.

So how can you find the most helpful apps? The best, says Tomlin, are those that have involved both clinicians and people with the relevant mental health condition in development. In the UK there is no system of accreditation, although the NHS has launched a test library of apps for both mental and physical health, which are expected to go live in early 2018. The plan is that some of those apps will be certified as NHS-approved. To this end, the NHS has created a questionnaire for app developers that will help determine whether an app meets the criteria.

The biggest challenge is evaluating clinical effectiveness and NHS England has talked to patients and organisations, such as the National Institute for Health and Care Excellence, to establish "what good looks like" before an app can be approved. It is a rigorous process, says Juliet Bauer, chief digital officer at NHS England: "If we want to recommend them to the public, we need to know that they're safe and secure, and effective and easy to use."

Five of the best mental health apps

Catch It: helps you capture and understand your mood using a journal. Free on the App Store and Google Play.

Chill Panda: helps you relax by measuring heart rate and suggesting breathing techniques and light exercises. Free on the App Store and Google Play.

Cove: creates music that reflects your emotional state. Free on the App Store.

Elefriends: an online community from Mind. Free on the App Store and Google Play.

SilverCloud: an online course to help manage stress and depression. Available via NHS referral.

How to choose the right app

- Look for apps with input from a mental health practitioner.
- Check that your personal data is held in accordance with data protection laws.
- Ask if the app is approval by a regulatory body, for example, the US Food and Drug Administration.
- Ask whether the app has undergone any trials to demonstrate its clinical effectiveness.
- If the app is for an internet forum, check for moderators and posting guidelines. **KT**

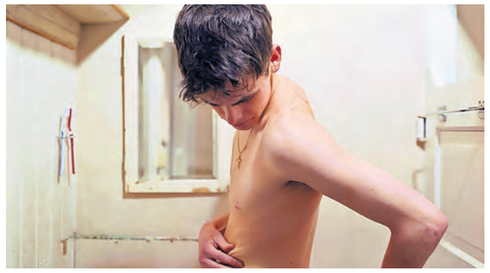
Secret that needs to be shared

Eating disorders are not just a 'girl thing'. They affect men as well, says **Sarah Johnson**

Anorexia and bulimia are often thought of as female conditions, but according to the National Institute for Health and Care Excellence 11% of males suffer from an eating disorder.

The eating disorders charity Beat recognises that exact statistics are difficult to collate, but says that up to 25% of people affected by eating disorders are male. And according to NHS Digital, the number of adult men admitted to hospital with an eating disorder increased by 70% during the past six years - equal to the increase among women.

Dr Sandeep Ranote, consultant child and adolescent psychiatrist, and member of the faculty of child and adolescent psychiatry at the Royal College of Psychiatrists, says: "There's still much more stigma around eating disorders in men. It's seen as something that is an acceptable illness for girls, but not for boys. We are seeing more boys, but not as many as we should."



In the last six years, men admitted to hospitals for eating disorders increased by 70% Gallery Stock

Dr Darren Cutinha, a consultant psychiatrist at the child and adolescent eating disorders service at the Maudsley hospital, south London, believes there are two main issues with boys accessing treatment. "First they're less likely to want to come forward," he says. "They may think people will question their masculinity, or not believe that men can get eating disorders. The second barrier is professionals not recognising that men can have an eating disorder."

Dr Cutinha says nobody can be sure what causes an eating disorder and there is usually an interplay between genetic and environmental factors. "More commonly for boys, anorexia can be triggered when they are trying to get fitter or stronger," he says.

"They might want to exercise more, think about their nutrition and eat in a healthy way. But it can get out of hand and lead to anorexia if they have that predisposition."

Beat says that full recovery from an eating disorder is possible, but the sooner someone gets treatment, the better. Dr Ranote says: "Mental health is finally being taken seriously. We have treatment, people can get better. They need to know that they're not alone."

'I felt that no one would understand'

Priyesh Vyas, 25, from Kent, is a team leader in the flight operations department at Airbus

I was bulimic between the ages of 15 and 18. I had a relapse at 21 as well. It was probably down to more than one factor, but exam stress and social media pressure didn't help.

Men have more pressure in looking a certain way in this day and age. I can't pinpoint an exact time when it started; it was a gradual thing. There would be times when I'd be at school, eat lunch and purge it out in the toilets without anyone knowing.

It's such a secretive eating disorder. No one can physically see it because your weight fluctuates so much. People just can't tell. I would often have balanced meals - not junk food or anything bad - but I'd feel guilty and purge it out. After eating a meal, I'd feel like I'd put on weight instantly - that I wouldn't burn all the calories that I'd just consumed.

I was a keen cricketer and there would be instances when I'd be playing cricket and I'd be bulimic in the middle of a match. There would be points where I would go the whole day without being bulimic and days when I'd purge out all my meals - that's the nature of the eating disorder.

Priyesh Vyas: 'It's such a secretive eating disorder' Jooney Woodward

No one knew until I was caught by a schoolteacher. The teacher had suspicions because I was going to the toilet so often. One time they found me after I had thrown up and told my parents. I felt embarrassed that my secret had suddenly been exposed.

I felt some guilt that what I was doing was definitely wrong. My family were shocked and didn't know how to deal with it. Eating disorders are not openly talked about - most of my family members didn't know I was going through it until recently.

I knew that what I was doing wasn't correct and that it would eventually kill me. I had Googled what I was going through and I knew what bulimia was, but I didn't have the confidence to come forward.

I saw a lot of blogs about females and eating disorders, but nothing pointed to males, so confidence in telling anyone was diminished. I felt it was something that only affected women. There is still stigma around men with eating disorders, but hopefully with people like myself campaigning, that can end.

I was lucky that I got help early - my parents took me to the GP who referred me to an outpatients clinic. Fitness has also been a big part of my recovery

When I was going through my eating disorder I felt lonely and that no one would understand me. I thought that the eating disorder would be a part of me until I was dead. I want to show others that it's possible to recover.

Don't be afraid to be judged - you're not the only one going through it.

Interview by Sarah Johnson

"Don't be afraid to be judged - you're not the only one going through it"

Legislative reform

A chance to make mental healthcare fit for purpose

Campaigners, sector workers and users agree that the patient must be put at the centre of any overhaul of the Mental Health Act 1983. **Saba Salman** reports

The promise to overhaul the Mental Health Act 1983 is one of the few Conservative party manifesto pledges to survive the election.

The decision to reform the act, which appeared in the Queen's speech in June, was confirmed by the prime minister's announcement at last week's Tory party conference of an independent review.

The act, which applies to England and Wales and outlines how people can be involuntarily detained and treated in hospital for mental health issues, was amended in 2007. This included introducing the right to an independent advocate while in hospital; and the controversial community treatment orders that were criticised for failing to safeguard patients' rights.

However, 30 years on, the legislation is regarded as outdated. Today, there is greater public awareness about mental health, more demands that the issue has equal parity with physical health, and increasing concerns about the numbers detained in secure care who might instead be treated in community-based services.

Theresa May acknowledged the inadequacies of the UK's mental health system in her first speech as prime minister in July last year: "If you suffer from mental health problems, there's not enough help to hand."

Here, mental health campaigners, workers and patients explain what they want to see in a new act.

Ian Callaghan, mental health campaigner, working with charity Rethink Mental Illness

The act should support people when they are most unwell by ensuring their care and treatment is timely, and helping them progress in their recovery.

Currently someone detained under the act can't be confident that their rights, any advance wishes or their dignity will be respected - or even that they will be listened to.

The best place to start will be with people who are, or have been, detained under the act - such as myself. Embedding people's experiences in any new legislation will ensure that the person is at the centre of their care, and that the best options are put in place at every step of someone's treatment and recovery journey.

Prof Helen Stokes-Lampard, chair of the Royal College of GPs

Cases of patients presenting with mental health conditions have risen significantly over the past few years across the NHS, especially in general practice. While this might sound alarming, it could also indicate that there is better identification and diagnosis of mental health conditions and that the stigma society attaches to mental health is reducing, so more people are seeking medical assistance. These would be positive steps as we strive for parity of esteem between physical and mental health.

Once diagnosed, many patients struggle to get the most appropriate treatment because there is a severe lack of specialist community mental health services. Additional and more varied community services must be made available, and GPs must have easier, quicker access to them. NHS England's GP Forward View pledges that every GP practice will have access to a mental health therapist - this needs to be implemented as a matter of urgency.

Prof Wendy Burn, president of the Royal College of Psychiatrists

It is imperative that changes to the law are considered carefully and that the voice of patients, carers and medical professionals are listened to. The government is right to look at why detentions under the act have risen and why some ethnic groups are detected more often than others.

They must remember that the best way to prevent someone being detained is to prevent them from falling into a crisis in the first place; to understand that poverty, poor housing and poor physical health impact on a person's wellbeing and psyche. With many services struggling to keep up with demand it can be hard to provide the early intervention needed to prevent people becoming seriously ill.

> A major challenge is to end the practice of sending people miles from home to receive treatment

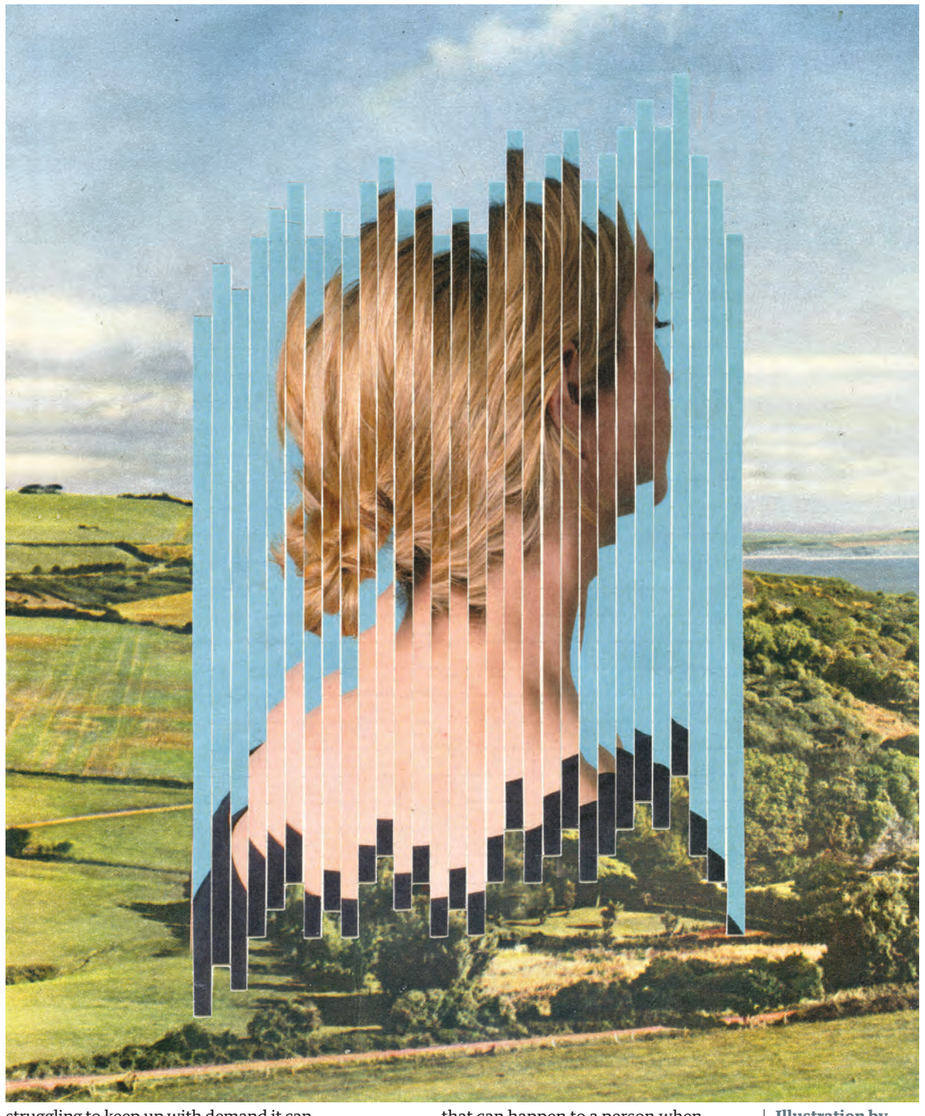


Illustration by Anthony Gerace for the Guardian

Paul Farmer, chief executive, mental health charity Mind

Being detained under the act is one of the most serious things that can happen to a person when it comes to their mental health. The current legislation is outdated and not in line with the principles of modern healthcare. In the past 10 years in England we've seen a 47% rise in the act being used to detain people. This demonstrates that it fails to support people when they are acutely unwell. Any new legislation needs to ensure that people with mental health problems have more involvement in decisions about their care.

Overhauling the act is a mammoth task and needs to be done in full consultation with people with lived experience. Changes to legislation need to coincide with the delivery of the ambitious plan to transform mental health services over the next five years.

Kevin Betts, mental health campaigner

I'm yet to be convinced that what was in the Queen's speech will go far enough to meet Theresa May's promise of mental health reform. I've spent the last 14 years, since my dad's suicide in 2003, trying to rationalise successive governments' cuts to mental health provision and disingenuous nods to change being needed.

Mental health should not be a game of political one-upmanship. Consistency is vital to those in treatment, other service users and those who care for them. There is no outright [government] majority, which should encourage all parties to provide a universally approved approach.

I want a commitment that goes beyond treatment and towards destigmatisation, requiring preventative measures in educational, workplace and public settings. Early interventions can help provide positive experiences of mental health for society and take away the negative perceptions of someone with mental health issues being unhinged or untrustworthy and volatile.

Lol Butterfield, mental health anti-stigma campaigner and registered mental health nurse

Mental health legislation has broadly resulted in increased rights and autonomy for patients - yet we still have a long way to go. New legislation must reflect modern day thinking around equality and treating everyone uniquely. Governments have always promised investment in mental health provision, but - with the exception of increased spending on 'talking therapies' - I've yet to see this. Staff are stressed and constrained by endless bureaucracy that undermines meaningful face-to-face interventions.

Investing money to increase treatment options, staffing levels and mental health promotion - starting in schools - will help put mental health on par with physical health provision. The new act must continue to put the patient at the centre, be as unrestrictive as possible and reflect the importance of eradicating stigma.

Kay Ska, mental health blogger and campaigner

In the new act I would like mental health to be treated the same way as physical health. So if it's OK to take days off sick due to being physically ill, it shouldn't be looked at any differently if someone needs to take time off work because of their mental health. If my leg was broken, I would have to see a doctor straightaway; things would be done immediately to get me better. But apparently not being able to leave the house due to mental health issues doesn't seem as important. I also think that nobody should be turned down or have to wait for over three months to receive any mental health treatment.

Dr Mike Hunter, consultant psychiatrist and medical director Sheffield health and social care NHS foundation trust

A major challenge for mental health services is to end the practice of sending people miles and miles away from their own homes to receive inpatient treatment. This often occurs in relation to acute episodes of care, but is also a problem for longer-term care, in so-called "locked rehabilitation" hospitals. Social inclusion is a crucial part of recovery in mental health and isolation from family, friends and communities has a negative impact on care and recovery.

Having the right number of local inpatient beds is important, but the problem is about more than beds - it's how the whole system works in an integrated way to provide the best possible care, close to people's homes. The only way to achieve this will be to work with the people who use the services, to create better services that genuinely meet their needs.

Gareth Raynes

'If I can use this experience to help other people, then it would kind of make it worthwhile'

Gareth Raynes, 24, is studying for a PhD at Aberystwyth University in west Wales, and volunteers as a peer mentor helping younger students with their mental wellbeing. It is a role he could never have imagined himself doing a few years ago.

Raynes first began having panic attacks while studying at the University of Surrey. He was diagnosed with having anxiety before going on to develop depression. "It was a long, slow build up," he says.

"It really started getting worse ahead of my second-year exams. I actually had to leave exams to be sick."

Initially he tried to hide it: "I didn't tell anyone about it for about a year and only then because I had a big panic attack in a restaurant in front of friends," he says. "I went downhill pretty quickly after that, but soon depression was the main problem. A friend was worried and asked me to go to the doctor. I hadn't realised how bad I was getting until someone gave me that outside perspective."

Raynes, however, could not begin counselling as he was just three weeks away from returning home for the summer holidays. "The uni doctors gave me antidepressants and told me to go to my doctors when I got home."

His depression had become so severe that he had daily visits from a mental health nurse: "It was quite intensive treatment, but at that point I wasn't leaving the house."

Volunteer peer mentor Gareth Raynes

Back at Surrey, his final year got off to a positive start: "Before I returned, I told my personal tutor and she was brilliant. She sorted out a meeting between my parents and the head of the wellbeing team in student services."

Raynes had a weekly meeting with a mental health nurse and weekly counselling sessions. He was eligible for the disabled student allowance and being given more time on essays also helped. The support worked and he graduated with a 2.1 and joined the PhD course.

Raynes declared his condition on his Aberystwyth application. "The university called me up before arriving and asked what they could do to help. I was given a peer mentor, who was someone I could check in with. When I did go a bit downhill for a few months I was quickly set up with counselling again."

Now a Student Minds ambassador and a peer mentor himself, Raynes is helping other students who experience similar difficulties: "If I can use this negative experience to help other people in a positive way then it would kind of make it worthwhile, so I jumped at the chance." **NS**

Universities' mental health challenge

Mental ill health among the student population is increasing. But although the problem is recognised, there's still a lack of joined-up thinking to tackle it. **Nicola Slawson** reports

Mental ill health is on the rise on university campuses and the numbers are stark. A record 1,180 students who experienced mental health problems left university early in 2014-15, figures from the Higher Education Statistics Agency reveal. It represents a 210% increase from 380 in 2009-10. This begs the question: what is behind the increase? And what is being done to address the problem?

Poppy Brown, author of The Invisible Problem? a Higher Education Policy Institute's report on improving students' mental health, says there's a need for much better data on the issue. While a YouGov survey last year found that one in four undergraduates reported having a mental health problem, a 2015 National Union of Students survey revealed that 78% of students experience mental health "issues", while 54% of students do not seek help.

> People go to university at the exact time when they are likely to develop a mental illness

A survey by the NUS revealed that 78% of students experience mental health issues Getty Images

"There is so much data out there that is skewed by samples and ill-defined terminology, so it's very difficult to measure," Brown says. "It depends if you are talking about mental health problems - which can encapsulate a whole range of things - diagnosed mental illness, or just poor wellbeing."

Brown says that things are improving, especially for those with lower-level mental health problems. "Most universities now have a pretty effective counselling service and mental health policy in place. There is a lot more awareness and universities are trialling mentoring and staff training, but there isn't really a whole university approach across the country."

This is a situation that an initiative from Universities UK (UUK) is hoping to rectify. Prof Steve West, vice-chancellor of the University of the West of England, Bristol, is chair of UUK's working group on mental health in higher education, which aims to publish a framework for vice-chancellors and senior teams to follow.

Although West recognises there will never be a one-size-fits-all solution, he says the framework will "explore and highlight best practice from across the sector and draw on international research to identify exemplars of work already in place in universities".

"We will also provide a 'checklist' to consider when thinking of a whole university approach to mental health and wellbeing," he adds. Although universities are notoriously competitive, West hopes that resources and ideas can be pooled and the sector will support dissemination across organisations.

As well as needing improved data, universities need to understand why mental health problems are so prevalent among students. Rachel Piper, policy manager, for Student Minds, the leading student mental health charity, says: "We know that the years that people typically go to university are the exact time when they are likely to develop a mental health problem. Moving away from home and their support networks is a vulnerable time for those at risk of developing mental ill health," Piper says.

> Students are more aware of mental health and more able to seek support

"Students may struggle with new ways of learning, or feel under pressure to have a particular lifestyle around drink and drugs," she adds.

Piper says that while universities are seeing an increase in students disclosing mental ill health, the level is still "incredibly low". Research by Student Minds has found that less than 2% of applicants admit on their Ucas form that they have a known mental health condition.

The lessening stigma around mental health issues is, however, contributing to change. Piper says: "Evidence shows that people's attitudes around mental health have improved, and students are becoming more aware of mental health, and more able to seek support."

Glasgow

'I remember one area of the city being called the Prozac capital of Britain'

Glasgow was once better known for handing out prescriptions for antidepressants than referring patients to psychological therapies, but Scotland's biggest city has been working hard to get the balance right.

A network of eight primary care mental health teams has gained a national reputation for fast, effective talking treatments to meet high levels of need among the 1.2 million people who live in the city, some in the country's poorest communities.

"We cover about a fifth of the people in Scotland. However, when you consider the deprivation factor, we are probably dealing with a quarter of the country's mental health burden," says Colin McCormack, head of mental health services for NHS Greater Glasgow and Clyde.

In Glasgow, two-thirds of referred patients currently achieve measurable improvements
Camilla Greenwell for the Guardian

Despite this challenging outlook, figures show that 94.7% of people referred to the services started treatment within 18 weeks, the highest rate in Scotland and well above the Scottish government's 90% target introduced more than five years ago. While McCormack expects a blip in figures as new IT systems are installed, he insists that there will be no change to underlying performance.

"I remember one area of Glasgow being called the Prozac capital of Britain, but antidepressants either work or they don't," he says. "It's the same with talking therapies. It might be the best thing since sliced bread for you, but do nothing for me. The best way of treating depression is a combination of both."

There's no doubting the impact that the psychological therapy teams are making. Two-thirds of referred patients achieve measurable improvements in their mental health, which clinical psychologist Julie Dunan attributes partly to the varied skill mix and wide range of interventions possible for a big city operation.

Dunan heads the north-west Glasgow team, where every year up to 30 therapists care for about 3,500 patients with depression, trauma and chronic anxiety. Group therapy, individual therapy and stress-management schemes run by the voluntary sector are all part of their arsenal.

"A reduction in symptoms of anxiety and depression can have a huge impact on people's quality of life," Dunan says. "After therapy people can return to work, complete degrees and get out of the house unaccompanied." **MI**

Young push old to back of the queue

Ageism and misplaced stoicism are denying older people access to therapy, says **Mark Ivory**

Older people make up only 6.7% of referrals to psychological therapies
Gallery Stock

One in five older people suffer from depression, yet their mental health problems often go unrecognised and they are much less likely to get psychological help than younger people. A government target, set in 2011 - for older people in England to make up 12% of referrals to psychological therapies - was missed by a mile.

"It was supposed to be achieved in five years, but it's still only 6.7%," says Tom Gentry, head of health influencing at charity Age UK. "At the current rate of improvement, it would take another 15 years to get there."

Statistics like these have been widely seen as a result of age discrimination by GPs, who bear the main responsibility

> We've become fixated on dementia in older adults as the one mental health issue to focus on

for referring patients to improving access to psychological therapies (IAPT) programmes, which provide NHS talking therapies for anxiety and depression. Dr Liz England, mental health lead at the Royal College of General Practitioners, doesn't deny the charge.

"There is age discrimination, but I don't think it's deliberate," England says. "We've become fixated on dementia in older adults as the one mental health issue to focus on, and common mental health problems of anxiety and low mood get neglected."

A study in the British Journal of General Practice found that while older people were much less likely to be referred to IAPT, when they were given the opportunity they were likelier both to attend therapy clinics, and to benefit from them, than their younger counterparts. Rates of referral - mainly from GPs - peaked at nearly 23% for 20-24-year-olds, declining to just 6% for 70-74-year-olds.

England points out that a misplaced stoicism about mental health - common among older people - is partly to blame. She calls for a more diverse response with nurse-led clinics and imaginative ways of encouraging older people to raise mental health concerns.

"An average GP at the coalface sees an older person with a number of physical conditions, so things such as low mood and anxiety tend to get pushed to the back of the queue," she says.

However, Amanda Thompsell, who chairs the old age faculty at the Royal College of Psychiatrists, says that GPs could do more with their 10-minute consultations: "Depression increases the risk of physical health conditions, such as heart disease and strokes. It's not an effective use of time if the patient simply comes back and presents with more physical illnesses," Thompsell says.

"All you need to do is ask two simple questions: have you felt depressed recently? And have you felt unable to take an interest in doing things?" she adds "It takes hardly any time and if the answer to either of these questions is yes - you can always ask them to book another appointment or see the practice nurse."

In numbers Psychological therapy

Who is being referred to therapy?

Age group (years old)	Referrals (%)*
18-19	10.1
20-24	22.9
25-29	20.7
30-34	18.6
35-39	15.1
40-44	13.8
45-49	13.2
50-54	10.7
55-59	9.3
60-64	8.2
65-69	9.7
70-74	6.0

*Referral rates as a proportion of those with "common mental health problems", such as anxiety and depression

Who is attending therapy?

Age group (years old)	Uptake (%)**
18-19	57.6
20-24	57.3
25-29	60.8
30-34	64.3
35-39	67.1
40-44	68.6
45-49	72.0
50-54	72.8
55-59	76.7
60-64	76.9
65-69	76.4
70-74	74.3

**Proportion of those referred to improving access to psychological therapies taking up the service

Source: BJGP; Sophie Pettit et al. Variation in referral and access to new psychological therapy services by age. 2017.

The cards stacked against addicts

The odds on treating problem gambling are held back by a lack of professional training, reports **Sarah Johnson**

Gambling is often described as a hidden addiction. Yet there are an estimated 400,000 problem gamblers in the UK. Dr Henrietta Bowden-Jones, consultant psychiatrist at the National Problem Gambling Clinic - the only one of its kind in the UK - says that a lack of training among healthcare professionals could partly be to blame for the problem flying under the radar.

"For many years while drug and alcohol addictions were being researched and funded in terms of treatment, the issue of gambling wasn't taught at medical school," Bowden-Jones says. "Even as an addictions psychiatrist, we weren't taught about pathological gambling - I came across it by chance."

Problem gambling can lead to arguments and emotional violence in the home, she says, often because one person wants to spend money that was saved up for retirement, for example, or the mortgage.

Gambling, Bowden-Jones adds, also moves any focus or passion away from a loved one: "It's linked to the emotional disconnection you end up having with your partner or children because you're just not there, either physically because you're in the bookmakers or mentally because you're disengaged, thinking about the gambling."

And problems can go beyond mental or emotional issues: "Physically, we see people who are very underweight because they're not eating - either because they're gambling or because they haven't the money to do so. Addicts aren't healthy because they sit in front of a screen at home. You can imagine the consequences of not moving for months or years on end."

One of the biggest issues is that problem gamblers are not accessing treatment or people do not know how to get help. Last year, support charity GambleAware saw 8,800 clients - a fraction of those with a problem.

Dr Jane Rigbye, director of commissioning at the charity, says more resources need to go into raising awareness of the addiction: "Although the impacts are as detrimental to family life, development and health, the kudos it's given by other professionals isn't as high as other addictions, partly because there's no clear pathway for treating someone with a gambling problem."

One solution is to empower healthcare professionals and have more conversations with them. "They have the skills to deal with this," Rigbye says. "They just need to have some awareness of where to push people for help."

Owen Baily

'As soon as I woke up, I was consumed by gambling. I couldn't think of anything else'

Owen Baily: 'I became convinced that I could win' Graeme Robertson

Recovering addict Owen Baily, 34, from Oxfordshire, has learned how to manage his gambling addiction after attending a cognitive behaviour therapy course run by the National Problem Gambling Clinic. Here he looks back on how gambling dominated every minute of his day.

"I was in receipt of benefits for a long time. In the lead up to the day I got my money, I tried to convince myself that I wouldn't gamble. As soon as I woke up, my thinking changed - I'd become consumed by gambling. I couldn't think about anything else. I became tense and anxious. It was like the money was burning a hole in my pocket. I tried to resist, but I couldn't.

I didn't have breakfast. I was filled with anticipation, tension and anxiety. I became convinced that I could win some money. I dismissed all my past experiences that proved gambling was not a good idea. My mind focused on positive possible outcomes. I was in the bookies as soon as the doors opened. I was oblivious to anyone and anything. It was just me and the terminal.

I'd often lose everything by 11am. It was very hard for me to accept the loss, bearing in mind that I had another 13 days until I got paid again. I'd curse myself and go into a period of depression for 10 or 11 days. It was like I had just assaulted myself. My brain hurt. I felt frustrated and annoyed with myself.

I would go home and wallow in self-pity and make plans for how I was going to survive. I'd check phone boxes for money, wait outside clubs on a weekend night because I knew that's when people dropped things, and look for loose change on the streets, so I could buy baked beans and bread.

I've used drugs - crack cocaine, amphetamines - but the high I experienced when I won big at gambling surpassed anything else. It's very potent, very toxic, very powerful." **SJ**

Locked up and locked out

A lack of robust data on mental health problems behind bars means that some of the most vulnerable people in the UK are being let down by the system. **Mary O'Hara** reports

Prisoners are among the most vulnerable people with mental health problems, yet the government does not collect even basic information on how many inmates have a mental illness, or the total number in need of treatment. This means, according to campaigners, that they are being repeatedly let down by the system.

A National Audit Office (NAO) report highlighted the stark lack of data, triggering serious questions about the government's commitment to prisoners' mental healthcare.

The report states that despite evidence of a high prevalence of mental ill health in the prison population, not only does the government not know how many of England and Wales' 85,000-plus inmates have a mental health condition, ministers are unable to pinpoint how much is being spent on mental healthcare.

This lack of robust data is a significant stumbling block to improving provision, the report concludes. It highlights that data compiled by NHS England, responsible for delivering health services in English prisons, does not track "outcomes for prisoners, continuity of care, or service quality", which makes it difficult to calculate or assess need.

> Data compiled by NHS England does not track outcomes for prisoners or continuity of care

What data exists is not shared sufficiently between the bodies that coordinate or deliver services within the adult prison estate, namely NHS England, the National Offender Management Service and Public Health England.

Funding is another contentious area, according to the NAO. The Ministry of Justice (MoJ) estimates a total health budget for adult facilities in 2016-17 of £400m, but there is no breakdown available of mental versus physical healthcare spending.

The upshot is that despite "ambitious" goals for wellbeing in adult prisons, those responsible "do not know the base they are starting from, what they need to improve, or how realistic it is for them to meet their objectives", the NAO reports.

Prisons have recently seen record rises in suicides and self-harm Peter Macdiarmid/Getty Images

Andy Bell, deputy chief executive at the Centre for Mental Health (CMH), says the dearth of routinely collected, up-to-date and accurate information has been an issue for a long time and represents a gaping hole in prison and health policy.

The last reliable data on prevalence of offender mental health problems is from 1998, according to Bell, a time when the prison population was about half what it is today: "The situation has changed tremendously since then."

The report's findings have proved "particularly" prescient at a time when mental health is being touted as a government top priority but also because the prison system is facing a large-scale "crisis" that is damaging for inmates' mental health, says Howard League for Penal Reform director of campaigns Andrew Neilson.

Extreme overcrowding, greater use of inmates being locked in cells for 23-hour periods and increased violence taking place against a backdrop of severe staff shortages and drastic budget cuts, is having a detrimental effect on the mental health of prisoners, he says.

According to CMH and the Howard League, all of these factors have contributed to a dramatic deterioration in prisoner wellbeing, which at its most extreme is evidenced by record rises in rates of prison suicides (up 32% in a single year between 2015 and 2016).

Self-harm has also spiked (up by 73% between 2012 and 2016) making it all the more crucial that mental health needs are quantified so that adequate care is provided, advocacy groups suggest.

The Royal College of Psychiatrists attributes the sharp rises in suicide and self-harm, at least in part, to "failures in reaching prisoners who need general medical and specialist healthcare".

Echoing the NAO, Bell says a starting point would be a government "blueprint for mental health" that assesses the scale of needs among inmates, but which also sets "clear" measurable objectives on health outcomes.

According to the MoJ, moves are already being made in this direction. It says a slew of measures are in the pipeline, such as NHS England efforts to identify which inmates have "specialist" mental health requirements. In terms of prevention, more funding for prison safety, a recruitment drive for officers and a project to address rises in suicide and self-harm are under way.

● *Samaritans can be contacted on 116 123*

Trans issues

A gender agenda for trans pupils

Being young and trans can bring its own set of mental health problems, says **Debbie Andalo**

One in five young people have a diagnosable mental health disorder, statistics from the charity Young Minds reveal. But if you are young and transgender the mental health pressures you face can take you to the brink.

Some 92% of young people who are trans have considered suicide and 45% have tried to end their lives, according to research published in School Report 2017 by the charity Stonewall. The findings were based on the results of an online questionnaire of more than 3,700 LGBT pupils across Britain.

The report says that rates of poor mental health are high among LGBT pupils, but that trans young people were "at particular risk".

Releasing the report, Stonewall's chief executive Ruth Hunt says: "For trans pupils in particular, the findings are alarming. While a growing number of schools are supporting their trans pupils, too many are not equipped to do so. It is vital that this is remedied as a matter of urgency." Stonewall wants schools to recognise the needs of trans pupils to create an inclusive community and help reduce the chances of transphobic bullying and other abuse.

The report says that explicit references to supporting trans pupils should be written into all policy documents. Staff should work with each trans young person and ask them what would make them feel comfortable. Confidentiality issues should be discussed and staff should ensure that trans pupils have access to uniforms, activities and facilities they "feel most comfortable in".

Schools should also signpost pupils to resources, groups and trans organisations where they can get support. There should be a school plan that addresses the health and wellbeing needs of trans pupils as well as others who may be lesbian, gay or bisexual.

> "Trans young people are at particular risk of poor mental health"

The report recommends that pastoral staff, school nurses and counsellors should be trained to understand the specific health and wellbeing needs of LGBT young people.

Schools should make it clear to all pupils that they can talk to pastoral staff about issues around their gender identity and sexual orientation. Pupils should also know what support and counselling is available to them.

Carolyn Mercer

'I had struggled with my own gender identity since the age of three'

Carolyn Mercer, 70, is a retired secondary school headteacher and member of the charity Stonewall Trans Advisory Group. Here she talks about her struggles with her own gender dysmorphia and the impact it has had on her career and mental health.

I'm not surprised by Stonewall's findings because I've been through what these young people are experiencing. Gender is so deeply rooted. I had struggled with my own gender identity since the age of three. You can't deal with it because you can't make sense of it.

Consider what happened to me when I was 17. I was taken into a room, strapped to a chair and given electric shock treatment. The medics' strategy was to make me associate what I wanted to be with pain. Before that, I'd attempted suicide. I thought, wrongly, that my family and the people I worked with would find it easier for me to die, rather than for me to live with a different gender expression.

The turning point came in 2000 when I told my psychiatrist: "I'm logical, I can solve problems, but I don't understand why I feel like this." He asked me if I were left-handed would I understand it any better? He told me that this is how my body is, but I'm still me - and so it was with my gender. He then offered to help if I decided to "transition".

At school we had several youngsters who were openly gay, but none who spoke about being trans. I now know of at least one former pupil and one member of staff who are trans.

Carolyn Mercer: 'I told my psychiatrist that I was logical, but I didn't understand'

When I was a headteacher, I didn't do anything overtly to support trans students. But I did use the three curricula. In education we talk about the formal curriculum, which, in terms of trans and homophobia, is about teaching children the science behind it and teaching them morals.

Then there is the informal curriculum, such as school clubs to foster inclusion. Third is the hidden curriculum - that you treat every young person and adult with the respect they deserve. At the same time, I felt a strong need to make things better for other people; my "weakness" became my strength.

In 2002 I took retirement. I was 55. My gender expression had been male up until the last day of term. I was finding it too difficult and decided that for my own health and the health of others, I wanted to be "me" rather than the person I had created. **DA**

● *Samaritans can be contacted on 116 123.*