Summary Mental Health Policy doc for Central Council:

Three SHA members, Dinah Morley, Mike Young and myself have put together a comprehensive list of suggestions covering the ever widening range of conditions described by the umbrella term 'mental ill-health', including: depression, eating disorders, self harm, OCD, gambling, PTSD etc.. through to long recognised problems of Delusional Disorders and now seen in all ages and in increasing numbers of the population in recent years.  Much mental distress seems to relate to intentional political policies since 2010, the imposition of austerity, increased poverty and the precarious lives now led by the poorest of the population as well as pressures stemming from the current pervasive (mis?)use of social media.  Simultaneously, as demands have increased, support services of all kinds of statutory and voluntary services have been savaged, many wiped out. Full acute wards may now be left in the care of a domestic or an unqualified care assistant.

The 3 of us had never met before, knew nothing of each other and because of the geography we only met once unfortunately.

We decided to aim for 25 - 30 policy points and eventually produced a list of 31,

Some common features are the need for early recognition of symptoms and of that triggering a speedy response from properly trained staff, integration and continuity of support between primary and secondary services and the importance of building trusting and trusted relationships between service users, professionals and the informal voluntary sector including the family /friend carers who contribute the main supports of service users in the community,

We supported mental health being included in Public Health provision, suggested the review, updating and re-introduction of revised versions of National Standards and other progressive policies and schemes developed or piloted between1990-2010.  We support the independent assessment and reporting of premises and practices- private and public.  We made specific recommendations for crucial importance of care for the youngest and most vulnerable, starting from peri-natal care, re-introducing Sure Start, a revised and improved CAMHS in line with contemporary demands, staff training in trauma and Adverse Childhood Events (ACE) and how to help people through their long term repercussions.  We can learn from the Scottish and other experiences.  We recognise the particular vulnerabilities too of fostered, cared for and refugee children and those living in all residential institutions whether as young offenders, prisoners or in children’s, schools, adults or older peoples homes, in which they have unequal status and are therefore deprived of voice or choice.

We recommended CAMHS should extend up to the age of 25 rather than 18 since the brain continues to mature until 25.

We made specific recommendations about the needs of adults, discharged military personnel, women and carers including young carers.  We also considered confidentiality obstacles, the inadequacy of the numbers of NHS in-patient psychiatric beds and qualified staff and possible alternatives to hospitalisation, employment, benefits, the Advance Statement, the Care Planning Approach, talking therapy alternatives to CBT, the Triangle of Care, Family Work, Open Dialogue and problem solving strategies

We produced some detailed specific recommendations, refs (recognising it's incomplete) and immediate timed suggestions for implementation of particular policies and questions needing further information and debate

Judith Varley   July 2019