Mental health
On the cusp of a new dawn
A sector in the spotlight

With the promise of an extra £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 £3bn will be invested annually in mental health by 2021.

With one in four people expected to suffer from mental illness at some time in their life - whether it is 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’s advisors are taking on board the “burning injustice of mental illness”.

An ongoing independent review of the act would be led by psychiatrists Sir Simon Wessely, who 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 front line, it is possible that the “burning injustice of mental illness” will remain vast.

This issue is not new. It was “ 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 problem also states that in order to deliver the government’s vision for high-quality mental health care close to home, the sector must overcome a number of challenges - high demand, workforce shortages, unsuitable buildings and poor clinical information systems.

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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.”

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.”

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.”
The abolition of bursaries for nursing overwork has become “unmanageable”.

Cordery says, “more unwell and have more complex needs because the broader vision for the sector. The pledge comes as mental health staff and services monthly

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

40,000 estimated unfilled mental health posts

By 2020 the government promises to establish 3,000 new posts and employ 19,000 more staff

1.2 million people use NHS mental health services monthly

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

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

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

11. Rents, 2.6 Twitter, 9.4 Facebook, 8.2 YouTube, 5.6 Spotify, 2.5 Instagram, 0.8 Tumbler

Cuts in funding are one of the reasons that mental health trusts are changing their model of care, says Heken Gilbert, fellow in health policy at the King’s Fund think tank: “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 Doggan, 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 adds.

“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 Andy 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 feel emotionally why 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, Elite, in it, with access to an online community of peer support. It has been downloaded more than 13,000 times. “We’ve heard 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. “However,” says Critchley, “other useful apps, she says, range from those that help improve a user’s mood or use techniques such as mindfulness, to apps such as Ski 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 these peer-reviewed apps, 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 these 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.”

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 approved 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 has an internet forum, check for moderators and posting guidelines.
Eating disorders are not just a ‘girl thing’. They affect men as well, says Sarah Johnson

A

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

Sarah Johnson, a 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.”

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 to know that they’re not alone.”

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

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The mind is fascinating

WORKING TOGETHER

Don’t be afraid to be judged – you’re not the only one going through it

I know that what I was doing wasn’t normal 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 have a bit of obsessions 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

Priyesh Vyasa, 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 imagine 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 had but I’d feel guilty and purge it out. After eating, I’d feel like I’d put on weight instantly. But I wouldn’t burn all the calories that I’d just consumed.

I was a keen cricketer and there were times when 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.

So one knew until I was caught by a schoolteacher. The teacher had suspected 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.

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Priyesh Vyasa: ‘It’s such a secretive eating disorder’ Jooney Woodward
A chance to make mental healthcare fit for purpose

Campagners, 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

he 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 independ-ent advocate while in hospital, and the controversial community treatment orders that were criticised for failing to safeguard patients’ rights.

However, 39 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.

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Legislative reform

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

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 care services over the next five years.

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 innovative as possible and reflect the importance of eradicating stigma.

Kevin Bettis, 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 universal approach to mental health.

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 around mental health and work towards improving society and take away the negative perceptions of social interaction with mental health issues being unhelpful or untreatworthy and volatile.

Loll Buttefield, 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 needs to 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 any evidence. Staff are stretched and constrained by endless bureaucracy that undermines meaningful face-to-face interventions.

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 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 workplace to mental health issues doesn’t seem as important. I also think that nobody should be turned down or not allowed to go home to receive any mental health treatment.

Kay Ska, mental health blogger and campaigner

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.

De Mike Hunter, consultant psychiatrist and medical director Sheffield Health and social care NHS foundation trust

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I went downhill pretty quickly after anyone about it for about a year and only of my second-year exams. I actually had was a long, slow build up, “ he says. Before going on to develop depression. “It he was diagnosed with having anxiety while studying at the University of Surrey. Raynes first began having panic attacks a few years ago. never have imagined himself doing helping younger students with their helping other students who experience similar difficulties: “If I can use this experience to help other people in a positive way then it would kind of make it worthwhile, so I jumped his Aberystwyth application. “The support worked and he graduated the disabled student allowance and being given more time on essays also helped. I was given a peer mentor, who 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 volunteering 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 want 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.”

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.”

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

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

Mental ill health is on the rise on university campuses and the numbers are stark. A record 1,160 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.

“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 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.

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

Glasgow was once better known as the Prozac capital of Britain.

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 doubt 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 1,500 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.”

Young push old to back of the queue

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

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,” says England. “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 thecoalface 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 20-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

Who is being referred to therapy? Who is attending therapy?

<table>
<thead>
<tr>
<th>Age group (years old)</th>
<th>Referrals (%)**</th>
<th>Age group (years old)</th>
<th>Uptake (%)**</th>
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<tr>
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<td>70-74</td>
<td>74.3</td>
</tr>
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**Proportion of those referred for access to psychological therapy services by age, 2017.


*Proportion of referred for access to psychological therapy services by age, 2017. Sources: Larkin, Hauser Pettit et al. Variation in referrals and access to new psychological therapy services by age. 2017.
Gambling addiction

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.”

Owen Baily, ‘As soon as I woke up, I was consumed by gambling I couldn’t think of anything else’

Recovering addict Owen Baily, 34, from Oxfordshire, has learned how to manage his gambling, since 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 manage my gambling addiction. I couldn’t think of anything else’.

“People who are very underweight...”

Owen Baily: “I became convinced that I could win” Graeme Robertson

It was very hard for me to accept the loss, hearing in mind that I had another 15 days until I got paid again. I’d curse myself and go into a period of depression for 12 or 13 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 drop 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.”

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 Gamcare 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 impact are as detrimental to family life, development and health, the hidden is 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.”

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.

Prisoners have recently seen record rises in suicides and self-harm

Peter MacCallum, Getty Images

Prisons 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.

The Royal College of Psychiatrists attributes the sharp rises in suicide and self-harm to overcrowding and poor mental health care. It says a slew of measures are in the pipeline, such as NHS England efforts to improve, or how realistic it is for them to meet their objectives”, the NAO reports.

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 offenders mental health problems was produced in 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” prevalent 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 Leaage for Penal Reform director of campaigns Andrew Neilson.

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.

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.

Data compiled by NHS

England does not track outcomes for prisoners or continuity of care

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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.

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.