

Speech for North Staffs Mind – 40th Anniversary

Luciana Berger MP, President of the Labour Campaign for Mental Health

Thursday 8th September 2016

Thank you. My name is Luciana Berger, and I am the Labour Member of Parliament for Liverpool Wavertree.

I have campaigned on mental health issues since being first elected in 2010, and especially in two roles on the front bench: as shadow public health minister since October 2010, and as shadow cabinet minister for mental health.

Now, as a backbencher, and as the President of the Labour Campaign for Mental Health I am no less keen to campaign on mental health issues, which is why I was delighted to accept your invitation to speak here today to mark the 40th anniversary of North Staffordshire Mind.

In 40 years, we've certainly come a long, long way, but there's still so far to go.

I was reading a Hansard of a parliamentary debate from January 1976, when the then-Government's white paper on mental health was being debated.

First, it was notable that Mind, and its predecessor the National Association for Mental Health, received so many favourable mentions from MPs. Some things never change.

The second was that so many of the issues MPs in 1976 were debating are still waiting to be resolved: MPs in 1976 warned of a lack of facilities, a lack of funding, a lack of specialist units, the lack of clear partnership between the NHS and local authorities. The minister replying to the debate – a young, former doctor called David Owen – had little of cheer to report.

This all sounds very familiar, doesn't it?

Over the past 40 years, thanks to campaigning by organisations such as Mind, we have seen some important steps forward.

Improvements for conditions in inpatient wards.

Greater use of talking therapies

The restriction on the use of seroxat

The Time to Talk campaign to tackle stigma and the wall of silence around mental health.

I believe it is vital for people to be able to talk openly about their own mental health, and so when people in the public eye such as Mind's President Stephen Fry, Ruby Wax, or my friend Alastair Campbell, or music stars such as Frankie from the Saturdays, it gives people the space and confidence to talk about their own issues.

In my own time in Parliament, we have seen MPs speaking about their own mental health, in open and honest ways we would not have seen even a decade ago.

The more we can explain to people that mental illness is not a sign of weakness, failure or something unknowable of which to be frightened, then the more people will get the support and treatment they need.

Perhaps the greatest step forward in recent years was the Coalition Government's acceptance in 2012, as an amendment to the Health and Social Care Bill, of parity of esteem between physical and mental health – real equality for mental health.

It came after intense pressure from my Labour colleagues in the House of Lords.

That's a vital recognition that a person with a mental illness should be treated with the same degree of urgency and expertise as a person with a physical illness or injury.

We know from all the experience of patients and health professionals that parity of esteem between physical and mental health does not yet exist. I have pressed ministers on this issue over and over again, and they remain unable to tell us when true parity will be achieved.

And yet mental illness is common, widespread and part of everyday life. It impacts on millions of families, in every village, town and city.

In the UK, mental health problems are responsible for the largest burden of disease— 28% of the total burden, compared to 16% each for cancer and heart disease.

One in four of us will experience a mental health problem in any given year.

Around 50% of women with perinatal mental health problems are not identified or treated.

One in ten children and young people (aged 5-16 years) have a clinically diagnosable mental problem yet seven out of ten do not get the help they need in time.

It is the dominant issue in our prisons, where more than 70% of the prison population has two or more mental health disorders, and the suicide rate in prisons is almost 15 times higher than in the general population, which I raised only this week with Liz Truss, the Secretary of State for Justice in the House of Commons.

It affects our armed services veterans returning from conflict zones. The annual number of mental disorder pay-outs under the compensation scheme has increased by 379 per cent, from 121 in 2009-2010 to 580 in 2015-16, to reach the highest total in the 11 years the scheme has been running.

It affects all those children returning to school this week, facing bullying. Bullying has a devastating impact on a young person's mental health, leading in some tragic cases, to suicide. I welcome the Stand Up to Bullying campaign which draws attention to the issue and empowers young people to call out bullying and stand up to bullies.

And we should never forget that suicide remains the biggest killer of British men under the age of 35. As research by Mind shows, young men are less likely to seek help for depression and suicidal thoughts, and more likely to turn to alcohol and drugs to cope with their mental illness. In turn, of course, this creates a downward spiral and makes things worse.

So given the prevalence of mental illness, the huge impact across the ages, sexes and classes, and the vast cost to the economy, which the government puts at £105.2 billion each year in England alone, that's more than double the UK's defence budget, you would think this would be a national priority.

But alas, this has not been the case.

We have mental health services in crisis.

You'll know from your own experiences here in North Staffs, the system is at breaking point, with greater demand for services not being met by greater supply.

For example, in Stoke-on-Trent there is a higher-than-average incidence of child mental health problems. The number of young people being hospitalised for self-harm has been rising since 2011. Yet the resources do not match the need.

I'm told that at the Harplands mental health facility there have been a number of ward closures, especially wards for patients with dementia.

A recent inspection of mental health crisis services at the local NHS Trust rated them as 'inadequate' with concerns over levels of staffing, risk management and provision of places of safety for patients.

And this worrying picture here is replicated across the country – closing wards, more pressure on beds, cuts to community-based services, pressure on Child and Adolescent mental health services, and crisis services barely able to cope.

The simple truth is that no matter how hard mental health professionals and volunteers work, no matter how creative and ingenious they are with the

resources they have, no matter how patient the families of people with mental health issues are, the system as a whole is falling over.

Over the past Parliament, there was a £600 million shortfall in NHS mental health funding – an 8% cut on the Coalition’s watch.

And more cuts to come under this Conservative Government.

45.6% of NHS mental health trusts are reporting deficits in their budgets – needing to spend more than they have been allocated.

The Government’s own Mental Health Taskforce says that mental health services will need an extra £1bn by 2020.

And by 2030, an extra two million people will need help for their mental illness or condition.

As we raise awareness, as more and more people learn to spot the early signs and symptoms, as we, as a society, become more emotionally literate and articulate in our conversation about mental health, then of course demand will rise.

And if we attempt the impossible task of looking into the crystal ball, and predicting the contours of our future society, then the situation looks even worse.

Automation has the potential to strip out millions of jobs from the economy. Not just low-paid jobs like working in warehouses or driving taxis, or also jobs in the professions from law to management consultancy.

Millions of people may find themselves victims of the technological revolution – having to re-evaluate their place in the work-place and in society, leading to anxiety and depression.

Our society is growing in size – and will be 70 million by 2027, placing a greater demand on all public services.

And it's getting older. By 2039, one in twelve of this bigger population will be over 80, with the concomitant rise in dementia, loneliness and other mental health issues associated with old age.

And a new generation will take their place as adults in a fractious, febrile and frenetic world, where all the old certainties are swept aside.

When we consider the contours of our future society, it seems obvious to me that we need a revolution in our attitudes towards mental health, and in the way we treat mental health.

If I might finish off by offering five things that need to change:

One, we need to integrate our systems of treatment and care across the NHS, social care, local authorities and charities, so that there are clear points of

access, smooth pathways to treatment, and seamless ongoing care for everyone who needs it.

Two, we need a massive investment in mental health services, with an emphasis on recruitment and retention of staff. We must have enough trained doctors, nurses, counsellors and others in place to meet rising demand.

Third, it cannot be left to the health services to fix the nation's mental health. We must do everything possible to prevent mental ill health in the first place. This means a new national effort including employers to safeguard their employees' good mental health in the workplace. It means renewed efforts in the armed services, in our prisons, in our universities and in every company to discuss mental health, provide support and protect individuals. Early diagnosis and support, and prevention, is better than waiting until a crisis hits.

Fourth, we need to start young, with more work in schools to equip the next generation with the facts, information and lexicon to discuss mental health. Today's school children will need huge reserves of mental resilience to navigate the world they will inherit, and we must invest in their mental health now, to save challenges down the line.

Fifth, we need renewed funding into research and development into mental health, to identify causes and develop treatments and cures. I am concerned that one of the many negative effects of Brexit is a reduction in research funding, including into mental health. Ministers must offer their assurances that funding will be replaced.

In 40 years, so much has changed. In 1976, only half the British population had a phone in their homes. No-one had a computer in their homes, but a company called Apple was founded. When Mind in North Staffs was founded, Britain was a country unrecognisable in so many ways.

So what will change over the next 40 years? Amidst the technological revolution, with driverless taxis, drones delivering our shopping and robots serving our coffee, I hope we will witness an equally profound revolution in how we consider our nation's mental health. A revolution in terms of prevention, funding, in terms of treatment and care, in terms of facilities and staffing, and a transformation in the experience of patients and their families.

Thank you.