

# Royal College of Psychiatrists' briefing Mental Health Watch policy summary

November 2021



The last few months have seen the government announcing considerable new investments to support efforts to tackle the backlog in elective surgeries. While much has been said about the importance of helping the NHS recover from COVID-19, comparatively little attention has been paid to mental health, where services were hit by a double whammy of reduced capacity and a significant upsurge in demand.

One of Mental Health Watch's core purposes is to summarise key data on mental health services in one, easy-to-use platform so that those at the frontline can easily understand how the system is doing and hold leaders to account for delivering the ambitions of the NHS Long Term Plan.

Following the most recent Mental Health Watch update, this briefing looks at key indicators to give us a better sense of system pressures and responses. What does the data mean for a mental health sector dealing with a burgeoning backlog and the long tail of the pandemic?

## **More children and young people waiting for eating disorder treatment**

One of the longest standing waiting time standards for mental health services in England is that Children and Young People (up to age 19) are expected to receive NICE-approved treatment for an urgent eating disorder within one week, with a target of 95% for this measure by the end of the 2020/21 financial year.

Performance against this target reached a new peak of 87.8% in Q1 of 2020/21, but this was skewed by referral patterns during the first wave of the pandemic. Since then, performance has sharply declined with only 61.0% of urgent referrals receiving treatment within a week in Q1 of 2021/22. Crucially, this needs to be seen in the context of a 160% increase in the number of urgent pathways being completed (852 compared to 328).

For a more in-depth look at the data, including discussion of the four-week target for routine referrals, take a look at our new 'Spotlight On' Briefing.

## **Self-harm among children and young people**

Referrals to Child and Adolescent Services have increased substantially since the start of the pandemic, and the final quarter of 2020/21 saw services come under some of the greatest pressure to date. At the same time, however, rates of hospital admission for children and young people for self-harm have decreased nationally, with the reported rate in the final quarter of 2020/21 reaching 105.2 per 100,000. This is down 3.7% on the same period in 2019/20, when the rate was reported at 109.2 per 100,000.

Admissions still exceeded 150 per 100,000 in 8 ICS areas, with Bristol, North Somerset and South Gloucestershire continuing to be the area with the highest rates of admission at 203.3 per 100,000 population. The three ICSs with the lowest rates of admission were all in North London.

Rates have fluctuated significantly over the years, so it will be important to keep a close eye on this data to understand underlying trends. Are children and young people at risk of self-harm getting the help they need prior to needing hospital admission, or is there something else going on? Prior to the pandemic-affected first quarter of 2020/21, that part of the year had

consistently been the period when rates were at their highest so it will be interesting to see the following set of data in the next MHW update.

### **Local areas continued to spend more on mental health**

Local area spending data for the 2020/21 financial year has now been finalised, and it's good to see spending on mental health continue to increase. Adjusted for need, actual spend per head increased by 6.7% compared to 2019/20 - rising from £189.54 to £202.21.

Invariably, national averages mask considerable variation across the country. Spending per head increased year-on-year in 40 out of 42 ICS areas, so it may be of some concern to those living and working in North Central London and Gloucestershire to see that their local areas are bucking the trend. More reassuringly, spending rose by more than £20 per person in six ICS areas, with the greatest increase reported by Leicester, Leicestershire and Rutland at £27.04 or 13.3% to reach £231.04.

With the other indicators in this briefing highlighting unprecedented demand, the key question remains if these funding increases will be sufficient to ensure a high quality of care for a growing number of patients. With the next Mental Health Watch update set to include data on spending plans for 2021/22, we'll get a better sense of how local areas are planning to meet that need.

### **Slow progress on workforce**

Workforce has long been recognised as one of the central risks to delivering the ambitions of the Long Term Plan and other reform programmes such as the changes to the Mental Health Act in England and Wales. With a significant increase in referrals expected as a result of the pandemic, the need for more staff in mental health services has become even more evident.

The latest data available is for June 2021 and shows a gradual increase in staff across a number of roles. Year-on-year, there were 4.3% more psychiatrists, 2.2% more nurses and 6.5% more applied psychologists or psychological therapists working in the NHS. The most significant progress was made in the East of England, which reported a 6% increase in the number of psychiatrists on staff. At the other end of the spectrum, the North-East and Yorkshire Region only reported a 1.7% increase.

With the Royal College of Psychiatrists' annual #ChoosePsychiatry campaign having launched in October, we'll be keeping a close eye on this indicator. Will the next update – set to include data from September 2021 – show the continued impact of these efforts?

### **A reminder about local area data**

For those who missed our last update, a gentle reminder about the new local area feature on Mental Health Watch. Alongside national data for England, you can now access local area reports for all 42 STP/ICS areas. Meanwhile, drop-down menus on individual charts allow you to compare performance across multiple local areas.