

The Health of the Nation

Recent government policy and legislation

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The Health of the Nation - A Strategy for England is a national response to WHO's *Health for All by the Year 2000* initiative. It has great importance both because it focuses on health outcomes and because it selects mental illness as one of five priority areas. This article traces the historical background to the development of the White Paper, summarises the content of the mental illness key area and current progress in improving information and understanding and developing comprehensive services, and improving good practice. It draws out the implications for individual practitioners, users and carers, and for the working arrangements between purchasers and providers.

In July 1992, the government published *The Health of the Nation - A Strategy for England*, a White Paper which set out a national framework for achieving health gains in five selected priority areas (Department of Health, 1992). This is an historic document in that it focuses managerial attention on the achievement of real health outcomes as opposed to health care processes such as waiting lists. England is the first nation to respond formally to the World Health Organisation's *Health for All by the Year 2000* initiative.

Historical background

In 1984/85 the World Health Organisation prepared a document setting out global aspirations towards health for all by the year 2000 and suggested a number of targets, including two on mental health. These were published and have since been revised (WHO, 1984; 1991).

In the late 1980s there was a gradual rise in interest in the theoretical and practical development of outcome indicators to measure progress in achieving real health gain and their value to clinicians, planners, and policy makers alike. In 1990 Jenkins reviewed theoretical issues concerning outcome indicators and proposed a framework for a system of mental health care outcome indicators, based on the traditional public health model of prevention. These issues received further discussion in a series of collaborative workshops between the Royal College of Psychiatrists and the Faculty of

Public Health Medicine (Jenkins & Griffiths, 1991; Griffiths *et al.*, 1992).

In June 1991 the government issued a Green Paper for consultation on *The Health of the Nation* (Department of Health, 1991), which selected 16 possible key areas for inclusion. The mental illness target proposed was based on the development of community care and the closure of the large old style institutions and was heavily criticised in the consultation process for being purely a process target and so unsuitable for a health gain strategy.

A paper was therefore developed in September 1991 for the Chief Medical Officer's Working Group on Health of the Nation, setting out a strategic approach to the achievement and measurement of health gain in mental illness and which made the case for key area status (Jenkins, 1992). This was subsequently modified to become the mental illness section of the White Paper. In January 1993 a set of handbooks for each key area was published. The Mental Illness Key Area Handbook (Department of Health, 1993) was aimed at NHS and local authority managers.

The facts

The Health of the Nation strategy incorporates the principles of:

- targeting real health gain
- the strategy being for everyone, not just the NHS
- five priority areas: cardiovascular diseases, cancers, HIV, mental illness and accidents.

The mental illness key area has three targets:

- to improve significantly the health and social functioning of mentally ill people
- to reduce the overall suicide rate by at least 15% by the year 2000 from 1990 levels of 11 per 100,000
- to reduce the lifetime suicide rate of severely mentally ill people by at least 33% by the year 2000,

and sets out a strategic approach which involves:

improvement of information and understanding
 developing comprehensive local services
 continuing development of good practice.

Improvement of information and understanding

Information on mental illness, its prevalence, and health care outcomes, is patchy and incomplete, and initiatives include the following.

- (a) The development by the Royal College of Psychiatrists Research Unit of brief standardised assessment procedures which will enable the first mental illness target to be measured.
- (b) The Office of Population Censuses and Surveys (OPCS) National Psychiatric Survey is examining prevalence of mental illness, social disabilities, use of services and risk factors and is due to report in late 1994.
- (c) *Research and development.* Mental illness was the first key area to have its own research and development strategy. £1m is earmarked from the NHS research and development programme for mental illness.
- (d) A three year public information strategy was launched in March 1993 to increase understanding, reduce stigma and help users to understand both their rights and responsibilities. A resource pack which advisers can use to inform the public is being developed. A first booklet, *Mental Illness: what does it mean?* was published in July 1993, and explains common terms in clear and concise ways. Two further booklets were published in October 1993 – *A Guide to Mental Health in the Workplace*, and *Sometimes I Think I Can't Go On Anymore* which seeks to raise public awareness of the risks of suicide and to offer advice to those trying to help friends and relatives who may be at risk.
- (e) The Confidential Inquiry into homicides and suicides by mentally ill people began to collect information on homicides in June 1992 and on suicides in June 1993. There are now psychiatric audit co-ordinators in a majority of health districts who are assisting in case identification.
- (f) A conference on prevention of suicide was organised jointly by the Department of Health (DH), the Faculty of Public Health Medicine, the Royal College of Psychiatrists and the Royal College of General Practitioners in March 1993, which will shortly be published by HMSO and disseminated.

Development of comprehensive local services

Current policy on mental illness (dating from the early 1960s and first outlined by Enoch Powell in his famous Water Towers speech and subsequently set out in detail in the 1975 White Paper *Better Services for the Mentally Ill*) requires a move away from a service based on large and often distant institutions to one more locally based which provides both in-patient care and also care in the community. There has, of course, never been an intention to move to a service based only in the community.

The Mental Health Task Force started work in January 1993 to help ensure the substantial completion of the transfer of services away from large old-style hospitals to a balanced range of comprehensive locally based services, including in-patient care. Its support group brings together representatives from professional bodies, voluntary and user organisations, the NHS and local authority social services and housing departments.

The Mental Illness Key Area Handbook, published in January 1993, is the first comprehensive document on mental illness for managers since 1975. It gives detailed guidance to both health and social service managers on the range of services they should be providing for mentally ill people.

The *First Steps for the NHS* report sets out a guide to contracting for each of the key areas.

Continuing development of good practice

A central strategy for achieving the targets is the care programme approach (CPA), and a report on factors influencing implementation was distributed in June 1993.

GPs come into contact with, and are responsible for tracking the bulk of psychiatric disorders in the population. Particular attention is being paid to continuing medical education and updating GPs in the recognition, detection and management of common mental disorders such as depression and anxiety. The Defeat Depression campaign is being run jointly by the Royal College of Psychiatrists and the Royal College of General Practitioners, and is supported by the Department of Health.

The Department of Health is funding, in collaboration with the Mental Health Foundation and the Gatsby Trust, a Senior Mental Health Fellow in General Practice, Dr André Tylee, to cascade knowledge and skills to GP tutors and course organisers. Most regional health authorities have now appointed a regional adviser on mental health in primary care, in order to assist Dr Tylee in his work.

The Department of Health is also evaluating different approaches to the delivery of effective mental health care in primary care settings, and is supporting the development of a package to audit the primary care of depression.

Implications for individual psychiatric practice

- (a) *Brief standardised assessment procedures* – these will be available in 1995/96 for individual clinicians to use routinely to monitor the health and social functioning of their patients within the clinical context. Suitable training will be made available.
- (b) *The OPCS national psychiatric morbidity survey* – will provide data which can be broken down to district level. Some directors of public health are planning to supplement this survey with their own local surveys, using the same instruments and sampling techniques. This will promote more detailed local information which will be available at a sub district level and can be compared with the national picture. This will enable the more detailed local assessment of need with which to plan local services.
- (c) *Research* – the extensive programme of mental illness research currently funded will continue to help inform psychiatric practice.
- (d) *Public information strategy* – psychiatrists, of course, have an important role to play in increasing understanding, combating stigma wherever they find it, and helping users to understand their rights and responsibilities. The Defeat Depression campaign is particularly relevant here.
- (e) *Confidential Inquiry* – the co-operation of individual psychiatrists and their colleagues in the confidential inquiry is extremely important for its success, so that we can draw useful lessons for prevention. Similarly, the thorough local audit of all suicides is vital, and beside auditing suicides of their own patients, psychiatrists may wish to assist the GPs in their sector in auditing suicides.
- (f) *The development and use of good practice guidelines* is becoming increasingly helpful as a method of raising average standards of care to match the best. Psychiatrists have a crucial role in developing these locally with their multidisciplinary colleagues.
- (g) *The care programme approach* – psychiatrists have a leadership role to play in

ensuring that everyone has an effective, up-to date care programme which is being implemented and in ensuring that all their clients are registered with a GP, and that the GPs are involved in the care programme, particularly in the development of physical health care and health promotion.

Implications for users

Users as never before are becoming increasingly involved in debates and decisions about purchasing and providing, and are increasingly regarded as a vital component of any 'healthy alliance'.

The use of the CPA should greatly improve quality care for individual users and reduce the chances of falling through the net.

The attention of managers as well as health professionals will now be focused on the health outcomes of the users.

Implications for purchasers

There is a need to continue the growing alliance between directors of public health and psychiatrists which had been fostered by a series of joint Department of Health, Faculty of Public Health Medicine and Royal College of Psychiatrists conferences (Indicators for Mental Health 1992, Developing a Common Profile 1992, Prevention of Suicide 1993). Psychiatrists have an important role to play in working with their local purchasers to inform the development of comprehensive local services which take account of the needs of women, ethnic minorities, the homeless, mentally disordered offenders, etc., people who were not in touch with the secondary care services.

Continuing work at the centre to ensure action on the Health of the Nation

Ministerial Sub-committee on Health Strategy

Chairman – Lord President of Council. Membership comprises senior government ministers.

To oversee the development, implementation and monitoring of the government's health strategy, to co-ordinate the government's policies on UK-wide issues affecting health, and report as necessary to the Ministerial Committee on Home and Social Affairs.

Wider Health Working Group

Chairman – Baroness Cumberledge, Parliamentary Under Secretary of State for Health (Lords).

Membership drawn from industry, Department of Health (DH), voluntary groups, NHS and other public sector bodies.

Terms of reference – to advise the Secretary of State on the wider public dimensions of the development and implementation of the English health strategy.

Workplace Task Force

(Sub-Group of Wider Health Working Group)

Chairman – Mr Terry Hogg, Nissan UK. Membership drawn from industry, DH, Confederation of British Industry, Trades Union Congress, Health Education Authority (HEA) and the NHS.

Terms of reference – to advise on the development of activity on health promotion in the workplace covering the five key areas of *The Health of the Nation* White Paper, including health promotion campaigns and materials which can be produced for the workplace; to provide regular reports to the Wider Health Working Group including a written report on health education in the workplace, identifying good practice, gaps in provision, and matters requiring further attention.

Alliances Sub-Group

(Sub-Group of Wider Health Working Group).

Chairman – Dr Alan Maryon Davies. Membership drawn from HEA, public health, Royal College of Nursing, National Council for Voluntary Organisations, National Federation of Women's Institutes.

Chief Medical Officer's Health of the Nation Working Group

Chairman – Dr Kenneth Calman. Membership drawn from NHS, Medical Research Council, OPCS, Ministry of Agriculture, Fisheries and Food, (MAFF), Department of the Environment (DOE) and DH.

Terms of reference: to advise on the monitoring and review of progress towards the achievement of targets in the five key areas, the more general epidemiological and public health issues concerned with the development of the health strategy, including identification and assessment of the effectiveness and cost effectiveness of interventions, and the identification of new key areas.

Chief Executive's Health of the Nation NHS Implementation Group

*Chairman – Sir Duncan Nichol, Chief Executive, NHS Management Executive. Membership drawn from NHS and DH.

Terms of reference: to consider how the NHS should implement a health strategy in England, covering the ways in which the NHS should be accountable for the deliver its contribution to the strategy.

Concluding remarks

The Health of the Nation Mental Illness Key Area gives a strategic framework and impetus to the goal of prioritising mental health issues and of improving the health outcome of people with mental illness. It is not just a one-off publication but a developing and evolving strategy for at least the next ten years and as such is an opportunity not to be missed. If we do not grasp it, we may lose our key area status with the loss of all the benefits such prioritisation brings. The strategy is for everyone. The psychiatric profession obviously has a key role to play and this is starting to be seized.

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*Sir Duncan Nichol has been succeeded by Mr Alan Langlands and it is now the NHS Executive rather than the NHS Management Executive.