The moral and practical case for demand management in NHS mental health services

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Lambeth Living Well

The moral and practical case for demand management in NHS mental health services

- Some confusion in the NHS about the morality of demand management
- The moral case for change in the NHS mental health services
- Opening the mental health care system to the mental health of the public and patients
- Is there an NHS policy to better manage demand?
- Better self management needs increased demand for some services and leads to decreased demand for others
- Most people need somebody to help you self manage
- In conclusion

Some confusion in the NHS about the morality of demand management

- The main principle that defines the NHS is "*free at the point of need with equal access for all*". Doesn't that mean we have to freely meet need? And if so where does demand management come into it?
- If we manage demand aren't we denying some need? Aren't we denying people service that the NHS is committed to give everyone freely? Isn't managing demand another way of making 'cuts'?
- Two assumptions here. One that demand equals need and any management of demand denies a need
- Second assumption is that the current way of delivering services is the one that best meets the needs of public and patients and therefore any change from that is a cut rather than a change.
- Both these assumptions are wrong

The moral case for change in the NHS mental health services

- If I have mental health problem and the only way I can get any help is to express my need as a demand for *existing* services then need appears to be the same as demand. (I have no choice but that)
- But the current configuration of mental health services is not the best way of creating better mental health. NOT that the people in it are morally wrong, but the configuration of services that are there at the moment are contingent on a particular history. Freezing these services as they are because anything different is a cut, is incorrect
- "*Service land is very very difficult to get into and impossible to get out of*" Mental Health patient in the north west
- Mental health services need a much better relationship between the social relationships that create good mental health and the services that help those with mental illness.
- Poor mental health has physical, psychological and social dimensions. Its treatment needs physical, psychological and social interventions

Opening the mental health care system to the mental health of the public and patients

- Mental health is on a long continuum from:- 1 being very happy:- 2 being a bit down- 3 being very down for a long period- 4 not being able to live a social life- 5 having a significant and enduring mental illness
- Mainly our mental health services work with people in stages 4 and 5
- If we only manage demand at those points of acuity then its very difficult to manage. At these stages people are very will.
- There is a very long distance between the way in which mental health services work and the lives of very happy people.
- (The analogy in physical health with *falls* is interesting. It is difficult to manage the demand for hip and knee operations *after the fall* has happened. But it is very feasible to reduce the demand for hip and knee joints before the fall has happened by reducing the falls)
- Managing demand for NHS mental health services has to happen all the way through these sets of relationships
- Good mental health/Prevention of mental illness/self management of mental illness /interventions to improve mental illness need to be on a continuum not in separate worlds

Is there an NHS policy to better manage demand?

- Yes (ish). The five year forward view; the better care fund and the sustainability and transformation plans all stress the importance of treating less people in emergency care beds in hospital
- There is a recognition that we turn too many real health needs into the demand for existing hospital services. There are a very broad range of policies to divert people from hospital beds
- BUT my points above about the principles of the NHS means that this is done with moral hesitation and therefore is – generally- not done very well. Mainly does not work.
- The moral indignation should be that we have so configured services that for many the only way people can get them is through hospital beds.
- We need to manage peoples demands for health services into much better service offers.

Better self management needs increased demand for some services and leads to decreased demand for others

- Nearly everyone who is troubled mentally, self manages their condition- 5800 waking hours a year. For much of this time they, their families and friends work without NHS professionals being there.
- The problem is that many of them do all this self management in a very separate world from most mental health services
- If most mental health services spent some time investing in peoples capacity to better self manage their own mental health the value chain of service delivery will improve.
- If every mental health service intervention looked at the possible assets that the NHS could help to mobilise, patients would be in a better position to self manage well

Most people need somebody to help them self manage

- With either physical or mental illness the individual who is self managing their condition needs some day to day help in this work
- For many this help is developed organically by families and friends (These are assets in creating better mental health that need investment in)
- For a variety of reasons others do not organically have the assets of family and friends therefore the assets that will assist self management need to be created and delivered
- Many of these are human relationship assets. Other service users, ex services users, community the voluntary sector
- Some of them are technological where assistance can be delivered without direct human intervention.
- This wont just happen it needs organisation

In conclusion

- At the moment demand for mental health services is managed by the particular configuration of these services and difficulty of getting to them (and out of them)
- We are suggesting a different management of demand which introduces new services to work with service users so that they don’t need much of the existing service (and can get out of them though recovery)
- Both the present and the future manage demand for mental health services
- The future achieves this by working much more closely with people to help them reduce their own demand for mental health services

Questions for the workshop

- As these new services are developed in Lambeth how – practically- do we manage demand.
- How do we explain that better to the public and to patients?
- How do we argue against the idea that any change is a cut?