Parity of esteem
Report of the spring 2018 RCN survey of mental health professionals
Introduction

The survey was commissioned as part of the RCN’s Parity of Esteem Programme to establish members’ views on the current progress in clinical settings of achieving mental health equality.

Parity of esteem has been defined as valuing mental health equally with physical health1. Across the UK there have been commitments to achieve parity of esteem for those with the most serious mental health problems. This is based on the knowledge that those with mental health problems like schizophrenia and bipolar disorder die between 15-20 years before the general population.

This survey sought to explore views on how well health care providers are doing on delivering parity of esteem. We invited nursing staff working in mental health settings to tell us their views on parity of esteem and mental health equality with the aim of helping to inform and shape the work of the RCN over the coming year.

- The survey was completed between 24 April and 16 May 2018.
- There were 566 respondents. 549 (97%) worked in mental health settings.
- 81% of respondents worked in England, 2.47% (14) in Northern Ireland, 10.6% (60) in Scotland and 5.65% in Wales (32).

Profile of respondents

Other roles included senior nurse leaders, managers, some professions other than nursing, learning disability nurses.

Role Profile of Respondents

- 75.4% Registered General Nurse
- 14.1% Registered Mental Health Nurse
- 4.8% Student Nurse
- 3% Health Care Assistant
- 2.7% Other (please specify)

1Mental Health Foundation, Parity of esteem available at https://www.mentalhealth.org.uk/a-to-z/p/parity-esteem
1. Success in delivering mental health equality

Over half of respondents (57%) consider that their respective country had been ‘unsuccessful’ or ‘very unsuccessful’ in delivering mental health equality. Only 17% reported that their country had been either ‘successful’ or ‘very successful’.

Q. How successful do you think your respective country has been in delivering mental health equality?

Themes and perspectives from narrative responses suggest that:

- Funding and resources remain a significant concern for respondents.
- Stigma and discrimination is still highly evident in many communities.
- Diagnostic overshadowing, that is, mental health masking underlying physical health problems, impacts decisions around health care.
- The language and experience of marginalisation is still broadly negative.

Selected quotes

- “This would never happen in physical care.”
- “People with mental illness receive a second-class service even when their condition begins to effect their physical health.”
- In the context of services “there is still a ‘them and us’ culture”.

![Bar chart showing success levels](chart.png)

- Very unsuccessful: 11.5%
- Unsuccessful: 45.2%
- Neither successful nor unsuccessful: 26%
- Successful: 16.3%
- Very successful: 1.1%
2. Local services – how well have these delivered mental health equality?

The picture in local services is slightly better with 25% of respondents reporting that their local NHS service has either been either ‘successful’ or ‘very successful’ in delivering mental health equality.

Q. How successful do you think your local NHS service has been in delivering mental health equality?

Themes and perspectives from narrative responses suggest that:

- Funding and equal investment in services are a significant concern for respondents.
- There are some reports of a slowly improving picture, with some respondents talking positively about what their organisation is doing to support the physical health of those with complex mental health needs.
- Marginalisation and stigma remains a key concern with multiple views that people with complex mental health needs are still being treated differently.
- There is a particular problem identified with the fragmentation, and lack of integration, of services reflecting poor management of the overall health and social care system.

Selected quotes

- “Physical health care is valued more and the relationship between mental health and physical health is not embraced in an equal manner.”
- “We need to move from warm intentions to positive action.”
- “Things look good on paper, but in reality, are poorly delivered.”
- Steps taken are “papering over the cracks to mask the chronic underfunding and strain on specific mental health care.”
3. How equipped are mental health settings to deliver physical health needs?

The responses indicate that perhaps some organisations are doing better than others in delivering this. 47% consider their setting is ‘equipped’ or ‘very equipped’; in contrast to this, 38% consider say they are either ‘not well equipped’, or are completely ‘ill-equipped’.

Q. How equipped is your setting to support the physical health needs of those with mental health needs?

Selected quotes
- “We have made massive progress...”
- “The situation is improving with more staff having access to physical health training.”
- “We employ nurses with a general health background...as we recognise the importance of physical health and health promotion.”

Themes and perspectives from narrative responses suggest that:
- Clinical practice is widely variable on areas such as staffing, training, equipment and access to other services.
- There are frequent statements about the lack of consistent thinking and models around supporting physical health needs.
- There are many positive statements citing improvements in support for physical health care with many saying they have basic skills.
- There is inference in some of the narrative responses that peoples’ mental health needs are not always considered when attempting to provide good physical health care.
4. Personal skills of those working in mental health settings

Staff consider they have the right skills to personally support physical health needs of those they work with. 60% of respondents say they are ‘equipped’ or ‘very equipped’.

Q. As someone who works in a mental health setting or delivers a mental health service, how equipped are you personally to support the physical health needs of those you work with?

Themes and perspectives from narrative responses suggest that:

- A lot of respondents have had training but think there needs to be more time to develop and implement physical health skills.
- Responses reflect that there is no consistent model of training and this varies, in terms of content and quality, from organisation to organisation.
- Many respondents reported broader experience, either having a dual qualification or working in settings where physical health skills are regularly practiced.
- Some responses suggest that it has been an added component to their work and not necessarily integrated into their overall role.

Selected quotes

- “I have made sure I have learnt as much as I can.”
- “Our training is a lot more integrated.”
- “I am limited by the culture and management of the mental health setting” – suggesting that the underpinning ethos and approach to physical health needs to be right to deliver effective interventions.
5. Further support needed to develop physical health skills

Most respondents believe that further training, and the ability to work more closely with other services, are important determinants in improving the physical health response for those with complex mental health needs.

Q. What would help you to meet the physical health needs of those with mental health needs receiving support in your setting? Select all that apply.

Themes and perspectives from narrative responses suggest that:

- Respondents have a range of thoughts and ideas about what type of training is required, including the benefits of having dual trained nurses, bespoke courses and top-up courses on offer.
- Equipment availability is problematic leaving an impression that some clinics are better equipped than others to support physical health needs.
- There is a need for some innovation to support the improved uptake of physical health checks and lifestyle changes including “less invasive observation tools” and “kit in a bag” approaches to help people engage better and encourage more individualised responses.
- There are some examples of good practice, e.g. Enhanced Care and Support Teams; development of a health passport system.

Selected quotes

- “I find it interesting that the suggestion is that mental health workers should increase their skills in physical health. I don’t object in principle, but I would like those working in physical health to be asked to increase their skills in understanding mental health issues also.”
- “My patients find it hard to access mainstream services and more attempts should be made to tailor services to their individual need.”
6. Meeting broader social needs

There is a mixed picture of how equipped services are to support the social determinants of care. 39% are ‘equipped’ or ‘very equipped’ while 41% are either ‘not well equipped’ or ‘completely ill-equipped’ suggesting some services are doing better than others in effectively supporting broader social needs.

Q. How equipped is your mental health setting or service to support the broader social needs (housing, employment and vocational needs) of those with mental health needs?

Themes and perspectives from narrative responses suggest that:
- The quality of local knowledge in how mental health teams connect to social care, the third sector and the local community is an important determinant in outcomes for those with complex mental health needs.
- There are a number of examples of services working with arm’s length bodies, voluntary agencies, service user forums and recovery colleges to improve outcomes.
- There are ongoing difficulties and challenges with working across services in an integrated way.
- There are a number of positive examples of vocational services to support those into meaningful occupation.
- Suitable housing remains a key issue for those supporting people with their mental health needs.

Selected quotes
- “There is too much sectorising and misunderstanding of mental health within housing and social care.”
- “There could be better integration.”

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>9.6%</td>
<td>Completely ill-equipped</td>
</tr>
<tr>
<td>31.8%</td>
<td>Not well equipped</td>
</tr>
<tr>
<td>19.1%</td>
<td>Neither</td>
</tr>
<tr>
<td>34.6%</td>
<td>Equipped</td>
</tr>
<tr>
<td>4.8%</td>
<td>Very equipped</td>
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</tbody>
</table>
7. Meeting social care needs – what would help?

Most respondents believe that better integration and the ability to work more closely with other services will help to meet the social care needs of those with mental health needs.

Q. What would better help you to meet the social care needs of those you work with?

Themes and perspectives from narrative responses suggest that a lack of funding and resources have inhibited the ability of services to work more closely together for the benefit of the person with mental health needs.

Selected quotes

• “Our team is integrated but overall services are not. Each wants to hang onto its pot of money, sometimes to the detriment of our clients.”

• “Integration appears to be going backwards.”

8. Where inequalities still exist

Respondents were asked to identify (from a list) where they believe inequalities still exist.

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Funding for mental health care</td>
<td>82%</td>
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<tr>
<td>Safe and therapeutic staffing of services</td>
<td>80%</td>
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<td>Access and treatment from essential health services e.g. primary care, acute care</td>
<td>74%</td>
</tr>
<tr>
<td>Access and treatment for specific psychological services</td>
<td>74%</td>
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<tr>
<td>Commissioning of services</td>
<td>69%</td>
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Further training
Ability to work more closely with other services e.g. Social Care
Better integration of services
New roles e.g. health coaches
Other
9. The three most important things that will make a difference to mental health inequality in the UK

Respondents were asked to identify (from a list) what they think are the most important things that will make a difference to mental health equality in the UK.

**Top 3 priorities**

1. Increased funding for mental health care
2. Safe and therapeutic staffing of services
3. Commissioning of services

10. The three most important things that will make a difference to mental health inequality in your service

Respondents were asked to identify (from a list) what they think are the most important things that will make a difference to mental health equality in their local service.

1. Greater investment in current services
2. Safe and therapeutic staffing of services
3. Improved training and skills

Greater investment and safe and therapeutic staffing of services are the two most important areas which respondents feel would make a difference to mental health equality. This is the case both for local services and across the UK.

Effective commissioning of services is the third priority across the UK, while locally, respondents cite improved training and skills as their third priority.

Other important areas included enhanced staff skill mix and improved co-working with other agencies.

11. The RCN’s main focus

In reviewing the findings of the Survey we identified three key areas of focus.

- Pushing for increased funding into mental health services on a par with physical health services.
- Improved training – consistency, competence and curriculum support.
- Identifying areas where access and innovation around physical health has made a difference.
12. Key messages and actions from the survey

The RCN is developing a number of initiatives to bring about greater parity between mental and physical health care. Over the next year, this will include: more effective networking and campaigning on issues that affect members in clinical practice; and the development of evidence-based resources to support members’ day to day work.

<table>
<thead>
<tr>
<th>What is the key message?</th>
<th>What will the RCN do?</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Mental health care funding is inadequate to meet patient need and growing demand. UK governments need to do more to demonstrate they are delivering on Parity of Esteem.</td>
<td>The RCN will use its networks to push for adequate funding into mental health services.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>We must build a better understanding of innovative practice and how it is delivering tangible differences in physical health outcomes for those with complex mental health needs.</td>
<td>The RCN will partner, and collaborate, with organisations to build a better evidence-base of what interventions will close the current mortality gap. The RCN will seek to showcase examples of good practice where nurses across the 4 UK countries are delivering parity of esteem in every day clinical practice. The RCN will complete a co-produced project to understand what enhances or inhibits those with complex mental health needs to receive good physical healthcare support.</td>
<td>From October 2018</td>
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<td>Training and resourcing for physical health care are not consistent and there are widely reported variations in service provision, affecting the ability of mental health nurses to provide a holistic approach to care.</td>
<td>The RCN will seek opportunities to develop guidance and competence-based resources to support members in clinical practice.</td>
<td>From December 2018</td>
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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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