

NewStatesman

# Spotlight

**MENTAL HEALTH: THE QUIET CRISIS**

Alastair Campbell / Jackie Doyle-Price MP / Luciana Berger MP



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# The availability question



**F**our decades after the Happy Meal was launched to encourage parents to bring their young children to McDonalds, the burger chain's arch-rival Burger King has launched a range of "unhappy meals", including the "Blue Meal" and the "DGAF Meal", to encourage disaffected, depressed, anxious and angry young people to eat hamburgers that are in some way aligned with the recognition and acceptance of their negative emotions.

Burger King must know something about mental ill-health; after all, it cannot have failed to notice the findings of researchers in the UK, Spain and Australia last year, based on analysis of 41 previous studies, which found that regularly eating "junk food" that is high in salt, fat and sugar is likely to be a cause of depression. And with 20,000 workers in the UK on zero-hours contracts, the beef giant must surely be aware of the research published by UCL's Centre for Longitudinal Studies which found that these contracts put employees at a greater risk of psychological problems.

But while Burger King's co-opting of mental health concerns to sell fried meat leaves a nasty taste in the mouth, isn't it more important that psychological wellbeing is discussed, whatever the medium? Ford, for example, was praised for using its Transit ad to discuss men's mental health. The message is certainly important, but when we know that air pollution from traffic has been shown to quadruple the risk of depression in teenagers, is it still admirable?

The truth is that very few large companies operate with so little impact in the world that their claims of social responsibility cannot be made to seem hypocritical. But where mental health is concerned, adverts such as these stand out because there are not enough public services available to people suffering from mental health problems, and not enough effort from government to remove the taboos around discussing them. The frightening conclusion they suggest is that while companies become more aware of and responsible for the mental health of their employees and customers, the ability of the public sector to deal with these issues is contracting. The availability of services is the single greatest issue in mental healthcare in the UK, it is a pressing one, and it must be led by the government and the NHS. Nobody should be left to take emotional support from a hamburger.

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### NewStatesman

Standard House  
12-13 Essex Street  
London, WC2R 3AA  
Subscription inquiries:  
digital.subscriptions@  
newstatesman.co.uk

*Account Managers*  
Jugal Lalsodagar  
Che Hennessy

*Commercial Director*  
Peter Coombs

*Special Projects Editor*  
Will Dunn

*Special Projects Writers*  
Rohan Banerjee  
Jonny Ball

*Design and Production*  
Leon Parks  
Erol Süleyman

*Cover illustration*  
Sam Falconer



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# News



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## NHS to use tech against alcoholism

*Rohan Banerjee*

Online therapy service Silvercloud has entered a partnership with the Midlands NHS Foundation Trust to help deliver an internet-based self-help programme for people in the region suffering from an addiction to alcohol.

As part of the NHS's Long Term Plan, which includes a commitment to investing in more digitally enabled and self-guided treatments, it aims to reduce the pressure on the NHS in the form of alcohol-related visits to A&E and an increased risk of developing other conditions, such as heart and liver disease.

Silvercloud, an American company which also has offices in the UK and Ireland, specialises in prescribing cognitive behavioural advice from a library of programmes which address many different mental health problems.

Dr Lloyd Humphreys, SilverCloud's head of Europe, said in a statement: "Alcohol is a pervasive issue for many with mental health problems. This latest addition to our platform will help many people actively address some of the contributing factors to their emotional wellbeing and reduce the delays in receiving evidence-based treatment."

## Coroner urges students to disclose issues

*Rohan Banerjee*

Students should be encouraged to declare mental health problems on their university application forms, a coroner has suggested. Maria Voisin, who led the inquest into the death of Bristol University student Ben Murray, said more needed to be done to ensure that universities were aware of young people

## Return to work scheme announced

*Oscar Williams*

The NHS has unveiled plans to help more people with mental health problems to find work, in an attempt to boost their long-term wellbeing. The initiative will provide patients with advice from employment specialists on how to find a job and prepare for interviews.

As many as 20,000 people a year will be enrolled in the scheme by 2020-2021, nearly twice the current number, according to NHS England.

"Helping those with mental ill health back into work is one of the best ways to ensure their health and happiness in

the long term," said Theresa May. "This scheme is another important step forward in achieving that goal."

"The government is working hard to ensure genuine parity of esteem between physical and mental health conditions, and our long-term plan will make the NHS a world leader in the care and support we provide to those who need it," she added.

Claire Murdoch, NHS England's mental health chief, noted that people in work "tend to be in better health, visit their GP less and are less likely to need hospital treatment."



facing difficulties while in their care.

Murray, 19, who was studying English, committed suicide last year after being threatened with dismissal from his course due to poor attendance. He was also behind on paying his accommodation fees.

Voisin has called on the Department for Education, the applications service UCAS, and UK universities to work together to “destigmatise” mental illness. She told the BBC: “Only 37 per cent of students disclose their mental health issues on their UCAS form. Students need to be assured that disclosing this will not affect their place.”



## Childhood obesity linked to mental ill health

*Oscar Williams*

Researchers have discovered that obese seven-year-olds are more likely to suffer from anxiety and low moods when they turn 11. The research, which was carried out at the University of Liverpool, has prompted calls for early prevention in overweight children.

Charlotte Hardman, a senior psychology lecturer at Liverpool, suggested that obesity and emotional problems may be closely linked. “People think it’s as simple as eating less and

exercising more – but it’s much more complex than that,” she said.

“As both rates of obesity and emotional problems in childhood are increasing, understanding their co-occurrence is an important public health concern, as both are linked with poor health in adulthood,” Hardman added.

The study, which was published in *JAMA Psychiatry*, analysed data about more than 17,000 British children born between 2000 and 2002. The data included children’s height and weight, and reports of their emotional wellbeing from their parents at several points throughout their childhood. Researchers had already revealed that obesity and mental health are linked in adulthood.

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## Cannabis users five times as likely to develop psychosis

*Will Dunn*

A study by researchers from King’s College London found that daily users of strong cannabis are five times as likely to be diagnosed with psychosis when compared to people who had never smoked the drug.

The survey compared 901 cannabis smokers with 1,237 people who did not use the drug in 12 cities and regions in the EU and Brazil. In the London group, more than a fifth (21 per cent) of new psychosis cases could be linked to cannabis use.

Cannabis use in teens has previously been linked to depression by research conducted in the UK and Canada, and to depression and anxiety in a study conducted in Australia, among numerous studies that have linked the drug to an increased risk of mental illness. The most recent report by the Home Office on drug use found that 16.7 per cent of people aged 16-24 (around a million young adults) in the UK had used cannabis in the past year.



## UK child mental health provision among worst in Europe

*Rohan Banerjee*

The UK places close to the bottom of new league tables of 28 EU countries ranked by their child and adolescent mental health services (CAMHS) provision. The EU-funded Milestone project at the University of Warwick found that the UK has 9.4 specialist inpatient beds for mental health conditions per 100,000 under-18s, while Germany, which tops the table, has more than six times as many for the same age group. Latvia, Lithuania and Estonia have 39.5, 31.5 and 21 beds per 100,000 under-18s respectively.

On the EU table for number of CAMHS psychiatrists, the UK ranks even lower, in 21st place, with just 4.5 psychiatrists per 100,000 young people. Estonia (16.8), Lithuania (14) and Latvia (11.2) all have more professionals available, while the top-ranking country, Finland, provides eight times as many psychiatrists to its young people. According to the Mental Health Foundation, around one in ten UK children aged five to 16 are affected by a mental health problem.

# Confronting Westminster's demons

**He is a divisive political figure, but Alastair Campbell's candour about his own mental health has led MPs of all parties to seek his advice. He spoke to Will Dunn about the pressures politicians face**

**W**hen Alastair Campbell was 29 years old, he experienced what he describes today as “a full-on psychotic breakdown”. Depleted by long periods of heavy drinking and overwork, the then-journalist found himself in the lobby of a hotel in Scotland, confused and afraid. His head was “full of noise”; he heard voices, brass bands and orchestras; every street sign and fragment of conversation formed part of a horrifying test, one which he became convinced that he would not survive. He began to throw away his possessions, including his wallet and his passport. When two plain-clothes police officers noticed his erratic behaviour, Campbell was arrested for his own safety and then hospitalised.

Eight years later, Campbell was in Vaison-la-Romaine, an ancient town in the hills of Provence, when he was visited by Tony Blair, newly elected as leader of the Labour Party. It showed how much Blair wanted Campbell as his press secretary that he was prepared to follow him to his holiday home; Campbell remembers that he had already “said no about ten times. I took a month to say yes.” Before he did finally agree to the role that would make him instrumental to the fortunes of the party, Campbell told Blair: “I need to talk you

through all the things in my character and in my life that could become a problem. I had done things in my past ... silly things... and I said I know you know about the breakdown, but the other thing you need to know is, it was really bad. And it was about cracking up under pressure... And he said, ‘I’m not bothered if you’re not bothered’. And I said, ‘what if I’m still bothered?’ and he said: ‘I’m still not bothered’.”

Campbell remembers this exchange as an expression of support from his new boss; when he participated in the launch of the Time to Change campaign in 2007, it featured on the campaign’s first poster ads. But a more cynical view might read Blair’s comments more literally: that he really wasn’t bothered. He understood the risk that the most stressful job in politics might hold for Campbell’s mental health, and recruited him anyway.

“I’m not going to pretend that Tony was perfect on this stuff,” Campbell concedes, remembering that when Labour was in power, Blair “would regularly phone me, particularly on a Saturday or a Sunday, and he’d say ‘I’m really worried about you, you seem very down’, or ‘you really need to get a rest’. And I’d say ‘yeah, I know that’. And then he’d say ‘okay, good. Right, can you give Gordon a call about this, can you talk to



JEFF MITCHELL/GETTY IMAGES

Prescott about this, can you talk to Robin Cook about this, what are we doing about that interview in the *Observer*...’ and he’d give me about 20 things that he wanted me to do that morning.

“So on the one hand, theoretically, he was very understanding. But in practice, I don’t think he...” And then the press secretary’s instincts kick in, and Campbell changes tack. “I’m not criticising him for that, because he was the Prime Minister, and I think you’re entitled to expect that the people around you are going to work for you well.”

Campbell calls Westminster “a laboratory against good mental health”. The long hours and the artificial, high-pressure environment in which MPs work are, he says, not conducive to happiness and stability. “For all the fuss there was about expenses, most of them could make more money doing other things. The hours are crap. You get abuse. When the papers say ‘oh look, they’re off on holiday’, actually most of them are going to be working their balls off in their constituencies... The pressures are quite intense.

“I was talking to a Labour MP this morning. He’d been out in his constituency yesterday, and the mood was absolutely vile, he was getting a lot of abuse. This is not a very nice lifestyle at the moment.”

The pressure on MPs has been greatly increased by Brexit, he says, partly because the decision-making process has been so drawn out and partly because of Theresa May’s attitude, which he describes as “we’d be able to get it all done if it wasn’t for these terrible MPs.” This is dangerous rhetoric, he warns, because it opens the door to “ Farage, doing his thing about ‘we’re going to put the fear of God into these people’, and ‘donning khaki’, and all this nonsense. After the Jo Cox murder, these politicians that have fanned this – they’re playing with fire.”

For all that he has divided opinion in the past, Campbell’s open discussion of his own mental health has led MPs “from all parties” to approach him for advice on

dealing with anxiety, depression, stress and alcoholism. He was recently approached by a Conservative MP and former minister who he says “thought they were maybe on the edge of a breakdown, and didn’t know how to handle it. I put them in touch with somebody that I think they should see.” Another MP, he says, contacted him because “they were getting absolutely chronic anxiety. And they’d heard me talk about what anxiety actually is, as opposed to just feeling a bit nervous, and I was able to say, I know somebody who’s a specialist in dealing with adult anxiety. ... I can think of people of all parties, now, that I’ve spoken to and put in touch with mental health experts.”

One politician whom Campbell tried repeatedly to persuade of the benefits of openness was his friend Charles Kennedy, the Liberal Democrat leader who died in 2015, aged 55, from alcoholism. “Charles and I talked a lot about his drinking and about his mental health more generally. I tried to persuade him to be more open, but I understand why he didn’t want to be, because he was a party leader. He was worried about what the media would do, he was worried about what his opponents would do. He was worried that his constituents would think he’d done something wrong.”

It is this containment, the impossibility for many politicians of being open about one’s innermost fears and compulsions in a game in which any sign of weakness is exploited by one’s rivals, that Campbell says Westminster must try to change. “It’s different for me,” Campbell concedes, “because I was never an MP – but I’ve got a very public profile, and I always say to them that I’ve never, ever, ever regretted being open, not for one second.”

In a conversation in Downing Street, Tony Blair once told Campbell that being Prime Minister was “a conspiracy against normality... You can’t really have a normal life, if you’re surrounded by security 24/7. You can’t just nip out. Everybody recognises you, everybody thinks they know you. Everybody thinks they could do the job better than you.”

**Campbell describes following Burnley FC as one of the more positive obsessions in his life**



At a banquet in St Petersburg in 2000, Tony Blair felt moved to explain to his host, Vladimir Putin, why Campbell had turned down several offers of vodka. The new Russian president turned to Campbell and said: “I hope you redeem yourself with other sins.” It was a perceptive comment; Campbell’s addictions have changed, but the force that drives them has not.

When we speak, Campbell is back in Vaison-la-Romaine, ostensibly on holiday, although he has been up since 5am, during which time he has written two newspaper articles (on behalf of other people) and a note planning the next stage of the People’s Vote campaign. “I am a workaholic,” he admits, “and I don’t think that will ever stop.” Campbell’s psychiatrist, David, and his partner, Fiona, refer to Campbell’s addictive nature as his “demon”.





## Campbell says his psychiatrist is “probably a bit worried”

While he recognises the danger of giving in to his obsessive side – he observes that his psychiatrist is “probably a little bit worried” about the intensity with which he is working on the People’s Vote campaign – Campbell says that it is for him a matter of choosing the right things to be addicted to. In Downing Street he began running – “I realised that I could get addicted to it very quickly, which I did, but also that it could be very good for my mental health” – and ran to and from work every day. He classes his commitment to Burnley FC as a kind of addiction, a necessary “release... I could feel myself back in the real world for a couple of hours.” He has also found, after years of refusing medication, a drug that works for him. “If I’m being honest then I think it’s probably my latest addiction, this drug.”

But of all the things the demon wants, nothing compares to work. He describes the time after he left Downing Street in 2003 as a period “decompression” in which “I didn’t know what to do with my life. At the time I was quite profoundly suicidal, I was self-harming, in the form of beating myself up, physically. It was all a bit weird.” It took Campbell a long time to emerge from this “massive depression”, and when Gordon Brown began asking Campbell to return, he wrestled with the risk to his mental health. “And when I finally said okay, I’ll come back, I remember my psychiatrist said: ‘ah, the demon has won’.”

When the first volume of Campbell’s diaries was published, one early reader told him they’d got the feeling that Campbell was unhappy in government. His answer was “well, no. I wasn’t happy, and I wasn’t enjoying it. But I’m very, very happy that I did it.” While the MPs who approach him about their own mental health fear the stigma of being exposed, for Campbell it is a badge of honour. “Somebody once wrote about me ‘Alastair Campbell has had a successful career despite a history of mental health problems’. I wrote to the guy and I said, next time you write about me, think about saying that any success I’ve had has been in part *because of a*

history of mental health problems. I get my resilience, my thick skin, from having survived. I think I’ve got a more empathetic understanding of people, because I do have a sense of what pain, real pain, feels like. I think if you know what it feels like to feel like absolute shit, and to feel like death might be preferable to life... it does give you a sense of other people’s pain. And my energy and creativity, I’ve got absolutely no doubt, comes from me having a determination to get good out of bad.”

Campbell’s first policy recommendation would be “a really major anti-stigma, anti-taboo campaign”, although he says this would need to be “matched by services” for the treatment and support of those who were led to seek help. Charities, businesses and others are already doing this work, he says, and better education and awareness about mental health “need not cost that much money”.

But good policy can only be made if it has clear goals, and Campbell warns that while health secretaries and ministers “all talk the talk about how we need to understand the importance of mental and physical health going together, and understanding when pressure becomes stress... their own lifestyles are absolutely run contrary to doing that in practice.”

In business, the arts and sciences, and the military, mental health treatment is seen as necessary and expected – “there’s not a top sportsman in the world now that doesn’t have some sort of psychological support,” Campbell points out – but Westminster continues to see questions of mental health and wellbeing as difficult to discuss in its own workplaces. The country that brought the world the principle of utility, which defined general happiness as the objective of government, has in recent years lost sight of this principle: “the combination of austerity followed by Brexit,” he argues, relentlessly on-message, is “the worst possible recipe for the mental wellbeing of the country.”

Alastair Campbell: *Depression And Me will broadcast in May as part of the BBC’s Mental Health season*

As the conversation around mental health matures, so too must legislation and organisational culture, writes **Luciana Berger**, former shadow minister for mental health

# Mental health first aiders are a long overdue step



**I**n 1974, the secretary of state for employment Michael Foot stood up in the House of Commons to speak in support of the Health and Safety at Work Act. For 45 years this landmark legislation has protected people and helped to reduce workplace deaths and injuries. Foot started his speech by pointing out that 1,000 workers were killed each year, half a million were injured at work, and 23 million working days were lost because of injury or an accident. Foot had hardly got into his stride before Christopher Mayhew, then a Labour MP, intervened to point out that 38 million days were lost in industry, not because of injury or accident, but because of people suffering from mental illness. Why, he asked, were these conditions excluded from the bill?

It was a good question in 1974, and it remains a good question now. Our modern understanding of mental health has transformed since the 1970s. We

enjoy a growing awareness and literacy around the symptoms of and remedies for mental illness. Thanks to brave public figures and persistent campaigners, much of the ignorance and stigma has been reduced. And yet, we are only just starting to put mental health at the centre of our public policy and our national conversation, which is where it should be.

One important provision of the 1974 Health and Safety Act was that workplaces should have a trained first aider, ready to provide the very first response to an injured colleague. Since 1974, millions of people have completed first aid training and volunteered as workplace first aiders, and there must be many people alive today who owe their lives to their speedy response.

It is obvious that the requirement for first aiders in the workplace should specifically include mental health first aid, making employers responsible for



this aspect of their employees' wellbeing too. This could be achieved with a straightforward and simple change to the existing law. Indeed at the last general election, one of the party manifestos included the promise to "amend health and safety regulations so that employers provide appropriate first aid training and needs assessment for mental health, as they currently do for risks to physical health". That was the Conservative Party manifesto, but we are still waiting, two years on, for ministers to fulfil their pledge.

## Training can make a real difference

There is certainly the demand. NHS Digital suggests one in six adults experience some form of mental illness at any given time (other statistics suggest the proportion of us affected could be even greater). There are 28 million people in the UK workforce, so we can estimate there are at least five million people at work who are experiencing mental ill health.

The *Where's Your Head At?* campaign – of which I am a member – set up a petition calling on the responsible minister for health and safety at work to change the law to expand employers' responsibility to ensure someone in every workplace is trained in physical first aid to include mental health first aid too. It has over 200,000 signatures.

The campaign also co-ordinated a letter to the Prime Minister calling for statutory mental health first aiders that was signed by over 50 businesses and organisations. These included trade unions such as Community, retailers such as WHSmith, financial bodies such as Standard Chartered, and utility services such as Thames Water. Organisations such as St John Ambulance and Mental Health First Aid England provide mental health first aid training, and over quarter of a million people have already completed it.

The main objections to this change seem to be that mental health is complex, the symptoms are hard to spot and the remedies require expertise and medical qualifications. You can't treat depression like it's a sprained ankle, detractors say. But this is to miss the point. Mental health first aiders are not designed to replace mental health professionals, or to provide services on the cheap, any more than current first aiders replace paramedics or heart surgeons.

The point of a mental health first aider is to be a champion for good mental health in the workplace, to provide a safe port-of-call for anyone wanting to talk about their mental health, and to offer signposting to available expert advice and professional services. I have observed and taken part in some mental health first aid training, and I have met

many mental health first aiders, and I am convinced that even a few hours' training can make a real difference.

When we succeed in our campaign and make mental health first aiders statutory, there will be new issues to tackle. As the economy transforms, with more workers not having a traditional "workplace", but instead working from home, from hubs, or at a table in a coffee shop, then we must ensure this growing group of workers is not left out.

One thing I have been very keen to discuss with trade unions such as Community is how we work with people in the gig economy, or with people working as freelancers and consultants, who are as prone to mental ill health as anyone else. Indeed, aspects of this new economy, especially with the uncertainty and precariousness it brings, may prove to be the triggers for some forms of mental illness.

But traditional sectors are affected too. One agricultural worker takes their own life every week, according to the Office for National Statistics. Construction workers are three times more likely to take their own lives than the average male worker. Risk of suicide is elevated in the performing arts – 69 per cent higher for women than the average, and 20 per cent higher for men. Those working in the music industry, for example, are three times more likely to experience depression.

Hundreds of thousands of people are already stepping up and volunteering to be mental health first aiders. Enlightened employers, large and small, are getting involved, from Barclays to South Liverpool Housing Association. As is too often the case, public opinion and public behaviour are advancing faster than our framework of laws and regulations. Parliament is lagging behind the people. So ministers need to deliver on their promise, make time available to change the regulations, and create a statutory scheme for mental health first aiders. When we look back in 40 years, we will wonder why it took so long.

*Luciana Berger is the Change UK Member of Parliament for Liverpool Wavertree*

# Putting people first

**David Hynam**, CEO of Bupa UK, discusses why ensuring better mental health in the workplace should be a cross-organisational priority



**LinkedIn ranked Bupa UK as one of the top five places to work in 2018**

**How important is a workforce’s mental health in terms of a company’s performance?**

With one in six people in the workplace experiencing a mental health challenge, it’s never been more important for businesses to address mental health. The level of visibility and attention this issue is getting has totally changed. What was once a sideline conversation now has a prominent place in many board-level discussions.

In addition to the human cost, organisations are seeing the effect that poor mental health has on their overall productivity and performance. Every year, around 70m working days are lost due to mental health issues, costing employers between £30bn and £40bn – that’s roughly £1,000 per employee every year.

As business leaders we need to

recognise the importance of creating an environment where people can thrive and be their best at work. We all increasingly expect our employers to play an active role in our mental wellbeing. In our insurance business, the percentage of employees from our corporate customers that we support for mental health issues has more than doubled over the last decade – and that’s just the tip of the iceberg as we know many people don’t seek help.

**How important is creating the right culture when it comes to mental health?**

It’s really important that senior leaders create workplaces where people feel they can be open about mental health challenges they might be facing. The change needs to come from the top.

At Bupa we talk regularly and openly about mental health at all levels.

IN ASSOCIATION WITH







Encouraging teams to get to know each other better is vital. People managers play a hugely important role in creating a supportive environment and that starts by building trust – the better you know someone, the more likely you are to be able to spot the signs that someone might be struggling.

Our approach broadly focuses on four aspects: awareness (being familiar with the signs of a mental health problem and on the lookout for them); a supportive workplace (fostering close relationships); open conversations (encouraging people to speak out if they need help); and providing support (we have a dedicated mental health hub for our people, access to confidential counselling services and clinical support). We have also trained up many of our senior executives to be mental health first aiders.



**David Hynam, CEO of Bupa UK**

Training people, particularly line managers, to be able to spot the onset of mental health problems is a really important step. But it's equally important to remember that managers need support too – their role is not to be a counsellor but to support their team to get help if they need it.

Last year we launched Be You at Bupa – our commitment to empower our people to be their true selves at work. I want Bupa to be the most inclusive place that it can be. I don't want our people living with the pressure of trying to fit into an organisation, being something that they are not.

All four of our businesses (Care Services, Insurance, Dental Care and Health Services) are people businesses. We are absolutely nothing without our brilliant teams, so supporting them to thrive at work is everything. I was really proud that Bupa was recently recognised by LinkedIn as one of the top five places to work in the UK.

**Preventing poor mental health seems an obvious ideal – have you seen a change in the type and level of support companies are looking for?**

It is very clear that businesses believe that supporting mental health is a major challenge, and more and more of our corporate customers are asking for our help.

Last year we launched our Business Mental Health Advantage as a response to this increasing demand. Our service offers the most extensive mental health cover for business customers and their employees, helping businesses to support colleagues with long-term mental health issues. It also covers conditions which typically have been excluded such as alcohol dependency, drug abuse and self-harm. A number of our corporate customers are also asking us to provide additional on-site services, so their people can have free, confidential access to psychological support from trained professionals.

Another change we've seen is that our corporate customers are not just looking for help for themselves, they're looking for guidance for their families and children. They really value the support we can provide in signposting what help is available to them both in and outside work.

**What role can government play?**

The government can play a role in defining best practice and, more importantly helping businesses access the expertise and services they need to support the mental wellbeing of their employees. We know that access to mental health support continues to be a growing priority for many businesses, both large and small. For many, health insurance is an effective way to support both the mental as well as physical health of their people.

Unfortunately, the doubling of the tax rate on insurance premiums, including health insurance, from six per cent to 12 per cent over recent years, just makes it more expensive for businesses to provide support to their employees – and, for some, makes it an expense too far. If the government is serious about helping businesses do more to support the physical and mental health of their employees, looking at the tax environment – how they can encourage more businesses, both large and small – to support their people's health, would be a positive step.

**MENTAL HEALTH**

# The latest contracts, jobs and training

## THESE CONTRACTS ARE NOW OPEN FOR TENDERS

### 1. Surrey County Council

*Accommodation with Care and Support for Adults with Mental Health and/or Substance Misuse Needs*

Bid deadline: Ongoing

Tender value: Up to £20m

Surrey County Council is seeking long-term partners to provide specialist accommodation to help support the members of the community with serious mental health problems or recovering from substance addiction.

Contact: [procurement.sourcing@surreycc.gov.uk](mailto:procurement.sourcing@surreycc.gov.uk)

### 2. Islington Council

*Mental Health Forensic Accommodation Service*

Bid deadline: 17th May

Tender value: Up to £1.8m

Islington Council invites applications from private partners to provide short-term accommodation for men aged 18-65 who have been in contact with the criminal justice system as a result of their mental health.

Contact: [procurement@islington.gov.uk](mailto:procurement@islington.gov.uk)

### 3. Telford and Wrekin Council

*Statutory Advocacy*

Bid deadline: 17th May

Tender value: Up to £1m

Telford and Wrekin Council is seeking a provider to support it in its delivery of non-instructed statutory advocacy. The service will help assign carers to people adjudged to have their decision-making

impaired by their mental health.

Contact: [martyna.migas@telford.gov.uk](mailto:martyna.migas@telford.gov.uk)

### 4. NHS Shared Businesses

*Young Commissioners Programme*

Bid deadline: 17th May

Tender value: Up to £122k

NHS Shared Businesses on behalf of NHS Wandsworth Clinical

Commissioning Group is open to bid applications from experienced health and social care providers to run a local service for children with mental health problems.

Contact: [susan.shaw25@nhs.net](mailto:susan.shaw25@nhs.net)

**Total value: £22.92m**

## THE LARGEST PUBLIC SECTOR CONTRACTS OPEN FOR BIDS SOON

“Pre-Information Notices” give advance warning of contracts that will soon be open for tenders.

### 1. Peterborough City Council

*Adult residential and dementia care placement services*

Towards the end of the year, Peterborough City Council will be commissioning long-term residential, nursing and dementia care services for the local area, which could include the provision of a new care home facility.

PIN Value: Up to £204m

### 2. Wirral Metropolitan Borough Council

*Floating support service*

Wirral Council will welcome proposals from experienced mental health support providers as part of its housing programme. Carers will be required to support vulnerable people to maintain their independence and ensure they do not become homeless.

PIN Value: Up to £1.2m

### 3. Wirral Metropolitan Borough Council

*Suicide Liaison Service*

Wirral Council will welcome applications from partners to deliver a seven day a week suicide liaison service, providing timely information and support to those bereaved by the suicide of a family member or friend.

PIN Value: up to £150k

### 4. Darlington Borough Council

*Provision of Residential Care for Older People with Mental Health Problems*

Darlington Borough Council intends to commission new sites to host and support its elderly citizens who are suffering from long-term mental health problems, including dementia and other chronic neurodegenerative conditions.

PIN Value: Unspecified

**Total value: £205.35m**

## MENTAL HEALTH JOBS NOW OPEN FOR APPLICATIONS

### Head of Mental Health Policy, Care Quality Commission

Salary: £70,000

Location: Flexible, but with regular travel to London

Closing date: 20th May

CQC is seeking an experienced mental health professional to overview regulation of the UK’s mental health provision. The post-holder will lead reviews on and recommendations for services falling under the Mental Health Act and Mental Capacity Act.

### Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust

Salary: £77-913-£105,042

Location: Ipswich

Closing date: 27th May

Norfolk and Suffolk NHS Foundation

Tender and framework data  
supplied by

**tussell**

Trust seeks two experienced psychiatrists to deliver diagnoses and treatments across local adult and child mental health services, with focuses on learning disabilities and eating disorders.

**Lecturer in Mental Health Studies, London South Bank University**

Salary: £36,620-£52,097

Location: London

Closing date: 12th May

LSBU's School of Health and Social Care seeks an experienced clinical professional with a background in children's nursing practice to teach on early-age mental health treatments and strategies to support people with learning disabilities.

**Helpline Manager, Young Minds**

Salary: £35,600-£39,500

Location: London

Closing date: 12th May

The children's mental health charity Young Minds is looking for an experienced charity professional with an extensive background knowledge of mental health problems in young people to oversee its telephone referral and therapy service.



## MENTAL HEALTH EDUCATION AND TRAINING OPPORTUNITIES

**Mental health awareness training, Mind**

The mental health charity Mind offers a wide variety of day-long courses run throughout the year and across its regional offices, designed to improve mental health awareness in work and education environments.

**PgDip CBT (depression and anxiety), University of Southampton**

Southampton's postgraduate diploma in CBT is a year-long course aimed at honing conversational therapy techniques relating to outpatient cases of mild depression and anxiety.

**MSc Mental Health Studies (part-time), Middlesex University**

This two-year postgraduate course is designed to supplement the skills of active mental health professionals, focusing on social inclusion exercises and the physical aspect of looking after someone with a mental disability.

**MSc Autism, University of Strathclyde**

This one-year postgraduate degree covers the diagnoses and classification for different areas of the autism spectrum, and is made up of taught content and a practical work placement.

Rohan Banerjee spoke to gambling experts and the Labour Party's deputy leader **Tom Watson** about an industry that has created nearly half a million addicts

# Gambling: the hidden epidemic



**P**roblem gambling, according to the Labour Party's deputy leader Tom Watson, represents a "hidden epidemic" in the United Kingdom. A report from the government's Gambling Commission estimates that there are 373,000 people with an addiction to gambling in England, 30,000 in Scotland and 27,000 in Wales, with a further 2m people across these regions at risk of developing one. "This is a public health issue," Watson warns. "We need far more research into problem gambling, and far more specialist treatment for an addiction that ruins lives."

The Institute for Public Policy Research's *Cards on the Table* review found that nearly three quarters (73 per cent) of the UK's adult population gamble to some degree. And the IPPR's study

into the cost of problem gambling to the UK's overall economy highlights hospital inpatient services (up to £610m); mental health treatments including prescription medication and therapies (up to £150m); Jobseeker's Allowance claims and lost tax receipts (up to £160m); gambling-related incarcerations (up to £190m); and statutory homelessness applications (up to £60m) as the most significant factors in an issue which it says could cost the UK up to £1.2bn per year.

Professor Mark Griffiths, a chartered psychologist and director of the International Gaming Research Unit at Nottingham Trent University, says gambling should be viewed "in the same way you would any other social drug", because it is a "mood modifier, much like alcohol". Like alcohol, gambling offers

"an opportunity to spend time with friends", alongside its recreational appeal. "People might like the idea of an ostensibly inexpensive amount of money being turned into a life-changing sum" in games such as the National Lottery, he observes, and this type of gambling, "if contained and controlled responsibly, can be a perfectly legitimate form of leisure or entertainment. The problems start when it can't be controlled and the urge to gamble starts to supersede everything else in someone's life."

Tom Watson has been, along with the shadow health secretary Jonathan Ashworth, one of the more vocal advocates of Labour's policy on gambling. He says that the UK is struggling with a "culture" that risks exacerbating the rates of addiction, particularly as internet-



High-frequency games such as slot machines can be very addictive



## Problem gambling costs the UK up to £1.2bn a year

based betting makes it faster and simpler to bet than ever before. Earlier this year, Watson suggested that current UK gambling laws were “unfit for the digital age” and highlighted the lack of regulation relating to gambling companies online. He has promised that under a Labour government, stricter limits would be placed on the stakes that online bettors are able to make, and called for a limit on the speed at which games are allowed to be played.

Griffiths explains why speed, as a “structural characteristic” of certain forms of gambling, can make a game more or less addictive. “I’ve never met anyone who’s addicted to a bi-weekly national lottery game,” he says, “but with slot machines, you might complete 12 games a minute. That’s not to say that

lotteries are non-problematic. I could create a slot machine that limits you to bi-weekly plays, or I could create a lottery product that was run every two minutes. High-speed, high-frequency events are structurally problematic and more likely to be addictive.”

Watson adds that the gambling industry must also face more robust regulation when it comes to advertising, especially around betting on sports. “We are bombarded by gambling adverts that tell us that we can’t enjoy football, for example, without betting some money. As new technologies emerge, so do new forms of gambling that are highly sophisticated, probably addictive, and often unregulated.”

Griffiths points to the advent of “in-play” betting – opportunities to bet on a sports event while it is happening, on a gambling website or app – as one of the technological catalysts for more problem gambling. “In the past, betting on sport was structurally discontinuous. Now it’s different; you’re not waiting for the football results to come in on a Saturday afternoon. In-play betting means that every game has something like 70 different markets going on at any one time [including next goal scorer or correct score line, for example].”

Dr Henrietta Bowden-Jones, the founder and director of the National Problem Gambling Clinic in Kensington, says that problem gambling is a “mental health problem in its own right”, but that it also has a correlative relationship with other conditions, such as stress, depression and anxiety. “We call this bi-directionality,” she explains. “It means that someone who suffers from an addiction to gambling could be more prone to suffering from other mental health conditions and someone with pre-existing depression or anxiety is more prone to becoming addicted to gambling.” According to the charity Gambling with Lives, between four and 11 per cent of UK suicides each year can be related to gambling addiction.

Bowden-Jones, a psychiatrist who previously focused on alcohol and drug dependency, founded the NHS’s first,

## “People bet up to ten times their income”



**Nearly 20m visits were made to UK casinos between 2017 and 2018**

and currently only, specialist gambling clinic in 2008, with funding from the charity Gamble Aware and overseen by the Central and North West London NHS Foundation Trust. A second clinic, in Yorkshire, is due to open later this year. “I think that’s a sign that there is a national awareness and a growing acknowledgement that we need to treat gambling harm seriously.”

In treating problem gambling, Bowden-Jones says that “abstinence” should be the end goal. “There is no way that a pathological gambler is going to be able to gamble responsibly. I think you’d find that is viewed as a universal truth amongst most psychologists. You could compare the situation to someone with alcohol dependency; they’ll never really feel comfortable drinking in moderation because they’ll always be on edge.”

The clinic, Bowden-Jones says, offers a “range of services”, including cognitive behaviour therapies, psychological assessments and education-based lifestyle training. “There are lots of different pathways to gambling addiction. We try and get to the root cause of a patient’s problem... We explore the triggers and causes, which could include a childhood trauma. A classic example would be the death of a parent, which might have left someone with a pressure to provide [money for the rest of their family]. As for lifestyle changes, we can introduce patients to

ways of controlling external stimuli. This could include blocking gambling companies’ apps from their online banking accounts. I know that Monzo and Starling offer this service. There’s software called ‘gamban’, which blocks access to all gambling-related apps on a given device.”

For patients who do not respond well to therapies, the clinic has prescribed drugs that suppress cravings, such as naltrexone, though Bowden-Jones clarifies that medication is considered a “last resort” when other interventions are not successful. Patients at the clinic exist on a scale, she says, but all could be considered to have “serious” problems with gambling. “One of my patients lost £3m recently through gambling. I treat people who are gambling up to ten times their annual income.”

All things considered, does the prevalence of problem gambling strengthen the case for prohibition? Mark Griffiths, who describes himself a “recreational gambler”, worries that such an extreme measure could “create more problems than it solves” in terms of crime rates, and would ignore the gambling industry’s contributions to employment and tax revenue. The Gambling Commission claims that over 100,000 people work in the UK’s gambling industry, and that HMRC took nearly £3bn in betting and gaming tax receipts in the last financial year. Nevertheless, gambling’s health risks cannot be overlooked.

“I’m pro-responsible gambling,” Griffiths says, “but we need to have the infrastructure in place that helps the casualties of when there is overspill.” So, who’s footing the bill? “The NHS,” Griffiths admits, “has a great many things to worry about beyond problem gambling. I’m in favour of gambling companies leading by example. They should have a duty of care to their customers. I’m in favour of health warnings on gambling products. I think gambling companies should be paying [into a central pot] to fund the treatments and services that deal with the casualties of the industry. And if you can’t





Nine of 20 Premier League football clubs are sponsored by bookmakers

## Up to 11% of suicides are related to gambling

adequately exercise your duty of care to your customers, you should lose your operating license.”

Bowden-Jones also favours tighter regulation over prohibition, and feels that the gambling industry should be more “proactive” in protecting its customers. She suggests that a more “interventionist” use of “data science” could help companies to keep a better track of people who were betting beyond their means. “I think if gambling companies have a record of their customers’ ages, their incomes, the frequency with which they are betting and how much they are betting, then they should take the steps to intervene when it’s necessary.”

Ben Wright, Sky Betting and Gaming’s head of safer gambling, says the more established bookmakers – Sky has around 2m UK customers – are already taking these precautions. Sky, Wright says, has developed an “interaction strategy”, which uses technology to intervene “at scale across all of our products” to reduce

the risk of problematic behaviour. “We do not want to generate any revenue from someone with a gambling problem. If we have concerns about a customer’s patterns of play, based on their data, then we contact them to discuss this. If we are unable to make contact with a customer, where we have concerns, we freeze their account until they have spoken to a trained member of our customer care team. In addition, we have significantly improved our range of simple-to-use and effective player protection tools such as ‘cool-off periods’, deposit limits and a profit and loss tool which allows customers to be kept informed of their betting balance and spend over a period of time they choose.”

Gambling companies in the UK already pay a voluntary £10m per year levy to help fund the Gamble Aware charity and its activities, but this figure is dwarfed by the £1.5bn annually that they spend on advertising. Research by the firm Regulus Partners found that gambling companies spent roughly £747m on direct online marketing in 2018, £301m on “affiliate” media such as tipster websites, £149m on social media and £234m on televised ads. “While £10m paid into the levy is a lot,” Bowden-Jones says, “it could definitely stand to be more. There are nearly half a million people suffering from problem gambling in the UK, but only around 8,000 are seeking treatment at any one time... funding is a big part of the reason for that.”

Tom Watson says that problem gambling risks becoming a “public health emergency” without action. The 2005 Gambling Act, he points out, “has more mentions of the postal service than it does of the internet” as he underscores the need for modernised legislation. Labour’s plans, as laid out in the party’s Gambling Review last year, include a “whistle-to-whistle” ban on advertising betting during live sport and a ban on using credit cards to place stakes in person or online. “The UK needs new gambling legislation,” Watson says firmly, “that can curb the worst excesses of the industry and, importantly, keep pace with innovation.”

# Why health and happiness matter at work

**Dr Peter Mills**, medical director of Cigna, discusses the importance of employees' mental wellbeing



## What are the top stress triggers for poor mental health in the workplace?

Politically and economically, we're living in very insecure times, and there's a lot of uncertainty over personal security and safety that's causing people major anxieties and unease. Across the board we've seen an increase in people reporting high levels of stress. Mental health problems are reaching staggering levels. In both the public and private sector, people are trying to do more with less, and heavy workloads, high pressure and high demands placed on employees are triggering stresses at work.

Cigna's annual 360 wellbeing survey, which this year had 13,200 respondents across 22 markets, shows that people's concerns about personal health and finances can often have a major impact at home and in the workplace, with

18 per cent of UK respondents citing personal health concerns as their top stress trigger, closely followed by personal finance concerns (15 per cent).

We've found that women are reporting higher levels of stress than men, with a massive 79 per cent of working women reporting stress compared to 66 per cent of men. There could be dual forces at play here – not only are women still more likely to take on more unpaid domestic work and childcare responsibilities, but amongst men, despite the progress in recent years, there's still more of a stigma attached to reporting mental health problems. It's still seen as a sign of weakness, and that's a misconception that's more prevalent amongst men. Women appear to be far more in touch with their psychological health needs than men.

IN ASSOCIATION WITH







### **How can we get better at recognising signs of poor mental health?**

People's reactions to psychological stress are varied. Some people get very visibly angry, sad, and emotional, and others use unhealthy crutches like alcohol and tobacco. The key thing is to try and foster an open culture, where it's OK – even encouraged – to talk about mental health and stress in the workplace. It's far better from both an employee's and employer's perspective, to address these issues and deal with them early on, before situations escalate into causing prolonged absences, lower productivity or periods of medical leave. It's important to have a network of individuals in an organisation that know a bit and who can spot things, whether they're recognised mental health first aiders or managers who know their employees well and

understand when something is wrong. Intelligent job design – implementing flexible hours and ergonomic working environments – as well as simply giving recognition and showing appreciation for work can also help mental wellbeing in the workplace.

### **What are some of the common misconceptions around mental health?**

Nowadays mental health is very much in the public domain. High-profile people are prepared to speak openly, and in public, about their psychological wellbeing, and so the whole macho culture of mental health issues being a result of failure, or an inability to cope with the job, is, thankfully, beginning to diminish in business and the workplace. In certain sectors, such as financial services, which are often male-dominated, there is still an enduring competitive culture where the old mental health misconceptions are quite prevalent.

But the best way of dealing with mental health problems is to talk about them. Colleagues, whether they are in senior management or working at any other level of a company, need to be approachable, inclusive and non-judgemental. People should get to know their colleagues to a level where they can see the signs.

### **How can workplace wellness programmes help reduce stress?**

In the last 20 years, employers have got a lot better at knowing that employee wellbeing is part of their remit. There used to be a reluctance to accept that employee health, especially mental health, was their responsibility. That's changed as people have become more open about their own mental wellbeing and as the scale of the mental health problems facing society have become more evident. But there's a lot more that can be done. Relatively simple workplace wellness programmes can massively improve mental wellbeing amongst a workforce. For less serious problems, self help and online and telehelp are appropriate.

Through our emotional wellbeing pathway, Cigna offers online cognitive behavioural therapy (CBT) platforms that use an evidence-based and trusted approach to dealing with a range of problems. Our Living Life to the Full resource is free and accessible to all, and its courses help users find solutions to stress and anxiety.

Cigna isn't just a health insurance provider – it is a health service company that helps clients optimise the service they give to employees. We offer a whole continuum of tailored advice, preventative pathways and consultations, rather than just a simple insurance model.

### **How does Cigna support small and medium-sized enterprises (SMEs)?**

With an ageing population and a health service that's struggling like never before, there's a growing demand for health insurance in the UK. The NHS is a fantastic institution. There's not much else like it in the world. But if there are patient needs that aren't so acute – especially mental health needs – the service is stretched to provide all but the most urgent care. Earlier signs of mental health problems are going unnoticed and untreated, leading to bigger problems down the line. Many employers are thinking they need something extra, and the services we provide like telehealth and online self-help are ideal for tech-savvy generations who expect flexibility.

You can call us directly and speak to a nurse rather than going to a GP to get referred. There's self-help, online training, digital wellness programmes and online CBT available alongside the option of face to face contact, so we take a very holistic approach.

When it comes to mental health and wellbeing, the earlier problems are detected the better. Prevention is better than reaction – and so catching things early rather than allowing issues to snowball has less impact on you and your employer.

**For more information, please visit: [www.cigna.com](http://www.cigna.com)**

The internet must commit to a duty of care for its users, writes Jackie Doyle-Price, parliamentary under-secretary of state for mental health and suicide prevention

# How technology fits into the mental health conversation



Social media usage can have a significant impact on mental health



**H**istorically, mental illness has often been overlooked – either brushed under the carpet or misunderstood. But thanks to a positive shift in the way we’re viewing mental health, public awareness is higher than ever. The situation is not all rosy and issues such as teen and male suicides, self-harm and loneliness are rightly causes for concern.

It’s an irony not lost on me, as the minister with mental health, inequalities and suicide prevention in my brief, that the rise in popularity of social media platforms, whilst connecting and strengthening individuals and communities, can also undermine and isolate the already vulnerable and marginalised. Social media companies have acknowledged they must do more to protect the mental health of their

users. I’ve already met with Facebook and made it clear to them – and to other social media companies – that the onus is on them to enhance protection, remove harmful content, and improve signposting to support those at risk. If they fail to do so, we will legislate further, but we are clear that collective efforts and decision-making are the best possible approach.

That’s why I was delighted when the health secretary, Matt Hancock, recently announced a new government-backed project in the spirit of the latter. Google, Facebook and Snapchat will work alongside Samaritans suicide prevention experts on a panel to find better ways to limit – and ideally block – harmful online content. Their work will be informed by online users with direct experience of mental health issues, including suicide



and self-harm.

Meanwhile, my ministerial colleague at the Department for Digital, Culture, Media and Sport (DCMS), Margot James, has promised this government will crack down on any social media platforms falling short in their response to online bullying, abuse and misinformation.

## Facebook and Google will work with the Samaritans

DCMS's Online Harms whitepaper will set out explicit obligations for companies to help keep their users, particularly children, safe online.

But our ambition for good mental health for all cannot simply be achieved through government action alone. We all have a part to play in looking out for one another and fostering a collective community spirit which ensures each and every one of us feel supported – whether that is by encouraging the promotion of crisis cafes, which act as a sanctuary for those in vital need of someone to talk to, or encouraging the conversation around mental health to begin at an early age.

When it comes to what the government is doing in this space however, we're not complacent. The Long Term Plan for the NHS, published earlier this year, was a defining moment. The £33.9bn a year in extra funding the government has pledged for the NHS is helping to spur the largest expansion of mental health services in a generation, bringing us ever closer to our goal of achieving parity of esteem between mental and physical health.

This includes £2.3bn of additional investment in real terms to support almost 350,000 more children and young people, and at least an extra 380,000 adults receiving clinically approved talking therapies over the next five years.

It will mean England will see round-the-clock mental health crisis care rolled out through NHS 111 by 2023/24, with children, young people and adults being able to access vital support through the helpline 24/7, seven days a week – taking the pressure off A&E departments, paediatric hospital wards and ambulance services.

There will be fresh support for young adults too, with tailored services extending beyond 18 to 25 – helping thousands more tackle any issues with their mental health that can appear during the transition to adulthood.

We know that prevention, early detection and treatment of mental ill health – especially in children and young

people – are vital to recovery and sustaining psychological good health. That's why we are the first country in the world to introduce waiting time standards for talking therapies and early intervention in psychosis.

Intervention is not limited to clinicians and care professionals. This government is supporting training and support for teachers, community leaders and employers to help them be even more alert to mental health problems in their patients, students and colleagues.

Meanwhile, on the employee side, last year, in tandem with the Department for Work and Pensions, we announced that employees with mental and physical health issues will receive further support to manage their conditions at work, thanks to 19 innovative projects that will receive millions in government funding.

Almost £4m from the Work and Health Challenge Fund will be shared between successful projects. Projects include a mobile phone app to help people understand the signs of their own mental ill health, flagging access to trained councillors and further support.

Technological innovation is, therefore, playing an increasing role in managing our mental state. Until recently, personal data had been too vast to analyse, concerns around privacy and confidentiality too hard to allay. That said, algorithms and other analytical methods can help alert services to vulnerable people at risk and in ways which do not compromise their privacy, dignity and autonomy. Online, offline, at home, school or in the workplace, good mental health must be part of everyone's everyday conversations.

We can deliver the best mental health support in the world, but if we remain too shy, stigmatised or embarrassed to discuss what's going on in our heads then we risk compromising these hard-won advances in care and support. I am determined to make the best possible care available for everyone who needs it. I am not complacent that there is still some way to go, but I am grateful that this goal is increasingly shared by everyone in society.



# The postman will see you now

Where people lack access to help, self-diagnosis of mental health issues and self-treatment with drugs are filling in. **Will Dunn** investigates a disturbing trend

**O**n a subsection of the social media website Reddit, users swap “pill porn” pictures of prescription drugs they have acquired. Some show hundreds of pills in bags or held in cupped hands. In one video, a user eats an ice cream sundae sprinkled with broken Xanax pills. Every now and then, someone posts a picture of some pills described as “work meds”, used to “fast forward” the hours in a tedious job. But the drugs being discussed are not simply recreational. One user asks the forum for advice on medicating “severe social anxiety and general anxiety”. Within minutes, others offer their recommendations: “I’d say Klonopin”; “if we’re talking strictly social anxiety I’d go with pregabalin”; “Ativan is pretty good”; “Try phenibut, dude... you can buy it online safely.” Unable or unwilling to access mental health services, large

numbers of people – particularly the young – are self-diagnosing and self-medicating mental health problems with drugs they buy online.

In a survey of 147 regular UK users of benzodiazepines on the same forum, the most common reason for taking these drugs was the self-medication of mental health problems. More than 80 per cent of respondents had sought help for mental health problems, but 77 per cent said they found mental health services to be inadequate. Many cited a lack of access to services or long waiting times for treatment as their reasons for turning to self-medication. Many say they bought drugs such as diazepam (sometimes branded as Valium) and alprazolam (sometimes branded as Xanax), from the dark web.

In a heavily guarded warehouse near Potters Bar, the true scale of the UK’s







problem with unlicensed medications becomes clear. Huge crates, each capable of holding two tonnes of material, stand on racks of shelves forty feet high. Inside the crates are evidence bags containing thousands upon thousands of pills – tramadol, diazepam, zopiclone, pills for erectile dysfunction, sleeping pills, painkillers, antidepressants – that the Medicines and Healthcare products Regulatory Agency (MHRA) has confiscated. So far this year, the MHRA has destroyed more than 40,000 tonnes of drugs.

Many of the unlicensed medications the MHRA confiscates are unlicensed generic drugs sent from China and India. Many online sellers will order a few hundred tablets at a time in the hope that some packages will get through Border Force checks; some will simply order 200,000 tablets, enough to fill several

pallets, and hope for the best. It is rare that the MHRA sees fake drugs being manufactured in the UK, although one employee describes a raid in which they found cement mixers used to make steroids. The cheaper, easier and safer route is to order large amounts of unlicensed drugs from a country with less regulatory oversight. In one room in a pharmacy in Manchester, another MHRA official remembers, they found more zopiclone (a powerful sleeping pill) than was held by all of the hospitals in Greater Manchester.

Analysis by the MHRA shows that for some drugs related to mental health, people are spending on average £90 at a time. Customers come from a broader range of backgrounds, demographic groups and social classes than those who typically buy drugs for recreational use. This appears to confirm the anecdotal evidence that self-medication could be the reason behind many sales. And for those that do self-medicate, more stress can await: the credit cards used for these transactions are often cloned shortly after they're used.

While many use the dark web to buy strong prescription drugs, they can also be bought in a few clicks through a search engine or social media. "We have some success [closing down] websites", explains the MHRA's senior policy advisor, Lynda Scammell. "If they're hosted in the UK then we work with the service provider to get them removed. In Europe, we can get them shut down. But many of them will host the website in countries where there is not robust control. We write to them, and the response we get will be... mixed."

Even when a website is shut down, the underlying technology is so easily replicated that it can up again within hours. "The Americans call it 'Whack-a-Mole'," says Scammell.

Along with openly drug-specific forums on Reddit, other social media sites including Facebook and Instagram are widely used to advertise drugs for sale. Unlicensed drugs can also be bought without prescription through eBay. *Spotlight* found numerous

completed eBay auctions in which powerful prescription drugs including the antidepressant fluoxetine (sold as Prozac), the epilepsy and anxiety medication pregabalin and the tranquiliser diazepam had been sold through the online marketplace in the past month. A search for one prescription drug, pregabalin, led eBay's search facility to suggest searches for other potentially dangerous and addictive medications, including gabapentin, codeine, amitriptyline and tramadol. The website does not display any warnings when users search for these items. *Spotlight* invited eBay to comment on these findings and did not receive a reply.

For organised crime, the move into prescription drugs brings the promise of new customers and relatively low-risk. The production and sale of class B and C drugs such as cannabis can carry a maximum sentence of 14 years, while medicines crimes typically carry civil penalties and where criminal cases are pursued, sentences are usually less than two years.

In some cases, however, it is not even necessary to break the law to self-medicate without medical oversight. In the UK, people with mental health problems including depression, addiction, anxiety and eating disorders have been able to secure large quantities of drugs without the knowledge of their GP, by using online prescribing services. These services exploit the fact that doctors across the EU are given mutual recognition of qualifications, meaning a doctor in Bulgaria or Romania can issue an online prescription that is valid in the UK. This means that pharmacies in the UK can legally sell drugs once an "online consultation" with a doctor based overseas has been completed.

There are, Lynda Scammell points out, many "perfectly valid" prescribing services being run by high-street chemists, using consultations with doctors in the UK who are regulated by the Care Quality Commission. But other pharmacy websites visited by *Spotlight* patently exploited the system.

## Opioids can be bought legally online without GP oversight

One website visited through an advert on Google, [www.prescriptiondoctor.com](http://www.prescriptiondoctor.com), offered a short questionnaire for a prescription of 200 tablets of codeine phosphate, a strong opioid painkiller, at 30mg. The questionnaire pre-filled important questions, such as the level of pain the patient experiences – the “usual daily pain” level was set at 7 on a scale of 1-10, and the pain experienced after taking the medication was pre-filled at 2. This website is run by Al-Muhsineen Ltd, which runs a pharmacy in Bolton.

In a “consultation” on the website of another online pharmacist reached through a Google advert, [www.theindependentpharmacy.co.uk](http://www.theindependentpharmacy.co.uk), any answer that would have been a warning sign for a GP was flagged as “an error in your consultation”. Rather than suggesting that the patient not buy 100 tablets of co-codamol, the website instructed the user to “rectify any errors that are highlighted in red” before continuing the order. Like other websites, its order form told patients which blood pressure option they should select to be passed as “normal”. The Independent Pharmacy is regulated by the CQC.

A third website advertised on Google, [www.doctor-4-u.co.uk](http://www.doctor-4-u.co.uk), noted that it could no longer prescribe the powerful sedative painkillers pregabalin and gabapentin, but openly recommended that “you could consider ordering amitriptyline instead”, an antidepressant that carries a risk of side effects and overdose if used improperly but which, it offers, “is not currently listed as a controlled drug.”

In some cases, these prescribing services have supplied fatal amounts of drugs to people in the UK. Jennifer Lacey was prescribed 100 tramadol 50mg tablets by a doctor registered in Prague. She used them to kill herself in June 2018; the coroner noted that the Czech doctor “had never see her... had no access to her medical records, not had communicated with her GP”. Richard Breatnach from Brighton bought 126 dihydrocodeine tablets, having been prescribed them by a doctor online whom he had never met and to whom he

was easily able to lie. He died from an overdose in 2016. And in July 2017, Debbie Headspeath from Ipswich was found dead at her home after overdosing on opioid painkillers, to which she was addicted; in the months leading up to her death, Ms Headspeath had taken thousands of codeine tablets that she had bought online.

Lynda Scammell says one item in particular in the “consultations” of online pharmacies is a concern: the fact that a patient can “tick a box saying ‘don’t tell my GP’”. Under the EU’s data protection rules, patient privacy is protected from everyone – including the doctor who would be able to identify drug-seeking behaviour.

The end result of this trend is what Eytan Alexander, the managing director of UK Addiction Treatment Centres (UKAT), describes as a “staggering” rise “across the board” in patients presenting with complex problems that involve pharmaceutical drugs. Alexander says UKAT is “absolutely” seeing the knock-on effect of a lack of access to mental health services. He gives as an example the fact that large numbers of UKAT patients are using both alcohol and antidepressants, because doctors who lack the time or resources to address the underlying problems in people’s lives that have led them to an alcohol addiction are often left with no choice but to prescribe antidepressants. Alexander agrees, too, that the internet offers a dangerous combination of a community in which people “start talking to other people, diagnosing themselves”, and a fast, efficient delivery mechanism for drugs that only “amplify the problem”.

It is unlikely that access to unlicensed medications will slow down, however, not least because the UK is now committed to more technological delivery of health services. “The Secretary of State has thrown his weight behind digital healthcare provision, and that’s fine,” one MHRA official observes, “because everyone wants to save the NHS money. That’s great – as long as it’s safe.”

# Managing mental health on the move

The quality of journeys and the transport infrastructure that enables them, bears influence on your mental wellbeing, explains **Robert Sinclair**, CEO of London City Airport

For those of us who rely on transport to get to the workplace, visit friends and relatives, or run an errand, the experience, particularly commuting, can be stressful. Be it failing to get on a packed train during rush hour, narrowly missing your bus, or being stuck in traffic; occasionally things in the transport network can and do go wrong. For too long a stressful commute has been seen as one of life's inconveniences that has to be endured. While these may appear to be short-lived annoyances, the cumulative impact on life satisfaction and happiness can have a damaging effect on mental health. The Royal Society for Public Health found that an extra 20 minutes of commuting has a similar impact on overall living standards as a 20 per cent reduction in salary, for someone working full-time on the National Living Wage.

At London City Airport, we want to play our part to address poor mental health, so recently focussed on the topic through the lens of transport – the sector we know best. Our report, *Building better: the role of transport infrastructure and services in improving mental health*, used new analysis of data by a former Treasury economist to first identify the extent of poor mental health across the country and calculate the £100bn cost in England. Clearly, there are a range of risk factors and situations which lead to poor mental health, but we focussed on the day-to-day “stressors” – where transport

is prominent. In particular, the unpredictability and perceived lack of control a traveller experiences when transport is delayed, ticket kiosks are closed, or the journey is overcrowded.

So what is the solution in a transport context? When it comes to transport infrastructure projects, we believe that better design is intrinsic to improving journeys and making the travelling experience calmer and much less stressful.

As we continue the transformative £500m City Airport Development Programme, this insight is at the front of our minds, building a world-class airport that is speedy, convenient, connected and accessible. But it's not just a slick new terminal building. We are considering a new DLR platform to provide direct access to airport security for passengers with carry-on baggage – from train to plane in a matter of minutes. And with Newham Council, we have committed investment in walking and cycling routes, improving the options for passengers through a truly integrated transport network.

The role that transport bosses can play in combatting poor mental health should not be underestimated, requiring collaboration between private and public sector, and across the political divide. It's heartening therefore that Andy McDonald, the shadow transport secretary, commented that the report “highlights the significant role enhanced transport infrastructure and services can play in improving mental health across the UK.”

So as major investment continues in transport projects like Northern Powerhouse Rail, HS2, increased airport capacity in the South East, let's view these not simply as bricks, mortar and steel, but as enablers with a transformational impact on our standard of life and people's mental wellbeing.

**For more information, please visit: [www.londoncityairport.com](http://www.londoncityairport.com)**

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# A proactive approach towards mental health

A company's approach towards mental health in the workplace should be preventive, rather than reactive, writes **Sophie Money**, group protection wellbeing manager at Aviva Group



**T**oo often resolutions to become fitter and healthier overlook importance of mental wellbeing. As important as a clean diet and regular exercise, a person's mental health will have a direct impact on their quality of life. As joggers take over local parks and gym membership rates soar, it should be noted that physiology is just one side of the coin, and recent statistics show that psychological fitness can be a major issue for businesses in the United Kingdom. Mental health problems – including stress, depression and anxiety – account for almost 60 per cent of all workdays lost due to ill health, according to the Health and Safety Executive (HSE). Indeed, psychological issues overshadow the UK's absenteeism statistics; 239,000 workers suffered from new cases of work-related stress, depression or anxiety in 2017/18, with the total

number of working days lost up close to 16 million.

## Positive workplace culture

In the workplace, many UK employers adopt a reactive approach to mental health. But while support in a crisis situation is admirable, it would be better to prevent that crisis from happening in the first place. Although reactive approaches can successfully target individual needs on a case-by-case basis, more proactive approaches have the advantage of helping to nip some psychological conditions in the bud, reducing the risk of trigger scenarios for employees with a more positive and welcoming atmosphere.

So how can the proactive approach work? First, you need a core belief, as an organisation, from the top down, that prevention is better than a cure. The journey can begin with small steps,

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## Mental health strategy must come from the top down

followed up with tracked outcomes until you have evidence about what works and what doesn't. Overall, a holistic strategy in which mental health plays a major role alongside the physical and financial aspects of wellbeing could be what's needed. Essentially, it's about employees becoming more engaged with the organisation they work for.

Being proactive means promoting awareness, providing training and integrating wellbeing within the organisation as a permanent fixture. It should also be a cost-effective activity and reach the entire workforce through different media. This could include: email updates, visual aids, intranet systems, and perhaps most crucially, face-to-face interactions.

Sometimes a dedicated influence or measure can help to improve mental health at work. If wellbeing is led by a facilitator, sometimes termed a "wellbeing champion", then there is the opportunity to take a more objective audit of your practices as an organisation. The move to a proactive stance on wellbeing and mental health can be a long road, but along the journey the employer can learn from different sources of insight and make adaptations to the changes. This proactive approach can help ensure that the changes are embedded in the business's DNA.

Every employee is unique and can respond to stress in different ways. Although it's not a hard and fast rule, mental health issues can begin small, and end up big enough to dominate an employee's life to the extent that they feel unable to work. These conditions can conflict with a happy and healthy working environment and do little to improve business. So how can a workplace wellbeing programme introduce small and subtle changes which have the potential to improve the mental health of employees? Here are three short, simple ideas for better workplace mental health:

### Wellbeing champions

Workplaces need a point of focus for

mental health issues, and that doesn't mean a few paragraphs on a website. Introduce "wellbeing champions" to your business – real people from your business whose roles include helping those dealing with physiological or mental health issues.

### Healthy options

Small, inexpensive physical changes to your workplace, with the emphasis on health can make a difference. Flavoured squash at the water cooler to encourage water consumption or the occasional delivery of free fruit are small steps towards better hydrated and nourished staff. Don't underestimate how these tiny steps can help to make employees feel good about each working day and help encourage them to make further healthy lifestyle choices outside of the workplace.

### Targeted training groups

Targeted training, such as mental health awareness sessions, can be very helpful for key groups of employees. It can be helpful to identify specific absence trends within the business and consider targeted training to support these issues. If the statistics show that key staff are absent through stress, it might be beneficial to consider resilience training or mindfulness sessions.

Many UK companies have taken positive steps towards providing inclusive, caring workplaces. And with well-resourced insurers with group protection and private medical insurance policies offering mental health and other support through bespoke wellbeing programmes more and more companies can benefit.

From stress management to alcohol awareness, from physiotherapy to mindfulness, these training courses could become part of your bespoke workplace wellbeing programme. Insurance providers could be your first port of call if you're serious about proactive and cost-effective ways to improve your workplace.

**For more information, please visit:**  
[www.aviva.co.uk/business/health/](http://www.aviva.co.uk/business/health/)

# Why gambling is a serious public health concern

Improving public awareness and support services for addiction to gambling requires a collective and coordinated effort, according to **Marc Etches**, CEO of GambleAware

**A**round two million adults suffer gambling-related harm in Britain and for some, gambling addiction ends in suicide. There are 450,000 11-16-year-olds who spend their own money on gambling, which is more than the number of those of the same age drinking alcohol, smoking cigarettes or taking illegal drugs.

For the one in eight 11-16-year-olds who follow gambling companies on social media, they are three times more likely to spend money on gambling. Of those who have ever played online gambling-style games, 24 per cent follow gambling companies online. There is public concern about gambling-related advertising on television, particularly that attached to football. And yet, gambling businesses spend five times more money on online marketing.

In May 2019, the World Health Organization (WHO) will endorse the latest edition of the International Classification of Diseases (ICD-11). The ICD was revised in 2018 and recognises gambling disorder as a mental health condition due to addictive behaviours. As a WHO member, the UK government will collect and report information related to gambling addiction from 2022.

Gambling addiction is both a symptom and a cause of mental health problems; it is often referred to as the “hidden addiction”. Hidden from family and friends because the outward signs are less physically obvious, and hidden from

policymakers, health professionals and other support services because of a lack of awareness.

Currently, there is no government-led national harm prevention strategy and the NHS does not fund specialist treatment for gambling addiction. However, there are positive steps underway. Public Health England is undertaking an evidence review into public health harms of gambling and the NHS has committed to investing in specialist treatment clinics. In the meantime, GambleAware is at the forefront of commissioning a National Gambling Treatment Service, working with the NHS and others to help direct people to the right intervention.

GambleAware has commissioned specialist treatment for gambling addiction at Central & North West London NHS Foundation Trust since 2008 and in the summer a second specialist clinic will open in collaboration with Leeds and York Partnership NHS Foundation Trust.

GambleAware also commissions treatment in a residential setting via the Gordon Moody Association. And for those who need less intensive treatment, there is a national network of providers, led by GamCare. Last year, 30,000 people received advice from the National Gambling Helpline and 9,000 people were treated.

Taken together, the National Gambling Treatment Service provides safe, effective treatment and support, free at the point of use, for people across Britain who are addicted to gambling. The National Gambling Helpline and its online equivalent, the National Gambling Netline, are open from 8am to midnight, seven days a week for self-referrals.

But less than three per cent of the reported number of problem gamblers access services so it is clear there is much more to be done in raising awareness about this serious public health issue.

**For more information, please visit: [www.begambleaware.org](http://www.begambleaware.org)**

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# “Mental health units like mine are dangerously understaffed”

**L**ast week, a patient kicked through the door into the nursing office on our ward. This is not unusual – this particular door must have been kicked in five or six times in recent years – but it highlights some of the pressures we face; a lack of beds, services and especially staff can lead patients to become frustrated, aggressive and violent.

I’m a senior nurse at a mental health unit in a large London hospital. I’ve been there for six years, and in that time staffing has become the biggest problem we face. National standards say you’re supposed to have one nurse per three patients. We have six staff for 20 patients but that ratio changes when, as often happens, you have a patient that’s on enhanced observation, which means they have to be looked after one-to-one, or when you need to facilitate patients’ leave, because they often need to be accompanied if they leave the unit – and patients who don’t get leave, get angry.

A lack of permanent staff is also major issue. I’ve noticed fewer nurses coming through since bursaries stopped, and the new routes into nursing still seem to be getting off the ground. Agency and bank staff are unfamiliar, and that can have a big effect on psychiatric patients. If you’ve got a ward that is working with 60-70 per cent agency staff and a few permanent staff trying to hold things together, the quality of care is going to give. If you’re the only permanent qualified nurse on a shift that’s otherwise filled by temporary staff, all your patients will come to you because they know you. You can’t be as responsive, and that frustrates patients.

When carers and relatives visit, they



**Widespread gaps in resources are putting too much pressure on acute services, writes an anonymous mental health nurse**

expect that patients will be receiving some one-to-one talking therapy, but we have to explain that it’s not something we can provide. We have one psychologist covering five units, and one occupational therapist, so treatment is mostly focused on medication.

When I hear politicians say they’re putting more money into the NHS and mental health services, I wonder where it’s going. I’ve seen beds closed, wards closed, and I know of a lot of nurses who have left the NHS to go into private healthcare or joined agencies, where they can earn twice as much as I do for a shift. Frankly I don’t see how the services I work in are better funded in any way.

Patients are also more unwell when they come in to hospital now, because they can end up waiting weeks for a bed. And when they’re ready to leave, there’s a lack of accommodation or specialist placements for them to move on to. People can end up sitting on an acute ward for months, getting frustrated, and then they get some leave, go out, take a load of drugs, and they’re back to square one. Staying for too long on an acute ward can be destabilising.

We also feel the lack of staff and beds in other areas, such as the psychiatric intensive care unit (PICU). This unit has more supervision and seclusion for very challenging patients who have presented with violent behaviour, but the bed managers are under pressure to make space for people coming in. So we get people coming in from the PICU who are sedated, and as the medication tapers off, we realise they’re not ready for our ward. That’s usually when we need a new door.



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