Influencing the Department of Health†

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It is clear from the replies to the questionnaire sent to a representative sample of College members at the end of 1997 that the College's most signal failure in the eyes of its members has been its failure to influence government policies for the treatment of mental illness (Kendell & Duffett, 1999). By far the most common reply to the open-ended question "What do you consider the College's most important weakness or failing to be?" was a comment to the effect that the College was not trying hard enough, or was failing, to influence the policies of the Department of Health. There were, in fact, 310 comments along these lines from 1476 respondents (the second most common criticism, voiced by 193 respondents, was that the College was failing to represent the views of the 'silent majority' of psychiatrists).

Presumably this view reflects a widespread conviction that ever since the College came into being in 1971, and particularly in the past decade or so, the Department of Health has adopted policies which many members of the College believe to have been inappropriate or misguided, and that successive Presidents and other College officers have not tried hard enough, or skillfully enough, to get those policies changed. It may also be significant that the questionnaire was circulated shortly after the long Conservative administration of 1979–97, and within 18 months of the passing of the extraordinary resolution at the Annual Meeting of the College in July 1996 describing the government's community care policies in England and Wales as being in "a state of deep crisis".

Influencing the Department of Health ought to be one of the College's more important objectives. One of our principal objectives, enshrined in our Charter, is "the promotion of improvements... to the treatment of persons suffering from mental and connected illnesses", and this can only be done if the broad tenor of government policy facilitates this objective and adequate funding is available. Influencing the government is neither easy nor straightforward, however. Public criticism of government policy and public advice to the Secretary of State for Health about the actions he or she should be taking may help convince National Health Service (NHS) psychiatrists that the College understands how they feel and is doing its best on their behalf. It is also popular with the media. But it is not usually the best way of achieving the desired results. Public criticism of ministers and departments of state irritates them, and also makes it harder for them to change failing policies without losing face. A private conversation with a minister or senior civil servant may achieve much more, even though it does nothing to convince members of the College that valiant efforts are being made on their behalf.

It is also important to appreciate that some ministers and some administrations are much easier to influence than others. The most important reason why the medical profession largely failed to influence the 'NHS reforms' of 1989 was that ministers assumed in advance that doctors would be hostile to their proposals and therefore ignored their objections and pleas. It is likely that similar considerations made it very difficult for the College to influence that same government's determination to press ahead with its plans for closing mental hospitals as quickly as possible. Ministers assumed from the outset that psychiatrists would try to defend their feudal empires with whatever arguments came to hand, and they were confident that what they were doing was both right and economically necessary. They were also convinced that one of the most fundamental weaknesses of the NHS was the inordinate power of the medical profession to block or delay much needed changes and that managers, not doctors, needed to be in the driving seat. The new government that came to power in May 1997 was quite different and ought to have been easier to influence. By then there was a widespread public perception that community care was failing and, more broadly, that if the NHS was to function efficiently, more attention needed to be paid to the views of its staff. New administrations also expect to change their predecessors' policies to prove that they can

†See pp. 324–326, this issue.

do better. It is not surprising, therefore, that the College has been more successful since 1997 than it was before.

The College officers also have to decide who they are going to try to influence, and the choice is not straightforward. It is axiomatic that policy is determined by ministers, so they are the obvious target. At times ministers have little scope for flexibility because they are acting on instructions from the Cabinet, or even the Cabinet Office. They also tend to change with disconcerting frequency. During his or her three years of office a College President can expect to be faced with two or three different Secretaries of State for Health and two or three different junior ministers responsible for mental health. All too often, therefore, what seemed at the time like a successful attempt to develop a relationship with a minister is nullified by a government reshuffle, either planned or provoked by an unexpected resignation. For these reasons a senior civil servant is often a better target. He (they are mostly men!) is likely to remain in post much longer than any minister, he is (or should be) in frequent contact with his ministers and it is his job to advise them and to be conversant with the views of the main health care professions. Civil servants are also easier to get hold of, both on the phone and face to face.

There are also psychiatrists in the Department of Health – who are almost invariably Members or Fellows of the College. Until the mid-1990s there were several psychiatrists in the Department of Health and some of them were long-term career civil servants who had a substantial influence on government thinking. Now, however, the medical civil service has been decimated and most of the remaining psychiatrists are on part-time, short-term contracts. Essentially, they are NHS consultants seconded to the Department for a few years for between two and six sessions a week. They are invaluable to the Department as a source of up-to-date information about psychiatric services but they are not in a position to have much influence on ministers. This change from senior full-time psychiatrists to part-time and, in civil service terms, more junior appointees may well have made it harder for the College to influence mental health policies – but not necessarily. Psychiatrists who have been full-time civil servants for many years may become increasingly confident of their own judgment and may not realise that their previous clinical experience no longer reflects the realities of contemporary practice; and ministers and senior administrators may be more likely to listen to the College if they are aware that they are short of expert knowledge and advice 'in house'.

The mental health policies currently being pursued by Mr Dobson and his colleagues are almost certainly more popular with most NHS psychiatrists than those pursued previously by Mr Clarke, Mrs Bottomley and Mr Dorrell. This does not mean, however, that I and my fellow officers have been more successful in our attempts to influence government policy than our predecessors. Indeed, it is possible that we have had less influence. Mental health policies which psychiatrists approve of may owe little or nothing to the influence of the College, while those regarded as seriously misguided by most College members might, but for the eloquence of College spokesmen, have been even more disastrous. The only people who know whether and in what ways the College influenced final policy decisions are the ministers and senior civil servants who made those decisions, and they are usually too discreet to tell anyone outside Whitehall.

So how should the President and other College officers set about influencing the Department of Health? First, they have to decide who the key figures are. Some secretaries of state take a close interest in mental health policy themselves; others leave it largely in the hands of a junior minister. Some ministers are more inclined to take the advice of their officials than others. Having decided who the key players probably are, the President and his or her colleagues must make themselves known to those individuals, do their best to win their respect and ensure that they understand what policy changes or initiatives the College is advocating and what the underlying arguments are. What the College's representatives say will be listened to politely and with interest. But although their detailed knowledge of mental illness and its treatment will be recognised and respected they are likely to be seen as spokesmen for a rather conservative profession with its own self-serving agenda, and as only one of several interest groups clamouring for the minister's ear.

'Wish lists', particularly those that cost money, rarely cut any ice with anyone in government. Only reasoned arguments backed by solid evidence have any chance of being heard. Also, it is rarely fruitful simply to oppose the government's plans, particularly if these have already been announced. Unless they are running into overwhelming opposition from several different quarters, ministers will usually only be prepared to change their minds if they are offered an alternative and more attractive means of achieving the same underlying objective. It is almost always a mistake to feed arguments and embarrassing facts to opposition health spokesmen. It is the job of a College to be a source of dispassionate, expert advice, not to take sides in political confrontations. It is also risky to try to influence ministers, or even public opinion, through the media. Health correspondents, even

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of the broadsheet papers, have their own agenda to pursue and their main interest is usually in conflicts, scandals and stories that are sufficiently dramatic to reach the front page. It is, however, well worthwhile cultivating non-partisan bodies such as the All Party Mental Health Group, particularly at a time when major policy initiatives are in the offing.

It is vital to appreciate that the most important way in which psychiatrists – as opposed to the College itself – are likely to influence government policies is by committing themselves to serious health services research. Governments are often influenced by well designed clinical trials, particularly those concerned with cost-effectiveness and not simply with efficacy. They may also be influenced by international comparisons if they have a solid factual basis, and by surveys of user opinion. Research of this kind is, or ought to be, the basis on which all mental health policies are founded, and the main reason British psychiatrists have had comparatively little influence on government policies over the past 25 years is that, with one or two honourable exceptions, most of our university departments and research institutes have been preoccupied with other things. Elucidating the aetiology of mental illness may be more exciting than comparing different patterns of service delivery, and the academic rewards are far higher, but if we neglect service delivery and health economics, we should not be surprised that government policies are based on other people's ideas and other people's evidence.

Thus far, I have been referring entirely to the College's relationship with the Department of Health in Whitehall and in the past, at least within the UK, that is where most of the key decisions have been made. Yet there are separate Departments of Health in Edinburgh, Cardiff and Belfast as well as in Dublin, and in future the Scottish Parliament and, to a lesser extent, the Welsh Assembly will be free to formulate their own health policies independently of Whitehall. From now on, therefore, the College will need to think hard how best to influence mental health policy in five separate jurisdictions rather than two. That is why we recently established separate College offices in Edinburgh, Cardiff and Dublin, and the Scottish, Welsh and Irish Divisions are keenly aware of and determined to benefit from the new opportunities on their horizons.

Reference

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