

## Editorial

## The Fair Deal campaign: a call to arms

Martin P. Deahl

**Summary**

The UK healthcare economy is facing an unprecedented downturn, mental health services being particularly vulnerable. The Royal College of Psychiatrists' Fair Deal campaign is a potentially important tool to help protect services. However, like the College itself, it is only as strong as the membership, and requires

individual commitment and involvement if it is to be effective.

**Declaration of interest**

M.P.D. is chair of the Fair Deal Campaign Steering Committee and a consultant psychiatrist committed to protecting mental health services.

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tenacity and hard work of the College's Communications and Policy department.

**The campaign**

'Fair Deal' is the Royal College of Psychiatrists' flagship campaign to promote equal rights and fairness for mental health service users. Launched at the 2008 Annual Meeting across eight broad areas affecting every aspect of care, from first contact with services to recovery, employment and beyond, Fair Deal aims to raise the awareness of the public, policy makers and the media to the inequalities, unfairness and discrimination that pervade mental health services as well as the pejorative attitudes towards services, service users, psychiatrists and other mental health professionals.<sup>1</sup> The campaign is 'owned' by the College, but works with the government, the third sector and others in pursuit of its aims. More than 25 projects are currently underway, ranging from the clinical, operational and strategic, to the social and political; diverse in detail, but all addressing the overarching theme of equality and fairness. Although Fair Deal has initiated projects *ab initio*, the campaign also coordinates work already taking place throughout the College to help these achieve their optimum effect. The law is usually more effective in changing attitudes and social behaviour than short-term campaigns (witness the effects of anti-smoking legislation), so to this end Fair Deal has sought to lobby politicians and robustly participate in public consultation to influence legislation. Notable achievements to date include representing the interests of people with mental illnesses in the 2009 Welfare Reform Bill and influencing the government's *New Horizons: A Shared Vision for Mental Health* (which itself acknowledges Fair Deal) that will shape services for the foreseeable future.<sup>2</sup> Many of the current Fair Deal projects have a national focus, although over the coming year the campaign will take a more regional and local perspective encouraging members to become involved, supported by the College, identifying and undertaking local projects under the Fair Deal 'banner'.<sup>3</sup> For example, the College's Southwest Division has worked with local service users to publish their recovery stories, reflecting one of Fair Deal's key aspirations; achieving a closer and more meaningful collaboration with users and carers.

If Fair Deal is to achieve its aims, it will crucially rely on the enthusiasm, energy and willingness of the membership to become directly involved in the campaign, matching the commitment,

**Why now?**

Why should the College membership be bothered and devote time and energy to this project? The Fair Deal aims after all, undeniably laudable though they are, have a 'motherhood and apple pie' ring to them carrying a sense of déjà vu: window dressing to try and breathe new life into the time-honoured, perennial aspirations. Reducing stigma and discrimination and promoting fairness and equality are, after all, much vaunted shibboleths. They are, in fact, more important and relevant now than at any point in this College's history.

Mental health services have achieved much in the past 10 years: capital investment has allowed an unparalleled growth of new purpose-built infrastructure, alternatives to admission that maximise independence, functionalised teams that without doubt have raised standards of care, the Choice agenda, and many more innovative developments besides. There is, however, much more to be done and services remain far from perfect.

These developments are now under threat in the wake of the worst economic recession since the Second World War.<sup>4</sup> Managing the escalating and unprecedented national debt can only be achieved by raising taxes or reducing public spending, and despite the political rhetoric of the current government that National Health Service (NHS) spending will be ring-fenced, even optimistic forecasters believe that the NHS will face a 10% reduction in its budget with little likelihood of any uplift in the foreseeable future. This is compounded by the end of the additional cash injection and investment the NHS has enjoyed under the current administration.

Without doubt, the looming downturn in the healthcare economy is going to force difficult choices and service cuts, and reductions in workforce are inevitable. Against this background, psychiatry, always the 'Cinderella' specialty, looks very vulnerable indeed. With powerful vested interests in the acute sector doing their best to protect their corner, health commissioners will be under intense pressure to sacrifice mental health services in order to protect higher profile, more popular and politically more sensitive services in the acute sector.

Capitalising on the success of the past 10 years and sustaining momentum will present a major challenge, locally and nationally, in the post-2011 environment. It can only be achieved if we embrace the principles of the Fair Deal campaign, lead from the front, and focus on those issues that threaten to undermine the

principles to which we aspire. 'There is no health without mental health'; we had better start believing it! Highlighting the injustice, inequity and unfairness that cost savings will threaten may be unwelcome to primary care trusts and commissioners, and will not balance the books, but it will at least give pause for thought to those who might see mental health as a soft target and expedient.

### Why you?

So who will fight for mental health and the interests of our service users when the battle lines are drawn? Some observers see psychiatrists as lacking new ideas, serving self-interest and wantonly refusing to engage with the reforming agenda. Psychiatrists themselves have become potentially vulnerable in recent years and the 'role' (i.e. relevance) of the consultant a perennial topic of debate. We are a conservative profession and many find change challenging and painful. The world in which we practice moves on however, and simply asserting that 'only the *status quo* is acceptable' leaves our profession perceived as luddite and isolated on the sidelines, while more management savvy professional groups engage and influence the change agenda. Many newly appointed consultants are too busy establishing their clinical credentials to meaningfully engage in service development. Without doubt some colleagues perceive themselves as too busy, or have become cynical, burnt out or just too near their retirement date to want to become involved hoping that by simply keeping their noses down to the 'clinical grindstone' the process of change will wash over them and leave them unscathed. In the current climate some too feel that rocking the boat would be, at best nugatory, and at worse, even dangerous. Psychiatrists deserve a Fair Deal for themselves too and should not allow themselves to become pawns in a game of political chess, placing their destiny in the hands of players with at best little grasp of workaday clinical reality, and at worst, a downright lack of common sense.

Clinical leadership lies at the heart of our professional role. This goes well beyond patient care and means leading from the front, championing the rights of our patients and other service users. Only then can we be credible, effective advocates for the values and ideals in which we believe. Psychiatrists enjoy an unparalleled breadth and depth of education, training and experience that is the envy of other disciplines. No other group enjoys the privilege of being able to reach the highest levels of

management and maintain the perspective that clinical currency allows: a privilege that bestows on us an ability to provide a reality check to planners and strategists far removed from patient contact. We are uniquely placed to identify local issues of concern; indeed, we have an ethical and moral duty to do so. Those in our charge are among societies most vulnerable, least able to assert themselves.

### Conclusion

The Fair Deal campaign seeks to inspire, encourage and support the College membership, locally, nationally and internationally, to take a step back from their workaday clinical routine, and remember those values, passions, aspirations and ideals that made us embark on a career in medicine in the first place. The influence and impact of the Fair Deal campaign, like the College itself, is only as strong as the motivation and interest of our members to become involved. By working together and supporting each other we can make a real difference to the lives of service users, protect services and in so doing, enrich our own professional lives as well as public perceptions of psychiatry and mental health services.

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- 2 Department of Health. *New Horizons: A Shared Vision for Mental Health*. Central Office of Information, 2009 (<http://www.newhorizons.dh.gov.uk>).
- 3 Royal College of Psychiatrists. *Fair Deal for Mental Health. Year One Report*. Royal College of Psychiatrists, 2009 (<http://www.rcpsych.ac.uk/campaigns/fairdeal.aspx>).
- 4 Royal College of Psychiatrists, Mental Health Network, NHS Confederation, London School of Economics and Political Science. *Mental Health and the Economic Downturn: National Priorities and NHS Solutions*. Royal College of Psychiatrists, Mental Health Network, NHS Confederation, London School of Economics and Political Science, 2009 (<http://www.rcpsych.ac.uk/files/pdfversion/OP70.pdf>).