Everyone has a story: talking about mental health

The impact of COVID-19 on the mental health care crisis – COMPASS CEO and Co-Founder George Goldsmith speaks to former UK government health minister, Sir Norman Lamb

In this episode we speak about the huge increase in mental health difficulties since the COVID-19 pandemic and the importance of opening up conversations to raise awareness and improve care. George Goldsmith, CEO and Co-founder of COMPASS Pathways, is joined by Sir Norman Lamb, Chair of South London and Maudsley NHS Foundation Trust, Chairman of the Children’s and Young People’s Mental Health Coalition, a mental health campaigner, a Member of UK Parliament (MP) for 18 years, and a former UK government health minister.

[00:04] George kicks off by saying that we know mental health care today works for some people, but it’s not good enough for far too many and asks Sir Norman about his involvement in mental health.

[01:04] Sir Norman says he became professionally interested in mental health as an MP in his early years in Parliament. He says when he was appointed as a health spokesperson for the Liberal Democrats in 2006/2007, he saw the disparity of treatment between physical and mental health and drew up plans to confront the issue. Norman talks about his own family’s experiences with mental ill health with his oldest son, Archie, who was diagnosed with obsessive compulsive disorder (OCD) aged 16. The family was told by the NHS that they would have to wait up to six months before he could start treatment. Norman explains that the family ended up paying for treatment but this was uncomfortable for him because he was aware of the injustice that most people can’t afford to do that. He explains that this led him to campaign for timely access to support when it’s needed, for everyone.

[03:49] George talks of his own son’s struggles with OCD and depression and how his ex-wife died of alcoholism. These experiences, he says, brought home to him the fact that everyone has a story, whether it’s their own or someone close to them.

[04:55] Sir Norman agrees, saying that if you scratch the surface, most families will have had experiences or are going through experiences of mental health challenges. He says one of the positive things over the last few years is that mental health is more out into the open, but there’s still a long way to go. Every time people in the public eye talk about their own experiences of mental ill health, it makes it a little bit easier for another teenager to seek help, he adds.
[06:00] George stresses the importance of having these conversations, even if they're just among families or friends. It’s all part of our health and experience as human beings and to normalise it and to be able to seek care and treatment is really important.

[07:18] Sir Norman suggests that the pandemic has been a difficult time for many people and there are many different experiences. On one hand, for people who are financially secure, it might’ve been quite a good time, he says. But, if you’re a single parent in fear of losing your job for example, then the anxiety and the distress will have been very significant. He adds that there will have been a significant impact on many young people and children.

He says there should be particular focus on children and young people going forward as evidence from previous pandemics and recessions is that there will be a psychological fallout.

[10:36] George points out that there will also be an impact on frontline workers, with an emergence of post-traumatic stress disorder on those who have had to make decisions they had previously never imagined making.

[13:35] Sir Norman says that over the last decade or so, we’ve been opening up a lot and there are signs that through the pandemic, there has been an increasing recognition from politicians about the mental health implications. But he worries about the enormous stigma still attached to conditions such as psychosis and schizophrenia, bipolar and OCD. Public figures talking about their own experiences helps to normalise mental ill health and make it easier for others to seek help, he says, and should raise awareness and understanding of mental ill health and remove some of the fear and the anxiety that’s related to it.

[15:29] Sir Norman says many families, when they get a diagnosis, too often see it as a life sentence, yet his story and George’s story demonstrate that there is hope. After going through years of emotional turmoil, his son is now 33, has just had a child, is married and in a good place.

[18:26] George says we must all believe in our resilience, learn how to support people and know how to access innovation. We have to look for other options and make this available for others, he says. There are families who are struggling, particularly after COVID and the economic damage. We have to make sure the systems can support all of us, he stresses.
Sir Norman says he doesn’t think the current system is good enough, particularly for young people, saying it is a broken and dysfunctional treatment model. So typically, a child or teenager might be referred by their GP to the local mental health trust in the UK and quite often they will be rejected for treatment, they won’t meet the threshold for admittance because they’re not sick enough. If they do meet the threshold, they’re often left waiting for a very long time.

In his last year in Parliament, Sir Norman says he met a teenager who had waited a year before her first mental health care appointment. She started treatment at 17-and-a-half years of age but when she reached her 18th birthday was told her treatment had to end because she no longer qualified for children and young people’s services. He regards this as unethical. We have to understand, he says, the importance of intervening early. For those children and young people who require treatment, get them into treatment quickly. There’s quite a significant movement globally now to reform how we respond to youth mental health, but a lot of systems stubbornly stick to the old way, which routinely fails families across our country and the world.

George suggests that if we focus more on mental health care, we might perhaps need to focus less on mental health treatment. Some children live in just very difficult situations and that’s part of a broader social care agenda that needs to be looked at, particularly in this post-COVID time.

Sir Norman adds that, along with looking at how much we spend, we have to think more about how we spend the money. In the UK, much of it is still spent on containing people in institutions. For children, when they finally get a bed, the average length of stay in hospital is about 10 weeks, often away from home. This, he thinks, is likely to retraumatise them all over again. He talks about a visit he made to Trieste in Northern Italy in Feb 2020, where they’ve moved away from locking so many people up and turned their focus towards supporting people to live better lives in the community. This enables them to spend money more creatively on giving people better lives.

George says for people who have been in inpatient facilities, there’s a sense of the trauma of having that experience as part of your identity and history.

Sir Norman adds that people’s human rights are routinely breached and that we could avoid the need for the use of force or restraints by giving positive behaviour support, through
creating a good environment, treating people with dignity and respect. Someone’s experience in an inpatient setting is often not therapeutic, and so, the last thing they want to do is go back again, they’ve lost trust in the mental health system.

[31:42] George talks about innovation and research. We’re in the golden age of new treatment models and new understanding.

[33:49] Sir Norman concludes by saying that the potential opportunity here is enormous. Our current treatments for mental ill health are so suboptimal, he says, with a doubling in the number of antidepressant prescriptions and very little achieved. He would love to see research focused on how we prevent the deterioration of health in the first place.