


# Lord Darzi's report on the NHS in England and the future of mental health care

11 October 2024  Katie Viggers

On 12 September 2024, Lord Darzi's Independent Investigation of the NHS in England was published. This report was commissioned by the Secretary of State for Health and Social Care shortly after the Labour government came into power, to provide an "independent and expert understanding of the current performance of the NHS in England and the challenges facing the healthcare system". Lord Darzi's overall summary was that the NHS is in "serious trouble" and that public satisfaction is now at its lowest level ever.

## What did Lord Darzi find in relation to mental health services?

Although Lord Darzi's report covered the whole of the NHS, it included significant detail about mental health services. He identified numerous areas of concern, including the following:

- Mental health referrals for adults have been increasing at a rate of 3.3 per cent a year. But for children and young people, the rate of referrals has increased by 11.7 per cent a year.
- Waiting lists for mental health have surged and long waits have become normalised. Hundreds of thousands of people are waiting more than a year for first contact with mental health services.
- The number of mental health nurses has only just returned to its 2010 level. There remains a wide gap between need and resources.
- There has been a failure to invest in community mental health services and there are perpetual access problems for inpatient services.
- Some mental health in-patients are being accommodated in "Victoria-era cells", with confined living spaces, poor bathroom amenities and inoperative facilities. Some in-patients even spoke of mice and cockroach infestations.
- The lack of good quality facilities contributes to mental health inpatients being accommodated far from their family, friends and loved ones.
- Restrictive interventions, e.g. physically restraining patients to administer medication, have increased over the last four years in inpatient services.
- There are concerns about the rigor with which patients who have serious mental illnesses are followed up in the community and how effectively risk is managed.
- People from minority ethnic groups experience worse outcomes in mental health and are more likely to be sectioned under the Mental Health Act.
- The target to reduce inpatient numbers of people with learning disabilities and/or autism has repeatedly been missed over a number of years.

## Were there any positive findings?

There were some glimmers of hope within Lord Darzi's report, as he also highlighted the following:

- A significant expansion in access to perinatal mental health services.
- A growing proportion of people with anxiety and depression being able to access the Access to Psychological Therapies programme.

- A reduction in the number of suicides in inpatient mental health facilities. This reflects sustained efforts to reduce ligature risk and to improve observations. But there is still further to go to ensure inpatient wards are as safe as possible for people in mental distress.
- More mental health patients receiving physical health checks.

## What does the future hold for mental health services?

The government is now developing a 10-year NHS plan, anticipated to be unveiled in spring 2025. Lord Darzi's report concluded with a list of themes to be considered in the upcoming plan, including re-engaging staff, giving patients more control over their care, moving care closer to home by re-directing funding to grow GP, community and mental health services, and embracing technology and digitalising NHS systems.

In terms of future mental health care, the government announced a new Mental Health Bill in July, aimed at modernising the Mental Health Act 1983 (MHA). The government pledged that the Bill would provide patients with greater choice, autonomy, rights and support. Further, that it would revise and shorten the detention periods for treatment, provide faster and more frequent reviews and appeals of both detentions and treatment and limit the extent to which people with a learning disability and/or autistic people can be detained under the MHA – supporting such individuals to live in the community instead. These proposals align with Lord Darzi's findings and the need for substantial improvements in mental health care.

However, the timeline for the implementation of the Mental Health Bill remains unclear, casting a shadow of uncertainty over the realisation of these reforms. This ambiguity was further compounded by the Secretary of State for Health and Social Care, Wes Streeting's recent remarks on slowing down mental health care reforms, following the CQC's review into Valdo Calocane's treatment. Other inquiries (such as the Lampard inquiry into mental health deaths in Essex) are also ongoing.

Concerns are also mounting over the government's ability to finance and implement the proposed changes. The costs associated with some of the reforms set out in the draft Mental Health Bill are likely to be significant. For example, the envisioned reduction in detention periods necessitates more approved clinicians, more approved mental health practitioners and more Tribunal panel members. Anecdotally, there is already a shortage of Tribunal Judges and medical members, so where will these extra specialists be found and how will they be funded?

The future of the previously proposed Liberty Protection Safeguards (LPS) remains uncertain, with the new government remaining silent on this topic so far. Given the Labour party's resistance to the LPS legislation when in opposition, the fate of the reforms to the existing deprivation of liberty safeguards system, which is already under significant strain, hangs in the balance. There are concerns about the efficacy of the proposed reforms to the MHA for patients with autism or learning disability, without first ensuring the availability of specialist resource for this cohort in the community together the LPS system or something similar in place.

Finally, the proposed amendments to detention criteria in the new Bill are likely to raise the threshold for detention, whereas families of victims and those with mental health issues (and some Coroners) are generally advocating for lower detention thresholds.

The path forward for mental health care continues to be shrouded in ambiguity. The government has committed to a phased approach for implementing reforms, acknowledging the pressing need for change. This sentiment is echoed by Lord Darzi, aligning with the government's stance that transformation is imperative. Although the specifics of how and when these changes will materialise are still unfolding, rest assured, we will keep you informed every step of the way. Should you have any queries or require further clarification, please do get in touch with us.

## Key contact

Rebecca Fitzpatrick

Partner

[rebecca.fitzpatrick@brownejacobson.com](mailto:rebecca.fitzpatrick@brownejacobson.com)



+44 (0)330 045 2131

---

## Related expertise

Constitutional and administrative law

Health law

Mental health