I congratulate my hon. Friend Nicky Morgan on securing this important debate, and I pay tribute to my hon. Friend Mr Walker, whose speech has immediately entered the list of my top 10 favourite speeches. I thank and commend him for the work he has done over many years as chair as the all-party parliamentary group on mental health.

I state from the outset that I am married to an NHS consultant psychiatrist and that my husband is involved in providing briefings to all Members on behalf of the Royal College of Psychiatrists. For that reason, I think it best for me to confine myself mostly to some personal reflections and some concerns that have been raised in my constituency, and in particular to address the issue of stigma.

As we have been told today, one in four people will experience mental illness at some point in their lives. We have heard powerful speeches about that from a number of Members. Like Mr Jones, I have experienced severe depression: at the happiest time of my life I experienced an episode of post-natal depression, so I know what it is like. I am sure that many other Members and people who are following today’s debate will know exactly what it is like to genuinely feel that your family would be better off without you, and to experience the paralysis that can accompany severe depression.

It has been rightly said today that there is concern about the way in which some GPs handle depression, but I want to make it clear that in my own case, accepting that I had a problem and seeing my GP was very much part of the road to recovery. I think that we should be careful when we talk about how GPs manage depression, because I can tell the House—not only on the basis of my personal experience, but on the basis of what I have heard from others—that there are many GPs out there who provide an excellent service, which I think can only be assisted by a move towards longer appointment times and better training.

We have heard today about the various terms that people use for mental illness. Earlier, we heard it described as a mental health “experience”. I would say to anyone who is listening to the debate that an experience of depression makes many people stronger and more understanding. I am absolutely sure that my own experiences of depression and recovery caused me to become a much more sympathetic doctor, and I hope that it made me a more sympathetic and understanding MP, able to recognise the issues in others and respond to them appropriately.

I want to sound a note of caution about employment and depression. Many Members have rightly mentioned the issues surrounding Atos assessments, and I was glad to hear the Minister say that he would address himself to some of the concerns that had been expressed, but I think that we should be careful about making assumptions. We should not assume that people with depression are unable to work; we should individualise the position.

When I returned to work after having a baby, I was still suffering from severe panic attacks especially when travelling on the underground and in retrospect, I realise that I was still significantly depressed, but going back to work was part of my recovery. I know that it
can be difficult to challenge the ideas of people who are depressed, but I think it important to present them with challenges and encouragement at some level, because depression is sometimes followed by a crisis of confidence, and getting back to work is part of the road to recovery from depression, however difficult it may feel. We should not make generalisations and assume that no one can return to work when they are depressed.

I pay tribute to all those who help people with mental illness, including the many volunteers in all our constituencies, and I pay particular tribute to a voluntary group in my constituency called Cool Recovery. It is an independent mental health charity which cares for a number of people, not only those who have experience of depression, or are currently living with depression or other forms of mental illness, but those who have recovered from mental illness, and those who care for people who suffer from it.

I feel that such voluntary sector groups are essential if we are to realise some of the benefits that can come from the Health and Social Care Act 2012. I was concerned to hear from the volunteers at Cool Recovery that they do not feel they have been sufficiently involved in the commissioning process, and that there are real anxieties about the extent to which the user voice and the voluntary sector voice are currently being heard in the new arrangements. Perhaps the Minister will give us an update on what is being done to ensure that there is adequate representation for the user voice and the voluntary sector at every stage on HealthWatch, on health and wellbeing boards, and right up to national level at the NHS Commissioning Board.

Paul Burstow (Minister of State (Care Services), Health; Sutton and Cheam, Liberal)

I give an undertaking to answer those points in the letter that I will write to Members.

Sarah Wollaston (Totnes, Conservative)

I thank the Minister for that, and I look forward to reading his response.

I was pleased to hear that my hon. Friend Gavin Barwell will introduce a Bill to remove stigma. From talking to service users and those who have recovered from mental illness, it is clear to me that they are entirely capable of taking a full part in every aspect of life in their community and workplace, and in our national life. I was glad that the Minister and shadow Minister gave their full and unconditional backing to that Bill, as it will mark a very important step in removing the stigma of mental illness. I also join the Minister in paying tribute to the work of Time to Change, and I hope he will commit to continue to give support to that organisation.

Some 22% of the disease burden in England comes from mental health issues, and it is time that we recognised that in our local and national commissioning. The mental health strategy is excellent, but we now need to ensure it is implemented. I know the Minister has set up a cross-ministerial group centrally, but who in this new system will be accountable for the successful implementation of the strategy locally and regionally and what levers for change can they exert, and what sanctions will there be if it is not carried out?

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