

## Open letter to government

### Increasing access to innovative mental health treatments for depression and bipolar disorder

We, NHS clinicians, researchers, people with lived experience of mental illness and mental health charities, write to raise our concern regarding the far too often lack of access that patients have to **clinically effective and safe innovative mental health treatments for depression and bipolar disorder**. These treatments include medication, neurostimulation and psychological interventions. Many of us work with the NIHR Mental Health Translational Research Collaboration (MH-TRC), a nationally funded body whose goals include increasing access to innovative treatments. However, despite our concerted efforts, the implementation of evidenced innovative treatments already used widely through the rest of the world, into the NHS continues to have significant barriers to achieve.

A good example is Transcranial Magnetic Stimulation (TMS), a NICE approved, non-invasive neurostimulation technique that has produced meaningful outcomes for patients with difficult to treat depression. A recent research study demonstrated that as well as the improvement in patients' conditions, it can also be cost saving to the NHS. However, currently less than one in five mental health NHS Trusts provide the treatment.

A similar situation exists with medication. There are examples of drugs which have a very different side effect profiles, and impact different depressive symptoms, than commonly used antidepressants (SSRIs). These are licensed, and commonly used, across many parts of the world, including the USA and Europe, yet remain unavailable to our patients in the UK. These alternatives which offer real promise for patients who are unable to tolerate, or whose depression does not respond to, an SSRI are rarely offered to patients, normally because of licensing issues

**Access to such treatments can mean relief from profound suffering for patients; reduce enormous personal burden for families and carers; reduce lost productivity due to illness; and decrease the substantial NHS costs of repeated and prolonged clinical care.** While we have the similar prevalence of depression and bipolar disorder as other European countries, we have a greater proportion not working and claiming benefits. One reason for this difference is likely to be the lack of access to the innovative mental health treatments in the NHS that are available in publicly funded services in other countries.

**Addressing this continued inaccessibility to clinically effective and safe mental health treatments is of public interest and demands the focused endeavour of our governing institutions.**

The causes for the lack of access to these treatments widely used in other countries are complex and vary between treatments. There are barriers impeding implementation at every level of the health and regulatory system: local, regional and national. For neurostimulation interventions, one such barrier is the lack of a legal obligation on NHS Trusts to provide them when they are approved by NICE, unlike medications. For medications, marketing decisions by companies can undermine patient need, a situation not addressed by the UK regulatory and NICE approval systems.

We are aware that this issue has been raised previously with the Government. The response from the Parliamentary Under-Secretary of State for Women's Health and Mental Health has, to date, declined to go beyond pointing to existing arrangements for making treatments available. We believe that there are real opportunities here to enhance the lives of many patients and make a real dent in the current scale of unmet clinical need. There is strong clinical evidence to support such an approach to effective and innovative treatments for those with mood disorders. We do not believe that the status quo is a

*justifiable response to the challenging costs to patients, their families, the economy and society. People living with serious mental illness, such as depression and bipolar disorder, deserve equitable access to the most effective treatments available.*

***We are therefore writing to ask that you take pro-active and concrete steps to ensure that the barriers that impede access to innovative mental health treatments are addressed and the NHS is incentivised to implement these treatments so that they are made accessible to all patients for whom they are clinically appropriate.***

*We would welcome the opportunity to discuss this matter further and can provide additional clinical and research evidence to support your consideration of it.*

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