



Department
of Health

NHS

England

Achieving Better Access to Mental Health Services by 2020



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Foreword by Rt. Hon. Norman Lamb – Minister of State for Care and Support

For decades the health and care system in England has been stacked against mental health services and stacked against the people who use them. The extraordinary gravitational pull of acute hospitals has distorted the distribution of resources, an imbalance that has been perpetuated and exacerbated by treatment targets and payment systems for physical health which have diverted resources from mental health services.

In 2012, the Government called a halt to this institutional bias, signalling its intent by putting it into law that appropriate physical and mental health services are commissioned. The sustained historic failure to properly value mental health services is now finally beginning to be reversed, as we increasingly appreciate the importance of good mental health and understand the terrible burden poor mental health places on individuals, families and society.

This is the right thing to do, both morally and ethically. Investment in effective treatment for mental health problems relieves the suffering of individuals and for many transforms their lives and the lives of their families and friends. Good and timely treatment reduces the risk of suicide and self-harm. Prevention and early intervention lead to fewer people being admitted to treatment in restrictive settings and against their wishes. Prevention and early intervention to support children and young people with mental illness can dramatically improve the quality of their lives and future. The moral case for change is strong.

But it is also the right thing to do economically. It is estimated that mental health problems cost the country as much as £100 billion each year – including the costs to individuals and society of treating preventable illness, the impact on quality of life, lost working days and lost income.¹ Investment in promotion, prevention and effective mental health care and treatment is not just good for individuals, and for families, but good for society as a whole.

The Government has already taken important steps to improve mental health services:

- ending the unfair exclusion of mental health services from the legal right to choose;
- a drive to improve mental health services for all ages – children, young people and older people, and not just working age adults;
- the CQC has introduced a new, robust and independent inspection regime for mental health, drawing on hard data, on-the-ground expert inspection and patient and staff views of services to determine whether they are safe, effective, caring, responsive and well-led;
- rapid expansion of the Improving Access to Psychological Therapies programme, with over 2.4 million people have entering treatment, and over 1.4 million completing it so far. Over 700,000 people having entered treatment during 2013-14. This compares to just 340,000 in 2010.²
- transformation of children and young people's services through the £54 million funding invested in service improvement and training;
- publication of the mental health Crisis Care Concordat, an agreement between over 20 national bodies that makes clear the care and support that people in crisis need, so that far fewer vulnerable people find themselves inappropriately in police cells; and

¹ Centre for Mental Health 2010, The economic and social costs of mental health problems in 2009/10, London: Centre for Mental Health.

² Health and Social Care Information Centre, September 2014, Psychological Therapies, Annual Report on the use of IAPT services – England, 2013-14.

- much faster assessment and support for people in the criminal justice system, through liaison and diversion services.

Our commitments in *Closing the Gap*³ and *No Health Without Mental Health*⁴ stand and our achievements in delivering the actions from these plans are an important start. But this is not the first time that governments have expressed a determination for change in this area, and today there is still far to travel. To make parity of esteem a reality by 2020, we need urgent reforms to the incentives in the system that drive investment and spending. We need standards for access to mental health treatment for people of all ages that balance the equivalent standards for physical health. We need the same quality of data and transparency about performance for mental health services for people of all ages so that long waits for effective treatment are visible and have to be tackled.

This document sets out a pathway from Government to deliver that parity, with £40 million additional spending to kick start change in the current year, and a further £80 million freed up for 2015/16. That will enable the setting of access and waiting time standards – the first of their kind in mental health services. This is important – we know that early treatment can make a big difference. For example, treating young people at risk of developing a psychosis early can transform their life chances, help them to get or stay in work and to lead productive and healthy lives. We also know that the absence of mental health access and waiting standards (where such standards exist in physical health) has resulted in mental health services losing out on funding.

The next Government will face important choices about how fast to drive further improvements in subsequent years, but the plans in this document are a practical blueprint for how genuine change could be achieved by 2020.

There is so much to do, but in saying that we should recognise also that we are at the forefront as a country in raising the standard for mental health and in making a stand for people who need timely access to world class mental health treatment and support and early intervention.

No other country in the world is planning for change on this scale. This vision marks a major departure in its intent to rebalance radically our health and care system. We owe it to those with mental health problems to succeed and to children, young people and their families to make sure that their problems are addressed early. People deserve treatment as soon as their problems emerge, rather than waiting until they are in crisis. They deserve the same standards of access to treatment as people with physical illness. They deserve the same focus on recovery. We have a duty to secure equal rights for people with mental health problems. Nothing less is acceptable.



A handwritten signature in black ink, appearing to read 'Norman Lamb'.

Rt. Hon. Norman Lamb
Minister of State for Care and Support

³ Department of Health, January 2014, *Closing the Gap: Priorities for essential change in mental health*.

⁴ Department of Health, February 2011, *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*.

Foreword by Simon Stevens – Chief Executive, NHS England

Mental health problems are the largest single cause of disability, representing a quarter of the national burden of ill-health, and are the leading cause of sickness absence in the UK.

This makes it all the more indefensible that there is such a large “treatment gap” with most people with mental health problems receiving no treatment and with severe funding restrictions compared with physical health services.

One consequence: people with mental illness die on average 15-20 years earlier than other people – one of the greatest health inequalities in England.

That is why, achieving “parity of esteem” between mental and physical health services is so important for the NHS, and for the nation.

This document therefore sets out some of the concrete next steps we are committed to helping lead over the next five years. NHS England looks forward to working with our partners to deliver this critical agenda.



Simon Stevens –
Chief Executive, NHS England

Executive Summary

In *No Health Without Mental Health* and *Closing the Gap*, the Government set out its commitment to achieving parity of esteem for mental health. Timely access to services and then for treatment is one of the most obvious gaps in parity – whilst there are waiting time standards for physical health services, for mental health services, these standards simply don't exist. This plan sets out the immediate actions we will take this year and next to end this disparity and achieve better access to mental health services and our vision for further progress by 2020.

We have committed an additional £40 million funding boost for mental health services in 2014-15. This comprises:

- an investment of £7 million to end the practice of young people being admitted to mental health beds far away from where they live, or from being inappropriately admitted to adult wards; and
- an investment of £33 million to support people in mental health crisis, and to boost early intervention services, that help some of the most vulnerable young people in the country to get well and stay well.

This is just the start. From next year we will be introducing access standards and waiting time standards – the first of their kind in mental health services. An £80 million investment will deliver:

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.
- Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis.
- A £30 million targeted investment will help people in crisis to access effective support in more acute hospitals.

This is an important moment when we will bring parity of esteem for mental health services a step closer. Putting access and waiting standards in place across all mental health services, and delivering better integration of physical and mental health care by 2020, will bring us much closer towards that aim.

Introduction – The Case for Change

1. Each year about one in four of us in the United Kingdom will have mental health problems.⁵ One in ten children need support or treatment for their mental health condition.⁶ These can range from short spells of depression or anxiety through to severe and persistent conditions that are massively disruptive, frightening and life threatening for those who experience them.
2. These mental health problems can also have a terrible impact on people's physical health. People with schizophrenia are almost twice as likely to die from heart disease as the general population,⁷ and four times more likely to die from respiratory diseases.⁸ For young people, mental illness is strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour.
3. So the impact of these conditions on individuals of all ages, their friends and families can be very high. The impact on society and the economy is massive if individuals are unable to access effective, timely treatment:
 - A recent study estimated that mental illness costs the United Kingdom economy as much as £100 billion per year.⁹
 - Mental illness results in 70 million sick days per year, making it the leading cause of sickness absence in the United Kingdom.¹⁰
 - 44% of Employment and Support Allowance benefit claimants report a mental health and/or behavioural problem as their primary diagnosis.¹¹
 - More than 75% of adults who access mental health services had a diagnosable condition before the age of 18.¹²
 - Mental health problems in children and young people are common and account for a significant proportion of the burden of ill health in this age range.¹³

⁵ McManus S, Meltzer H, Brugha T *et al.* 2009 Adult Psychiatric Morbidity in England, 2007: Results of a household survey. Leeds: NHS Information centre for health and social care.

⁶ Green H, McGinnity A, Meltzer H *et al.* 2005 Mental Health of Children and Young People in Great Britain, 2004. Basingstoke: Palgrave Macmillan.

⁷ Hemingway H and Marmot M (1999) Evidence based cardiology. Psychosocial factors in the aetiology and prognosis of coronary heart disease: systematic review of prospective cohort studies. *British Medical Journal* 318: 1460–1467; Nicholson A, Kuper H and Hemingway H (2006) Depression as an aetiological and prognostic factor in coronary heart disease: a meta-analysis of 6362 events among 146 538 participants in 54 observational studies. *European Heart Journal* 27(23): 2763–2774.

⁸ NHS England, Strategic and Operational Planning Guidance 2014-2019, Reducing mortality for people with serious mental illness (SMI).

⁹ Centre for Mental Health 2010, The economic and social costs of mental health problems in 2009/10, London: Centre for Mental Health.

¹⁰ Sainsbury Centre for Mental Health (2007) Policy Paper 8: Mental Health at Work: developing the business case. London: Sainsbury Centre for Mental Health.

¹¹ Department for Work and Pensions, 2013, Disability and Health Employment Strategy

¹² Dunedin Multidisciplinary Health & Development Research Unit. Welcome to the Dunedin Multidisciplinary Health and Development Research Unit (DMHDRU).

¹³ Department of Health 2013, Chapter 10 of the Annual Report of the Chief Medical Officer 2012 Our Children Deserve Better: Prevention Pays

4. Much of this illness can be effectively treated. For many mental health problems people can recover completely, for others the severity and impact of the condition, and the lifetime cost can be dramatically reduced. In general terms, the treatments for mental health problems can be as effective as those for physical illness.

“Treating mental health problems early and effectively is a win-win situation”

– Marianne West, Service User and Carer

5. Despite the high costs to individuals, society and the economy of mental ill health and although mental health professionals have a range of NICE-approved effective interventions at their disposal, we know that for decades there has been a persistent failure to reach all the people who need care and to support them to access timely and evidence-based treatment. It is estimated that as few as a quarter of adults with depression or anxiety receive treatment. For children and young people with a mental health problem, only a quarter receive treatment.¹⁴ With more people coming forward to seek treatment each year – the result, we think, of greater awareness and reducing stigma – the long history of underinvestment in mental health means that services are not currently able to offer everyone the timely and evidenced-based treatment that people should rightly expect to receive.

6. The tendency of health services to see physical and mental health as separate things, and the lack of integration between services, means that important physical health problems and risks are far too often neglected. Given the high rates of heart disease and lung disease in people with mental health problems, it is striking that while over the past decade smoking has become taboo in nearly all of the NHS, in mental health services smoking is still sometimes tolerated as a necessary evil. It is also clear that the mental health needs of many people with long term conditions go untreated. This disconnect between mental and physical health is a very significant missed opportunity to improve both physical and mental health for all.

“NHS providers of mental health care welcome the ongoing focus on creating an integrated system that values both mental and physical health”

– The Foundation Trust Network

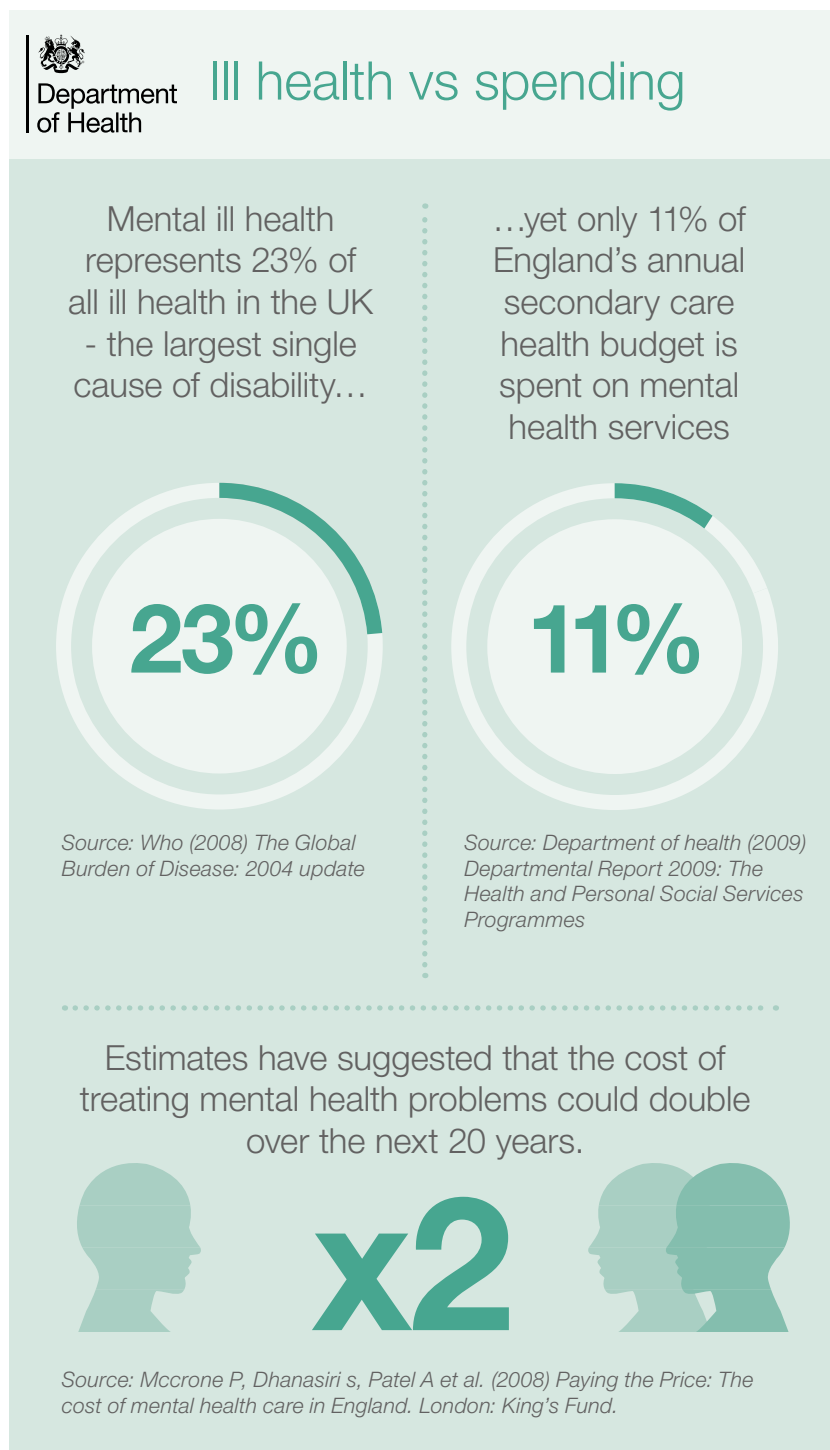
7. So there is a self-evident case (ethical, social and economic) for investing in mental health – its promotion, the prevention of mental illness and improving care, treatment and recovery. It is clearly of benefit to individuals, their friends and their families. But it is also good for the taxpayer, the citizen, the employer, schools and colleges and the NHS. The Government and the NHS has been taking significant strides forward in recent years to begin to realise this important policy opportunity to secure wide ranging social and economic benefits for the country.

8. In 2012 the Government set out its commitment that mental health services for all ages should enjoy parity of esteem with physical health services and since then a major programme of investment and standard setting will lay the ground work for significant improvements in the care that people with mental health problems receive.

9. Earlier this year the Department of Health, working closely with NHS England and the whole health system published *Closing the Gap: Priorities for Essential Change*, which set out 25 areas where urgent action was most needed. It highlighted the initiatives most likely to deliver early wins for people with mental health problems and identified the types of care and support, based on outcomes, that need to be delivered consistently across the country. This document is intended to complement the actions included in *Closing the Gap*. Since the launch of *Closing the Gap* good progress is being made on this agenda:

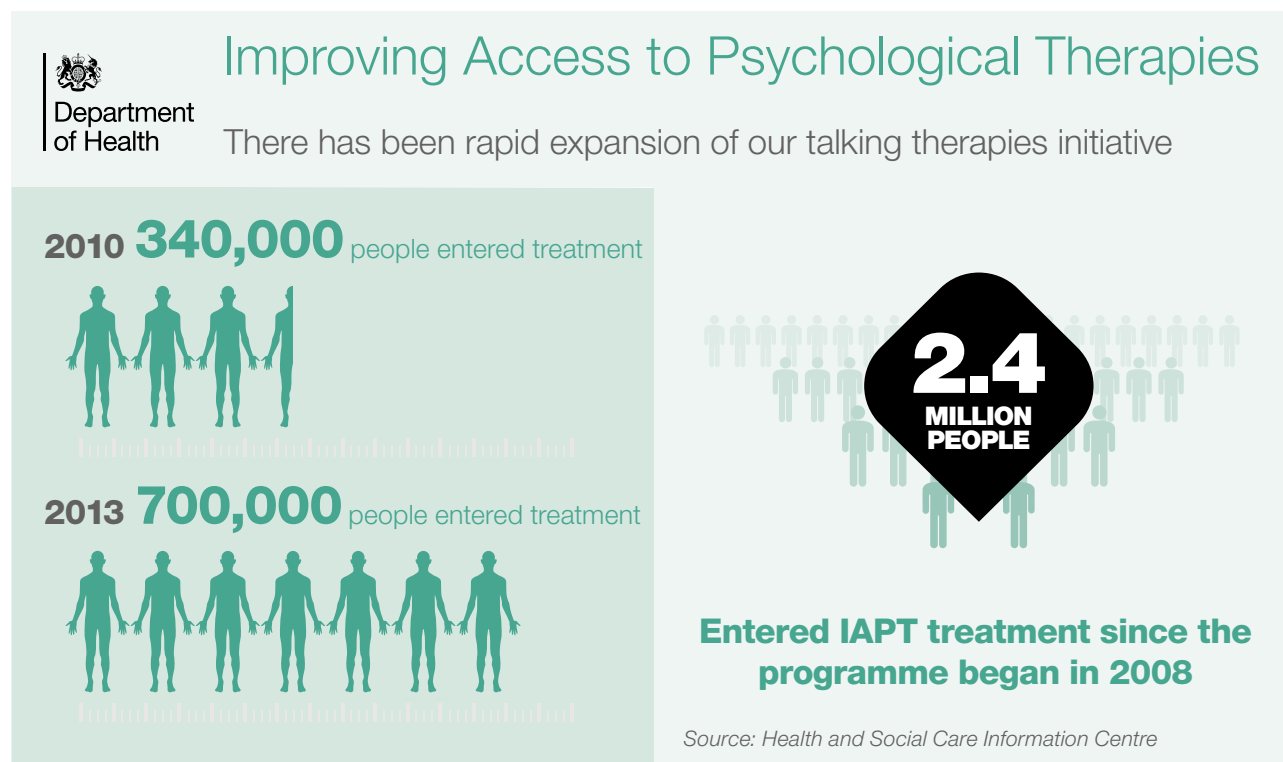
¹⁴ The Mental Health Policy Group – General Election 2015, A Manifesto for better mental health, August 2014.

- The Government has ended the unjust exclusion of mental health services from the right of choice in the NHS.
- Over 2.4 million people have entered evidence-based talking therapy for problems like anxiety and depression through the *Improving Access to Psychological Therapies* programme. Over 1.4 million people have now completed treatment¹⁵ and, with continued focus from NHS England the programme is on track to meet its 2015 target of making talking therapies available to 15% of the estimated adult population who have depression and anxiety disorders.



¹⁵ Health and Social Care Information Centre, September 2014, *Psychological Therapies, Annual Report on the use of IAPT services – England, 2013-14*.

- The children and young people's Improving Access to Psychological Therapies programme is on track to transform services covering more than two thirds of young people in England. It is helping services to become more efficient, more evidence-based, and better focused on delivering improved outcomes for the children and young people that they work with. Children, young people and their families are being more closely involved in the design of treatment and tracking of its progress and impact.
- The Department of Health has ensured that the Care Quality Commission's new, independent and rigorous expert inspection regime for acute hospitals, following the Public Inquiry into Mid Staffordshire NHS Trust, is matched by an equally thorough inspection system for mental health trusts. Both patients and staff are being engaged by expert inspectors in making judgements about the quality of care in every mental health hospital in the country.
- The Chief Inspector of Social Care and the Chief Inspector of General Practice will be making public their expert views on how primary, community and social care services are meeting the needs of people who use mental health services. This substantial overhaul of the inspection system will bring much closer scrutiny of the quality of mental health services, highlighting excellent and unacceptable care alike.
- The Department of Health has published the Crisis Care Concordat (see box) setting out the support that people in crisis should be able to expect. All localities will be signed up by 1 January 2015. It builds on the NHS England Mandate commitment that every community should have plans to ensure no-one in mental health crisis should be turned away from health services.



- There has been real improvement to rapid assessment and support in the criminal justice system, through significant investment of £25 million in the development of more effective liaison and diversion services.
- The Police tell us that we are on the way to reducing by one third the number of people with mental health problems who end up in police cells after detention under section 136 of the Mental Health Act, and will press on to halve this number.
- We have also funded pilot schemes to trial 'street triage' – services in which mental health professionals support and advise police officers in their work protecting and helping people in mental health crisis. We will explore with NHS England how to ensure that street triage is commissioned wherever it is needed, and how to link most effectively with liaison and diversion services.

The Mental Health Crisis Care Concordat

The **Mental Health Crisis Care Concordat** is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, local government and the third sector came together and signed the **Crisis Care Concordat**. It focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

- Whilst there is still much to do to tackle stigma, there have been significant reductions in the number of people with mental health conditions reporting discrimination in some key areas of their lives, including employment, as a result of the Time To Change programme.
- A combination of healthcare and employment advice offers the best prospect of a sustained return to work for people with mental health problems. This is why the Department of Health, the Department of Work and Pensions and NHS England have started pilot schemes to test integrated models of mental health services and employment support. Employment is a key feature of the NHS Mandate and it is vital that health and employment services work together.
- We have published guidance on reducing the need for restrictive interventions.¹⁶

¹⁶ Department of Health, April 2014. Positive and Safe: reducing the need for restrictive interventions.

10. These are all significant improvements, but to move more quickly to parity of esteem, to demonstrate the urgency that people with mental health problems have a right to expect, we now need a step change, with a clear vision for parity of access in 2020 and a practical steps to make that vision a reality for people who depend on these services.

“This is an important first step to providing timely and responsive treatment for patients”
*Prof Sir Simon Wessely,
 President Royal College of
 Psychiatrists*

2020 – The Vision

11. Our aspiration is to put health care for people with mental health problems on an equal footing with care for people with physical health problems. This will deliver better outcomes and healthier lives. This plan sets out what could be achieved to improve the lives of people of all ages and from all groups.

12. People of all ages with mental health problems should receive at least the equivalent level of access to timely, evidence-based, clinically effective, recovery focused, safe and personalised care as people with a physical health condition. The physical needs of people with mental health conditions need to be assessed routinely alongside their psychological needs and vice versa.

13. What happens from 2015/16 to 2020 will be determined by the next Government in the context of a spending review. However, it is important to recognise that achieving parity of esteem for mental health services is not a short term ambition but one which will require sustained action over the next five years. Without committing or obligating that Government, we are setting out the areas we believe will be necessary to take action to progress on the country’s journey towards parity of esteem for mental health services by 2020.

14. This would mean:

- (a) Outside of the NHS, whether at school, at work or at home, people feeling better supported to look after their own mental health.
- (b) As with physical health, people with mental health problems being able to access evidence-based NHS assessment and treatment services that support recovery, in line with clear and clinically informed waiting time standards.
- (c) Having a named accountable clinician to enable more coordinated, effective and personalised care.
- (d) People with mental health problems receiving the right treatment at the right time and the right place in the least restrictive setting and as close to home as possible. This includes people who are referred through contact with the police or criminal justice system.
- (e) People with mental health problems being better supported to live healthy lives, making real progress towards bringing life expectancy on a par with the rest of the population.
- (f) At all levels, national, organisational and individual, the views of people being central to shaping the decisions that are taken.
- (g) Children being able to access high quality care nearer to home, enabling them to keep in contact with family and friends.

“This plan is an important first step towards achieving high quality support for people with mental health problems”
 – *Mind*

- (h) Services that are sensitive to the needs of local populations and the diversity within them seeking to eliminate discrimination and advance equality of access.
- (i) Health and social care services, and other agencies, working together in a seamless way to achieve the best possible outcomes for people.

15. Achieving this requires a rebalancing of the incentives in the system which currently draw resources away from mental health services and towards services for the treatment of physical conditions. Effective payment models for mental health services should be developed that support and enable the commissioning of high quality, evidence-based, safe and recovery focused treatment. The mental health payment system should incentivise early intervention and the provision of integrated care in least restrictive settings close to home.

16. Better integration of physical and mental health care will deliver improved outcomes and better value across NHS funded services. Our Taskforce into child and adolescent mental health and wellbeing will deliver a stronger focus on joint working across agencies to ensure that all commissioners – whether in health, local government or education – share the same vision and will drive improvement. Integrated services should provide treatment and support from the earliest possible stage.

17. Access and waiting time standards for treatment in physical health will be complemented by access and waiting time standards for mental health. Starting in some key areas next year, for the next five years the vision is for all mental health services to guarantee people access to timely, evidence-based and effective treatment. In doing so the NHS will not only shorten the time that people go without treatment and support but also improve outcomes. This move, which in time would be set out in legislation and the NHS Constitution as is the case for physical health, could significantly level the playing field between mental health and physical health services.

18. The introduction of new standards, new payment and new commissioning regimes will drive a much richer set of data about the quality and performance of services for all ages and the outcomes achieved. Much more relevant data, open to patients, the public, providers and commissioners will help to drive improvement and expose and then eradicate unacceptably long waits for treatment. The maternity and children's dataset will produce a far clearer picture from next year of what is being provided and will put us in the best place to design new services that meet the needs of children and young people.

19. In the past 15 years, clear waiting time standards, tariffs and a strong commissioner focus have transformed waiting times for heart surgery, cancer treatment and a range of treatments for other physical illnesses. The measures set out in this document seek to bring balance and lay the foundations for a revolution in mental health care that could set a global example at the start of the next decade.

Delivering the Vision

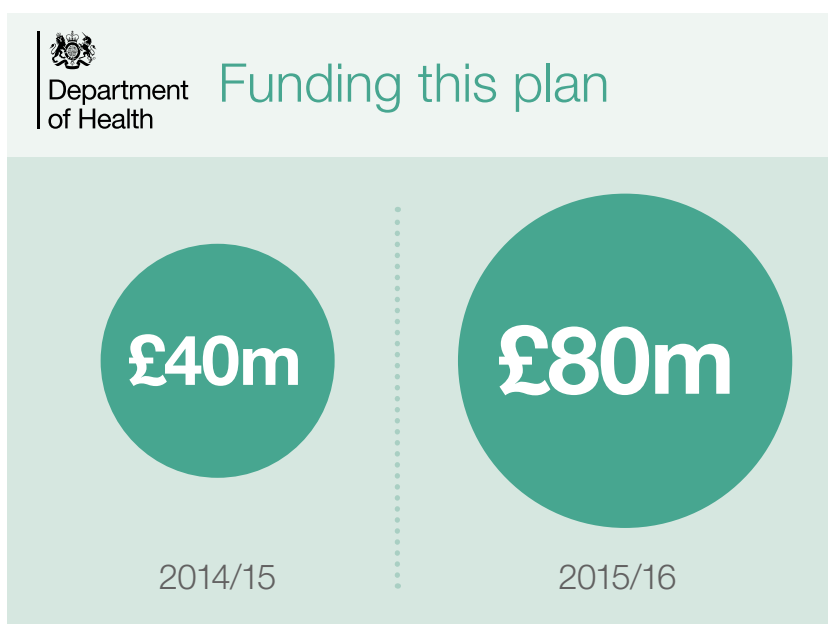
20. This is an ambitious aim, and spending decisions are the prerogative of the next Government. The following sections of this document set out three phases which could, with sustained commitment, deliver genuinely transformational change in NHS mental health services by 2020. The focus here is on bringing the right incentives, standards and transparency to the healthcare system, whilst recognising that partners in public health, local government, education, the voluntary sector and wider will all need to play an important part in improving lives.

“This plan is a positive step for both patients and the NHS, and it is essential to commit to action and implementation of the plan to deliver high quality mental health services in the future”

Joy Chamberlain, Chair The Independent Mental Health Services Alliance

21. In the first phase, although money is currently very tight in the NHS, we have freed up a further **£40 million in 2014/15**, recognising that investment now will not only benefit the wider NHS, but lay the groundwork for further improvement in later years. This money will be used to build capacity to enable the NHS to meet tough access and waiting time standards next year and beyond and to develop the information and data systems needed to support this.

22. The second phase, next year, will see the ground-breaking introduction of access and waiting time standards in some key areas of mental health services, with investment in the strategy doubled to **£80 million to drive progress**. This will mean that from next year people with common mental health problems will get faster access to the most effective evidence-based treatment, that vulnerable young people will receive the treatment they need to boost their life chances, and that crisis services will be improved.



23. Subject to future resourcing decisions following the next Spending Review, the final phase from 2016 to 2020, would see the continuous staged roll out of these new access and waiting time standards across the whole of mental health services in England, each year bringing the reality of **parity of esteem** between services for mental illness and physical illness that bit closer.

Phase 1 – 2014/2015: Laying the Groundwork

24. In the current financial year we will continue to drive the implementation of *Closing the Gap*, ensuring the continued delivery of the Improving Access to Psychological Therapies programme and securing nationwide sign up to the Crisis Care Concordat. The Children and Young People's Improving Access to Psychological Therapies programme will continue to be rolled out across the country, so that more children and young people are able to access high quality services where and when they need them.

25. The Children and Young People's Mental Health and Well-Being Taskforce is bringing together experts on children and young people's mental health and those with knowledge of wider system transformation from across the education, social care and health sectors. The Taskforce will make recommendations to achieve better outcomes for children and young people with mental health problems. It will consider what changes and improvements are needed in the current operational systems, the system levers which can be applied, and identify innovative, cost-effective and affordable solutions for achieving progress.

26. At the same time, using **a new £40 million funding boost for mental health services**, secured to kick-start delivery of the 2020 vision, we will be building capacity in some priority areas in order to prepare for the introduction of new access standards in the following year.

27. First, following the recent review of specialist child and adolescent mental health inpatient services,¹⁷ **NHS England are investing £7 million immediately in 50 new inpatient beds and in better case management, to ensure that children with specialist inpatient needs are cared for in appropriate settings.** This should bring an end to the unacceptable practice of young people being admitted to institutions far away from where they live, or from being inappropriately admitted to adult wards. The additional capacity should also help to minimise the number of young people who are admitted to restrictive care settings. At the same time, NHS England will work to consider the longer term capacity requirements to ensure that provision for this vulnerable and important group of people is put on a sustainable basis for the future. This work will include supporting faster implementation of good practice commissioning of child and adolescent services both in the community and inpatient settings.



¹⁷ NHS England, CAMHS Tier 4 Steering Group, July 2014. Child and Adolescent Mental Health Services Tier 4 Report.

28. The remaining **£33 million is being invested in early intervention services for psychosis and in crisis care**. In 2011, *No Health Without Mental Health* highlighted the effectiveness of early intervention service for people with psychosis. There is good evidence that these services help young people to recover from a first episode of psychosis and to gain a good quality of life. NICE found these services reduce the likelihood that individuals with psychosis will relapse or be detained under the Mental Health Act, potentially saving the NHS £44 million each year through reduced hospital admissions.¹⁸ In addition to the

benefits to people with psychosis highlighted by NICE, these services have wider benefits:

- 35% of people under their care are in employment, compared with 12% in traditional care;
- they reduce the likelihood of an individual receiving compulsory treatment from 44% to 23% during the first two months of psychosis; and
- they reduce a young person's suicide risk from 15% to 1%.¹⁹

29. So there are very real gains to be made quickly through investment in this area. At the same time as providing pump-prime funding to Clinical Commissioning Groups to develop these services, NHS England will be investing further in developing commissioning support tools and appropriate levers and incentives, including payment models.

30. The additional resources will be shared with substantial new investment in **crisis services**. The most common causes of mental health crises vary but largely comprise severe depression, psychosis relapse, dementia, self-harm and alcohol related episodes. The investment here is designed to accelerate the full implementation of local crisis care concordat-compliant services and could focus on two key areas where we know we can have the biggest impact: liaison psychiatry for all ages in accident and emergency departments; and crisis resolution home treatment teams.

Early Intervention in Psychosis

If everyone who needed Early Intervention in Psychosis received a service, each year the NHS would save



£44 million

Source: National Institute for Health and Care Excellence, 2014. Costing statement: Psychosis and schizophrenia in adults: treatment and management

¹⁸ National Institute for Health and Care Excellence, 2014. Costing statement: Psychosis and schizophrenia in adults: treatment and management.

¹⁹ Rethink Mental Illness, March 2014. Lost Generation: why young people with psychosis are being left behind, and what needs to change.

31. Psychiatric liaison services provide mental health care to people of all ages who are being treated for physical health conditions in general hospitals. There is strong evidence that some models of liaison psychiatry eg the RAID (rapid, assessment, interface and discharge) model can deliver clinically and cost-effective care to patients in general hospitals with a range of mental health problems. Some models have been shown to reduce the rate of hospital admissions and admissions to care homes for people with dementia, reduce repeat presentations to accident and emergency for people who

have self-harmed and reduce admissions for people presenting with depression and a physical health problem. One study suggested that the RAID model can save an average of £5 million a year for a hospital by reducing both admissions and length of stay. In 2014/15 we are providing funding for liaison psychiatry which will move us closer to a more comprehensive service that for every £1 of investment, should realise a £2.50 to £3 saving in the acute sector.²⁰ **Crisis Resolution Home Treatment Teams** will be supported. These services are an important service which can help reduce admissions to acute inpatient beds; facilitate early discharge from acute beds; and offer an alternative to admission through the delivery of intensive care and support to people at home.

32. Finally, at the same time as investing in these services, we will also begin to invest in the infrastructure needed to rebalance the system for parity between physical and mental health services, laying the ground work for an equivalent system of access and waiting time standards, levers and incentives, commissioning and payment models that will place mental health services for all ages on a more level playing field with physical health. For the current year, the infrastructure priorities for the system will be:

- (a) **Establishing the baseline position:** carrying out analysis on the level and reliability of information that currently exists for mental health services across care pathways, which would help to support the work to develop access and waiting time standards.
- (b) **Strengthening national datasets:** develop definitions and data specifications that are fit for purpose to enable robust and consistent analysis of patient pathways and measurement of actual waiting times.
- (c) **Improving data collection, reporting and assurance:** assess whether there is appropriate IT infrastructure in organisations to support data capture: improve the quality of clinical coding and datasets; and establish national protocols for reporting and assurance.



²⁰ Department of Health, October 2014. Impact Assessment: Access and waiting time standards for 2015/16 in mental health services.

- (d) **Establishing best practice waiting time benchmarks** for different services, taking account of local circumstances.
- (e) **Collecting data on out of area placements.**



Department
of Health

Crisis care

Number of A&E attendances each year for self-harm believed to be due to underlying mental health issues



170,000

Source: Aitken et al, 2014, An Evidence Base for Liaison Psychiatry - Guidance

Phase 2 – 2015/2016: Implementing the first standards

33. In 2015/16 a further £80m will be freed from existing budgets, enabling introduction of the first access and waiting times standards of their kind – lines in the sand – to be set on parity of esteem for mental health services.

34. The refreshed NHS mandate for 2015/16 will contain the commitment that NHS England will begin planning for countrywide service transformation of children and young people's Improving Access to Psychological Therapies. As set out in *Closing the Gap* 100% roll out should be achieved by 2018.

35. In three key areas where we have invested this year, we have agreed that the NHS Mandate for 2015/16 will introduce three access standards as a crucial starting point on a journey to parity of esteem when, with the right will, our ambitions of parity can be fully realised.

Action to deliver better access to mental health services in 2015/16

In 2015/16 we will introduce the following access and waiting standards:

- 75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral.
- More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral.
- £30m targeted investment on effective models of liaison psychiatry in more acute hospitals. Availability of liaison psychiatry will inform CQC inspection and therefore contribute to ratings.

36. Set out below are plans for how these standards could be built upon in future years. During 2015/16, NHS England will explore how a 'backstop' maximum waiting standard could be established for early intervention services, set at a level that reflects progress on improving access to services, and subject to affordability and data quality.

Phase 3: Delivering Parity

37. The third phase will, subject to views of the next Government and in the context of the next spending review, look to build on progress this year and next with a view to go further and faster.

38. The three standards set out above should be seen as just a starting point in an ambitious programme that by 2020 would aim to provide a comprehensive set of access and waiting time standards, payment models, data streams and commissioning processes that brings the same rigour to mental health services as is seen in physical health services. For example, we would like to see 95% of people referred to the Improved Access to Psychological Therapies programme being treated within six weeks of referral, 95% of people experiencing a first episode of psychosis being treated with a NICE approved care package within two weeks of referral, all acute trusts having a liaison psychiatry service for all ages appropriate to the size, acuity and specialty of the hospital and rapid access to services within 24 hours for post-partum psychosis, in the perinatal period for women who have a mental health condition.

“Introducing a two week maximum waiting time for Early Intervention in Psychosis (EIP) services will change lives”
– *Rethink Mental Illness*

Employment rate for young people under Early Intervention in Psychosis care



Under early intervention in psychosis care are in employment



In standard mental health care

Source: Garety et al, 2006. *Specialised care for early psychosis: symptoms, social functioning and patient satisfaction*, British Journal of Psychiatry.

39. Starting this year, the Department of Health and NHS England will work together with mental health system partners to develop detailed proposals for the introduction of further access and waiting time standards from 2016 onwards. This work will also consider relevant commissioning and payment models and reporting infrastructure to underpin delivery.

40. An early priority will be the development of standards for access and waiting times for the treatment of eating disorders, based on piloting of different models of care, to examine the case for a better mix of community and inpatient care. NHS England will analyse the data on provision of existing services, and access to and waiting times for these services across a whole region, with a view to piloting standards during 2015/16 and introducing standards in future years.

41. Furthermore, we will consider developing an access and/or waiting standard for rapid access to mental health services for women in pregnancy or in the post natal period with a known or suspected mental health problem.

42. In addition to work on these key access and system tools, the mental health system will set out further proposals in order to ensure progress on a broader range of fronts. For example:

- NHS England will be exploring commissioning approaches with CCGs which better **integrate the prevention of physical ill-health into mental health services for all ages**.
- NHS England and Public Health England will signal how smoke free policies can be implemented, and how **access to smoking cessation services** can be delivered in secure mental health services.
- Our expectation is that all in-patients will have a thorough **assessment of their physical health needs** on admission, including obesity, which is a significant health risk for people receiving care as inpatients. This needs over time to extend beyond inpatient care to community patients and primary care.
- Having a **named accountable clinician** would enable more coordinated, effective and personalised care. NHS England and DH will work with experts, including people who use services, to set out how this could be achieved.
- NHS England will extend **Personal Health Budgets** to people who use mental health services, giving people more power to shape their own care.

43. Furthermore, a clear strategy for improving the commissioning of specialised mental health care will be developed, including secure mental health services, perinatal mental health services, services for people with personality disorder, and mental health services for the deaf. The aim should be to make improvements each year.

44. The recommendations of the Children and Young People's Taskforce will also become available later in 2014/15 and will help inform our efforts to improve specialist mental health care for children and young people, with appropriate actions put in place as quickly as possible. They will enable more joined-up commissioning approaches across whole care pathways to deliver improved mental health outcomes for children and young people.

"Timely and effective care
can avert later costs and
transform people's lives"
– *Centre for Mental Health*

Conclusion

45. The pace of delivery will be a matter for the next Government, but in this year and next there is now a clear plan, once and for all time, to start the process bringing an end to the historic imbalance in investment between physical and mental health services and secure genuine parity of esteem between the two. There is a moral imperative that underpins that decision and a powerful social and economic rationale as well.

46. One of the central approaches of talking therapy is to restore balance in people's lives by helping them to challenge false beliefs and assumptions that underpin their judgements and decisions about their lives. Equally in the health and care system everyone needs to be conscious of holding false beliefs and assumptions about historic patterns of behaviour on mental health services. In looking to ensure the realisation of the vision for 2020, future decision makers need to be clear that spending on mental health is an investment, not a debit, and one which, if invested carefully, can transform the lives of individuals, communities and society. The challenge is there to be taken up.



Department
of Health