

The Roadmap to Compassionate Mental Health Care

New Savoy Partnership 3 February 2016

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Mental health is a major priority for the NHS

- **Mandate commitment: to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole. By March 2015, we expect measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence based services**

- **Planning guidance and focus for new Sustainability and Transformation Plans 2016 – 2020**

- **Funding 2015 – 2021**
 - £1.25bn for children and young people
 - C. £600m to include funds to ensure that *significantly more people will have access to talking therapies every year to 2020*

**Better access
to psychological therapies:
progress so far**

IAPT so far

- Stepped care psychological therapy services established all 211 CCGs.
- Self-referral supported
- Approx 15% of local prevalence seen in services
- Around 60% have course of treatment (approx 530,000 per year)
- Outcomes recorded in 97% of cases (pre-IAPT 38%)

IAPT So Far

(3rd Annual HSCIC Report and latest Quarterly Data)

- Recovery rate: 45% (range 19%** to 69%)
(A third of CCGs now exceed 50%)
- Reliable Improvement: 61% (range 24% to 73%)
- Reliable deterioration: 6% (range 3% to 11%)
- Problem descriptor: 68%* (range <1% to 100%)
- Reducing variability must be one of the next goals.

*Notes: * up from 62% in 2013/14. ** data completeness issues, true low probably 30%*

Which Therapies are available?

Therapy Type	Number of CCGs
CBT	212
Counselling	194
IPT	142
Couples	97
DIT	77
Other Hi	186

91% of CCGs offer CBT and Counselling (universal offer)
76% of CCGs offer at least 3 of 5 High intensity therapies
51% of CCGs offer at least 4 of 5 High intensity therapies

Patient Experience Questionnaire (1) Table 17a

Post-treatment Questions	% Most or All Times
Staff listened to you and treated concerns seriously?	96.7
Service helped you better understand and address your difficulties?	91.5
Felt involved in making choices about your treatment and care?	93.3
Got the help that mattered to you?	91.4
Have confidence in your therapist and their skills?	95.8

Clearly, very positive but note that PEQ was only completed by 11% (50,937) of patients who had finished a course of treatment

Patient Experience Questionnaire (2)

Post Assessment Questions	YES (%)
Given information about options for choosing a treatment?	92.3
Did you have a treatment preference?	77.6
Were you offered your preference?	77.8 (4.2% NO & 14.4% Not applicable)
Satisfied with your assessment?	73.7* (23.8% No)

Between 57,000 and 74,000 responses, which is less than 10%.

* Completely or mostly satisfied

Next Steps: likely Taskforce recommendations

- NHS organisations should be supported to:
 - promote good practice in managing staff to prevent stress and mental health problems
 - ensure managers are competent to support staff affected by stress or mental health problems
 - access mental health expertise within occupational health services

- Increase access to psychological therapies to 25%:
 - anxiety and depression for people with long term physical conditions, co located teams

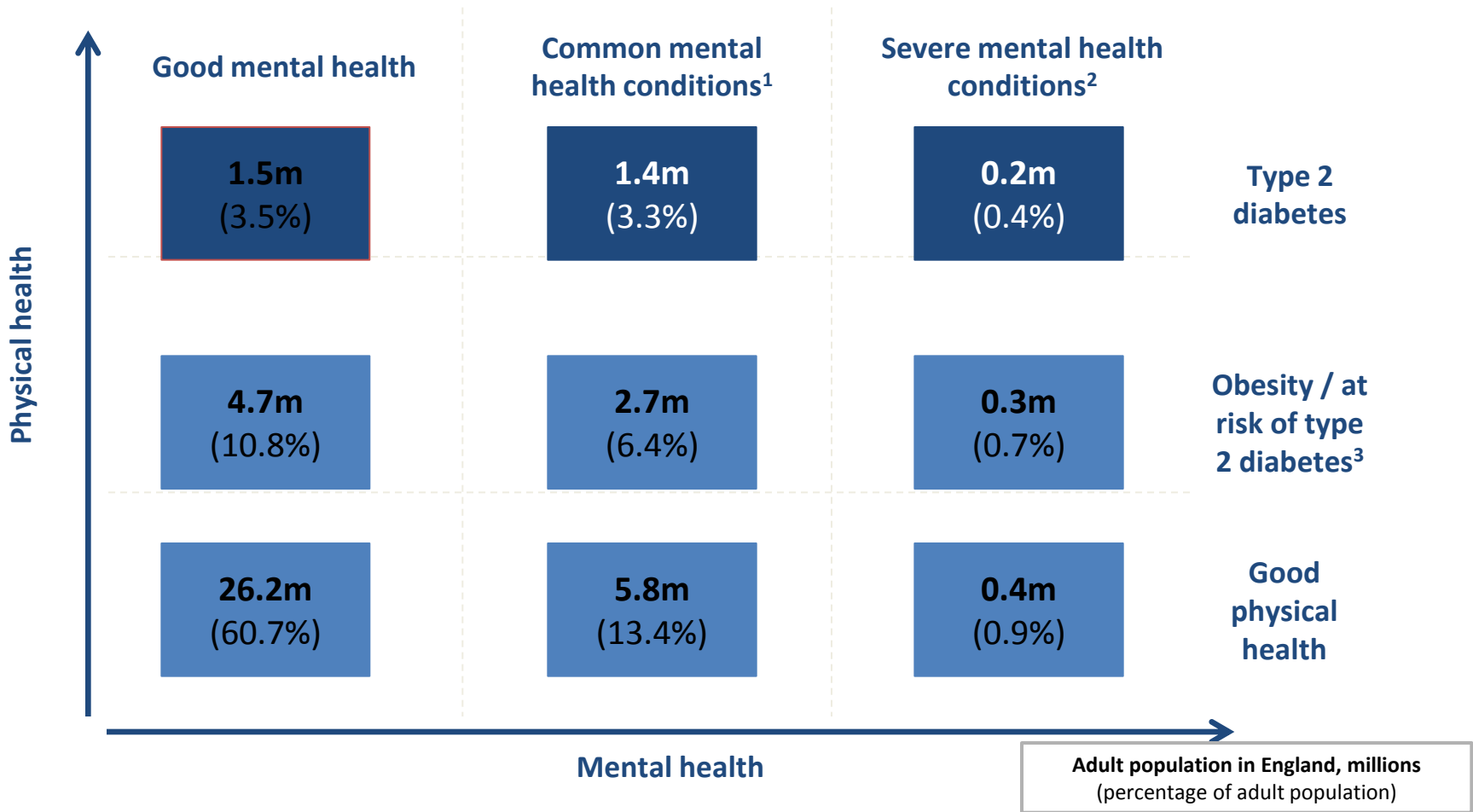
Making integration a reality

The taskforce was told:

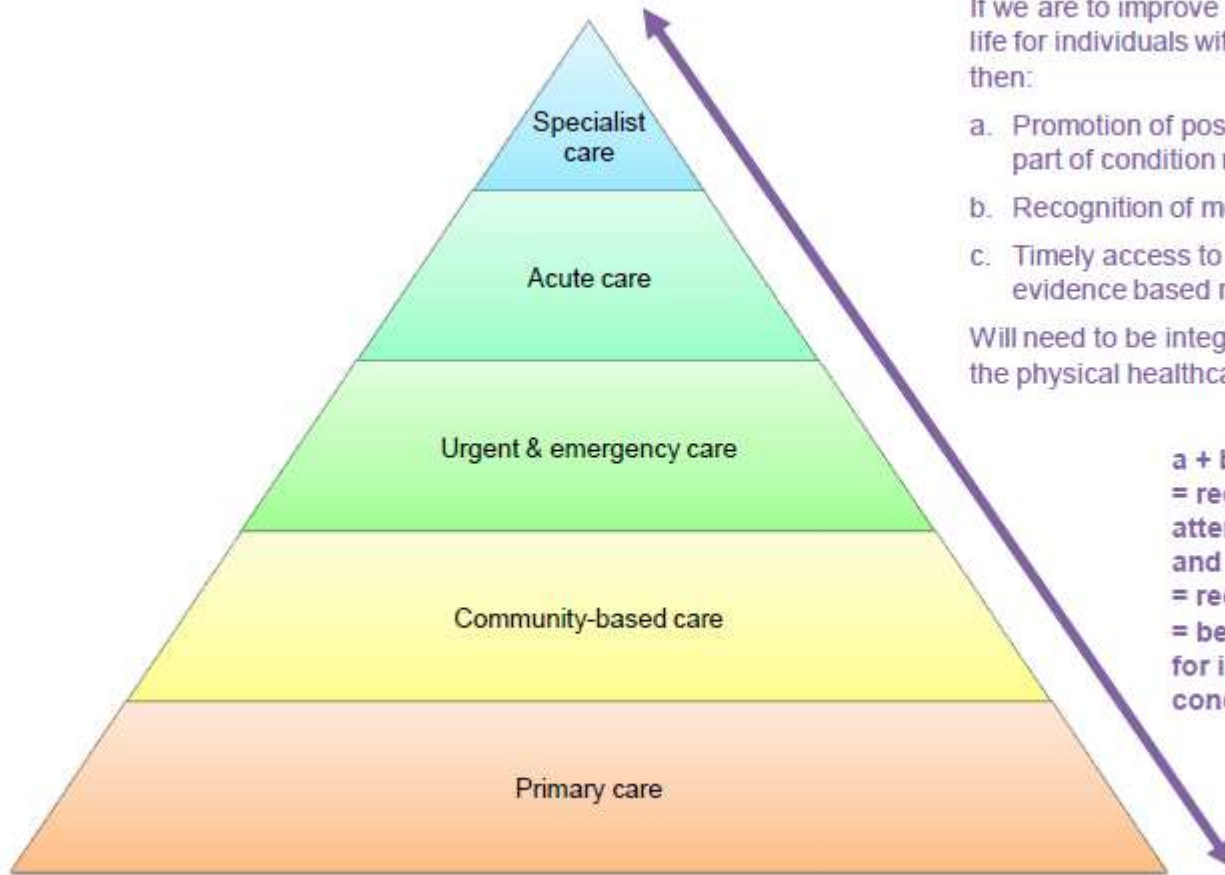
“Making physical and mental health care equally important means that someone with a disability or health problem won’t just have that treated, they will also be offered advice and help to ensure their recovery is as smooth as possible, or in the case of physical illness a person cannot recover from, more should be done for their mental wellbeing as this is a huge part of the learning to cope or manage physical illness.”

Example: diabetes type II and MH problems

3.1m adults have type 2 diabetes, 50% of whom have poor mental health



Integration needs to become the norm



If we are to improve outcomes and quality of life for individuals with physical health needs, then:

- Promotion of positive mental health as part of condition management
- Recognition of mental health needs
- Timely access to expert assessment and evidence based mental health care

Will need to be integrated at every level of the physical healthcare system.

a + b + c
= reduced demand from repeat attendances in primary care, UEC and outpatient clinics
= reduced acute length of stay
= better outcomes at lower cost for individuals with long term conditions

Next Steps:

- Continue to expand choice of therapies
- Greater use of digital platforms
- Expansion of employment advisers
- Recognise the benefits of IAPT for people with SMI:
 - Staff trained in NICE recommended treatments
 - Outcome and reporting monitoring for all patients