

**Mental Health local Mental Health Action Group
Update: May 2016**

The 5 Year Forward View for Mental Health

In February the mental health task force published “5 Year Forward View for Mental Health: An independent report of the mental task force to develop a 5 year strategy for mental health in England. The full report can be found at

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

The key messages:

“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services”.

1 in 10 children aged 5 to 16 have a diagnosable mental health problem

People with severe and prolonged mental illness die on average 15 to 20 years earlier than other people - one of the greatest health inequalities

The employment rate of people with severe mental health problems is the lowest of all disability groups at 7%

People with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care.

Poor mental health affects people of all ages, yet, with effective promotion, prevention and early intervention its impact can be reduced dramatically.

There is often a circular relationship between mental health and issues such as housing, employment, family problems or debt. Mental Health problems now account for more than twice the number of employment and support allowance and incapacity benefit claims than for musculoskeletal complaints such as bad backs.

Mental Health interventions have to be considered as a whole system and by 2020/21 will look very different; where the person is supported by services offering combinations of physical, social and mental health interventions and which will be provided by a wider range of organisations including the 3rd sector to give people more choice and better outcomes.

Key Recommendations of 5 Year Forward View for mental health:

- **Inequalities must be reduced** to ensure all needs are met, across all ages
- **Care must be integrated** – spanning people’s physical, mental and social needs achieved through partnership working across NHS, public health, voluntary, local authority, housing providers, and education and youth justices. Integrated population-based commissioning will combine health and social care spending power to improve mental health outcomes
- **Prevention and early intervention** must be prioritised with rapid transformation of services for children and young people
- **Access to high-quality services close to home:** ensuring that local community services are immediately available so that people experiencing mental health crisis do not need to wait. If people need to use hospital services, they should not have to travel out of their area for the right care

- **Co-production:** people living with mental illness and carers should be involved in the design and delivery of mental health services
- **Prescribing:** new standards for health professionals who prescribe medication to improve the way they involve people in decisions about their treatment
- **Better carer engagement:** health professionals should be trained to better involve carers. Services should also show evidence that they effectively engage with carers as part of their inspections
- **Action on physical health:** people with mental illness should get enhanced help with their physical health through better screening and lifestyle support
- **The right data** must be collected and used to drive and evaluate progress
- **Research:** calls for a 10 year strategy on mental health research, including details of the funding commitments to make this happen.

The government has accepted these recommendations and committed the NHS to invest. The CCG has to report to NHS England on progress with plans to work towards and reach the required targets by 2020/21. These priorities are set out below:

Mental Health Priorities	Mental Health Targets 2020/21
1. Improved care for people in crisis	Access to mental health care 7 days a week, 24 hours a day by 2020/21
	All age mental health liaison service in emergency departments and acute general hospitals by 2020/21
	People experiencing a first episode of psychosis to have access to a NICE-approved package of care within 2 weeks of referral by 2020/21
	Out of area placements for acute care should be reduced and eliminated as quickly as possible
2. Integrated physical and mental health	More women to be able to access evidence-based specialist mental health care during the perinatal period by 2020/21
	People living with severe mental health problems should have their physical needs met.
	Increase access to psychological therapies to reach 25% of need by 2020/21.
	People with physical health problems have their mental health needs met
3. Promoting good mental health and preventing poor mental health	Future in Mind (Children and Young People's mental health) recommendations to be implemented in full
	More people living with mental health problems should be supported to find or stay in work
	Creating mentally healthy communities through the creation of local Mental Health Prevention Plans
	End the stigma around mental health
	Better service user and carer engagement (co-production)
	Improved data linkage across NHS, public health, social care and education with transparency on spending in relation to prevalence access, experience and outcomes

New access and waiting time standards need to be implemented to improve outcomes for people with mental health problems.

The CCG and providers are together developing plans that set out the steps needed to reach these standards. These new access waiting time standards are:

Early Intervention in Psychosis (EIP)

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. Most initial episodes of psychosis occur between early adolescence and age 25 however the standard applies to people of all ages

Improved Access to Psychological Therapies (IAPT)

75% of people referred to IAPT will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. This standard applies to adults.

Liaison Psychiatry

The CCG is awaiting the standard from NHS E for those with a mental health problem attending the emergency department or admitted to the general hospital. It is expected that this standard will apply to all ages

Eating Disorders

Children and young people with an eating disorder should start treatment within 4 weeks from first contact with a designated health care professional for routine cases and within one week for urgent cases. The treatment should be in line with NICE guidance.