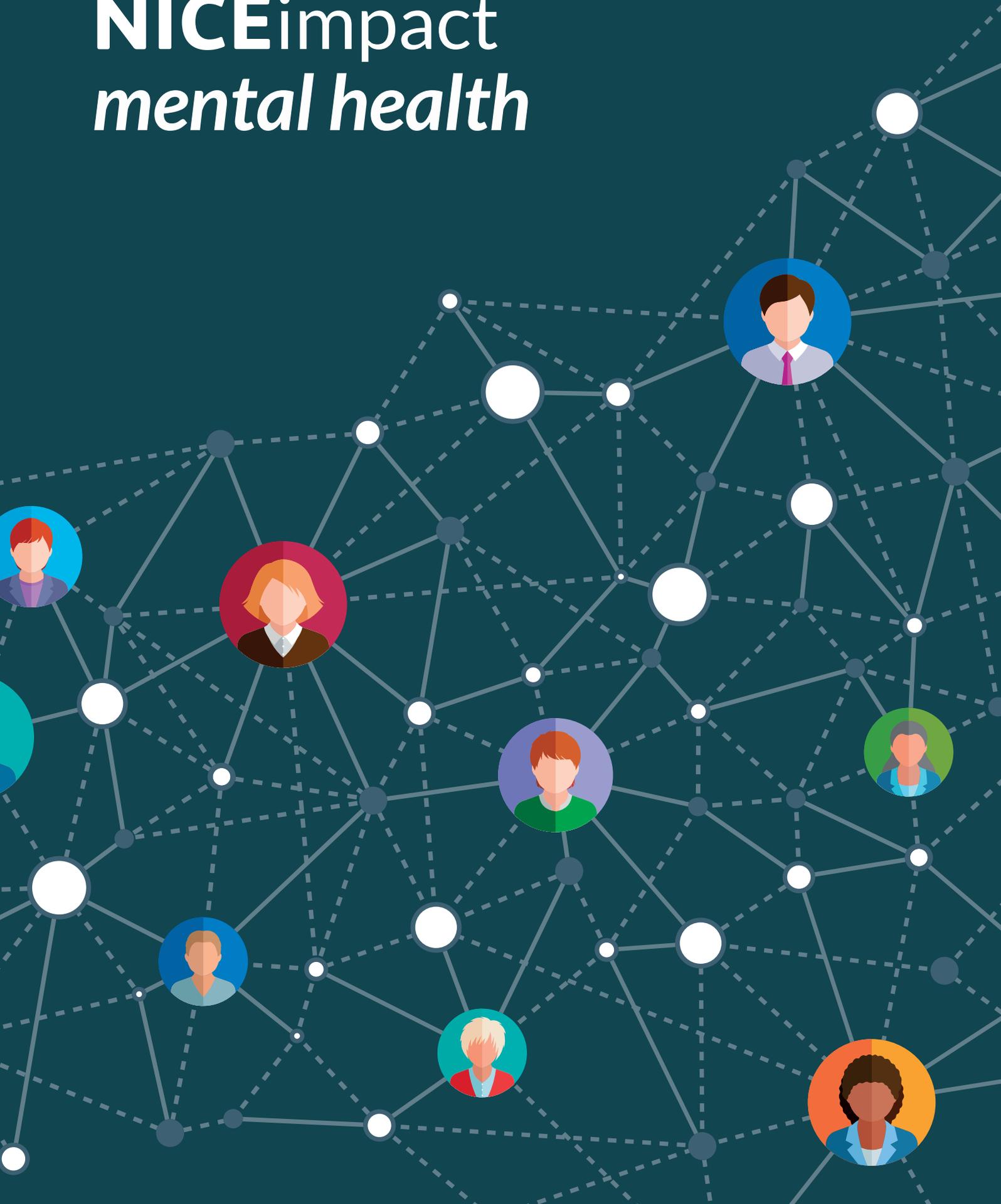


# NICE impact *mental health*



# NICE impact *mental health*

**One in 4 adults** experiences a mental health condition in any given year, and mental health conditions are the largest single cause of disability in the UK. This report considers how NICE's evidence-based guidance can contribute to improvements in the care of people with mental health conditions.

*This report highlights progress made by the health and care system in implementing NICE guidance. We recognise that change can sometimes be challenging and may require pathway reconfiguration. It may also require additional resources such as training and new equipment.*

*We work with partners including NHS England and Public Health England to support changes, and we also look for opportunities to make savings by reducing ineffective practice. We will explore areas of unwarranted variation to understand the challenges of implementing the recommendations discussed in this report.*



## **Common mental health disorders** p4

Over 1 million people received NICE-recommended psychological treatments for common mental health disorders in 2017/18. NICE is working with NHS England to assess digitally-enabled therapies which offer the potential to expand services further.



## **Severe mental illness** p8

People with severe mental illness are at risk of dying much earlier than other people. To help improve outcomes, NICE recommendations include early intervention for people with a first episode of psychosis, offering comprehensive physical health assessments and making psychological therapies available.



## **People's experience of care** p15

Survey results suggest that more could be done to ensure that people using specialist mental health services experience good care as described by NICE.



## **Spotlight on children and young people** p18

More children and young people are receiving specialist mental healthcare but there is unmet need. The NHS Long Term Plan and a government green paper lay out plans to transform children and young people's mental health provision.



## **Commentary** p20

Paul Farmer, Chief Executive of Mind, reviews recent achievements and considers NICE's role in improving mental healthcare.

# Why focus on mental health?

NICE impact reports review how NICE recommendations for evidence-based and cost-effective care are being used in priority areas of the health and care system, helping to improve outcomes where this is needed most.

NICE provides evidence-based guidance and advice to help improve health and social care services. The uptake of NICE guidance is influenced by close relationships with partners such as NHS England, NHS Improvement and Public Health England (PHE).

Since 2002 and the publication of NICE's first clinical guideline, on schizophrenia, we have produced an [extensive suite](#) of guidance and quality standards to support the identification and management of mental health conditions. Our guidance covers common and severe mental health conditions in children, young people and adults.

In 2015, the independent [Mental Health Taskforce](#) was formed to create the [Five Year Forward View for Mental Health](#) for the NHS in England. The [NHS Long Term Plan](#) builds on this strategy and pledges to grow investment in mental health services faster than the overall NHS budget for each of the next 5 years.

NICE guidance is the foundation of many commitments in these national strategies, including improvements in:

- access to psychological therapies,
- physical healthcare for people with severe mental illness, and
- people's choice and control over their care.

We routinely collect data which give us information about the uptake of our guidance. To produce this report, we have worked with national partners to select those data which tell us about how NICE guidance might be making a difference in these priority areas of mental healthcare. They also highlight areas where there is still room for improvement.

# 33

guidelines

# 18

quality standards

# 8

technology appraisals

# 5

Improving Access to Psychological Therapies assessment briefings

# 3

interventional procedure guidance

# Common mental health disorders in adults

Common mental health disorders affect an estimated **1 in 6 adults** at any one time. The [Improving Access to Psychological Therapies \(IAPT\)](#) programme offers NICE-recommended treatments for these conditions.

*Common mental health disorders include depression and anxiety disorders such as generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, body dysmorphic disorder, post-traumatic stress disorder and social anxiety disorder.*

*IAPT has made NICE-recommended psychological therapies for these conditions more widely available but there remains unmet need. NICE is working with NHS England to identify and assess digitally enabled therapies which offer the potential to expand services further.*

NICE's guideline on [identification and pathways to care for common mental health problems](#) aims to improve how mental health conditions are identified and assessed.

This is supported by a suite of guidance and quality standards on the recognition and management of [depression](#) and [anxiety disorders](#).

Estimates of the total prevalence of common mental health disorders vary, but data from the [Quality and Outcomes Framework](#) show that over 4.5 million adults had a diagnosis of depression in 2017/18. This is around 10% of all adults registered with a GP, up from around 6% in 2012/13, and there is wide regional variation. The proportion of people with mental health conditions is higher in areas with more deprivation; poverty can be [a cause or consequence](#) of mental ill health.



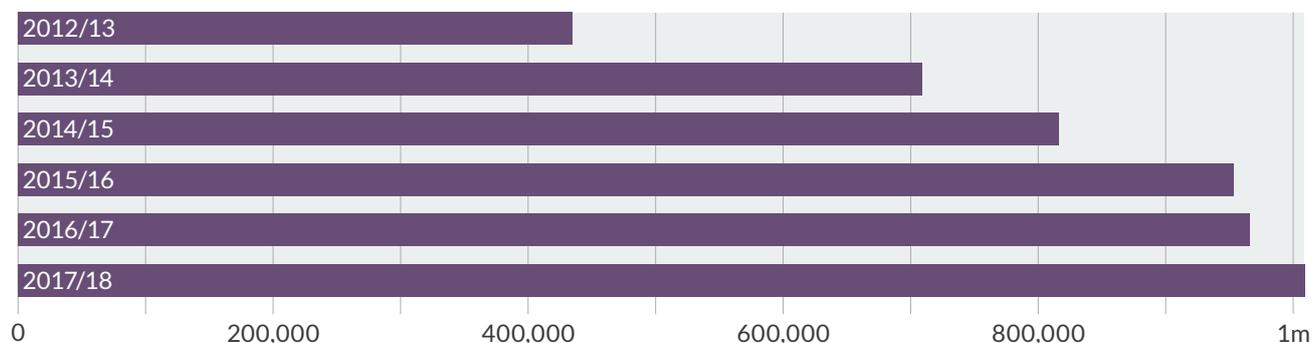
***The percentage of adults with a diagnosis of depression ranged from 5% to 15% across England's clinical commissioning groups in 2017/18***

Increasing access to evidence-based psychological therapies for people with common mental health conditions is a priority in the [Five Year Forward View for Mental Health](#) and the [NHS Long Term Plan](#). This section reviews how NICE is contributing to that ambition.

## Psychological therapies

NICE recommends psychological therapies as part of a stepped-care model for treating common mental health disorders. This means providing the least intrusive, most effective intervention first, and monitoring progress and outcomes to ensure the person moves to a higher step if needed. NHS England's IAPT programme delivers psychological therapies in line with these recommendations.

### The number of people who entered treatment after referral to IAPT services, England



The programme began in 2008 and [NHS Digital](#) has published annual data since 2012. The number of people receiving NICE-recommended psychological therapies through the IAPT programme has more than doubled since then, from around 435,000 in 2012/13 to over 1 million in 2017/18.

The Five Year Forward View for Mental Health highlights that, at the time of publication in 2016, around 15% of people with anxiety and depression were being seen by IAPT services. NHS England [plans to extend](#) that to 25%, so that at least 1.5 million adults each year will access NICE-recommended care by 2020/21. The NHS Long Term Plan commits to an additional 380,000 adults being able to access IAPT services by 2023/24.

## IAPT for people with long term health conditions and medically unexplained symptoms

NICE's guideline on [depression in adults with a chronic physical health problem](#) highlights that depression is approximately 2 to 3 times more common in people with a chronic physical health problem than in people who have good physical health.

The Five Year Forward View for Mental Health recommended that delivering psychological therapies to people with long term conditions should be prioritised in the expansion of IAPT.

In response, NHS England has introduced a requirement for all clinical commissioning groups

to offer IAPT services integrated with physical healthcare pathways.

To help with implementation, an [IAPT pathway](#) for long term physical health conditions and medically unexplained symptoms has been commissioned by NICE on behalf of NHS England. This sets out the treatment pathway underpinning the [access and waiting time standards](#). It references NICE recommendations and provides evidence on what works, as well as local case studies of service-led examples that describe how to make IAPT for long term conditions a reality.

50

digital therapies presented to IAPT expert panel

13

digital therapies assessed as eligible for the programme

5

IAPT assessment briefings published

3

digital therapies recommended for evaluation in practice

## Digitally enabled therapies

The Five Year Forward View for Mental Health: [One Year On](#) highlights that digitally enabled therapies present an opportunity to broaden access to IAPT services and could help deliver NHS England's plans for IAPT expansion. NICE is working with NHS England to identify and assess digitally enabled therapies which offer the potential to expand IAPT services.

The new [digitally enabled therapy assessment programme](#) aims to identify good quality, evidence-based digitally enabled psychological therapies. The programme will use ongoing data collection in IAPT services to assess whether patient outcomes are at least as good as those achieved by NICE-recommended, non-digital therapy. It will also determine whether there are improvements in service efficiency by saving therapist time.

NICE is leading the first phase by selecting and assessing digital therapies. Each digital therapy is assessed on its therapeutic content, clinical evidence, expected resource impact and whether it meets NHS Digital's [digital standards](#). After reviewing the [assessment evidence](#), NICE's IAPT expert panel decides whether the digital therapy is suitable for the evaluation in practice phase or not. They can also recommend that it needs further development.

Digital therapies which are recommended for the evaluation in practice phase will be assessed in selected IAPT services for up to 2 years. The outcomes of this evaluation will help services choose high quality, evidence-based products which are cost-effective and achieve good outcomes for those who wish to access therapy in this way.

## IAPT for people from black, Asian and other minority ethnic groups

NICE's quality standard on [promoting health and preventing premature mortality in black, Asian and other minority ethnic groups](#) draws attention to areas of inequality, including increased health risks, poor access to and experience of services, and worse health outcomes. One area of inequality highlighted in the quality standard is mental healthcare.

Historically, surveys have suggested that fewer people from black, Asian and other minority ethnic groups have accessed

# 51%

of all people moved to recovery after completing IAPT treatment

# 46%

of people from a black, Asian or other minority ethnic group moved to recovery after completing IAPT treatment

mental health treatment. In 2014, NHS Digital's [Adult Psychiatric Morbidity Survey](#) found that 14% of people with a white British family background said they were receiving treatment at the time of the interview, compared to only 7% of people from minority ethnic groups.

[More recent data](#) show that rates of IAPT treatment completion and recovery vary by ethnicity. In 2017/18, around 43% of all people referred to IAPT went on to complete treatment. However, for people from black, Asian or other minority groups who were referred, only around 37% completed treatment and recovery rates were poorer.

The Five Year Forward View for Mental Health emphasised the need to tackle inequalities. To help address this, since 2017 NHS England's [Quality Premium](#) has included a focus on improving mental health outcomes for people from black, Asian and other minority ethnic groups. This payment is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services they commission.

To achieve this element of the payment, CCGs must show improvement in the recovery rate of people accessing IAPT services who are from a black, Asian or other minority ethnic group. Progress against this measure is now tracked in the quarterly [Mental Health Five Year Forward View Dashboard](#).

## Improving access to mental healthcare for women of south Asian family origin

To help reduce mental healthcare inequalities, NICE's quality standard on promoting health and preventing mortality in black, Asian and other minority ethnic groups states that people from these groups should be able to access mental health services in a variety of community-based settings.

Birmingham and Solihull Mental Health NHS Foundation Trust identified that there were barriers to accessing mental healthcare for women of south Asian family origin. They adapted their IAPT service by developing a culturally sensitive treatment group, described in a NICE [shared learning example](#).

The group-based intervention, delivering care in line with NICE recommendations, is facilitated by psychological wellbeing practitioners who speak Hindi, Urdu, Punjabi or Bengali. Sessions are held in community centres in order to reduce the stigma and overcome reluctance to engage with mental health services.

Analysis of recent sessions showed a recovery rate of 54% for those who entered treatment with mild to moderate symptoms. A feedback exercise found that 95% of the women who took part in the groups reported having a positive experience.

# Severe mental illness

People with severe and prolonged mental illness are at risk of dying on average **15 to 20 years earlier** than other people. Good physical healthcare and access to evidence-based treatments are important to reduce this health inequality.

*People with severe mental illness have psychological problems that may severely impact on their ability to engage in functional and occupational activities. Severe mental illnesses include schizophrenia, bipolar disorder and other psychoses.*

*More people are starting treatment early for a first episode of psychosis since the introduction of a waiting time standard based on NICE guidance. Monitoring of physical health is improving but there is still more to do, and there appear to be opportunities to increase the delivery of psychological therapies as recommended by NICE.*

NICE's guidance on the prevention and management of **psychosis and schizophrenia** aims to improve care through early recognition and treatment, and by focusing on long-term recovery. Our guidance on recognising, assessing and managing **bipolar disorder** aims to improve treatment and quality of life, and NICE guidance on **depression** covers the treatment of people with complex and severe depression, which may include psychotic symptoms.

Severe mental illness affects around 0.9% of the population and numbers appear to be growing. Over **550,000 people** registered with a GP had a diagnosis of schizophrenia, bipolar affective disorder or other psychoses in 2017/18, an increase of over 50,000 since 2014/15. **Recent analysis by PHE** confirms that severe mental illness is more prevalent in people living in the most deprived areas.



***Over half a million people registered with a GP have been diagnosed with a severe mental illness***

To improve outcomes for people with severe mental illness, the **Five Year Forward View for Mental Health** priorities include meeting physical health needs, increasing access to psychological therapies and ensuring rapid access to a NICE-recommended care package for people with a first episode of psychosis. To deliver these priorities, the **NHS Long Term Plan** sets out a commitment to introduce a new and integrated community-based offer which will include access to psychological therapies, improved physical healthcare, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.

In this section, we review what we know about the uptake of NICE recommendations underpinning many of these priorities.

## Early intervention in psychosis services

Psychosis and schizophrenia are mental health conditions that affect how a person thinks, feels and behaves. The main symptoms are hallucinations such as hearing voices or seeing things which are not really there, and delusions such as believing something is real or true when it is not. These are called psychotic symptoms.

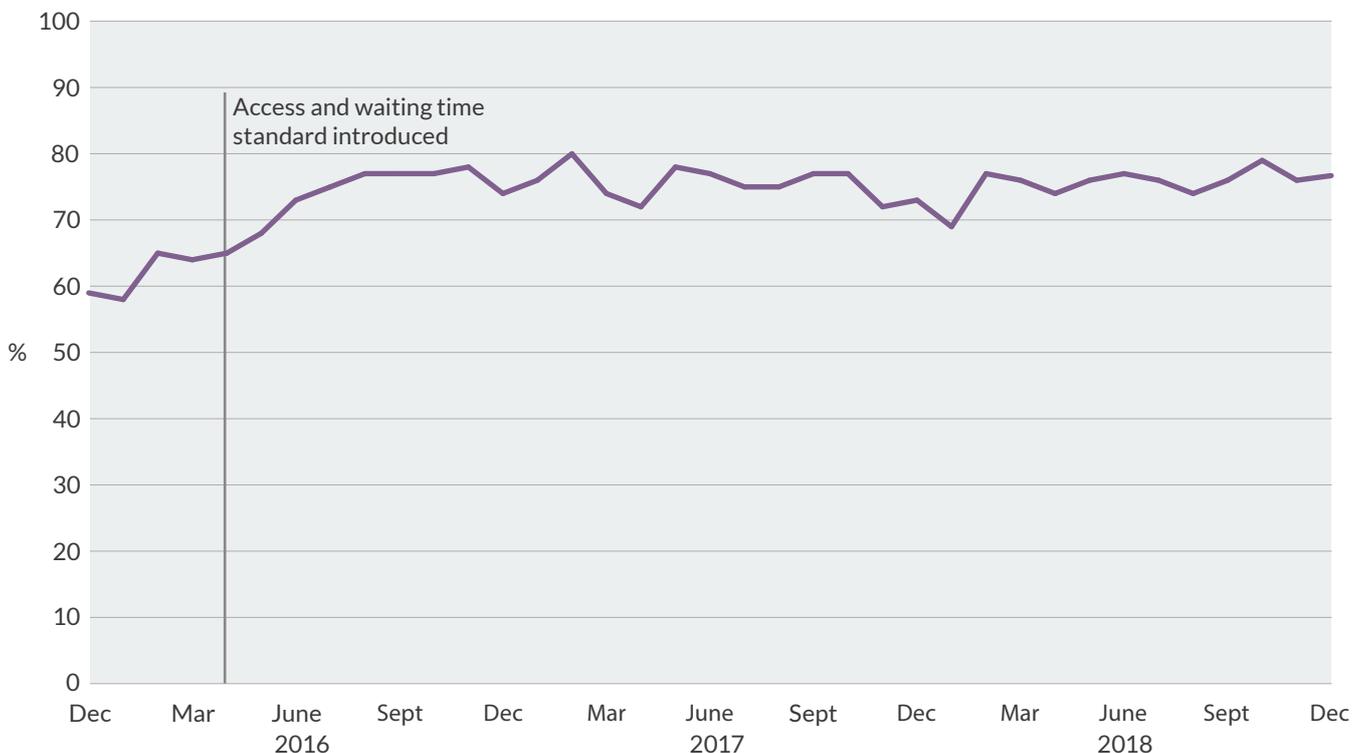
For most people the symptoms start when they are young adults, but they can happen at any age. The first time a person has these symptoms is called a first episode of psychosis.

The NICE quality standard on [psychosis and schizophrenia](#), published in February 2015, states that adults with a first episode of psychosis should start treatment in early intervention in psychosis services within 2 weeks of referral. This is because the sooner people are able to access evidence-based treatments after the onset of psychosis, the better the outcomes they achieve.

In 2014, NHS England established a programme to introduce evidence-based care pathways and [waiting time standards](#) across mental health. The care pathways are commissioned by NICE on behalf of NHS England, and each pathway references relevant NICE recommendations and quality standards.

The [early intervention in psychosis pathway](#), and access and waiting time standard, was the first published in April 2016 and reflects the NICE quality standard. The access and waiting time standard requires that more than 50% of people experiencing a first episode of psychosis are treated with a NICE-approved care package within 2 weeks of referral, increasing to 60% by 2020/21. Data from [NHS England](#) show that, since the introduction of this standard, the percentage of people starting treatment within 2 weeks as recommended by NICE has increased from around 65% to around 76%.

**The percentage of people who started treatment for early intervention in psychosis within 2 weeks of referral, England**



The second element of the access and waiting time standard is that all early intervention in psychosis services should be delivering NICE-recommended care. [Implementing the Mental Health Forward View](#) laid out a year-on-year trajectory to achieve this. In 2016/17, all services met the trajectory by completing a baseline self-assessment against NICE standards. To track progress and improvements in delivering NICE-recommended care, early intervention in psychosis teams will continue to undertake an annual audit against NICE standards.

## The physical health of people with severe mental illness

A recent [PHE analysis](#) of primary care records found that people with severe mental illness have a higher prevalence of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), chronic heart disease, stroke and heart failure than the general population.

NICE's guidance on bipolar disorder, psychosis and schizophrenia recommends that people with these conditions should have a comprehensive physical health check at least annually. In 2014, NHS England added an indicator in line with these recommendations to the [Commissioning for Quality and Innovation](#) (CQUIN) scheme. To achieve this element of the payment, providers must carry out health assessments and deliver relevant treatments to people with psychoses.

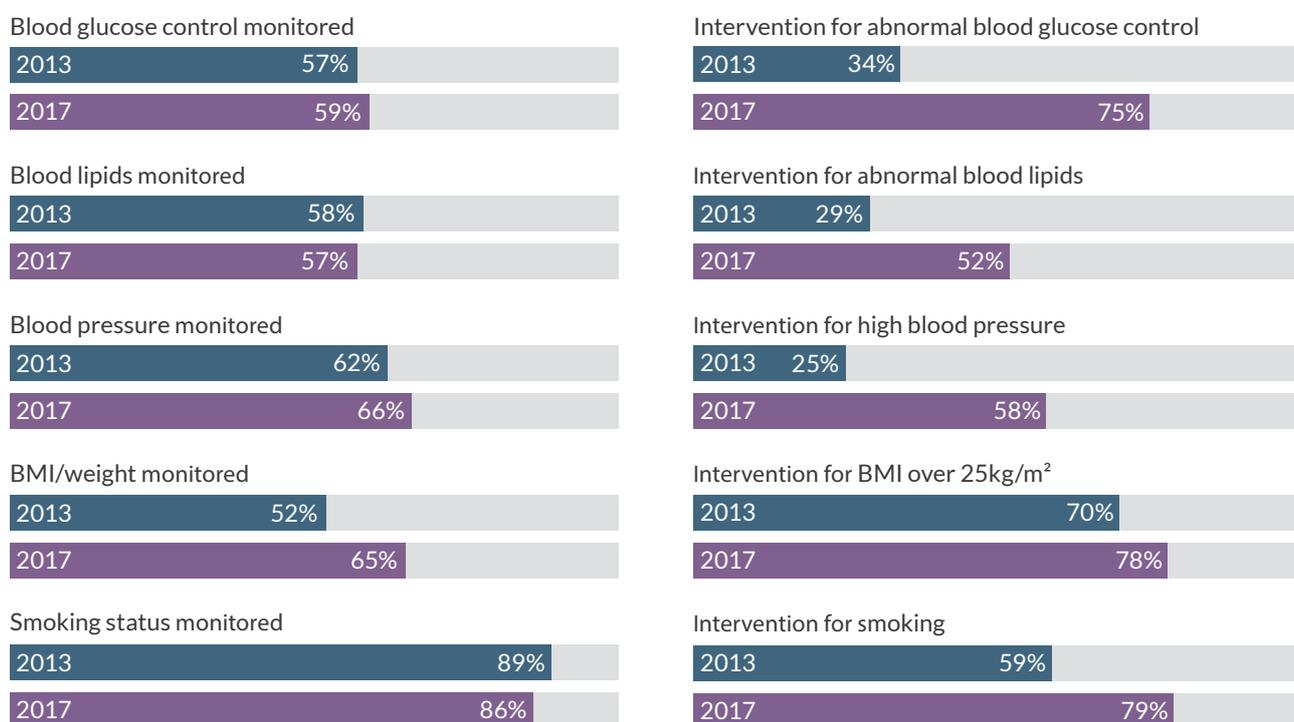
Data on the delivery of health checks and interventions are collected by the [National Clinical Audit of Psychosis](#) and a [bespoke CQUIN audit](#) carried out by the Royal College of Psychiatrists. The CQUIN indicator identifies 5 cardiovascular disease (CVD) risk factors which should be monitored: smoking status, BMI, blood glucose control, blood lipids and blood pressure. The audit reviewed the case notes of nearly 8,000 adults living in the community with a diagnosis of schizophrenia or schizo-affective disorder. In 2017, 42% had monitoring of all 5 factors, up from 34% in 2014.

Monitoring of most of the individual risk factors has increased, although some remain less well monitored. The audit also collected data on whether interventions are delivered when risk factors are identified and found variation between rates of different interventions. However, all intervention rates have increased substantially since 2013.

*Many different factors may contribute to higher rates of physical illness in people with severe mental illness. Antipsychotic medication is linked to metabolic side effects including weight gain. Deprivation and lifestyle factors such as smoking, poor diet, substance misuse and a lack of exercise may also play a part.*

*Many of these factors are linked to an increased risk of cardiovascular disease (CVD), a general term for conditions affecting the heart or blood vessels. We looked at how NICE guidance is being used to identify and manage CVD risk, with a focus on people with severe mental illness, in our [NICEimpact CVD prevention](#) report.*

## The percentage of adults in the community with schizophrenia or schizo-affective disorder who received physical health monitoring and interventions, England and Wales



**2014**  
CG178 psychosis and schizophrenia in adults published

**2014**  
National CQUIN goal, improving physical healthcare in people with severe mental illness, launched

**2015**  
QS80 psychosis and schizophrenia in adults published

The audit also looked at the case notes of around 650 people with the same diagnoses receiving inpatient care. Monitoring rates were higher for this group. In 2017, 69% of people were monitored for all 5 risk factors and intervention rates ranged from 61% for high blood pressure to 91% for smoking.

Reducing premature mortality by improving physical healthcare for people with severe mental illness remains an NHS England priority. Funding has been made available to ensure that [at least 60%](#) of people who have severe mental illness receive NICE-recommended physical assessments and follow up from 2018/19 onwards. A new data collection has been established at clinical commissioning group level to monitor delivery against this.

## Severe mental illness and substance misuse

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicines, in a way that causes mental or physical damage. NICE's guideline on the [assessment and management of coexisting severe mental illness and substance misuse](#) highlights that approximately 40% of people with psychosis misuse substances at some point in their life, at least double the rate seen in the general population.

People with coexisting severe mental illness and substance misuse have [some of the worst](#) health, wellbeing and social outcomes. NICE's guideline on [community health and social care services for people with coexisting severe mental illness and substance misuse](#) makes recommendations on how services should address people's wider health and social care needs, as well as other issues such as employment and housing.

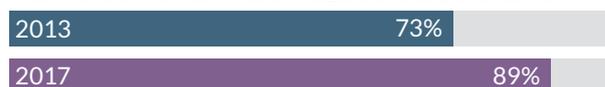
To help identify substance misuse, NICE recommends that healthcare professionals should routinely ask people with known or suspected psychosis about their use of alcohol or prescribed and non-prescribed medicines, including illicit drugs. Lifestyle factors, including alcohol and drugs, are included in the list of elements which should be monitored to meet the requirements of the national CQUIN indicator on improving physical healthcare in people with severe mental illness.

### The percentage of adults in the community with schizophrenia or schizo-affective disorder who received alcohol consumption and substance misuse monitoring and interventions, England and Wales

Alcohol consumption monitored



Intervention for harmful or hazardous use of alcohol



Substance misuse monitored



Intervention for substance misuse



#### 2014

National CQUIN goal, improving physical healthcare in people with severe mental illness, launched

The National Clinical Audit of Psychosis reported on the proportion of people living in the community who received monitoring for alcohol consumption and substance misuse. More people are now being asked about their alcohol consumption, and intervention rates have shown an encouraging increase since 2013.

Rates of monitoring and intervention were higher in people receiving inpatient care. In 2017, around 95% had their alcohol consumption and substance use monitored and over 90% received an intervention when relevant.

The Long Term Plan reiterates the need to integrate care for those who are most vulnerable and receive care from several organisations. NHS England is developing a community framework for mental health services to ensure people are receiving consistent, timely access to evidence-based care in the community, with improved care planning and co-ordination. They are also working closely with PHE to ensure adequate commissioning of substance misuse services by local authority partners.

## Alcohol screening and interventions for hospital inpatients

Prompted by the CQUIN goal on improving the physical health of people with severe mental illness, and with the aim of reducing alcohol-related harm in people with mental health conditions, South London and Maudsley NHS Foundation Trust has integrated NICE recommendations on alcohol screening and interventions into trust policies. They described their process in a NICE [shared learning example](#).

One of the actions taken by the trust was developing a course to give staff the knowledge and skills to conduct alcohol screening and deliver brief advice. It also ensured that staff know about, and can offer referral to, specialist substance misuse services. The trust adapted the electronic patient record so that progress could be monitored, and improvements in both screening and intervention rates were recorded.

## Psychological therapies for severe mental illness

The Five Year Forward View for Mental Health recommended increasing access to psychological therapies for people with psychosis, bipolar disorder and personality disorder. NICE recommends 2 types of therapy for adults with psychosis

or schizophrenia: cognitive behavioural therapy for psychosis (CBTp) and family intervention.

CBTp involves the person with psychosis or schizophrenia meeting a healthcare professional on their own to talk about their feelings and thoughts, which can help them to find ways to cope with their symptoms.

The National Clinical Audit of Psychosis found that, in 2017, just 26% of adults in the community with a diagnosis of schizophrenia or schizo-affective disorder were offered CBTp. Of those, 52% took up the offer.

**‘As a voice hearer and someone who experiences paranoia and “psychotic” experiences I have been able to access psycho-social intervention talking therapy this summer after being in the mental health system for 20 years. I have found it very, very useful in terms of understanding how so much of what I experience comes from extreme social anxiety and low self esteem’** Mind survey respondent\*

\*From ‘We still need to talk: a report on access to talking therapies’, Mind/We Need to Talk Coalition

Family intervention aims to support families to work together. It can improve coping skills and relapse rates of adults with psychosis and schizophrenia. The audit found that just 12% of adults in the community who were in contact with their family were offered family intervention, and 39% of those took the offer up. For nearly half the adults in contact with their family, there was no record of family intervention being offered or considered.

The questions in this audit have changed since 2013 so we do not know if there has been any improvement, and people receiving care from early intervention in psychosis services are not included in the audit sample. However, the data suggest that NICE-recommended psychological therapies for people with psychosis and schizophrenia are not widely delivered.

### **Supporting people to find or stay in work**

The Five Year Forward View for Mental Health describes employment and health as a virtuous circle: suitable work can be good for your health, and good health means you are more likely to be employed. NICE quality standards state that adults with bipolar disorder, psychosis or schizophrenia who wish to find or return to work should be offered supported employment programmes.

However, the National Clinical Audit of Psychosis found that only 11% of people in the community with schizophrenia or schizo-affective disorder were employed, a student, or in unpaid work. The [Care Quality Commission community mental health survey](#) found that less than a quarter of all people using specialist mental health services in 2018 said they had definitely been given help or advice with finding or keeping work.



***Fewer than 1 in 4 people using specialist mental health services said they'd been given help or advice with finding or keeping work***

NHS England has committed to doubling the reach of [Individual Placement and Support](#) by 2020/21. This employment support service is integrated within community mental health teams and offers an evidence-based programme which aims to help people with severe mental illness find and retain employment. The NHS Long Term Plan sets out an aim to extend access to 50% of the eligible population by 2028/29.

# People's experience of care

The [NHS Long Term Plan](#) sets out how the NHS will move to a new service model in which people get more options, better support, and properly joined-up care at the right time.

*CQC survey data suggest that people receiving care from community mental health services do not always feel they are as involved as they would like to be in decisions about their own care. More positively, fewer people are being sent out of their local area for acute care.*

NICE's guidelines and standards on specific mental health conditions make evidence-based recommendations with the aim of improving outcomes. Alongside these, NICE's [guideline](#) and [quality standard](#) on service user experience in adult mental health aim to make sure that all adults using NHS mental health services have the best possible experience of care.

## The experience of people using community mental health services

The [Five Year Forward View for Mental Health](#) highlights that 90% of adults with more severe mental health conditions are supported by community services. In line with NICE's quality standard, which states that views of service users should be used to monitor and improve services, the 2018 Care Quality Commission (CQC) [community mental health survey](#) looked at the experience of nearly 13,000 adults

using these services. The results provide information about people's views at a national and local level.

NICE recommends that people should be able to access services when they need them. However

the proportion of people who felt they had definitely seen NHS mental health services enough for their needs reduced from 47% in 2014 to 43% in 2018.

NICE guidance says that people receiving mental healthcare should be involved in shared decision making and jointly agree a care plan with mental health and social care practitioners.

### **'You need more intensive support when you come out of hospital. To go from all that, then you fall off a cliff and you're all on your own.'**

Focus group participant, from Mind's submission to the independent review of the Mental Health Act

### Did people using community mental health services think they were given enough time to discuss their needs and treatment?

Yes, definitely



Yes, to some extent



No



During shared decision making, it is important that:

- care or treatment options are fully explored, along with their risks and benefits,
- different choices available to the patient or service user are discussed, and
- a decision is reached together with a health or social care professional.

The CQC survey asks a number of questions about planning and involvement in decision making. Only 41% of people said that they had definitely agreed with someone from NHS mental health services what care they would receive, and just over half of those said they had definitely been as involved as much as they had wanted to be.

Overall, 71% of people using community mental health services reported that they were always treated with respect and dignity, a slight reduction from 74% in 2014. These results suggest that more could be done to involve people in decisions about their care and ensure that they have access

to community mental health services when they need them.

The NHS Long Term Plan lays out how new and integrated models of primary and community mental healthcare will support adults with severe mental illnesses.

Local areas will be supported to redesign and reorganise core community mental health teams. By 2023/24, 370,000 adults will have greater choice and control over their care, and be supported to live well in their communities.

**‘The community team kept in touch with me regularly while I was an inpatient. This helped me when I was discharged. I had and still have optimal support and feel completely involved in all my care.’**

Survey respondent, from Mind briefing, *Leaving hospital*

## Out of area placements

The NHS Long Term Plan commits to ending out of area placements for people who are seriously ill and need acute care by 2021. When people are treated for a mental health condition close to home, they are helped to retain the contact they want with family, carers and friends, and to feel as familiar as possible with the local environment.

NICE's guideline on [transition between inpatient mental health settings and community or care home settings](#) makes recommendations on out of area admissions. If a person is being admitted outside the area in which they live, mental health practitioners should work together to ensure that the placement lasts no longer than is necessary and is reviewed at least every 3 months.

[NHS Digital](#) collects data on the number of people who are sent out of area for mental healthcare because no bed is available for them locally. In October 2018 there were 645 of these placements active in England across 57 organisations. It is not possible to directly compare with previous months, when fewer organisations participated, but there does appear to be a reduction. In October 2017, there were 710 out of area placements active across 47 organisations.

## Experiences of physical healthcare

NICE's guidance on [patient experience in adult NHS services](#) aims to make sure that all adults using NHS services have the best possible experience of care. The CQC [adult inpatient survey](#) found that people in hospital for physical healthcare who also have a pre-existing mental health condition reported poorer experiences of care in many areas highlighted as important by NICE. The areas for improvement include information sharing, respect and dignity, coordination of care, confidence and trust, respect for patient centred needs and values, and perceptions of overall experience of care.

Some condition-specific national audits also consider whether there are differences in care. The [National Diabetes Audit](#) found that NICE-recommended care processes were received less regularly by people

with type 2 diabetes who also have severe mental illness than by the whole population of people with type 2 diabetes. However, when people with severe mental illness do receive care processes, they are no less likely to achieve treatment targets than all people with diabetes. More information about these data can be found in our [NICEimpact diabetes](#) report.

These data suggest that there is room for improvement in delivering physical healthcare to people with a mental health condition. The Five Year Forward View for Mental Health prioritises the integration of physical and mental healthcare, and NHS England has responded with initiatives such as expanding the provision of [liaison mental health services](#) in general acute hospitals.

# Spotlight on children and young people

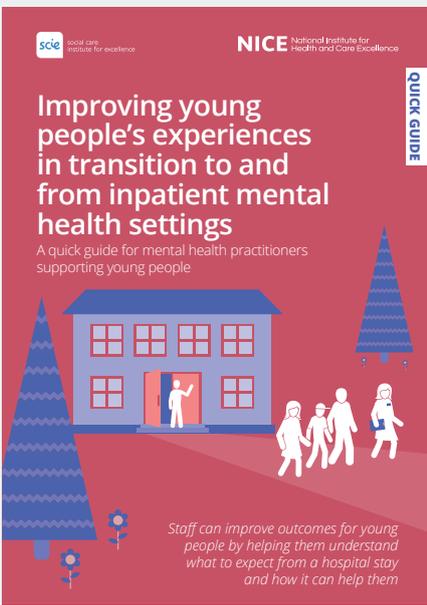
[Future in Mind](#), the report of the Children and Young People's Mental Health and Wellbeing Taskforce, estimates that half of mental health conditions in adult life start by the age of 14. Improving Children and Young People's Mental Health Services (CYPMHS) is a priority across health, education and social care.

In 2017, [1 in 8](#) children and young people aged 5 to 19 had at least 1 mental health condition. NICE's guidance and standards make evidence-based recommendations for the identification and management of a range of mental health conditions in [children and young people](#), including [depression](#), [psychosis and schizophrenia](#), and [antisocial behaviour and conduct disorders](#).

CYPMHS in England treated [nearly 325,000](#) people in 2017/18. NHS England report this is approximately 30.5% of children and young people with a diagnosable mental health condition, compared with an estimated 25% in 2014/15.

However, a [recent review](#) by the Care Quality Commission found that many children and young people experiencing mental health conditions do not get the care they require. The [NHS Long Term Plan](#) identifies young people's mental health services as an area of longstanding unmet need. It makes a commitment that funding for CYPMHS will grow faster than both overall NHS funding and total mental health spending.

NHS England will continue to expand access to community-based mental health services so that, by 2023/24, at least an additional 345,000 children and young people will be able to access support. The Department of Health and Social Care and the Department for Education have jointly published a [green paper](#) laying out plans which include funding new Mental Health Support Teams working in schools and colleges, and trialling a 4 week waiting time standard for access to specialist help.



The image shows the cover of a NICE quick guide. The title is 'Improving young people's experiences in transition to and from inpatient mental health settings'. Below the title, it says 'A quick guide for mental health practitioners supporting young people'. The cover features an illustration of a blue house with a red door, a person standing in the doorway, and a group of people walking away. There are also stylized trees. The NICE logo is at the top right, and the text 'social care Institute for excellence' is at the top left. A vertical label on the right side says 'QUICK GUIDE'. At the bottom, there is a quote: 'Staff can improve outcomes for young people by helping them understand what to expect from a hospital stay and how it can help them'.

To help mental health practitioners who work with children and young people deliver NICE's recommendations, we have produced a quick guide on [improving young people's experiences in transition to and from inpatient mental health settings](#). A webinar to support the quick guide is available from the [NICE website](#).

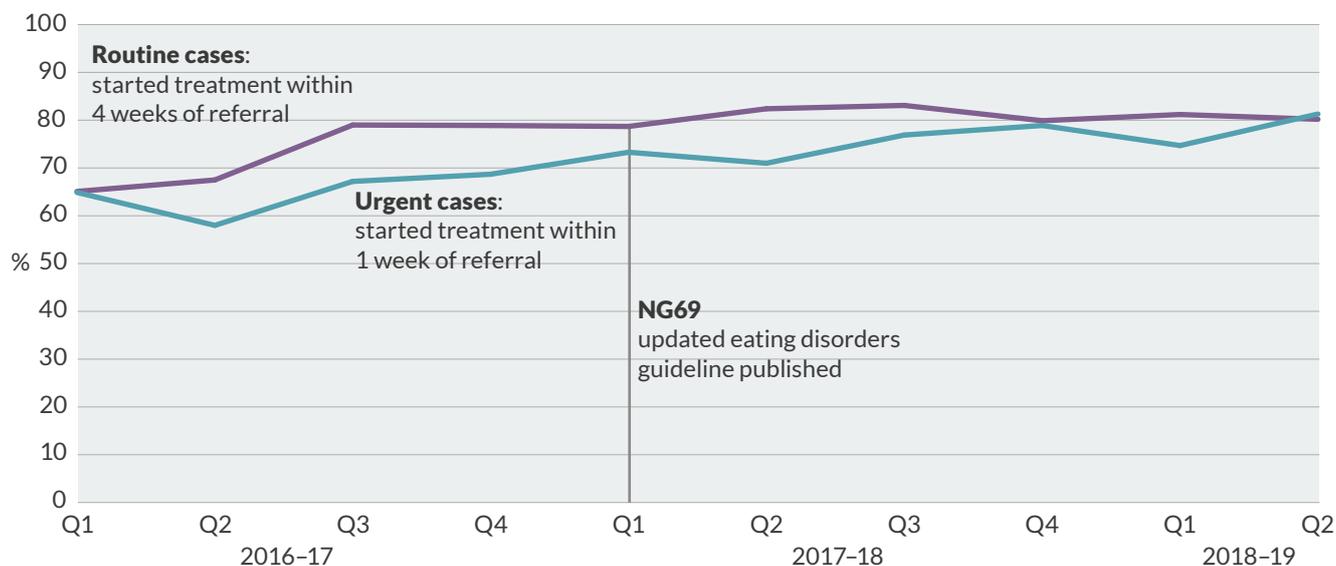
## Eating disorders in children and young people

Eating disorders are serious mental health conditions which most commonly start in adolescence. They can have severe psychological, physical and social consequences. NICE's guidance on [eating disorders](#) highlights the importance of early assessment and treatment. This is because people with eating disorders have better recovery rates and a reduced risk of relapse when they receive early intervention from eating disorder services. The NICE [quality standard](#) states that assessment and treatment should start within 4 weeks of referral for children and young people.

NHS England's [eating disorders pathway and waiting time standard](#) for children and young people was introduced in August 2015. It states that children and young people who are referred to eating disorder services should start treatment within 4 weeks, or within 1 week if the case is urgent.

[The percentage](#) of children and young people who started treatment within 4 weeks increased from 65% in quarter 1 of 2016/17 to 80% in quarter 2 of 2018/19.

**The percentage of children and young people starting treatment for an eating disorder within target waiting times, England**



The Parliamentary Health Ombudsman Service report [Ignoring the Alarms](#) identified areas of focus to improve care and treatment for people with an eating disorder. NICE has been working with national partners to support delivery of the report's recommendations. Our quality standard on eating disorders underpins this work, which covers early access, treatment options and coordinated care for children and young people transitioning to adult services.

# Commentary

Paul Farmer, February 2019



*Paul Farmer is the Chief Executive of Mind.*

In recent years the Government and NHS have recognised the need to invest in mental health services to close the treatment gap with physical health services. The Five Year Forward View for Mental Health (FYFVMH) should be seen as a first step towards parity of esteem and has been successful in preventing a catastrophic failure of mental health services.

The NHS Long Term Plan makes mental health a key focus and promises sustained investment. This should enable thousands more people to access the right support at the right time. Successful implementation will depend on local areas matching the national commitment to improve services on the ground, funding reaching frontline services and an expansion of the mental health workforce to enable delivery.

NICE's guidance plays an important part in this by setting clear standards and expectations of the quality of care that should be provided. This impact report shows how levers within the system are used to drive their implementation.

There is already progress being made in some key areas. IAPT has been groundbreaking in its rapid acceleration of access to psychological therapies for the general public; targets for achieving waiting time standards for early intervention in psychosis are being exceeded; out of area placements appear to be reducing. There are also some improvements in the physical health checks for people with severe mental illness.

However, there are still issues with these services – IAPT services need to engage with people from black, Asian and other minority ethnic groups and become more flexible to meet their needs, we need assurances of quality in early intervention in psychosis services as well as reach, and we are still a long way from the elimination of out of area placements by 2020/21 – too many people are still sent miles from home at a time when they are most in need of the support of family and friends and familiar surroundings.

Other areas are seeing less progress and there's much more to do on these. As the impact report shows, people with severe mental illness need much better access to psychological therapies, and there is clearly more to do to close the mortality gap between people with severe mental illness

and the rest of the population, and to ensure that people's drug and alcohol use is addressed alongside their mental health problems. Shortcomings in community mental health services mean that too many people are having to reach crisis point before they get the services they need. People's lack of involvement in their care echoes themes in the recent independent review of the Mental Health Act, whose recommendations may give impetus to improved practice. And finally, the crisis in children and young people's mental health is only just beginning to be addressed.

Across our mental healthcare system nothing short of transformation is needed – the Long Term Plan and FYFVMH, working with NICE and everyone who uses and works in mental health gives us the opportunity to start that process. The proof of delivery will be in the experiences of people trying to access the services they need.

We would like to thank Professor Tim Kendall, National Clinical Director for Mental Health, and the Mental Health Team at NHS England for their input. We would also like to thank Mind for their contributions to this report.

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