

NICE guidance and current practice report
May 2017

Mental health



Introduction

1. Since 2002 and the publication of our first clinical guideline, on schizophrenia, NICE has produced an extensive suite of evidence-based guidance and quality standards to support the identification, treatment and management of mental health conditions. Our guidance covers common and severe conditions in adults, children and young people. Improving mental health care is a key objective for the NHS in England, identified in the [NHS Five Year Forward View](#), and our evidence-based recommendations underpin many of the policies developed to respond to this challenge.
2. The [Five Year Forward View for Mental Health](#) taskforce report highlights that 1 in 4 adults experience at least one mental health problem in any given year, and that mental illness is the largest single cause of disability in the UK. Access to, and the quality of, mental health services topped the [public's health and care priorities list](#) compiled by Healthwatch. The recent publication [Next Steps on the NHS Five Year Forward View](#) confirms that mental health care remains a priority area for the NHS, with a number of key improvements targeted for the next 2 years. We have therefore chosen to look at the uptake of our recommendations in this national priority area.
3. In this report, we have focused on NICE recommendations which underpin some of the achievements and areas highlighted as future priorities in Next Steps on the NHS Five Year Forward View. We recognise that the health and social care system is enormously complex and there are many factors which influence changes in practice and outcomes, one of which may be uptake of NICE recommendations. We have identified increased uptake and areas where there is scope for further improvement, and we have reviewed how NICE is supporting the delivery of these priorities through engagement at a national and local level.

Key findings

- The number of people receiving **psychological therapies** for common mental health conditions has **more than doubled** in the last 4 years.
- The percentage of people accessing **early intervention in psychosis** services within 2 weeks of referral has **risen from 64% to over 80%** in the last year.
- In general practice, recording of a limited number of **physical health checks** for people with severe mental health conditions has **slightly dropped** over the last 4 years.
- Nearly **three quarters** of community mental health service users felt that they were always treated with **respect and dignity**. However **just over half** felt that they were involved as much as they wanted to be in **decisions about their care**.

Findings

Improving physical health in people with severe mental illness

4. The NICE quality standards on [psychosis and schizophrenia](#) and [bipolar disorder](#) recommend that adults with these conditions have physical health assessments, to enable health and social care practitioners to offer physical health interventions if necessary. This is important because, as the Five Year Forward View for Mental Health taskforce report highlights, people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people, and two thirds of these deaths are from avoidable physical illnesses.



Next steps: "*Better physical health for people with mental illness. An extra 140,000 physical health checks for people with severe mental illness in 2017/18, rising to 280,000 health checks in 2018/19.*"

- Next Steps on the NHS Five Year Forward View

National engagement: the NICE field team

Through their contacts with the NHS England mental health clinical policy and strategy team, the NICE field team of implementation consultants were able to provide support to national work supporting the improved physical health of people with severe mental illness.

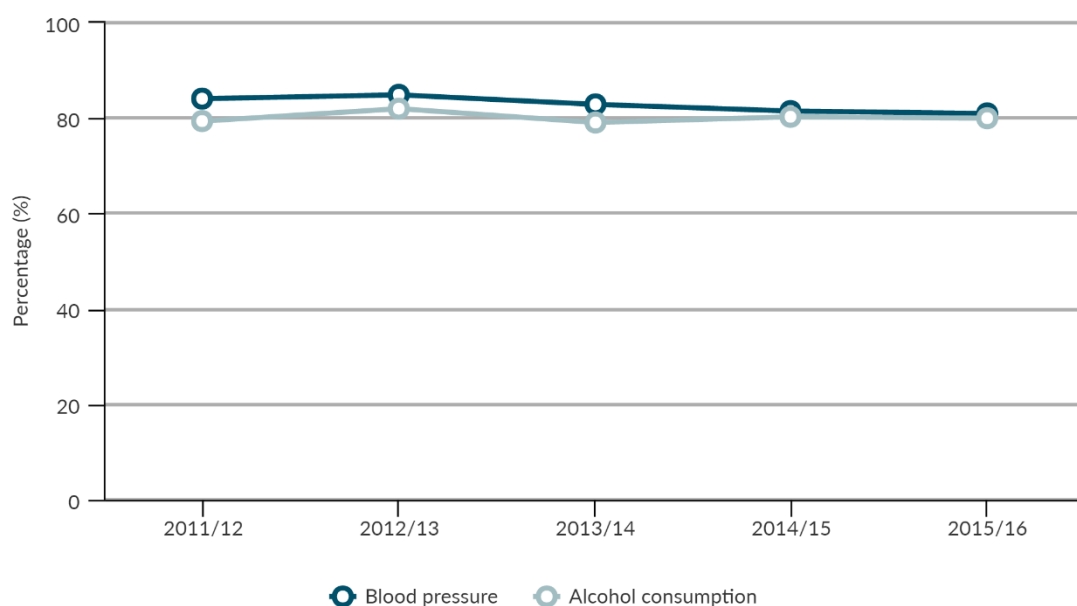
The NHS England programme lead for physical health of people with severe mental illness asked us to contribute to a national resource to support CCGs with physical healthcare assessments, following the announcement of £40m investment to support GPs with the care of patients with severe mental illness. This resource aimed to articulate the standards which services should meet in relation to improving physical health assessment, and interventions and best practice with regards to implementation and delivery. It drew heavily on NICE guidelines and quality standards and demonstrated how these could be incorporated into different models of care. As part of this, NICE were also able to advise NHS England on indicators that might be used to support ongoing work with GPs around physical healthcare of people with severe mental illness, such as quality standard statements and other indicators developed by NICE.

We also contributed information about relevant support tools and resources from NICE to go into the national CQUIN guidance on the physical health of people with severe mental illness. As the national CQUINS are mandatory for all NHS Trusts they are a great catalyst to support the uptake of NICE guidance and quality standards.

5. Achievement data for indicators developed by NICE and included in the 2015/16 [Quality and Outcomes Framework](#) (QOF) show that, in general practice, **over 80% of patients with schizophrenia, bipolar affective disorder and other psychoses**

have a record of blood pressure in the previous 12 months, although this figure has been showing a slight downward trend since 2012/13. A slightly lower percentage have a record of alcohol consumption. However, cholesterol, blood glucose and body mass index recording were retired as QOF measures in 2014, so recent QOF achievement data for these indicators are not available.

Chart 1: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure and alcohol consumption in the preceding 12 months, 2011 to 2016



Source: NHS Digital, Quality and Outcomes Framework

6. From April 2017, NHS England is providing investment and developing a national resource to support primary care in improving the physical healthcare of people with severe mental illness (see [National engagement: the NICE field team](#)). This is expected to cover more than the limited number of health checks incentivised in the QOF and we hope will support increased uptake of our recommendations in this area.
7. From 2017/18, 'improving physical healthcare to reduce premature mortality in people with serious mental illness' has been identified as a national [Commissioning for Quality and Innovation](#) (CQUIN) indicator. In line with NICE recommendations, all patients with psychoses receiving treatment from secondary mental health services should receive comprehensive physical health checks. Performance against this indicator will be published in the [Mental Health Five Year Forward View Dashboard](#).

Service user experience

8. In 2011, NICE published a [guideline](#) and [quality standard](#) on service user experience in adult mental health services, with the aim of ensuring that all adults using NHS mental health services have the best possible experience of care.



Achievement: "120,000 more people getting specialist mental health treatment this year than 3 years ago..."

- Next Steps on the NHS Five Year Forward View

9. The [Public Health Outcomes Framework](#) reports that the proportion of adults in England who are in contact with secondary mental health services has increased from 4.2% in 2008/09 to 5.4% in 2014/15. The Five Year Forward View for Mental Health taskforce report highlights that 90% of adults with more severe mental health problems are supported by community services. As the number of people receiving treatment from specialist services increases, we have looked at the results of the 2016 [CQC community mental health survey](#) to consider service user experience.
10. The CQC survey found that 74% of community mental health service users felt that they were always treated with respect and dignity by NHS mental health services. In line with the NICE recommendation to jointly develop a care plan and review it, 73% of service users reported having a formal meeting with someone from NHS mental health services to discuss how their care is working in the previous 12 months.
11. NICE recommends that people using mental health services are actively involved in shared decision making and supported in self-management. The CQC survey found that 56% of community mental health service users felt that they were definitely involved as much as they wanted to be in agreeing what care they would receive, and **53% felt that they were definitely involved as much as they wanted to be in decisions about which medicines they would receive.**

Local practice: medicines and prescribing associates

One NICE medicines and prescribing associate in Cornwall has developed a project to improve shared decision making and self-management, focused on people with long term conditions receiving employment support allowance. Participants were offered group and then individual sessions on their medicines, including an introduction to NICE guidance. Analysis of feedback from 28 people who had an individual session showed that the top 5 issues discussed were mental health problems (13/28); suicidal ideation (5/28); use of non-prescribed medicines, including borrowed and illicit substances (5/28); anger issues (5/28); and previously unreported risk or safeguarding issues (3/28).

Following the sessions, participants were signposted to resources, advised on dosages, side-effects, interactions or options for opioid switches, or recommended to ask for a clinical medicines review.

The study used the Warwick Edinburgh Mental Wellbeing Scales to assess if mental wellbeing improved over the course of the project. In 30 participants, the average score at the beginning of the course was 41.1 and afterwards the average was 47.4. A difference of 3 to 8 points is considered meaningful. The study showed an average increase of 6.3 points, demonstrating that 'mental wellbeing improved over the course of the project'.

Early intervention in psychosis

12. The [NICE quality standard on psychosis and schizophrenia](#) recommends that adults with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral. These services can improve clinical outcomes such as admission rates, symptoms and relapse.
13. Following the identification of mental health care as a priority area in the NHS Five Year Forward View, NHS England established a programme to introduce evidence-based treatment pathways (EBTPs) and waiting time standards across mental health. EBTPs are commissioned by NICE on behalf of NHS England, and each pathway references relevant NICE recommendations and quality standards.

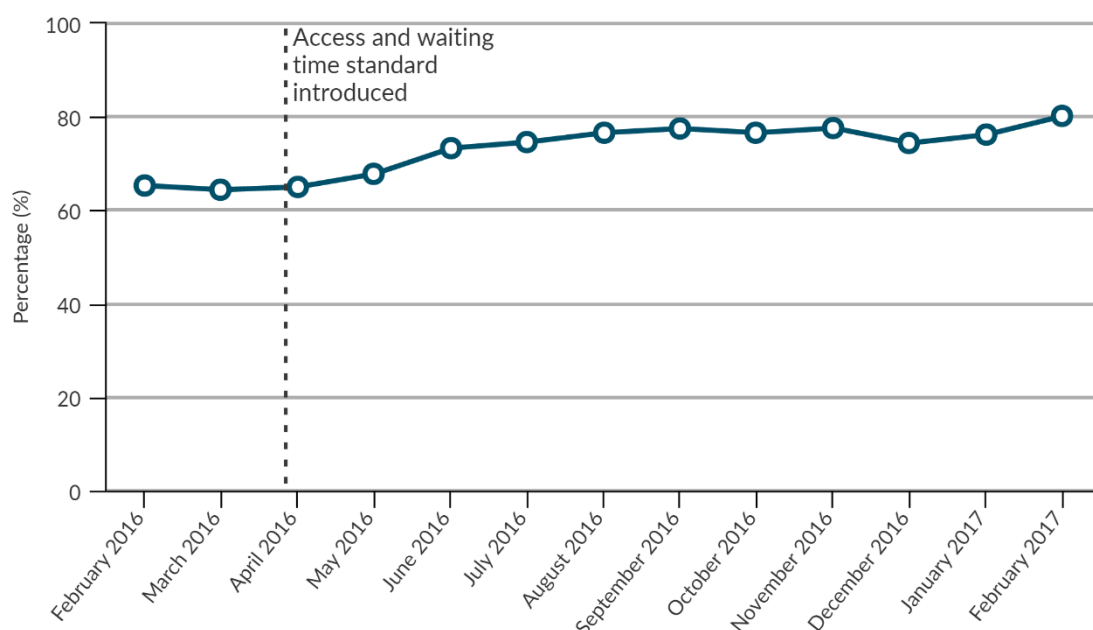


Achievement: "This year the NHS has introduced, and met, the first ever national waiting times standards for mental health services, 25 years after targets were set for surgical operations."

- Next Steps on the NHS Five Year Forward View

14. The first EBTP, early intervention in psychosis, was published in April 2016. The [access and waiting time standard](#) states that from 1 April 2016 more than 50% of people experiencing a first episode of psychosis will be treated with a NICE-approved care package within 2 weeks of referral. Since the introduction of this waiting time standard, **the percentage of people starting treatment within 2 weeks as recommended by NICE has increased from 64% to over 80%.**

Chart 2: The percentage of patients who started treatment for early intervention in psychosis within 2 weeks of referral, February 2016 to February 2017



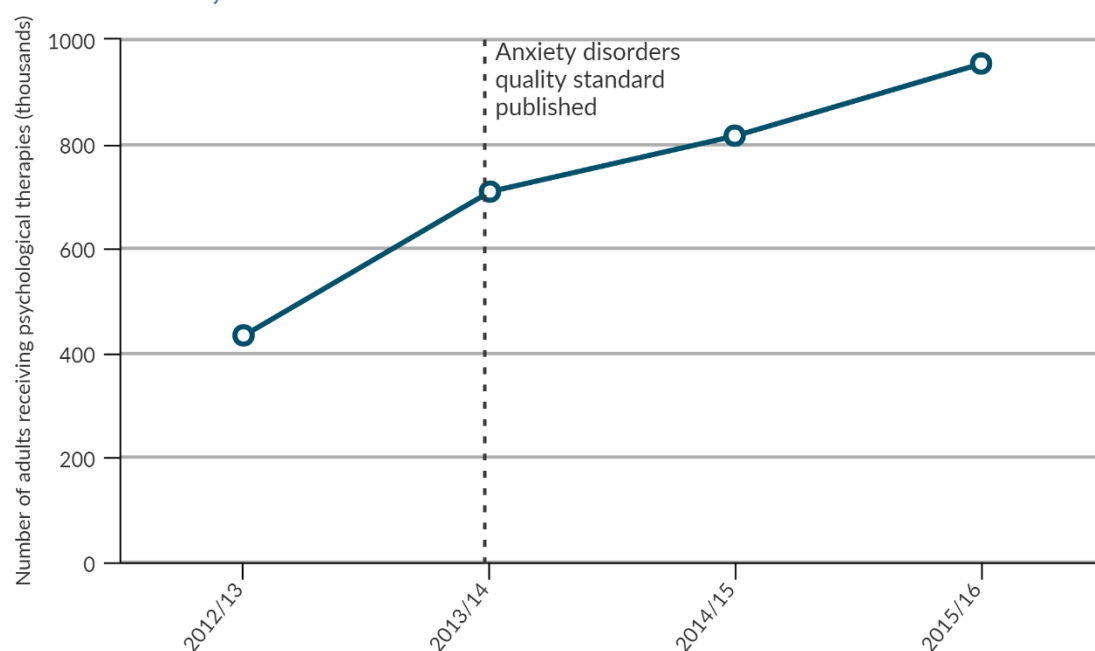
Source: NHS England, EIP Waiting Times Timeseries

15. Further EBTPs have been commissioned on topics including perinatal mental health, urgent and emergency care, and acute mental health. We hope that the Mental Health Five Year Forward View Dashboard, which has been developed to help monitor progress against the delivery of the Five Year Forward View for Mental Health, will allow us to track the uptake and impact of NICE recommendations which are included in these EBTPs.

Psychological therapies for common mental health conditions

16. The NICE guidelines and quality standards on [depression](#) and [anxiety](#) recommend the use of psychological therapies as part of a stepped-care model. Since 2008, NHS England's [Improving Access to Psychological Therapies](#) (IAPT) programme has offered NICE-recommended treatment to adults with these conditions. [NHS Digital](#) has been collecting data on the delivery of the programme since 2012. In this time, the number of people receiving psychological therapies for common mental health conditions through the IAPT programme, in line with NICE recommendations, has **more than doubled, from just over 434,000 in 2012/13 to more than 950,000 in 2015/16.**

Chart 3: The number of patients who entered treatment following referral to IAPT services, 2012 to 2016



Source: NHS Digital, IAPT dataset



Next steps: "*Big increase in psychological ('talking') therapies: 60,000 more people will get treatments for common mental health conditions by the end of 2017/18, rising to 200,000 more people getting care by the end of 2018/19 – an increase of over 20%. Alongside this, we are working with NICE to help facilitate faster access to new digital therapies.*"

- Next Steps on the NHS Five Year Forward View

17. NHS England has committed to increasing the number of people receiving psychological therapies in the next 2 years, and we will continue to monitor uptake of our recommendations in this area. To further improve access, NICE has been commissioned by NHS England to assess selected, digitally enhanced therapies for depression and anxiety, to be delivered as part of a blended model of care. NICE will then evaluate whether outcomes are at least as good as those for NICE recommended non-digital therapy.

Summary

18. The Next Steps in the Five Year Forward View publication highlights some positive progress but mental health care remains a priority area for improvement. The data in this report show that NICE's recommendations relating to psychological therapies for people with common mental health conditions and access to early intervention in psychosis services have seen improvements in uptake as these areas have become high priorities in the NHS.
19. However, data from the Quality and Outcomes Framework and the CQC community mental health survey show that there is scope for improvement in the uptake of NICE guidance relating to the physical health of people with severe mental illness and in service user experience. We will draw these findings to the attention of our system partners and continue to engage at a national and local level to encourage increased uptake of our recommendations.