NHS Boards are now half way through the first year of implementation of the HEAT target ‘Deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological therapies from December 2014’.

We felt it would be a good time to capture the perspective of what the target means to different people, the benefits it will bring, and the challenges they face.

Service User

Improved access to psychological therapies for those of us who use mental health services is very much to be welcomed. I am therefore extremely pleased to be involved as a service user representative on the working group that is overseeing and monitoring the implementation of this important initiative. I see the widening of access to psychological therapies as an important step in increasing choice for service users.

For many people the use of prescription drugs will continue to form a part of their journey to recovery, but this should not be the only approach to treating mental health conditions. Many of us know to our cost the impact that the side effects of these drugs can have on our lives. Psychological therapies can complement, or in some cases possibly even replace, the use of medication.

I know from talking to service users with a whole range of mental health diagnoses that cognitive behavioural therapy (CBT) and other forms of psychological therapies can have a positive impact on their lives. Treatment can help on the road to recovery, and, just as importantly, assist those who are well to stay well.

But I also know many other people from across the country who have so far been unable to access the services they need, or who have waited so long for treatment to start that their condition has not allowed them to make the most of the opportunity. And I have personal experience of this: my GP referred me for cognitive behavioural therapy some ten months ago. I have still to receive an appointment.

The target set for increased access will be a challenging one in many areas given the current state of public finances. Yet it can also be argued that this is an area where some initial investment can actually save money in the long term by keeping service users well and avoiding eventual hospital stays. It is in everyone’s interest to promote good health, and that is as true in the mental health sector as it is when dealing with physical health.

Service user organisations welcome the commitment from Government to this initiative. We know that it will benefit many of those who we represent. I look forward to working with colleagues from the Government and the Heath Service as we work towards the implementation of this initiative. It is sure to be an interesting and hopefully rewarding experience.

Gordon Johnston, VOX (Voices of Experience)
Psychological interventions are being delivered by a range of professionals, across a broad range of service areas. The number of Mental Health Nurses across Scotland who are delivering face to face, one to one therapies, described by the MATRIX (2011) as ‘high intensity’ (e.g. evidence based therapies such as CBT); where the Nurse is trained in a therapy model to Certificate level or higher, is valuable but relatively low. However, the engagement and input from Mental Health Nurses in delivering other equally beneficial interventions, which are described by the MATRIX as ‘low intensity’ e.g. Anxiety Management Techniques with individuals, or in group settings, Problem Solving Therapy, Behavioural Activation, or SPIRIT techniques (Chris Williams etc.) is paramount in enabling Health Boards to achieve the HEAT access target. This also ensures that as Mental Health Nurses we are meeting the priorities set out in Action 6 of the 3 R’s Refreshed (2011). Robust clinical supervision and increased training in psychological interventions will help ensure that Mental Health Nurses continue to develop a high level of psychological awareness, which can lead to further training on a well defined career pathway.

Mental Health Nurses working within Psychological Therapy Teams will be aware of the HEAT Target and the collaborative work involved in reaching this. However, Mental Health Nurses in other care areas might not be as exposed to the psychological therapies agenda. Therefore, it is important to acknowledge that some of the current terminology, which has been applied, for example ‘low and high intensity’ could lead some Nurses to the mistaken conclusion that some interventions are less beneficial than others, and therefore, will not apply to them or the Service Users they work with. This could in turn have the potential to mislead Nurses to assume that they are perhaps unable to influence the psychological therapies agenda. However, this is far from factual. In fact, the majority of individuals referred for psychological care require interventions such as those described above as ‘low intensity’, which can be highly beneficial and can often lead to Service Users not requiring ‘high intensity’ interventions and in some cases can help to reduce or prevent a possible hospital admission. As demand for psychological interventions continues to outstrip the capacity to supply, it is not alarmist to say that without the continued engagement of all Mental Health Nurses in the delivery of psychological interventions, at all intensity levels, there will be an increased risk in achieving the psychological therapies HEAT target.

Norma Cruickshank, Nurse Consultant Psychological Interventions, NHS Lanarkshire
Allied Health Professionals

Allied Health Professionals (AHP’s) support and have a valuable contribution to make to the HEAT waiting times for improving access to psychological therapies and share the vision of services across Scotland that respond quickly and effectively to the psychological needs of our population. There are different ways in which AHP’s can participate in supporting the target, and the examples below are intended to support discussions among AHP’s. Allied health professionals in this context are the arts therapists, dieticians, occupational therapists, podiatrists, physiotherapists and speech and language therapists.

Supporting the HEAT target through the matrix

Recommendation 7 of Realising Potential actively supports AHP’s to increase their delivery of evidence based psychological interventions. AHP’s across Scotland are now making use of new psychological therapy training opportunities, and by doing so, they add strength to the workforce that will directly support the HEAT target.

Examples of good practice that will impact on the HEAT target: -

- An Occupational Therapist (OT) and a nurse in Paisley deliver groups for older people in a hospital setting. The groups are based on Chris William’s (2001) Five Areas Approach for overcoming low mood. The patients are involved in the process of evaluation of these groups through using patient reported outcome measures (PROM’s)
  “we both find that we learn so much more about patients and gain a clearer picture of how each person is coping”

- Occupational Therapists in Lanarkshire are leading on the delivery of Behavioural Activation (BA) and the whole Occupational Therapist workforce in mental health are now working to complete the BA training package. The supervision structure developed, will support the introduction of this model for tier 2 (CMHT level). Roll out of BA in Lanarkshire will be monitored by the Mental Health allied health professional lead who will track the numbers of referrals over an initial 6 month period.

Supporting the HEAT target through the entire range of AHP activities

The concept of counting one set of therapeutic activities for the HEAT target and not counting another set is a challenging one for AHP’s. With this in mind; AHP’s should take care in the ways they value the benefits of some evidence based activities over the benefits of others.

For AHP’s, getting better at demonstrating the benefits of a diverse range of AHP activities, will involve getting smarter in the ways that we measure outcomes. If we were to restrict the range of standardised outcome measures used (rather that restrict the range of AHP activities), we could expect to improve our ability to measure, and compare the value of, even small single examples of good practice. It follows that a current Realising Potential AHP priority is to demonstrate the value of, and fully utilise the inclusive range of AHP activities to support this HEAT target.
Examples of good practice that will impact on the HEAT target:

- An AHP works with a person to explore a vocational need at a specific phase in their pathway though psychological therapy. As a result, an improvement in psychological wellbeing is linked directly to a new vocational opportunity.

- The Head of Arts Psychotherapies in NHS Grampian has implemented CORE outcome measures across the Arts Therapies Service in NHS Grampian and they are now able to demonstrate the effective outcomes of treatment across the domains in this measure.

Developing support the HEAT target through community networks

Where AHP’s in mental health workforce work in partnership and across organisational boundaries, AHP’s can seek out key people to find shared support for the tasks that will support this HEAT target.

Exploring new examples of good practice that will impact on the HEAT target

- As Social work Occupational Therapists in Highland prepare to be part of integrated services, they look for opportunities to develop skills to support people who have anxiety or depression. In their emerging new roles, Social work Occupational Therapists have the potential to increase the resources of early access to psychological interventions for anxiety and depression.

Occupational Therapists who work in social work have much to offer in relation to the HEAT target. The people they work with on a day to day basis include people who mental health services have difficulty reaching. AHP’s in mental health can look forward to mutual benefits from closely skill sharing with social work Occupational Therapists.

This target challenges all mental health professionals and community partners to work together to improve access to psychological therapies. For AHP’s this challenge involves sharing responsibility for identified needs and sharing responsibility for the design of quality solutions.

AHP’s can expect to continue to develop inputs within the multidisciplinary psychological therapies workforce. AHPs can expect to continue to develop AHP core activities while working to demonstrate where these activities are needed most. By proactively supporting community partners, AHP’s can expect to explore new roles and new ways of joint working that will add additional support to this HEAT target

Realising Potential:– An action plan for allied health professionals in mental health. 
http://www.scotland.gov.uk/Publications/2010/06/15133341/0

Sarah Muir, AHP Lead for Mental Health, NHS Highland
Programme Manager Perspective

The Psychological Therapies HEAT target is not solely the responsibility of an organisation’s Psychological Services. Responsibility for the psychological care of our patients can be said to lie with all health care professions and there are many nurses and AHPs who have been trained to deliver specific psychological therapies and are doing so with appropriate levels of clinical supervision. There are also many nurses and AHPs delivering psychological interventions or care with a particular psychological approach at a lower, but no less important, level of intensity. In many respects this level of psychological intervention allows for more highly specialised work to be targeted and resourced.

This HEAT target is also in place to promote the involvement of all health care professions in improving patient access to and progress through the health care systems we work in. Counting and understanding the reasons for the length of time from referral to treatment should be the catalyst to wanting to further understand what is happening within the systems we all work in and to inform the direction of further improvements – and this is something the whole team, not just one profession needs to be involved in. Focussing on making every step in the patient journey count, having data that translates into information, and routinely using outcome measures to illustrate the quality of the care we provide – are attributes that can be utilised by all to assist us in making the right choices as we continue to work to improve the access to our services for our patients.

Peter Kaminski, Management Support for Psychological Therapies, NHS Greater Glasgow and Clyde

Psychiatry

The impact of the Psychological therapies target will be considerable for psychiatrists as part of the mental health team. The inclusion of such a testing target in the HEAT process from 2011 will ensure that Health Boards pay increased attention to the development and delivery of all aspects of their mental health services.

Most Psychiatrists work as part of a wider network of services serving a local area. Many will have a direct relationship with psychological therapies teams or therapists. In some areas “one-door access” means that better access to psychological therapies will impact on numbers of referrals for psychiatric assessment and hence on psychiatry waiting times.

The developing Integrated Care Pathways include an assessment of suitability for psychological and/or psychosocial interventions as part of the generic care standards (standard 15). Improving access to psychological therapies will widen the treatment options that are readily available for many patients with a range of conditions of differing severity.

All disciplines involved in mental health need to work together to improve the quality of care delivered to those that need our services. Together we need to try and ensure that the focus of work to implement this target results in genuine service improvements delivering high quality interventions that compliment the overall range of mental health services across Scotland.

Dr. Alastair Cook, Vice Chair, Royal College of Psychiatrists in Scotland
Psychology

This target with its focus on the timely delivery of evidence based psychological therapy is both a challenge and an opportunity for psychologists. The target will place psychological therapies and mental health on the agenda for local Boards.

To meet the challenge we will need to make best use of existing resources and our expertise. The first step in doing this will be to have good data on demand, capacity, activity, waiting lists and outcomes. With the increased profile the HEAT target brings, our case for better IT and data support will be stronger. Our training as scientist practitioners means that we are familiar with the need for, and use of, high quality data.

Delivery of psychological therapy is not the sole responsibility of psychologists. However, we have the expertise and training to provide the knowledge and expertise to lead in the delivery of the target. As an innovating profession, we have the opportunity to be creative in looking at how we can maximise the provision of psychological therapies through training, consultancy and supervision. It is important that we provide the skills and governance to help the wider workforce to help meet the target.

Whilst we have a growing evidence base, a significant challenge is to investigate the most effective way of assessing suitability for therapy matched to need. We also need to evidence the effectiveness of the more complex interventions we provide when there is not an existing evidence base. For both of these issues, routine outcome measurement will be essential.

These are exciting times for psychology in the NHS, we have an opportunity to be at the centre of the development of improved access to psychological therapies. Our training in both therapeutic interventions and in research, equips us to provide invaluable expertise and leadership within our local Boards as well as nationally.

Mike Henderson, Clinical Psychologist, NHS Borders