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1. Introduction

This document provides guidance on when the clock starts and stops in relation to the HEAT target to provide faster access to mental health services by delivering 18 weeks referral to treatment for psychological therapies from December 2014.

This is the first Guidance and Scenarios document for the Psychological Therapies HEAT target. The document will be updated as measures are finalised.¹

2. Scope and definitions

What are Psychological Therapies?

Psychological therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning.² The target applies specifically to psychological therapies for treatment of a mental illness or disorder.

What is counted under the target?

Psychological therapies as defined above are counted. These include psychological therapies listed in the Matrix² and also those not listed but which clinicians decide are the most appropriate treatment to meet a patient’s needs. This will mean that at national and local level we have the information that will allow us to develop services to meet the need that exists.

When does the target apply?

The target applies:

- where the therapy is delivered to individuals or groups on a face-to-face basis, by staff trained to recognised standards, operating under appropriate supervision, in dedicated/ focused sessions;
- where the therapy is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client;
- to all ages (including CAMHS services);
- in inpatient as well as community settings;

¹ The Scottish Government is currently considering the application of the generic national waiting times guidance in relation to mental health and will be discussing further with key stakeholders before producing guidance specific to the PT HEAT target.

• in physical health settings where there is associated mental illness such as depression or anxiety, for example chronic pain and cancer;
• for substance misuse where there is associated mental illness;
• for learning disabilities where there is associated mental illness.

**When does the clock start and stop?**

The clock starts on the day the referral is received by the psychological therapies service and stops when the psychological therapy begins. The 18 week target applies to the whole 'pathway' from referral to treatment. The 'pathway' will more than likely involve some form of assessment or triage but the clock will have already started. The following examples are provided for illustration.

3. Scenarios

3.1 Straightforward scenarios

**Example 1a: A patient is referred by a Health Visitor**

A Health Visitor suspects that a patient with a long-term physical health problem has developed clinical depression, and writes a referral to the CMHT on 27th October. The referral is received and date-stamped on 31st October, and the patient is offered an appointment for assessment on 8th November. At the assessment appointment it is agreed that the patient is likely to benefit from a low intensity guided self-help intervention for depression, and an appointment with the self-help coach is offered for 22nd November. The patient attends the appointment, and treatment starts at that session.

The clock starts on 31st October, the day the referral was received, and stops on 22nd November, the day treatment starts.

**Example 1b: A patient is referred by a GP**

A patient visits the GP on Thursday 16th April for a consultation. In the course of conversation the patient asks for help in managing symptoms of anxiety. The GP sends a referral to the local CMHT on the day of the consultation. The letter is opened and date stamped by the CMHT on Monday 20th April. The CMHT invites the patient to attend an appointment on Monday 27th April. The patient attends and it is clear at this first appointment that the patient would benefit from psychological therapy. The treatment begins that day, during the first appointment.

The clock starts on 20th April as this was when the referral was received. The clock stops on 27th April.
3.2 Patients requiring specialist diagnostic assessment

If the assessment is purely investigative or diagnostic, and is an end in itself, then it is not counted under the target. However, during the course of such an investigation, which may stretch over a number of sessions, it may be identified that the patient would benefit from a formal psychological therapy for mental illness or disorder.

The intervention may be delivered by the clinician conducting the assessment, either concurrently with the ongoing assessment or when the assessment is concluded. In this case the clock starts when the need for therapy is identified, and stops as soon as the therapy begins.

Alternatively, the clinician conducting the assessment may choose to refer the patient for therapy to another service. In this case the clock starts when the therapy service receives the referral, and stops when treatment begins.

Example 2a: A specialist assessment service identifies the need for a psychological therapy and refers onward

On 25th January a patient is referred for an assessment for suitability for cosmetic surgery. The assessment takes place on 10th February, and during the session the psychologist identifies that the patient is suffering from body dysmorphic disorder, and would benefit from a highly specialist psychological intervention which cannot be delivered within that setting.

The psychologist refers the patient to a CMHT with a covering letter which details the problem and formulation, and requests that the patient skip the normal assessment process and be allocated directly to a highly specialist therapist. The letter arrives at the CMHT on 15th February and is date stamped. The patient is offered an appointment with the clinical psychologist on 28th February, and treatment begins on that day.

The clock starts on 15th February, the day the referral for the treatment of the mental illness is received by the CMHT, and stops on 28th February, the day treatment starts.

Example 2b: A specialist assessment service identifies the need for a psychological intervention and delivers the therapy

A patient is referred on Monday 20th April to a specialist neuropsychological assessment service for an assessment following a head injury. The referral is opened and date stamped on 23rd April. The patient starts their assessment on 30th April, and the assessment process runs over several sessions.

By the third assessment session - on 14th May - the psychologist has identified and clarified the precise nature of a memory problem which affects the patient and
requires intervention, and has also identified that the patient is suffering from depression. The psychologist initiates remedial intervention for the memory deficit and therapy for depression at the next session on 21st May.

The clock starts on 14th May and stops on 21st May.

### 3.3 Delays to treatment

The options following the scenario below are offered as examples of currently acceptable practice. As NHS recording systems develop and improve in preparation for the HEAT Target deadline, it is expected that the options below will be expanded and this Guidance will be updated to reflect acceptable practice.

**Example 3: A person is offered alternative psychological therapy to the one recommended because recommended treatment is not immediately available.**

A referral is received by a service, for example a CMHT, on Monday 20th April and an assessment for suitability for therapy is carried out on Monday 27th April. It is decided on 27 April that the patient would benefit from High Intensity CBT.

This is not immediately available so the patient is offered a low intensity therapy, for example CBT based guided self help, while the patient waits for the high level CBT to become available. The patient starts guided self help on Monday 11th May until a therapist is available to begin high intensity CBT treatment on 8th June.

a) The CBT clock starts on 20th April and stops on 8th June.

b) However, if the patient recovers sufficiently before 8th June and the clinician decides on 18th May that CBT is no longer necessary then the time elapsed on the high intensity CBT clock is not counted and the person is removed from that waiting list. Instead, the referral to treatment for the lower intensity therapy is counted and the dates from the receipt of the referral on 20th April to the start of therapy on 11th May are included.

### 3.4 Therapy delivered under supervision by families, carers or staff with patient not present

**Example 4: A family delivers psychological therapy under supervision**

A patient with a long-standing diagnosis of Alzheimer’s and their family are referred to the Older People’s psychological therapies service by the GP on 7th July because the patient has shown an increase in distressed behaviour. The team receives the

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3 This is delivered to a recognised protocol by a trained CPN under supervision - see “The Matrix“ p22
referral on 13th July, and it is date stamped. An appointment for assessment is offered for 22nd July, and at the assessment it is decided that the best approach is to work with the family to help them acquire the skills to manage the situation more effectively.

Family members are offered an appointment with the psychologist to begin to learn how to use elements of Positive Behavioural Support, under supervision, to help their relative and the family as a whole. They attend the first session on 9th August with the patient not present.

The clock starts on 13th July, the date the referral is received, and stops on 9th August, the day the intervention starts.

In this case the intervention, although it is intended to benefit the patient, is with the family rather than the patient themselves. However it is offered by a trained professional in a face-to-face setting, and so meets the criteria for the HEAT target.