OVERLAP BETWEEN THE ACCESS TO PSYCHOLOGICAL THERAPIES AND THE ACCESS TO DRUG AND ALCOHOL TREATMENTS AND CAMHS HEAT TARGETS

Introduction

There are 2 HEAT targets that overlap with the access to psychological therapies HEAT target:

- A11 – faster access to drug and alcohol treatments;
- A12 – faster access to specialist CAMHS services.

This paper summarises the issues we are currently exploring.

1. Faster Access to Drug and Alcohol Treatments

The A11 HEAT target is defined as:

- By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

The HEAT target for access to psychological therapies is intended to cover anybody who has a mental illness or disorder and who would benefit from an evidence-based psychological therapies. It does not matter which service delivers the psychological therapy from.

Where somebody is attending a substance misuse service they should receive treatment for the drug or alcohol problem within 3 weeks. That treatment could be a psychological therapy.

If somebody attending a substance misuse service has a co-morbid mental illness or disorder, and he or she is assessed as being suitable for a psychological therapy, both HEAT targets apply. There are 2 scenarios:

- If the first treatment provided for the substance misuse is a psychological therapy, it would “count” for both targets and would have to be recorded for both targets. Clearly if the 3 week target is met, it is met for the 18 week target too.
- If the first treatment provided for the substance misuse is not a psychological therapy e.g. methadone treatment, that “stops the clock” for the 3 week target. However, if the same person is also assessed as being suitable for a psychological therapy for the co-morbid mental illness or disorder, the 18 week target also applies.

Proposed Developments

Measurement of waiting times
A web-based system has been developed for measuring the A11 drug and alcohol treatment target. ISD is exploring the scope to develop the system so it is possible to capture data to monitor the psychological therapies HEAT target for those people receiving drug and alcohol services.
Psychological Therapies and Alcohol and Substance Misuse

The Psychological Therapies HEAT Target Stakeholder Reference Group discussed the overlap between the psychological therapies and the drug and alcohol HEAT targets. They identified a number of issues in relation to service development, including how well staff are equipped within substance misuse services to identify co-morbidities, and capacity of substance misuse services to deliver psychological therapies.

The Substance Misuse Sub-Group of the Psychological Therapies Group, which is chaired by Dr Peter Rice, has a remit to:
- Advise on issues related to appropriate structures for service delivery, and the competences needed by staff both within and beyond specialist services.

The Sub-Group will consider the specific issues in relation to the HEAT target overlaps as part of its work considering service structures and competencies.

2. Faster Access to Specialist CAMHS Services

Faster access to psychological therapies is one part of a wider A12 HEAT target focusing on access to mental health services, which includes the access to specialist CAMHS target:
- Deliver faster access to mental health services by delivering:
  - 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013;
  - and 18 weeks referral to treatment for Psychological Therapies from December 2014.

In the Local Delivery Plan Guidance that was issued in December 2010, we indicated that the intention was to agree a target of 18 weeks referral to treatment for specialist CAMHS services from December 2014 for inclusion in HEAT next year.

Currently, if a child or young person is receiving a psychological therapy within specialist CAMHS, he or she would be covered by both parts of the HEAT target.

Proposed Developments

In discussion with CAMHS HEAT target leads and stakeholders, it is becoming clear that the degree of overlap between the 2 targets is considerable with most children and young people who are treated in specialist CAMHS receive a psychological therapy.

We are discussing with CAMHS stakeholders the feasibility of bringing the CAMHS target within the scope of the overall psychological therapies HEAT target and the implications for reporting against the target.