Mental health services will be judged on both quality and cost

The government’s vision for the future of mental health services is ambitious and aims to provide high quality, personalised care that is cost effective, says Mark Hardcastle.

The government’s consultation document on the future of mental health services outlines a vision to provide the sort of services that clients need and have been asking for.

Mental health care has come a long way since the start of the last century. The 1980s and 1990s saw the closure of large asylums and the development of a new model of community care. However, following high profile public inquiries it was clear these arrangements were not meeting the needs of many with serious mental illness.

In 1999 the policy response was the national service framework for mental health, which stipulated a different type of provision based on functional services such as assertive outreach and home treatment.

Arguably, the NSF has been the catalyst for unprecedented reform that cannot be matched elsewhere in the world.

Ten years on there is a need to build on this and it has now arrived as a Department of Health (2009) consultation document – New Horizons.

This document does not prescriptively detail the specification of services in the way that NSFs did. It is informed from a value base that supports accessible and quality services that seek wellbeing, early intervention and recovery. It was developed through nationwide consultation events involving a wide range of people and organisations.

Several themes emerged including: tackling stigma and strengthening social inclusion; earlier interventions; personalised care; innovation; and value for money.

New Horizons takes forward the NSF’s successful elements and creates the expectation of high quality services based on hope, self determination and opportunity, all of which characterise recovery-based values.

People will have more control over their health through a more personalised service, which will include the potential for clients to commission their own service by being given a budget.

The document provides a clear vision of the work that will benefit people with mental health problems: psychosocial interventions; addressing physical needs; creating socially inclusive opportunities; and early intervention.

These developments will require services to work creatively and therapeutically. Investment in therapeutic practice staff will be needed. Support time recovery workers, non-medical prescribers, psychological therapists and staff able to address physical and occupational needs will be in demand.

Health service providers will have the challenge of developing services to achieve the expectations of New Horizons and will need to do so at a time of economic constraint. Commissioning arrangements will mean provider services will be judged on the basis of both quality and cost.

As a clinical director of a foundation trust, I am aware of both parts of this seemingly contradictory equation. However, I believe at the heart of New Horizons is a set of values that do not require the huge financial investment that the NSF did.

It is becoming clearer that commissioning will be more competitive in future. It will be those organisations that can show how New Horizons can be implemented in the most cost effective way that will win contracts to provide services.

The consultation runs until 15 October. To contribute, go to an online questionnaire at tinyurl.com/online-horizons

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REFERENCE


Nursing Times 15 September 2009 Vol 105 No 36 www.nursingtimes.net

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