

Improving Access to Mental Health Services in England, both Locally and Nationally

Symmetric

Two linked projects on improving access to mental health contributed to savings of over £400 million. The *Stepped Care project*, supported the introduction of stepped care services for mental health across the North West of England. The *Wellbeing project* carried out for the Department of Health, analysed the case for improved national access to psychological therapies. The contribution of System Dynamics to the debate on improving treatment in mental health has been substantial.

Background

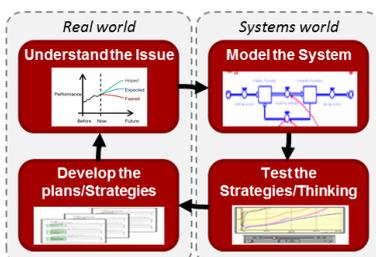
In 2007 Mental Health services in England were offered by a range of teams under Primary Care Trusts (PCTs) and specialist Mental Health Trusts (MHTs). Mental Health services could be described as consisting of two steps. Patients presenting to GPs with mental health problems either got drug therapies or were referred for specialist services from MHTs where they might wait for up to two years for treatment. Essentially, they either got caught in a 'revolving door syndrome' with multiple presentations to GPs or a long wait during which there was no treatment.

In 2004 the National Institute for Health and Care Excellence (NICE) published a new set of guidelines for MH treatment which consisted of a new five-step service. The NICE work did not cover the economics and resource allocation issues of introducing the new pathways. This left local health communities wondering how they might realise the wider client access and overall improvement in clinical benefits. This resulted in the *Stepped Care Project* whose remit was to work with the Care Service Improvement Partnership (CSIP) North West Development Centre. The requirement of the project was to create a model supporting the implementation of stepped care which would avoid some of the unintended consequences associated with past mental health reform.

In parallel to the thinking on stepped care the Department of Health was performing a cost benefit case for investing £600 million per year on 10,000 additional therapists for the treatment of 1 million people per year using psychological therapies. The benefits after 7 years arising from extra output would include reduced absenteeism, extra quality of life years, savings in medical costs associated with these conditions and increased tax payments. The potential net benefit was put at over £2 billion per year. The *Wellbeing Project* was created to convert the static cost benefit analysis into a System Dynamics model to aid dynamic understanding of the case.

Approach

The *Stepped Care project* work involved the creation of a model to aid the implementation. The model was structured and parameterised using data from pilot sites and included individual care pathways. The model allowed examination of alternative resource staffing under a variety of conditions, such as the prevalence of mental health, numbers achieving remission of symptoms, numbers referred and service productivity. Performance measures included waiting times, numbers treated and quality of life.



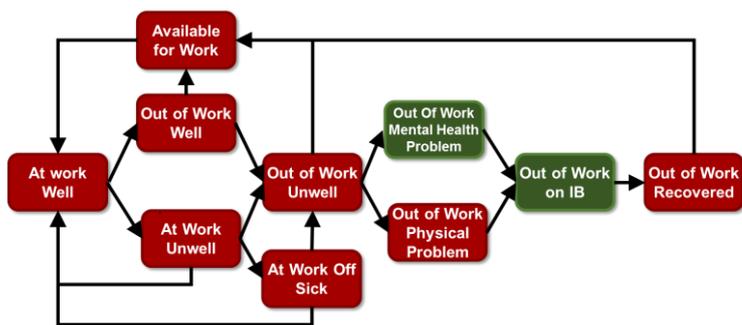
The model was built into a programme of collaborative workshops for stepped care implementation. Ten workshops were run and attended by people from ten PCTs. The workshops involved mapping and describing their existing services, experimenting with the new model, contrasting alternative 'what might be' situations and defining initiatives by which they might move to full implementation, as illustrated in the figure (left).

The *Wellbeing project* involved the construction of a System Dynamics model centred on the flow of people from the labour market and into treatment, the build-up of therapy capacity, therapist case load, treatment time and the source and destination of patients - both downstream to where patients go after treatment, and upstream from where patients originate in the labour market.

Results

The *Stepped Care project* demonstrated that stepped care in North West England was beneficial both clinically and economically.

Model conceptualization: A broader overview of the labour market



The *Wellbeing project* questioned the magnitude of the claimed benefits from the change in the number of therapists. The economic analysis showed that the static cost benefits claims were optimistic, highlighting that the return would depend on the number of employment opportunities for people after treatment, as well as the capacity and treatment effects, as shown in Figure Left.

The System Dynamics model allowed the dynamic factors excluded from the static model to be represented without masking model clarity.

Impact

In the *Stepped Care Project* it was demonstrated that in the North West of England significant increases in the numbers of people treated for mental illness could be achieved along with reduced wait times with a smaller investment. Only half of the £40 million from the NW share of the DH money from the *Wellbeing Project* would need to be directed at new steps in mental health treatment. The rest could reinforce existing specialist services. This represented a contribution to savings of £20 million in new stepped care services.

The *Wellbeing Project* helped to demonstrate that a more feasible and realistic investment of £200 million in a 2 channel system using 3000 therapists would yield similar numbers treated, contributing to a direct investment saving of £400 million.

Further information

Both of the above projects, described more fully in published papers <http://www.symmetricpartnership.co.uk/resources/index.html>, contributed to significant tangible benefits.

Authors

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