

# Politicians vie to support access to talking therapies on NHS

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Political big hitters vied to outbid each other to support expansion of the Improving Access to Psychological Therapies (IAPT) programme at the eighth annual New Savoy Conference: Psychological Therapies in the NHS, held in London last week.

The minister for care and support, Norman Lamb, opened a discussion on mental health by stating, “There is discrimination in the NHS against mental health,” and he said that we must hold whoever is in power to account for implementing the vision for mental health that had been set out in the *Five Year Forward View* for the NHS in England.<sup>1</sup> The IAPT programme was an extraordinary scheme that was world leading, Lamb said. However, there was an urgent need for joined-up working between the programme and JobCentre Plus centres, schools, and prisons.

Labour’s shadow minister for public health, Luciana Berger, said, “I’m pleased that the government has continued to expand IAPT.” Listing areas for improvement, she highlighted the lack of choice of therapy and inadequate access, as indicated by the fact that the GPs’ prescribing of antidepressants was increasing, something that the increase in access to psychological therapies was meant to avoid.

“We’ve looked very closely at the standards, and the next Labour government would aim for 80% of patients [to be] referred into treatment within 28 days—with the same standard for CAMHS [child and adolescent mental health services],” said Berger, outbidding the coalition’s promise to have 75% of patients referred within six weeks.<sup>2</sup> “Is that just for CBT [cognitive behaviour therapy]?” asked the BBC’s home editor, Mark Easton. This question prompted all three panellists, Berger, the Liberal Democrat Lamb, and James Morris for the Conservatives, to commit to equal access to all of the programme’s therapies approved by the National Institute for Health and Care Excellence.

IAPT services will be geared up to report waiting times by type of therapy later this year, said David Clark, the programme’s national clinical adviser. This means that GPs will be able to offer a choice of therapy to their patients if the local programme can’t meet its waiting times. He said it would be possible to do that by optimising the use of digital technology. A new profiling tool launched at the conference, called IAPT fingertips,<sup>3</sup> will provide an unprecedented level of public transparency, he claimed. The fingertips tool will allow commissioners, practitioners, and members of the public to drill into the data to see how their local programme was performing.

Real challenges lay ahead, not least in funding, the conference was told. Currently just 13% of health spending was allocated to mental health, half that needed to deal with the burden of disease, said Jeremy Clarke, the conference chair. Within mental health budgets only 6% goes to psychological therapies.

Simon Stevens, NHS England's chief executive, sounded a note of caution. "How, in these times of austerity, are we going to justify a disproportionate investment in mental health?" he asked. "I believe there is a strong case for investment that produces payoffs for other public services, but I'm looking to you to tell us how," he said.

## Notes

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## References

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