# National policy on mental health crisis care

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| **Year** | **Author** | **Report** | **Relevant themes** |
| 1998 | Department of Health1 | Modernising Mental Health services: Safe, sound and supportive | Announced additional investment to support the modernisation of mental health services, including 24 hour crisis teams, more acute mental health beds, more hostels and supported accommodation, more home treatment teams, and access to NHS Direct for 24-hour help and advice. |
| 1999 | Department of Health2 | National Service Framework for Mental Health | Focus on ensuring people with a severe mental illness and that crises are anticipated or prevented where possible; to ensure prompt and effective help if a crisis does occur; and timely access to an appropriate and safe mental health place or hospital admission. Mentions the role of the VS in providing information, advice and support together with the value of crisis houses and service user-run sanctuaries. |
| 2001 | Department of Health3 | Policy Implementation Guidance for the NSF for Mental Health | Specifies the form and function of CRHTs and specifies the focus on people with a diagnosis of severe mental illness. Excludes people who have crisis relating to relationship problems, mild anxiety, self-harm, or with a diagnosis of personality disorder, learning disability and primary alcohol or substance abuse. Emphasis on early discharge and no mention of the VS role. |
| 2009 | Department of Health4 | New Horizons | Maintains the focus on CRHTs but also highlights the role of the VS in providing an alternative admission and short-term sanctuary and support. |
| 2011 | HM Government5 | No health without mental  health | Proposes more crisis or rapid response services to help people to stay independent for longer.  Identifies the VS as an important player and proses an increase in the number of rape crisis centres and putting them on a sustainable footing. |
| 2013 | Department of Health6 | The Mandate  A mandate from the Government to NHS England: April 2014 to March 2015  December | NHS England is instructed to make rapid progress, working with CCGs and other commissioners, to help deliver on having crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services. This includes ensuring there are adequate liaison psychiatry services. Every community is to have plans to ensure no one in crisis will be turned away, based on the principles in the soon to be published Mental Health Crisis Care Concordat. |
| 2014 | Department of Health7 | Closing the Gap: Priorities for essential change in mental health gap: Priorities for essential change in mental health | No one experiencing a mental health crisis should ever be turned away from services. Heralds the publication of the Crisis Care Concordat. In addition, there needs to be crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services. Reiterates the commitment to ensuring there are adequate liaison psychiatry services. |
| 2014 | HM Goverment8 | Mental health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis | Set out standards for the care people should expect if they suffer a mental health crisis and details how the emergency services should respond.  The aim is for local areas to commit to agreeing and delivering a mental health crisis declaration, which would include collaborative working to improve crisis care services, and reduce the use of police stations as places of safety. |
| 2016 | NHS England9 | The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England | Parity of esteem between mental health and physical health so that people with a mental illness have the right to the same high quality of care as people with physical health problems.  Access to mental health care should be available 24/7.  Highlights the role the VS plays in meeting the needs of particular communities. Recommends that new models must be developed in partnership with experts by experience, community organisations and VSOs. |
| 2019 | NHS England10 | The NHS Long Term Plan | Ring-fencing and increasing investment in mental health to accelerate the growth of community and crisis services. The Plan proposes the expansion of community crisis services, to be accessed via NHS 111 and additional resourcing to enable a 24/7 community-based mental health crisis response offering intensive home treatment as an alternative to acute inpatient admission. |

References

1 Department of Health. *Modernising Mental Health Services: Safe, Sound and Supportive*. DoH; 1999.

2 Department of Health. *National Service Framework for Mental Health. Modern standards and service models*. Department of Health; 1999.

3 Department of Health. Policy Implementation Guidance for the NSF for Mental Health. Department of Health; 2001.

4 Department of Health. *New horizons: Towards a shared vision for mental health: Consultation*. Department of Health London; 2009.

5 HM Government. *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*. 2011.

6 Department of Health. *The Mandate: A mandate from the Government to NHS England: April 2014 to March 2015*. Crown copyright; 2014.

7 Department of Health*. Closing the gap: Priorities for essential change in mental health*. Department of Health London; 2014.

8 Department of Health. *Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis*. Department of Health London; 2014.

9 NHS England*. Five Year Forward View*. NHS England; 2014.

10 NHS England. *The NHS Long Term Plan;* 2019.