**First steps to making parity a reality**

Yesterday, (8 October), the Deputy Prime Minister Nick Clegg introduced the first ever waiting targets for mental health. He announced that patients referred by doctors for talking therapies for conditions such as depression or anxiety should start treatment within six weeks. The maximum waiting time will be 18 weeks, the same as for those waiting for treatment for physical problems, such as hip and knee surgery.

Young people with psychosis will, for the first time, be seen within 14 days, the same target as cancer patients. Suicidal patients will also get the same priority as those with suspected heart attacks.

These plans, which have Conservative support, will begin to be rolled out from April 2015. The target will be phased in over five years. £120m has been allocated to support these plans. However, this is not new money, so it will have to come from elsewhere in the health budget.

The £120m will also include more money for liaison psychiatry services in acute hospitals, so that people who go to A&E departments in a mental health crisis will get the right help at the right time. They have also announced a £7m investment by NHS England in child psychiatry. This will create 50 new in-patient beds for children and young people and better case management so that children with specialist needs get the right care in the right place.

Working with the members of the Mental Health Alliance, the College has played a full and important part in influencing these proposals. I have also had one-to-one meetings with the Secretary of State for Health, Jeremy Hunt and with Norman Lamb, Minister of State for Care and Support. As a result, we have been able to get a commitment to having named accountable clinicians “to enable more co-ordinated, effective and personalised care” ([Achieving Better Access to Mental Health Services by 2020](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf)) into the announcement, albeit as a future action. So watch this space.

The College’s recent manifesto,  [Making Parity a Reality: six asks for the next Government to improve the nation's mental  health](http://www.rcpsych.ac.uk/pdf/Making%20Parity%20a%20Reality-%20RCPsych%20manifesto-%20website.docx.pdf%22%20%5Co%20%22Making%20Parity%20a%20Reality), set out six key asks. These included:

* No-one should wait longer than 18 weeks to receive treatment for a mental health problem, if the treatment has been recommended by NICE guidelines and the patient’s doctor.
* Every acute hospital should have a liaison psychiatry service which is available seven days a week, for at least 12 hours per day.  This service should be available to patients across all ages. Emergency referrals should be seen within one hour, and urgent referrals within five working hours.

I am pleased to see that government has acknowledged these asks as a priority.

I believe that these announcements have all really been brought about by a slow, but nevertheless significant change in public attitude towards, and the importance attached to mental illness. Whilst welcoming these announcements as an important first step to providing timely and responsive treatment for patients in all areas of mental health care, the College still feels that this is just a start. Of course we will still have the details to argue about. Numerous issues are still left to be resolved, not least on the provision of beds, and ensuring the integration, and not the separation, of psychological treatments.

This five-year plan sets out a compelling vision for bringing mental healthcare on a par with physical healthcare, but I call on the 2015-20 government to either do the right thing and see it through or they will have a lot of explaining to do.

27th October 2014