

Royal College of Nursing Response to the NHS in England consultation on the mental health clinically-led review of standards (NHS mental health access standards, 2021)

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

## 1. Introduction

- 1.1. As the largest professional group implementing and delivering care within mental health services, it is vital that the voice of nursing is heard throughout consultation on the mental health clinically-led review of standards.
- 1.2. This response has been developed in collaboration with RCN members and staff. Particular critique of the standards was provided by the RCN mental health forum steering committee.
- 1.3. RCN members are acutely aware of the difficulties people face when accessing the right service at the right time. Improving access to mental health services is widely welcomed.
- 1.4. Concerns about the proposed plans to improve access have been raised. In particular the changes may unintendedly disadvantage certain people, while negatively impacting on an already stretched and burnout workforce.

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- mental health policy, it also leads to increased resource use and economic burden.
- 2.3. We are concerned that the four hour waiting limit across all age groups does not specify that children and young people should be seen by specialist clinicians who are experienced in working with that age group. This has the potential to put children and young people at significant risk of receiving poor, nonevidence-based treatment pathways.
- 2.4. To improve patient transition between services, and reduce the pressure on hospital and community-based staff, community crisis services must move to a trusted assessment model. That is building trust between liaison services and secondary mental health.
- 2.5. Lack of trust between services may require staff training and governance review. If the access standards are to become reality, continuing with practices that delay the persons recovery journey