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Mental Health Investment Standard (MHIS) categories

January 2022

Please note:

- Spend on MHIS categories should not include services funded by SDF (transformation funding) or Spending Review allocations. These are to be considered separately.
- Spend on MHIS categories must not cover COVID-19 costs such as personal protective equipment.
- Investment in making services more tailored and appropriate to young adults and older adults should be included in the relevant adult categories of spend.
- Spend on ADHD should not be included in any of the MHIS or learning disability or autistic categories detailed below. For reporting purposes, please report ADHD spend against the ADHD category in the ledger.

Category	In scope for this category	Out of scope for this category (non-exhaustive, includes direction for common queries)
1. Children and young people's mental health (excluding learning disability)	This category includes expenditure on services for children and young people's mental health across the whole care pathway, from early years' settings through to crisis care and intensive support: <ul style="list-style-type: none"> • services in primary and community settings, including acute hospitals • NHS services, including CYP mental health services commissioned or co-commissioned from 	This category does not include expenditure on: <ul style="list-style-type: none"> • services for children and young people with learning disabilities and/or autism, and ADHD support or services, except where there is co-occurring primary mental health need

	<p>or delivered in local authorities, schools, further education colleges and the voluntary sector</p> <ul style="list-style-type: none"> any spend that is additional to that allocated in SDF funding to deliver mental health support teams in schools and colleges or as a 4-week waiting time pilot spend for young adults (18-25 years old) mental health can be included in full or in part in this category, or in the community mental health for adult categories, depending on local funding streams. 	<ul style="list-style-type: none"> new for 2021/22: investment in making specific mental health services more tailored and appropriate to young adults (18-25s). This expenditure should be included in the relevant adult categories (as per note at the top of table) use of SDF additional funds announced for 18-25s within SDF funding.
2. Children and young people's eating disorders	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> eating disorders for children and young people (aged up to 19th birthday) and their families/carers for delivery of dedicated community eating disorder services in line with the evidence-based treatment pathway for ED (2015). 	
3. Perinatal mental health (community) including maternal mental health services (formerly maternity outreach clinics)	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> specialist perinatal mental health community services providing multidisciplinary assessment, treatment and care in a community setting, which also includes: <ul style="list-style-type: none"> evidence-based psychological interventions treatment for women experiencing, with a history of, and/or at high risk of serious mental ill health during pregnancy or the first year after birth, extending to the second postnatal year by 2023/24 services to include advice, training and assistance to primary care, maternity, acute and other mental health services on the treatment and management of serious perinatal mental illness, as well as expenditure on supervision/oversight for staff in 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> Activity potentially badged as 'perinatal' but taking place in generic community mental health services, or crisis or liaison services; this should be included in the category for the relevant service Maternity-led bereavement services (this should be reported as maternity spend and should not count toward the MHIS) Specialist midwives, health visitors (this should be reported as maternity spend and should not count toward the MHIS) and IAPT

	<p>maternal mental health services (MMHS, formerly maternity outreach clinics) (see below)</p> <ul style="list-style-type: none"> • specialist perinatal mental health community services that work with women and families for an extended period, expected to be from time on conception to 24 months after the birth of the child by 2023/24, up from current time of conception until 12 months after birth of the child • multidisciplinary specialised perinatal community mental health teams including: <ul style="list-style-type: none"> ○ medical ○ psychological ○ nursing ○ occupational therapy ○ social care ○ pharmacy ○ peer support • all different types of MMHS contracts (it is envisaged that some MMHS may be commissioned from mental health providers, some from maternity providers and some from a combination of both; all should be included in this category). These provide targeted assessment, treatment and care in a community setting for cohorts of women who experience mental health difficulties arising directly from, or related to, the maternity experience; likely to include a range of midwifery, psychological and reproductive health inputs to work with women with mental health difficulties arising from birth trauma, severe fear of childbirth (tokophobia) and loss. 	<p>workers (this should be included in Category 4. IAPT)</p>
<p>4. Improving access to psychological therapies for people with common mental health problems (adult and older adult)</p>	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> • Improving Access to Psychological Therapies (IAPT) only, including IAPT services embedded in general healthcare pathways for people with long-term conditions 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • psychological therapies for serious mental illness (SMI) (this should go

	<ul style="list-style-type: none"> any relevant spend for the 18-25 cohort as part of delivering a comprehensive service for 0-25 as set out in the NHS Long Term Plan (LTP). 	<p>into Category 9a. Community mental health)</p> <ul style="list-style-type: none"> children and young people's IAPT services
5. A&E and ward liaison mental health services (adult and older adult)	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> mental health liaison ('liaison psychiatry') services based in general acute hospitals <ul style="list-style-type: none"> these are distinct, specialist mental health teams based in general hospitals that provide mental health assessment, treatment and care planning in general hospital emergency departments and inpatient wards for adults of all ages. 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> community-based crisis resolution home treatment teams that provide in-reach mental health crisis care to general hospitals (this should go into Category 7. Adult community crisis).
6. Early intervention in psychosis (EIP) team (ages 14-65)	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> specialist EIP teams that have been commissioned to provide the full range of psychological, psychosocial, pharmacological and other interventions shown to be effective in NICE guidelines and quality standards, including support for families and carers. EIP services also triage, assess and treat people with an 'at risk mental state' (people at high risk of developing psychosis), as well as help those not triaged to access appropriate treatment and support spend on service users aged 14+ receiving help in EIP services should be included in this category, as part of delivering a comprehensive service for 0-25 as set out in the LTP. 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> 'EIP activity' in generic community mental health services (this should be included in 9a. Community mental health).
7. Adult community-based mental health crisis care (adult and older adult)	<p>This category includes expenditure on all CCG-commissioned services that provide urgent, emergency, and acute mental healthcare outside A&E or inpatient settings, including:</p>	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> mental health provision from ambulance services (this should be in 8. Ambulance response

	<ul style="list-style-type: none"> • crisis home resolution treatment teams that exist in all areas providing the functions of initial urgent and emergency mental health response in communities, usually to people’s homes – as well as intensive home treatment for a time limited period as an alternative to inpatient mental health admission <ul style="list-style-type: none"> ○ in most cases, one team provides both functions of community crisis response and ongoing home treatment; in some areas these functions will be separated – with separate teams providing the urgent and emergency mental health response (immediate assessment and treatment) and the ongoing home treatment; in these instances, the expenditure on the teams providing both of these functions should be combined • crisis houses (usually used as an alternative to admission, often run by voluntary sector) • crisis cafes/sanctuaries/havens (often used as an alternative for people experiencing crisis/pre-crisis) • police liaison/street triage (CCG expenditure on services jointly commissioned with police services, eg mental health nurses in control rooms, police cars) • single points of access/crisis telephone helplines • any relevant spend for the 18-25 cohort as part of the contribution to delivering a comprehensive service for 0-25 as set out in the LTP • psychiatric decision units (short-term assessment and observation units intended to continue assessment, consider alternatives to admission) • acute day care services (usually act as a step-up/down service from inpatient care as part of the 	<p>services). However, it is understood that in a very small minority of local service models, ambulance mental health response is commissioned and highly integrated with the local mental health crisis care pathway and it may not be possible to distinguish spend. In these cases, mental health response from ambulance services should be categorised in adult community crisis care.</p>
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	<p>acute mental health pathway; they usually offer assessment, treatment, activities and care planning for a time-limited period)</p> <ul style="list-style-type: none"> • Section 136 suites (for assessment of people detained under section 136 of the Mental Health Act 1983 • any other 'crisis alternative' services. 	
8. Ambulance response services	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> • mental health specific initiatives from ambulance services, such as dedicated ambulance response vehicles, mental health professionals supporting triage in ambulance services. 	<p>This category does not include:</p> <ul style="list-style-type: none"> • expenditure on usual ambulance response to mental health calls (this would not be included in mental health spend).
9. REMOVED Community mental health (adult and older adult), including new integrated models for SMI, pathways for eating disorders, personality disorders and community rehabilitation, excluding dementia)	<p><u>This category has been removed</u></p> <p>Activity previously included in this category should be allocated to other categories, including 9a, 9b and 20.</p>	
9a. NEW Community mental health (adult and older adult), including new integrated models for SMI, pathways for eating disorders, personality disorders (excluding supported housing and placements in the community)	<p><u>New category</u></p> <p>Note: Community mental health services comprise multidisciplinary teams offering specialist assessment, treatment and care to adults and older adults (aged 18 to end of life) with mental health problems, in their own homes and in the community. This category includes all commissioned spend to expand and transform community mental health pathways for people with severe mental illness such as:</p> <ul style="list-style-type: none"> • workforce, including assessment and brief intervention teams, recovery teams, assertive 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse (MLS) • any inpatient care, placements, rehabilitation with overnight or accommodation function, supported housing or any other type of accommodation setting

outreach teams, generic community mental health teams for adults and older adults

- **primary care specialist provision** for people with moderate to severe mental health problems (excluding IAPT) — this can include the mental health provider share of costs for PCN mental health practitioner roles, that are jointly funded by PCNs
- **new integrated models** of community mental healthcare for adults and older adults (include expenditure on all services that provide support to adults and older adults with functional mental health needs but must *not* include expenditure on services that provide only dementia support). This also includes:
 - dedicated community-based ‘personality disorder’ services (sometimes known as ‘Tier 3’ services)
 - dedicated community eating disorder services (for adults 19 or over)
 - community mental health rehabilitation teams that do not have overnight or accommodation responsibilities
 - psychological therapies for people with severe mental illnesses (psychosis, bipolar disorder, ‘personality disorder’; expenditure on therapies for other conditions such as PTSD may be included)
 - community mental healthcare commissioned from the voluntary/independent/ third sector for people with SMI, where in line with listed categories here and does not cover any exclusions listed in the next column

- care home services with nursing (CHN)
- care home services without nursing (CHS)
- domiciliary care services including those provided for children (DCC)
- Shared lives (formerly known as adult placement) (SHL)
- supported living services (SLS)
- dementia.

	<ul style="list-style-type: none"> • individual placement and support employment services for people under the care of a CMHT 	
<p>9b. NEW Community mental health (adult and older adult), supported housing and other accommodation-based support</p>	<p><u>New category</u></p> <p>Supported living and other accommodation based care, support and rehabilitation in line with the community mental health framework, which details a core community mental health service, which will bring together what is currently provided in primary care for people with less complex as well as complex needs with that provided by secondary care CMHTs and in residential settings (including supported housing and care homes).</p> <p>This is likely to include integrated models of care which bring together clinical support, social care support, peer support around accommodation-based support.</p> <p>Includes:</p> <ul style="list-style-type: none"> • care home services with nursing (CHN) • care home services without nursing (CHS) • domiciliary care services • shared lives (formerly known as adult placement) (SHL) • supported living services (SLS). 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • community-based services for people with mental health needs (Category 9a. Community mental health excluding housing and placements) • community mental health rehabilitation teams that do not have overnight or accommodation responsibilities • any services registered as hospitals, for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse (MLS) • continuing healthcare (CHC) – any expenditure coded to continuing healthcare cost centres which relates to mental health conditions should be captured under category 17. Mental Health in continuing healthcare.
<p>20. Mental health placements in hospitals</p>	<p>This includes all individually commissioned placements in services registered as hospital services for people with mental health needs (MLS). These placements are likely to be commissioned per individual and partly/fully funded through section 117 responsibilities.</p> <p>This is likely to include:</p> <ul style="list-style-type: none"> • 'locked rehabilitation' placements/wards 	<p>Does not include:</p> <ul style="list-style-type: none"> • adult mental health acute wards, adult mental health psychiatric intensive care unit (PICU) wards and older people's mental health wards registered as hospital

	<ul style="list-style-type: none"> • non-local NHS rehabilitation wards classed as community, complex, high dependency, long stay, complex care • high cost specialist placements • high dependency wards • personality disorder units (non-specialised commissioning). <p>This does include out of area placements for more specialist services not provided in the locality, and these services will often be commissioned from non-NHS services.</p>	<p>services for people with mental health needs (MLS)</p> <ul style="list-style-type: none"> • dementia care and treatment • care home services with nursing (CHN) • care home services without nursing (CHS) • domiciliary care services including those provided for children (DCC) • shared lives (formerly known as adult placement) (shl) • supported living services (SLS).
10. Mental Health Act 1983	<p>This category includes CCG-commissioned expenditure on:</p> <ul style="list-style-type: none"> • long-term care for people following detention under sections 3 and 117 of the Mental Health Act 1983 • Section 12 of the Mental Health Act – this relates to CCG remuneration of section 12 approved doctors for the assessments/interviews they undertake and medical recommendations they make under the Mental Health Act 1983 (previously likely to have been included within the ‘Other adult and older adult – non inpatient, excluding dementia’ category). 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • Category 20 mental health placements in hospitals • spend on long-term care for people following detention under the Mental Health Act where the primary diagnosis was dementia, learning disability, autism (which should be included in LD&A below) or acquired brain injury (which is not within scope of the MHIS).
11. SMI physical health checks	<p><u>New for 2021/22</u></p> <p>Most physical health checks for people with SMI and follow-up actions should take place within primary care. Exceptions are checks for people who have been under the care of their CMHT for less than a year or who are not yet stabilised, which therefore take place in secondary care and should be funded through CCG baseline funding.</p>	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • physical health checks delivered in primary care • any other assessment, intervention or care in community mental health or new integrated models including NHS-commissioned VCS services

	<ul style="list-style-type: none"> • Annual physical health checks for people with SMI to be completed in primary care are now funded via the GP contract and Quality Outcomes Framework (QOF) incentive scheme for primary care. • Any MHIS spend noted here should be on top of national level investment into QOF to support physical health SMI checks. • This category includes expenditure on: <ul style="list-style-type: none"> ○ physical health assessment for people with SMI not eligible to receive a check in primary care ○ follow-up intervention (as required), for people with severe mental illness (SMI) in secondary care settings ○ this spend will be one element of the overall investment into community models for SMI. 	(this would be included in 9a. Community mental health).
12. Suicide prevention	<p>This category includes expenditure on:</p> <ul style="list-style-type: none"> • specific NHS-based suicide prevention initiatives relating to mental health patient safety in primary care, inpatient or community settings • any expenditure contributed by CCGs to wider local suicide prevention work led by public health teams in local authorities. 	
13. Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	<p>This category includes expenditure on services that are part of the locally commissioned inpatient pathway:</p> <ul style="list-style-type: none"> • acute mental health inpatient services, defined as acute beds for male and female adults to provide care with intensive medical and nursing support for patients in periods of acute psychiatric illness • money spent as part of the LTP to improve therapeutic offer in adult acute inpatient settings (this could include staffing or resources required to deliver this care) 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • dementia care and treatment (this would be included in dementia spend) • longer-term individually commissioned mental health hospital placements, including non-local/ 'locked' rehabilitation placements (this should be in Category 20)

	<ul style="list-style-type: none"> • PICU – psychiatric intensive care for patients who are in an acutely disturbed phase of a serious mental disorder • older adult inpatient services – for the psychiatric care of older patients on older adult mental health wards, who are living with frailty alongside a functional mental illness (for example, psychosis, affective and behavioural disorders) including complex co-morbidities • rehabilitation inpatient service – local inpatient services that provide support to people with complex needs and co-occurring conditions. 	<ul style="list-style-type: none"> • any CCG-commissioned independent sector provision for adult mental health services, including expenditure on acute out of area placements (this should be in Category 14) • admissions to general and acute settings (non-mental health NHS providers).
<p>14. Adult and older adult acute mental health out of area placements</p>	<p>This category includes expenditure on any CCG-commissioned independent sector provision for adult acute out of area placements resulting from local bed capacity pressures. This includes out of area placements for the following bed types:</p> <ul style="list-style-type: none"> • acute mental health inpatient services, defined as acute beds for male and female adults to provide care with intensive medical and nursing support for patients in periods of acute psychiatric illness • PICUs – psychiatric intensive care for patients who are in an acutely disturbed phase of a serious mental disorder • older adult inpatient services – for the psychiatric care of older patients on older adult mental health wards, who are living with frailty alongside a functional mental illness (for example, psychosis, affective and behavioural disorders) including complex co-morbidities. 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • locally commissioned and provided acute mental health inpatient services. These services should be included in Category 13. Acute inpatient services (adult and older adult) • dementia care and treatment (this should be included in dementia spend) • longer-term individually commissioned mental health hospital placements, including non-local/ 'locked' rehabilitation placements (this should be in Category 20. Mental health placements in hospitals).

<p>15. REMOVED Other adult and older adult (non-inpatient; excluding dementia)</p>	<p>This category has been removed</p>	
<p>16. Mental health prescribing – (non-core MHIS)</p>	<p>Expenditure on prescribing on mental health drugs should be in line with NICE guidance, or (where available and appropriate) in line with recommendations from regional medicines optimisation committees. We ask CCGs to specify whether expenditure is NHSBA EPACT system actual costs or NIC (net ingredient costs).</p> <p>Where drugs can be used for multiple conditions, only the expenditure on such drugs which are used to treat a mental health condition should be included; CCGs may need local clinical input to enable appropriate apportionments to be made.</p> <p>This category includes expenditure on:</p> <ul style="list-style-type: none"> • hypnotics and anxiolytics (BNF legacy 4.1 or equivalent therapeutic class defined by the BNF, excluding pregabalin) <ul style="list-style-type: none"> ○ include an estimate of expenditure for pregabalin when used as an anxiolytic only • drugs used in psychosis and related disorder: <ul style="list-style-type: none"> ○ oral antipsychotic drugs (BNF legacy 4.2.1 or equivalent therapeutic class defined by the BNF, excluding prochlorperazine) ○ depot/long-acting antipsychotic drug (BNF legacy 4.2.2 or equivalent therapeutic class defined by the BNF) ○ drugs used for mania and hypomania (BNF Legacy 4.2.3 or equivalent therapeutic class) 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> • drugs prescribed for dementia (to be included in the dementia spend, not in prescribing) • expenditure on the same drugs that are being used to treat non-mental health conditions (this would not be included in the mental health categories) • CNS stimulants and drugs used exclusively for the management of ADHD.

	<p>defined by the BNF) (excluding carbamazepine and sodium valproate)</p> <ul style="list-style-type: none"> ○ include an estimate for carbamazepine and sodium valproate when used for mania /hypomania (excludes use in other conditions) ● antidepressant drugs (BNF Legacy 4.3 or equivalent therapeutic class defined by the BNF), excluding amitriptyline and nortriptyline <ul style="list-style-type: none"> ○ include an estimate of expenditure for amitriptyline/nortriptyline when used as an antidepressant ○ CNS stimulants and drugs used for mental health disorders. 	
<p>17. Mental health in continuing healthcare (non-core MHIS)</p>	<p>This category includes any expenditure coded to continuing healthcare cost centres which relates to mental health conditions and should be included as non-core mental health expenditure. This may include:</p> <ul style="list-style-type: none"> ● care home services with nursing (CHN) ● domiciliary care services (DCC). 	<p>This category does not include expenditure on:</p> <ul style="list-style-type: none"> ● any dementia costs in CHC (to be included in the dementia category line) ● expenditure on the CHC for non-mental health conditions (this would not be included in the mental health categories) ● expenditure in Category 9b. Community mental health supported housing; Category 14. Out of area placements and 20. Mental health placements in hospitals.

<p>18. Learning disability and autism (where not separately identifiable) Not included in MHIS</p>	<p>Baseline expenditure for services for children (0-18) and adults with a learning disability, autism or both including:</p> <ul style="list-style-type: none"> • intensive support teams • crisis teams • learning disability and autism forensic teams • learning disability and autism mental health inpatient services • keyworkers for children and young people • health-funded crisis respite for children and young people with a learning disability, autism or both • health-funded community support for people in their own homes • continuing care for children and continuing healthcare for adults with a learning disability and autistic people • personal health budgets for people with a learning disability and autistic people • LeDeR review teams • positive behaviour support services. 	<p>Excludes people with a learning disability and autistic people accessing mental health services with reasonable adjustments in place as required.</p> <p>Excludes services for people with ADHD without a learning disability or autism.</p>
<p>NEW 18a. Learning disability Not included in MHIS</p>	<ul style="list-style-type: none"> • community learning disability teams • learning disability dietetic services • learning disability mental health inpatient services • acute liaison nurses/liaison nursing teams 	
<p>NEW 18b. Autism Not included in MHIS</p>	<ul style="list-style-type: none"> • autism diagnostic services (all age) • autism diagnostic services (paediatric neuro-diverse) • autism specialist inpatient services • pre-diagnostic support services • post-diagnostic support services • specialist autism community services 	

19. Dementia Not included in MHIS	All services intended to assess, diagnose, treat and provide support for dementia pre and post diagnosis.	Mental health services with adaptations for patients with dementia
N/A	CQUIN contract values where applicable.	<p>Where CQUIN applies to a provider contract, CQUIN should be added to the value of service lines attributable to any of the above categories on a pro-rata basis. The pro-rata CQUIN value for service lines outside the mental health reporting categories should be excluded.</p> <p>Examples of exclusions are any non-clinical services such as car parking charges or any community nursing services for joint mental health and community providers.</p>