

Consensus statement on mental, emotional and cognitive health provision

About neurological conditions and mental, cognitive and emotional health

Neurological conditions relate to the brain and nervous system. So, the interaction between physical needs and broader emotional, cognitive and mental health needs is complex. Changes in the brain can directly affect a person's emotions, cognitive abilities and executive functioning.

Conversely, depression or anxiety can exist alongside neurological symptoms. People's mental health difficulties often impact their neurological condition, triggering or exacerbating it. In other cases, apparent mental health issues may reflect an undiagnosed neurological condition. For people with functional or dissociative conditions 'neurological' symptoms are not caused by structural changes in the brain. Providing accurate diagnosis and effective treatment for emotional, cognitive or mental health needs in this context is challenging, but essential.

Every person with a neurological condition should:

- 1 Have their mental, emotional and cognitive wellbeing effectively and systematically screened to pick up on their changing needs and functioning, from predictive testing, first symptoms and diagnosis, through to the end of their life. They should then be signposted to support/referred for treatment. Screening must pick up when they may present a risk to themselves, with safeguarding measures taken accordingly.
- 2 Have access to mental, cognitive and emotional health support and treatment, as needed, which addresses both their needs arising from their neurological condition(s), as well as taking into account their individual needs and preferences. This includes creative support for people who refuse direct mental health input due to lack of capacity.
- 3 Experience mental, cognitive and emotional healthcare and treatment that is systematically tailored to their individual communication needs, including needs arising as a result of a neurological/neurodevelopmental condition.
- 4 Have access to specialised neuropsychological and neuropsychiatric assessment, care and treatment, as well as local mental health services, as needed.
- 5 Never be denied access to mental health services on the basis of having an organic brain condition, unless they can be referred on to more suitable service.
- 6 Experience integrated, joined up care from their physical and mental health teams, that takes account of all the care and treatment they are undergoing.
- 7 Have a regularly updated care plan that encompasses: their goals for their care and treatment, how these are being addressed through their physical and mental health care and treatments, self-management actions, and key contacts in case of relapse/questions.
- 8 Have access to good quality information and support tailored to their condition and their communication needs, to prevent unnecessary anxiety and enable them to manage all aspects of their condition, including their mental, cognitive and emotional health.
- 9 Be assured their carers' and family members' mental health needs will be assessed and supported.
- 10 Be provided with psychoeducation around their condition, including what they can expect, and when to seek additional help.

To this end we recommend that:

- 1** Neurology health professionals' training and revalidation should ensure that they are equipped and confident in screening people's mental, cognitive and emotional health needs, so as to refer them on as appropriate.
- 2** Mental health service staff, in particular IAPT staff, should have specific training and supervision in order to be able to understand the needs of people with neurological conditions, including the specific communication needs they may have, and the ways in which treatments should be tailored accordingly.
- 3** All NICE guidelines relating to suspected or diagnosed neurological conditions should specify how people's mental, emotional and cognitive health needs must be addressed.
- 4** Investment should be made in building the evidence base on what works in addressing people with neurological conditions' mental health needs, including expanding and replicating good practice where it exists.
- 5** The NHS Comprehensive Model for Personalised Care should be delivered, with a particular focus on targeted and specialist interventions to ensure that care for people's mental health needs is joined up with care for their neurological needs.
- 6** The forthcoming neuropsychiatry service specification should be comprehensively delivered across the country. Similarly, neuropsychology services should be expanded to ensure equitable access for people across the country.
- 7** National programmes focussing on neurological care including RightCare, Getting it Right First Time and the Specialised Commissioning Neuroscience Transformation Programme should ensure mental health provision is considered as an integral part of the pathway.
- 8** The Neurological Intelligence Network and others should develop CCG level data about the prevalence and costs of co-morbid neurological and mental health conditions to ensure services can be commissioned to meet existing levels of need and reduce inefficiencies.
- 9** Commissioning arrangements for both neurology and mental health services should be clarified; STPs and ICSs should consider the opportunities presented by integrated models of care and budgets for mental health and neurology.
- 10** People diagnosed with a terminal condition or approaching the end of their lives, and their families/carers, should have their mental health needs assessed and addressed on an ongoing basis. This includes the systematic provision of mental health support when someone is diagnosed with a terminal condition, to help them and their family to cope with the impact of the diagnosis and progressive nature of the disease.



About us

The Neurological Alliance is a coalition of more than 80 organisations working together to transform outcomes for the millions of people in England with a neurological condition. We campaign for high quality care and support to meet the individual needs of every person with a neurological condition, at every stage of their life. Our work is shaped by the experiences of people with neurological conditions and aims to address the causes of poor care.