Challenges in integrating mental and physical healthcare

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Acute hospital mental health services

Mental health and community services

Primary care mental health services
Acute hospital mental health services

Some common presentations requiring integrated care

- Co-morbidity in severe physical illness
- Medically unexplained symptoms
- Self-harm
- Alcohol and drug misuse
- Delirium and dementia

Liaison Psychiatry: Measurement and Evaluation of Service Types, Referral patterns and Outcomes:
LP-MAESTRO
HS+DR 13/58/08 January 2015 – December 2017
• 168/179 acute Trusts have liaison psychiatry services
• Main focus is cover of wards and ED, 78 provide 24/7 cover

THE CHALLENGES
- Only 59 undertake outpatient clinic work
- 31 different specialty links named
Mental health and community services

Some common presentations requiring integrated care

- Co-morbidity in severe mental illness
- Physical illness and learning disability

Managing with Learning Disability and Diabetes: OK Diabetes
HTA - 10/102/03: Feb 2013 – Aug 2016
Mental health and community services

Managing with Learning Disability and Diabetes: OK Diabetes
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- Hospital diabetes services don’t manage T2DM
- LD services don’t see many people with mild/moderate LD living outside residential care
- GP only have 1/4 LD on their register and only see 1/2 of them for a Health Check

THE CHALLENGES
- New services are too expensive
- Nobody quite knows what reasonable adjustments should look like
Bradford & Airedale Primary Care Wellbeing Service: PCWS
Local CCG funding: 2014-2016

Some common presentations requiring integrated care

- Poor adjustment in LTC
- Medically unexplained symptoms
Primary care mental health services

- CMHT and IAPT don’t cover the ground
- Hospital-based liaison services inaccessible

THE CHALLENGES
- Scaling up
- Maintaining short-term benefits
- Co-ordinating with related services eg chronic pain

Bradford & Airedale Primary Care Wellbeing Service: PCWS
Local CCG funding: 2014-2016
Amateurishness alert! Personal and family contacts; reading. 2013-2016

Some common presentations requiring integrated care

- Co-morbidity in physical illness
- Medically unexplained symptoms
Some common presentations requiring integrated care

- Co-morbidity in physical illness
- Medically unexplained symptoms

- Over-managed: assessments and performance targets

**THE CHALLENGES**

- Managing volume v. complexity
- Physical x mental interactions when you aren’t in either mainstream
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Acute hospital Mental health services

Specialist mental health services

Primary care mental health services

IAPT Association for Plant Thrombosis
5 clusters in a social network; who do you talk with?
Leeds Institute of Health Sciences

Acute hospital Mental health services

Specialist mental health services

Primary care mental health services
Social Capital in the Creation of Human Capital
James S. Coleman
American Journal of Sociology

The Strength of Weak Ties
Mark S. Granovetter
Planning and providing stronger clusters – building expertise and developing transferable learning

- Liaison services for complex cases in general hospitals
Planning and providing more weak links – building resilient networks of care

- Collaborative approaches to physical health in LD and severe mental illness
Planning and providing stronger clusters *and* more weak links – a mixed economy for mixed problems

- Liaison services in primary care
- Linking IAPT to mental health services
Thank you for your attention!

The views expressed here have been my own and not necessarily those of the NHS, the NIHR or the Department of Health.

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