

Challenges in integrating mental and physical healthcare

Allan House

Professor of Liaison Psychiatry,
Leeds Institute of Health Sciences,
School of Medicine, Leeds.



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



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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

HTA - 10/102/03:Feb 2013 – Aug 2016

- 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 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





Bradford & Airedale Primary Care Wellbeing Service : PCWS Local CCG funding: 2014-2016

Primary
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mental
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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**

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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Mental
health
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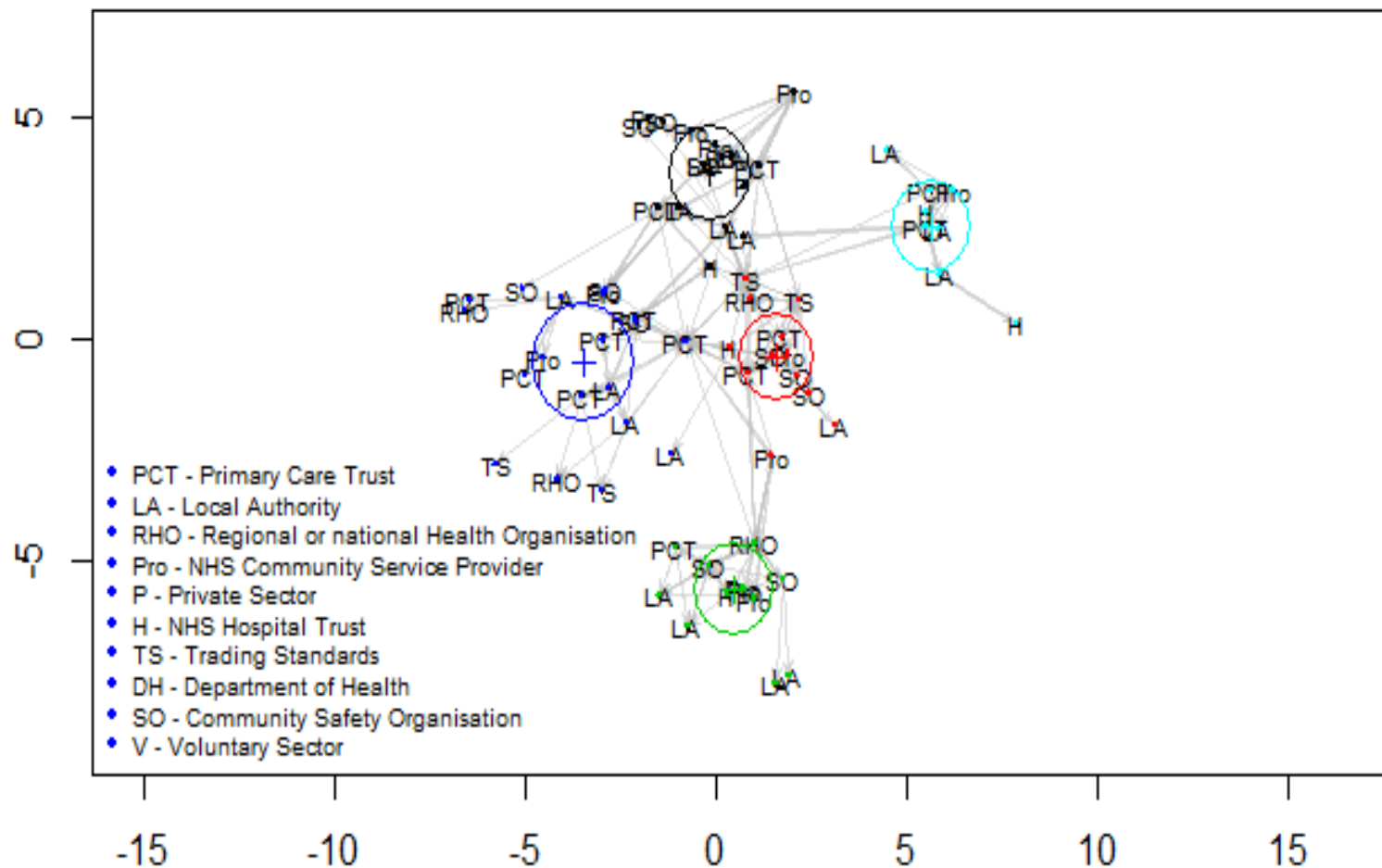
Specialist
mental
health
services



Primary
care
mental
health
services



5 clusters in a social network; who do you talk with?





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health
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Specialist
mental
health
services



Primary
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services

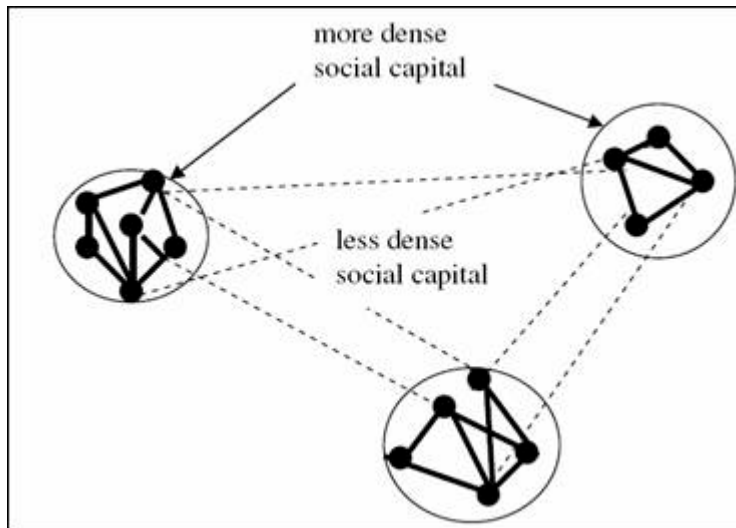


Social Capital in the Creation of Human Capital

James S. Coleman

American Journal of Sociology

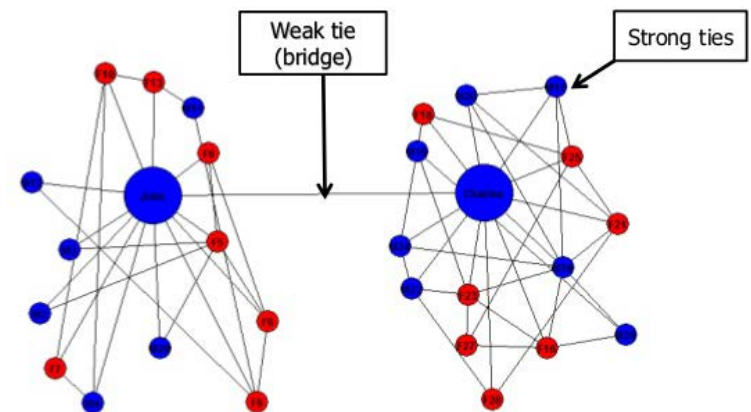
Vol. 94, (1988), pp. S95-S120

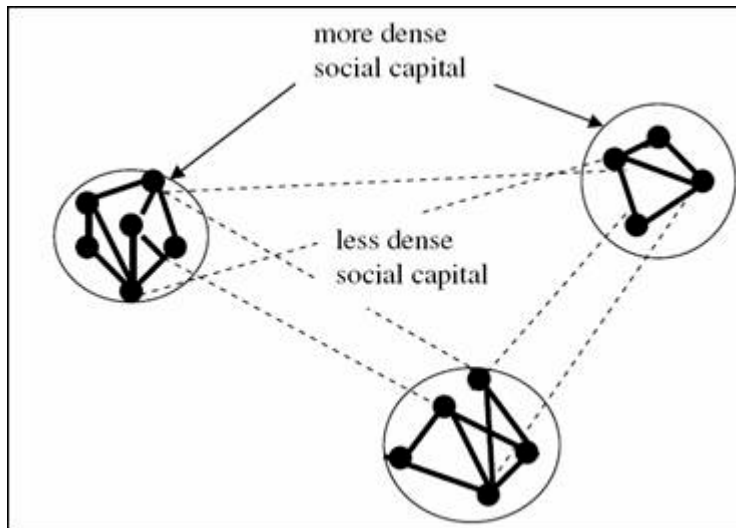


The Strength of Weak Ties

Mark S. Granovetter

American Journal of Sociology, Volume 78, Issue 6 (May, 1973), 1360-1380.



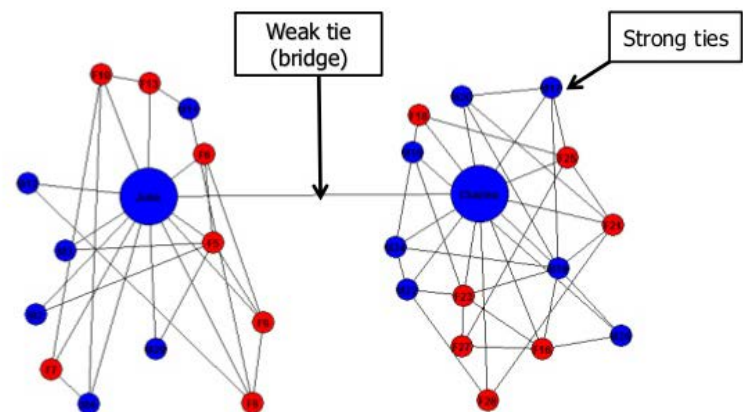


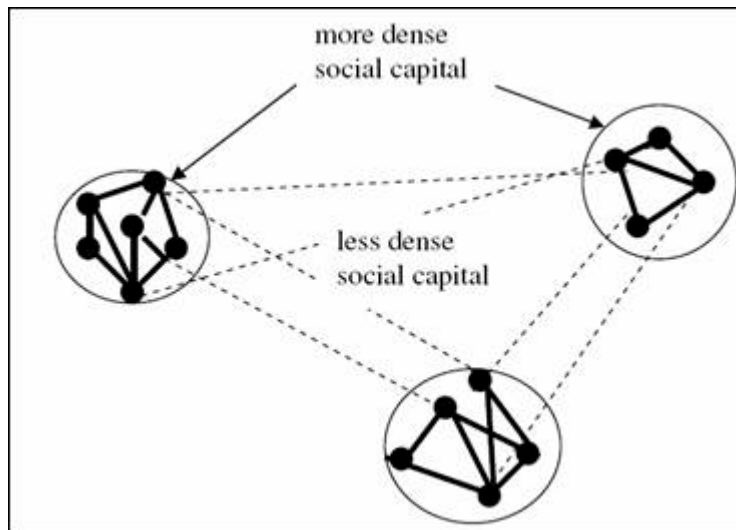
Planning and providing stronger clusters – building expertise and developing transferable learning

- Liaison services for complex cases in general hospitals

Planning and providing more weak links – building resilient networks of care

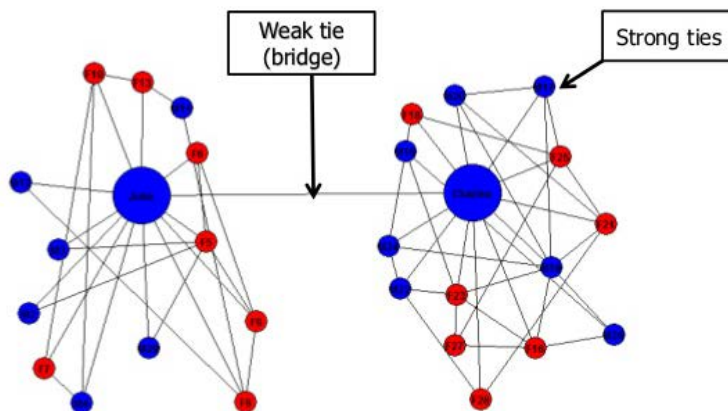
- Collaborative approaches to physical health in LD and severe mental illness





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.

a.o.house@leeds.ac.uk