

Bringing together mental and physical health

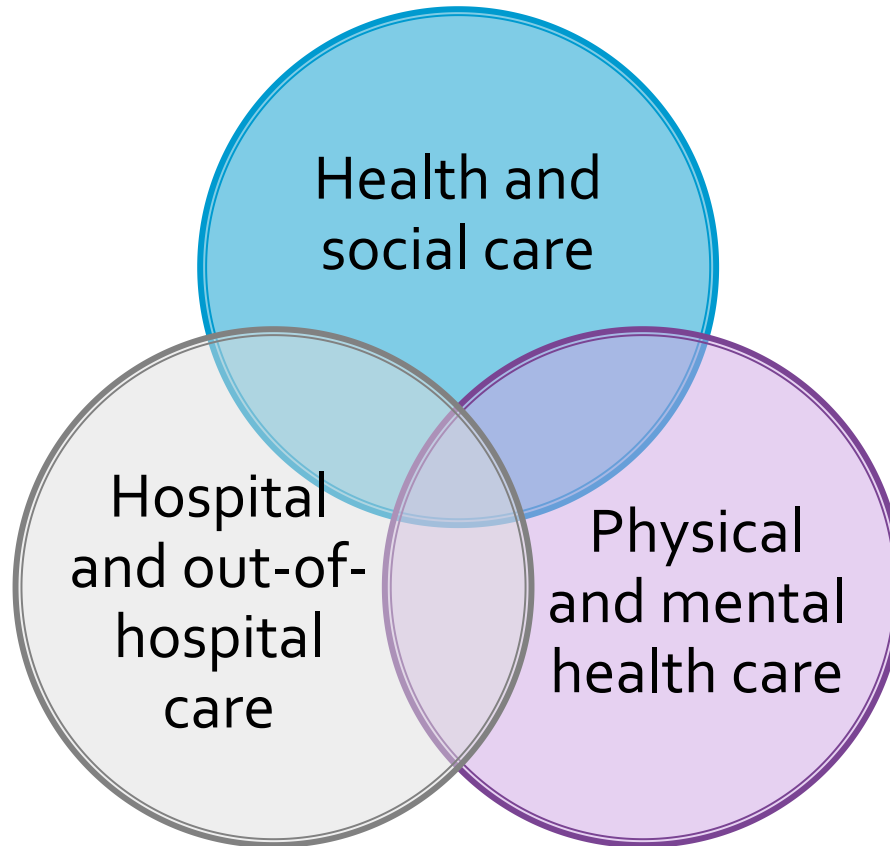
A new frontier for integrated care

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Triple integration



Beyond parity of esteem

'As good as'



'As part of'

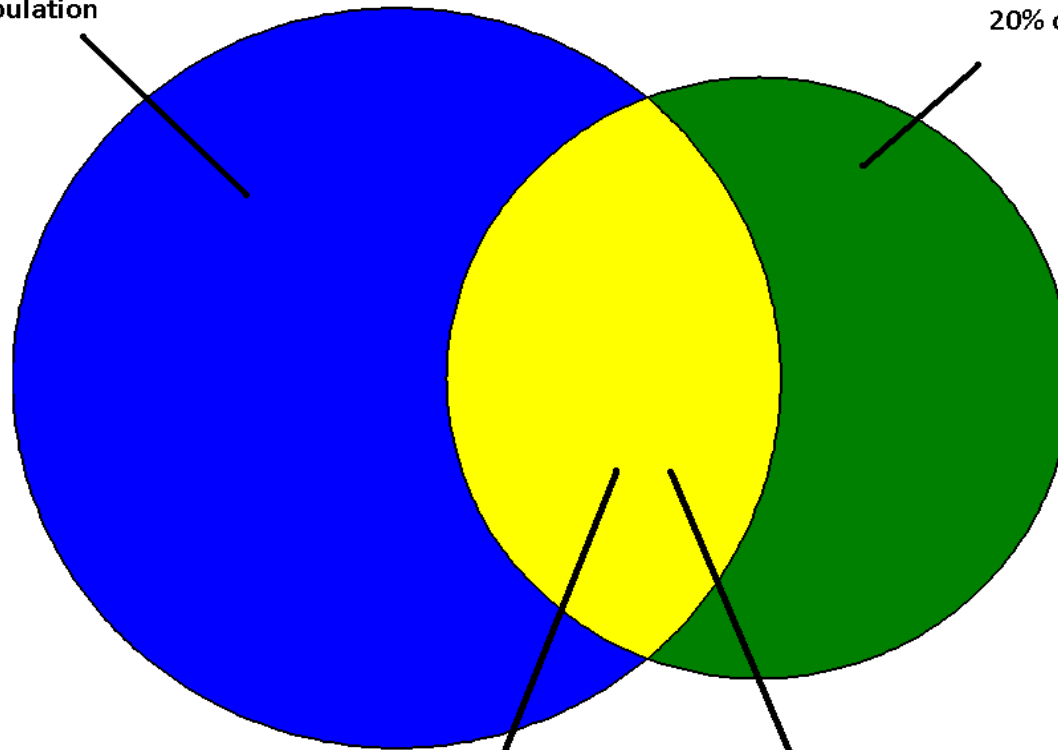
Four related issues

- › High levels of comorbidity between physical and mental health conditions
- › Limited support for the wider psychological aspects of physical health and illness
- › Persistent inequalities in life expectancy among people with severe mental illnesses
- › Poor management of medically unexplained symptoms

Mental and physical health are highly interdependent

Long-term conditions:
30% of population

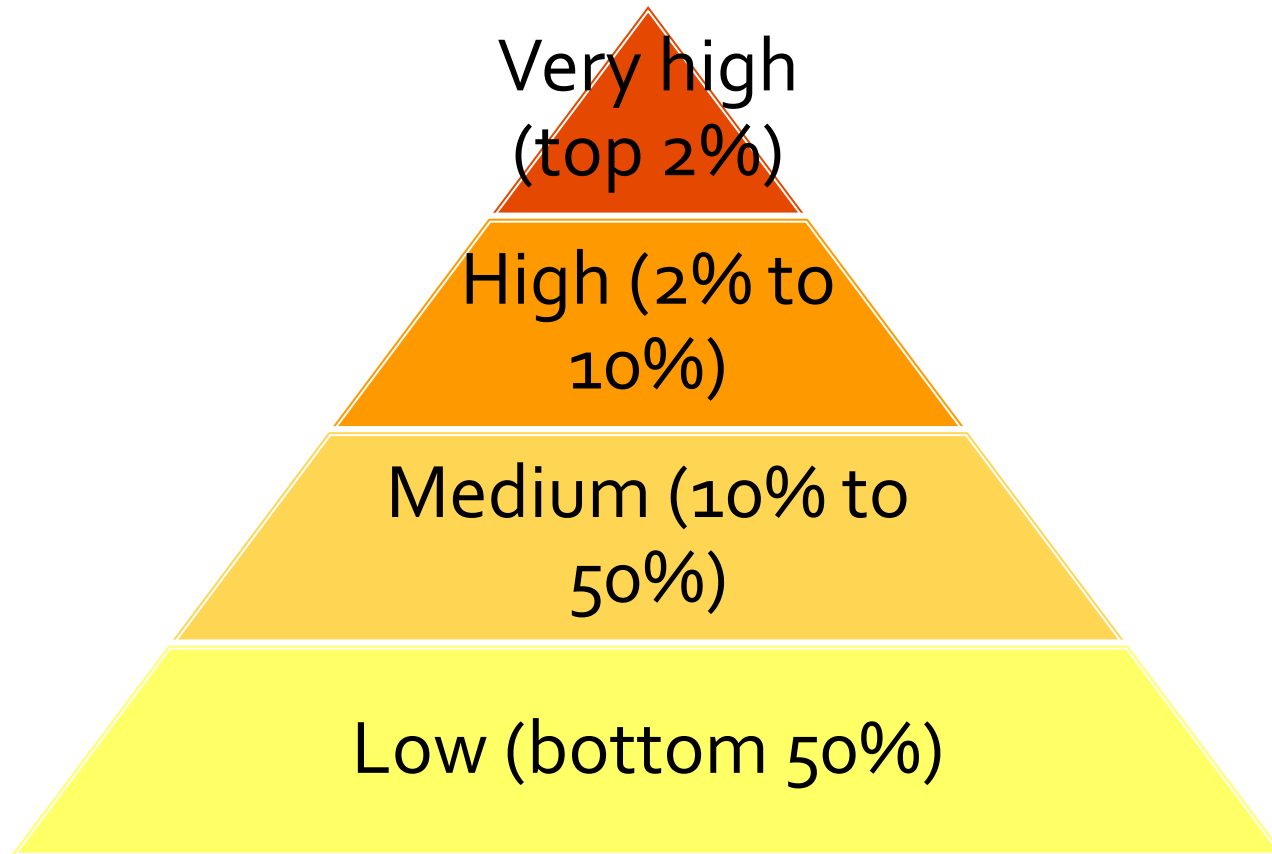
Mental health problems:
20% of population



30% of people with a long-term condition have a mental health problem

46% of people with a mental health problem have a long-term condition

Multi-morbidity drives system costs



10 areas where integration is needed

Prevention / public health	<ol style="list-style-type: none">1. Incorporating mental health into public health programmes2. Health promotion among people with severe mental illnesses
General practice	<ol style="list-style-type: none">3. Improving management of 'medically unexplained symptoms'4. Strengthening primary care for the physical health needs of people with severe mental illnesses
Chronic disease management	<ol style="list-style-type: none">5. Supporting the mental health of people with long-term conditions6. Supporting the mental health and wellbeing of carers
Hospital care	<ol style="list-style-type: none">7. Supporting mental health in acute hospitals8. Addressing physical health in mental health inpatient facilities
Community / social care	<ol style="list-style-type: none">9. Providing integrated support for perinatal mental health10. Supporting the mental health needs of people in residential homes

Integrated service models: Key themes

- › No single approach to integration
- › Redefining 'core business'
- › Performing an educational function alongside a clinical one
- › Bridging the gaps between primary and secondary care
- › Redesigning the workforce e.g. through creation of new roles
- › Reducing stigma

Getting the basics right

Good communication skills, careful use of language

Not about turning everyone into 'experts in everything'

Willingness to take a 'whole person' perspective

Rethinking professional education

- › All health and social care professionals need a foundation of basic common competencies in mental and physical health
 - › Awareness & identification of common conditions and risk factors
 - › An openness to explore what a person's wider needs might be beyond the boundaries of their own specialism, and an understanding of other forms of support that are available
 - › Knowledge of specific approaches / clinical skills (e.g. spirometry, mental health first aid)
- › Also need to focus on 'reviving, refreshing and reinvigorating' the skills and knowledge already present in the health and care workforce (England 2014)

Some promising developments...

- › Mental Health Taskforce report directs targeted investment towards key service models:
 - › Liaison psychiatry (focused on A&E)
 - › Perinatal mental health care
 - › Improving capability of IAPT psychological therapy services to support people with long-term physical health conditions

...but more is needed

- › Further thought needed on:
 - › Mental health in primary care e.g. collaborative care models
 - › Liaison services beyond A&E
 - › Integrating physical and mental health in the context of new models of care (PACS, MCPs)
 - › 'Getting the basics right'
- › The ownership challenge – it takes two to integrate

How can we make faster progress?

Leadership

- › Developing passionate, skilful leaders
- › Identifying board-level champions in provider organisations

Finance and commissioning

- › Involving commissioners at the outset
- › Developing new payment systems and contracting mechanisms

Outcomes measurement

- › Improving ability to demonstrate value

Harnessing digital technologies

- › Integrating IT systems

Conclusions

- › A compelling case for seeking to support mental and physical health in a more integrated way
- › Lots of promising examples of local innovation but need to find ways of scaling up. Opportunities to do so include:
 - › New models of care in vanguard sites and elsewhere
 - › Emerging place-based approaches
- › The broader implications for professional education and training require further thought
- › Need leadership from across the system