

Bringing together mental and physical health

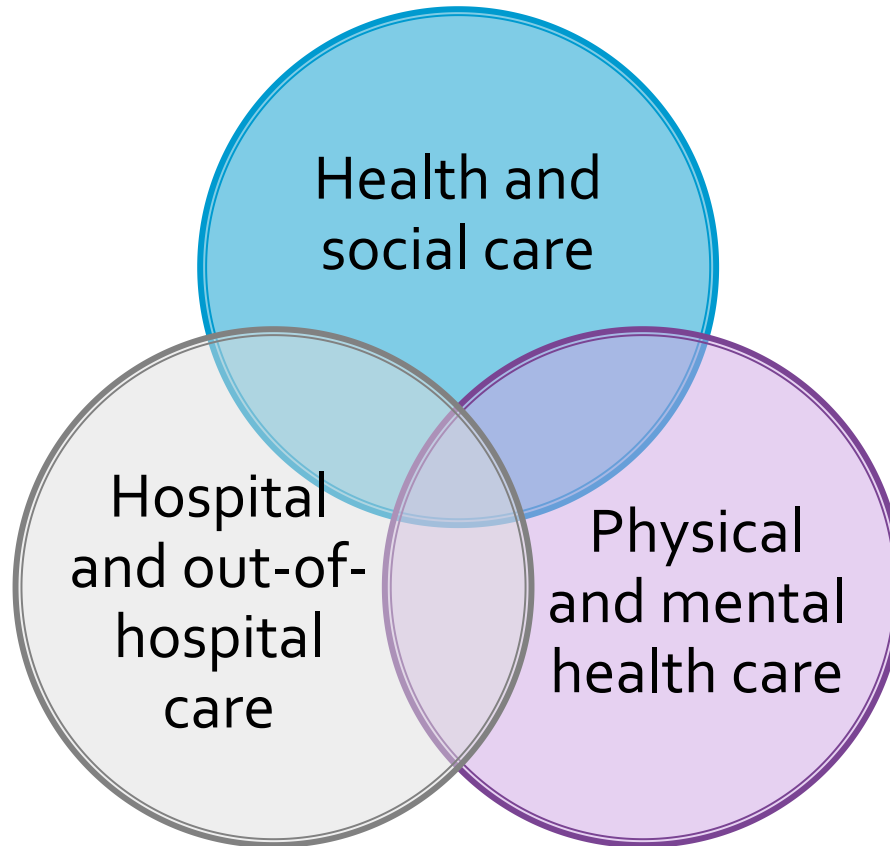
A new frontier for integrated care

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Triple integration



Beyond parity of esteem

'As good as'



'As part of'

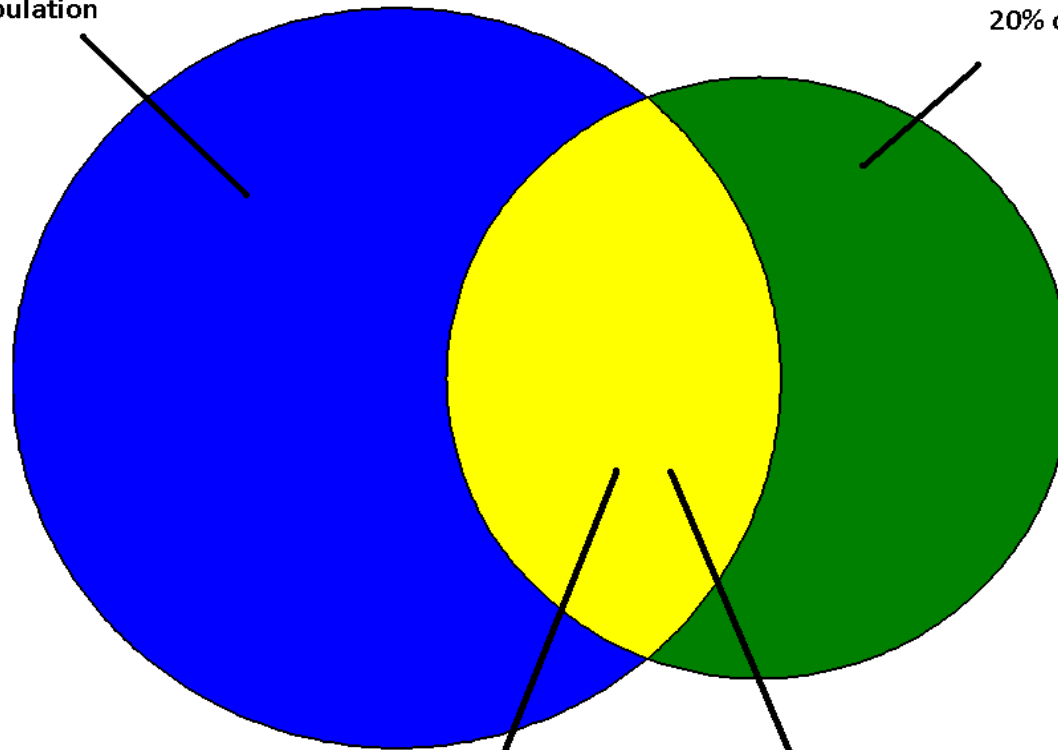
Four related issues

- › 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

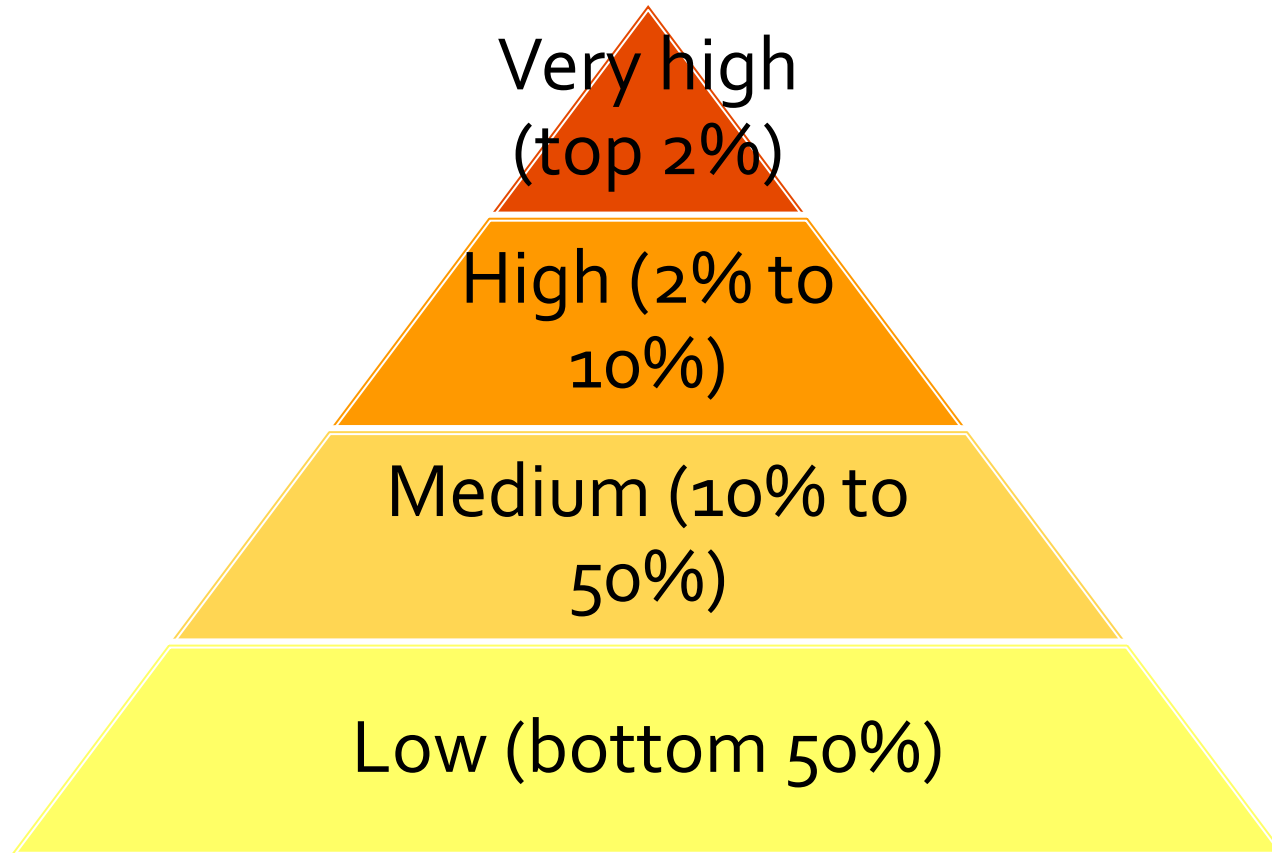
Mental health problems:
20% of population



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

1. Incorporating mental health into public health programmes
2. Health promotion among people with severe mental illnesses

General practice

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

5. Supporting the mental health of people with long-term conditions
6. Supporting the mental health and wellbeing of carers

Hospital care

7. Supporting mental health in acute hospitals
8. Addressing physical health in mental health inpatient facilities

Community / social care

9. Providing integrated support for perinatal mental health
10. 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