New approaches to mental health

Mental health in the context of the NHS five year forward view

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Mental health policy in England

Improving access to services
• Services for children and young people
• Perinatal mental health services
• Psychological therapies
• Early intervention teams for psychosis
• Crisis resolution & home treatment teams

Support outside the health and care system
• Individual Placement and Support model
• Liaison and diversion services in the criminal justice system

Prevention
• Suicide prevention
• Prevention Concordat led by PHE

Integration
• An integrated approach to mental and physical health
NHS five year forward view

A new relationship with patients and communities

New models of care “dissolving traditional boundaries” in the health system
Why integrate?

Who could benefit from integrated mental health care?

People with multiple physical and mental health conditions, including older people with frailty as well as younger people with highly complex needs.

People with long-term physical health conditions who would benefit from support for the psychological aspects of adjusting to and living with their condition.

People with persistent physical symptoms such as chronic pain that can be maintained and reinforced by psychological and biological processes acting in tandem.

People with severe mental health problems who often experience poor physical health and less effective care and support for their physical health needs.
Mental & physical health are highly interdependent

Long-term conditions: 30% of population of England

Mental health problems: 20% of population of England

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

Naylor et al 2012
Fragmented care impacts on people’s lives

If I go to see someone about my eyes, my eyes are what I am and the rest of me doesn’t matter. If I go to see someone for a mental health problem, I am a mental health problem.

You are your own advocate – you have to be able to navigate all the different services.

The first question is always ‘How are your HbA1C levels?’, rather than ‘How are you? How are you coping?’

What is the point of treating someone to a medically high standard if you destroy them as a person at the same time?
Poor mental health increases the cost of physical health care

Annual per patient costs with and without depression (excluding MH treatment costs)

Costs of antidepressant prescriptions and mental health treatment are excluded. CHF: congestive heart failure; CAD: coronary artery disease; IVDD: intervertebral disc disease.

Welch et al 2009
Poor mental health increases the cost of physical health care

Melek & Norris 2008
Poor mental health increases the cost of physical health care

Annual per patient costs with and without mental health problems

Beacon Health Strategies 2011
Significant financial impact across the system

Between 12% and 18% of all expenditure on long-term conditions is linked to poor mental health and wellbeing (Naylor et al 2012)

People with MH problems use significantly more unplanned hospital care for physical health needs, including 3.6x higher rate of potentially avoidable admissions for ambulatory care-sensitive conditions (Dorning et al 2015)

Medically-unexplained symptoms account for around 15-30% of GP appointments and around 3% of total NHS expenditure (Bermingham et al 2010)

Perinatal mental health problems cost the NHS an estimated £1.2 billion for each annual cohort of births (Bauer et al 2014)
Impact on quality and outcomes

- Cardiovascular patients with depression experience 50 per cent more acute exacerbations per year (Whooley et al. 2008).

- Depression increases mortality rates after heart attack by 3.5 times (Lesperance et al. 2002).

- People with diabetes and co-morbid depression have 37% increased risk of all-cause mortality over a two-year period (Katon et al. 2004).

- Men with schizophrenia die, on average, 20.5 years earlier than general population, and women with schizophrenia die 16.4 years earlier.

- Co-morbid MH problems have a greater effect on quality of life than any other form of co-morbidity (Mujica-Moto 2014).

- 3x higher death rate from respiratory disease among people with schizophrenia (Saha et al. 2007).

- Twofold increase in mortality after heart bypass surgery over an average follow-up period of five years (Blumenthal et al. 2003).
# 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 persistent physical symptoms  
|                                    | 4. Strengthening primary care for 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 |
Current policy priorities in England

› ‘Improving access to psychological therapies’ (IAPT)
  › Existing programme expanded to include a new focus on psychological support for people with long-term conditions in 38 early implementer sites

› Expansion of liaison mental health services in general hospitals
  › “By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the ‘Core 24’ service standard”

› Perinatal mental health services
  › Additional ‘mother and baby’ inpatient units in underserved areas
  › More funding from community perinatal mental health teams
  › Mental health training for midwives and health visitors

› Closing the gap in premature mortality rates
  › Funding to deliver physical health checks for people with severe mental illnesses
King’s Health Partners ‘Mind and Body’ programme

Mind and body at King's Health Partners

imparts
Integrating Mental & Physical healthcare: Research, Training & Services

The King’s Fund
# Mental health in primary care

## Key target groups in primary care

<table>
<thead>
<tr>
<th>Extended IAPT</th>
<th>People with mild to moderate depression or anxiety, including those with long-term physical health conditions</th>
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<tbody>
<tr>
<td>Primary care psychological medicine</td>
<td>People with complex needs who ‘fall through the gaps’ e.g. persistent physical symptoms, personality disorders</td>
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<tr>
<td>Step up/down services</td>
<td>People with severe mental illness whose condition is stable and well-managed</td>
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<tr>
<td>Physical health checks</td>
<td>Mental health service users who need assessment/treatment for physical health needs</td>
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<tr>
<td>Single point of assessment</td>
<td>Anyone presenting to primary care who may need a referral for mental health treatment or support</td>
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Primary care service, City & Hackney

Outline
- ‘Primary care psychotherapy consultation service’ – Outreach service embedded in GP practices throughout City and Hackney, London

Key elements
- Multi-disciplinary team of mental health professionals attend practices to help GPs manage patients with complex needs (e.g. persistent physical symptoms)
- Social prescribing in addition to psychotherapy

Clinical and educational functions
- Direct one-to-one consultations with patients
- Joint consultations with a patient and their GP
- Consultations with GPs or other practice staff

Outcomes
- Increased confidence among GPs
- Significant improvements in mental health and functioning
- Reduced service use: a third of the costs were offset by savings elsewhere
PRISM service, Cambridgeshire & Peterborough

Focus
- To support timely assessment and onward referral, triage or sign-posting for adults (17-65) with mental health needs of moderate to high severity that cannot be managed in primary care alone

Key elements & functions
- Initial assessment & rapid re-entry into services
- Providing advice to GP for ongoing management and support in primary care
- Education and upskilling of primary care staff
- Step up – direct pathways into specialist services when needed
- Step down – support transitioning from secondary care
- Signposting – close collaboration with the third sector
- Provision of psycho-educational interventions direct to patients
- Completion of physical health checks

Providing a bridge between primary and secondary
- Workforce based in primary care and have access to primary care IT systems
- But with direct access to other specialists within mental health trust
- GPs collaborate in clinical decisions and remain the responsible clinician
The move to integrated care

Objective of new care models is to develop more integrated approaches to care that dissolve traditional boundaries.

Bringing a range of services together into one alliance/organisation:

- GP services
- Community health services
- Mental health
- Social care
- In MCPs, potentially some hospital services (e.g. diagnostics, outpatients)
- In PACS, all hospital services

Organised in neighbourhood units covering a population of 30,000 to 50,000 people.
Place-based care: an opportunity?
Key points

A compelling case for integrating mental health care with the rest of the health system

Lots of promising examples of local innovation in the NHS, but need to adopt a more systematic, strategic approach

Leadership from across the system is essential (including primary care and acute general hospitals)

The new emphasis on building place-based systems of care is an opportunity to develop this kind of system-wide approach

Get mental health right, and we stand a better chance of getting the whole system right
Thanks

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