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
Integrating mental health care across the health system

• Chris Naylor – Senior Fellow in Health Policy
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
Why integrate?

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

Who could benefit from integrated mental health care?
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
Premature mortality

Modelled bipolar disorder adjusted HR
Annual bipolar disorder adjusted HR and 95% CI

Modelled schizophrenia adjusted HR
Annual schizophrenia adjusted HR and 95% CI

### Mental health in primary care

- An emerging priority for many local systems, but no national blueprint
- Various different approaches being developed, each with its own focus

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<th>Key target groups in primary care</th>
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<td><strong>Co-located IAPT</strong></td>
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<td><strong>Primary care psychological medicine</strong></td>
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| **Step-up/down services**       | • People needing a higher level of support than available in primary care  
                                 | • People with SMI whose condition is stable and well-managed |
| **Physical health checks**      | • Mental health service users needing assessment/treatment for physical health needs |
| **Neighbourhood arrangements**  | • Various, including people with long-term conditions and/or highly complex care needs |
Neighbourhood working

Move to ‘neighbourhood’ arrangements, with GP practices clustered around populations of 30,000 to 50,000, bringing a range of services together into one alliance/organisation:

- Primary care
- Community health services
- Social care
- Mental health
- Some hospital services (e.g. diagnostics, outpatients)

The key piece of learning along the way has been that the role of mental health professionals in the new care model has been much greater than we initially anticipated.

Sarah Gill, TEWV FT
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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