Physical health care  Mental health care
The problem with a “physical health” pathway

Risks:

- Mental ill-health is undiagnosed and mistakenly treated as if it was a physical illness
  
  - 36.2% of people identified with a common mental health problem had never been diagnosed with one.\(^1\)
  
  - Often at great cost to the individual and the NHS.\(^3\)
  
  - Hypochondriasis; somatisation/medically unexplained symptoms (MUS).

- Untreated (ignored) mental ill-health worsens the outcomes of co-existing physical ill-health:
  
  - Depression leads to a two to three fold increase in negative outcomes in people with heart disease, including 50% increase in mortality;\(^2,3\)
  
  - Serious mental illness (SMI) lowers survival in breast cancer) e.g. 74% higher risk of death over a 4-5 year follow-up\(^4\)
…and the problem with a “mental health” pathway

Risks:

- **Mental ill-health increases the risk of physical ill-health**
  - depression increases the risk of acute coronary syndromes by 50-100% \(^5\)
  - schizophrenia increases risk of CV disease, COPD, cancer, obesity and diabetes \(^6\)

- **Physical health can be seriously impaired as a direct result of mental health problems:**
  - liver damage due to alcohol abuse \(^7\) or paracetamol overdose \(^8\)
  - blood borne infection resulting from heroin abuse \(^9\)
Which leads to….

- **Premature mortality and poor survival rates**
  - 15-20 year gap in life expectancy for people with SMI\(^{10}\)
  - People with SMI less likely to survive heart disease, stroke, diabetes and chronic obstructive pulmonary disease (COPD) with a 50-75% higher mortality risk\(^{11}\) \(^{12}\)
  - People who are depressed are less likely to survive after an MI (3 times less likely)\(^{13}\)

- **Higher costs of care**
  - Costs of depression comorbid with physical health double the cost of the chronic health condition, (including diabetes plus depression)\(^{14}\)
  - Between 12 and 18% of all NHS expenditure on long term costs is linked to poor mental health\(^{3}\)
  - Medically unexplained symptoms have been estimated to account for between 20 and 50% of consultations in different areas of medicine; NHS reported to spend £3 billion per year on MUS\(^{15}\)
THE 5 YEAR FORWARD VIEW OF MH and accelerated drive towards integrated care

- Expansion of ‘Integrated IAPT’ services – integrated with physical health pathways (and liaison services) for people with long term conditions or distressing and persistent medically unexplained symptoms (3000 new therapists) – increasing IAPT coverage from 15% to 25%.

- Expanding access to acute hospital all-age mental health liaison services in emergency departments and inpatient wards.

- Expanding access towards physical health checks and interventions for people with severe mental illness, across primary and secondary care (and related CQUIN in place for 2017-19).
Integrated IAPT Programme

• Autumn 2016 announcement of 22 sites (Wave 1) supported by new central funding with 30 CCGs involved aiming to treat 30,000 people in 2017.

• Evidence shows strong case for better patient care and cost savings e.g.:
  
  ➢ **Cardiovascular disease.** An intervention in people with angina reduced both admissions by 33% and length of stay in patients the following year, with savings of £1,337 per person in 2007.

  ➢ **Respiratory disease, particularly COPD.** In Hillingdon gross savings of £837 per person over 6 months in secondary care costs (fewer A&E presentations and bed days when admitted), and £1,300 in overall healthcare costs over 6 months.

• December 2016 launch of Wave 2 central transformation funding bidding process – currently underway!

• By 2021 we expect at least 400,000 people with physical and mental health needs will have access to integrated IAPT services.
Acute hospital liaison mental health services

- The Five Year Forward View for Mental Health recommended that:
  
  By 2020/21, no acute hospital is without all-age liaison mental health services in Emergency Departments and inpatient wards

  At least 50 per cent of acute hospitals are meeting the ‘core 24’ service standard for adults & older adults as a minimum by 2020/21

- This is supported by total £249m new investment over the next 4 years

- New implementation guidance for liaison standards that will be measured nationally:
  
  ✔ Liaison teams should respond to referrals within 1 hour

  ✔ Liaison teams should put in place NICE-concordant package of care for patients within 4 hours.
Physical health care for people with SMI

The Five Year Forward View for Mental Health recommended that:

*NHS England should ensure that by 2020/21, 280,000 more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.*

**£40 Million funding**

CCGs to offer NICE-recommended screening and access to physical care interventions to cover 30% of the population with SMI on the GP register in 2017/18, moving to 60% population from the following year. This is to be delivered across primary and secondary care.
Beyond the 5YFVMH: Integrating mental and physical health care?

- Physical health professionals to be trained to deliver good quality basic mental health
- Mental health professionals to be trained to deliver good quality basic physical health
- NICE to develop integrated guidelines in relevant areas
- NHS England specialist services to be commissioned to include comprehensive approach to mental AND physical health care
- **ONE DOOR?**
References