Integrating Physical and Mental Healthcare: the Challenge for the NHS

A Joint Event by the All-Party Parliamentary Health Group and the King’s Fund.

Chair: Baroness Walmsley

Tuesday 14th June 2016, 9.00 – 10.30am, Macmillan Room, Portcullis House, Westminster

Event Summary

Overview

The All-Party Parliamentary Health Group and The King’s Fund welcomed Parliamentarians and other senior stakeholders in health, to a joint seminar on improving the integration of physical and mental healthcare, to support the whole person. It is now widely understood that having a physical health problem can have a serious impact on a person’s mental health and wellbeing - and that having a mental health problem increases the risk of a range of physical health conditions. This was recognised in the Five Year Forward View for Mental Health, published in February 2016, which highlighted the need to improve integration of physical and mental health services as one of its three key recommendations.

The seminar addressed a number of key questions. How can the NHS overcome structural barriers in both primary and secondary care to deliver integrated physical and mental healthcare? Do we have the right workforce, in the right settings to do this? How can we ensure that the goal is not only parity of esteem, whereby mental healthcare is as good as physical health care, but that mental health care is delivered as part of physical health care and vice versa?

Speakers and themes

- **Chris Naylor, Senior Fellow, Policy, The King’s Fund**: a briefing on the King’s Fund report published in March 2016: *Bringing Together physical and mental health - a new frontier for integrated care.*

- **Professor Jane Dacre, President, Royal College of Physicians**: Mental & physical health.

- **Professor Sir Simon Wessely, President, Royal College of Psychiatrists**: *The challenge of integrating physical health into a mental health perspective.*
Paul Farmer, Chief Executive, MIND: Integrating mental and physical health – delivering the Five Year Forward View for Mental Health.

Key problems identified by the speakers

- The provision of services for physical and mental health care is not only divided amongst different organisations and funding streams but, crucially, by professional culture.
- An associated problem is that linked physical and mental health problems have the effect of driving up treatment costs, whilst they can drive down outcomes.
- Many physicians are facing the challenge of dealing with a number of co-morbidities, including those related to mental health, without necessarily having a background in psychology.
- Some physicians are overmedicating or over testing patients for fear of missing vital health indicators.
- The causes of poor physical health in those with mental health issues are not hard to identify, but they are more challenging to address. For example, smoking, obesity, lack of exercise and diabetes.

Desired outcomes that emerged from the meeting

- There should be a change in primary care provision right across the health service, with an emphasis on improving mental health care, for example increased training for midwives so they can deal with postnatal mental health issues.
- There should be a change in attitude amongst health professionals, involving more effective communication with patients, as well as an increased willingness on their part to tackle issues outside their areas of direct expertise.
- It is vital that patients with mental health problems interact with mental health professionals as early on as possible, preferably when the problem first presents in primary care.
- Increased transparency in funding and data in the mental health sector would help to create a clearer picture of what is exactly going on in terms of funding and treatment pathways.
- There should be continued improvement in the training and resources dedicated to tackling the stigma surrounding mental health problems across the whole health care system.

Chris Naylor, Senior Fellow, Policy, The King’s Fund

Mr Naylor opened the discussion by arguing that whilst much attention is given to the discontinuity between health and social care or primary and secondary care, more must be done
to tackle the disparity between physical health care and mental health care. He highlighted the fact that provision of care for each sector is not only divided amongst different organisations and funding streams but, crucially, by professional culture. The report from The King’s Fund, *Bringing Together physical and mental health - a new frontier for integrated care*, emphasises the fact that, not only is this clinically unacceptable, it is also financially unaffordable. ¹ In this sense, The King’s Fund report is in agreement with comments made by Simon Stevens in the NHS Five Year Forward View. ²

Mr Naylor went on to contend that the NHS must strive for *parity of esteem* within both sectors of health. In general terms, this is the creation of the expectation that the care you receive for a mental health problem will be as good as the physical health care you receive. Furthermore The King’s Fund report argues that health care must go beyond that, by intrinsically linking the two aspects of health. Mr Naylor emphasised the relationship between mental and physical health with an example regarding diabetes sufferers, who are two or three times more likely to experience a mental illness than those in the general population. Such co-morbidities have the effect of driving up costs, whilst driving down outcomes. As well as those who suffer from diagnosed mental illness, any sort of physical health problem creates mental health challenges, and supporting people in this is something which health care services can improve upon. At the same time, further improvements can also be made in treating the physical health of those with mental health issues.

Mr Naylor then went on to discuss the changes required in order to address these challenges. He called for an adjustment in approach in primary care right across the health care system, with an emphasis on mental health care, for example, increased training for midwives dealing with postnatal mental health issues. Secondly, he said a change in attitude is required. Service user feedback in the report concluded that patients really value effective communication. For instance, one patient with diabetes and depression was left with the impression that doctors didn't care about his mental health when they questioned him solely based on his blood sugar levels and not his state of mind. In short, improvement requires a willingness by health professionals to address patient problems outside their own area of specialty. This in itself should be embedded in a culture of top class training to ensure that all health professionals obtain a foundation in both physical and mental health, regardless of their speciality. Mr Naylor concluded on a positive note by highlighting the excellent ongoing work of skilled and passionate clinicians as well as positive changes at the policy level. He called for a system wide drive for change led by all sections of the health sector.

**Professor Jane Dacre, President, Royal College of Physicians**

Professor Dacre gave an enlightening insight into the challenges of integrated care by providing examples from her own practice. She highlighted the complexity of the challenges faced by many physicians who do not necessarily have a background in psychology, yet deal with patients with a number of co-morbidities and mental health issues that feed into this.

Professor Dacre’s first example was a woman in her sixties with a number of chronic conditions including scleroderma, which left her with joint pain and dizziness amongst other symptoms.

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¹ Chris Naylor, Preety Das, Shilpa Ross, Matthew Honeyman, James Thompson, Helen Gilburt (2016) *Bringing together physical and mental health - a new frontier for integrated care*

² NHS Five Year Forward Review (2014)
Whilst medication is available which would alleviate some of these symptoms, the patient, as a result of her anxiety, is often unable to bring herself to take it, or to leave the house to collect the prescription. Professor Dacre linked this case to the structural and systemic challenges which physicians face. She explained that they are under pressure to keep patient waiting times down or their trust risks a fine. Furthermore referral to a physiological specialist is a slow process and there is a lack of GPs with adequate resources to refer patients to.

Professor Dacre talked about a second patient, a woman who suffers from severe arthritis, who requires the use of a wheelchair and who is heavily reliant on care by her daughter, who has expressed her intention to leave home to study. As a result, the patient became distressed and refused to continue with her medication, leading to increased joint pain and employment absence. Again, the physiological aspect of the case was extremely difficult to address, affecting not only the patient but her carer daughter too.

The final patient Professor Dacre spoke about gave the audience a perspective on the integration problem from the opposite angle, a mental health issue adversely affecting physical health. This is the case of a 25-year-old man suffering from back pain who believes, contrary to medical opinion, that he has a serious back problem. His medical records display a series of physical symptoms which are actually likely to be caused by unaddressed mental health issues. The end result is that the young man is unable to work.

Professor Dacre explained that all three cases are characterised by the potential for improvement regarding the mental health care each patient received. In the broader sense, changes can be made in the professional culture of physician assisted care, for example, improved training for physicians in the area of mental health care. Professor Dacre also raised the issue of overmedication and over testing which can occur when physicians are fearful of missing vital health care issues which in turn exacerbates the problem. Moving forward, it is vital that professionals recognise when they are doing this and take steps to amend it. Furthermore there is a need for increased resources into this health care sector. This includes staff, space, joint clinics and co-located mental and physical health units.

Sir Simon Wessely – President, Royal College of Psychiatrists

Sir Simon referred to the mind/body divide as illustrated by the road between the two Trusts, South London and Maudsley (SLAM) NHS Foundation Trust (a mental health trust) and King’s College Hospital NHS Foundation Trust, who could have existed ‘on two different planets’ before, despite being in such close proximity. When Simon first started working at SLAM, there were only two health professionals who had contracts on ‘both sides of the road.’ A lot of progress has been made and more health professionals now work for both Trusts.

Sir Wessely began by alluding to the improvements that have been made in the integration of mental and physical health care in recent decades, including the creation of a 24 hour a day mental health service in A and E. Indeed these types of services have proved to be very successful in achieving the “holy grail” of simultaneously saving money and improving quality of care. The diabetes service at King’s College Hospital is an example of integrated care that has successfully improved the mental and physical health of its patients. Whilst recognising these achievements, Sir Wessely called for an increase in integrated services around the country. Furthermore it is
crucial that patients interact with mental health professionals as early as possible, preferably on their first referral.

In terms of improving care for those with severe mental illness, the causes of poor physical health are not hard to identify. They include high rates of smoking, obesity, high cholesterol, lack of exercise and diabetes. These are issues which will be tackled in an upcoming report published by the Royal College of Psychiatrists, in partnership with the Royal College of Physicians amongst others. On that point, Sir Wessely spoke of the collaboration between the Royal College of Psychiatrists and the Royal College of Physicians on changes to postgraduate medical exams to better reflect the integration of physical and mental health services. He also paid tribute to the improvements made in the area of informatics where significant improvements have been made in the use of routine clinical notes. Sir Simon finished by noting that in a recent survey of service users, the integration of mental and physical health services was flagged as the most important issue by survey respondents.

**Paul Farmer CBE, Chief Executive, MIND**

Mr Farmer began by highlighting the importance of the recent NHS report which he helped to produce entitled *The Five Year Forward View for Mental Health*. The report included contributions from those within the physical health care sector. Moving on, Mr Farmer shared a personal story which clearly highlighted the challenges regarding the improved integration of mental and physical health care. He received an email from the mother of a patient suffering from mental health illness. Whilst under the care of mental health services her son developed physical health problems with a delay in diagnosis impairing his ability to walk. This decline subsequently led to the patient’s admittance to an acute hospital, where he was chained to his bed as a result of fears surrounding his mental health. This is an extreme example of a patient being let down by both sections of the health service.

On a more positive note, the Duke and Duchess of Cambridge recently launched the Heads Together campaign which tackles stigma surrounding mental health. Mr Farmer highlighted the good work of a boxing gym in Croydon which has initiated private classes for those with mental health issues. Users enjoyed significant improvements in both their physical and mental wellbeing, demonstrated by a 50% uptake in permanent membership to the gym. More generally, the FYFV for Mental health report provided three main recommendations moving forward:

- Firstly, 280,000 of those with severe mental illness should have their physical health needs met by the end of this Parliament. This represents the majority of those with severe mental illness and should include a comprehensive screening programme. As Sir Wessely mentioned, the physical issues targeted here are primarily related to lifestyle, for example obesity, cancers, heart disease and smoking. Furthermore patients should receive these checks wherever they are. Therefore patients in the community should receive the checks as part of primary care, those in community-based mental health care should receive the checks as part of that care and so on. This seems to be the most achievable and cost effective way of delivering the screening.

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3 *The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England* (2016)
- The second recommendation from the report focuses on addressing the mental health needs of those with physical health problems, an area with significant potential for financial savings. For example, treating diabetes incurs £1.8 billion in additional costs as a result of the problems attributed to poor mental health, yet fewer than 15% of those with diabetes have access to psychological support. The report therefore recommends increased access to evidence-based therapies with a particular focus on patients with long-term physical conditions.

- Finally, the report identified situations where patients may be at particular risk of mental health issues as a result of physical health problems. One such situation is prenatal care and it is therefore essential for health care professionals to maintain effective communication with mothers regarding their mental health.

Mr Farmer concluded by recommending six changes in the health care system which could help to make the above recommendations a reality.

- Need further transparency of data and funding in mental health, to understand what is going on more clearly.
- Continued improvement in training to help tackle stigma surrounding mental health within the health care system.
- Making every contact in the physical health sector count.
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- Improvement achievable only by collaboration across the health sector, but also with the voluntary sector.
- Individuals need to start to think about their mental health in the same way that they do now about their physical health.

**Question and Answer Session**

**Question:** Jonathan Shaw from Policy Connect: “Are there enough young people wanting to go into psychiatry?”

**Sir Simon Wessely:** No. There is a shortage of professionals across the whole of the workforce. This is biggest single issue we face, even before the junior doctor strike. However there is a recruitment programme going on. I have vowed to visit every medical school across the country – all 36. We have finally seen an upturn in our numbers. However you also have to retain them. So yes, this is a massive problem which is not helped when people stoke up demand with unattainable targets.

**Chris Naylor:** Just to add to that. I do think we need to attract more medical students into psychiatry. However, there are other health professionals who have a really important role to play. Clinical health psychologists for example are really skilled at working at the interface between mental and physical health. It’s also about engaging physicians more generally in this way of thinking. How do we get physicians excited about this? In terms of engaging with the mental health community, to an extent we’re preaching to the converted. So it’s not just about
more mental health professionals, it’s also about what other health professionals think and believe regarding mental health and their responsibility towards it.

**Paul Farmer:** One of our other recommendations (there are 58) is to really think about a multi-disciplinary workforce strategy for mental health practitioners. This needs to address the need for additional psychiatrists and mental health nurses, but also the need for a workforce that is fully equipped to deal with the problems of those with mental health issues. This isn’t just about what you do with the mental health workforce, this is also about skilling up the physical health workforce. There are positive signs about what you can do when you bring mental health professionals into physical health environments. We are seeing some positive signs amongst the new Vanguards of them adopting a multi-disciplinary approach in primary care which is about bringing in the psychologists and mental health nurses. This isn’t just about people it is about place and where people can engage with the right kind of support.

**Question:** Baroness Tyler: “Are the issues which you’ve been talking about different when it comes to integrating care for young people? Is it better or is it worse? And do we need to do the same or different things?”

**Sir Simon Wessely:** I suppose it is slightly better on the one hand, in the sense that paediatricians tend to be highly holistic. On the other hand, in the mental health sector, things aren’t great. The biggest challenge is to do with mental health services in school. That’s the biggest gap to fill. Paul, do you want to talk about money?

**Paul Farmer:** Inevitably the question arises of how those transformation funds are going to be used to support children and young people across the board. The message is very clear. The £250 million a year needs to be spent on improving the mental health care of children and young people. The really good transformation plans that we are seeing locally recognise that this is a holistic approach and I agree with Simon that paediatricians really buy into this. The bigger challenge comes when you start talking to children who are in the 13-17 year old age bracket who are not necessarily getting the help they need for either their physical or mental health. The really good transformation indicators are spotting that you can do a lot of integrated prevention and promotion work, particularly on the health education front, by bringing together mental health with all other health promotion agendas. We are seeing a lot of schools running mental health sessions alongside drug and alcohol awareness sessions and we do need a whole school approach.

**Chris Farmer:** I think it’s a really important question because we need integrated approaches to prevention as well as integrated approaches to care. When thinking about preventing mental health problems, childhood mental health rises up to the top of the agenda. I am aware of a number of schools that are doing great work training up their nurses so that they are skilled in dealing with mental health issues as well as physical health, as well as enhancing the skills of teachers. In terms of your question, is it the same issues that we are dealing with when it comes to children and young people, yes there is this additional complexity of needing to engage the education system into this integrated world.

**Question:** Amanda Coyle Health and Communities, London Assembly. “What will be the impact of devolution on the issues discussed?”
**Chris Farmer**: Devolution is one of the things going on at the moment that creates an opportunity to do something interesting with regards to integration which we need to make the most of.

**Question from the Chair: Baroness Walmsley**: Does anyone know what is being planned in Manchester on this particular front?

**Paul Farmer**: I think it creates a huge opportunity as once you start looking into the health care needs of any local community, if you're doing your health analysis right, you quickly find a huge amount of co-morbidity between mental and physical health. This should be screaming out to CCGs and Health and Wellbeing Boards. The STP process also creates an opportunity to really mainstream the issue. In terms of London and Manchester, we need to be thinking about the prevention story, thinking about those places where we can have the most impact in terms of helping people to think about their mental health, particularly in connection to their physical health. There are employers who are ahead of the curve, starting to attach mental wellbeing into their physical wellbeing programmes. Similarly the good schools are also doing that. Where you have local government working with the NHS collaboratively, this is something that should surface to the top as something which all parties can see the benefits of.

**Question** (Name unclear on audio) “*What came up in the report about the value of community in these issues?*”

**Chris Naylor**: When we did our work with service users and carers, it became apparent that the voluntary sector and peer support has a lot to offer. When people talk to others about their shared experiences of living with an illness, talking about the psychological journey one goes on with an illness, is something which really comes to the fore. Making the most out of peer support services is really important.

**Comment**: Katherine Carpenter consultant clinical neuropsychologist at Oxford Radcliffe Hospital. "*We have introduced psychiatry into acute physical health at Oxford and it has been a great success. Details can be found in the King’s Fund Report.*

**Chris Naylor**: In this era of devolution, the more we publish these examples of good practice and the way in which these things are working the better.

**End**

**Note**: *This summary is accurate within the limits of the audibility of the recording*