



Health for north east London - delivering high quality hospital services for the people of north east London

Response from Redbridge Concern for Mental Health and RUN-UP

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Redbridge Concern for Mental Health and RUN-UP welcome the opportunity to participate in the debate about the future of hospital healthcare in north east London. We support the overall vision to improve the health of the people of north-east London and to make sure people receive high quality services. We also endorse the commitment to reduce health inequalities and where appropriate to bring care closer to people's home.

We are, however, concerned, surprised and disappointed that the consultation document is largely silent on addressing mental health conditions in hospital settings and the community. The consultation document explicitly offers little narrative on how the new system will be designed or might work in practice to improve health outcomes for people with mental health conditions. It is very difficult, therefore, to comment on such broad commitments made within the consultation documents without some understanding of how these services will be designed, delivered and funded.

It is - in our view - a glaring omission especially in light of the World Health Organisation constitution which proclaims there is no health without mental health and more specifically states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹

It is even more surprising in light of the fact that a quarter of all patients in general hospitals have mental health problems which can impede recovery from a physical illness and increase mortality rates.² Moreover, one of the most common reasons for admission to an acute medical bed is due to self-harm.³ Also, over half of all cases of depression in the general hospital setting go unrecognised by physicians and nursing staff and there are similar

¹ <http://www.who.int/mediacentre/factsheets/fs220/en/> (accessed 11 February 2010)

² No Health Without Mental Health, The ALERT summary report Academy of Medical Royal Colleges 2008 (July 2009) <http://www.rcpsych.ac.uk/pdf/ALERT%20print%20final.pdf>

³ Palmer L, Blackwell H, Strevens P. Service Users' Experience of Emergency Services Following Self-Harm: A National Survey of 509 patients. Better Services for People who Self-harm Programme. Royal College of Psychiatrists, 2008.

problems with detection in primary care^{4 5} 60% of people over the age of 65 who are admitted to hospital have or will develop a mental disorder during their admission and that failure to detect and manage dementia at early stages lead to longer length of stay.

The research literature also points out that the untreated mental health problems of patients make them more likely to re-attend A&E departments. And, of all new referrals to general hospital outpatient departments up to 30% have no demonstrable organic illness to account for their symptoms and these patients are higher users of healthcare resources.⁶

It is evident therefore, that when addressing admissions, quality of care, efficiency and so on it is necessary to address mental health. This is a view shared by the Academy of Medical Royal Colleges "*Good management of mental health problems can make a significant contribution to the effectiveness and efficiency of acute hospitals and improve the outcome for patients.*"⁷

There is evidence that access to services is more restricted for those with a mental illness than for the general population.^{8 9} There is strong evidence that those with a mental illness do not receive appropriate services for physical health problems¹⁰ For example, research suggests those with a history of mental illness receive poorer quality care for diabetes and heart attack.¹¹ This has to be considered alongside evidence that those with a mental illness are more at risk of a range of physical health problems, including cardiovascular disease, diabetes, and HIV/Aids,¹² and have higher rates of mortality.¹³

According to the pre consultation business case there are Clinical Advisory Groups and Clinical Work Streams addressing mental health.¹⁴ However, we are puzzled as to why these are not being discussed in the public domain. We support the philosophy underpinning the consultation that services should be developed hand in hand with local communities and that patients, local

⁴ Chew-Graham CA, Hogg T. Patients with chronic physical illness and co-existing and co-existing psychological morbidity: GPs' views on their role in detection and management. *Primary care psychiatry* 2002; 8(2): 35-39

⁵ Burroughs H, Morley M, Lovell K, Baldwin R, Burns A, Chew-Graham CA. "Justifiable depression": How health professionals and patients view late-life depression; a qualitative study. *Family Practice* 2006; 23: 369-377.

⁶ *Healthy mind, health body*, NHS Confederation Briefing, April 2009 Issue 179

⁷ *Managing Urgent Mental Health Needs in the Acute Trust: A guide by practitioners, for managers and commissioners in England and Wales*, Academy of Medical Royal Colleges 2008
http://www.aomrc.org.uk/aomrc/admin/reports/docs/MH_Background_report.pdf

⁸ Thornicroft G. (2006) *Shunned*, Oxford: Oxford University Press

⁹ *NSIP (National Social Inclusion Programme) (2009) Vision and Progress: Social Inclusion and Mental Health*, http://www.socialinclusion.org.uk/publications/NSIP_Vision_and_Progress.pdf

¹⁰ Thornicroft G. (2006) *Shunned*, Oxford: Oxford University Press

¹¹ Druss B. (2000) 'Cardiovascular procedures in patients with mental disorders', *JAMA*, 283(24): 3198-3199

¹² Rethink (2005) *Running on Empty: Building momentum to improve wellbeing in severe mental illness*, London: Rethink

¹³ Harris T. (2001) 'Recent developments in understanding the psychosocial aspects of depression', *British Medical Bulletin*, 57: 17-32

¹⁴ Health for North East London, Pre consultation business case

residents and elected representatives should have the same opportunity to shape service design and delivery.

We would like to know, therefore, how this principle is being addressed in the aforementioned Advisory Groups and Work Streams especially in light of Lord Darzi guarantees that “all changes will be locally led” and “You will be involved”. We look forward to finding out more on how local service users are being involved in the Clinical Advisory Groups and Works Streams.

We are also concerned that these groups have not been designed and developed in line with the National Institute for Health and Clinical Excellence guidelines on Community Engagement where the research suggests that a co-production approach can lead to more appropriate, effective, cost-effective and sustainable services, encouraging health-enhancing attitudes and behaviour, empowering people, through, for example, giving them the chance to co-produce services.¹⁵

We are also keen to find out more about the development and strengthening of liaison psychiatry services as the research literature suggests that psychiatric liaison interventions can improve patient outcomes, reduce length of stay and cut healthcare costs.¹⁶ We are aware that there are such services in Redbridge. However, we are not clear how these will be affected by the changes. We would also want more detail to ensure that the liaison mental health services will be commissioned and reviewed against agreed specific service standards, to ensure they provide effective, evidence based interventions to treat mental health problems.

We support the aim – where appropriate – of preventing ill-health and bringing care closer to people’s homes. However, the research literature also suggests that there is a risk, when shifting care from hospitals to the community that the quality of care may decline and a strong possibility that costs will increase.¹⁷

The research literature suggests that physicians and nursing staff in primary care settings also fail to recognise a significant number of cases of depression. There are also concerns about the attitudes, practices and behaviour of professional staff in primary care. Service users, for example, report that some general practitioners are even more often stigmatising than psychiatrists in responding unsympathetically to people with mental illnesses. This has been illustrated by a series of focus groups in England which asked service users about their experiences of stigma and about who should receive targeted educational sessions to reduce discrimination. The group most often

¹⁵ Community Engagement to Improve, health, NICE

¹⁶ Managing Urgent Mental Health Needs in the Acute Trust: A guide by practitioners, for managers and commissioners in England and Wales, Academy of Medical Royal Colleges 2008
http://www.aomrc.org.uk/aomrc/admin/reports/docs/MH_Background_report.pdf

¹⁷ Bonnie Sibbald, Ruth McDonald, Martin Roland, *Shifting care from hospitals to the community: a review of the evidence on quality and efficiency*, Journal of Health Services Research & Policy Vol 12 No 2, 2007: 110–117

mentioned (by about two-thirds of service users) was family doctors, closely followed by school children, employers and the police.¹⁸

We would also like further information with regard to how the larger polyclinics will mitigate the risk of becoming mini-hospitals and 'institutional'. It is well documented that whilst new buildings provide shared space, new working practices are more difficult to achieve. We would like more information and detail on how comprehensive cultural and organisational change will be addressed as this will be fundamental if there is to be a real impact on the way people with mental health needs currently experience public services.

We would also like more details on the mental health services that will be provided in the community. Will there, for example, be provision of psychiatric expertise for atypical/somatizing patients and those presenting frequently to general hospitals? What community models are being developed? Are they being developed alongside existing specialist teams, for example, enhancing access to elderly psychiatry expertise in community settings, again with a view to preventing relapse/deterioration and prolonged hospital stays?¹⁹

In light of our response, we hope that before changes are made full account will be taken of the need to incorporate mental health services in the changes. And, more importantly that the community has an opportunity to comment on the mental health recommendations in the context of the other proposed plans.

¹⁸ Discrimination against people with mental illness: what can psychiatrists do?†
Graham Thornicroft, Diana Rose & Nisha Mehta, *Advances in psychiatric treatment* (2010), vol. 16, 53–59

¹⁹ Polyclinics and psychiatry: risks and opportunities, Linda Gask, Suresh Joseph, Michele Hampson, *The Psychiatrist* (2010) 34