Response from Redbridge Concern for Mental Health and RUN-UP

NHS outer north east London Draft primary care strategy for 2012/17

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Introduction

Redbridge Concern for Mental Health and RUN-UP welcome the opportunity to comment on the draft Primary Care Strategy, 2012/17. We support the overall aim of the strategy to provide primary care services in outer north east London that are high quality and fair; provided from buildings that are fit for purpose; and which deliver value for money for tax payers; and provide care as close to the patient's home as possible.

However, the strategy lacks narrative and detail in a number of fundamental and key areas. For instance, the strategy is largely silent on the inextricable link between mental health and physical health. This is particularly surprising as we wrote a detailed response to the Health for North East London[1] consultation, which also – largely - failed to address mental illness.

The strategy also appears to largely ignore the Coalition Government's Mental Health Strategy: *No Health Without Mental Health* and the underlying theme that **mental health is everyone's business**. Indeed, the government's mental health outcomes strategy places considerable emphasis on the connections between mental and physical health.[2] It is very difficult, therefore, to comment on such broad commitments made within the consultation documents without some understanding of how ONEL will be improving integration of mental health support with primary care and disease management programmes.

We also need more detail on how ONEL plans to develop closer working between mental health and other specialists as the research demonstrates that people with long-term physical health conditions – the most frequent users of health care services – commonly experience mental health problems such as depression and anxiety, or dementia in the case of older people.[3]

Finally, a growing volume of research evidence suggests that more integrated approaches, with closer working between professionals responsible for patients' mental and physical health, can improve outcomes while also reducing costs which in turn can contribute to meeting the policy objectives of the Quality, Innovation, Productivity and Prevention (QIPP) challenge.

> **"No other health condition matches mental illness in the combined extent of prevalence, persistence, and breadth of impact. Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health, and increased health-risk behaviour. Mental illness has not only a human and social cost, but also an economic one, with wider costs in England amounting to £105 billion a year."[4]**

[1] http://www.rcmh.org.uk/reports.htm
[2] Department of Health 2011a
[3]
[4] Centre for Mental Health (2010) The Economic and Social Costs of Mental Health Problems in 2009/10. Centre for Mental Health

Recommendations

- **Duty to provide Integrated services -** To provide detailed plans of how ONEL is tackling the interfaces between different parts of the system and with other agencies (such as social services). People still fall through the gaps between health and social care; primary and secondary care and so on.

- 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/somatising 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.?[5]

- **Stigma and Discrimination:** Educational and training programme for primary care health professionals to tackle: The research literature suggests that physicians and nursing staff in primary care settings fail to recognise a significant number of cases of depression. There are also concerns about the attitudes, practices and behaviour of some professional staff in primary care.[6]

- ONEL to familiarise itself with the growing volume of research evidence suggesting that more integrated approaches, with closer working between professionals responsible for patients' mental and physical health, can improve outcomes while also reducing costs

- Workshops, training and cultural change programme for ONEL staff on the inextricable links between physical and mental health.

- To use robust research, evidence and explanations in consultation documents

[5] Polyclinics and psychiatry: risks and opportunities, Linda Gask, Suresh Joseph, Michele Hampson, The Psychiatrist (2010) 34

[6] 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

Concerns regarding framing of research and use of statistics

A number of statements are made in the Strategy, which are not backed up by robust evidence. For instance, on page 9: *"A new health centre opened in Havering – the Harold Wood Polyclinic. A patient survey indicated that over 40% of patients would have otherwise attended A&E had they not visited the walk-in centre"*

This survey is potentially very misleading, as it does not contain any of the following information to make an informed judgment and it is disconcerting as the NHS is committed to an evidence based approach.

- What were the corresponding figures for attendance at Accident and Emergency?
- What follow up research was carried out to see how many respondents to the survey did or did not attend A&E?
- Was the sample size statistically significant?
- What were the health outcomes?

This is particularly worrisome as I am sure ONEL is aware of the fact that most of us pay more attention to the content of the message than to information about their reliability. It is incumbent on the NHS, therefore to adhere to high standards when framing research especially when it is being presented to the public who may not have the skills to question the underlying reliability of the information.

> **"People with long-term conditions, such as diabetes or heart disease, are two to three times more likely to experience mental health problems than the general population. However, a systemic failure to identify these problems and provide effective support is resulting in poorer outcomes for patients and could be costing the NHS billions."**[7]

[7] The King's Fund and Centre for Mental Health

Facts about Mental Health - No Health Without Mental Health

According to the Royal College of Psychiatrists in a group of 2000 patients at any one time, an average general practice will be treating:

- ✓ 352 people with a common mental health problem
- ✓ 8 with psychosis
- ✓ 120 with alcohol dependency
- ✓ 60 with drug dependency
- ✓ 352 with a sub-threshold common mental health problem
- ✓ 120 with a sub-threshold psychosis
- ✓ 176 with a personality disorder
- ✓ 125 (out of the 500 on an average GP practice list) with a long-term condition with a co-morbid mental illness
- ✓ 100 with medically unexplained symptoms not attributable to any other psychiatric problem (MUS).[8]

- Researchers found that by exacerbating physical illnesses, co-existing mental health problems substantially increase the costs related to care for long-term conditions. **Overall, £1 in every £8 spent on long-term conditions is linked to poor mental health, equating to £8–13 billion of NHS spending each year**[9]

- Increased outpatient service use – **diabetes sufferers with mental health problems access double the amount** of outpatient services as those with diabetes alone[10]

- Not only do associated mental health conditions carry a significant financial cost for the NHS, but they also contribute to poorer clinical outcomes for patients and lower quality of life. For example, studies have shown:[11]

    - depression increases mortality rates after a heart attack by 3.5 times
    - children with diabetes are more likely to suffer retinal damage if they also have depression
    - co-existing mental health problems can have a greater effect on quality of life than the severity of the physical illness

- People with long-term physical health conditions – the most frequent users of health care services – commonly experience mental health problems such as depression and anxiety, or dementia in the case of older people.[12]

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[8] Joint Commissioning Panel for Mental Health, http://www.rcpsych.ac.uk/PDF/JCP-MH%20primary%20care%20%28Feb%202012%29.pdf
[9] Naylor et al 2012, Long-term conditions and mental health, The Cost of Co-morbidities, The Kings Fund and Centre for Mental Health (2012)
[10] ibid
[11] ibid
[12] ibid