TABLED PAPER

South West London and St.George's NHS
Mental Health NHS Trust

Sutton
and Merton Directorate

Springfield University Hospital
61, Glenburnie Road
London S W 17 7DJ

Tel: 020 3513 6000
Ext 6636
Fax: 020 3513 6546
DD1: 020 3513 6636

Dear Julia,

**Re: Merton Draft Health and Wellbeing Strategy**

Thank you for the opportunity to comment on the above. Whilst this is a comprehensive strategy, my concern is that it separates physical and mental health into two separate categories without addressing the inter-relationships between physical and mental illness. In this respect, a recent report (Healthy Body, Healthy Mind: How liaison psychiatry services can transform quality and productivity in acute settings, The NHS Confederation, 2009) highlighted that patients with physical illness are three to four times more likely to develop a mental health disorder than the rest of the population. On the other side of the coin, the average lifespan of someone with severe and enduring mental health needs is 15-20 years below the population average – a huge health inequality.

I would therefore like the Health and Wellbeing Strategy address this inter-relationship moreso, particularly in relation to Priority 3:

*Enabling people to manage their own health and wellbeing as independently as possible.*

More than 30% of people in England have a long term physical condition, and an estimated 30% of this group also have a mental health problem. Having both a physical and mental illness delays recovery from both (No Health without Mental Health, HM Government, 2010). An example of this is in patients with diabetes, where the total health expenditure id 4.5 times higher for those who are depressed with those who are not (Mental Health and the Productivity Challenge, The King's Fund, 2010). Patients with both chronic heart disease and depression are more likely to experience complications and to undergo invasive procedures, and patients with COPD and depression have longer hospital stays (No Health without Mental Health: The ALERT summary report, Academy of Medical Royal Colleges).

Such people with long term physical conditions can often benefit through psychological support to help them cope with their health problem but may not know how to access these services or be referred to them by another health professional (Depression in Adults with a Chronic Physical Health Problem, NICE, 2009).

On a slightly different level, up to 20% of new GP appointments are for people whose symptoms are eventually described as 'medically unexplained'. In secondary care, these patients account for up to 50% of sequential new attenders at outpatient services, presenting with long lasting symptoms that can cause a lot of distress and impaired functioning. The patient's pain, worry and other symptoms are nonetheless real and cause distress. There is a strong psychological association in the development of medically unexplained symptoms

and up to 40% of patients with MUS also have anxiety or depression (No Health without Mental Health: the ALERT summary report, Academy of Medical Royal Colleges). MUS cost the NHS in England £billion per year.

In acute hospitals, around 2/3 of beds are occupied by older adults of whom around 50% have some level of dementia – often not recognized or diagnosed. The integration of mental health into acute hospital settings has shown benefits for patients not only in terms of identification and treatment of mental health problems, but also in driving up the quality and productivity of physical health care. An economic evaluation of the Birmingham Rapid Assessment Interface and Discharge (RAID) service showed savings of £4 for every £1 invested in the service.

Particularly in the current economic environment, I believe that there is a huge opportunity to move away from 'silo commissioning' and to consider more integrated mental and physical health pathways that can provide health benefits to the individual and economic savings to the health and social care resource in Merton. We have developed some of this within our Improving Access to Psychological Therapies Service (see below), but I believe that this is piecemeal in comparison to the overall need, and that the consultation on Merton's Health and wellbeing Strategy offers an opportunity for us to review priorities, and how we may work together to meet this need in a more coordinated basis.

I, and clinical colleagues, I would welcome the opportunity to engage with partners in how we may engage further in this opportunity to improve the physical and mental wellbeing of the population of Merton,

Yours sincerely,

Mark Clenaghan

Sutton & Merton Service Director

cc. Simon Williams

**Appendix 1 Existing IAPT developments in psychological treatment of people with long term physical conditions**

**Sutton and Merton IAPT: Support for people with long term conditions**

People with long term conditions are an expanding population group within Merton. Many suffer from common mental health problems such as anxiety and depressive disorders but these symptoms sometimes go unnoticed. Provision of effective mental health care to people with long term conditions is likely to achieve good clinical outcomes in mental health *and* reduce demand on physical health care services. Also, early identification and treatment of cardiovascular risk combined with depression can prevent patients developing long term conditions.

**Where are we now?**

Over the last two years, we have developed a robust clinical pathway for people with common mental health problems and comorbid long-term conditions as part of our stepped care approach and we offer both group and individual treatments to patients, to help them overcome psychological problems associated with their physical condition. The main aims of our current approach are to achieve:

- Clear pathways for patients with long term conditions through the IAPT service
- Clinically effective interventions for people with long term conditions
- Evaluation of the cost effectiveness of IAPT interventions for people with long term conditions

We will measure the effectiveness of our work by conducting a thorough evaluation of the clinical efficacy of our interventions and track the use of physical healthcare services for people with long term conditions who are treated as part of our service to evaluate the impact of psychological intervention on physical healthcare costs. We will also explore in greater depth the needs of people with long term conditions in terms of the severity of common mental health problems and the barriers they face in managing an independent life.

**Latest developments**

We are currently in the process of developing innovative approaches to meet the needs of people with long term conditions. Specifically, we have launched two new pilots:

**1. Long Term Conditions 'One Stop Shop'**

The main aim of this pilot project is to strengthen the bridge between mental and physical health care services so that people with long term conditions receive a seamless service.

IAPT therapists will establish a "One Stop Shop" approach by working in close partnership with physical healthcare staff in the same medical centre. This will facilitate early identification of common mental health problems in people being treated for physical long term conditions and rapid referral into the IAPT service for appropriate support. The main components of the pilot include:

- Training for physical healthcare staff working with long term conditions about the impact of common mental health problems on the management of LTCs and the key elements of a talking therapy approach
- Written psycho-educational information for use in healthcare settings for patients with long term conditions about the impact of common mental health problems and how these can be addressed
- Psycho-educational workshops for people with long term conditions informing them of common mental health problems, signs to look out for and ways to access appropriate talking therapies to address these issues. These workshops will target specific priority areas – heart failure, respiratory disorders and diabetes

- Face-to-face psychological wellbeing screening for patients identified with long term conditions
- Joint working with community heart failure, community respiratory and community diabetes teams to develop improved referral processes and psycho-education materials and workshops for use in rehabilitation programs

IAPT staff will deliver training targeted at key healthcare specialists who work with or screen people with long term physical health conditions. This training will focus on developing the appropriate care pathway between their service and IAPT and how best to identify and guide patients to appropriate services. In addition these sessions will serve to develop appropriate material for patient use and discuss complex cases.

**2. The Evaluation of a Reduction of Increased Cardiovascular Risk linked to Depression (ERIC-D) pilot**

People with depression are a greater risk of developing cardiovascular disease (CVD). Because of this, we are conducting a pilot in partnership with University College London (UCL) to identify cardiovascular risk in patients diagnosed with depression and offer a collaborative care treatment delivered jointly by IAPT therapists and GPs. The pilot is a randomised controlled trial to evaluate the reduction of increased cardiovascular risk linked to depression and has been designed by leading experts at UCL, Professors Peter Fonagy and Stephen Pilling.

As part of the pilot we will test a method of service delivery called “collaborative care”. Using this approach, IAPT therapists will work with patients and their GPs to assess and address the patients’ psychological health as well as their physical health in relation to cardiovascular risk. Patients who receive collaborative care will have their cardio vascular risk assessed and monitored. As well as receiving treatment for their depression, they will participate in an exercise and lifestyle intervention programme that aims to reduce both cardiovascular risk and depression.

Knowledge obtained from the pilot will enable us to explore potential preventative therapeutic approaches to decrease the risk of long term conditions occurring in patients with depression.