HOW CAN WE DELIVER GREATER MENTAL HEALTH INTEGRATION?

Written by Independent Healthcare Writer, Claire Read, May 2019

That people living with severe mental illness have a life expectancy 15-20 years less than that of the general population is a stark reality. In the vast majority of instances, these premature deaths can be explained by physical conditions – and may often have their roots in behaviours driven by a lack of mental wellbeing.

It is a strong argument for considering health and wellbeing together and doing away with the traditional division between mental and physical healthcare; a separation that many would argue has always been artificial and unhelpful.

But what will need to happen for services to integrate in this way? What other services might need to feed in if we are truly to create a setup in which a person is considered in their entirety rather than as their condition? And where is progress already being made?

In April 2019, Consultant Connect brought together a small panel of experts to discuss these important questions:

- **Dr Yasmin Akram, Consultant in Public Health, West Midlands Combined Authority**

- **Andy Bell, Deputy Chief Executive, Centre for Mental Health**

- **Brian Dow, Deputy Chief Executive, Rethink Mental Illness**

- **Sean Russell, Director of Implementation for Mental Health Wellbeing and Radical Prevention, West Midlands Combined Authority**

During an hour-long webinar (which is available to view on demand), the experts offered some ideas on driving greater mental health integration.

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1. Make clear mental health is everyone's business

Considering mental and physical healthcare as two sides of the same coin – as opposed to two separate pieces of currency – is a vital and admirable aim, our panellists agreed. But Andy Bell suggested that if we are to deliver truly integrated support, we will need to look far beyond the boundaries of NHS organisations.

"Sometimes we hear people say there are lots of different types of integration, and for people on the receiving end of support there's actually only one, and everything else is disintegration," said Mr Bell, Deputy Chief Executive at the Centre for Mental Health.

"Integration includes bringing together mental and physical health support, whether you're predominantly identified as having a mental health or a physical health problem. But I think it really also needs to attend to people's basic needs, to housing, to money, to work. There are things that allow you to live, rather than just necessarily clinical symptoms. And it supports people in the whole of their lives as well, so for example in parenting and family roles."

That means, Mr Bell argued, that the belief that mental health is only the responsibility or concern of one part of society needs to be removed. "If I'm outside the mental health world, I still hear people say mental health is terribly important but they don't really get it, it's not their business."

"We really do need to change that attitude – that you only deal with mental health if you're a mental health professional."

2. Consider offering formal mental health training to that wider group

"I think in the mental health world we need to be much more outreaching," suggests Mr Bell.

Certainly, that has been a key aim of Thrive West Midlands, which is aiming to integrate mental health into the wider locality. Sean Russell reported the project brings together 120 partners "both statutory partners and leaders in the region, across a population of 4.2 million."
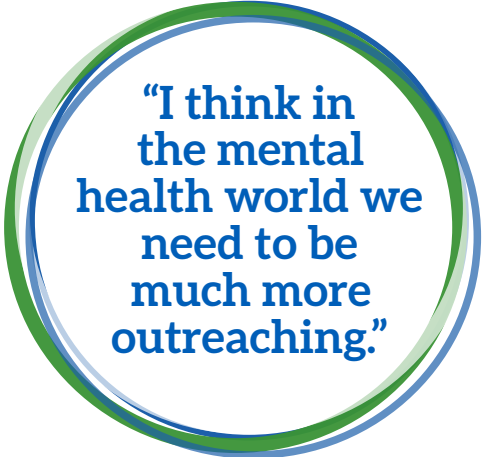
Part of the programme's ambition is to train 500,000 people in mental health awareness. Mr Russell, Director of Implementation for Mental Health Wellbeing and Radical Prevention at West Midlands Combined Authority, explained this was "a mixture of mental health first aid, five steps to wellbeing, and the digital campaign around Every Mind Matters."

"This enables us to really get into the universal offer around mental health awareness to try and improve understanding and reduce the stigma attached in the work place or wider community. It also enables people who are trained to have the confidence to intervene or support when they see someone who is experiencing an episode of poor mental health."

"For example training in the churches, so on a Sunday, when anyone can go to congregation, you've got people who are sat at the back who are able to respond to people displaying some signs of poor mental health."

"I would say it doesn't matter whether you're a pastor or a church leader, a community governor, a school teacher – mental health should be a fundamental part of all of that."

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3. Make it as easy as possible for people to get involved in greater integration – and emphasise the benefits for them

Workplaces have been another central aspect of the project in the West Midlands. It was in this context that Dr Yasmin Akram emphasised the importance of making it easy for a broad range of individuals to get involved in mental health.

"I think the strength of our Thrive at Work programme is the fact that it actually supports employers to put measures in place. We're not just saying you should be doing A, B and C. We're giving them all the resources and services in order to be able to do that. For example, if we're saying that employers need to do a health needs assessment, we're also telling them where they can get the templates for the health needs assessments. If we're telling employers they should be signposting their staff towards mental health awareness tools, we're telling them where they can get credible mental health awareness tools."

"And actually, the benefits of this will be huge, not only to the individual, but to the families, to the communities, and also for the employers, because a happy healthier workforce is a more productive workforce."

4. Know you should measure the baseline – but also be pragmatic about what will and won't be possible to prove

How can you prove that greater integration has led to a reduction in ill health? It's the classic challenge of proving a negative, and, while the experts said that wasn't a reason not to establish a baseline, they also urged pragmatism.

"One of the things that we did at the very beginning of our programme was create a baseline assessment through the University of Birmingham which gave us a really good understanding of where we were," explained Mr Russell.

"We also created a population health dashboard for the West Midlands which gave us tools from Public Health England, and we're really keen to run randomised control trials."

"On the wider scale, it is going to be very difficult (to prove greater integration). So, I think we've got to try and be a bit sensible and pragmatic about this, and actually everything we do has a very positive outcome attached to it with an output measurement attached."

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5. Break the rules if you must; change them if you can

"it is about integration, it is pulling these things together, it is finding creative ways to commission."

When Andy Bell reflected on the common factors in mental health integration successes, he identified a need to do away with conventional understanding of what is the 'right' and 'wrong' thing for a system to do.

"Integration is really hard, and often it means breaking the rules. My slight kind of cheeky reflection on that, for people working in a commissioning role in particular, is how do we then change the rules?"

"Because if we need to break the rules the chances are that we'll need to change them. And if we can't change them because they're set nationally we then need to think about how we can reset them locally and how we can help local systems to be a little bit naughty."

It was a point reinforced by Brian Dow, Deputy Chief Executive for Rethink Mental Illness. While he expressed optimism that national leaders are now taking the issue of mental wellbeing seriously, he also felt there was a need to continue to be more creative.

"I think that finally, national leaders have really got that message – it is about integration, it is pulling these things together, it is finding creative ways to commission, and perhaps, yes, to break some of the rules that will lead to the best results for people."

To this Mr Russell added: "My new year's resolution was to be chief mischief-maker, and I think we need to be that person; the one to actually break the norm."

The value of greater integration of mental health into all aspects of society is clear. So too is that there will be challenges in making such a vision a reality. But as our webinar made clear, there are ways and means of so doing – and examples of good practice from which we can learn.

How Consultant Connect supports mental health integration

Consultant Connect supports the NHS to provide immediate Advice & Guidance on mental health issues to improve outcomes, provide a better patient experience and save money. We recognise the importance of a rapid clinician to clinician conversation in order to determine the best course of treatment, care and support.

We provide three main services: to rapidly connect GPs to mental health specialist clinicians in their local mental health trust, to connect GPs to our National Network of NHS clinicians and to connect mental health trust clinicians to acute trust clinicians.

All our technology is cloud based: calls are answered in under one minute and all calls can be listened back to after the call. "An outcome is provided after every call, allowing GPs, CCGs, trusts and us to see the impact of our services in real time.

Across all our mental health services we avoid 39% of referrals into secondary care, which rises to 78% when the call is about medication.

We are the most tried and tested Advice & Guidance service used across the NHS - we currently work with over 60 CCGs and 50 NHS trusts, cover a total patient population of 19 million people and have saved the NHS over £10 million to date.

Useful links:
West Midlands Combined Authority's Thrive at Work programme: **www.wmca.org.uk/thriveatwork**

Centre for Mental Health:
www.centreformentalhealth.org.uk

Rethink Mental Illness: **www.rethink.org**

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