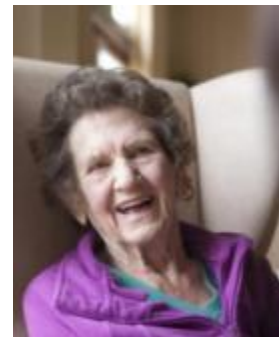


Valuing mental and physical health together equally



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Aims of Presentation

1. What's the issue?



Increasing
and more
complex
care needs

2. Where are we now?



Poor
outcomes
for people
with mental
illness

3. Where do we want to be?



Person
centred,
coordinated
care

4. How do we get there?



'House of
Care' model

Our **mandate** from the government requires us to close the gap between mental and physical health services – to achieve parity

Mental illnesses are very common

1.2m people in England have a learning disability

There will be over a million people with dementia by 2021

In any one year 1 in 4 British adults experience at least one mental disorder

5.4% of men and 3.4% of women have a personality disorder

10% of 5-16 year olds have a mental disorder

Among people under 65, nearly half of all ill health is mental illness

Between 8% and 12% of the population experience depression in any year

Yet, only a quarter of all those with mental illness such as depression are in treatment



		% of population with condition	% of people with condition in treatment
Adults			
	Schizophrenia or bipolar disorder	1%	80%
	Depression	8%	25%
	Anxiety disorders	8%	25%
Children (5-16)			
	Conduct disorder or ADHD	6%	28%
	Depression & / or anxiety disorders	4%	24%
	Autistic Spectrum Disorder	1%	43%

How does this compare to treatment levels for those with long term physical health problems?
(in comparable western countries: 94% diabetes, 91% hypertension, 78% heart disease)

Poor physical health and poor mental health can be highly connected



% of people affected by depression

Diabetes 27%

Hypertension 29%

Stroke 31%

Cancer 33%

HIV / AIDS 44%

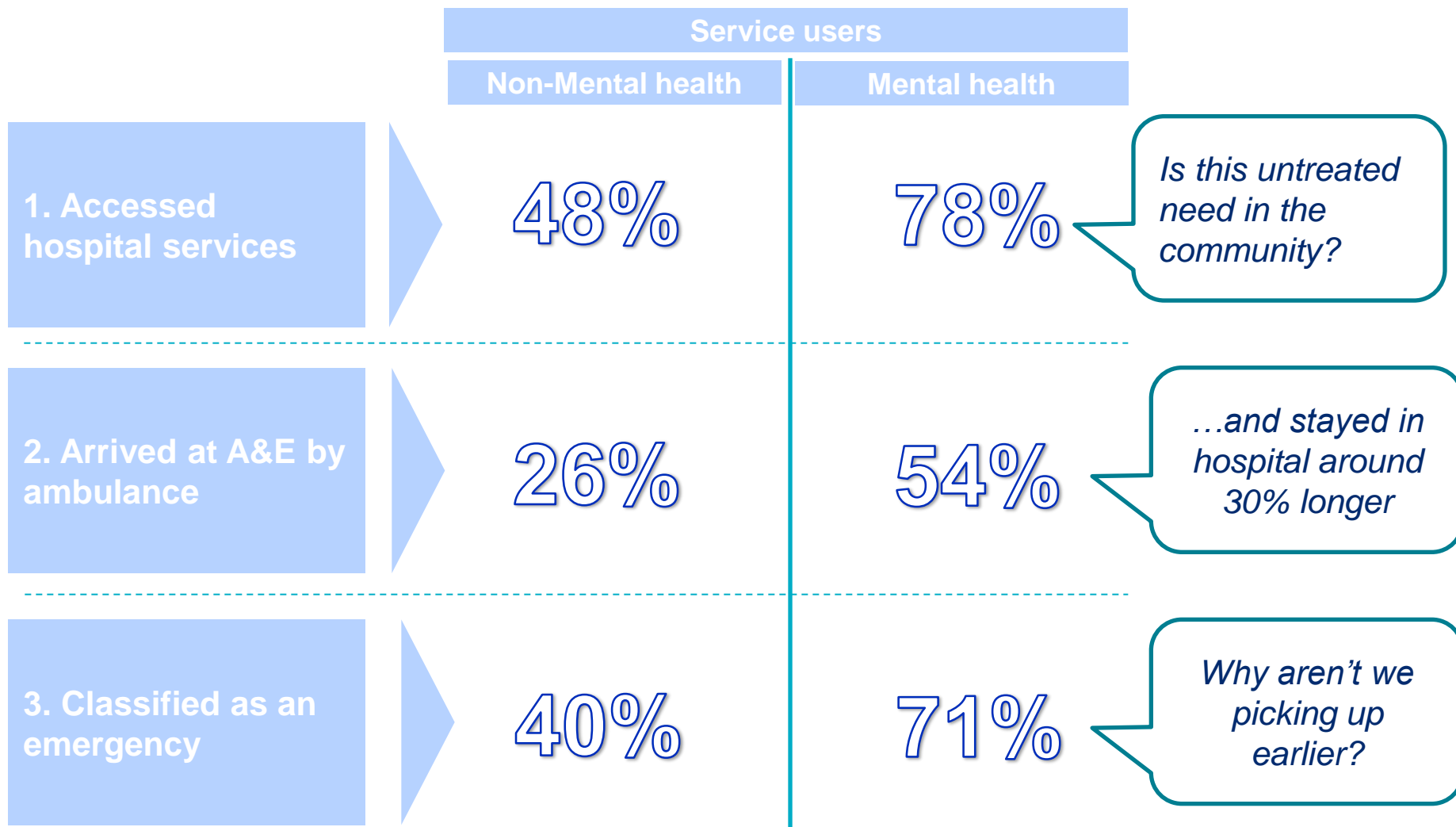
Mental illness effect on life expectancy

- **7 to 10 years:** in people with depression
- **10 to 15 years:** in those with schizophrenia
- **Almost 15 years:** in those who misuse drugs or alcohol

We know significant challenges remain to putting mental health on a par with physical health



People with mental health problems have a significantly different level of contact with physical health services compared with other patients¹:



The current design of our health system doesn't ensure 'whole-care' packages



Most people with Serious Mental illness don't receive physical health checks

We run a national programme of health checks within school, but we only check physical health

There are significant delays in diagnostic treatment for people with learning disabilities

National audit of schizophrenia – only **29%** of service users getting proper metabolic monitoring

The vision



The patient

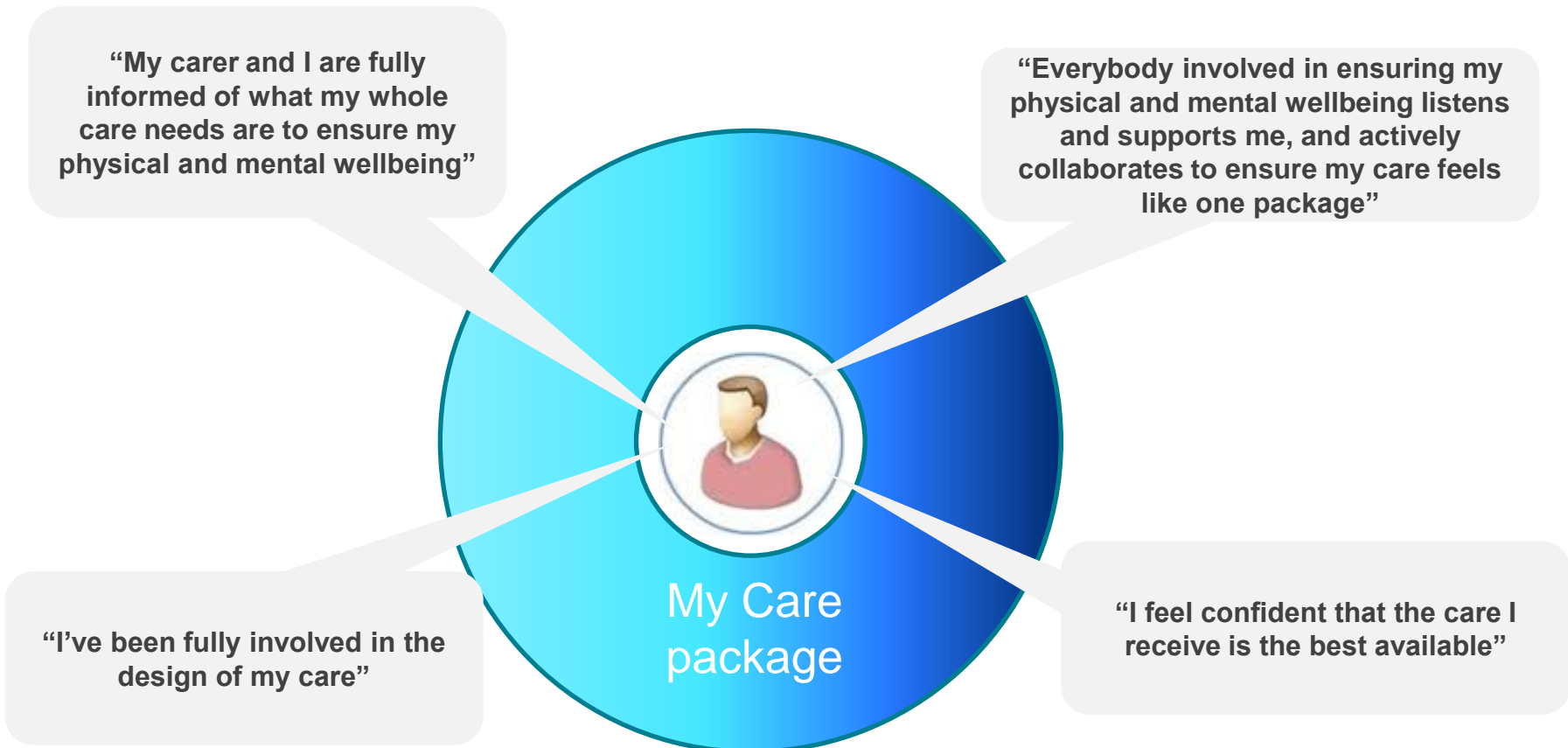
**“Person
centred,
coordinated
care”**

What Parity will mean to me:

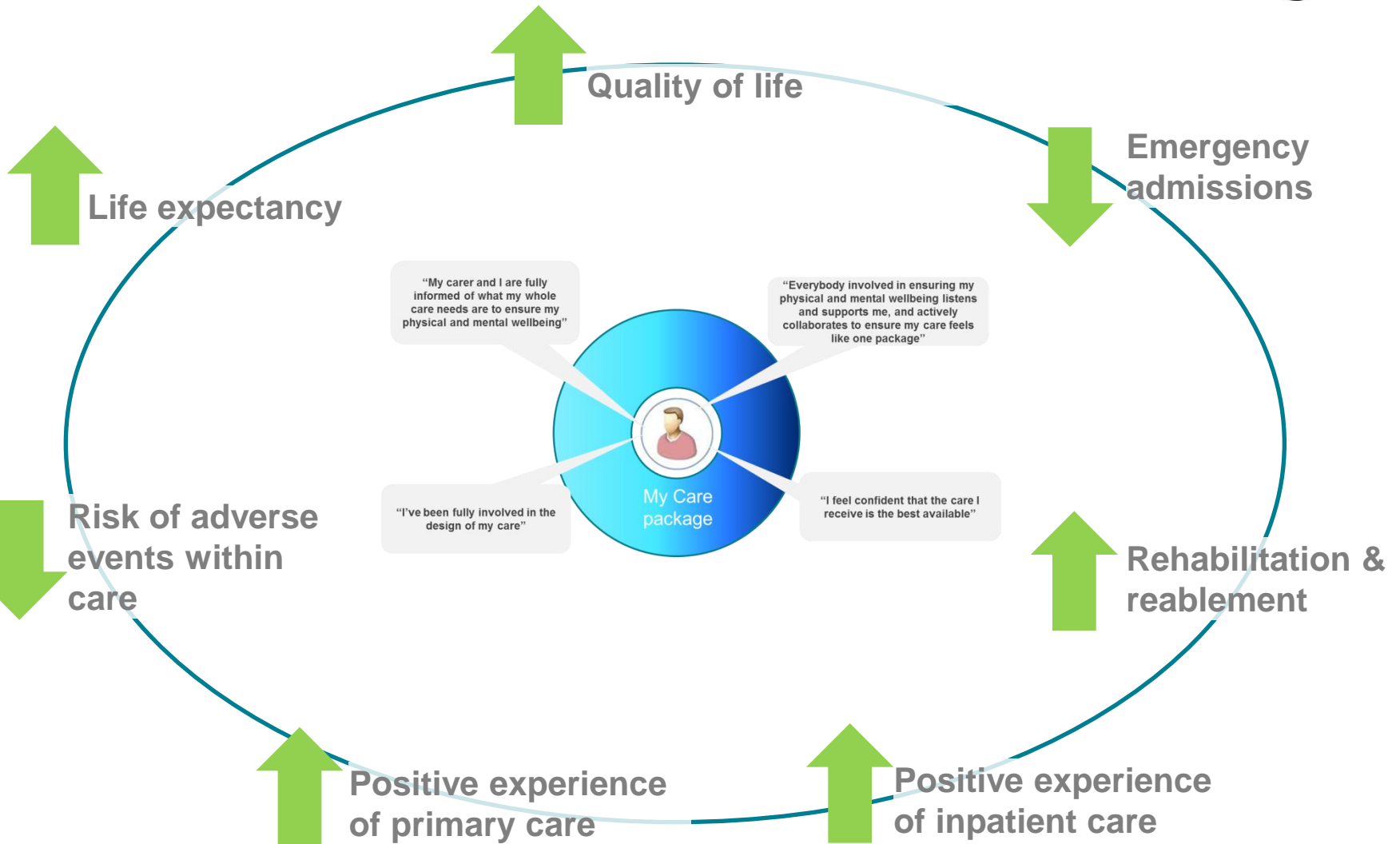
My family and I all have access to services which enable us to maintain both our mental and physical wellbeing.

If I become unwell I use services which assess and treat mental health disorders or conditions on a par with physical health illnesses.

What it looks like: person centred coordinated care and how I feel



What it looks like: person centred coordinated care and my outcomes



To realise the vision we are developing a 'House of Care' framework to support delivery...

Patients, carers and professionals will have the right information needed to provide the right care at the right time (e.g. medical care in hospital and social care at home)

Services will be available as and when needed by people without undue difficulty in transferring between agencies and settings.



People will know where and to whom to turn for assistance in managing their conditions.

...and today we want to work with you to test and develop the key principles further



1. Care that puts patients in control

2. Care that is fully integrated

3. Care that is the most clinically effective

4. Care that provides maximum value