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.
1. What’s the issue?

Mental illnesses are very common

- In any one year 1 in 4 British adults experience at least one mental disorder.
- 1.2m people in England have a learning disability.
- There will be over a million people with dementia by 2021.
- 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

<table>
<thead>
<tr>
<th></th>
<th>% of population with condition</th>
<th>% of people with condition in treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia or bipolar disorder</td>
<td>1%</td>
<td>80%</td>
</tr>
<tr>
<td>Depression</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Children (5-16)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct disorder or ADHD</td>
<td>6%</td>
<td>28%</td>
</tr>
<tr>
<td>Depression &amp; / or anxiety disorders</td>
<td>4%</td>
<td>24%</td>
</tr>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>1%</td>
<td>43%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Diabetes</td>
<td>27%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>29%</td>
</tr>
<tr>
<td>Stroke</td>
<td>31%</td>
</tr>
<tr>
<td>Cancer</td>
<td>33%</td>
</tr>
<tr>
<td>HIV / AIDS</td>
<td>44%</td>
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</tbody>
</table>

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 patients:

<table>
<thead>
<tr>
<th>Service users</th>
<th>Non-Mental health</th>
<th>Mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accessed hospital services</td>
<td>48%</td>
<td>78%</td>
</tr>
<tr>
<td>2. Arrived at A&amp;E by ambulance</td>
<td>26%</td>
<td>54%</td>
</tr>
<tr>
<td>3. Classified as an emergency</td>
<td>40%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Is this untreated need in the community? ...and stayed in hospital around 30% longer Why aren’t we picking up earlier?

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
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

"My carer and I are fully informed of what my whole care needs are to ensure my physical and mental wellbeing”

"Everybody involved in ensuring my physical and mental wellbeing listens and supports me, and actively collaborates to ensure my care feels like one package”

"I've been fully involved in the design of my care”

"I feel confident that the care I receive is the best available”
What it looks like: person centred coordinated care and my outcomes

Where do we want to be?

Life expectancy

Quality of life

Emergency admissions

Rehabilitation & reablement

Positive experience of inpatient care

Positive experience of primary care

Risk of adverse events within care

My Care package

“My carer and I are fully informed of what my whole care needs are to ensure my physical and mental wellbeing”

“I’ve been fully involved in the design of my care”

“My carer and I are fully informed of what my whole care needs are to ensure my physical and mental wellbeing”

“I feel confident that the care I receive is the best available”

“Everybody involved in ensuring my physical and mental wellbeing listens and supports me, and actively collaborates to ensure my care feels like one package”
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).

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

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