Mental health of those with physical illness:

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Overview

1. Why this is important
   • The scale
   • It’s possible to do things better

2. What should happen in hospitals
   • Screening
   • Service development
   • Education and training

3. How to mobilise change
The scale
Nearly half of people with mental illness also have at least one long-term physical condition.

30% of people with long-term physical health conditions also have a mental illness.

15-20 years shorter life expectancy for someone with a severe mental illness or learning disability than for those without.

£8bn a year is spent by the NHS treating the effect of poor mental health on physical illnesses.

King’s Health Partners 2017
Long term conditions: 30% of population of England (approximately 15.4 million people)

Mental health problems: 20% of population of England (approximately 10.2 million people)

30% of people with a long-term condition have a mental health problem (approximately 4.6 million people)

46% of people with a mental health problem have a long-term condition (approximately 4.6 million people)
Depression and LTCs

Diabetes and depression

Heart Failure and depression

Figure. Kaplan-Meier curves indicate the composite end point of death or hospitalization because of cardiovascular disease in 94 patients with heart failure (HF) with clinically significant symptoms of depression (BDI score ≥10) compared with 110 patients with HF without depression (BDI score <10). Note: \( P = 0.02 \) comparing patients with and without depression, based on proportional hazards models including adjustment for age, HF etiology, left ventricular ejection fraction, \( N \)-terminal pro-B-type natriuretic peptide, and antidepressant medication use. BDI indicates Beck Depression Inventory.
It’s possible to do things better
Main 3 Dimensions For Diabetes outcomes
Khalida Ismail et al KCL

<table>
<thead>
<tr>
<th></th>
<th>Pre 3DFD</th>
<th>Post 3DFD</th>
<th>Change score</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD) IFCC HbA1c mmol/mol</td>
<td>100 (23)</td>
<td>83 (22)</td>
<td>16 (17)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>(n=185)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mean (SD) Diabetes Distress</td>
<td>48.9 (16.2)</td>
<td>39.5 (19.9)</td>
<td>-9.4 (19.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Scale (n=54)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mean (SD) anxiety score on GAD-7</td>
<td>9.1 (5.1)</td>
<td>5.8 (5.9)</td>
<td>-3.3 (3.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>(n=54)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD) Outcomes Star score</td>
<td>53.4 (11.5)</td>
<td>59.0 (15.9)</td>
<td>+5.6 (9.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>(n=54)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of admissions to A&amp;E/previous</td>
<td>141</td>
<td>77</td>
<td>-64</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>year (n=119)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of bed days/previous year</td>
<td>381</td>
<td>300</td>
<td>-81</td>
<td>0.08</td>
</tr>
<tr>
<td>(n=119)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of recurrent admissions</td>
<td>10 (73)</td>
<td>4 (14)</td>
<td>-6 (-59)</td>
<td>0.012</td>
</tr>
<tr>
<td>(days)/previous year (n=119)</td>
<td></td>
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</tbody>
</table>
Outcome improvements maintained at 2yrs

Khalida Ismail et al KCL
Screening
Screening tools

PHQ 9 for depression

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?
   a. Little interest or pleasure in doing things
   b. Feeling down, depressed, or hopeless
   c. Trouble falling/staying asleep, sleeping too much
   d. Feeling tired or having little energy
   e. Poor appetite or overeating
   f. Feeling bad about yourself or that you are a failure or have let yourself or your family down
   g. Trouble concentrating on things, such as reading the newspaper or watching television.
   h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.
   i. Thoughts that you would be better off dead or of hurting yourself in some way.

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

GAD 7 – for anxiety

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use ✔ to indicate your answer)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Column totals: ___ + ___ + ___ + ___ = Total Score
Universal screening for all?

Screening for Depression in Adults
US Preventive Services Task Force Recommendation Statement

Albert L. Siu, MD, MSPH; and the US Preventive Services Task Force (USPSTF)

DESCRIPTION Update of the 2009 US Preventive Services Task Force (USPSTF) recommendation on screening for depression in adults.

METHODS The USPSTF reviewed the evidence on the benefits and harms of screening for depression in adult populations, including older adults and pregnant and postpartum women; the accuracy of depression screening instruments; and the benefits and harms of depression treatment in these populations.

POPULATION This recommendation applies to adults 18 years and older.

RECOMMENDATION The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. (B recommendation)

Mental health screening: PHQ 9 & GAD 7

IMPARTS in King’s Health Partners 2019
Service development
Mental health: stepped care

Step 4: 3DLC, crisis care, psychiatric admission, CMHT

Step 3: 3DLC, other secondary care (CMHT, clinical health psychology), substance misuse services

Step 2: IAPT, wellbeing hubs, GP

Step 1: LTC teams, GP, rehabilitation

Baseline: all patients receive psychologically informed care

Specialist liaison psychiatry / psychology

Linkage with other specialist services

IAPT, primary care

LTC MDT teams
IAPT: Improving Access to Psychological Therapies

Box 1: Timeline of IAPT expansion

2008 – The IAPT programme is established as a systematic way to organise and improve the delivery of evidence-based (NICE-recommended) psychological therapies for people with mild, moderate and severe depression and anxiety disorders.

2016/17 – Work is underway to expand IAPT services into existing physical health care pathways to treat people with LTCs and MUS. NHS England supports 22 early implementer sites with £54 million allocated to train new staff and deliver IAPT-LTC services in early implementer sites.

2017/18 – NHS England supports a further 15 early implementer sites as part of wave 2. The sites cover people with diabetes, respiratory disease, cardiac disease and MUS.

2018/19 – All CCGs will be asked to recruit additional staff and commission IAPT-LTC services. Additional funding will be included in CCG baselines from April 2018.

2020/21 – 1.5 million (25%) of adults with depression or anxiety disorders will start treatment, with two thirds of this expansion to include people with LTCs and MUS. Top-up training in new competences and training of new staff will increase overall capacity of IAPT services.

Adult Improving Access to Psychological Therapies programme

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year, and the Five Year Forward View for Mental Health committed to expanding services further, alongside improving quality.

IAPT services provide evidence based treatments for people with anxiety and depression (implementing NICE guidelines). Details of local IAPT services are available on the NHS website.

IAPT services are characterized by three things:

1. Evidenced based psychological therapies: with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes. From April 2018 all clinical commissioning groups are required to offer IAPT services integrated with physical healthcare pathways. The IAPT Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms guidance is intended to help with implementation and sets out the ideal pathway for IAPT services.

2. Routine outcome monitoring: so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress. This supports the development of a positive and shared approach to the goals of therapy and as this data is anonymized and published this promotes transparency in service performance encouraging improvement.

3. Regular and outcomes focused supervision so practitioners are supported to continuously improve and deliver high quality care.
Digital CBT

- Team at King’s College London – Rona Moss-Morris
- Based on a clear need and existing learning
- Therapist enabled e-CBT for LTCs
Training
Training needs analysis

1. All clinical and non-clinical staff
   - Awareness of the risk and prevalence of physical and mental health comorbidity
   - Awareness of where to find further information and support

2. Clinical staff who may provide care to patients with, or at risk of, physical and mental health comorbidities
   - Recognition and assessment of physical and mental health comorbidities, referral if necessary
   - Ability to collaborate inter-professionally

3. Clinical staff who regularly provide care to patients with, or at risk of, physical and mental health comorbidities
   - Assessment, management and treatment of physical and mental health comorbidities
   - Instigate and lead inter-professional collaboration across primary/secondary care, acute/mental health and other interfaces
Types of training

Academic:
• Undergraduate curriculums
• Postgraduate Training Schemes

Professional:
• Mind & Body animation
• Mind & Body e-learning
• 1 day Clinical Skills Course
• Maudsley Simulation
• IMPARTS Seminar, bitesize clinical training
• 5-day course
Measuring training

EDUCATION & TRAINING [Q4 Figures]

- KHP inductions
- e-learning
- Face-to-face

Who attended face to face training:
- GPs & Primary Care
- Allied Health Professionals
- Nursing
- Doctors/Cons ultants
- Social Care
- MSc Students
- Other
Mobilisation
Engagement networks: staff and patients

What I can be involved in as a champion?

- Receive monthly mind and body newsletter with the latest projects, events and training
- Contribute your own newsletter content via blogs and news stories
- Contribute to networking events to discuss topics around patient care, staff health and wellbeing
- Professional education and training opportunities.
- Receive a range of useful resources to help support your advocacy work.
Many thanks

sean.cross@nhs.net

www.kingshealthpartners.org/our-work/mind-and-body

www.maundsleysimulation.com

www.maudsleylearning.com