

Integrated care to address the physical health needs of people with severe mental illness: a rapid review

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People with mental health conditions have lower life expectancy and poorer physical health outcomes than the general population.

We present the findings of a rapid review of published evidence from 2013-2015, including an update of a comprehensive 2013 review, grey literature and insights from an expert advisory group. We sought to identify the most recent evidence and examples of practice for integrated care to address the physical health needs of people with severe mental illness. We included 45 publications describing **36 studies** of integrated care.

We followed the Mental Health Foundation Crossing Boundaries framework (2013) which identified nine facilitators of good integrated care for people with mental health problems. Most service models were multi-component programmes incorporating two or more of the nine factors: information sharing systems, shared protocols, joint funding/commissioning, co-located services, multidisciplinary teams, liaison services, navigators, research, and reduction of stigma (see table). Few of the identified examples were described in detail and fewer still were evaluated, raising questions about the replicability and generalisability of much of the existing evidence.

Mapping the evidence

Study	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Factors of integrated care																																						
Information sharing systems			•				•			•					•	•	•		•	•				•					•				•	•			•	
Shared protocols			•			•				•					•	•				•		•							•				•					
Joint funding and commissioning		•	•					•							•	•				•	•			•														
Co-location of services	•	•	•	•	•		•		•		•				•	•		•		•			•	•	•	•	•				•				•			
Multidisciplinary teams		•	•	•	•		•	•	•	•					•	•		•	•	•	•			•	•		•			•	•							
Liaison services		•	•	•			•		•	•	•				•	•	•			•				•		•	•		•		•					•		
Navigators	•	•								•	•		•	•	•	•				•	•			•	•		•				•							
Research															•	•			•	•				•					•									
Reduction of stigma										•			•	•	•	•	•				•	•			•													

A lack of evaluation and dissemination of local innovations makes it difficult to share best practice. However, some common themes emerged from the evidence on possible ways forward:

- Greater empowerment of people (staff and service users) to help remove everyday barriers to delivering and accessing integrated care for improving the physical health of people with severe mental illness
- Improved communication between committed and adequately skilled professionals and better information technology to support them
- Greater clarity about who is responsible and accountable for physical health, perhaps through shared protocols
- Improved awareness of the effects of stigmatisation on the wider culture and environment in which services are delivered
- Larger scale evaluations that use meaningful, validated and generalizable measures of success
- Greater involvement of service users in the design, conduct and evaluation of programmes