

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

Background and project aim

People with mental health conditions have a lower life expectancy and poorer physical health outcomes than the general population. Physical and mental health is closely linked, and demands are being placed on the NHS to deliver an equal response to the treatment of each.¹ Services for mental health conditions are likely to be separate from general healthcare for physical conditions. Recent spotlights on service delivery have highlighted a lack of capacity in general healthcare to deal with patients who have complex mental health needs.

Policy context

Present policy in England is pressing to develop new models of care as part of the strategic plan for wider system change in the NHS.¹

A number of initiatives are underway to debate and expedite this plan. Some in particular are relevant to the development of integrated care services. These include:

Vanguard sites²

In January 2015, the NHS called for expressions of interest for individual organisations and health and social care partnerships to become vanguard sites for the New Care Models Programme (outlined in the Five Year Forward View¹). Twenty-nine organisations across the UK were selected to lead in supporting improvement and integration of services across three key areas: (1) Integrated primary and acute care systems (ie, GP, hospital, community, and mental health services); (2) Multispecialty Community Providers (transferring specialist care from the acute sector into the community); and (3) Enhanced health in care homes (joining up health, care, and rehabilitation services for older people).

Integrated Personal Commissioning³

In July 2014, NHS England and Local Government bodies invited health and social care leaders to become demonstrator sites to help develop a new integrated and personalised commissioning (IPC) approach to providing care for people with complex needs. Eight sites were chosen in the first instance. IPC aims to move the balance of spending power to the individual, in terms of people being able to shape their own health and social care delivered (as appropriate) by various combinations of local authority, NHS, and voluntary sector providers.

NHS England Mental Health Taskforce⁴

In March 2015, a new Taskforce was set up to develop a five year strategy for mental health across England. The Taskforce will explore variation in service provision, examine outcomes for service users, and identify priorities for improvement. One particular focus is on ways to improve the physical health of people with mental health problems.

Integrated care

Service integration (i.e. breaking down the barriers in how care is provided between family doctors and hospitals, between physical and mental health care, and between health and social care) is a key step in the proposed system change for the NHS¹. A sub-domain of service integration appears to be the concept of integrated care; potentially a complex intervention with many different components. As yet, integrated care is not well-defined and terminology to describe it is diverse (e.g. collaborative care, holistic care, patient-centred care).

The present focus on improving integrated care for people with mental health needs appears to be from the perspective of access to health services for an acute or chronic physical health condition.⁵ Information about the converse of this (i.e. addressing the physical health care needs of patients with severe mental illness at point of access in the mental health service setting) seems lacking.

A report by the Mental Health Foundation⁶ identifies nine factors at the heart of good integrated care for people with mental health problems. These are:

1. Information sharing systems
2. Shared protocols
3. Joint funding and commissioning
4. Co-location of services
5. Multidisciplinary teams
6. Liaison services
7. Navigators
8. Research
9. Reduction of stigma

The aim of this project is to explore what current provision exists in practice together with mapping the evidence on models of care for dealing with the physical health needs of people with mental health problems at point of access in the mental health service setting. Anticipated audiences for the project are NHS service commissioners (NHS England; Clinical Commissioning Groups, in relation to potential CQUIN development) and HSDR (in relation to future research calls).

Research questions

1. What type of models exist in practice for the provision of integrated care specifically to address the physical health needs of people with severe mental illness (SMI) when accessing mental health care services?
2. What are the perceived facilitators and barriers to implementation of these models?
3. How do models implemented in practice compare and contrast with those described in the literature?
4. Can we identify high priority areas for either further primary research or a full evidence synthesis?

Scope of the project

Population

People diagnosed with SMI being treated within the NHS. We propose to use the NICE definition of 'Severe mental illness' to cover: schizophrenia, schizotypal and delusional disorders; bipolar affective disorder; severe depressive episode(s) with or without psychotic episodes⁷.

Intervention

Health care services that include steps to address the physical health needs of people with SMI. We will specifically look to where these services are provided in the mental health care setting. To help explore the elements of interventions or care models, we will use the nine factors of good integrated care⁶ as a guiding framework.

Setting

UK NHS. We will not consider the various interventions or services aimed at the broader needs (i.e. beyond health) of this group of people, or the integration of services spanning non-NHS settings (e.g. social care, education, employment, housing, and voluntary sector provision).

Methods

This project is a rapid scoping of current practice and evidence, with a view to informing future research.

We will undertake a descriptive mapping of what arrangements are in place (and what expectations exist) for integrated health care services in the UK to address the physical health needs of people with severe mental illness. We will specifically look to where these services are provided in the mental health care setting.

To do this, we will adopt a pragmatic approach as follows:

1. purposively sampling local and other existing NHS field contacts to identify models of care that might not be documented in the policy or research literature;
2. drawing on identified on-going pioneering projects;
3. examining relevant literature, including guidelines, policy documents, and (where possible) evaluations of interventions. We will adopt a snowballing technique (building from a group of relevant documents) to obtain further relevant literature.

At the end of this work we anticipate potential options to take forward may be a national audit of current practice, or a more formal review of the literature on effectiveness.

1. Contacts:

- Local service contact (Leeds and York Partnership Mental Health Trust): We are in contact with the local trust which is hoping to develop an enhanced physical health pathway for people with mental illness.
- CLAHRC Yorkshire and Humber, Mental Health and Comorbidity Theme: The Mental Health and Comorbidity Theme is one of the nine themes in CLAHRC YH, led by Simon Gilbody at

the University of York, exploring the interface between mental and physical ill-health. Initial contact identified a number of areas of interest in which they are working (examples are SMI and Smoking cessation, Diabetes, Addictions, Sexual Health, Collaborative care and long term conditions). Further contact is being arranged with Liz Hughes (York and Huddersfield) and possibly Moira Leahy (Sheffield).

- Martin Webber, Director of the International Centre for Mental Health Social Research, University of York. His research interest is the development and evaluation of social interventions with people with mental health problems. He has been involved in an HSDR funded project looking at Community Health Networks (PI Vanessa Pinfold).
- NHS England: We are in contact with NHS England and awaiting a response from Geraldine Strathee to some initial questions, in particular asking about relevant models of care in the context of the recently-announced vanguard sites. We will also contact Paul Farmer in relation to proposed activity of the recently-announced Mental Health Taskforce.
- Nick Meader (a colleague in CRD) is involved in an ongoing review looking at collaborative care for people with depression and chronic physical health problems.

2. On-going projects (project leads to be contacted for details of other projects):

- Severe mental illness and physical health project – Greater Manchester CLAHRC (<http://clahrc-gm.nihr.ac.uk/our-work/patient-centred-care/mental-health-physical-health-and-severe-and-enduring-mental-illness/>).
- PRIMROSE project (CI David Osborn at UCL) –five year programme of research funded by the NIHR PGfAR to improve the detection and management of cardiovascular disease risk in people with severe mental illnesses in primary care. (<http://www.ucl.ac.uk/primrose>)

3. Literature (examples):

Relevant/background reviews:

Bradford DW, Cunningham NT, Slubicki MN, et al. An evidence synthesis of care models to improve general medical outcomes for individuals with serious mental illness: a systematic review.⁸

Cochrane reviews:

General physical health advice for people with serious mental illness (2014) – seven RCTs, poor quality evidence.⁹

Physical health care monitoring for people with serious mental illness (2014) – empty review.¹⁰

One ongoing RCT identified (An oral health intervention for people with serious mental illness (Three Shires Early Intervention Dental Trial))

CRD evidence briefings:

Evidence briefing on integrated care pathways in mental health settings (2011)¹¹

Grey literature:

We will carry out an advanced search of Google to explore the potential types of reports on integrated care.

Guidelines/guidance/policy documents:

NICE Guidance on Psychosis and Schizophrenia in adults (CG178)¹² has a section on interventions to promote physical health in adults.

In *The Forward View Into Action: Planning for 2015/16*,¹³ under the NHS England ambition to reduce premature mortality there is a section on reducing mortality for people with serious mental illness (SMI). For this there are two sections on early diagnosis of comorbidities, namely 'Testing for physical illness in people with a serious mental illness' and 'Improved treatment of people with serious mental illness'.

BMA document: "Recognising the importance of physical health in mental health and intellectual disability: Achieving parity of outcomes" May 2014¹⁴ (diagnostic overshadowing)

A report by National Voices¹⁵ includes a series of case studies on the experiences of integrated care from the perspective of people with mental health conditions.

Service user input

We will consider how we can feasibly engage with service users and potential audiences for this project, including Clinical Commissioning Groups and community psychiatric nurses (CPNs).

Project timetable

We anticipate the timescale to be approximately 4 months (1st May to 1st September 2015).

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