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# How physical and mental health interact – A basic model

NHS
Midlands and Lancashire
Commissioning Support Unit

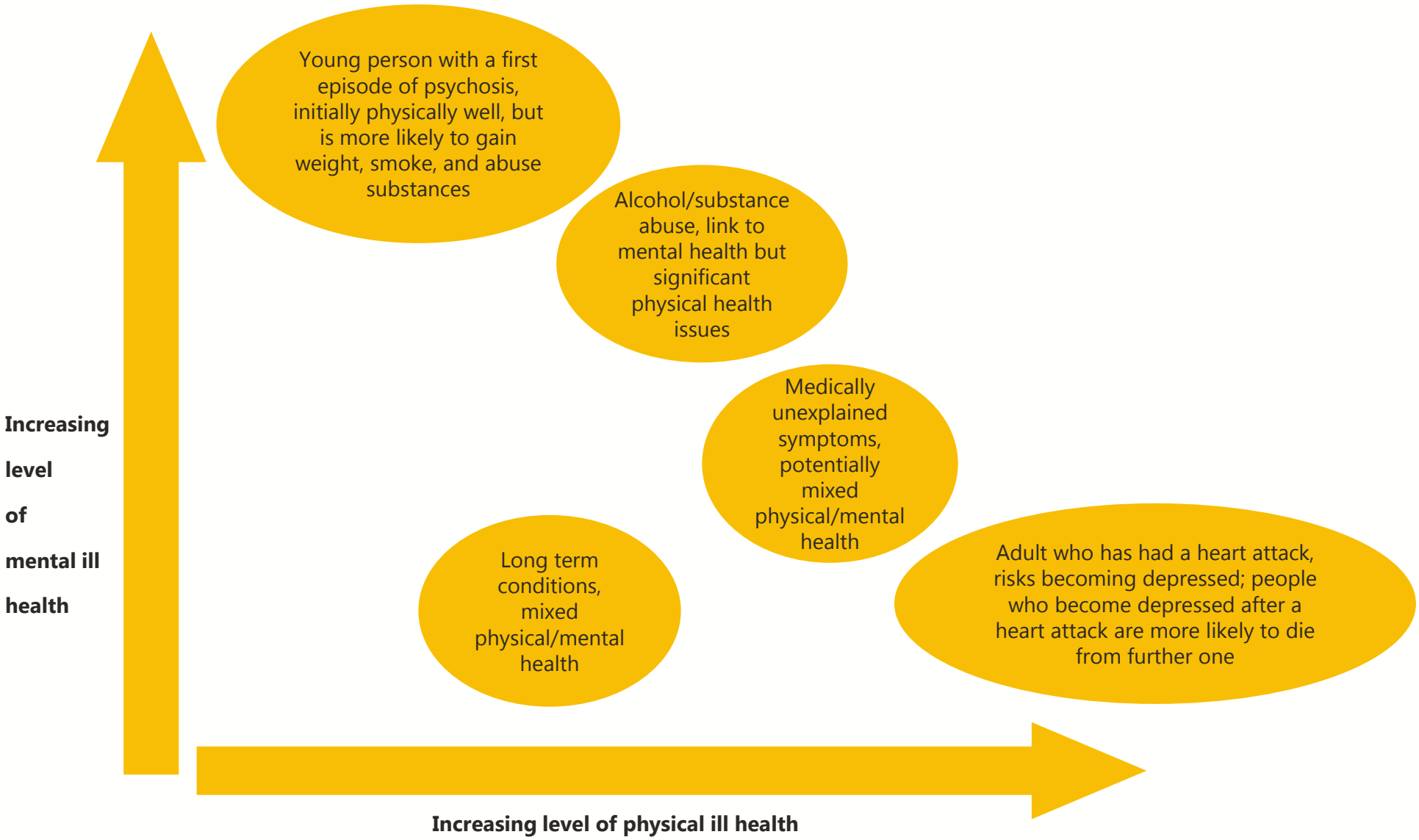
# How physical and mental health interact

If we include mental wellbeing as part of mental health few people being treated by the NHS have **only** a 'physical' health problem or **only** a 'mental' health problem. People with mental health problems are likely to have some physical health problems, anxiety states, poor sleep patterns, disturbed eating etc. People with physical health problem are likely to be anxious about if/when they will get better, the treatments, their futures, and some groups have a raised level of depression.

There is a theoretical continuum where at one end the problem is (initially at least) purely mental ill health, at the other the problems is (again initially) purely physical ill health, but other issues quickly come into play. In the middle are a very large group people, for example those with long term conditions or medically unexplained symptoms. The challenge is to provide a coherent physical and mental health service for people across the continuum.

This model suggests a 'Health segmentation' analysis for working age adults with four segments.

# How physical and mental health interact
# A basic model



# 1. Core specialist mental health service users

People with a diagnosed mental health problem who are users of secondary mental health care services.  They will be identified in the Mental Health Services Data Set (MHSDS) as in receipt of secondary care specialist mental health services.

An example would be a young person who was in a good state of physical heath but who develops a first episode of psychosis.  We know that if that psychosis continues they are at a higher risk of gaining weight, develop diabetes, cardiovascular disease, are more likely to be socially deprived and potentially smoking or using illegal drugs and overall are more likely to die younger than a peer without a mental health problem.

This group might also include some people with severe depression, or with a personality disorder.

**How to identify this group?**

They are (or they have been) receiving care from a specialist mental health trust, and are therefore identified through the MHSDS, and/or are identified on GP registers.

# 1. Core specialist mental health service users

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## What programmes would improve their physical health?

The main focus of this group's care is secondary care mental health services, so there is a rationale to use mental health services as the entry point to supporting their physical health, to be delivered by staff who have a primary focus on mental health but are also skilled in physical health.

The most beneficial programmes for this group would include elements such as:

- Medication reviews to ensure the lowest level of effective medication is prescribed, weighing clinical need against possible physical side effects
- Ensuring the most effective medication and non medication based therapeutic techniques are offered to maintain people's mental health to reduce the risk of relapse
- Annual health checks by staff skilled in both mental and physical health, to include weight and diet, smoking, exercise, and considering any substance abuse
- A level of training for mental health staff so they can support mental health service users maintain and improve their general health and identify developing physical health problems.

# 1. Core specialist mental health service users

**What programmes would improve their physical health?** (continued)

- Models of consultation to mental health staff to enable access to support/advice from physical health staff
- Clear and rapid referral on for people whose physical health needs are more complex
- If necessary support from mental health staff to enable users to engage with physical health services if required
- Support around employment and social engagement
- Structured communication systems between physical health and mental health services to identify people who frequently present in both services and creating a joint care plan for them

# 2. Core specialist physical health service users

These people have been diagnosed with a significant physical health problem and are users of physical health services.  They will be identified in the HES dataset.

An example would be an adult who has had a heart attack, if following the heart attack he becomes depressed it increased the chance of him dying from a second heart attack.  There are other serious health conditions, such as the diagnosis of cancer, which raise the risk of anxiety and depression, and can lead to worse clinical outcomes and poorer rates of compliance with medication.

**How would you identify this group?**

They appear in the HES data, and can be identified in clinical areas, such as cancer and coronary care services.

# 2. Core specialist physical health service users

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**What programmes would improve their mental health?**

The focus of this group's care is secondary care physical health services, so there is a rationale to use these as the entry point to support their mental health, to be delivered by staff who have a primary focus on physical health but are also skilled in mental health.

- Staff awareness and inclusion of mental health and wellbeing assessment within the physical assessment packages
- Basic training for all physical health staff in supporting mental wellbeing
- Models of consultation to physical health staff to enable access to support/advice from mental health staff
- Clear and rapid referral on for people whose mental health needs become more complex
- Structured communication systems between physical health and mental health services to identify people who frequently present in both services and creating

# 3. People with long term conditions/ multiple health problems

These people have one or more physical health long term conditions, and the evidence is that depression and anxiety is two to three times as prevalent in people a long term condition as in the rest of the population.  For example this could be a person who has type 2 diabetes which is genetic in origin, but who may become depressed by the ongoing health checks or medication, or a person who was mildly depressed, became over weight and unfit, and who develops type 2 diabetes.

**How would you identify this group?**

It may be difficult to identify this group in a specific data base system.  Very few will appear in a mental health secondary care service as their problems rarely become so severe as to require these services.  Diagnosis may be in the HES data system but they will be 'clustered' in specific types of services, for example diabetes clinics, and be on diabetes registers.

# 3. People with long term conditions/ multiple health problems

**What programmes would improve their mental health?**

The focus of this group's care is in physical health services, so there is a rationale to use these as the entry point to supporting their mental health, to be delivered by staff who have a primary focus on physical health but are also have some level of skill in mental health.

Staff awareness and inclusion of mental health assessment within the physical assessment packages

Basic training for all physical health staff in supporting mental wellbeing

Models of consultation to physical health staff to enable access to support/advice from mental health staff

Clear and rapid referral on for people whose mental health needs become more complex

# 4. People with medically unexplained symptoms

This is perhaps the group who are most difficult to identify.  It is essential to remember that these people are not 'making it up' or 'malingering' and that a percentage of people who are initially identified as having an MUS go on to have a physical health problem diagnosed.

People with MUS appear in every part of the NHS physical health services, in GP practices (up to 25% of all consultations), A&E, and just over half of all people seen in outpatients in Gynaecology, Neurology, Cardiology and Gastroenterology have no medical diagnosis.

**How would you identify this group?**

It is not possible to identify this group in a specific databases.  Identification may need to be through the services in which people present, as identified above the main areas of presentation are GP practices, A&E, and specific outpatient areas.  A few will be referred to mental health secondary care services.  As with Long Term Conditions they can be identified in services, but are a far more diffuse group occurring across all health service areas.

# 4. People with medically unexplained symptoms

**What programmes would improve their mental and physical health?**

- Staff awareness and the consideration of mental health assessment within the physical assessment packages
- Basic training for all physical health staff in supporting mental wellbeing
- Models of consultation to support/advise physical health staff
- Clear and rapid referral on for people whose mental health needs are more complex

# 5. People with alcohol/substance abuse problems

These people will have been diagnosed with an alcohol/substance abuse problem, many will also have a mental health problem.  They are likely in the later stages of the substance abuse problems  to have a complex mix of mental and physical health problems, intermixed with social deprivation.

**How would you identify this group?**

This can be difficult, as most services are now run by independent organisations and data collection and sharing is more complex and fragmented.

# 5. People with alcohol/substance abuse problems

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**What programmes would improve their physical health?**

The focus of this group's care is alcohol/substance abuse services, so there is a rationale to use alcohol/substance abuse services as the entry point to supporting their mental and physical health.  The most beneficial programmes for them would include:

- Ensuring the most effective techniques are used to manage the substance abuse and maintain peoples mental health
- Annual health checks by staff skilled in both mental and physical health, to include diet, smoking, and exercise.
- A level of training for staff so they can support service users to maintain and improve their general health and identify developing physical health problems.
- Models of consultation to enable access to support/advice from physical health staff
- Clear and rapid referral on for people whose physical health needs are more complex
- If necessary support to enable users to engage with physical health services if required
- Support around employment and social engagement
- Clear and rapid referral on for people whose needs are more complex

# Endnote

This model is a reflection on the Strategy Unit's analysis of mental and physical health interactions that was originally undertaken for the Black Country STP then commissioned by NHSE for all 44 STPs. It also follows from a series of workshops facilitated by the Strategy Unit and NHSE's Horizons Team with Black Country stakeholders from mental health, acute hospital and primary/community care sectors.

The model has been created by Lawrence Moulin, as Associate of the Strategy Unit. Lawrence is a Chartered Clinical Psychologist registered with the Health and Care Professions Council (HCPC) and has over 30 years' experience of working in the NHS and at the Department of Health. Initially he has worked as a clinician, a service manager, and as a commissioner of services for people with mental health problems or with a learning disability. Most recently he was the West Midlands Strategic Health Authority Lead for mental health and learning disabilities, with oversight of safety and service performance across the region.

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