Promoting awareness of physical health in people with a serious mental illness

'a film for primary care teams'

Guidance Booklet

June 2018

About this booklet

NHS England's East Midlands Mental Health Clinical Network has produced a short film to support primary care teams in England to better meet the physical health needs of people with severe mental illness and therefore to prevent them from dying prematurely.

The film and booklet support the national focus on achieving parity or equality in how we think about mental and physical health care.

This booklet has been designed to be used in conjunction with the short video to stimulate discussion in teams about the small changes in the way services are designed and delivered.

This video and booklet supports the NHS England guidance - Improving physical healthcare for people living with severe mental illness (SMI) in primary care - Guidance for CCGs, NHS England, February 2018 (see Useful Links).

Introduction

NHS England has identified improving the physical health of people living with SMI as a priority in the Five Year Forward View with an aim of achieving an additional 280,000 physical health care checks by 2021.

In Implementing the Five Year Forward View for Mental Health NHS England stated that "CCGs should offer NICE-recommended screening and access to physical care interventions to cover 30% of the population with SMI on the GP register in 2017/18, moving to 60% population from the following year"

The table below sets out the anticipated trajectory for achieving this objective:

Objective	2017/18	2018/19	2019/20	2020/21
Minimum number of people with an SMI receiving **full** annual physical health assessment and appropriate **follow-up care**	140,000	280,000	280,000	280,000
Percentage of people on the GP SMI register For 18/19 – 50% to be delivered in primary care, 10% in secondary care	30%	60%	60%	60%

Why?

There are multiple reasons why people living with SMI may need support with improving their physical health. These can include:

- Rapid weight gain due to antipsychotic medication.
- Chronic smoking in 60% of people with SMI.
- Long term unemployment in 90% of people with SMI.
- Long term physical health conditions are four times more common in people with SMI. This includes, morbid obesity, diabetes, chronic obstructive pulmonary disease, ischaemic cardiovascular and , cerebrovascular disease.
- Acute hospital admissions are 10 times more frequent in people with SMI
- People with SMI die on average 15-25 years earlier than someone without SMI

In England 490,000 people with a serious mental illness were registered with a GP (February 2016).

Only about half of patients have a full annual physical health check, or have all the necessary interventions or support, to help them with their physical health.

This video depicts the story of Eddie who lives with psychosis and is one of those people facing an uphill struggle with his health and accessing the needed help. Services are all too commonly designed without people like Eddie in mind. Consequently, Eddie is at risk of missing repeated opportunities to improve his health over the course of his lifetime.

Scene 1: walking into the surgery

Unsupported Eddie
He walks into the surgery looking anxious. He stands at the door, moving from side to side, hesitating before eventually going in.

Supported Eddie scene is next
He walks in with no hesitation whilst drinking from his bottle. He hears a bleep, Eddie takes his phone out and looks at it. It is a text message from Ben, his peer support worker, encouraging Eddie to ask the GP about his stomach again wishing him good luck.

1a Consider the challenges and difficulties that Eddie faced in accessing or attending his GP surgery.

1b Discuss how your team could support Eddie to overcome these challenges?

Key Messages for Facilitator

- Non-attendance is a common event in people like Eddie. Barriers that people with SMI have in accessing primary care services
  - Remembering appointments.
  - Time keeping.
  - Organising self.
  - Stigma and discrimination.
  - Lack of moral support.
  - Psychological factors such as anxiety or social phobia
    .
- What might have been the reasons for Eddie being late or missing appointments? What is the impact that has on his care and what measures might help him.

Reasonable adjustments to consider:
- Flagging notes.
- Text message appointment reminders.
- Afternoon appointment.
- Peer support.
- Family support.

Supporting Evidence and Key Facts

- People with SMI have higher than average non-attendance for appointments. Some of these non-attendances can be avoided by addressing the individual barriers and making reasonable adjustments

- The national campaign 'Time to Change' challenges the stigma surrounding mental illness.

- Parity of Esteem between mental and physical health is a legal requirement stipulated in the Health and Social Care Act 2012.

- Exemption reporting of patients who do not attend. Practice may 'exempt' patients from the GP register QOF targets which is quite reasonable. However, there is a wide variation between practices on the exemption rate recorded. Practices should follow the CCG and/or national guidance on exemptions.

Scene 2: in reception

Unsupported Eddie
Eddie arrives late for his appointment.
Eddie slumps into the sofa and sighs.

Supported Eddie
Eddie arrives on time.
Receptionist offers unsolicited help.

2a Consider how late attendance is already negatively impacting on Eddies experience of healthcare.

2b How was Eddie helped to arrive on time for his appointment? How can the practice support him also?

Messages for Facilitator

Introduce the concept of reasonable adjustments for people with SMI. The practice probably already does this for adults with Learning Disabilities.

- Reception staff being aware of mental health problems - offering extra help, finding a quieter place to wait.
- Text message appointment reminders.
- Afternoon appointment.
- Peer support.
- Family support.

Scene 3 (part 1): with the GP

Unsupported Eddie

GP: OK so, how are we?

Eddie: OK, I'm still getting quite a lot of stomach ache.

GP: Hmm I err wouldn't worry about it... it'll just be your anxiety. Let me take your blood pressure, *(pause)* relax your arm down. Are you still smoking?

Eddie: I'm err, trying to cut down.

GP: Hmmm, well keep trying.3a   How do you think the doctor and Eddie felt during this consultation and suggest reasons for this?

3b   How will this impact on Eddie's compliance?

Key Messages for Facilitator

A clearly unsatisfactory consultation for both Eddie and the doctor. Firstly, the GP has kindly agreed to see Eddie although he was late. So now the GP is under time pressure. There is a lack of rapport and the doctor deals with Eddie without any support.

Associated risks:

- Diagnostic overshadowing. This is the term given to overlooking a physical illness as a consequence of presuming symptoms are part of the mental condition.
- Missing the opportunity to screen for physical disease.
- Antipsychotics and relationship to:
    - Obesity.
    - Diabetes.
    - Cardiovascular disease.
    - Hyperprolactinemia.
    - Metabolic syndrome.
- Use of the Lester Tool to guide clinical staff when to screen for physical ill-health and when to offer interventions (see useful links)

How do you think Eddie felt during and after his consultation?

- 'I'm not sure I am welcome here'.
- 'I am wasting the busy GP's time'
- 'There is no point in being here'
- There is nothing that can really help someone like me'.

Scene 3 (part 1): with the GP

Scene 3 (part 2): with the GP

Supported Eddie

Eddie: I do feel a lot better for it.

GP: Let's get you to the practice nurse and get your physical done OK?

3c How do you think Eddie felt after this consultation?

3d List the factors that created a positive attitude in this consultation.

3e How can the practice mitigate against the negative consultation and support the positive consultation?

Key Messages for Facilitator

This was clearly a positive consultation with good rapport and a good relationship between the GP and Eddie, which created a positive attitude between them. This can help to create a more satisfactory experience for people living with SMI which can lead to better health outcomes.

Factors that create a positive attitude:

- Well organised (on time).
- Continuity of care – Eddie's 'usual' GP.
- GP was aware of what needed to be covered.
- Collaborative approach - the GP had communication from the psychiatrist.
- Antipsychotic addressed – smoking reduction can result in a reduction of dose required so caution is essential.
- Exercise by social prescription.
- Taking physical concern seriously, avoiding risk of diagnostic overshadowing.
- Smoking cessation actively pursued.
- GP refers to the Lester Tool (Lester poster is on the GP's desk and wall)).
- Nurse or HCA support to complete the screen.

Mitigating factors to prevent a negative consultation:

- Ethos and protocols of the practice.
- Training of staff in using the Lester Tool.
- Local directory of services to support patients.

Experience and outcome for the patient

- Good relationships.
- Valued and better self-esteem.
- Hopeful and optimistic.

Scene 4: leaving the surgery

Unsupported Eddie

Eddie is seen leaving the surgery whilst taking out a cigarette and putting it in his mouth.

Supported Eddie

Seen walking out looking at his phone and sending a text saying 'Went really well cheers remembered about my stomach, thanks for the heads up' to Ben in reply to his text earlier. He then looks up and smiles. Eddie felt very different after each of the two scenarios. Consider how this will impact on him with respect to:

4a   His future self-care and compliance with treatment.

4b   His future attendance and with the GP practice.

4c   His future risk of developing physical illnesses over a period of years.

Supporting Evidence and Key Facts

The relative physical health risks for people with SMI

Long Term Condition	Prevalence
• Diabetes	x 2.0
• Hypertension	x 2.5
• Coronary heart disease	x 2.5
• Liver and GI tract disease	x 4.0
• Respiratory disease	x 10

People with SMI are **10 times** more likely to be admitted due to their physical health or long term condition acutely

The reason for this high admission rate includes poor access to, or use of, community services, late presentations of illness, and hence a higher than expected use of emergency services.

Premature death in people with SMI is mostly due to physical illness

- Twice as likely to die from cardiovascular disease
- Thrice as likely to die from respiratory disease

Scene 5 : at Home

Unsupported Eddie
Eddie opens the door and immediately turns his back to it so that his sister has to come in and close the door herself. No words are exchanged.

Supported Eddie
Door by an upbeat Eddie, this time around he lets her in and then closes the door behind her.

5a What are the main differences between Eddie's mood, motivation and sociability in the two scenes?

Key Messages for Facilitator

- Apathy.
- Depressed mood/hopelessness.
- Reluctant to socialise.
  VERSUS
- Proactively arranging activities for himself.
- Happy/optimism for his future.
- Sociable, engages in banter and conversation.

Supporting Evidence and Key Facts

- Only 10-20% of people with SMI are estimated to be in paid employment.

Scene 6: brother and sister conversation (part 1)

Unsupported Eddie

Eddie: Ok (nods his head whilst still looking down).

Sister leaves, Eddie stays seated.

6a How would you describe the interaction between Eddie and his sister?

6b How do you think each of them felt?

Messages for Facilitator

- Painful.
- Cold.
- Awkward.
- Superficial.
- Sister – picks up on Eddie's feelings hopelessness and feels powerless to help.

Scene 6: brother and sister conversation (part 1)

Scene 6: brother and sister conversation (part 2)

Supported Eddie

Eddie: Yeah, I'm really making progress.

Sister: Let's go, come on.

Eddie grabs his bag and they both leave the kitchen.

6c What is the role of families/carers in Eddie's physical health care?

6d In your practice do you know what interventions are available for your patients like Eddie?

6e Are you aware of and utilising the specialist support commissioned by your CCG?

Key Messages for Facilitator

- Opportunity to discuss the way ahead for the practice team – No health without mental health

- Sustainability and Transformation Partnerships for each region are responsible for ensuring there is collaboration between health care and local government to achieve delivery of better quality of care.

- CCGs and Public Health are duty bound to commission resources to support the delivery of comprehensive health care checks and interventions for people with SMI. This includes primary care, secondary mental health and lifestyle initiatives in the community, commonly via third sector organisations.

- Public health also commission smoking cessation services and support which needs to be flexible and accessible for this group of patients.

- Partnership working in and around primary care should include:

    o Annual cardiovascular risk assessment and mitigation.
    o Medication review.
    o Smoking cessation.
    o Exercise and sport.
    o Social prescribing.
    o Peer support.
    o Personal health planner (see useful links)).
    o Community liaison psychiatry.
    o Recover and employment support.
    o Co-production between health, social care and experts by experience.

The primary care team and leads to consider the following arrangements:

- Practice Mental Health Clinical Lead to champion physical health for SMI.
- Practice clinical leads for each long-term condition to target people with SMI.
- Managerial lead to ensure health screening is accessible and promoted.
- Training needs within the practice: practice nurse mental health masterclasses.
- Managerial lead and review of reasonable adjustments for individuals with SMI.
- Patient participation group: serious mental illness and long term condition experts by experience to advise practice.
- Choose one area of practice improvement to address and audit.

Useful Links

Improve physical healthcare for people living with severe mental illness (SMI) in primary care - Guidance for CCGs, NHS England, February 2018

Guidance for CCGs and Supporting Annexes:

https://www.england.nhs.uk/blog/we-must-improve-physical-healthcare-for-people-with-severe-mental-illness/

The five year forward view for mental health, a report from the independent Mental Health Taskforce to the NHS in England, February 2016:

https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Time to change campaign: http://www.time-to-change.org.uk

The Lester Tool is a summary poster to guide health workers to assess the cardiometabolic health of people experiencing psychosis and schizophrenia, enabling staff to deliver safe and effective care to improve the physical health of mentally ill people. It is endorsed by NHS England and Public Health England:

https://www.rcpsych.ac.uk/pdf/e-version%20NICE%20Endorsed%20Lester%20UK%20adaptation%20.pdf

The Personal Health Planner

Rethink has created a suite of downloadable leaflets for both patients, carers and families to inform and support wellbeing and physical health in people with severe mental illness:

https://www.rethink.org/about-us/health-professionals/physical-health-resources

Thank you for watching the film and reading the booklet. I would like to thank all my fellow colleagues who have helped to advise and encourage the production of this work.

Author: Dr Sohrab Panday, Clinical Lead, SMI/Physical Health Care, East Midlands Mental Health Clinical Network

Special thanks to Dr Sue Protheroe, GP Executive, Clinical Mental Health Lead, Lincolnshire West Clinical Commissioning Group for her contribution and expert advice

Video and Booklet Evaluation

We would very much like to receive any feedback on your use of this resource. To enable this, the following – short – survey is available for you to complete, either in paper format or electronically.

Thank you in advance

Questions

1   How easy have you found the tool (video and booklet) to use? Please circle

1	2	3	4	5
Very easy		Reasonable		Very difficult

2   How informative did you find the content? Please circle

1	2	3	4	5
Very easy		Reasonable		Very difficult

3   Who and how many were in your audience?

Clinical	

Non-clinical	

4   To what extent has the tool prompted discussion in your session? Please circle

1	2	3	4	5
A lot of discussion		Some discussion		No discussion

5   Have you identified any improvements or change as a result of your discussion?

Yes	

No	

6   Can you share any examples?

7   Do you have any existing good practice you would like to share?

Practice Name:		CCG:	

Please return to :
Alyson Evans, Quality Improvement Co-ordinator - Mental Health
East Midlands Clinical Networks and Clinical Senate, NHS England – Midlands & East
(Central Midlands)
Fosse House | 6 Smith Way | Grove Park | Enderby | Leicester | LE19 1SX
Email: alyson.evans1@nhs.net