# **RightCare care pathway proposal: long term conditions - mental health pathway**

# Overarching national case for change

People with long-term physical health conditions (LTCs) which can only be managed, rather than cured, often experience co-morbid mental health problems. At present, suboptimal care pathways for those affected result in poorer outcomes and consequently higher NHS costs. The NHS Long Term Plan is expected to focus on improving both integrated person centred care, and mental health provision. So, a RightCare long term conditions - mental health pathway would provide timely support and resource for local health economies to concentrate improvement efforts. Moreover, such a RightCare pathway coheres well with NHS Outcomes Framework Domain 2, and would help to address health inequalities; people with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas.[[1]](#footnote-1) Finally, this pathway would cohere well with existing RightCare Pathways in development/published, drawing on the mental health elements already included and widening out applicability to all long term conditions.

### Prevalence of mental health needs amongst people with long term conditions

* More than 15 million people - 30 percent of the UK population - live with one or more long-term condition according to the Department of Health (2011)
* There is a high level of mental health need in this population as many people with LTC experience mental health problems such as anxiety or depression.
* People two or more long-term conditions are seven times more likely to experience depression than those without a long-term condition (World Health Survey, 2007)
* The King’s Fund and Centre for Mental Health[[2]](#footnote-2) noted that some 4.6 million people in England have both a long-term physical condition and a diagnosable mental health difficulty at the same time.

### Level of unmet need for mental health support amongst people with long term conditions

* The NHS is beginning to address this need e.g through IAPT long term conditions services. Yet, too often, people with LTCs still don’t receive appropriate mental health care.
* Where care is provided, some people with LTCs find that it is either inappropriate to them, or treats their mental health in isolation and is not integrated with their physical health care. This means services are not treating people as individuals and optimising treatment.

“What goes on for me physically as part of my condition is talked about, but what about managing my mental health? For me, mental health is the least addressed part of my Parkinson’s.”[[3]](#footnote-3)

### Impacts of untreated mental health problems amongst people with long term conditions

* The combination of poorly treated physical and mental health problem can have a huge personal impact on people with long term conditions, and their families and carers. Poorer mental health can contribute to worse physical health outcomes, through suboptimal engagement with treatments and a lack of self-management.
* So, without effective help for their mental health, the result is significantly poorer physical health leading earlier death and an extra cost to the NHS of around £10 billion.[[4]](#footnote-4) International research suggests that comorbid mental health problems are typically associated with a 45–75 per cent increase in service costs for people with LTCs.[[5]](#footnote-5)
* We also know that people living with mental health conditions and other long-term conditions are at an increased risk of emergency admission to hospital.[[6]](#footnote-6)

“The day today care requirements completely exhausts me and makes me unwilling to take part in the vital care routines. This means I don’t check my sugar levels. In short, diabetes and mental health is one vicious cycle of self-destruction at times“[[7]](#footnote-7)

# Opportunity for RightCare: why a pathway approach would help

* A care pathway approach represents the system wide approach needed to improving mental health care for people with physical health conditions. It addresses the need for improved integrated working amongst those involved in the mental and physical health care of a person with co-morbid LTC(s) and mental health problems. Effective joint working maximises patient outcomes.
  + Particularly needed given that Mental Health Trusts are not always coterminous with other health providers, leading to even greater challenge in joining up care across providers.[[8]](#footnote-8)
  + IAPT long term conditions services need integrating with both other mental health pathways and physical care pathways to maximise efficiency and efficacity.
* Similarly, a care pathway approach addresses the need for more personalised whole-person approaches, ensuring that people’s individual needs and preferences are central.
* There exist pockets of excellent practice across the country that merit replication. The increasing availability of tools such as the patient activation measure merit dissemination.
* Evidence strongly suggests that ensuring the mental health needs of people with LTC are properly addressed and treated would help reduce overall use of services.

### Using neurology as a test bed

* Evidence suggests that people with neurological long term conditions are in particular need of improved mental health support. GP survey data shows that people with neurological conditions experience the highest levels of difficulty with anxiety and depression and have the highest comorbidity with mental health conditions out of all long-term conditions.[[9]](#footnote-9)
* As neurological conditions relate to the brain and nervous systems there is an increased complexity in the interaction between physical needs and broader emotional, cognitive and mental health needs. It can be difficult to unpick where the neurological condition ends and where a mental health condition begins or how the two interplay together.
* Given the complexity of neurological conditions, this is an ideal patient group on which to focus efforts in achieving improved care pathways, from which other conditions can benefit. There is precedence for this approach: The National Service Framework (NSF) for Long Term Conditions (2005) also focussed on neurological conditions, following this logic.
* Taking neurology as a test bed would also dovetail with wider improvement efforts, including the neurology GIRFT, and NHS England’s neuro transformation programme.

1. Naylor C et al (2012) Long-term conditions and mental health London: The King’s

   Fund and Centre for Mental Health [www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf) [↑](#footnote-ref-1)
2. Naylor C et al (2012) Long-term conditions and mental health London: The King’s

   Fund and Centre for Mental Health [www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf) [↑](#footnote-ref-2)
3. The Neurological Alliance (2017) Parity of Esteem for People Affected by Neurological Conditions [↑](#footnote-ref-3)
4. Naylor C et al (2012) Long-term conditions and mental health London: The King’s

   Fund and Centre for Mental Health [www.kingsfund.org.uk/sites/default/files/field/field\_publication\_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf](http://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf) [↑](#footnote-ref-4)
5. ibid [↑](#footnote-ref-5)
6. ibid [↑](#footnote-ref-6)
7. Taken from the All Party Parliamentary Group for Diabetes’ Mental Health Report, p.5. [https://www.diabetes.org.uk/resources-s3/2018 08/Diabetes%20and%20Mental%20Health%20%28PDF%2C%205.7MB%29.pdf](https://www.diabetes.org.uk/resources-s3/2018%2008/Diabetes%20and%20Mental%20Health%20%28PDF%2C%205.7MB%29.pdf) [↑](#footnote-ref-7)
8. • Aiden, H. (2018) Multimorbidity: Understanding the challenge. A report for the Richmond Group of Charities. <https://richmondgroupofcharities.org.uk/sites/default/files/multimorbidity_-_understanding_the_challenge.pdf> [↑](#footnote-ref-8)
9. GP survey data (2016). [www.gp-patient.co.uk/SurveysAndReports](http://www.gp-patient.co.uk/SurveysAndReports) [↑](#footnote-ref-9)