

Improving physical health for people with mental illness: what can be done?

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Foreword

We are all aware of the reduced life expectancy for people with a diagnosis of major mental illness. At the same time, we are also aware of many ways of addressing this. But, at times, it can be easy to become dispirited and pessimistic about this. This document is intended to act as a pragmatic counter to such pessimistic attitudes. It is not just a restatement of what we all know we should be doing. Rather, it is a 'live' resource, giving practical examples of what can be done through sharing knowledge of work that other people have been doing. It raises questions at many levels: What are you doing already that is good? What can you do further at every level, from your individual contacts with patients and their carers, to the teams and organisations you work within and the communities and organisational structures within which these are embedded?

This is not the last word. It is a starting point for a discussion to take this issue further forward and make a real difference from the ground up. Please feel free to use any ideas we present herein, submit further examples of what has worked well for your organisation and continue the dialogue and discussion around this vital issue.

Paul Rowlands and Helen Crimlisk

on behalf of the Faculty of General Adult Psychiatry Executive
Physical Healthcare Initiatives Workstream
Faculty of General Adult Psychiatry Executive, October 2013

What is this document about?

- Top 25 ideas for how members of the Faculty of General Adult Psychiatry (GAP) could take practical steps to improving the physical healthcare of their patients with mental illness.
- A summary of examples of work to improve the physical healthcare of patients with mental illness – including examples for psychiatrists at all levels, from trainees looking for a local improvement project to examples at team, organisational and strategic levels.

The Faculty of General Adult Psychiatry of the Royal College of Psychiatrists are keen to try to take this important issue forward in a practical way to assist our faculty members in addressing the practical issue of delivering better physical health interventions to our patients, particularly those with serious mental illness, but without replicating other documents or pieces of work, and continuing to emphasise the importance of working together with others to make a difference.

The Faculty Executive therefore decided to put together an electronic resource to help members to identify and take forward work to improve the quality of mental healthcare locally by sharing good practice of what has been achieved elsewhere, to summarise this in one or two paragraphs with online links for further information and to collate this into a useable document with a number of practical ideas.

The document is deliberately sparse and simple. Feedback and further ideas and examples are welcome. The examples are collated and structured as interventions at three levels: individual, team and organisation.

Examples of service interventions to improve physical healthcare of mental health patients

We hope that these 25 examples will be of use as a starting point in your own service improvement.

Idea	Brief description	What could I do and where can I find out more?
Individual		
1 Utilising the Lester Cardiometabolic Health Resource	This is a clinical resource providing a simple framework for identifying and treating cardiovascular and type 2 diabetes risks in patients with psychosis receiving antipsychotic medication. It supports collaborative practice across professional disciplines and service settings. It was facilitated by a working party with wide representation in association with the National Audit of Schizophrenia.	This is a useful resource which gives a simple one-page algorithm which you could put in every clinic room and share with patients, carers and professionals to prompt not only monitoring but also sensible interventions. Resources: <ul style="list-style-type: none"> • Lester UK Positive Cardiometabolic Health Resource and other National Audit of Schizophrenia resources (www.rcpsych.ac.uk/quality.aspx)
2 Use of QOF data	The Quality Outcomes Framework (QOF) is a method of payment to primary care for achieving defined quality outcomes. There are specific indicators for mental health. The database allows for searching by individual GP practice. This allows a local picture to be developed which can inform joint working between primary and secondary care, particularly in relation to improving the quality of physical healthcare for people with serious mental illness. The indicators included for mental health are: generation of a serious mental illness register, smoking, alcohol, body mass index (BMI) recording, blood pressure, lipid monitoring, glucose monitoring, cervical screening, presence of care plan. Although this may be subject to change with recent proposals, the existing databases contain a lot of helpful data.	The freely accessible QOF database can be used to analyse how local practices are doing. You can compare the data of one or more practices in your patch with those of others and national statistics. You could then discuss how this can be improved with primary care colleagues. Resources: <ul style="list-style-type: none"> • QOF database (http://qof.hscic.gov.uk/index.asp) • mental health needs assessment example from East Midlands Public Health Observatory
3 Accessing summary care records	A patient's summary care record (SCR) contains essential health information about any medicines, allergies and adverse reactions derived from their GP record as well as other information with permission of the patient. Access requires either explicit permission or is obtained on the basis of urgent or emergency need. The system is accessed either via an individual clinician's smart card or increasingly through systems which pull the information through from primary care records on to a clinical record viewer.	You can request access individually or at an organisational level by obtaining a smart card or rolling out the use of these data throughout your trust. Resources: <ul style="list-style-type: none"> • summary care records (http://systems.hscic.gov.uk/scr/staff/aboutscr/benefits)

Idea	Brief description	What could I do and where can I find out more?
<p>4 Ensuring availability of appropriate equipment for monitoring of physical health problems</p>	<p>The National Audit of Schizophrenia has recommended that it is the responsibility of prescribing clinicians to monitor and intervene to prevent, identify or treat the metabolic side-effects of antipsychotic medication. The type of equipment available will vary a little depending on location; however, there should be an appropriate number of pieces of equipment available, kept well maintained and with staff trained in its use.</p>	<p>Look into this locally: Is the equipment available to you and your team fit for purpose? Is it up to date, monitored and intact? Is it always available? Is it used? Do you have large cuffs for measuring blood pressure in larger patients? Are weight and height scales in every clinic room? Are staff able to use the equipment reliably? Do they?</p> <p>Resources:</p> <ul style="list-style-type: none"> the 2012 report of the National Audit of Schizophrenia (www.rcpsych.ac.uk/quality.aspx)
<p>5 Use of discharge from hospital as an opportunity for intervention</p>	<p>Physical examination is generally undertaken at the beginning of a psychiatric hospital admission, when there are often more pressing issues to be dealt with. The use of discharge as a point when intervention is likely to be easier allows for better engagement with the patient and improved communication with the GP as a discharge letter is in any case being written.</p>	<p>Could you discuss with ward staff the value of reviewing physical health at discharge as well as on admission? This would provide an opportunity for engaging the patients in interventions in the community to maintain or continue improvements which have been initiated on the ward.</p> <p>Resources:</p> <ul style="list-style-type: none"> Exeter project discussed by Harrison et al in the <i>International Journal of Psychiatry in Clinical Practice</i>, June 2012
<p>6 Use of resources and advocacy from third-sector agencies</p>	<p>Many third-sector organisations have resources which may be useful to you or your team. They can be accessed by patients, carers or professionals. Many of them also provide advocacy services which will assist patients in recognising the importance of physical health in their overall well-being.</p>	<p>Look into which resources are available. Can you use them or make them available to your colleagues or patients? Is your local advocacy service aware of these issues? Might they like your input into how to best address this issue with patients?</p> <p>Resources:</p> <ul style="list-style-type: none"> Rethink physical health resources (www.rethink.org) Royal College of Psychiatrists physical health resources (www.rcpsych.ac.uk) Derbyshire Healthcare NHS Foundation Trust website with well-being advice (www.corecarestandards.co.uk/keeping-well/) Mind provide advocacy services for people with mental illness, see their website for details (www.mind.org.uk)

Idea	Brief description	What could I do and where can I find out more?
<p>Team</p> <p>7 Improving clozapine monitoring guidelines</p>	<p>Clozapine is the 'gold standard' antipsychotic for patients with treatment-resistant schizophrenia. Unfortunately, it is associated with a range of troublesome side-effects, some of which can have a profound effect on a patient's ongoing physical health. In its Mental Health Strategy 2012-2015, Scotland has defined minimum standards for physical health monitoring for clozapine, in addition to the manufacturer's protocol for monitoring for agranulocytosis.</p>	<p>The use of clozapine in treatment-resistant psychosis carries particular concern with regard to cardiovascular risk. The use of a set of standards for monitoring and intervening in this high-risk group is a useful area to target. You could review your trust's clozapine monitoring and consider whether to adopt the Scottish audit standards.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Scottish audit standards are available on the Scottish Government Health and Social Care Directorates website (www.sehd.scot.nhs.uk) • Scottish clozapine monitoring system outlined by Bolton in <i>The Psychiatrist</i>, February 2011
<p>8 Ensuring access to a gym in in-patient settings</p>	<p>One of the major problems for in-patients is the paucity of opportunities for physical activity, useful both as a coping mechanism for dealing with symptoms and as a healthy behaviour which can be encouraged and supported initially in in-patient settings with the aim of developing patterns which can then be carried over on discharge. Access to a gym is one of the Royal College of Psychiatrists' standards for accredited in-patient wards.</p>	<p>Could you look into whether to develop a gym in your in-patient ward?</p> <p>Resources:</p> <ul style="list-style-type: none"> • RCPsych ward accreditation standards (www.rcpsych.ac.uk/quality.aspx) • example of how to set up a ward gym and a couple of case studies from the Oxleas NHS Foundation Trust (www.oxleas.nhs.uk), with in-patient environment improvements examples from Leeds (www.leedspft.nhs.uk)
<p>9 Developing transition clinics</p>	<p>The transition between children's and adult mental health services is a long-standing area of concern. Vulnerable young people are often left with lack of clarity for follow-up of their psychiatric disorders. This is particularly important where there are potential physical consequences of the medication which is being prescribed (e.g. stimulants, antipsychotics). The use of a formal handover of care such as a transition clinic permits routine review and allows arrangements to be put into place for minimising the long-term physical health problems associated with medication. A group of clinicians, service users, family members and researchers from 11 countries have joined forces to develop an international consensus statement on improving the physical health of young people with psychosis. Their statement, titled Healthy Active Lives (HeAL), aims to reverse the trend of people with severe mental illness dying early by tackling risks for future physical illnesses proactively and much earlier.</p>	<p>Could you liaise with your local child and adolescent mental health (CAMH) unit to consider a transition protocol and the setting up of a transition clinic, to aid handover, improve attendance rates to adult services and review medication and put in place systems for monitoring medication such as shared care protocols?</p> <p>Resources:</p> <ul style="list-style-type: none"> • case study and transition project from Sheffield (www.scie.org.uk; www.shsc.nhs.uk) • Young Minds campaign for improved transition care (www.youngminds.org.uk) • HeAL statement (www.iphys.org.au/what_is_HeAL.html)

Idea	Brief description	What could I do and where can I find out more?
10 Improving dental care in patients with mental illness	Oral health is an important part of general physical health and is essential for self-esteem, self-confidence and overall quality of life. There is a well-established link between mental illness and poor oral health. Oral health problems are not generally well recognised by mental health professionals and many patients experience barriers to treatment.	Mental health staff often know very little about brief interventions to improve dental health. Provision of information to a team from a local expert, possibly in association with pharmacy or public health colleagues, will improve knowledge with the aim of raising the profile of this stigmatising problem. Resources: <ul style="list-style-type: none"> • oral health intervention as described by Jones et al in <i>Trials</i>, May 2013 • in-patient oral health analysed by Mirza et al in the <i>Psychiatric Bulletin</i>, April 2001
11 Training staff to undertake health checks and interventions	Training ward and community staff about cardiovascular risks in patients with mental illness, and interventions to improve well-being, are effective in increasing the proportion of patients who receive a comprehensive health check and in those who receive and benefit from an intervention. Ensuring all ward staff are aware of the risks of venous thromboembolism (VTE) on mental health wards. In its report on parity, the Royal College of Psychiatrists recommends that, at a local level service planning, mental health trusts should include a reduction in incidence of VTE and implementation of the policy as part of their clinical strategy. In addition, they should: <ul style="list-style-type: none"> • develop and implement a VTE prevention policy for subsequent auditing, with the involvement of clinicians throughout • ensure that existing local incident reporting procedures incorporate VTE as a significant incident, to enable effective monitoring of incidence • develop and implement an educational programme to raise awareness among all staff of VTE as an issue for mental health. 	Could you liaise with senior nursing colleagues about developing training to undertake physical health monitoring in patients with mental illness? Use of the correct equipment, attitudes and motivation, recording and sharing data and taking the opportunity for brief intervention are all issues which could be addressed. Resources: <ul style="list-style-type: none"> • Hardy et al, <i>International Journal of Social Psychiatry</i>, April 2013 • Eldridge et al in <i>BMC Psychiatry</i>, March 2011 • Howard & Gamble in the <i>Journal of Psychiatry and Mental Health Nursing</i>, March 2011 • primary care guide to physical health checks (NHS Northampton) (http://physicalsmi.webeden.co.uk) • GP toolkit and personal planner (Derbyshire, part of the Healthy Body Healthy Mind programme) (www.derbyshirehealthcareft.nhs.uk) • Royal College of Psychiatrists' parity report (OP88), see pp. 29–31 (www.rcpsych.ac.uk)

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12 Improving access to primary care for patients with severe mental illness	There are many barriers to accessing primary care for patients with severe mental illness. There is almost certainly no single solution, but there are improvements which can be made at many points in the pathway. A significant piece of work has been done in Victoria, Australia, to look at this issue, emphasising the importance of clear lines of communication, training needs of mental health and primary care staff and the role of peer mentors, who may be third-sector agency or primary mental health staff. Long-term recovery and a healthy relationship with primary care needs to be striven for and this may mean resisting requests made to junior doctors who, because of their lack of experience of primary care, may have a tendency towards over-investigation and over-referral.	<p>Developing systems to encourage primary care services to come into secondary mental health settings is likely to have cost implications but may be most appropriate to some settings, for example secure services. For adult general patients, you could encourage staff to support patients to continue to maintain their relationships with primary care teams rather than over-relying on well-meaning junior psychiatric doctors. Your junior doctor may need support to resist routine requests or demands to see patients with physical complaints rather than encourage access and support contact with primary care. Community mental health services can consider how they develop good working arrangements with local primary care around issues such as serious mental illness registers and patient reviews.</p> <p>Resources:</p> <ul style="list-style-type: none"> • the Australian improving access project report, 2010 (www.each.com.au) • review of integrating primary care into psychiatric settings in <i>Primary Care Companion to the Journal of Clinical Psychiatry, Cerimele & Strain, 2010</i> • Royal College of Psychiatrists' report on physical health in mental health (OP67) (www.rcpsych.ac.uk)
13 Health passports	The health passport is a patient-held record designed to improve health literacy and motivate patients towards lifestyle changes to improve their physical health long term. It concentrates on four issues ('ABCD') which make the most important modifiable risk factors of chronic disease: healthy living a dvice, b lood pressure, c holesterol and d iabetes.	<p>You could look into developing a local version of this in association with your team. As well as the tangible benefits to the patients, it is also likely to have an indirect effect on staff awareness of physical illnesses and modifiable risk factors, increasing interest and reducing helplessness which can sometimes limit enthusiasm. There are several health passports available online.</p> <p>Resources:</p> <ul style="list-style-type: none"> • health passport (Warwick), available as data supplement to Anderson et al, The Psychiatrist, June 2012 • care coordinator partnership toolkit (Derbyshire, part of the Healthy Body Healthy Mind programme) (www.derbyshirehealthcareft.nhs.uk)

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14	Improving the quality of restraint procedures	<p>Physical restraint is sometimes necessary when risks are high. However, restraint in psychiatric hospitals in the UK has been associated with a significant number of patient deaths. New, safer and more humane methods of restraint have been developed to avoid the face-down position. The College supports calls for: a continual reduction in the use of all forms of physical restraint (including seclusion) and of rapid tranquilisation; the establishment of nationally agreed principles to govern the use of physical restraint; and training for staff about physical restraint which uses an accredited adult learning methodology.</p>
		<p>Raise the issue in your trust – Mind has suggested that face-down restraint be ended and the Westminster government is currently looking into this. Could you suggest your trust consider alternative mechanisms of restraint?</p> <p>Resources:</p> <ul style="list-style-type: none"> • Mind's call to end face-down restraint (Mind website, News section: www.mind.org.uk) • approaches to reduce use of restraint (Sheffield/Respect) (http://respecttrainingsolutions.co.uk)

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17 Using data from the National Audit of Schizophrenia	The National Audit of Schizophrenia was undertaken in association with the Royal Colleges of Psychiatry and General Practice and many other organisations. Submissions came from 60 of the 64 mental health trusts approached in England and Wales. Standards 4 and 5 deal with the monitoring of and intervention for physical health indicators. The second round is now underway; all trusts will participate and will be named. Local services can compare their performance with national standards and to benchmark with other services.	<p>If you have not seen the data on your trust, you could enquire as to whether it could be presented at a practice development/governance session and determine your trust's code to benchmark your own performance.</p> <p>Resources:</p> <ul style="list-style-type: none"> • National Audit of Schizophrenia 2012 report (www.rcpsych.ac.uk/quality.aspx)
18 RAMPPS training	Recognising and Assessing Medical Problems in Psychiatric Settings (RAMPPS) is a multidisciplinary interactive course for practising assessment and initial management of deterioration in physical health in a safe, controlled environment. Scenarios are constructed using actors and high-spec simulators and are based on real-life serious untoward incidents from psychiatric in-patient wards. The course is explicitly multidisciplinary, and is designed to reflect the way in which such situations tend to unfold in real life. Healthcare assistants, staff nurses and psychiatric trainees are expected to work together, and the scenarios test not only technical competencies but also issues around communication, handover of information and team dynamics.	<p>This training is being rolled out in many areas across Yorkshire and the Humber allowing professionals to benefit from the high-quality and high-tech teaching methods which are widely used in physical health. As it is specifically linked to serious incidents, your trust may be encouraged to deliver it locally to you or perhaps you could offer to deliver it? You could link up with staff in Yorkshire who have been involved in this initiative.</p> <p>Resources:</p> <ul style="list-style-type: none"> • RAMPPS simulation on Health Education Yorkshire and the Humber website (www.qacnicalskills.co.uk) • Royal College of Psychiatrists' blog about the RAMPPS project (Yorkshire and the Humber) (www.rcpsych.ac.uk/discoverpsychiatry.aspx)
19 Use of prescription for exercise and personal budgets	Many GP surgeries across the country prescribe exercise as a treatment for a range of conditions, including depression. GPs can refer patients to a local active health team for a fixed number of sessions under the supervision of a qualified trainer. These sessions are not specifically targeted at people with severe mental health problems but may be accessible to them. It may be possible to use funding from a personal budget to support this or provide bespoke interventions which may be more appropriate.	<p>You could liaise with your local primary care colleagues to find out what is available locally. Encourage consideration of elements to address physical health and well-being within the social or health budgets available to patients who meet this threshold.</p> <p>Resources:</p> <ul style="list-style-type: none"> • exercise for depression on NHS Choices website (www.nhs.uk) • personal budgets position statement from the Royal College of Psychiatrists and the Association of Directors of Adult Social Services (PS01/2013) (www.rcpsych.ac.uk) • a personal budgets in Essex report from the Office for Public Management (www.opm.co.uk)

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20 Pathology Messaging Implementation Programme (PMIP)/ Integrated Clinical Environment (ICE)	PMIP, Health and Social Care Information Centre, are standards for information content, structure, management and security of electronic pathology reports messaging between laboratories and GPs implemented across the NHS. Some trusts have already set up systems such as ICE which pulls through records of investigations undertaken on any patient being cared for by the mental health trust. Access to this via the patient's electronic record enhances diagnosis, formulation and management of psychiatric patients.	Your local acute trust may well be using this programme providing routine access to pathology results for GPs. You could enquire as to whether your mental health trust is linking up with this and delivering to mental health so that staff can access blood results 'live' within clinical settings. Resources: <ul style="list-style-type: none"> • Sunquest (providers of systems for enabling online access to test results) (www.sunquestinfo.com) • article on implementing online live access to blood tests in Derbyshire (Skelton et al, <i>The Psychiatrist</i>, May 2013)
21 Intelligent use of CQUINs	The Commissioning for Quality and Innovation (CQUIN) framework is a financial incentive used by commissioners to encourage innovation and quality improvement in whichever areas they feel are important. Getting commissioners on board with areas related to the physical health of psychiatric patients is likely to be a 'win' situation encouraging cross-boundary working on issues where both sides are looking for improvements.	Could you review the ideas from other trusts or suggest an idea to your commissioners which you would like to see developed into a CQUIN? There are many examples of these online. Resources: <ul style="list-style-type: none"> • CQUIN schemes in mental health 2009/2010 (www.institute.nhs.uk; please note this is archived content and the website is due to close soon) • CQUIN guidance from the NHS Commissioning Board (www.supply2health.nhs.uk)
22 Improving mental health registers	Mental health registers are designed to highlight the patients in a GP practice with specific severe mental illness such as psychosis and bipolar disorder. These patients are identified from diagnostic codes and certain prescriptions. There are QoF targets associated with this group. There is, however, inaccuracy and variability in how these registers are used and updated.	You could get a better understanding of the mental health registers in primary care, working with Improving Access to Psychological Therapies (IAPT) or other primary care staff to improve the accuracy by cross-checking of patients in the community mental health team (CMHT) and also open up discussions about how to improve the accuracy of databases as well as increasing relevant physical health checks and interventions for abnormalities. Resources: <ul style="list-style-type: none"> • 'How to sort out your QoF mental health register' by Dr Anand J. Chitnis (2006) • practical guide to developing serious mental illness register in primary care – Derbyshire GP toolkit (Derbyshire, part of the Healthy Body Healthy Mind programme) (www.derbyshirehealthcareft.nhs.uk)

Idea	Brief description	What could I do and where can I find out more?
23 Development and integration of smoking cessation programmes	High rates of smoking play an important role in excess morbidity and mortality in patients with severe mental illness. Smoking cessation treatments that work in the general population work for those with severe mental illness and are equally effective. Treating tobacco dependence in patients with stable psychiatric conditions does not worsen mental state. Interventions may have to be tailored depending on the clinical setting.	<p>Do you know what smoking cessation programmes are available locally? Are they accessible to those with severe mental illness and if not, what provision could be developed? Your local health and well-being board are likely to have this high on their agenda – you could lobby them and raise the issue.</p> <p>Resources:</p> <ul style="list-style-type: none"> • evaluation of a smoking cessation clinic (Robson et al, <i>Journal of Clinical Nursing</i>, February 2013) • smoking cessation in severe mental illness (Banham & Gilbody, <i>Addiction</i>, July 2010) • health and well-being boards
24 City-wide health and social care strategic approach	<p>The Right First Time project is a collaborative approach between Sheffield Mental Health and Social Care NHS Foundation Trust, the acute hospitals trust, the local authority and voluntary organisations and primary care to work together at a high level to better streamline the care and treatment a patient receives to improve physical and mental well-being and to minimise time spent unnecessarily in hospital.</p> <p>RightCare® is a scheme which was designed by Derbyshire Health United (DHU) clinicians to ensure that seamless patient care takes place out of hours, when GP practices are closed.</p>	<p>Your GP commissioners, the local authority, voluntary organisations and the acute hospitals will all be interested in this agenda. This project developed as a result of high-level buy-in from partners to try to achieve savings while improving services. Speak to commissioners, managers, counsellors or raise the issues at your local health and well-being boards and trust board meetings.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Right First Time (www.rightfirsttimesheffield.co.uk) • <i>HSJ</i> article on Right First Time (West, 11 February 2013) • RightCare® website (www.derbyshirehealthunited.com)
25 Region-wide managed network approach	<p>This is a workstream within the Royal College of Psychiatrists, working in conjunction with the Managed Clinical Network in the East of England. It reflects the government's commitment to parity of esteem between physical and mental health services, and will lead to the adoption of evidence-based approaches that improve well-being in the region and beyond.</p>	<p>The workstream covers a number of areas including the physical healthcare of patients with severe mental illness. You can use the online resource for further information or join the workstream to become more involved.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Royal College of Psychiatrists' physical and mental health workstream (www.rcpsych.ac.uk) • Royal College of Psychiatrists' Managed Clinical Network (www.rcpsych.ac.uk)