



Providing evidence-based psychological therapies to people with long-term conditions and/or medically unexplained symptoms

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Royal College of Psychiatrists,¹
Royal College of General Practitioners,
British Psychological Society and
Royal College of Physicians

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People who have mental health problems in the context of long-term physical health conditions (e.g. diabetes, chronic obstructive pulmonary disease, cardiovascular disease, cancer) and people who are troubled by symptoms inadequately explained by their medical condition (sometimes called persistent physical symptoms or medically unexplained symptoms) are poorly served by existing services. In particular, there is an urgent need to provide them with more integrated physical and psychological healthcare to improve their quality of life and reduce costs to the National Health Service (NHS) and the wider system.

The Improving Access to Psychological Therapies programme has already established some key principles for the delivery of treatment, below.

- NICE-recommended therapies should be delivered by properly trained practitioners.
- Practitioners should receive regular (weekly) case supervision and be managed as a team, led by appropriate experts.
- IT systems that support supervision as well as outcome monitoring should be used.
- All patients should have their outcomes recorded and service-level outcomes should be published.
- Treatment should be delivered in the most cost-efficient manner, including stepped care when appropriate.

PROPOSAL

Two additional considerations apply for physical and psychological treatments for long-term conditions and medically unexplained symptoms, centring on the setting and integration with existing services.

- Physical and mental healthcare provision should be co-located.
- Mental healthcare provision should be integrated into existing medical pathways and services – either primary or secondary care services (e.g. oncology, community mental health teams, liaison psychiatry/psychology services).

These considerations address the following requirements: (a) patient preference for receiving physical and mental healthcare in the same setting; (b) availability of expertise for the provision of physical and mental healthcare and symptom management in the medical setting; (c) continuity of care; (d) multidisciplinary team working and sharing; (e) removing stigma; and (f) improving access.

CONCLUSION

We agree that care should be provided in a way that enables patients to access the right care, in the right place and at the right time and is cost-effective and clinically effective. With this in mind, the Royal College of Psychiatrists, Royal College of General Practitioners, British Psychological Society and Royal College of Physicians are working together to promote joined-up patient care. This is because integrated approaches have been shown not only to improve patient outcomes but also to help drive efficiency in healthcare.

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