

# Spring-time for integrated mental and physical health services



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**W**ith spring in the air and the flowers starting to bloom, we should all be feeling good about life and be full of positivity. Having shed those Christmas pounds, we are all starting to think about re-emerging from our winter hibernation. Although, while many of us have a spring in our step, it is important to appreciate that even with Spring around the corner, there are many people who will continue to be overshadowed by mental health problems. These problems may have a marked effect on their mood and potentially prevent them from having the ability to feel positive; this, ultimately, may have a profound influence on their physical health.

It is important to note that most of us will be affected by some form of mental health issue during our lives. Common mental health conditions, such as depression, anxiety and emotional disorders, affect over 16% of adults and nearly 10% of children in the UK (Foresight, 2008). These conditions may be evident in people with diabetes every day in practice but are often still reviewed in isolation and often with a lower level of urgency than other health conditions.

## A common problem

There are the people that I know you will see in your clinics every week who have such problems and I know there are people who make your heart sink, as they have a reduced likelihood of achieving a good outcome. It is often very difficult to help manage diabetes when the mental health problem is at the forefront of that person's mind and the diabetes, in comparison, seems to be of very low importance.

In the mental health strategy, *No health without mental health* (Department of Health [DH], 2011), the Government set themselves, and society, some very big challenges. The strategy stated that mental health must have equal priority with physical health and that discrimination associated with mental health problems must end. Moving forward to 2014, we now have *Closing the Gap: Priorities for essential change in*

*mental health* published by the DH (2014), which has prioritised integrating physical and mental health care.

## Impact on the diabetes consultation

It could be argued that the diabetes consultation has been hijacked by another agenda, allowing the consultation time to be taken up with different elements. Still, it is crucial to understand that as much as 80% of all mental health care takes place in GP surgeries and hospitals. Therefore, it is vital that staff working in these settings understand the symptoms of mental illness and the physical health needs of people with mental health problems. Nursing is evidently at the frontline of this workload and plays a key role in service delivery, and the Royal College of Nursing (RCN) recently announced its commitment in working to improve the care available to people experiencing mental health problems (RCN, 2014).

To support the integration of physical and mental health care with that of social care, the DH has allocated £3.8 billion to help every Health and Wellbeing Board in the country to develop its own plan for joined up healthcare. This plan to offer joined up care across the whole spectrum of services should improve standards of physical and mental health.

Alongside these political changes, those of us on the front-line delivering these services should be supported in understanding and implementing these changes. As we move forward into Spring and start to prepare for the next financial year, let's hope we can keep mental health needs and diabetes standards on the same agenda, so we can fully integrate these vital health services. ■

Department of Health (2011) *No Health Without Mental Health: Delivering better mental health outcomes for people of all ages*. DH, London

Department of Health (2014) *Closing the Gap: Priorities for essential change in mental health*. DH, London

Foresight (2008) *Foresight Mental Capital and Wellbeing Project*. Government Office for Science, London

Royal College of Nursing (2014) *Better care for people experiencing a mental health crisis*. RCN, London