

# Seeing the whole person: Integrating physical and mental healthcare



**Lyndi Wiltshire**

Head of Cardiovascular Services and Diabetes, Birmingham and Solihull Mental Health Foundation Trust

Earlier this year, when the House of Commons released its statistics on the prevalence and treatment of mental health problems, it provided some very sobering reading. Its summary is highlighted in *Figure 1* (Baker, 2017). The prevalence of common mental disorders (CMDs), including depression, anxiety, panic disorders, phobias and obsessive compulsive disorder, is listed in *Table 1* and has shown a significant rise year on year since 1993.

Sadly, many people with these mental health problems also have physical health problems, including diabetes. The latest data continue to show the association between mental and physical health. Overall, 37.6% of people with a CMD suffer from one or more of the following: hypertension, diabetes, cancer, epilepsy and asthma (NHS Digital, 2016a). In contrast, only 25.3% of the population without a CMD suffers from these conditions.

I have personally been writing these editorials for four years now and still feel we cannot truly comprehend the difficulties we face within the NHS in dealing with this growing problem. Although there is an awareness of the impact of mental health on diabetes care, we still have a long way to go to reverse this increasing trend.

Positively, there have been some changes in funding recently, with £9.49 billion planned for Clinical Commissioning Groups to spend on mental health services (up from £9.15 billion in 2015/16). However, as with diabetes, funding for mental health does not seem to be increasing at the same rate as the growing need (NHS Digital, 2016b).

Although there is recognition of the difficulties that the squeeze on resources places on the diabetes world, we also have to recognise that this problem is across the board, including mental health, and that it has a major impact on all aspects of patient care.

## Overcoming the stigma

A good starting point to support people with CMD

would be to reduce the stigma associated with a CMD diagnosis, which is always a barrier to good physical (and diabetes-related) management in this vulnerable population. It is lovely to see the Duke and Duchess of Cambridge and Prince Harry fronting the “Heads Together” campaign to reduce the stigma of mental health and highlight the difficulties (more information is available at: [www.headstogether.org.uk](http://www.headstogether.org.uk)).

Workplace mental health problems cost the UK economy over £26 billion per year through lost working days, staff turnover and lower productivity, with three out of four employees having experienced symptoms of poor mental health (Business in the Community, 2016). The City of London is now heading up a local campaign that seeks to reduce mental health stigma in the workplace, and which aims to reach more than 1 million employees this year (Mental Health Today, 2017). In partnership with Barclays, Business Healthy, the City Mental Health Alliance and Mind, The Lord Mayor’s Appeal charity created the “This is Me – in the City” campaign in 2016. Last year, more than 75 organisations signed up to the initiative, with 22 of them running their own campaign (Lord Mayor’s Appeal, 2017). The campaign encourages employees who have experienced unmanageable stress and/or a mental health problem to share their story with colleagues via a video message or other medium. More than 100 individual stories have been shared, with a potential reach of over 420 000 employees. Now, 17 organisations have joined forces as a committee to drive the campaign forward and increase participation.

Dr Andrew Parmley, Lord Mayor of the City of London, said:

*“It is just as important for organisations to look after the mental health of their employees as it is to support their physical health. ‘This is Me – in the City’ aims to break down stigmas and dispel*

**Table 1. Proportion of people reporting common mental disorders in the previous week (England, 2014). Data from Baker (2017).**

Disorder	Percentage
Generalised anxiety disorder	5.9%
Depressive episode	3.3%
Phobias	2.4%
Obsessive compulsive disorder	1.3%
Panic disorder	0.6%
Other or not specified	7.8%

*myths around mental health, in order to improve our awareness and understanding of employee wellbeing. Working environments in the City of London can be extremely demanding and high-pressured, and it is in the interest of both businesses and their staff to collaborate in order to change the culture around mental health for good.”*

Paul Farmer, CEO of Mind, added:

*“Stress and poor mental health at work are commonplace, especially within the high-pressure, fast-paced environment of the City. Employers can no longer afford to ignore these issues, which is why it’s refreshing to see so many organisations getting on board with ‘This is Me – in the City’. Workplace wellbeing initiatives such as these help raise awareness of mental health at work and tackle the stigma surrounding it.”*

It is marvellous to see this happening in London; however, if we truly wish to manage our patients with diabetes well, we should recognise the value of this project and consider having this conversation nationwide. This will provide a better understanding of how mental health can be addressed, giving us a chance to make the best use of time in our consultations.

### Diabetes and disordered eating

In this month’s mental health section, we are fortunate to have two very interesting articles from Jacqueline Allan and Jen Nash. In the first of a new six-part series, Jen provides readers with a number

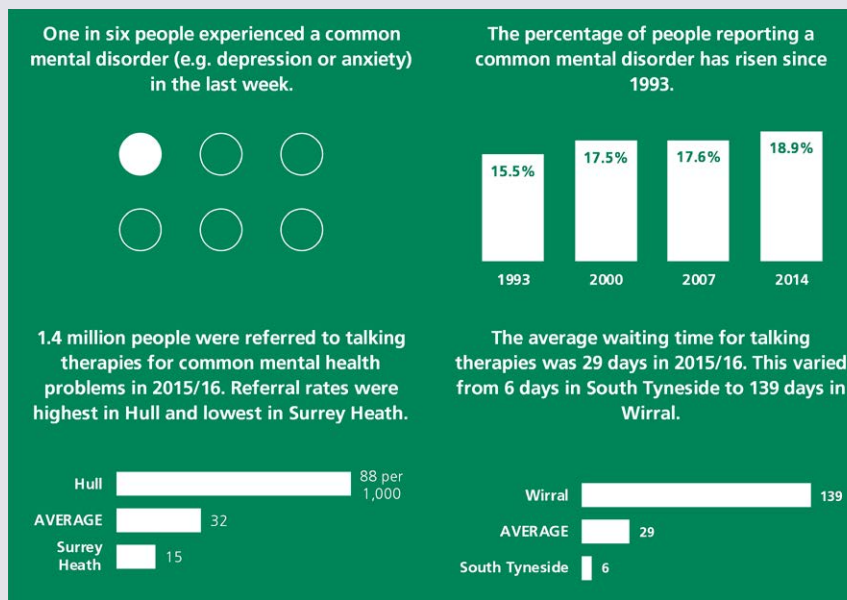


Figure 1. Summary of findings of the House of Commons report on mental health problems (Baker, 2017).

of strategies to tackle emotional eating, which can be discussed with patients in our time-limited consultations. Addressing the ways people use food to cope with the complexities of life may be very helpful to improve diet in people with all types of diabetes, whether obesity-related or not.

In her article, Jacqueline Allan takes an advance look at the updated NICE guideline on eating disorders, the final version of which is expected in May. While a number of further changes to the draft guidance are expected, the addition of specific advice on eating disorders related to type 1 diabetes, including insulin admission, is extremely welcome and will hopefully lead to improved care for this poorly served group of patients. ■

Baker C (2017) *Mental health problems: Statistics on prevalence and services. Briefing Paper Number 6988*. House of Commons Library, London. Available at: <http://bit.ly/2m4H1oe> (accessed 20.02.17)

Business in the Community (2016) *Mental Health at Work Report 2016: National Employee Mental Wellbeing Survey findings 2016*. BITC, London. Available at: <http://bit.ly/2daRKIT> (accessed 22.02.17)

Lord Mayor’s Appeal (2017) *Lord Mayor’s Appeal launches 2017 This is Me – in the City*. The Lord Mayor’s Appeal, London. Available at: <http://bit.ly/2lLEYbc> (accessed 22.02.17)

Mental Health Today (2017) *Mental health anti-stigma campaign aims to reach 1 million people in the City of London*. Mental Health Today, Hove. Available at: <http://bit.ly/2lyptAI> (accessed 22.02.17)

NHS Digital (2016a) *Adult Psychiatric Morbidity Survey: Survey of mental health and wellbeing, England, 2014*. NHS Digital, Leeds. Available at: <http://bit.ly/2dBYhxj> (accessed 20.02.17)

NHS Digital (2016b) *Mental Health Bulletin: 2015–16 annual report*. NHS Digital, Leeds. Available at: <http://bit.ly/2leNyhB> (accessed 20.02.17)