An overview of the problems and solutions

September 2019
Understanding of the challenge

Living with both mental health problems and persistent back and neck pain is challenging...

- Managing multiple, interconnected conditions
- Life-changing conditions; not necessarily a 'cure'
- Influenced by, and impacts on, all aspects of life including relationships and work
- Services not designed to support both conditions at the same time
- Connection between conditions is poorly understood
- Stigma
- Focus on trying to find a cure, rather than living well with the conditions
- Health professionals not equipped to support both conditions
- Lack of support in the workplace

...and these things make it harder
Problems and solutions

Local relationships

Skills and training

Environment and processes

Patient expectations

Care coordination and collaboration

Funding and sustainability
#1 Local relationships

The service does not have the expertis in house to support people’s holistic health needs, or to signpost to the support that is available elsewhere.

Build and improve local relationships and take advantage of local assets

- Research what services exist locally
- Develop relationships

My colleague and I each do monthly talk with GPs so when it came to doing [our pathway redesign and new service] the GPs knew us: we had personal level of influence that allowed it to be smoother.
#2 Skills and training

People working in the service are not confident and fully able to discuss and support people with their mental and physical health needs.

Improve training for health care professionals so they are more confident and able to provide holistic care.

- Mental health and pain awareness
- Communication skills
- Screening tools
- Patient information

The most important thing was a really good GP who, rather than saying, “there’s nothing we can do” or “this is what is going to happen”, she said “I will support you with what you think is the right thing to do.”
#3 Environment and processes

The service does not have the **environment and supporting processes** to provide high quality holistic care for people’s mental and physical health needs.

Improve the environment and what sits around the consultation so that it’s more supportive of people’s combined mental and physical health needs.

- Clinic location
- Flexible appointment times
- Remote access
- Screening tools

Using this approach I’ve been able to reduce doctor contacts from our frequent attendees from over 30 times a year to five or six.
People accessing the service are not expecting to discuss their mental and physical health needs, and there are issues around stigma and moving the focus away from finding a cure towards supporting self-management.

Change the focus about what your service can offer, to increase understanding and meet shared expectations:

- Relationships with other services
- Patient information
- Screening and triage
- Peer support
- Co-design with patients

You can think you have the best service on the planet but you have to be able to hear the uncomfortable truths – we need to go and talk to people to get different perspective.
#5 Care coordination and collaboration

People are ‘falling in the gaps’ between services, being seen too long after they started to experience health and wellbeing problems, or not having access to the right support.

Redesign pathways that embed multi-professional working and ensure people are seen in the right place at the right time.

- Develop local relationships
- Co-design with local stakeholders
- Co-delivering services
- Screening and triage
- Proactive identification of people
- More flexibility around access

Relationships should be based on the value of mutual support and seeing how the expertise that you each have in-house can improve the offer that you both provide.
#6 Evidence base for funding

The service has **funding and sustainability** issues in demonstrating a business case or broadening its offer to provide care for people’s mental and physical health needs.

Develop the business case for your service and influence referrers and decisions makers

- Develop local relationships
- Co-design with stakeholders
- Proactive identification of people
- Service principles

Make it a local priority by doing it and showing the outcomes. People will do it when it makes sense for them to do it.
If only it were that easy…….

“Find it and fix it” – persistence of biomedical model

Don’t have the right evidence

How do you measure the value of relationships?

“It’s not my role”

Professional hierarchies and protectionism

Language barriers between mental and physical health

Relationship development takes time

Anxiety and fear

Training becomes ‘tick-box’ rather than meaningful and helpful

Staff turnover – no consistency

Competition between services

No time!

Complex commissioning environment

Not a local priority – no leadership support

No physical space
Overcoming barriers

Understand local context

Time may not be the barrier

Don’t rush in

Persevere

Make relationship building fundamental

Leadership at all levels

Bring different people together

Compelling evidence takes many forms

Work with the willing

Leadership at all levels