Long-term health gains
Investing in emotional and psychological wellbeing for patients with long-term conditions and medically unexplained symptoms

Key points
- An estimated 30 per cent of people with a long-term condition also have a mental health problem.
- Co-morbid mental health problems are a major cost driver in the care of long-term conditions, accounting for a 45–75 per cent increase in service costs.
- Service models that address the full range of patient needs have been shown to improve patient outcomes and lead to cost savings that far outweigh the cost of the psychological interventions.

A close relationship exists between long-term physical conditions and mental health and wellbeing. Long-term physical conditions often affect a patient’s mental health, and psychological wellbeing can also have an impact on the effectiveness of treatment for, and a patient’s ability to manage, long-term conditions. Despite this, many individuals do not receive care that addresses both their physical and psychological needs.

There is a growing body of clinical and economic evidence supporting investment in psychological services as part of the treatment for long-term conditions – people with long-term conditions use disproportionately more primary and secondary care services and are more likely to develop depression than the rest of the population.

A new Mental Health Network report, *Investing in emotional and psychological wellbeing for patients with long-term conditions*, brings together the evidence across diabetes, chronic obstructive pulmonary disease and coronary heart disease, plus medically unexplained symptoms, to present a business case for investing in psychological services.

This *Briefing* summarises the report and describes how primary and secondary health services can improve patient outcomes, while reducing the overall costs of care for the NHS.

Background
More than 30 per cent of people in England have one or more long-term physical health condition. An estimated 30 per cent of this group also has a mental health problem.

While a large number of conditions meet the criteria to be described as ‘long-term’, only a small number of these conditions are responsible for a large proportion of service use and costs to the NHS.
The Mental Health Network report, *Investing in emotional and psychological wellbeing for patients with long-term conditions*, focuses on three long-term conditions which have an established evidence base for psychological need and that have met this need with service innovations. These are:

- diabetes
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease.

Medically unexplained symptoms and long-term mental health conditions are also included.

Mental health accounts for around 11 per cent of NHS expenditure and presents a significant challenge to the whole economy, with the cost to the UK estimated at £105.2 billion for 2009/10. One in four of the population have some form of mental health problem and one in 100 people live with serious mental illness.

Depression and anxiety are also higher in people with a physical illness compared with the general population. A 2007 study found that people who had depression co-morbid with one or more chronic physical disease had worse health scores than those with angina, arthritis, asthma or diabetes alone.

The NHS needs to achieve up to £20 billion of efficiency savings by 2015 through a focus on quality, innovation, productivity and prevention (QIPP). There are clear links between investing in treating co-morbid mental health and physical health conditions.

In 2004, *Organising and delivering psychological therapies* stated that the provision of psychological interventions for people with long-term co-morbid conditions was an important component of the delivery of an effective mental health service.

The Improving Access to Psychological Services (IAPT) programme was developed in 2005 with a focus on providing evidence-based therapies for common mental health problems. It recognised the need to look at psychological interventions in a range of other areas. Two positive practice guides produced in 2008 addressed long-term conditions and medically unexplained symptoms.

The public health white paper, *Healthy lives, healthy people*, the Mental Health Strategy, *No health without mental health*, and *Talking therapies, a four year plan of action* are all recent policy documents that recognise the health, social and economic costs of co-morbid mental health conditions.

During 2012/13, the IAPT programme will be undertaking pathfinder work in the NHS to develop and evaluate integrated stepped-care pathways for people with depression and anxiety disorders co-morbid with long-term physical health conditions and/or medically unexplained symptoms. The pathfinder work will take place in 15 sites across the country and will be supported by £2.3 million of Department of Health programme funding. Results from these pathfinders will inform policy work in terms of the impacts, costs and benefits of these initiatives.

*Investing in emotional and psychological wellbeing for patients with long-term conditions* collates the evidence and emerging economic analysis, together with examples of service design and delivery, to help commissioners, clinicians and managers improve patient experience and outcomes for people with long-term conditions.

**The business case**

The links between long-term physical conditions and mental health and wellbeing extend to the cost of care for patients.

At least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing. This means that between £8 billion and £13 billion of NHS spending in England is attributable to mental health problems co-morbid with long-term conditions.

These patients generally have poorer objective and subjective health outcomes, use more healthcare resources and contribute to wider costs in the community such as sickness absence, cost of informal care and support from friends and family.
Costs in terms of healthcare resources include:

- increased presentations in primary care, emergency departments and outpatient clinics
- increased use of medication
- increased hospital admissions, with longer lengths of stay
- increased institutionalisation (for older people).

However, service models that address the emotional and psychological need do exist. The case studies in the *Investing in emotional and psychological wellbeing for patients with long-term conditions* report show that the savings associated with psychological interventions for long-term conditions far outweigh the costs.

Personalised care planning is an approach to addressing an individual’s full range of needs, taking into account health, personal, social, economic, educational, mental health, ethnic and cultural background and circumstances.

The Health Foundation’s Co-creating Health programme found that patients engaged in, and informed about, the management of their illness achieve the best health and quality of life. The whole-system approach encourages a collaborative relationship between clinician and patient. A collaborative care approach to supporting self-management of long-term conditions is also endorsed by the National Institute for Health and Clinical Excellence (NICE).

NICE analysis of costs for 119,150 new cases of Type 2 diabetes showed that collaborative care would increase costs in year one, but lead to net savings for the health and social care system in year two. It did not include long-term cost savings, but these are potentially substantial.

In COPD, psychological interventions can help to reduce anxiety, avoiding exacerbations and unnecessary admissions. They can also improve patients’ adherence to rehabilitation programmes.

A study of end-stage patients at Hillingdon Hospital cognitive behavioural breathlessness clinic over six months found that savings of around four times the upfront cost were made. Patients who went through the clinic in the six months after treatment had 1.17 fewer A&E presentations and 1.93 fewer hospital bed days per person than the control group, amounting to savings of £837 per person.

A study of patients taking part in a cognitive behavioural chronic disease management programme at the National Refractory Angina Centre in Liverpool showed reductions in healthcare usage of approximately £2,000 per patient when compared with healthcare use in the year prior to intervention.

With medically unexplained symptoms, including somatoform conditions, economic modelling of cognitive behavioural therapy (CBT) in patients with full somatoform disorders shows a net saving to the NHS of around £60 million in year one if e-learning is used, and net savings after two years if face-to-face GP training is used.

Integrating mental health liaison services into acute settings has also shown benefits for patients in terms of identifying and managing psychological problems, but also in terms of quality and productivity. An evaluation of Birmingham’s Rapid Assessment Interface and Discharge (RAID) service showed savings of £4 for every £1 invested in the service.

**Benefits to patients**

Living with long-term conditions requires considerable emotional adjustment and burden to patients, carers and families.

The emotional and psychological needs of people with long-term conditions can be described on a spectrum from healthy coping to disease-related distress, through to psychological and psychiatric conditions.

Effective self-management of long-term conditions is crucial if patients are to achieve a healthy and satisfying life. Psychological care aims to support the individual and his or her family to prevent and reduce distress and improve their ability to manage the illness.

Patients who are treated for mental health and wellbeing alongside a long-term physical illness can benefit from help with accepting their illness, managing
‘Depression, anxiety and eating disorders are significantly higher among people with diabetes than among the general population’

their symptoms, motivation, adherence to treatment regimes, managing stressful medical procedures, adjustment of expectations and dealing with changes in behaviour and routines.

Across the evidence, psychological interventions have been shown to improve health outcomes, minimise hospital and GP visits and improve patients’ quality of life.

For example, Type 2 diabetes patients who had their psychological needs addressed experienced improved results in the HbA1c test to check whether their diabetes was under control. They were also found to have reduced psychological distress and anxiety, improved mood and quality of life, improved relationships with health professionals, family and friends, and improved eating-related behaviours.

Diabetes
Depression, anxiety and eating disorders are significantly higher among people with diabetes than among the general population. The evidence shows that co-morbid depression can exacerbate complications and symptoms of diabetes, partly because patients with depression manage their diabetes more poorly than those without.

In a survey of Diabetes UK members, people with diabetes wanted and needed psychological support but were not always able to access the right services.

Investing in emotional and psychological wellbeing for patients with long-term conditions includes case studies illustrating the impact of mental health and wellbeing interventions on people with diabetes. The examples in the box below are among them.

Chronic obstructive pulmonary disease
Chronic obstructive pulmonary disease (COPD) is characterised by breathlessness, cough, weight loss, fatigue and sleep disorders. Symptoms can fluctuate and be difficult to understand and control. Psychological factors can create a vicious circle, with escalating breathlessness and a higher rate of mental health disorders such as anxiety, panic and depression than in the general population.

For example, Type 2 diabetes patients who had their

Case studies: The impact of mental health and wellbeing interventions on people with diabetes

NHS Berkshire West
This CBT wellbeing programme for people with Type 2 diabetes found an improvement in anxiety and depression and a trend towards reduced barriers to activity, particularly in the case of disinhibited eating.

Leeds diabetes liaison psychiatry service
A recent review of the service, which addresses clinical depression, eating disorders and conditions not severe enough for a clinical diagnosis, showed that it improved patients’ diabetes control. CORE-OM outcomes (a self-reported measure of psychological distress) showed improvement for 80 per cent of patients from the beginning to the end of treatment.

Royal Sussex County Hospital
A cognitive analytic therapist works as part of the multidisciplinary diabetes team, dealing with patients with depression, anxiety and eating disorders. The service audit shows improved HbA1c levels during and after treatment, reduced admission rates and a reduction in overuse of diabetes specialist nurse sessions.

Addressing health anxieties, depression and anxiety improves the patient’s:

• ability to manage their condition
‘People who have suffered a heart attack have a 30 per cent chance of developing depression’

- tolerance of exercise
- independence
- quality of life.

It also reduces time spent in hospital and the amount of medication used.

The examples in the box opposite are among the case studies in the report.

Coronary heart disease

People who have suffered a heart attack have a 30 per cent chance of developing depression. Those with cardiac problems are approximately three times more likely to die of these causes if they also suffer from depression.

NICE-approved psychological therapies have been shown to improve the psychological, symptomatic and functional status of patients newly diagnosed with angina and to reduce hospital admissions in refractory angina patients.

The use of a range of psychological interventions during cardiac rehabilitation has been successful in reducing anxiety and depression. Patients benefit from an acknowledgement that cardiovascular disease can affect mental health, and vice versa, and from accessing evidence-based interventions.

Case studies: The impact of mental health and wellbeing interventions on people with COPD

Respiratory wellbeing clinic, South West London

A respiratory wellbeing clinic in the London Borough of Sutton and Merton uses cognitive behavioural therapy, psycho-education and physical health promotion for people with COPD. The service reports substantial health gains, a reduction in depression and anxiety symptoms, improved quality of life and better management of the condition. There were also significant cost savings that, if applied to high-cost users, could save £5 for every £1 invested in the clinic.

Lancashire Care NHS Foundation Trust

An occupational therapist provides psychological services for patients with anxiety and depression. Interventions include breathing control, psycho-education, relaxation and a home-based service for patients reluctant to attend groups. Patients have reported that the service has helped them to walk further, better manage their breathing and take part in more activities, giving them greater independence. Evaluation has shown significant improvements in anxiety and depression and reduced hospital readmissions and lengths of stay.

Case studies: The impact of mental health and wellbeing interventions on people with coronary heart disease

Guy’s and St Thomas’ and South London and Maudsley foundation trusts

The cardiac rehabilitation team uses an integrated, stepped-care approach to addressing the needs of cardiac patients. Multiple access points to psychological care were linked to key stages of the patient journey and a range of interventions could be matched with individual patient needs. Audit data for 460 patients showed a 19 per cent decrease in anxiety and a 13.5 per cent decrease in depression, with high patient satisfaction with the service.

Liverpool Hospital and Chesterfield PCT

Group-based cognitive behavioural therapy for patients with resistant angina has improved patient outcomes, reducing cardiac intervention rates, admissions and lengths of stay and attendance at outpatient clinics. The savings made in acute hospital care have more than offset the cost of psychological care.

The examples in the box above are among the case studies in the report.
Medically unexplained symptoms

Up to 20 per cent of new GP appointments are for people whose symptoms are eventually described as ‘medically unexplained’. In secondary care, these patients account for up to 50 per cent of sequential new attenders at outpatient services. The symptoms can be long-lasting and can cause distress and impaired functioning in patients.

Management of symptoms and treatment of any associated anxiety and depression has been found to be beneficial. Patients may be reluctant to see a mental health professional if they believe something physical is being missed. Cognitive behavioural techniques have been found to be effective in managing the symptoms, reducing consulting and investigations, and reducing unnecessary prescriptions.

The Department of Health commissioned economic modelling on a range of mental health interventions. It found that the case is most compelling for use with full somatoform disorders, but there would likely be savings across all patients in the long term.

The examples in the box below are among the case studies in the report.

Mental health liaison services

Patients with a physical illness are three to four times more likely to develop a mental illness than the general population. Liaison mental health teams work mainly in acute hospitals to provide advice to physical healthcare teams and psychological and psychiatric assessment and treatment for patients.

Liaison psychiatry services can transform quality and productivity in acute settings and lead to cost savings. They have been found to:

- improve physical and mental health outcomes
- reduce length of stay
- improve return to independent living in the elderly
- reduce readmissions
- reduce subsequent healthcare utilisation, including emergency care and clinic visits
- improve clinical outcomes of depression, this being an independent predictor of readmission at six months in the elderly
- assess, formulate and treat, with reduced healthcare costs, patients with unexplained symptoms
- reduce psychological distress.

Case studies: The impact of mental health and wellbeing interventions on people with medically unexplained symptoms

Yorkshire Centre for Psychological Medicine

This unit aims to help people with complex difficulties make significant improvements to the health and quality of life, using a multidisciplinary team with staff who have training in physical and mental health. Clinical outcomes are very good and patient feedback on the service is positive.

St Bartholomew’s (Barts) Hospital, London

The chronic fatigue syndrome service is clinically led by a consultant physician and consultant liaison psychiatrist. Once diagnosed, chronic fatigue syndrome patients are referred to a multidisciplinary team for rehabilitative therapy. Patients have access to cognitive behavioural therapy, graded exercise therapy and occupational therapy. Complementary to this, patients receive medical care including advice about managing the illness and prescriptions to treat associated symptoms and co-morbid illnesses. The majority of patients show improvement in both symptoms and disability.

‘Patients with a physical illness are three to four times more likely to develop a mental illness than the general population’

Long-term mental illness

Long-term severe mental illness is associated with high levels of physical illness, significantly reduced life span and poor access to health promotion and intervention. There is an increased incidence of diabetes, cardiovascular disease, hyperlipidaemia, COPD, bowel
cancer, venous thrombosis and emboli. Half of psychiatric patients have a co-morbid physical illness.

This high level of physical health problems, and the difficulty people with mental health problems may have accessing physical healthcare and preventative services, have led mental healthcare providers to develop innovative service models. Often run in conjunction with primary care and secondary care services, they offer benefits to patients and productivity and cost benefits to the healthcare system as a whole.

The examples in the box opposite are among the case studies in the report.

**Mental Health Network viewpoint**

Developing an integrated approach to the way the NHS commissions and delivers treatment and care for people with long-term conditions will not only improve the quality of people’s lives but also has the potential to save significant amounts of money.

Commissioners and providers must work together to ensure that evidence-based models such as collaborative care, combined with psychological interventions and case management, are made routinely available to people who experience long-term conditions.

There is a clear need for psychological services for people with long-term conditions and growing evidence to support better physical interventions for people with long-term mental illness.

The evidence and examples in our report, *Investing in emotional and psychological wellbeing for patients with long-term conditions*, show that whole-system and collaborative approaches, with integration of physical and mental health services, can lead to better health outcomes for patients and significant cost savings for the NHS as a whole.

For more information on the issues covered in this *Briefing*, contact mentalhealthnetwork@nhsconfed.org

**Case studies: The impact of mental health and wellbeing interventions on people with mental illness**

**Nottingham Healthcare NHS Trust**

Rampton Hospital is one of three high secure hospitals in England for people with severe mental health problems. Development of diabetes or other physical illnesses are a significant risk for patients in these settings. Appointing a GP at Rampton has improved the screening, detection, diagnosis and care of patients with diabetes.

**Tees, Esk and Wear Valley Foundation Trust**

Tees, Esk and Wear Valley Foundation Trust found that mental health clients were not receiving appropriate monitoring when prescribed with high-dose antipsychotic treatments. Alongside improvements in monitoring and patient information, they introduced a high-dose antipsychotic monitoring clinic where patients receive routine baseline appointments for bloods, electrocardiogram and physical examination. This has been well received by service users and repeat audits have shown sustained improvements.

Further information


The Health Foundation, Co-creating Health: www.health.org.uk/areas-of-work/programmes/co-creating-health
The Mental Health Network

The NHS Confederation’s Mental Health Network (MHN) is the voice for mental health and learning disability service providers to the NHS in England. It represents providers from across the statutory, for-profit and voluntary sectors.

The MHN works with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of its members and to influence policy on their behalf.

For further details about the work of the MHN, visit [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn) or email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

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