

Integrated Care Mental Health Liaison Team



Mental health in primary care – all risk bands

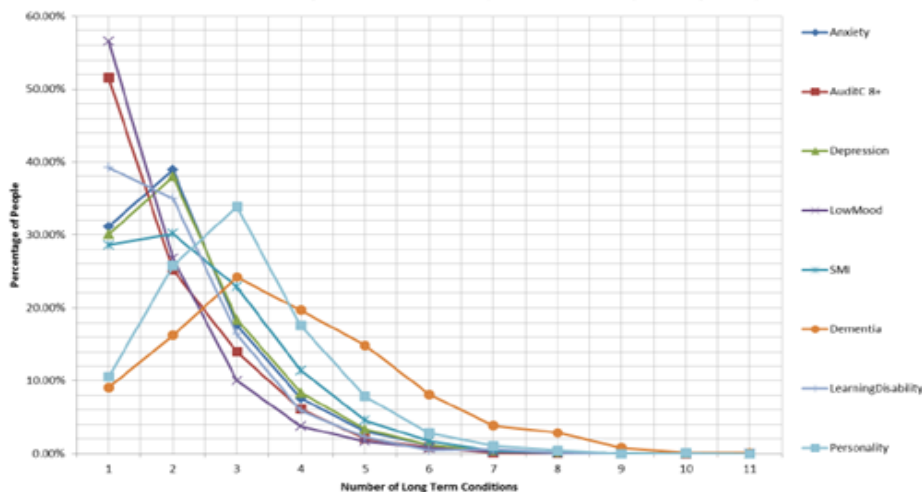
Physical Health of people with mental health problems in Tower Hamlets (as recorded in primary care)

MH condition	Total number of people with MH condition	Number of people with MH condition who have any physical health condition*	% of people with MH condition who have any PH condition
Anxiety	19969	6602	33.06%
Alcohol Misuse (higher than 8 on Audit C)	4834	1405	29.06%
Depression	21111	8016	37.97%
Low Mood	8257	2530	30.64%
Serious Mental Illness	3257	1295	39.76%
Dementia	727	628	86.38%
Learning Disability	660	278	42.12%
Personality Disorder	1122	437	38.95%

Mental Health of people with physical health problems in Tower Hamlets (as recorded in primary care)

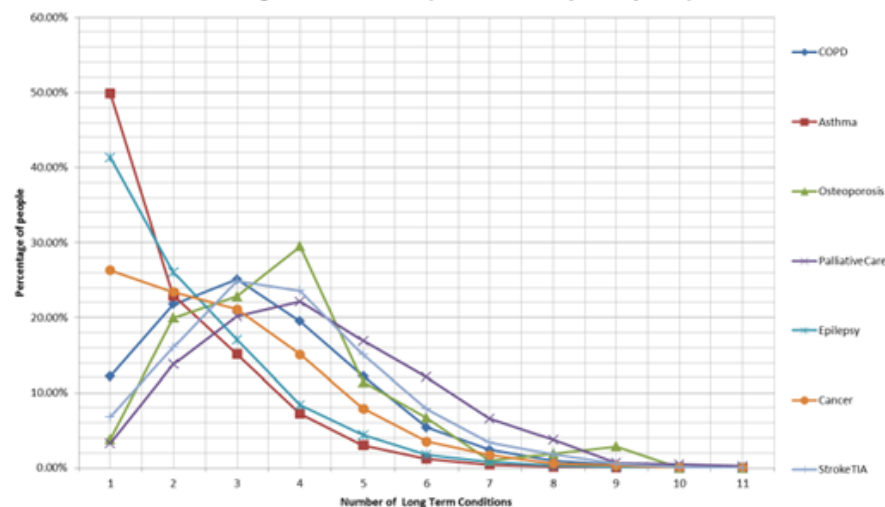
PH condition	Total number of people with PH condition	Number of people with PH condition who have any mental health condition*	% of people with PH condition who have any MH condition
COPD	3457	1585	45.85%
Asthma	15188	5289	34.82%
Osteoporosis	105	48	45.71%
Epilepsy	1947	817	41.96%
Cancer	4185	1481	35.39%
Stroke TIA	1323	536	40.51%
Atrial Fibrillation	1453	503	34.62%
Hypertension	21892	6909	31.56%
Type 2 Diabetes	14299	4260	29.79%
Heart Failure	1074	378	35.20%
Heart Disease	4404	1510	34.29%
Kidney Disease	4376	1393	31.83%
On Palliative Care register	456	221	48.46%

Percentage of people with Mental Health Conditions who have X number of PH and MH long term conditions (as recorded in primary care)



Co-morbidities include any of Anxiety, Audit C 8+, Depression, Low Mood, SMI, Dementia, Learning Disability, Bulimia, Anorexia, ADHD, Personality, COPD, Asthma, Osteoporosis, Palliative Care, Epilepsy, Cancer, Stroke TIA, Atrial Fibrillation, Hypertension, Diabetes T2, Heart Failure, Heart Disease, Kidney Disease

Percentage of people with Physical Health Conditions who have X number of PH and MH long term conditions (as recorded in primary care) - Chart 1



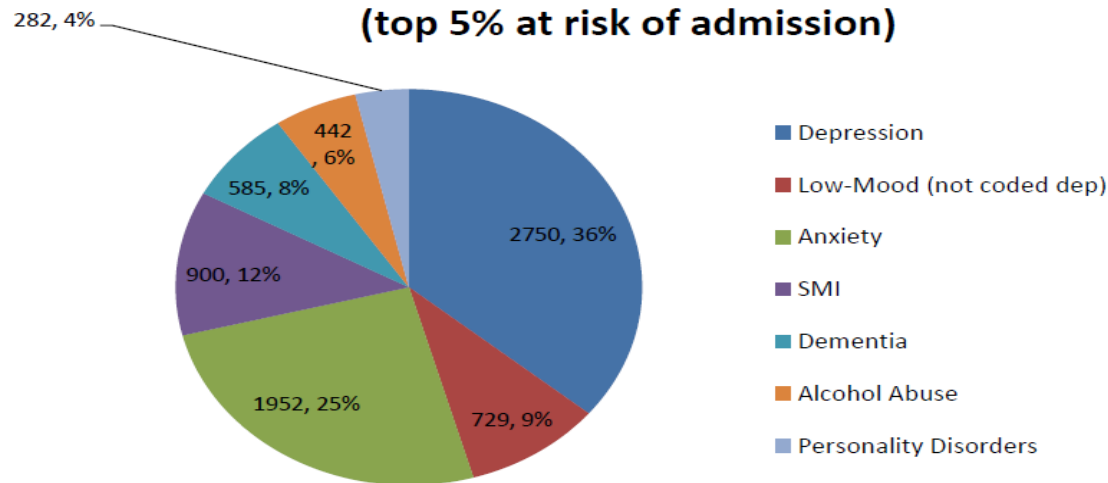
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Summary – MH needs in top 5%

Mental Health Conditions by risk profile

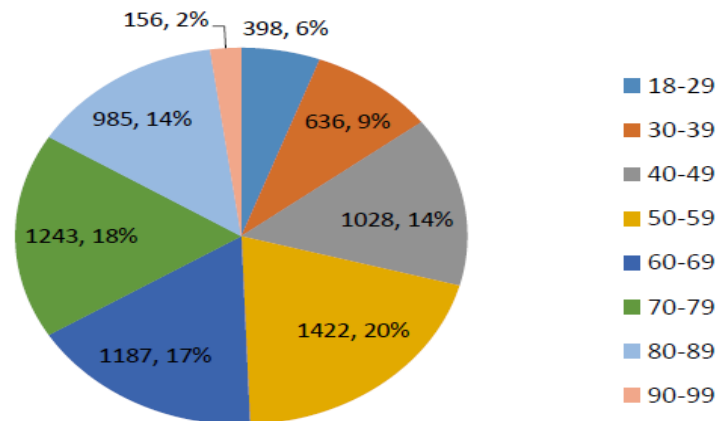
People aged 18-99 in TH	Dementia	SMI	Depression	Low-Mood (not dep)	Anxiety	Personality Disorders	Alcohol Abuse	Total
1 – top 0.5%	118	93	302	108	221	43	42	927
2a – 0.5% to 1.5%	165	155	491	107	353	48	81	1400
2b – 1.5% - 5%	302	652	1957	514	1378	191	319	5313
Total	585	900	2750	729	1952	282	442	7640
3 – 5% - 20%	133	1720	7645	1999	5901	468	1291	19157
4 – 20% - 50%	9	533	6394	2903	6536	257	1323	17955
5 – 50% - 100%	0	104	4322	2626	5580	115	1778	14525
Grand Total	727	3257	21111	8257	19969	1122	4834	59277

MH needs identified in Integrated Care Cohort 2014/15
(top 5% at risk of admission)



Summary – MH Age Profile of top 5%

Age breakdown of people with MH conditions in IC cohort



Age breakdown in top 5% by condition

People aged 18-99 in TH in top 5%	18-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Total
Dementia	0	0	1	6	24	143	315	96	585
SMI	80	131	185	184	133	110	67	10	900
Depression	102	211	385	588	505	511	382	66	2750
Low-mood	63	58	72	110	111	138	152	25	729
Anxiety	83	145	246	371	321	382	349	55	1952
Personality Disorders	47	42	66	53	35	23	16	0	282
Alcohol abuse	23	49	74	116	82	79	19	0	442
	398	636	1028	1422	1187	1243	985	156	7640

Mental health integrated care
team

Integrated Community Health Team; Specialist Mental Health and Substance Misuse Input:

- 0.8 WTE Band 8a Team Manager
- 0.5 WTE Consultant Psychiatrist
- 4 WTE Band 7 Community Psychiatric Nurses. One in each GP network and based in the CHT's
- **Specialist care home occupational therapists dementia.**
- 1 WTE Band 7 Occupational Therapist
- 1 WTE Band 5 Occupational Therapist
- **Older persons (frailty) clinic**
- 0.6 WTE Band 6 RMN
- The team works with people on the integrated care cohort who are not known to secondary mental health services and residents of care homes and enhanced sheltered schemes with dementia.

Specific objectives related to the functions of the IC mental health locality nurses are defined under the following areas:

- Identification and case finding
- Assessment
- Care planning
- Care and treatment
- Onward referrals and signposting
- Liaison
- Mental health and substance misuse crisis management
- Education, training and development

Upskilling the non-mental health workforce to be able to screen for mental health and dementia and identify risks to mental wellbeing. Promoting better physical and mental health outcomes.

Medication reviews, is the medication effective? Needed?
Causing side effects?

Managing referrals where needed into secondary mental health services, getting care quicker.

Working with RAID and frequent attenders project to follow up people to get the right care in the community.

Care Home Dementia Liaison.

- The Aim is to improve the care of patients with dementia in a care home setting through:
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 - Training care home staff in dementia, and understanding behaviors that challenge.
 - Direct assessment, intervention, care planning and role modeling.
 - Working with staff of projects to improve the physical and social environment for people with dementia.
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Older Persons Clinic

- Rapid access to a comprehensive assessment for frail residents with physical and mental health concerns.
- Includes Geriatrician, Physiotherapist, Occupational Therapist, Mental Health Nurse.
- Aim integrated holistic assessment. GP's refer for specialist input.
- Role of Mental Health Nurse;
- Assessment, support and advice with regard to diagnosis and treatment.
- Assessments in line with other services such as memory clinic.
- Manage onward referrals for mental wellbeing and dementia including into secondary mental health when needed.

- MHN demonstrates skills in physical and mental health nursing.
- Role in educating the non mental health staff in mental health.

Referrals

- Direct to the mental health nurse in the GP MDT
- If referring to CHT for another service add Mental Health Nurse to the referral
- Via; Elft.TH-MHCOP-SPE@nhs.net