



on the moor

THE SOCIETY FOR ACUTE MEDICINE

10-11 October 2019

Harrogate Convention Centre

Expert Session Mental Health
Dr Immo Weichert



on the moor

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10-11 October 2019

Harrogate Convention Centre

"Expert" Session Mental Health

COI

- I have no relevant conflicting interests to declare
- Cases construct on real ones
- Pictures (most) are from morguefile.com

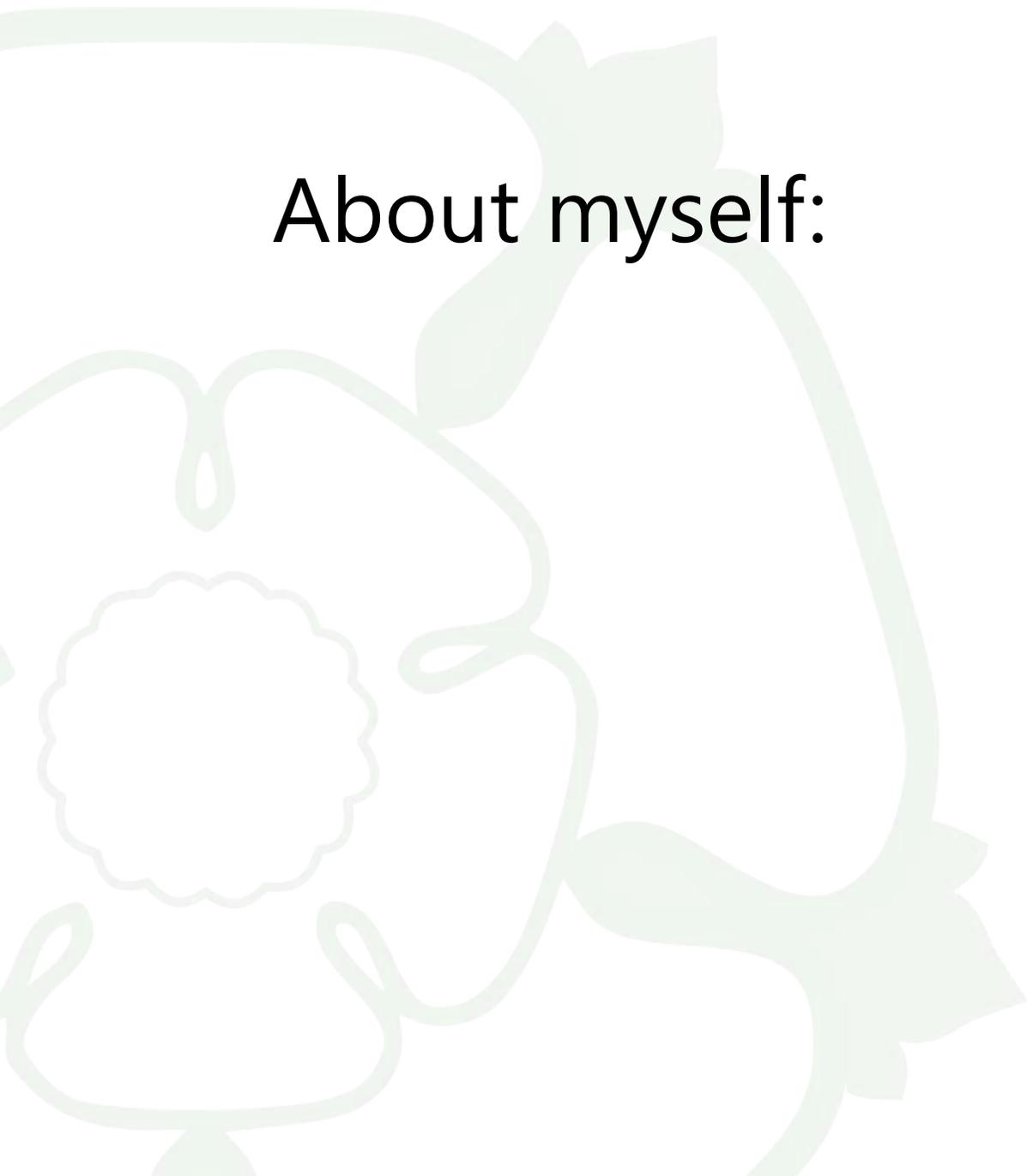
Summary

- Getting to know each other
- Quiz time
- Why mental health?
- Stigma, dualism and parity of esteem
- What you can do: (1) patients
- What you can do: (2) liaison psychiatry
- What you can do: (3) you
- Discussion
- Closing

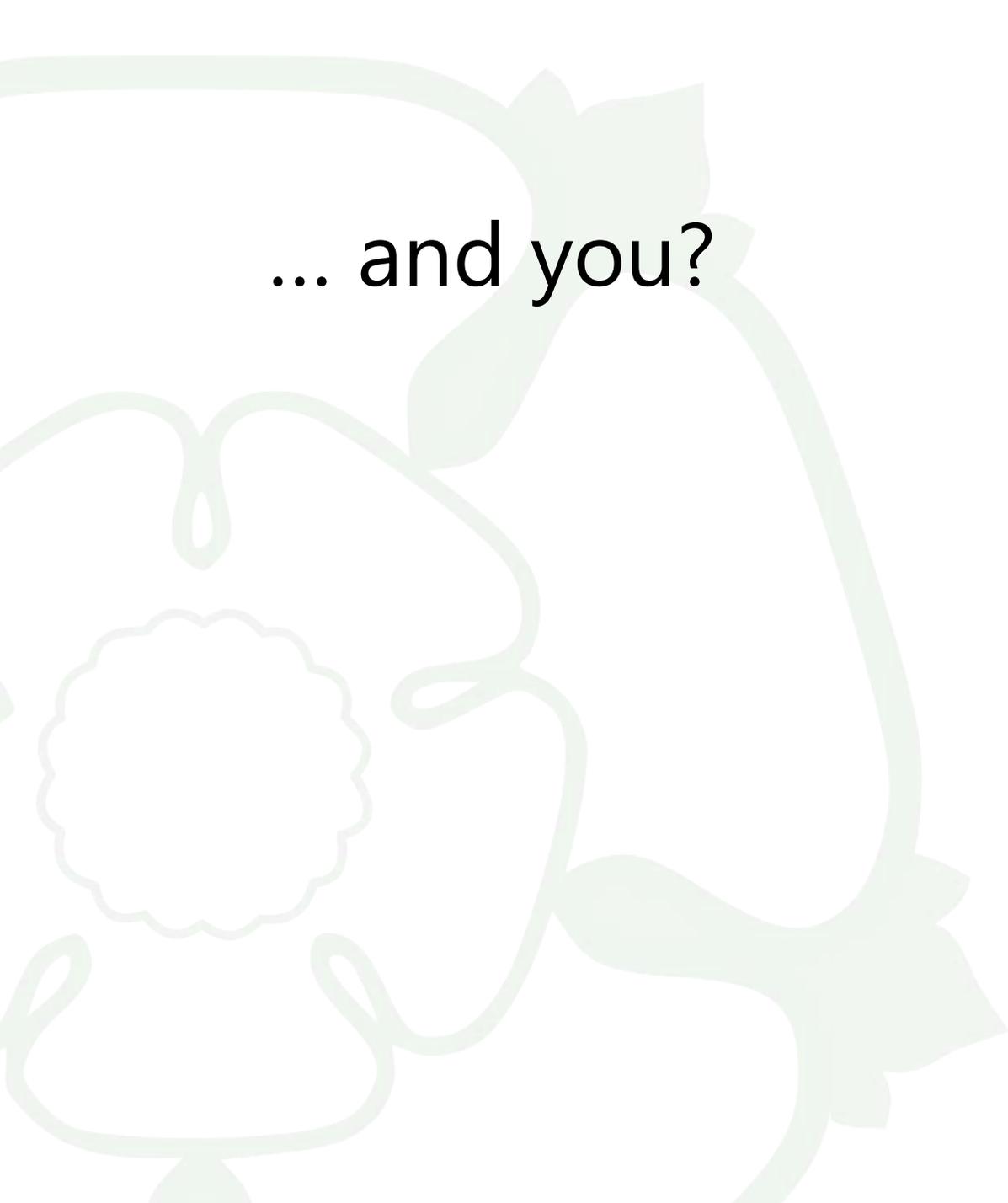
About myself

- Married to Lisa, live with two children, one rescue dog, three guinea pigs and a garden full of frogs
- Acute physician in Ipswich
- 385000 people catchment population
- Audit lead, NCEPOD advisor
- Research and education
- Not a psychiatrist – Medical lead for liaison psychiatry

About myself:



... and you?





**World Health
Organization**

One Life
lost every
40 seconds
to suicide

World Mental Health Day 2019: focus on suicide prevention



The logo consists of three stylized, dark blue letters: 'M', 'm', and 'M'. The two 'M's are larger and positioned on the left and right, while the 'm' is smaller and centered between them. The top of the 'm' is a solid dark blue circle. The arms of the 'M's and 'm' are designed to look like hands, with the fingers of the 'M's reaching towards the 'm', symbolizing a handshake or partnership.

MmM





Does your admissions documentation/clerking proforma contain a section where you can document a **review of systems** as part of the patient's history?

- Yes
 - No
 - Don't know
- 



Does your admission documentation/clerking proforma contain questions or pointers relevant to **mental health symptoms?**

- Yes
 - No
 - Don't know
- 



When seeing newly admitted patients, do you ask about their past or current psychiatric diagnoses?
For example, “Do you have a history of depression?” or “Do you suffer from any psychiatric illness?”.

- Always
 - Very Frequently
 - Occasionally
 - Rarely
 - Very Rarely
 - Never
- 



When seeing newly admitted patients, do you ask about their mental health symptoms?

For example, “Have you been feeling low or anxious recently?”.

- Always
 - Very Frequently
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When reviewing new patients in clinic or outpatients, do you ask about their past or current psychiatric diagnoses?

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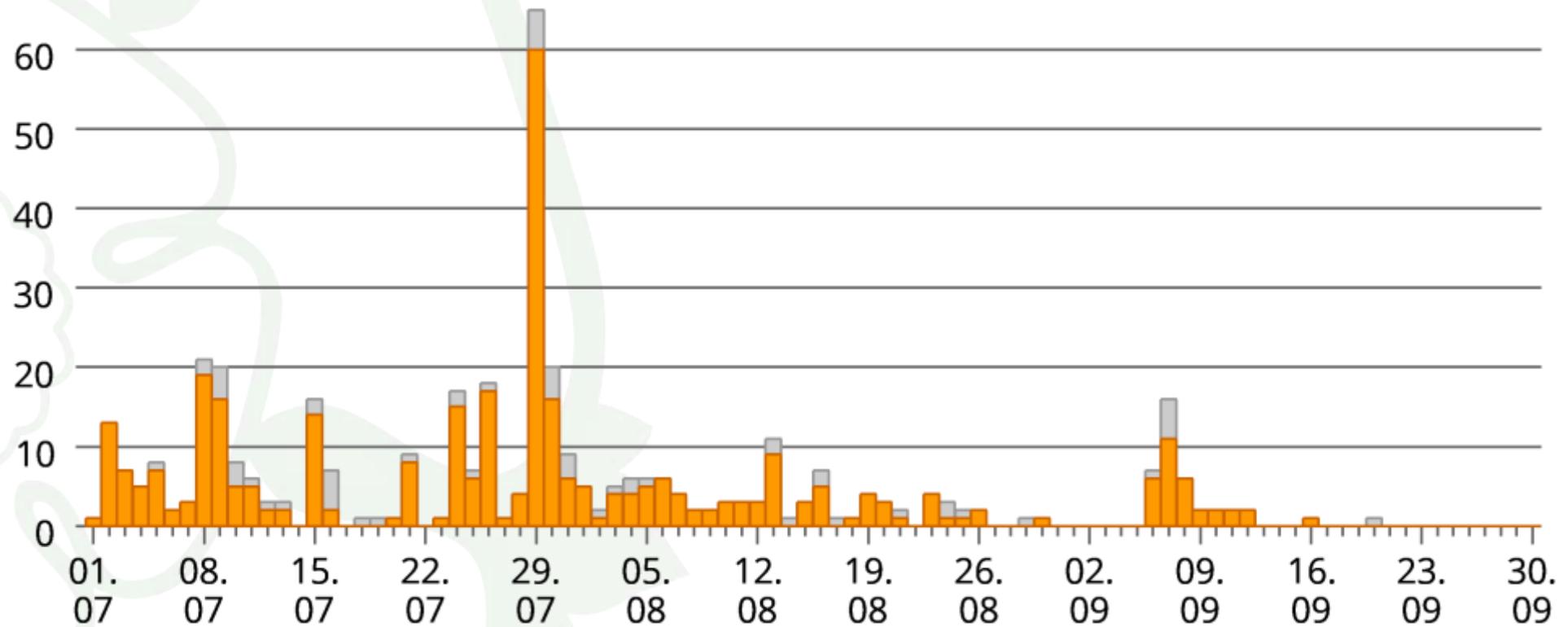
**When reviewing patients in clinic or outpatients, do you ask about their mental health symptoms?
For example, “Have you been feeling low or anxious recently?”.**

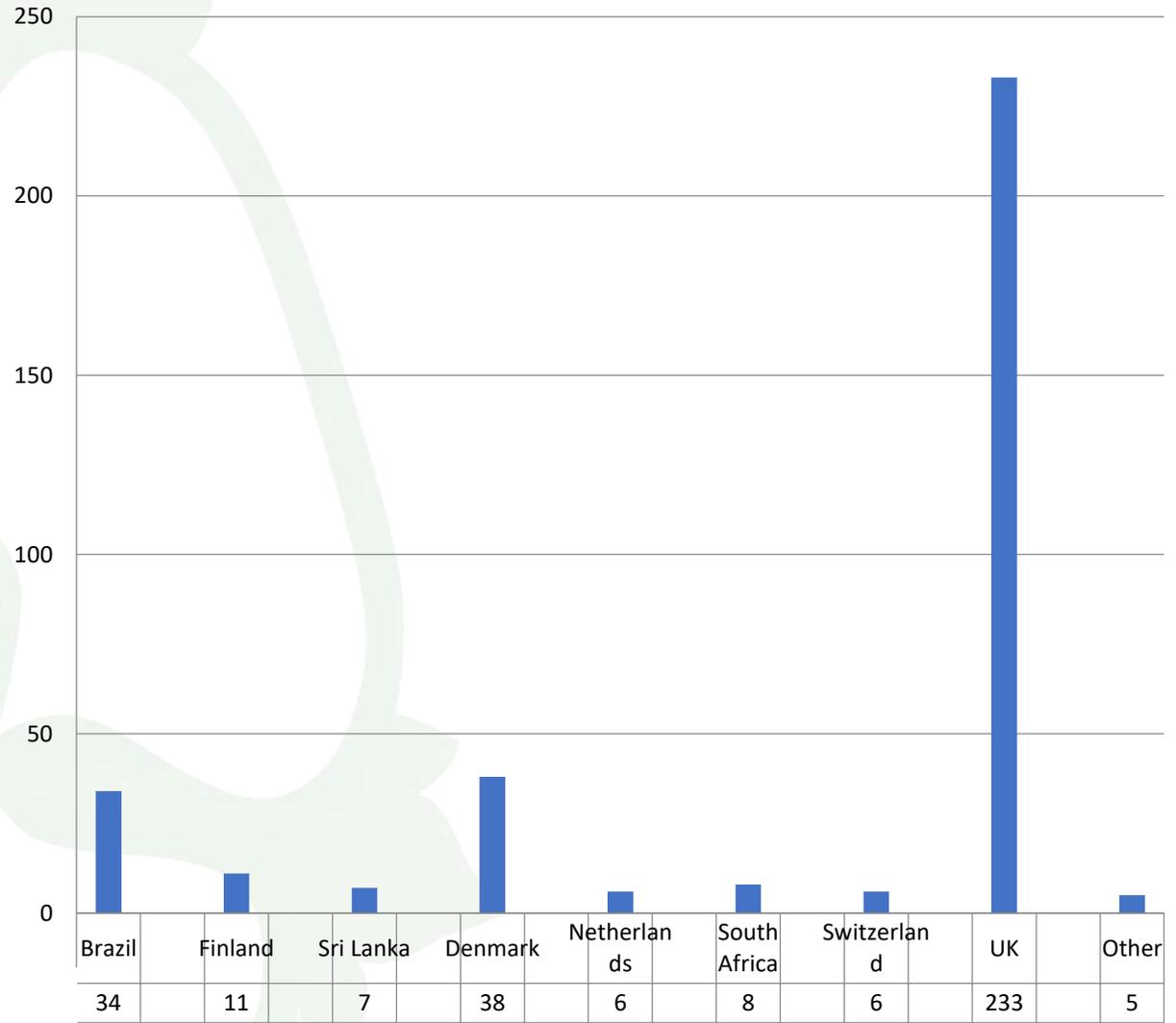
- Always
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 - Rarely
 - Very Rarely
 - Never
- 

Results (preliminary) of MHiM Survey:



1st July – 30st September 2019





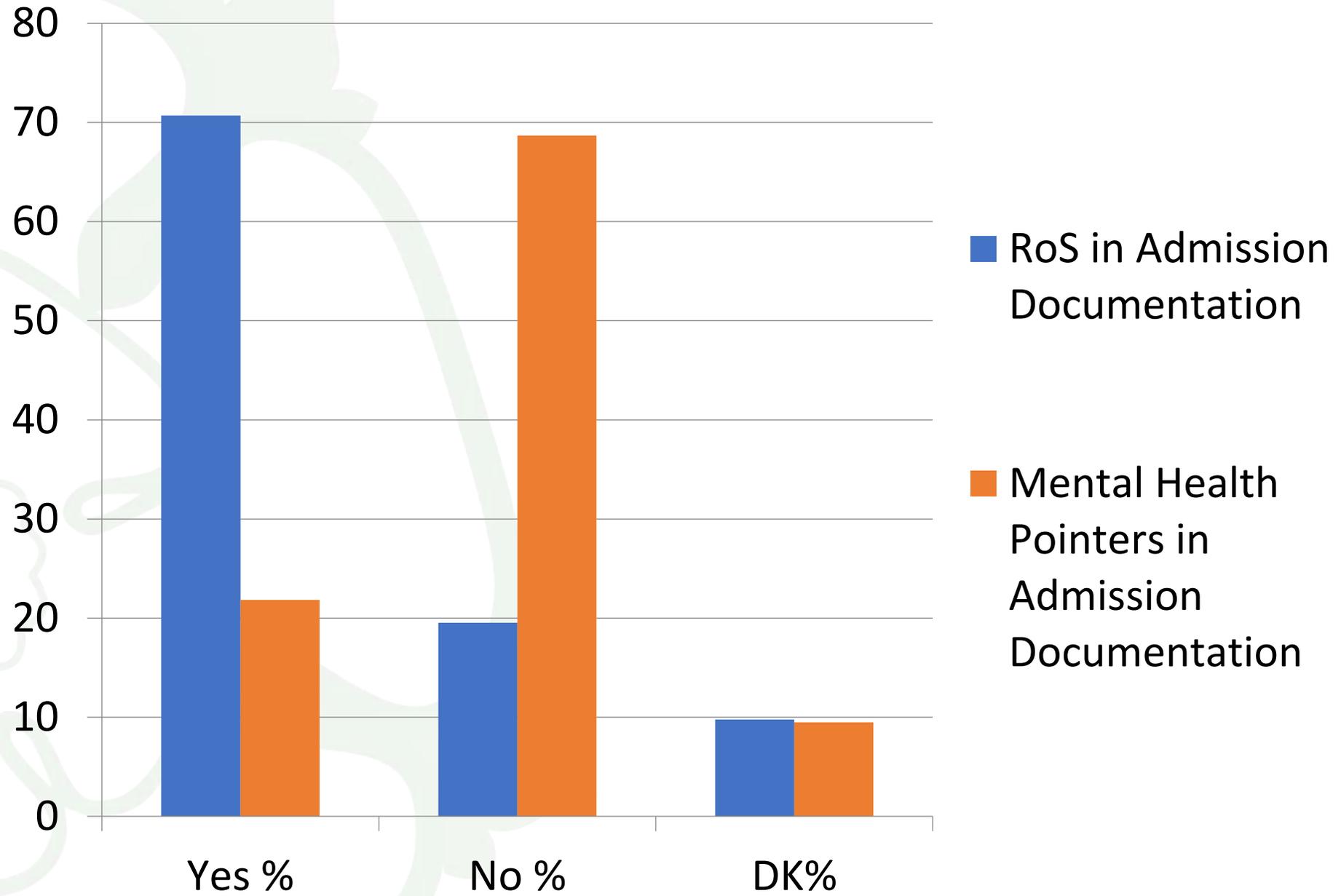
342 participants

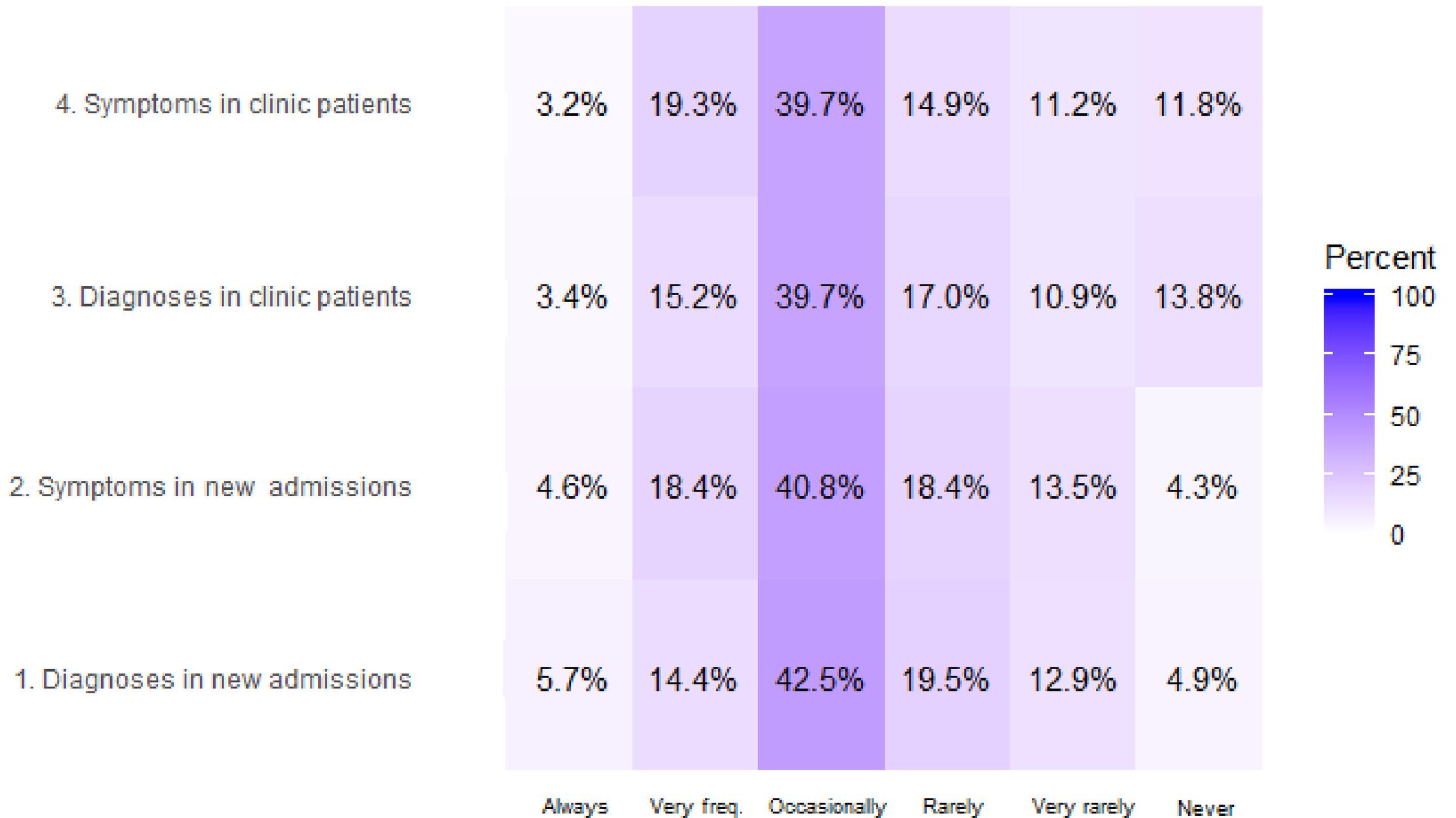
13 countries

100+ hospitals

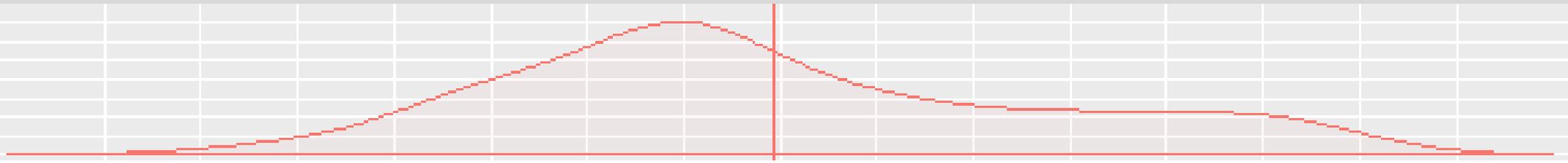
36.2% trainees

58.9% specialists

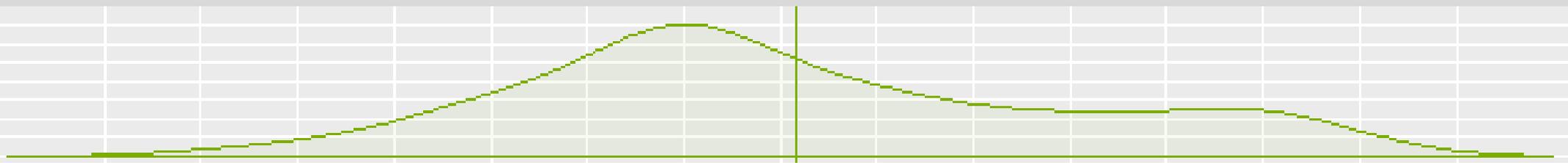




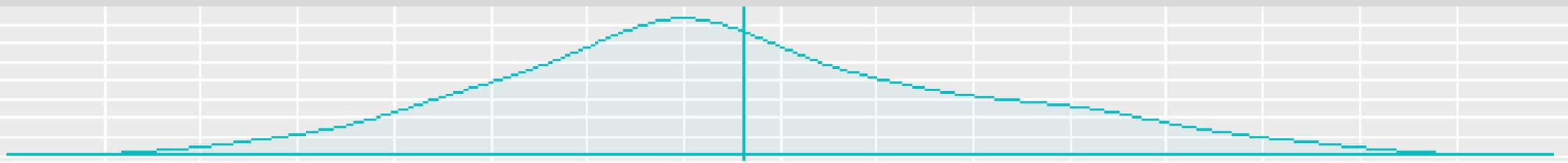
4. Symptoms in clinic patients



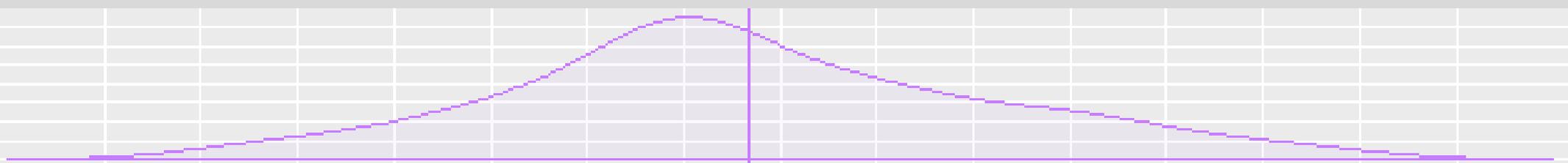
3. Diagnoses in clinic patients



2. Symptoms in new admissions



1. Diagnoses in new admissions



Always Very frequent. Occasionally Rarely Very rarely Never

Cases



Patient 1

- A 74 year old lady is admitted with an infected diabetic foot ulcer. When taking a history at systems' review she tells you that she has had pv bleeding on an off.
- She is cardiovascular stable, she has a mild microcytic anaemia.

Patient 1

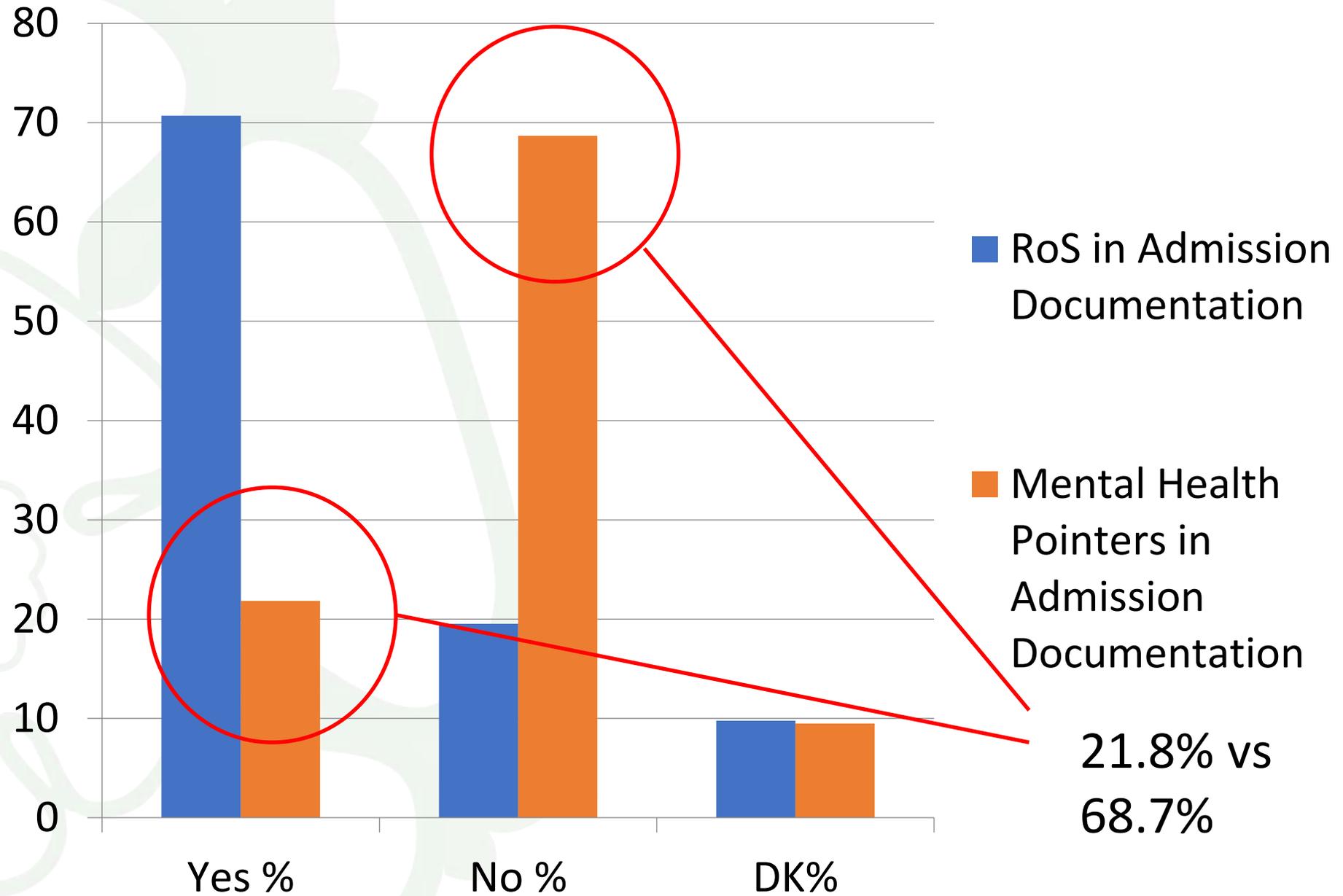
- A 74 year old lady is admitted with an infected diabetic foot ulcer. When taking a history at systems' review she tells you that she has had pv bleeding on an off.
- She is cardiovascular stable, she has a mild microcytic anaemia.
- You refer her to gynae or ask the gp to do so.

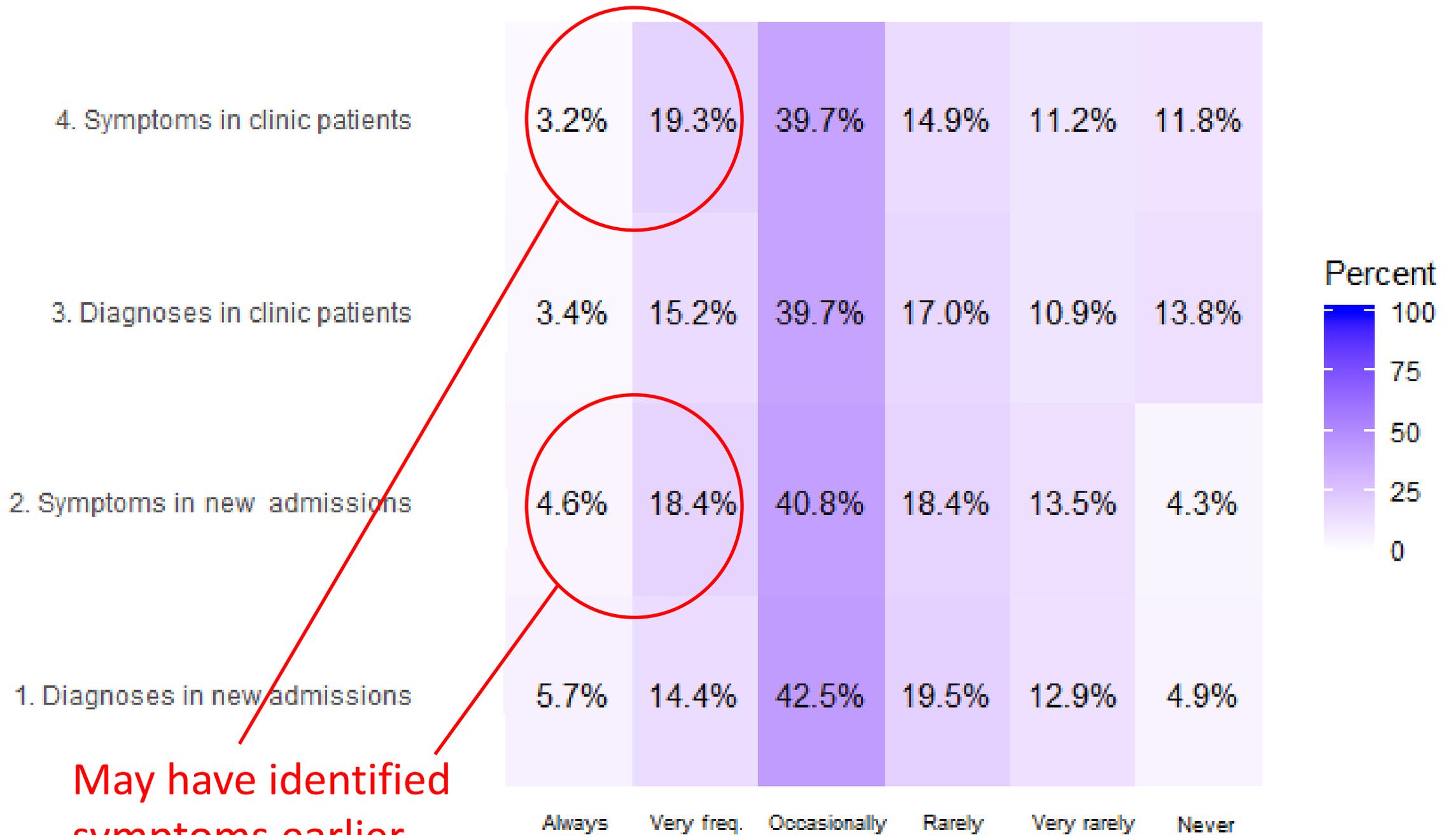
Patient 2

- A 74 year old lady is admitted with an infected diabetic foot ulcer.
- She is cardiovascular stable, she has a mild microcytic anaemia.
- Investigations into her anaemia show mild gastritis.

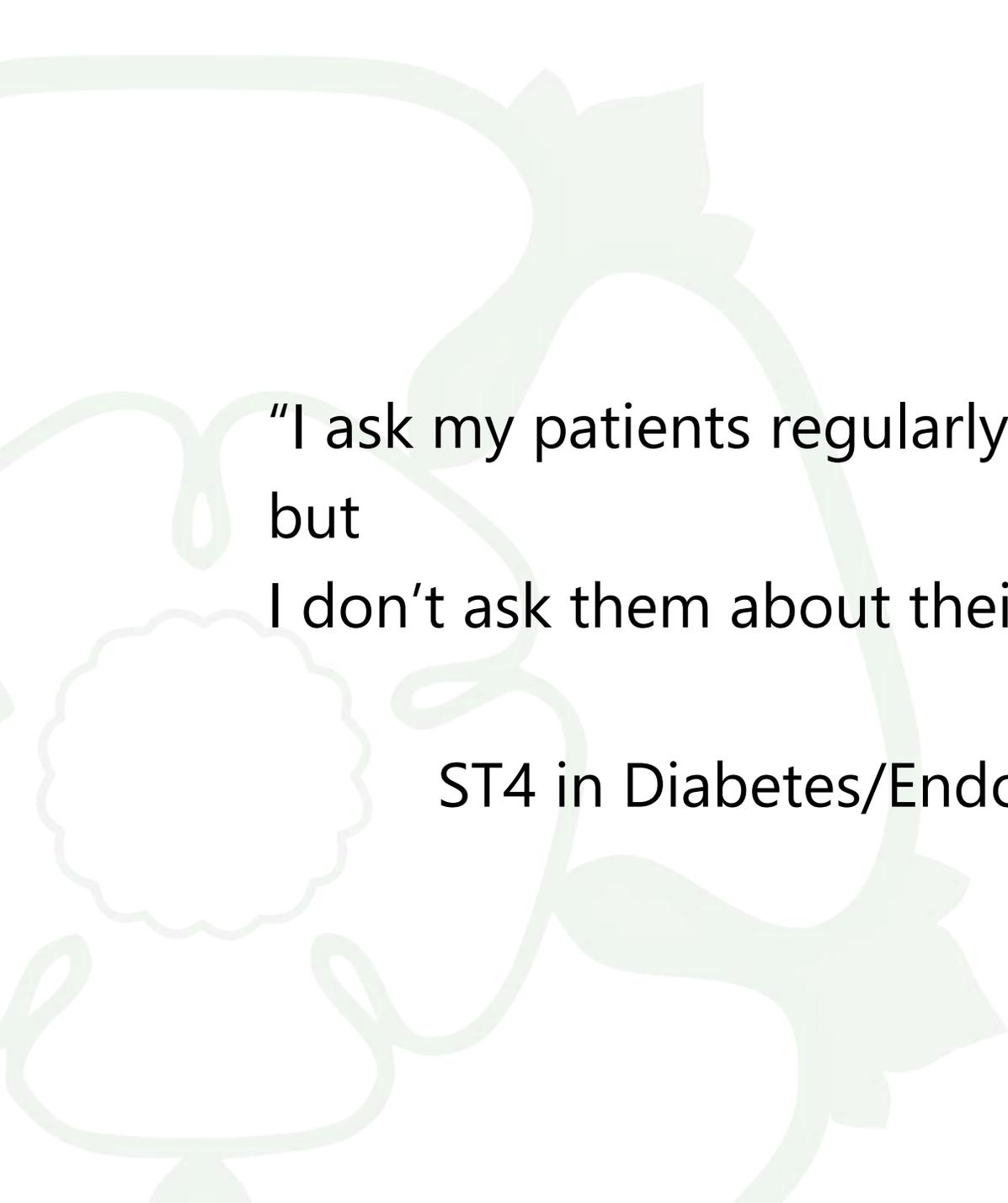
Patient 2

- 3 months later you see her again as an ITU stepdown.
- She has suffered a severe aspiration pneumonia after an insulin overdose but also has significant cognitive impairment due to the effects of profound neurohypoglycaemia.





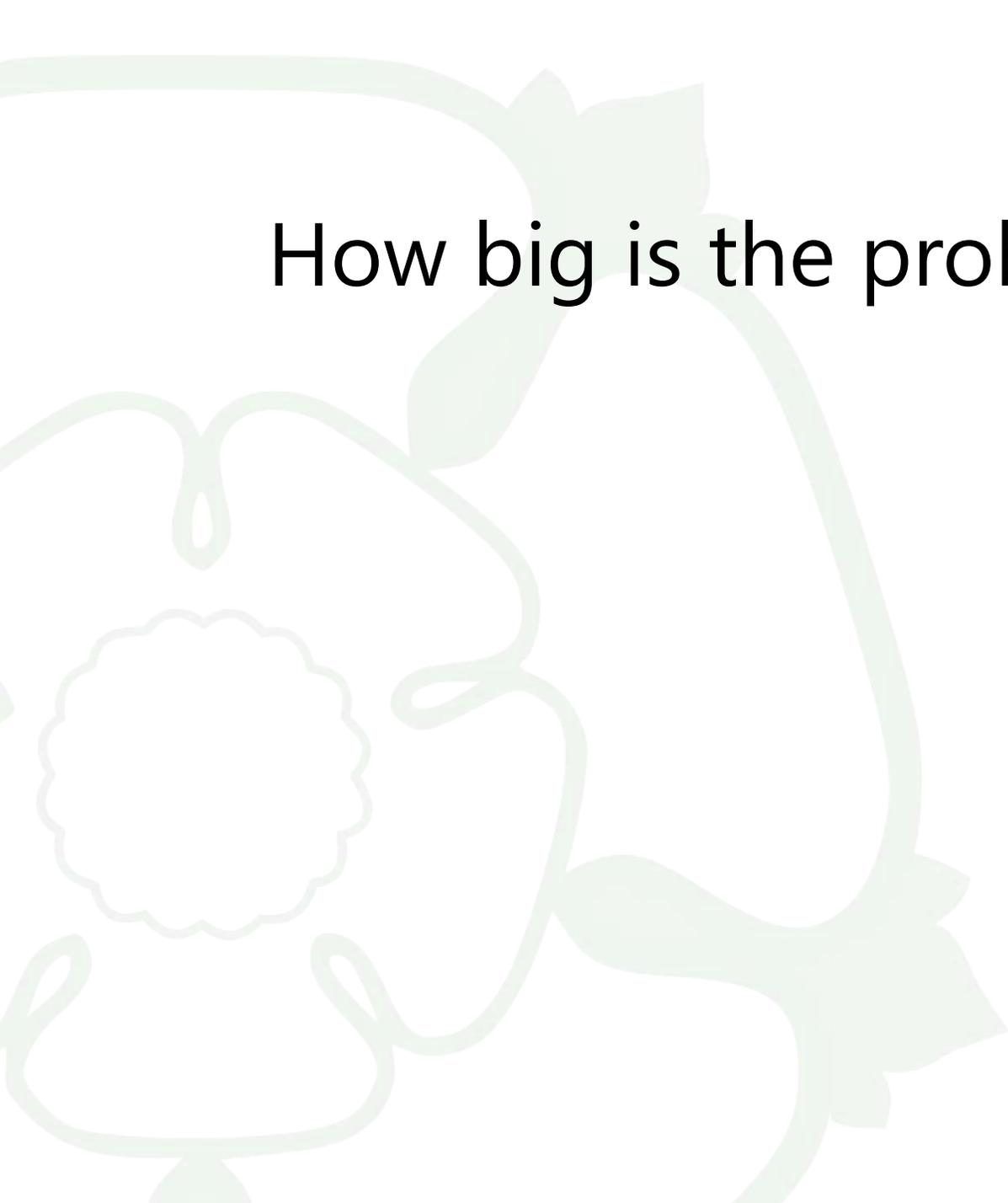
May have identified symptoms earlier



"I ask my patients regularly about erections in clinic
but
I don't ask them about their mental health."

ST4 in Diabetes/Endocrinology

How big is the problem?

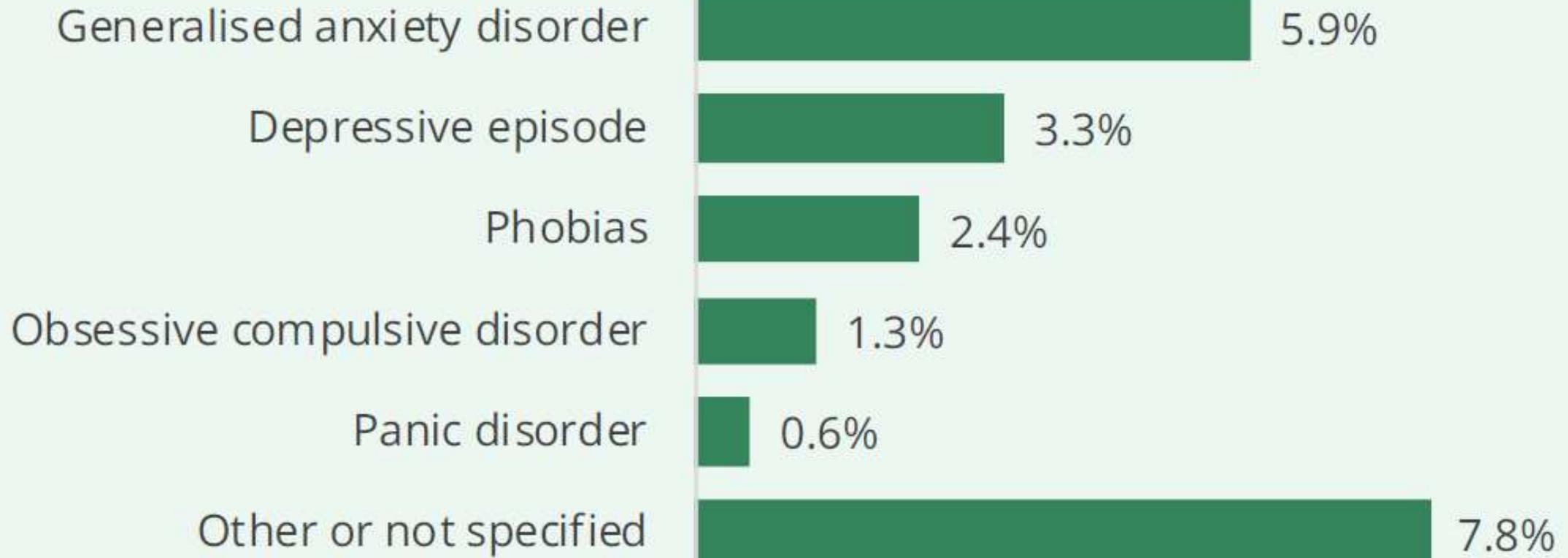


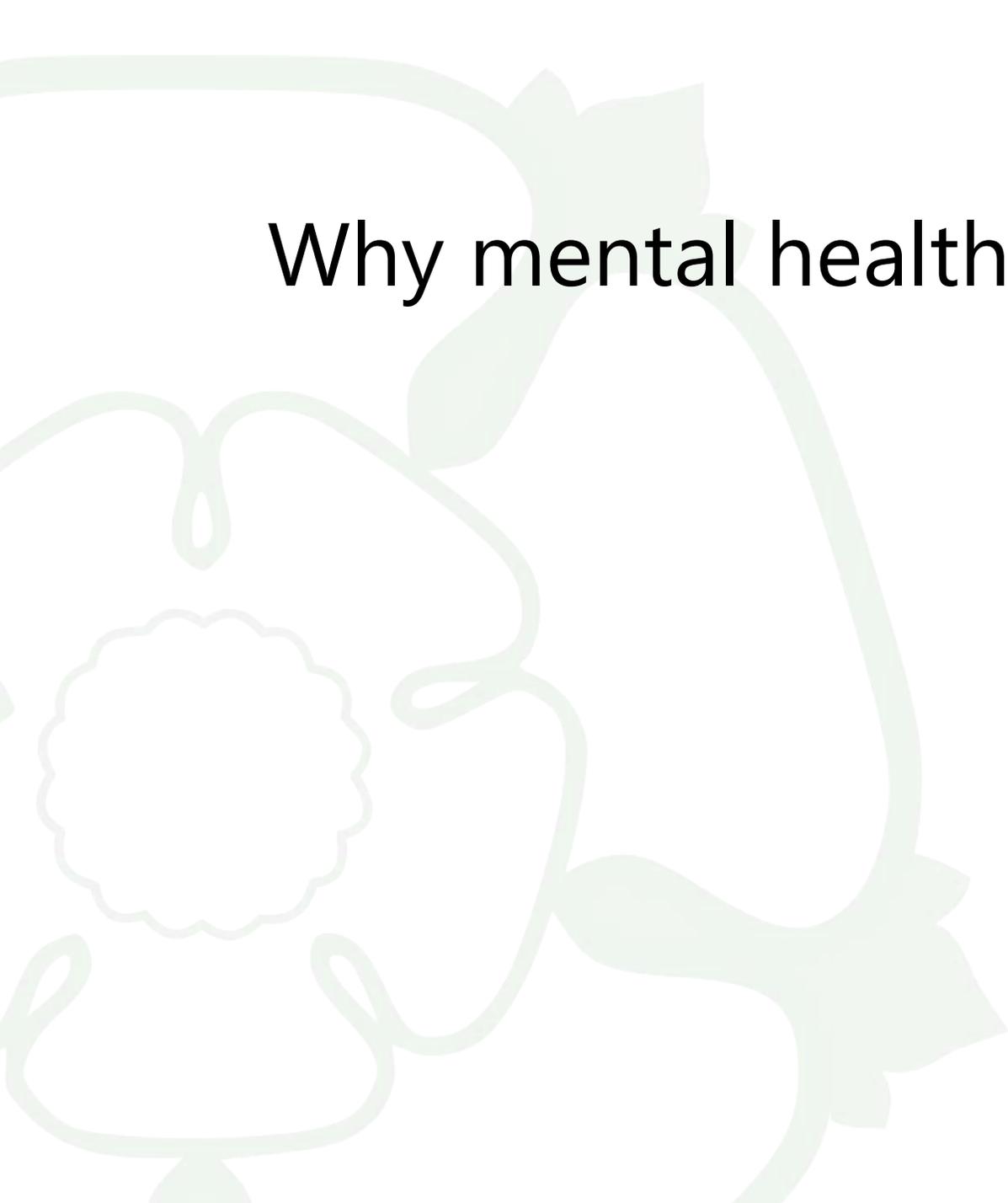


Why Mental Health?

- It is common: Every year one in four adults and one in ten children in England will suffer from mental health problems
- It impacts physical health: Severe mental illness reduces life expectancy by up to 17 years

Percent of people reporting common mental disorders in the last week England, 2014



A light green, stylized illustration of a plant with a large, scalloped flower and several leaves, positioned on the left side of the page. The illustration is composed of simple outlines and is semi-transparent.

Why mental health and medicine?



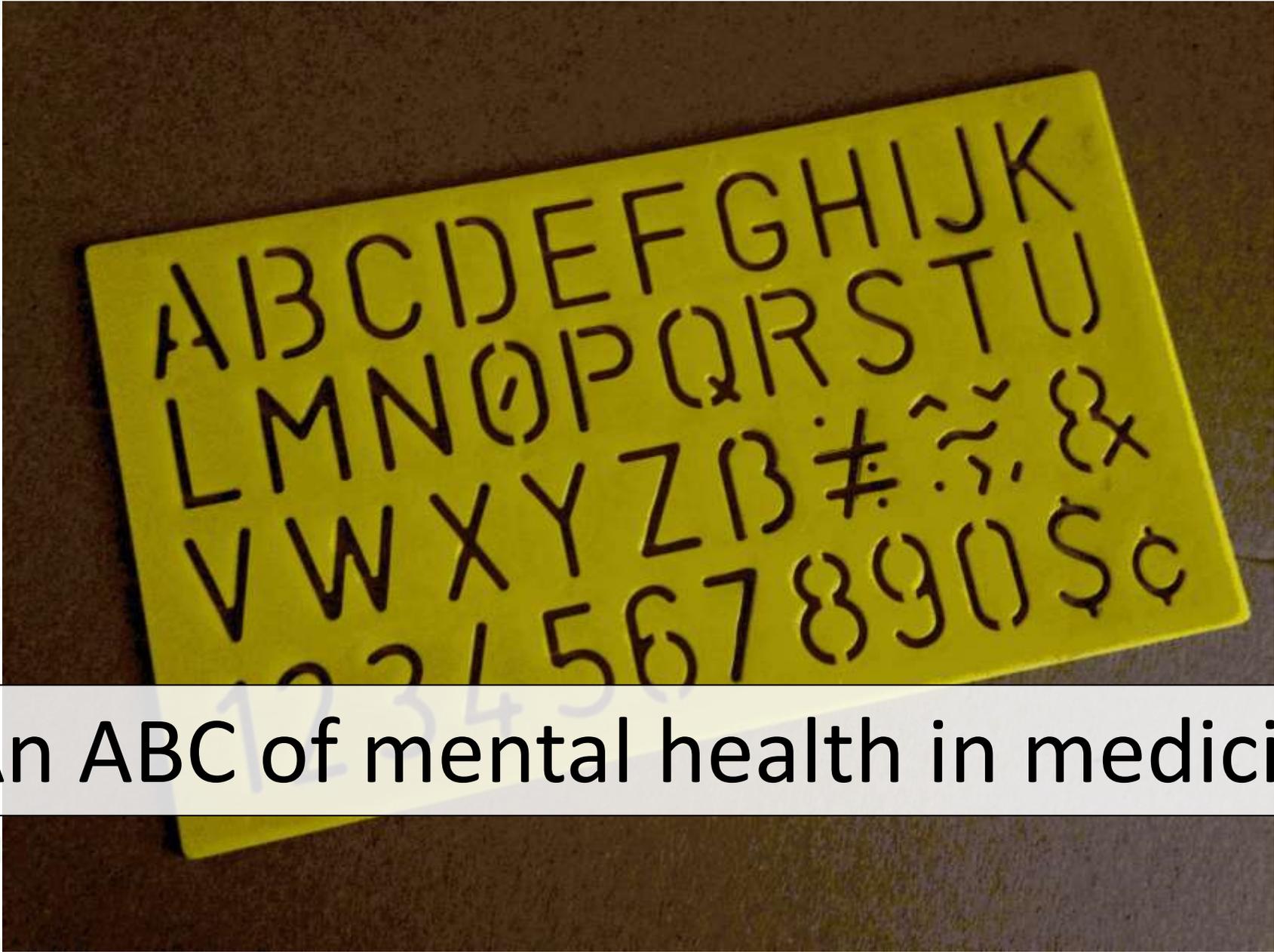
The “Bread and Butter” of hospital medicine: Chronic, long term conditions.

Long term conditions

- 14% under age 40
- 58% over age of 60
- Higher prevalence in lower social class/deprivation
- account for:
 - 30% of the population
 - 50% of all GP appointments
 - 64% of outpatient appointments
 - 70% of all inpatient bed days
 - 70% of the total health and care spend in England

Long term conditions and mental health

- Patients with chronic medical conditions have a significant risk of mental health problems



An ABC of mental health in medicine

Asthma

- 31% prevalence of psychiatric comorbidity (anxiety +/-depression). Directly associated with worse qol, depression associated with worse asthma control. Lavoie 2006
- New diagnosis of asthma associated with increased risk of mental health service use claims (27% of 145,881 individuals within 1 year) To 2017
- 55% of patients with difficult to control asthma have psychiatric comorbidity, in 89% this was not prior diagnosed Prins 2018

Cancer

- 20-30% of patients with advanced cancer will have a psychiatric diagnosis, most frequently depression Hotopf 2002
- Depression is an independent predictor of early death in patients with cancer Lloyd-Williams 2009
- Breast cancer patients with psychiatric comorbidity have a higher mortality and increased use of opioids Desai 2019

COPD

- COPD increases the risk of developing depression. Depression and anxiety adversely affect prognosis in COPD, leading to an increased risk of exacerbation and possibly death. Atlantis 2013
- The prevalence of anxiety is 10–55% among in-patients and 13–46% among out-patients. Willgoss 2013
- Prevalence of depression is 27.1% [25.9–28.3] in COPD patients vs 10.0% [9.2–10.8] in patients without. Matte 2016

Diabetes

- Prevalence of depression around 30%, major depressive disorder in 11% of diabetics. Anderson 2001
- High HbA1c levels during the first 2 years of type 1 diabetes can indicate later psychiatric comorbidities. Psychiatric comorbidity in children and adolescents with type 1 diabetes increases the risk of poor metabolic outcomes. Sildorf 2018
- The incidence rate of suicide is 2.35 per 10,000 person-years. Wang 2017

Epilepsy

- Prevalence of active depression 23.1% (95% CI 20.6%–28.31%). Fiest 2013
- Prevalence of anxiety disorder ~40%. Pham 2017
- Suicide risk aOR = 2.6-5.0. Thurman 2017

SUDEP Action

Making every epilepsy death count

Log in

Donate

Shop

Prevent21

Search

Call us now on 01235 772850

- Home
- Information
- Get involved
- Someone has died
- Epilepsy Deaths Register
- Research & Education
- About us
- News



SUDEP Action Day

Because there are three epilepsy-related deaths a day in the UK alone – awareness is not enough, it's time to take action! Join us for this year's event.

[Read more](#)



ABC - Not even half way there ...

Heart Failure

- Clinically significant depression in 21.5% of patients, prevalence varies by the use of questionnaires vs. diagnostic interview (33.6% and 19.3%) and NYHA class (11% in class I vs. 42% in class IV). Rutledge 2006
- Depression is associated with death and readmission especially in patients with milder HF, a shorter duration of symptoms and lower blood pressures. Faris 2002

Coronary heart disease

- ~ 20% of patients admitted with an acute coronary syndrome have major depression, even more will have depressive symptoms. Depression is a risk factor for cardiac mortality, all-cause mortality and nonfatal cardiac events. Lichtman 2014
- Psychological interventions can reduce cardiovascular mortality (7.3% to 5.5%, number needed to treat 56) compared with usual care. Richards 2018

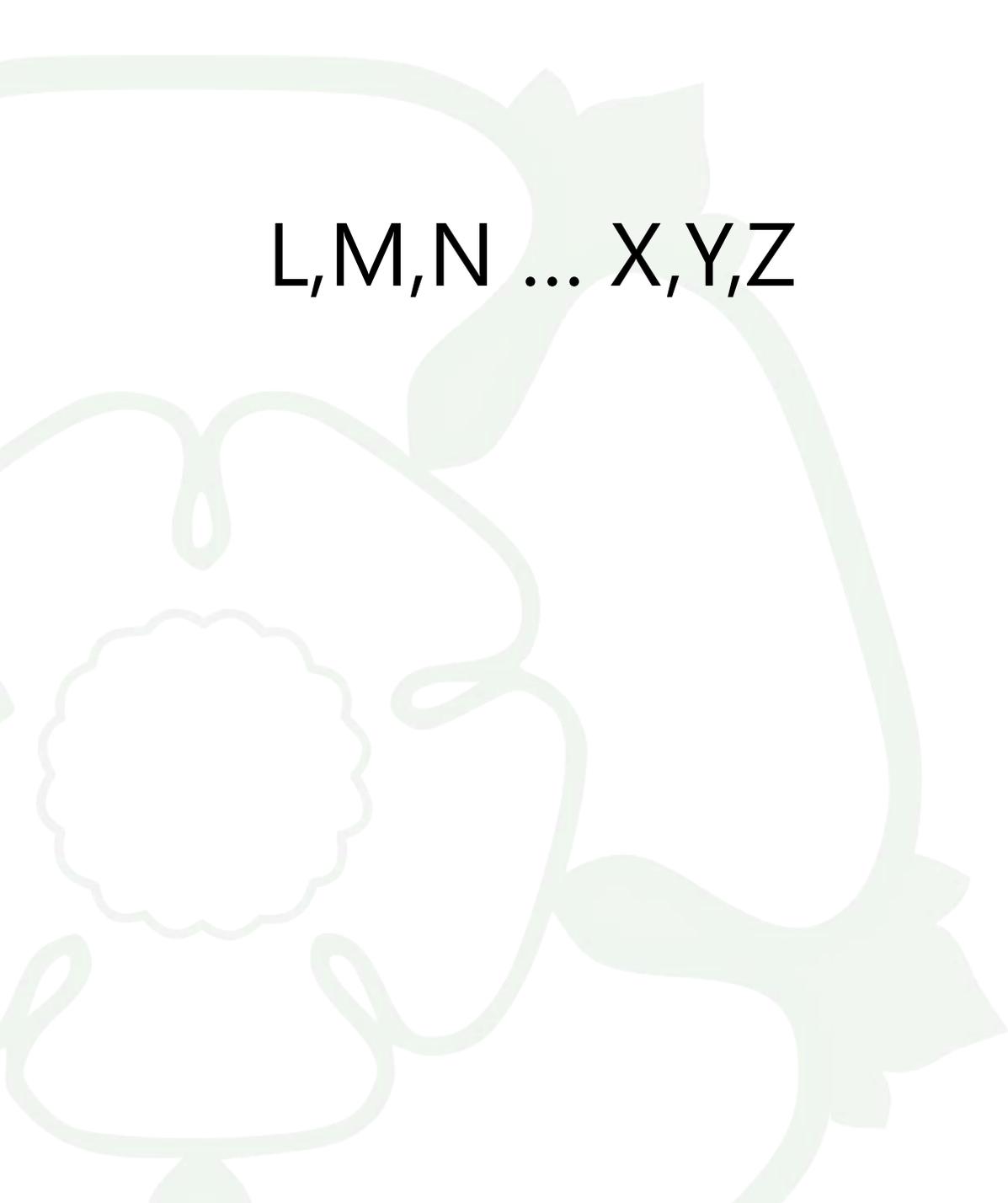
Coronary hear^t disease

- ~ 20% of patients with acute coronary syndrome have depressive symptoms associated with increased cardiac mortality and subsequent cardiac events. Lichtman 2014
- CURE trial (Aspirin + Clopidogrel in ACS):
number needed to treat with clopidogrel to prevent the first primary outcome is 47.
- Psychological interventions can reduce cardiovascular mortality (7.3% to 5.5%, number needed to treat 56) compared with usual care. Richards 2018

Kidney disease

- One quarter of patients with CKD or kidney transplant suffer from depression. Palmer 2013
- Anxiety disorder has been described in up to 52% in patients with ESRD. Goh 2018
- Depression is associated with increased risk of progression to ESRD or death and first hospitalization. Patients with high depressive symptoms have a more rapid GFR decrease. Tsai 2012

L,M,N ... X,Y,Z





The effect on (acute) medicine

- Length of stay
- Readmissions
- Costs

Length of stay

- Increased LoS due to psychiatric comorbidity described 25 years ago. Saravay 1994
- Another review showed that comorbidities were related to increased length of stay in some studies (particularly due to depression), but that other studies did not find such a relation. Koopmans 2004
- Own data: mean 16.7 vs 5 days. Weichert 2019

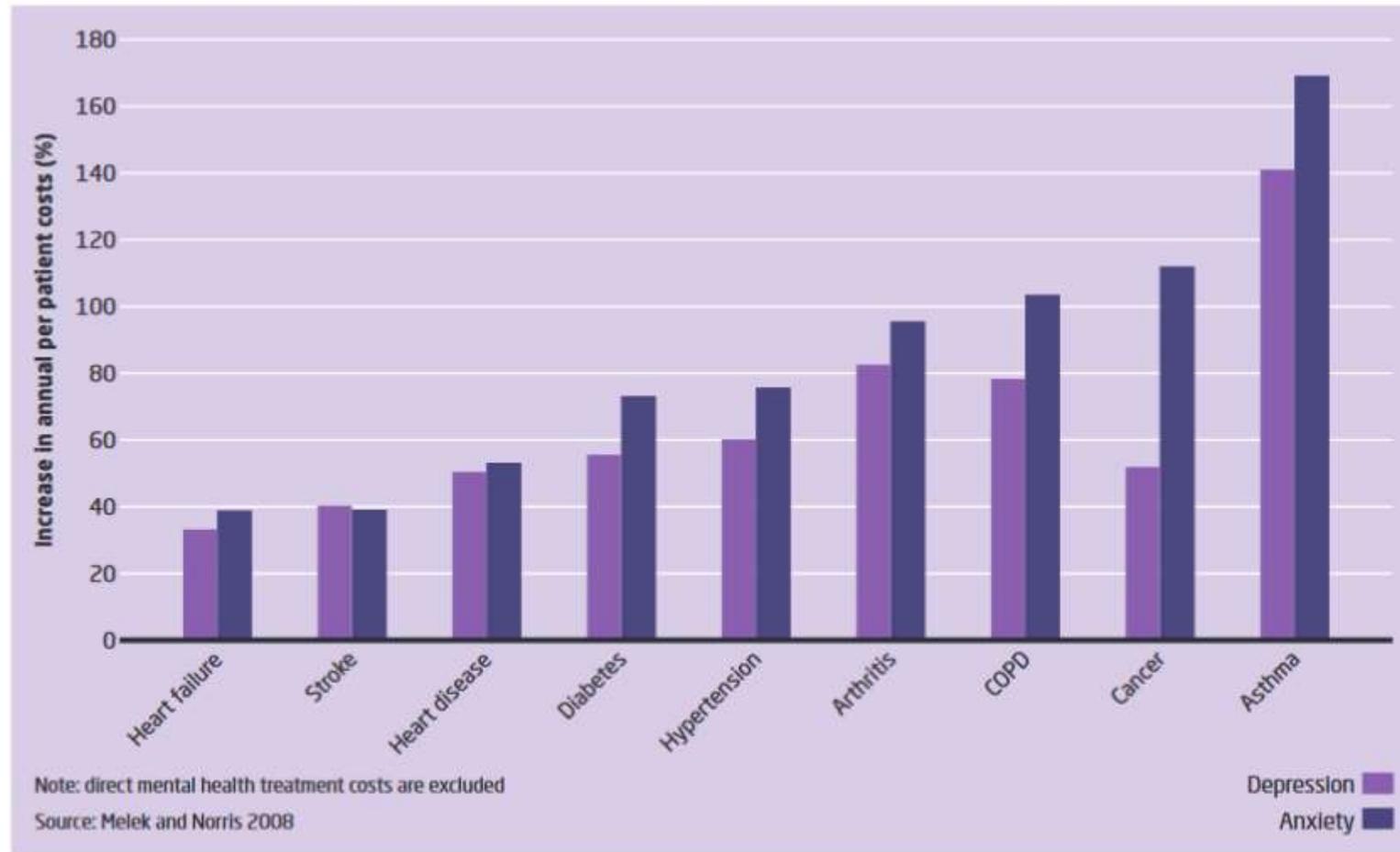
Readmissions

- Presence of psychiatric comorbidity in patients with pneumonia, heart failure or AMI increases the 30 day readmission rate from 16.5%-21.7%. Ahmedani 2015
- Own data: Higher 30-day readmission rates (24.7 vs 9.7%; $p < 0.001$). Weichert 2019

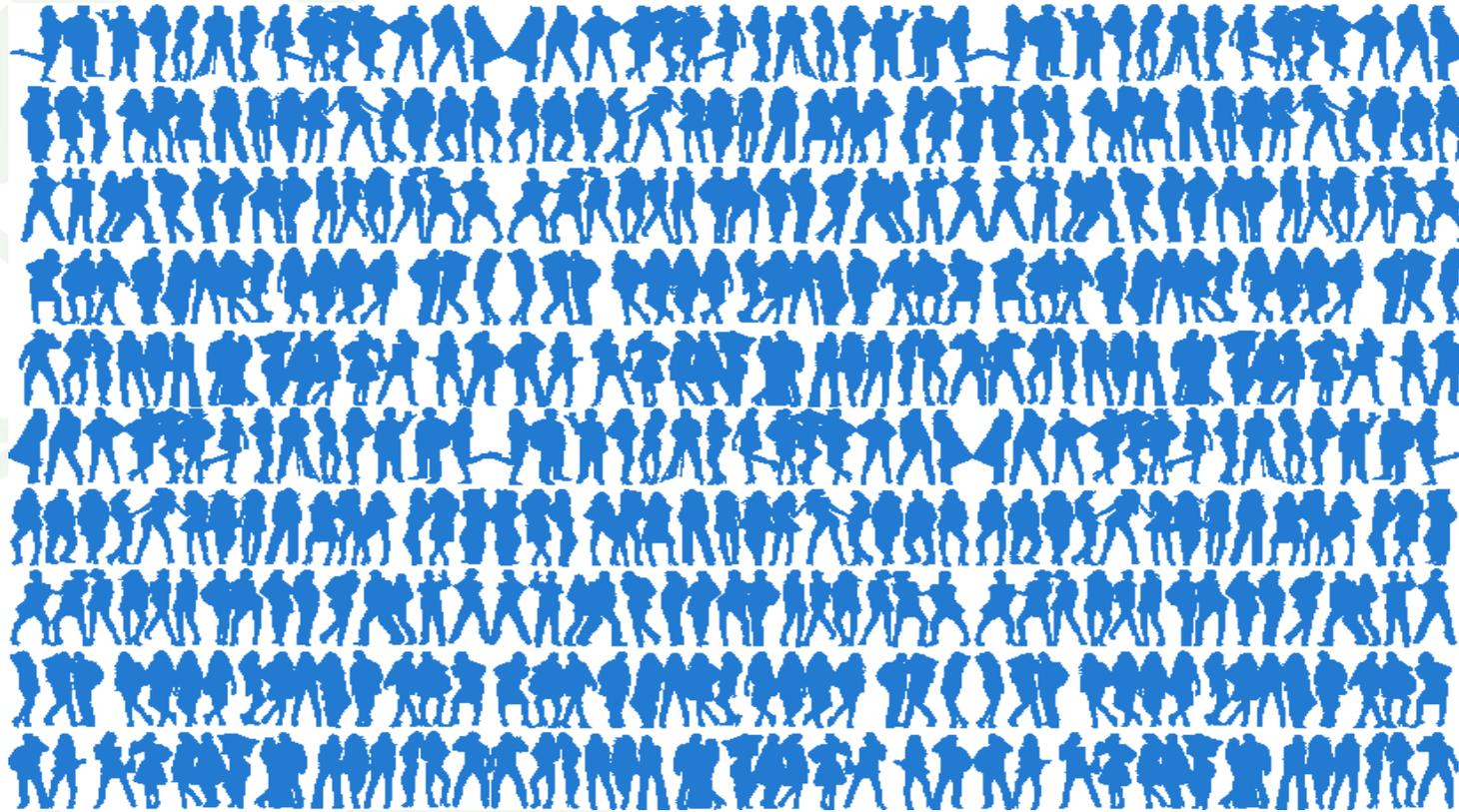
Costs

- Depression increases health-care costs by 41% in the first year post MI. Frasure-Smith 2000
- Psychiatric comorbidities were associated with an increase in hospital costs per admission episode of 40% in a paper analysing 338,162 inpatient episodes. Wolff 2018
- 12-18% of all NHS expenditure on long-term conditions directly linked to poor mental health: 8-13 billion £ in England per year. In the UK £1,760 per year are spent per patient extra on medical illness due to psychiatric comorbidities. Naylor 2012

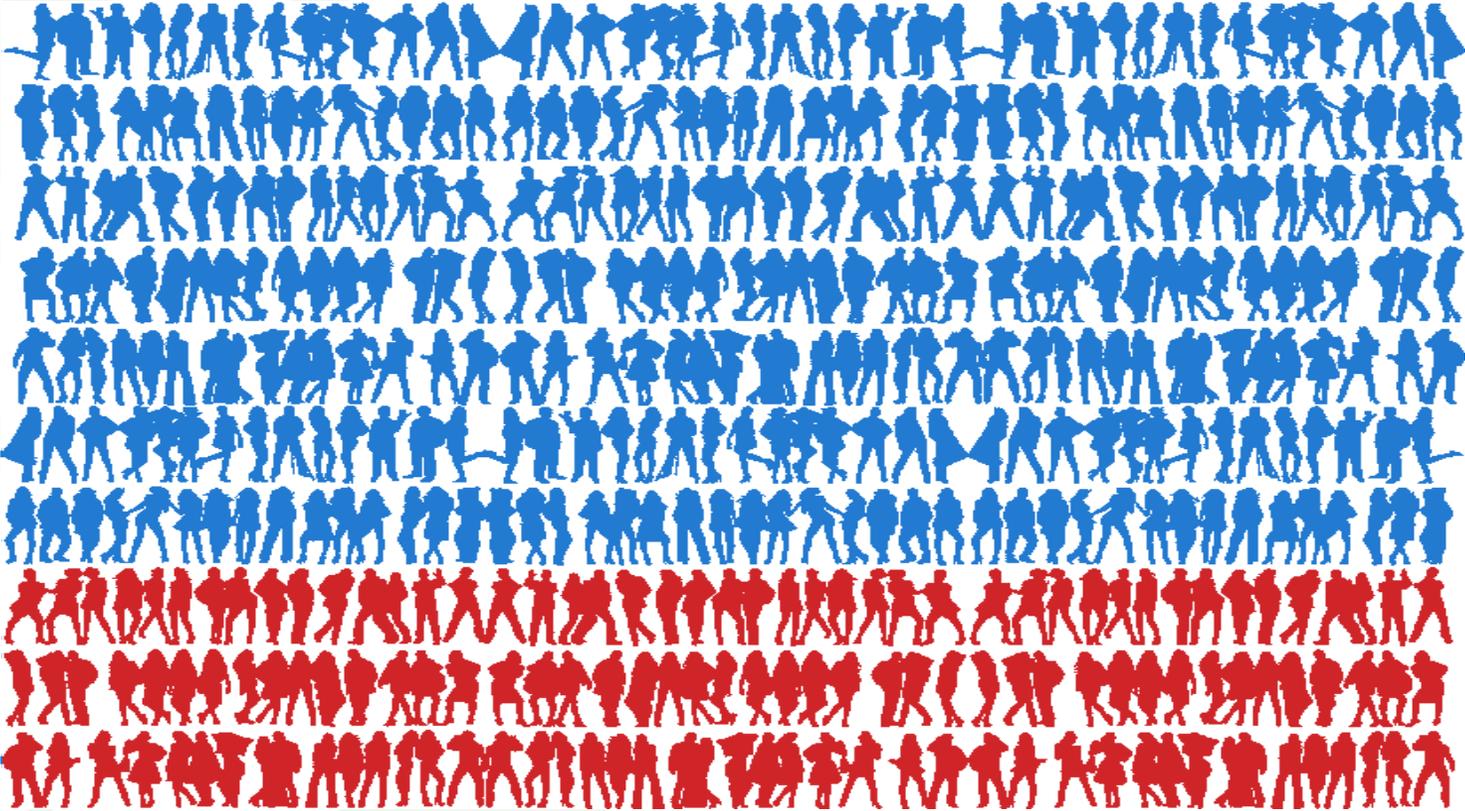
Figure 3 Proportionate increase in per patient medical costs associated with depression and anxiety relative to people without a mental health problem (based on US claims data for more than 9 million people, Melek and Norris 2008)



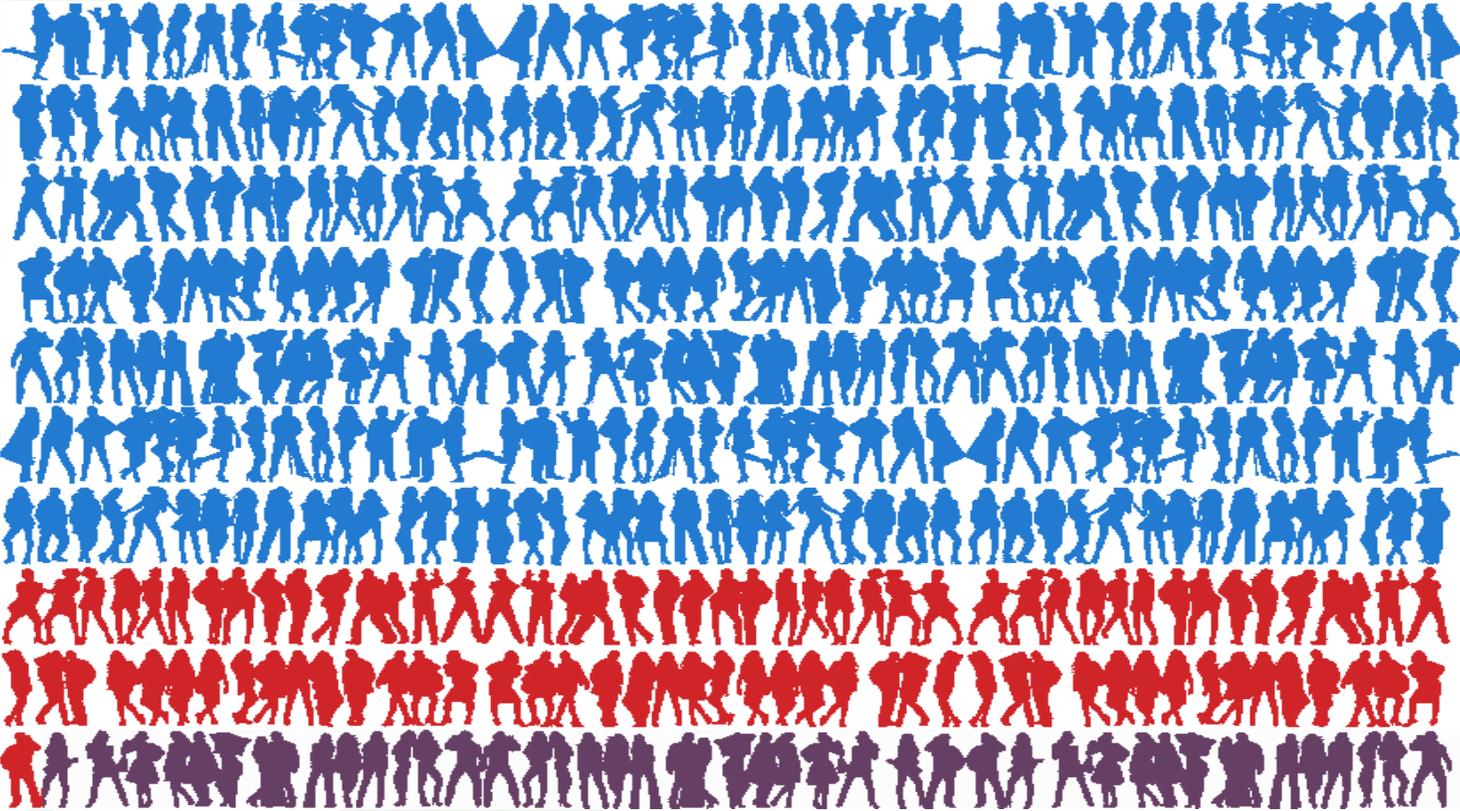
404,551 patients in the Ipswich and East Anglia CCG



30% or 121,365 patients with chronic medical illness



Of these, 30% or 36,409 people have significant psychiatric comorbidities



36,409 x £1,760 each per year or **£64,079,840** spent extra for medical conditions due to mental health issues for these patients in the Ipswich and East Suffolk CCG alone.



THE TIMES

Fashion The 10 fabulous must-have items to buy now

Helpine blunders led to NHS meltdown



The INDEPENDENT

In critical condition



1 The essential daily briefing

NHS hits breaking point

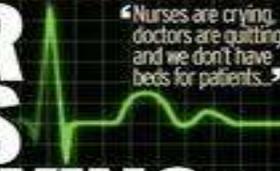
10 hospitals in crisis
Worst wait in 10 yrs
Car park care tent

DAILY Mirror 250MPH at stream stems to halter Britain

HOSPITALS GO INTO MELTDOWN

OUR NHS IS DYING

"Nurses are crying, doctors are quitting and we don't have beds for patients..."



SUN HOLDS FROM £9.50

RITA Beeb viewers stick their Ora in

Wild boar kills 84 motorists

BOOKING FORM INSIDE

\$98bn NHS BUDGET BUT...

THIRD WORLD A&E



METRO

MAYNE MANIA

KRISTEN SO CLOSE TO GAL PAL

11-hour wait for 999 ambulance

3 TALKS WHO DUN? KNOW HOW TO MAKE A CUP OF COFFEE

BY JAMES OSWALD FOR £1

HOSPITALS JUST CAN'T COPE



Daily Mail

Most inspiring Fast Diet success stories ever

A&E CRISIS WORST FOR TEN YEARS

Casualty units Patients treated Chaos blamed on

More data from Suffolk:

J R Coll Physicians Edinb 2019; 49: 237-44 | doi: 10.4997/JRCPE.2019.314

ORIGINAL RESEARCH PAPER

The prevalence and impact of psychiatric comorbidity in inpatients admitted to a district general hospital in England: a 1-week cross-sectional study

Immo Weichert¹

Abstract

Background Mental health problems are amongst the most frequent health problems throughout life and they interfere deeply with physical wellbeing. This study investigated the prevalence and impact of psychiatric comorbidities in a general hospital in the National Health Service.

Methods A single-centre cross-sectional study of all inpatients during a 1-week period.

Results The prevalence of psychiatric comorbidity was 11.8% in 2,444 inpatients. These patients had higher inpatient mortality (8.7 vs 3.3%; $p < 0.001$), 30-day readmission rates (24.7 vs 9.7%; $p < 0.001$), length of stay (mean 16.7 vs 5 days; $p < 0.001$), admission numbers (mean 1.3 vs 0.6; $p < 0.001$) and emergency department presentations in the year prior to their index admission (mean 2.3 vs 1.1; $p < 0.001$). A total of 86.2% were admitted via emergency medicine, with peaks on Saturdays and Tuesdays, in the afternoon and around midnight.

Conclusion This detailed account of psychiatric comorbidity in a general hospital shows a significant prevalence of mental health problems and its effect in a large general hospital serving a mixed urban and rural population in the UK.

Keywords: comorbidity, liaison psychiatry, mental health, prevalence

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One week in the mental health of a DGH

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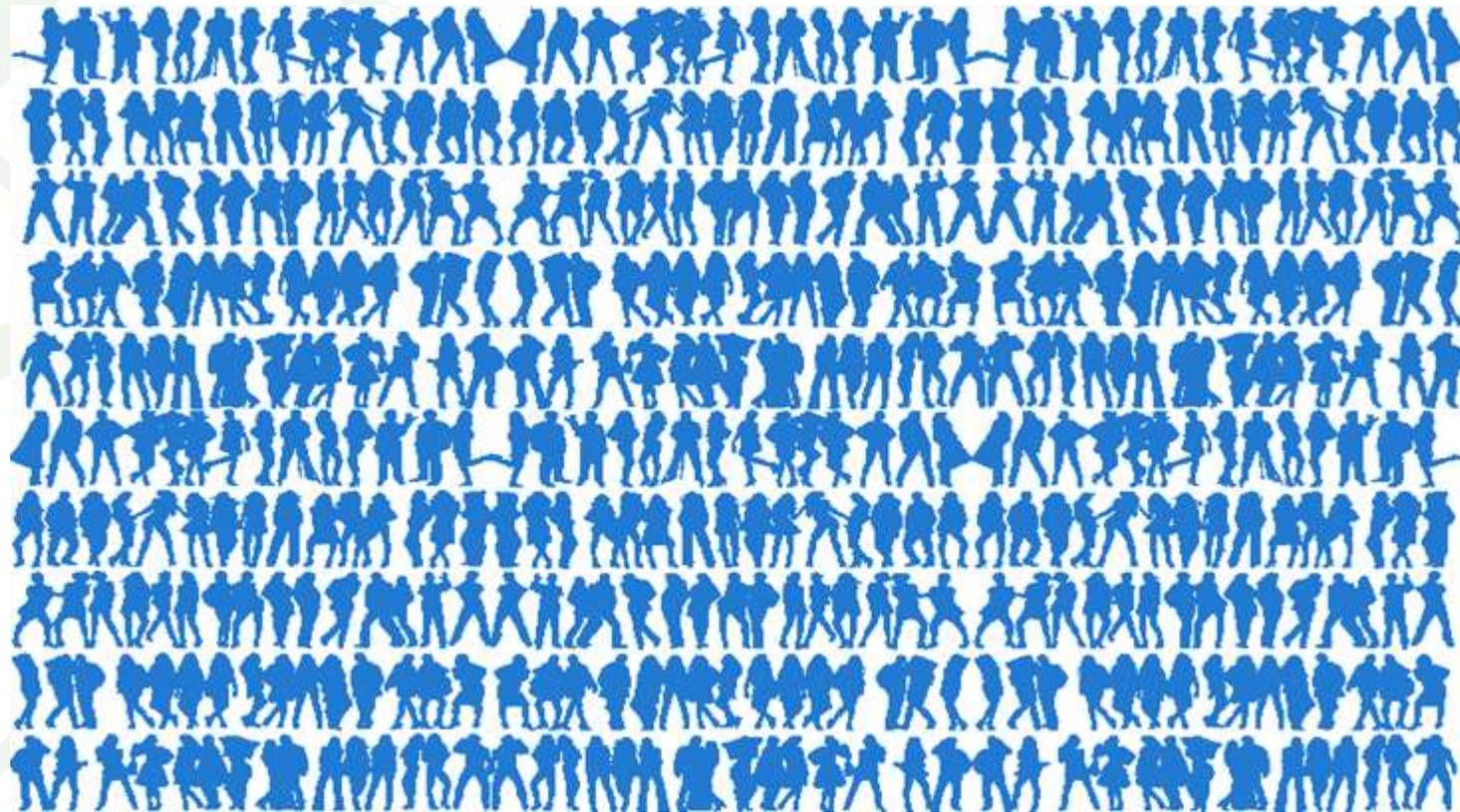
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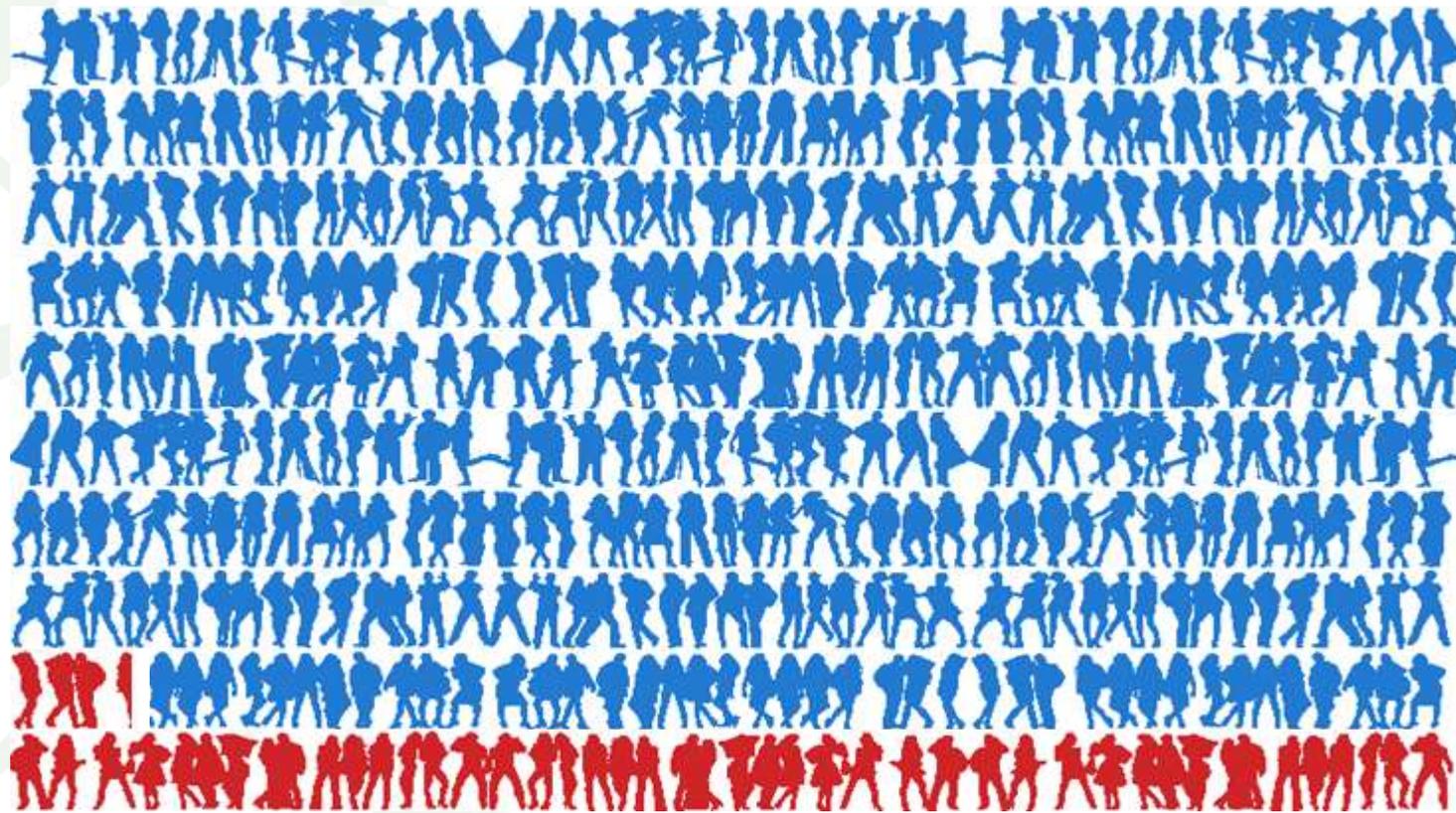
One week in the mental health of a DGH



One week in the mental health of a DGH



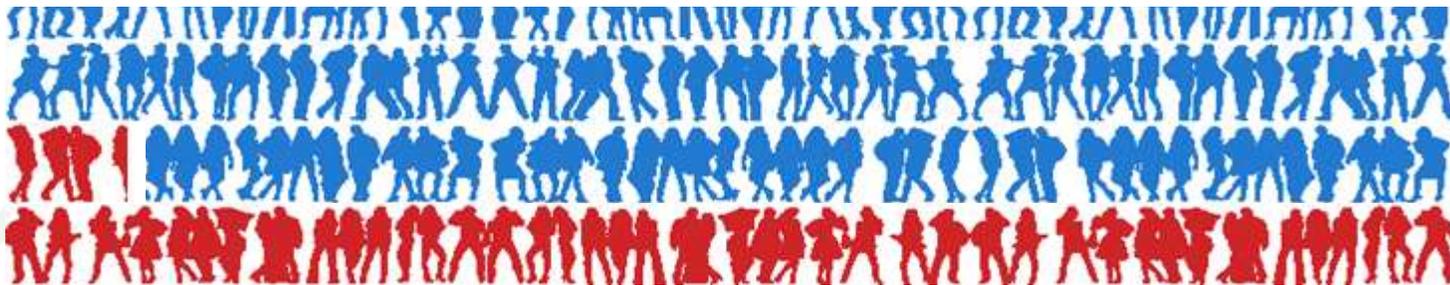
One week in the mental health of a DGH



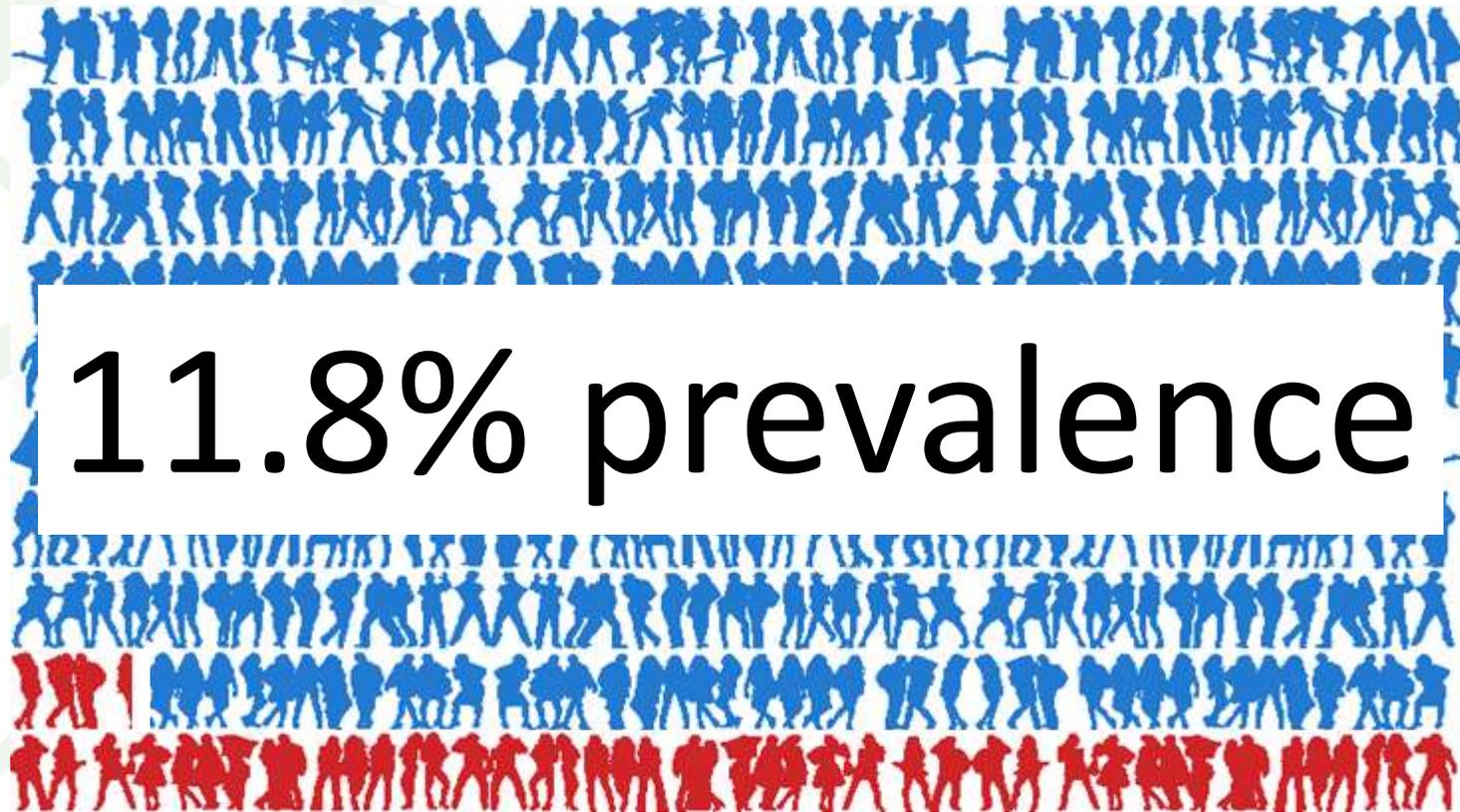
One week in the mental health of a DGH



288 patients with comorbidity



One week in the mental health of a DGH



One week in the mental health of a DGH



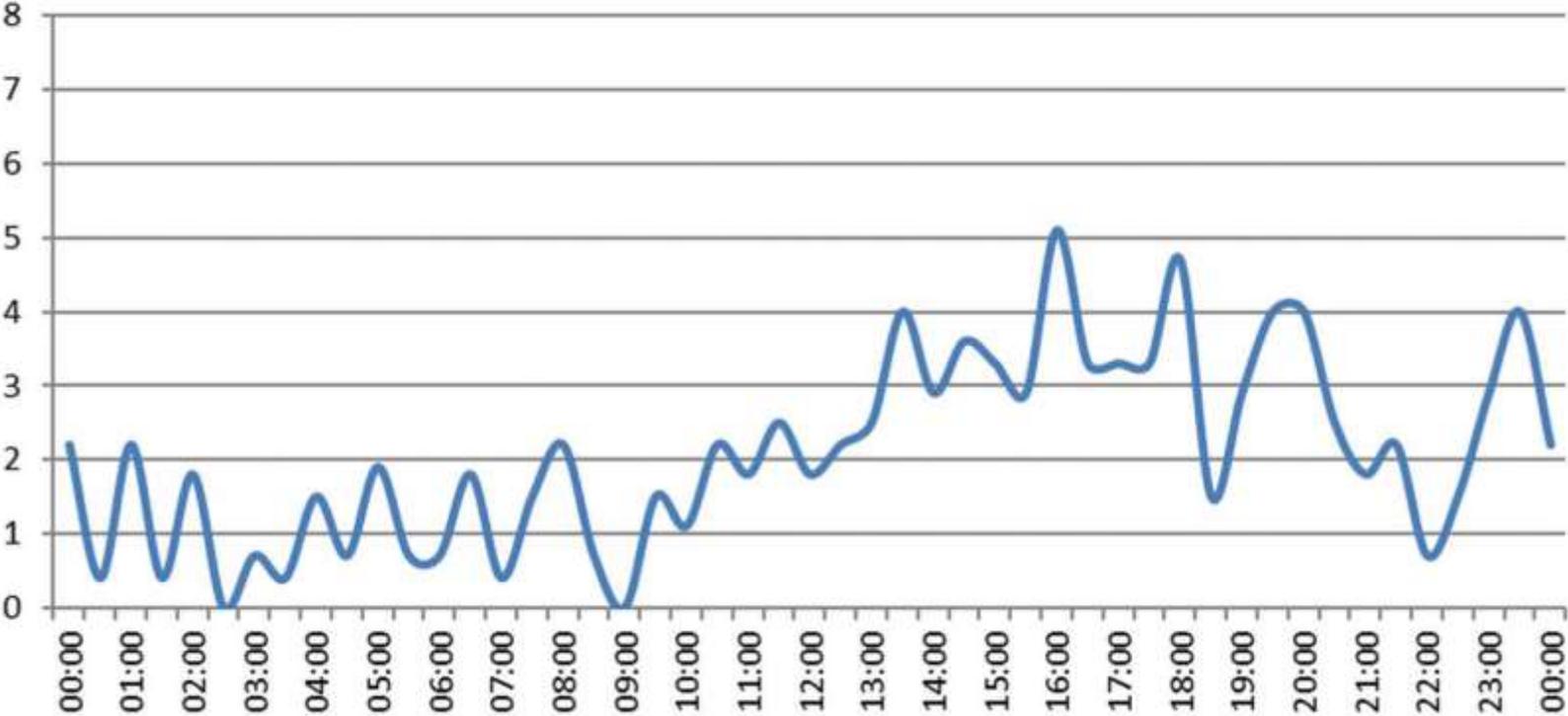
- higher inpatient mortality (8.7 vs 3.3%; $p < 0.001$)
- Higher 30-day readmission rates (24.7 vs 9.7%; $p < 0.001$)
- Longer length of stay (mean 16.7 vs 5 days; $p < 0.001$)
- More admissions (mean 1.3 vs 0.6; $p < 0.001$)
- More emergency department presentations in the year prior to their index admission (mean 2.3 vs 1.1; $p < 0.001$)

One week in the mental health of a DGH



- A total of 86.2% were admitted via emergency medicine
- peaks on Saturdays and Tuesdays, in the afternoon and around midnight

One week in the mental health of a DGH



Why Mental Health

- It is common: Every year one in four adults and one in ten children in England will suffer from mental health problems
- It impacts physical health: Severe mental illness reduces life expectancy by up to 17 years

Why Mental Health

- It is impacted by physical illness: 30-40 % of patients with long term medical conditions will develop mental illness
- It interferes with medical admissions
- It is expensive

**YOU
CAN
MAKE A
DIFFERENCE**



I WILL
I WILL



Impact of psychological therapies

- referral to psychological therapy was associated with reduced emergency department attendance. de Lusignan 2011
- psychological interventions in hospitals and other settings reduced length of stay by 2.5 days and overall health care costs per patient by about 20 per cent. Chiles et al 1999

Impact of psychological therapies

- The impact of pulmonary rehabilitation programmes for COPD can be increased by adding a psychological component, improving completion rates and reducing re-admission for COPD. Abell et al 2008, BTS winter meeting
- Cognitive behavioural therapy (CBT) delivered by respiratory nurses is clinically effective and cost-effective for patients with chronic obstructive pulmonary disease and symptoms of anxiety. Saves £1089 per patient by reduction in admissions. Heslop-Marshall 2018

Impact of psychological therapies

- A disease management programme designed to allow people with cardiovascular disease and bipolar disorder to self-manage their psychiatric and medical condition was more effective than standard care in slowing the decline in physical health Kilbourne 2008
- Psycho-educational interventions have been shown to be effective in reducing angina frequency and medication **use.** McGillion 2008

Impact of psychological therapies

- CBT-based interventions can improve treatment adherence, psychosocial adjustment, coping skills and quality of life for people with co-morbid long-term conditions, as well as reducing use of health care services
Spurgeon 2005
- Evidence-based computerised CBT packages are available and can be included as a component of self-management protocols for long-term conditions. NICE 2018:

Digital therapies assessed and accepted by the Improving Access to Psychological Therapies Programme (IAPT)

Published IABs

All of the digital therapies that have been assessed by the programme.

Velibra for adults with social anxiety disorder

Velibra for adults with panic disorder

Velibra for adults with general anxiety disorder

Be Mindful for adults with depression

BDD-NET for adults with body dysmorphic disorder

SHADE for adults with depression and drug or alcohol misuse

FearFighter for adults with panic, agoraphobia and specific phobia

Space from depression for adults with depression

Deprexis for adults with depression

OCD-NET for adults with obsessive compulsive disorder

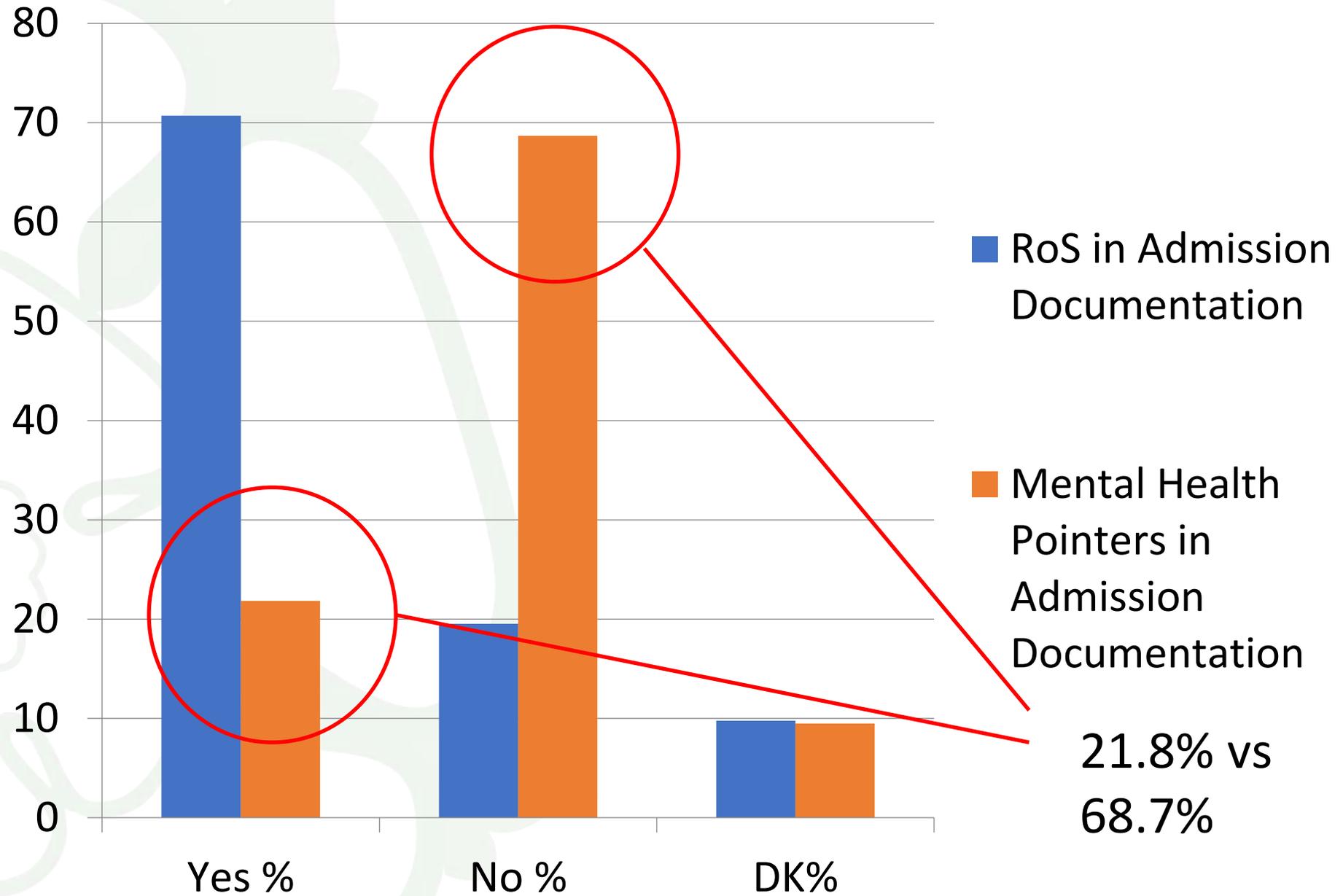
The Wellbeing Course for adults with generalised anxiety disorder

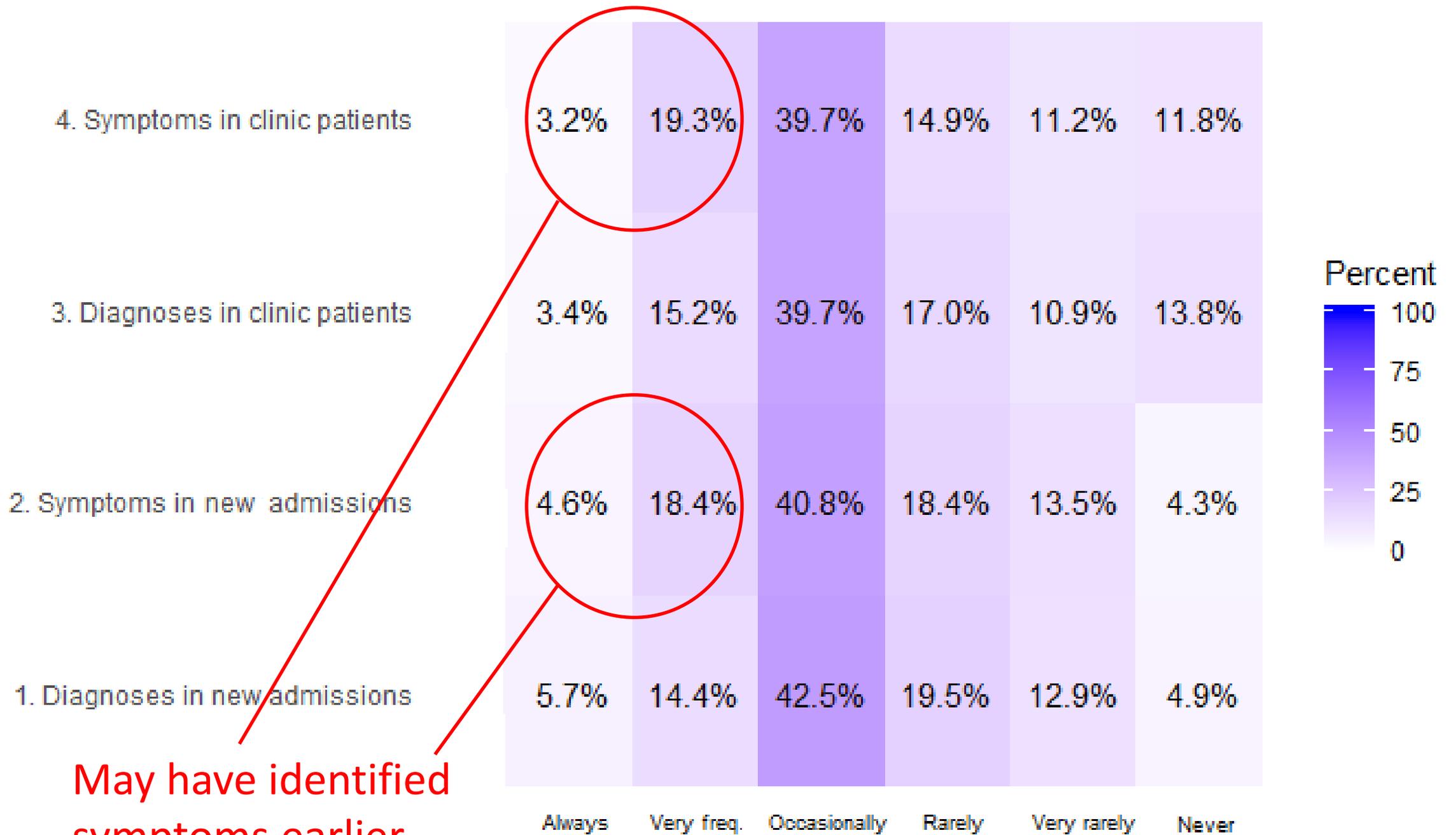
The Wellbeing Course for adults with depression



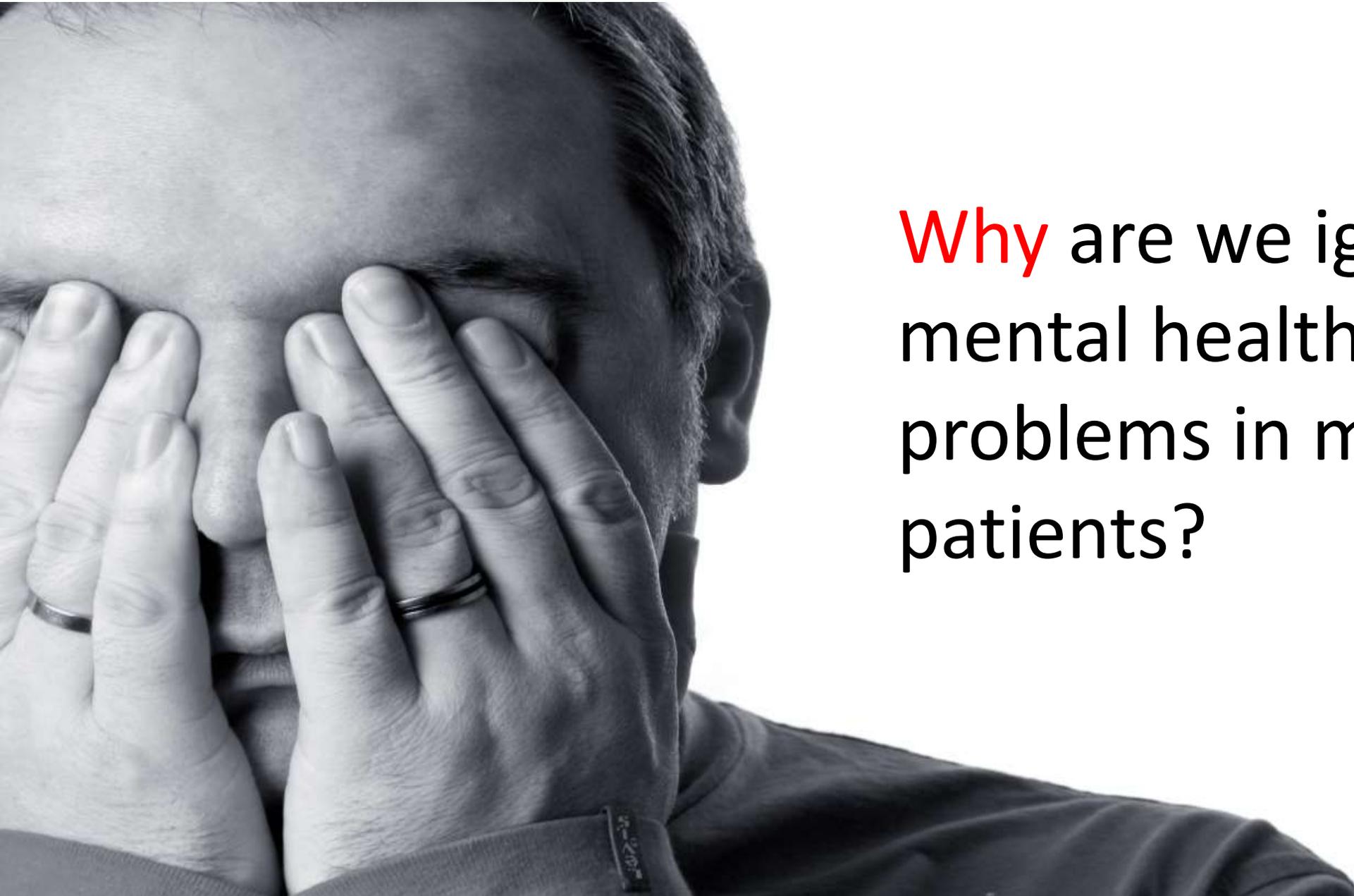
Impact of psychological therapies

- Including a psychological component in a breathlessness clinic for COPD in Hillingdon Hospital led to 1.17 fewer A&E presentations and 1.93 fewer hospital bed days per person in the six months after intervention This translated into savings of £837 per person – around four times the upfront cost. Howard 2010
- In the year following a CBT-based disease management programme for angina, patients needed 33 per cent fewer hospital admissions – saving £1,337 per person. Moore 2007





May have identified symptoms earlier



Why are we ignoring
mental health
problems in medical
patients?



Time for a show of hands

Who can ...

- name the nine features of “Emotionally Unstable Personality Disorder”?
- manage/treat behavioural problems of patients with dementia?
- predict safely if a patient with DSH will commit suicide?

Who can ...

- name the four main causes of acute mesenteric ischaemia?
- manage/treat ileus?
- decide if a patient with a hip or pelvic (pubic ramus) fracture can mobilise?

Who thinks ...

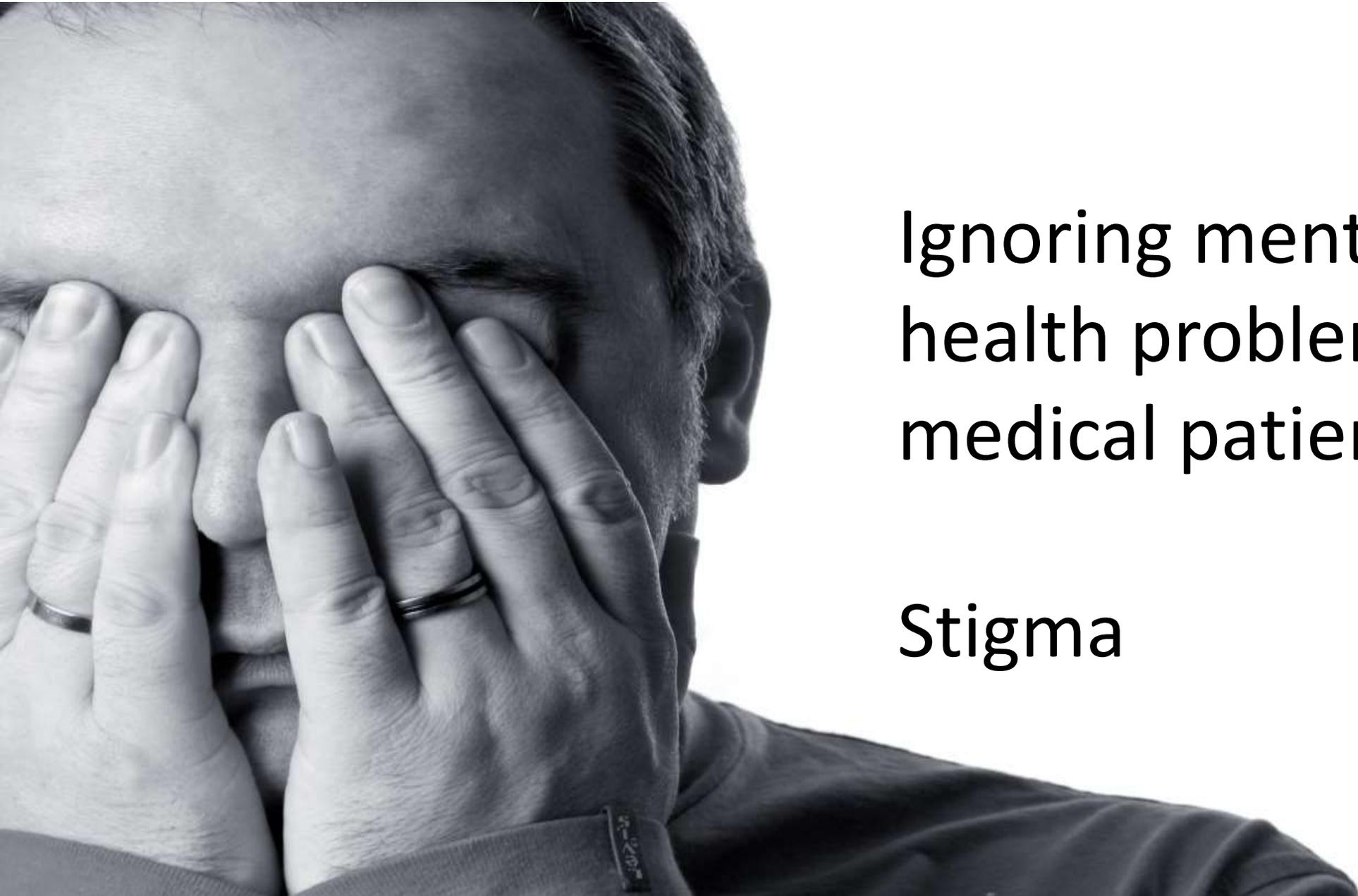
- treatment for a mental illness, provided by a mental health professional, would not be effective?
- a mental illness is not a real medical illness?
- That people with severe mental illness are dangerous?

Who would ...

- tell their colleagues in their department that they have a “bad back”?
- go and ask the ENT colleague for help after they had recurrent nose-bleeds?
- ask a colleague in the neurology department for help after their child has had their first ever seizure on a holiday abroad?

Who would ...

- tell their colleagues in their department that feel low in mood?
- go and ask the liaison psychiatrist for help/advice after they had recurrent anxiety-attacks?
- ask a colleague in psychiatry for help/advice after your child has recurrent anger outbursts, locks herself in her room and has started cutting her skin?



Ignoring mental
health problems in
medical patients:

Stigma

Stigma

- Stigma occurs when society or an individual labels someone/something as tainted or less desirable.
- Stigma involves three elements:
 - a lack of knowledge (ignorance)
 - negative attitudes (prejudice; including self-prejudice)
 - behaviour that disadvantage the stigmatised person/object (discrimination)

Attitudes to Mental Illness 2013 Research Report

Prepared for Time to Change
February 2014



time to change
let's end mental health discrimination

mind
for better mental health

**Rethink
Mental
Illness**

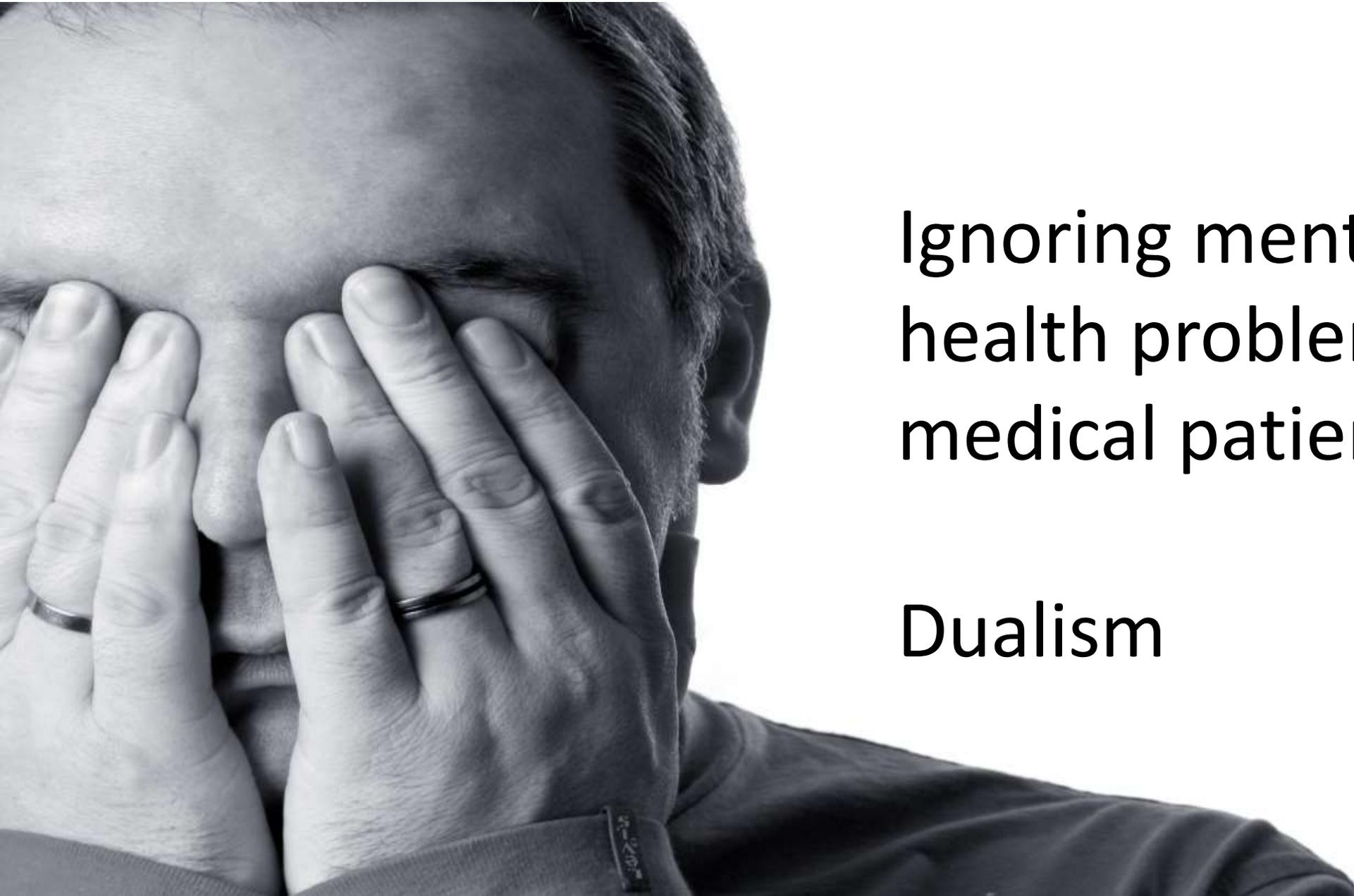
Funded by

From 2008 -> 2013

- There has been a decline in the proportions agreeing that:
- 'Anyone with a history of mental problems should be excluded from public office', from 21% in 2008 to 13% in 2013, with a significant difference also in the results between 2012 (18%) and 2013
- 'It is frightening to think of people with mental problems living in residential neighbourhoods', from 16% to 10%, with a significant difference also in the results between 2012 (13%) and 2013
- 'I would not want to live next door to someone who has been mentally ill', from 12% to 8%

From 2008 -> 2013

- 'People with mental illness should not be given any responsibility', from 15% to 10%
- 'People with mental illness are a burden on society', from 7% to 5%, with a significant difference also in the results between 2012 (7%) and 2013
- 'A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered', from 12% to 9%
- 'Locating mental health facilities in a residential area downgrades the neighbourhood', from 20% to 16%



Ignoring mental
health problems in
medical patients:

Dualism



René Descartes

René Descartes (Cartesius)

- 31 March 1596 – 11 February 1650
- French philosopher, mathematician, and scientist
- spent about 20 years (1629–1649) in the Dutch Republic
- one of the most notable intellectual figures of the Dutch Golden Age
- one of the founders of modern philosophy
- “Cartesian”

René Descartes

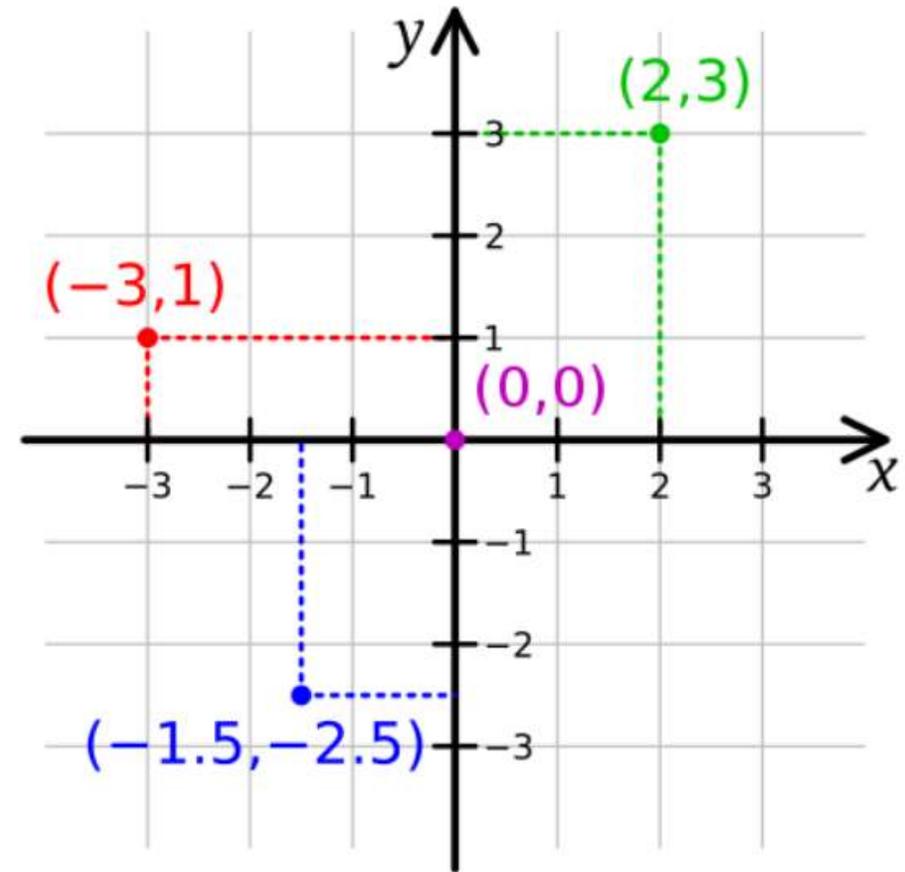


Illustration of a Cartesian coordinate

René Descartes - quotes

- Divide each difficulty into as many parts as is feasible and necessary to resolve it.
- It is not enough to have a good mind, the main thing is to use it well.
- Cogito ergo sum. (I think; therefore I am.)
- The reading of all good books is like a conversation with the finest minds of past centuries.
- If you would be a real seeker after truth, it is necessary that at least once in your life you doubt, as far as possible, all things.
- Each problem that I solved became a rule, which served afterwards to solve other problems.
- The greatest minds are capable of the greatest vices as well as of the greatest virtues.
- Except our own thoughts, there is nothing absolutely in our power.
- Perfect numbers like perfect men are very rare.
- Whenever anyone has offended me, I try to raise my soul so high that the offense cannot reach it.

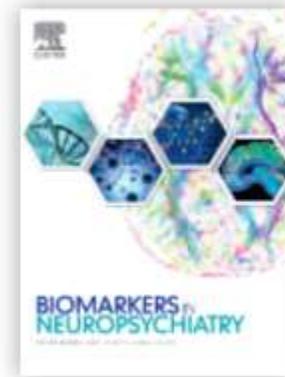
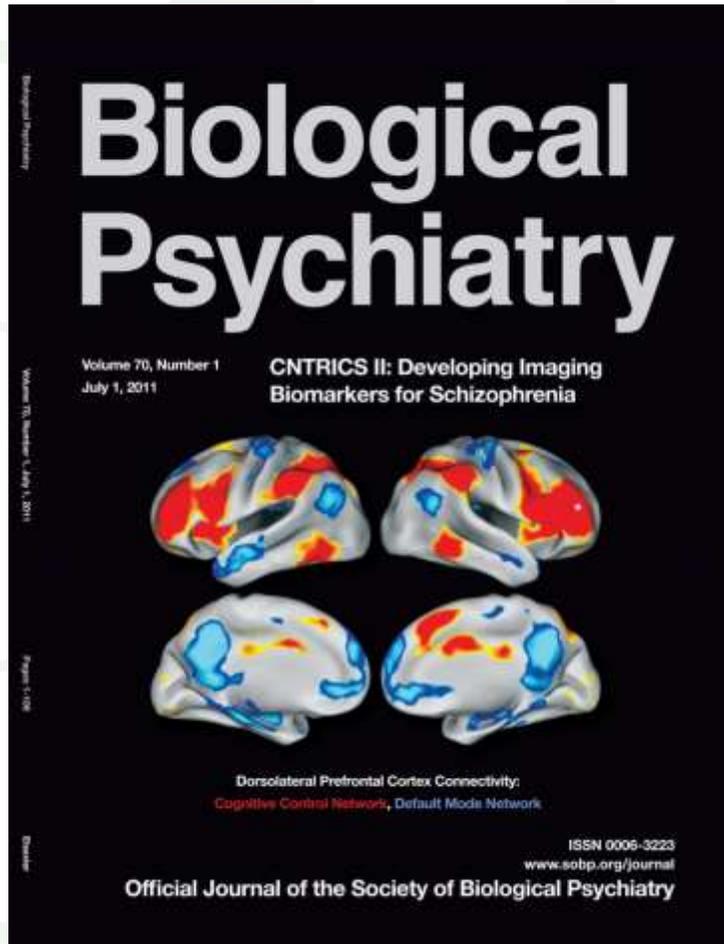
René Descartes and Dualism

- Mind-Body Dualism = Substance or Cartesian Dualism
- there are two kinds of foundation: mental and body
- the mental can exist outside of the body, and the body cannot think
- immortal souls occupy an independent realm of existence distinct from that of the physical world

René Descartes and Dualism

- Allowed the development of modern medicine, anatomy, pathology
- Ongoing schism between physical and mental health
- De facto two parallel health services

Mental illness = physical illness



Biomarkers in
Neuropsychiatry
Editor-in-Chief: Henry Nasrallah



Genes, inflammation, oxidative stress, interleukins, biomarkers, biological treatments



Parity of esteem

“Valuing mental health equally with physical health”

- equal access to the most effective and safest care and treatment
- equal efforts to improve the quality of care, allocation of time, effort and resources on a basis commensurate with need
- equal status within healthcare education and practice
high aspirations for service users
- equal status in the measurement of health outcomes



Caution

The next steps:

What can you do?

- Patients
- Liaison Psychiatry
- You for yourself

What you can do: Patients

- Listen
- Ask about mental health as part of your history taking
- Ask your juniors/colleagues why they haven't asked!
- Introduce mental health screening
- Know who to refer to

Mental health screening

Mental health in acute care
If you don't ask, you won't know

Background & Aims

We are running a medical student project in collaboration with Dr Weichert looking into the prevalence of mental health issues in acute care patients.

AND WE NEED YOUR HELP

The following sticky label has been placed in all clerking proformas.

Q1. How is your mental health? Would you consider yourself as having suffered from any mental health issue recently?

Q2. If yes, is this something you would like to receive help for?

Q3. If yes, could you please complete this screening questionnaire?

This is separate to anything that may already be documented in the past medical history. It is of relevance to all adult patients (age of 18 years or older) where the main reason for admission is not suicidality or an overdose in suicidal intention.

For any patient who answers YES to Q1, please note down their details on the patient identity form next to this poster.

For any patient who answers YES to Q3, please direct them to the questionnaire provided in the folder below and please retain the questionnaire in the patient's notes.

Summary

1. Please complete the questions on the sticky label in the clerking proforma.
2. Please fill in a patient identity form for any patient who answers YES to Q1.
3. Please ask the patient to fill in a questionnaire and file it in the patient's notes for any patient who answers YES TO Q3.

 The Ipswich Hospital 
NHS Trust

Results

Mental health in acute care
'If you don't ask, you won't know'

- Total number of patients asked - 129
- Patients who self-reported mental health issues – 49/129 (38%)
- Patients who completed PHQ-SADS completed - 48
- Completion rate – 98%
- Mean age – 60 years
- Male – 32%
- Female - 68%

PHQ-SADS

- A screening tool for mental health disorders
- Well validated and widely accepted
- In public domain (no costs)
- 3 main aspects:
 - Somatisation (PHQ-15)
 - Anxiety (GAD-7)
 - Depression (PHQ-9)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

PATIENT HEALTH QUESTIONNAIRE (PHQ-SADS)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability.

A. During the last 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered (0)	Bothered a little (1)	Bothered a lot (2)
1. Stomach pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Back pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pain in your arms, legs, or joints (knees, hips, etc.)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble falling or staying asleep, or sleeping too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Menstrual cramps or other problems with your periods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pain or problems during sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Chest pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dizziness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Fainting spells.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling your heart pound or race.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Shortness of breath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Constipation, loose bowels, or diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Nausea, gas, or indigestion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHQ-15 Score = +

B. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Feeling nervous anxiety or on edge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worrying too much about different things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trouble relaxing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being so restless that it is hard to sit still.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Becoming easily annoyed or irritable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling afraid as if something awful might happen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GAD-7 Score = + +

C. Questions about anxiety attacks.

a. In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic?.....

	NO	YES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "NO", go to question E.

b. Has this ever happened before?.....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

c. Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?.....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

d. Do these attacks bother you a lot or are you worried about having another attack?.....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

e. During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, or your heart racing, pounding or skipping?.....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

D. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1. Little interest or pleasure in doing things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or hurting yourself in some way.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHQ-9 Score = + +

E. If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What you can do: Liaison Psychiatry

- Get to know the team
- Meet and discuss difficult cases
- Recurrent DSH, high service users, dual pathology
- Invite them to teach in your department
- Teach the psychiatrists on the management of medical problems
- They should really be part of the front door team?

What you can do: Liaison Psychiatry

- Get to know the team
- Meet and discuss difficult cases
- ~~Recurrent DSH, high service users, dual pathology~~
- Invite them to teach in your department
- ~~Teach the psychiatrists on the management of medical problems~~
- They should really be part of the front door team?

The RAID effect

- In an acute hospital with 600 beds, the total savings in bed days through reducing length of stay and readmissions was 43-64 beds per day. The elderly care wards provided the majority of bed savings. Tadros 2013

Table 1: A typical two day training programme with discipline leading in parenthesis.

Day 1

Stigma, signs and symptoms of common mental health problems (nurse)

Depression and psychosis (Psychiatrist)

Psychiatric manifestations of physical illness (Psychiatrist)

Overview of the Mental Health Capacity Act – case based discussions when to use what? (Nurses)

Dementia, Depression and Delirium in Older People (Psychologist and Nurse)

Person-centred approaches to understanding and managing challenging behaviour (Psychologist and Nurse)

Day 2

Psychological Reactions and Responses (psychologist)

Medically Unexplained Symptoms (psychologist)

Symptoms Self-Harm and Suicide (Expert by Experience and Nurse)

Alcohol and Substance Misuse (Nurse and Independent sector)

Alcohol and Recovery: (Expert by Experience)

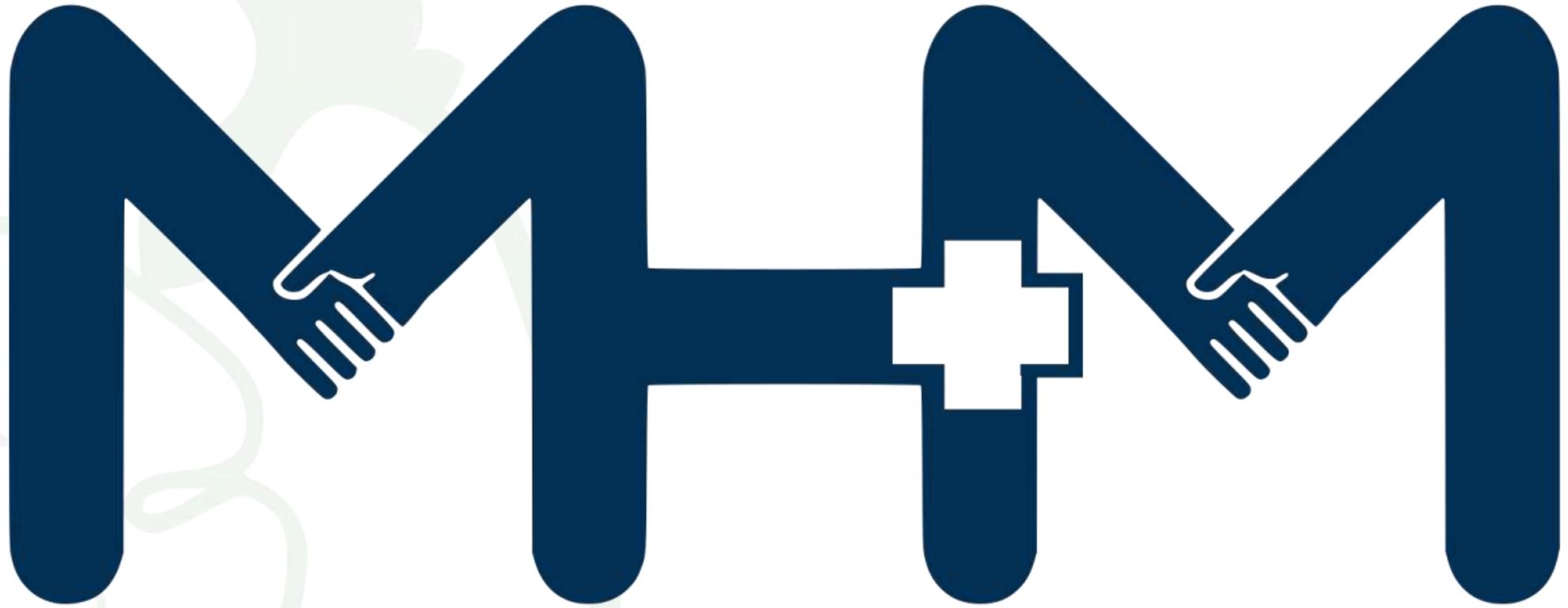
Question and answer session

What you can do: Liaison Psychiatry

- Get to know the team
- Meet and discuss difficult cases
- Recurrent DSH, high service users, dual pathology
- Invite them to teach in your department
- Teach the psychiatrists on the management of medical problems
- They should really be part of the front door team! (imho)

What you can do: Yourself

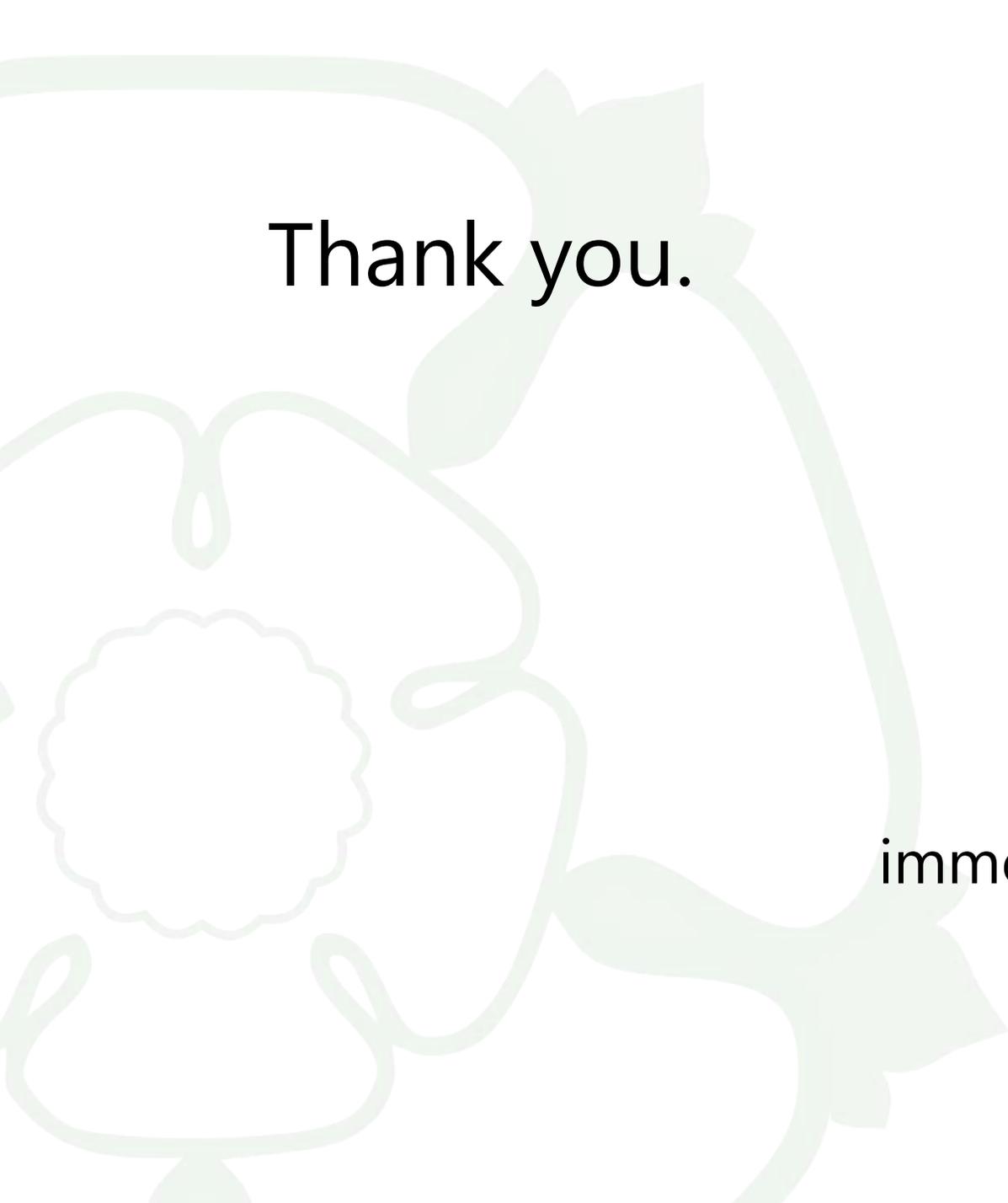
- Accept mental health as another part of physical health
- Spend a minute longer (max) with your patients
- Improve your mental health literacy
- Recognize your own mental health issues early



www.mentalhealthandmedicine.org



Time for questions

A faint, light green graphic of a flowering branch with several leaves and a large, scalloped-edged flower head, positioned on the left side of the slide.

Thank you.

immo.weichert@ipswichhospital.nhs.uk