5 Integrated mental health services

Finding the right care and support services can be complicated for many people with mental health issues. An effective way to help people with depression access appropriate and timely prevention, treatment and care is to ensure that mental health services are integrated.

This is the fifth and final part of a series of briefs based on a policy report entitled *A sustainable approach to depression: moving from words to actions*. This brief considers the need to integrate mental healthcare into all health services.

Why do we need integrated services?

'Integrated people-centred health services means putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems, and empowering people to have a more active role in their own health.'

– World Health Organization[1]

One of the biggest challenges for people with depression is navigating the healthcare system in order to locate the right services to address their needs. By integrating services for mental health into wider health and social care services, we can increase rates of care, lower overall costs and offer people at need a more comprehensive approach to their care.[2]

Removing stigma and simplifying access to services

There is a long-standing history of stigma surrounding mental ill health. Stigma sets the perception that people with depression are uninterested and difficult to talk to,[3] and can act as a barrier to people seeking help. Integrating mental health with other services may help alleviate the stigma associated with reaching out for support.[4]

Linking physical and mental health

Early intervention is vital for effective management of depression but it is sometimes unclear to different professionals what this means in practice[5] and what effective early intervention should look like. Common definitions and approaches are needed between all services to improve diagnosis rates and get people into appropriate care, regardless of where they present with symptoms.

Many symptoms of depression can manifest as physical symptoms, e.g. fatigue, weight loss/gain, pain, low libido or changes in menstrual cycles.[6] Healthcare professionals should be mindful that these symptoms may be linked with depression. Depression also increases the risk of chronic conditions such as cardiovascular disease, diabetes, stroke, Alzheimer's and osteoporosis.[7] This makes a case for both the prevention and management of depression at a primary care level, as this can have a beneficial impact on other disease areas.

People who have a chronic disease have a **higher risk** of depression.[8]

Prevention could reduce the number of new cases of depression by **21%**.[9]

Providing accessible, evidence-based interventions for people with depression can **reduce the disease burden** by a third.[10]

How can we integrate mental health services?

'More community services need to be developed to treat mental ill health before it progresses.'

– Global Alliance of Mental Illness Advocacy Networks (GAMIAN) – Europe

Try to engage people who may be hard to reach

Creating better understanding and ownership for mental health across the entire health community is important in order to fully integrate mental health services. The legacy of stigma and perceived discrimination surrounding mental health means some people may be averse to the term 'mental illness' or 'mental health services' by extension. It has been found that using a different term, such as 'wellbeing', may enable better engagement with people seeking help.[2]

There are instances where people can slip through the cracks in traditional primary care settings. If people are empowered to self-refer and choose their treatment, this can be an effective way to engage them in seeking care. For example, the Improving Access to Psychological Therapies (IAPT) programme in England found that self-referral led to more people from minority ethnic groups accessing services, as well as people who had been experiencing mental health challenges for longer, compared with the traditional GP-referral model.[2]

Improve data collection

Better data are needed to define gaps in treatment, identify good practice, and target the provision and integration of mental health services accordingly. Currently, data gaps occur at multiple levels. Country-level epidemiological data on depression are often not comparable due to varying diagnostic criteria and survey methods.[11] Data on suicide are also difficult to interpret.[12] Stigma can contribute to the underestimation of depression and suicide rates.[12 13] Data on service availability also tend to be incomplete, and widely variable methodologies make estimations and comparisons difficult.[13 14]

What do integrated services look like in practice?

The following examples demonstrate an integrated approach to mental health.

Les conseils Locaux de Santé Mentale (Local mental health councils), France

Local councils were implemented with the goal of putting users at the heart of local mental health policy, in order to improve overall population mental health. These councils integrate users and carers, health and social care professionals and anyone else interested in mental health. Establishing these councils has democratised mental health by allowing any member of the community to contribute to identifying needs and priorities and implement necessary solutions. While the themes of the local councils differ from one area to another, all include prevention, mental health promotion and reduction of health inequalities more broadly. Local councils are chaired by a locally elected official and co-facilitated by public psychiatry. As of 2018, there were 200 active councils in the country.

Doing Well, Scotland

Doing Well is a one-to-one, tailored intervention delivered by trained advisors in health centres. Sessions are delivered to people with mild to moderate depression, anxiety or psychological distress with the aim of preventing further decline of their mental health, thus triggering the need for a higher-level service. Efforts are underway to merge Doing Well with smoking cessation and other lifestyle services, to ensure integrated care across multiple sectors. As a result, this will increase coverage in the areas where there is more need, improve sustainability in an environment of limited resources, and provide a holistic approach to physical and mental wellbeing.

Mirakle project, Finland

The Mirakle project focuses on how older people conceptualised their circumstances, offering tailored wellbeing training. It is based on a view of older people as independent, capable citizens with existing mental health skills, such as emotional awareness, resilience and coping strategies. Age-sensitive service models were developed with target-group experts, and materials to increase knowledge and skills of both older citizens and professionals were co-created with older people. The Mirakle project ensures there are people in various organisations who are prepared for difficult conversations with older people in a mental health crisis, and they know how this group would like to be treated. They can help to spread the training and promote ideas to influence public discussion.

For more information about these interventions, and to read other case studies of best practice in services for people with depression, please see the report: *A sustainable approach to depression: moving from words to actions*

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