

#AskHowIAm recommendations

This report has one overarching call to action. It is for all healthcare practitioners and services working with people living with long-term physical conditions to show care and compassion in all their interactions and to take every opportunity to ask about emotional wellbeing.

This can begin now. In some places, it happens already. But it is nowhere near universal. This is the business of all healthcare practitioners, no matter what their role, speciality or client group. We have set out six practical tips for healthcare workers to help them to do this routinely.

We know, however, that this needs to be facilitated by significant system change. Short appointment times, inadequate training and patchy availability of mental health services make it more difficult to support people's emotional wellbeing. So below we set out recommendations for system change, both nationally and locally, which we believe will enable significant improvements to be made.

System change recommendations for the Department of Health and Social Care, NHS England and other Arm's Length Bodies

1. NHS England, Health Education England, health professional bodies and education providers must ensure that **all health and care workers who work with people with long-term conditions have a sound basic knowledge and understanding of mental health**, and of the emotional impacts of having a long-term illness. This should be included in basic training for all relevant health and medical professionals. And it should be included within continuing professional development (CPD) for existing staff working in primary, acute, community and mental health services.
2. NHS England and the British Medical Association should consider whether general practices should receive funding as part of the GP contract to provide **an annual holistic health and wellbeing check for people living with long-term conditions**. This would include routine enquiry about the person's emotional wellbeing alongside other issues they are facing, beyond but connected to their clinical condition – for example relating to personal finances and relationships. Where needs are identified, practitioners would offer signposting and onward referral to relevant support. Where annual health checks for people living with long-term conditions are already carried out, those designing and delivering them should ensure that emotional and other issues are now included alongside clinical considerations.
3. NHS England should **explore options for increasing appointment times** for specialist long-term conditions consultations and providing improved access to specialist advice and help between appointments. This will require an increase in capacity, but it is likely to be cost-effective by improving outcomes and reducing later costs.
4. NHS England should **review the IAPT Programme for long-term conditions** to determine whether its current approach and structure is able to meet people's needs adequately, how easily accessible it is for people with the full range of long-term conditions, and what modifications may be needed to achieve these aims during the implementation phase of the NHS Long Term Plan.
5. The Government should ensure that the implementation of the COVID-19 Mental Health Recovery Action Plan addresses the mental health needs of people with long-term health conditions, with funding allocated to support for those with unmet needs resulting from the pandemic.

6. The Department of Health and Social Care should use the Health and Care Bill to **ensure Integrated Care Systems will be held to account for providing adequate levels of mental health support** to people with all long-term conditions. This should be regarded as an integral element of population health management, and systems should have to account for how they identify and address the needs of their communities.
7. NHS England should **ensure that there is equality of access to effective emotional support for people with long-term conditions** across all protected characteristics, and especially for people from racialised communities. The Advancing Mental Health Equalities strategy (NHS England, 2020) could facilitate this. The strategy aims to bring about system change to improve the experiences and outcomes in mental health services of people with all protected characteristics.

Recommendations for healthcare systems and service providers:

8. **Integrated Care Systems** should secure adequate provision of mental health support to people with the full range of long-term conditions as an integral element of their responsibility for population health management. This should include **support at every level of need, from prevention, information and advice to specialist psychological services**, and for all age groups, including children and those in later life. This should be supported with routine data to enable system partners to identify gaps and inequalities in access, experience and outcomes.
9. **Acute and community health service providers** should ensure that all specialist care for people living with long-term conditions includes **at least one mental health practitioner as a member of their multidisciplinary teams**. Where this is not possible – for example in very small teams with limited caseloads – a liaison model would provide access to on-call advice and support when it is required. Mental health practitioners in such roles need to have knowledge and insight into the specific conditions people are living with, and the impact this may have on their emotional wellbeing.
10. **Primary Care Networks** should take the opportunity to offer mental health support close to home to people with long-term conditions. From 2021, they will have access for the first time to mental health practitioners through the Additional Roles Reimbursement Scheme (ARRS), to be employed by local mental health trusts (NHS England, 2021). This can bolster emotional support within primary care.