Brief guide: Physical healthcare in mental health settings[1]

Context and policy position

People with severe mental illness have a substantially lower life-expectancy than the general population. This is also true for people with learning disabilities and autism. Therefore, it is essential that staff in mental health settings meet patients' physical as well as mental healthcare needs. The physical healthcare of people with mental health problems features prominently in *The Five Year Forward View for Mental Health* report from the Independent Mental Health Taskforce to the NHS in England (2016).

A good service will ensure that people with mental health problems receive the same standard of physical healthcare as any other member of society. They may deliver this through their own appropriately qualified and experienced staff or in partnership with other providers. There are two main tasks for practitioners in mental health services:

1. Medical assessment to ensure physical illness is not causing the psychiatric presentation.
2. Monitoring for adverse physical effects of antipsychotic treatment or other causes of poor physical health.

Evidence needed

CQC will particularly look for evidence of:

Safe	• Provision of appropriate well-maintained equipment (see appendix 1).
Effective	• Regular assessment of the physical health needs of patients with appropriate follow up (screening and intervention) and monitoring of outcomes. In particular, use of the Lester cardio-metabolic health resource or similar[2] and appropriate care plans for physical health conditions. • Use of, or reference to, preventative strategies such as the NHS health check programme.[3] • Employment of (or suitable arrangements to provide) medical, nursing and pharmacy staff and other healthcare professionals with the necessary skills and knowledge[4] to oversee and deliver aspects of physical healthcare. This includes competent use of the equipment and correct interpretation of the results obtained (see appendix 1). • People have access to healthy lifestyle options, such as bespoke smoking cessation programmes[5], nutritionally balanced meals, physical exercise, and support to engage with them.

[1] There is a separate brief guide on this topic for people with learning disabilities or autism (which may also be helpful in respect of other mental health patients with cognitive impairments or communication needs).

[2] Lester Positive Cardiometabolic Health Resource

[3] NHSE NHS Health Check: Best practice guidance, February 2017

[4] Training recommended in Improving the physical health of adults with severe mental illness: essential actions includes recognition and first response to acute physical illness, resuscitation and the management of long-term physical conditions. Also use of systems such as National Early Warning Score (NEWS) (not suitable for pregnant women) or Paediatric Early Warning Score (PEWS) to assess and respond to acute physical illness..

[5] Smoking cessation services must take account of the clinical risk of rapid change in psychiatric drug handling caused by stopping (or restarting) smoking.

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Well-led	• A physical health strategy appropriate for patients with mental illness that is approved by the board and reviewed annually; this should include measures to address local causes of deaths among patients with severe mental illness. • A clinical lead who is a board member with responsibility for the physical health strategy and the development of clear, measurable health outcomes. • Participation in the commissioning for quality and innovation (CQUIN) framework Improving *physical healthcare to reduce premature mortality in people with severe mental illness*[6] and national audits (for example, National Diabetes Audit, National Audit of Psychosis). • Positive and collaborative relationships with primary medical services, community healthcare and acute hospitals to meet the physical healthcare needs of people with mental illness.[7]

Reporting

Under **safe**, in '**safe and clean environment'**, report on the availability and condition of physical healthcare equipment (see appendix 1) and the room/s that are used for examination.

Under **effective**, in **'assessment of needs and planning of care'**, consider if physical healthcare screening is taking place. Report on whether patients' physical health is appropriately assessed on admission/ referral by competent staff and if their care plans and risk assessments reflect their physical healthcare needs.

Under **effective**, in **'best practice in treatment and care'**, consider if appropriate physical health interventions are taking place. Consider access to routine age and gender appropriate screening and dental care if appropriate.

Under **well-led**, in **'good governance'**, state if the provider's governance framework ensures there is board level or other senior accountability for physical healthcare. Refer to arrangements with third parties to monitor patients' physical healthcare.

Under **well-led**, in **'commitment to quality improvement and innovation'**, report on the provider's participation in the commissioning for quality and innovation (CQUIN) framework and use of local and national audits to monitor the quality of physical healthcare.

Link to regulations

Regulation 12 (Safe care and treatment) can be used if screening or appropriate interventions do not take place in a consistent manner, appropriate for the patient's age, gender and physical health status.

Regulation 9 (Person-centred care) can be used if a patient (or their family, if appropriate) was not suitably involved in drawing up any care or treatment plans to meet their physical healthcare needs, especially if the patient's communication needs were not taken into account.

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[6] Any provider of mental health inpatient or community services commissioned under an NHS Standard Contract is eligible for this CQUIN.

[7] NICE CG178 Psychosis and schizophrenia in adults: prevention and management paragraph 1.3.6.5 states *'The secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.'*

Appendix 1 - Physical healthcare equipment recommended for each mental health inpatient ward[8]

Item	Usage
Alcometer	Breathalyser to test breath alcohol levels
Blood monitoring (BM) machine	For testing blood sugar levels
Body mass index (BMI) chart	Paper or online
Disposable gloves	Personal protective equipment
Examination couch	
Height measure	Special arrangements may be needed to obtain the height of people who cannot stand up to be measured, e.g. measuring in bed if height not known.
Measuring tape	For waist circumference
Neurological testing pins	For testing sensitivity
Ophthalmoscope/auroscope	Hand held scope for looking into eyes/ears
Oximeter	For measurement of pulse and oxygen levels - through pulse measurement (finger sleeve)
Snellen chart	Eye test chart for checking visual acuity
Sphygmomanometer	Preferably electronic - for recording blood pressure (can be combined with pulse oximeter); with a choice of cuff sizes
Stethoscope	For measurement/listening to heart rate and breath sounds
Tendon hammer	For checking reflexes
Thermometer	For checking body temperature – can be oral (mouth) or aural (ear) or rectal
Tuning fork (256 Hz)	For checking hearing range
Urinalysis sticks	Urine testing sticks to look for glucose, protein, ketones and so on.
Weighing scales	There should be arrangements in place for people who cannot access standard scales, for example, due to obesity or wheelchair use.

If the manufacturer recommends the regular servicing or calibration of equipment, these checks must be carried out and recorded.

[8] Based on Improving the physical health of adults with severe mental illness: essential actions (2016)

Appendix 2 – Physical healthcare equipment for mental health teams in community settings

Community mental health teams, crisis teams, home treatment teams, community child and adolescent mental health services, early intervention in psychosis teams and other community based mental health teams must also have access to an appropriate range of equipment for assessing and monitoring physical health, unless they can justify its absence.

Its absence can only be justified by robust documented arrangements for other providers to assess or monitor the physical health of any patients prescribed anti-psychotic medicines or lithium. The arrangements must include notifying the mental health team about the outcome of monitoring.

Otherwise CQC will assume it is the responsibility of the community mental health team for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. This is in line with NICE guidance.