

An Evaluation of Physical Healthcare within Adult Community Mental Health Teams at South London and Maudsley NHS Foundation Trust (SLaM)

Gracie Tredget¹, Ray McGrath¹, Karen Ang¹, Julie Williams², Nick Sevdalis², Fiona Gaughran³, Jorge Aria de la Torre⁴, Ioannis Bakolis⁴, Andy Healey⁵, Zarnie Khadjesari⁶, Euan Sadler⁷ and Natalia Stepan⁸.

¹ South London and Maudsley NHS Foundation Trust, London, SE5 8AZ, UK. ² Centre for Implementation Science, King's College London, London, SE5 8AF, UK. ³ Psychosis Studies, King's College London, London, SE5 8AF, UK. ⁴ Department of Biostatistics and Health Informatics, King's College London, London, SE5 8AF, UK. ⁵ Kings Health Economics, King's College London, London, SE5 8AF, UK. ⁶ Behavioural and Implementation Science (BIS) research group, University of East Anglia, Norwich, UK. ⁷ School of Health Sciences, University of Southampton, Southampton, UK. ⁸ Mind and Body Programme, King's Health Partners, Guy's Hospital, London, SE1 9RT, UK.

BACKGROUND

People living with serious mental illnesses (SMI), such as Schizophrenia, are more likely to die prematurely (as much as 15-20 years earlier) from preventable physical health problems than the average population¹. Yet little is known about how mental health staff perceive their role in providing physical healthcare, nor how these attitudes may impact upon patient care.

We report a pragmatic evaluation to explore **perceptions, attitudes and experiences** of staff, service-users, and carers, regarding barriers and facilitators to providing physical healthcare within South London and Maudsley (SLaM) Adult Community Mental Health Teams (CMHTs).

METHOD

Qualitative service evaluation study

Involves:

- scoping review
- semi-structured interviews (N=23)
- focus groups (8 groups, N=27); and
- Observations (6) with current mental health staff, service-users with an SMI diagnosis, and carers with experience of using adult CMHT services at SLaM

All interviews and focus groups audio-recorded and transcribed verbatim.

Areas of interest for interviews and focus groups were:

- 1) physical health culture and context
- 2) knowledge, skills, and training
- 3) attitudes, perceptions, and experiences towards physical healthcare, and;
- 4) physical health data, systems and tools
- 5) service-user experience and outcomes

ANALYSIS

Thematic analysis is currently being completed to synthesise the qualitative data, and reviewed systematically by a team of researchers. Data analysis is informed by the Theoretical Domains Framework (TDF)² which outlines 14 psychosocial domains found to influence behaviour change in implementation projects. 31 transcripts and 6 fieldnotes observations will be analysed to develop main themes and related subthemes.

RESULTS

Preliminary analysis has identified 12 main themes from the data, as illustrated below.



Once analysis is complete, the researchers will present main themes to staff, service-users and carers for feedback on the findings, and to co-develop recommendations for the Trust.

REFERENCES

1. John, A., McGregor, J., Jones, I., Chim Lee, S., Walters, J.T.R., Owen, M.J., O'Donovan, M., Del Pozo-Banos, M., Berridge, D., & Lloyd, K. (2018). Premature mortality among people with severe mental illness — New evidence from linked primary care data. *Schizophrenia Research*, 199, 154-162. DOI: 10.1016/j.schres.2018.04.009
2. Atkins, L., Francis, J., Islam, R., O'Connor, D., Patey, A., Ivers, P., Foy, R., Duncan, E.M., Colquhoun, H., Grimshaw, J.M., Lawton, R., & Michie, S. (2017). *Implementation Science*, 12(77). DOI: 10.1186/s13012-017-0605-9

DISCUSSION

Better mind and body healthcare

With the future of healthcare seeking to be better integrated, and focused more on whole-person health it is important to understand the perspectives of staff tasked with realising that vision, and how service-users are expected to benefit.

SLaM recognises that by evaluating the barriers and facilitators that influence how physical healthcare is approached within adult CMHT's, it will be possible to identify clinical areas of support that require improvement, and propose recommendations that could be implemented to support better integrated care as part of routine practice in adult CMHTs.

CONCLUSIONS

The recommendations from this study seek to provide a framework for SLaM to improve the future of physical healthcare provision within community mental health services for the benefit of staff, service-users and the system as a whole. By doing so, this service evaluation intends to respond to this clear gap in SMI literature and routine practice.

ADDITIONAL INFORMATION

For more information, please contact:

IMPHS@slam.nhs.uk



With thanks to the Maudsley Charity for funding this work as part of the Integrating our Mental and Physical Healthcare Systems Project within the King's Health Partners Mind & Body Programme.

W: www.kingshealthpartners.org/our-work/mind-and-body