

Making connections

Brendan Major, healthcare consultant at Kainos Evolve, explains how mental health services must be integrated in order to improve.

If the Government's vision for transforming the nation's mental health is to be realised, services will need to be better joined up and patient records managed more uniformly and efficiently as they are passed between carers.

In February this year, the Coalition announced a new cross-government strategy for improving the nation's mental health. The 'No health without mental health' programme is considered a major step forward in removing taboos associated with mental illness. One of its main aims is to elevate the status of related conditions so that they receive the same attention as physical illness and injury, in the way cases are prioritised and assigned resources.

The new policy, which sets out to enable more decisions to be taken locally, takes into account the necessary interconnections between mental health, housing, employment and the criminal justice system, acknowledging that more natural collaboration between such organisations could transform outcomes for patients.

Investing to save

The 'business case' is robust. Poor mental health costs the economy £105bn annually. By intervening at an earlier stage, this figure could be dramatically reduced. Success, however, relies on a more joined-up, consistent and efficient service.

Elsewhere in the NHS, similar initiatives are already well underway, many of them centred round the electronic patient record and a streamlined system for handling information digitally so that information bottlenecks and silos cease to be a problem.

At an acute level, this is relatively straightforward to achieve, because the parameters of care, the processes involved and the information being recorded are relatively consistent and predictable. There is typically a beginning and end to a patient's treatment, while the steps taken and prescribed treatment are typically finite and measurable. Once all of this has been flowed into an electronic document management system, efficiency and patient care improvements inherently follow.

In the mental health field, the situation is



more complicated. Here, most services are delivered in the community, which means there isn't an obvious central hub at which data can be consolidated. There are also more taboos associated with mental health, requiring that patient records are treated even more discreetly – and for that matter discretely, in that a patient may be happy for their GP to know they are bipolar but not the surgery nurse who is known to them personally. This requires data security and access to be managed at a granular, document-specific level.

Clarity from confusion

Then there are the records themselves. Diagnoses, treatment and ongoing monitoring of mental health cases are likely to be based to a large extent on talking-based sessions, which result in free-form text such as handwritten note-taking, as the clinician or counsellor probes for indications of improvement or deterioration in the patient's condition. This information must be combined with records of any medication being prescribed. Care pathways may not follow an easily predictable sequence or have a clear end point either.

The value in applying more streamlined systems that harness digital technologies is potentially significant. The ability to consolidate patient records in a single place, which is easily accessed by all authorised

clinicians and support workers dealing with an individual's case, could transform that person's care. Specifically, it would address information black holes, ensuring that the latest version of a patient's file is readily accessible at the point of need at any given time (rather than lying in a briefcase in the back of a therapist's car).

Any EDM solution will need to have been tailored to suit the unique needs of mental health care, to ensure that its capabilities are fit for purpose. Intelligent indexing of unstructured content, for example, could enable clinicians to identify patterns – say, in the language used by patients during talking therapies. Rules could be set to highlight repeated use of red-flag terms such as 'violence', 'harassment', 'intimidation' and 'aggression', recognising that these are all variations on the same theme.

That the Government has officially recognised the importance of the role that mental health services play in society is an important milestone. The next step must be to work towards a more connected infrastructure to join up complementary services in a more consistent, efficient and effective way so that evasive early action can happen – and at a local level where the biggest benefits are seen.

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