

Mental health problems and persistent back and neck pain

Summary of challenges and opportunities

May 2019





A brief introduction

The Q Lab offers a bold new approach to making progress on health and care challenges.

Working on a single challenge for 12 months, it brings together organisations and individuals from across the UK to pool what is known about a topic, uncover new insights and develop and test ideas.

Part of:



Delivered by:



Supported by:



Current project

Since September, the Q Lab have been working in partnership with Mind, the mental health charity, on the following challenge:

What are the experiences of people living with both mental health problems and persistent back and neck pain, and how can care be designed to best meet their health and wellbeing needs?

A deep and rounded understanding of the topic

- The Q Lab operates on the basis that sustainable change needs to start with understanding the problem deeply, from a range of perspectives, and drawing on data, evidence and experience.
- The following slides summarise the '*Challenges and opportunities to improve*' essay produced by the Q Lab team, which aims to bring together what is known about mental health problems and persistent back and neck pain.
- The full essay can be read at <https://qlabessays.health.org.uk>

*Living with both mental health
problems and persistent back
and neck pain*

Mental health problems and persistent back and neck pain affect many people:

MENTAL HEALTH PROBLEMS AND PERSISTENT BACK AND NECK PAIN ARE WIDESPREAD

1 in 4 people in the UK will experience a **mental health** problem each year. ¹

Back pain affects around **1 in 3 people** in the UK population each year. ²

Persistent pain affects between **one-third and one-half of the population in the UK.** ³

Low back and neck pain and depression are **two of the most common** causes of disability in the UK. ⁴

1. Office for National Statistics, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. September 2016

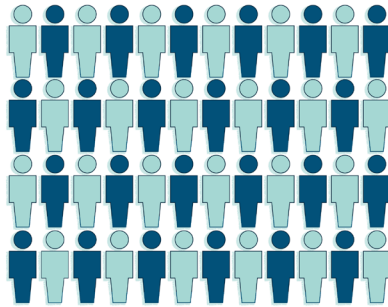
2. Jordan et al., Annual consultation prevalence of regional musculoskeletal problems in primary care: an observational study BMC Musculoskeletal Disorders 2010, 11:144

3. Fayaz A, Croft P, Langford RM, et al Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies BMJ Open 2016;6:e010364. doi: 10.1136/bmjopen-2015-010364

4. Newton, J. et al. Changes in health in the countries of the UK and 150 English Local Authority areas 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 The Lancet 2015; 386: 2257–74

What is less known or understood is that the two are intrinsically linked:

PEOPLE OFTEN EXPERIENCE BOTH AT THE SAME TIME



Around 50% of people with persistent pain experience depression. ¹

People with symptoms of depression are **one and a half times more likely** to experience back pain than those who don't experience depression. ²

1. Donaldson, L (2019) CMO's Annual Report 2008. London: Department of Health.

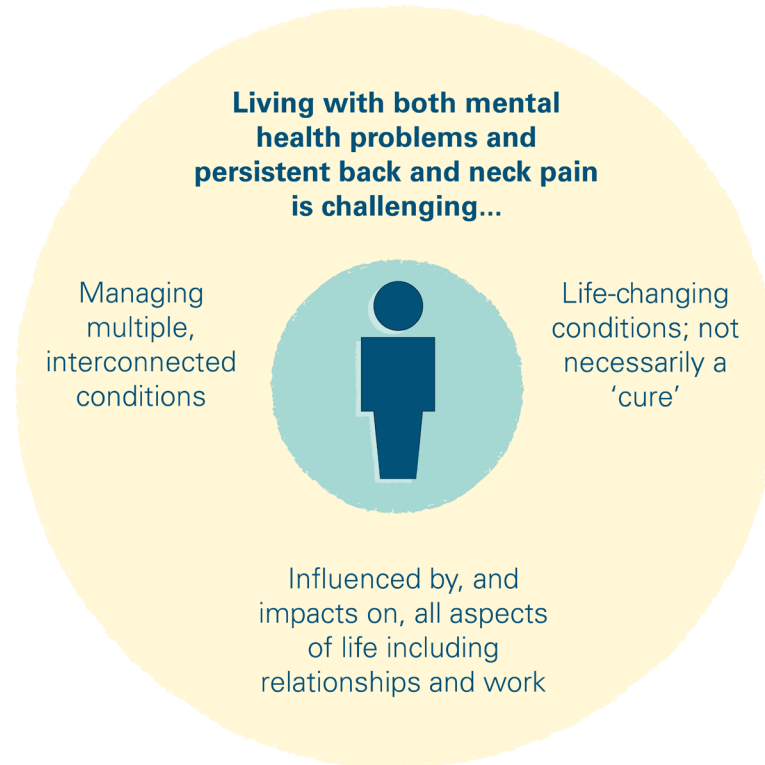
2. Pinheiro, M. B., Ferreira, M. L., Refshauge, K., Ordoñana, J. R., Machado, G. C., Prado, L. R. Ferreira, P.H. (2015). Symptoms of Depression and Risk of New Episodes of Low Back Pain: A Systematic Review and Meta-Analysis. Arthritis Care & Research, 67(11), 1591–1603

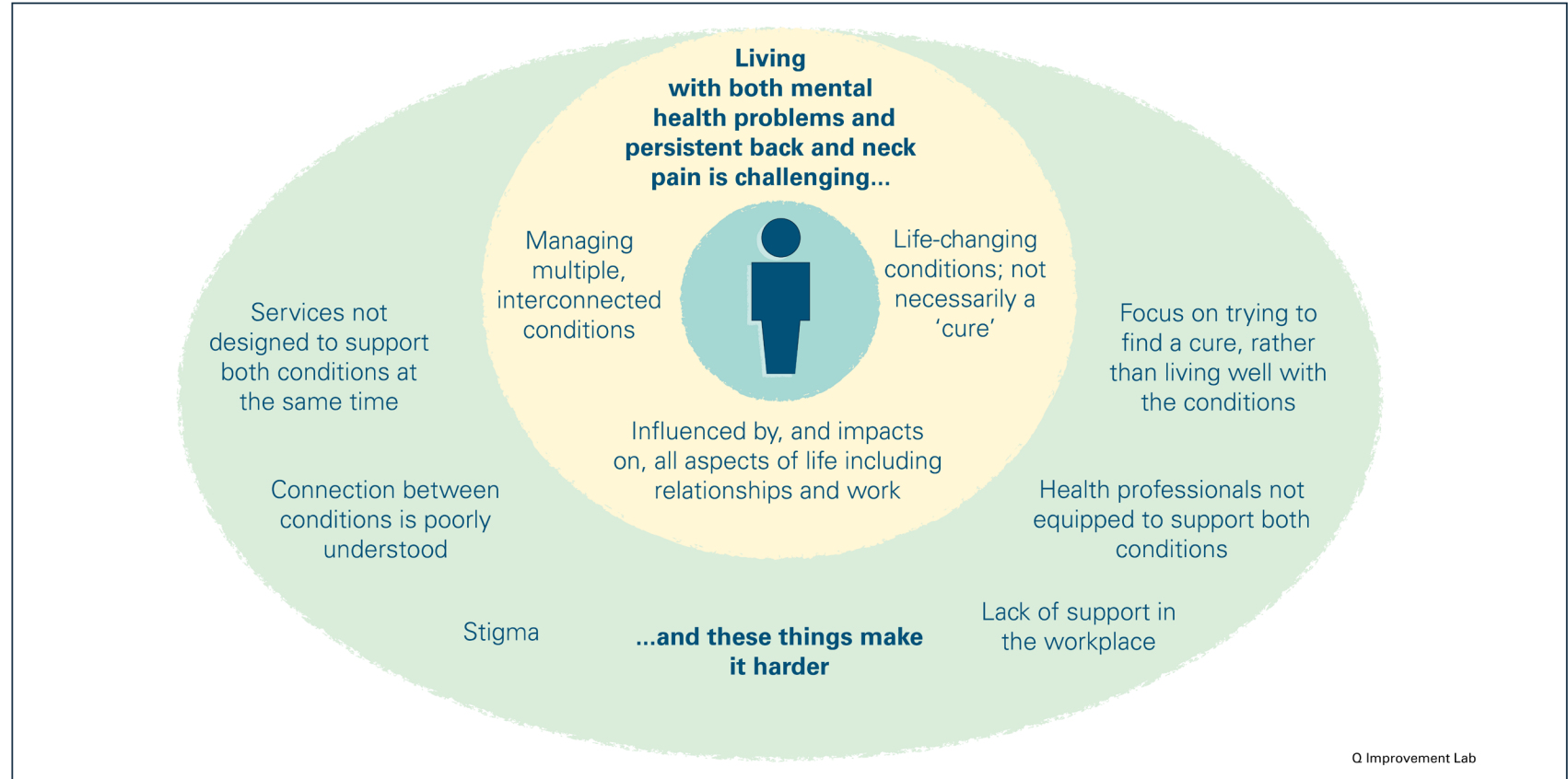
It's a two-way relationship:

- The connection between mental health and persistent back and neck pain goes both ways: the consequences of living with persistent pain can lead to mental health problems such as depression and anxiety; and people with mental health problems are more likely to experience persistent back and neck pain than those without.
- **Although the relationship is complicated, mental health and persistent back and neck pain cannot be considered in isolation.**



The impact of a siloed system





The reality is that the health and care system is not properly geared up for meeting the needs of people living with both conditions

Despite the policy context encouraging integrated working and holistic care (such as the NHS Long Term Plan), the reality is that the structure of the UK health system and professional training is largely based around clinical specialties. This results in separate services and support for mental and physical health.

The impact of this is significant

Not only does it create additional complexity that individuals must navigate in order to get the support they need, separating mental and physical health care also increases costs and pressures within services. It is estimated that the effect of poor mental health for people living with long-term physical conditions costs the NHS at least £8 billion a year.



Opportunities for improvement

Opportunities for improvement

- Using this insight, we have worked with Lab participants to identify some promising opportunities for improvement.
- While some of the opportunities may sound like clichés – such as the importance of increasing awareness and training – they cannot be taken for granted, and have consistently been identified by Lab participants as key to improving care.



OPPORTUNITIES FOR HOW TO IMPROVE CARE AND EXPERIENCES FOR PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS AND PERSISTENT BACK AND NECK PAIN

Increase awareness
and understanding
about the
interrelationship

Increase opportunities
for people to develop
skills and tactics
to live well

Improve professional
training and support
to identify and meet
people's needs

Design
services that
are integrated
and holistic

Support people
at work to reduce
the prevalence
and impact

There are current initiatives that we can learn from:

INTEGRATING MENTAL AND PHYSICAL HEALTHCARE: RESEARCH, TRAINING AND SERVICES (IMPARTS)



Integrating Mental & Physical healthcare: Research, Training & Services (IMPARTS) within King's Health Partners in London is a package for physical healthcare settings designed to support clinical teams in providing timely, tailored, evidence-based care to patients.

It is a screening tool, that is integrated with a patient's electronic health record, to provide real-time feedback to guide clinical care. Mental health care pathways are put in place for patients identified through the screening to ensure their needs are met and they are referred on appropriately. Alongside this, the clinical teams are given training in core mental health skills and ongoing support and supervision from a mental health specialist, and bespoke self-help materials are developed for the patients.

The Musculoskeletal Physiotherapy department at King's College Hospital are one of the services using IMPARTS. While the process of implementing this intervention presents challenges – for IT systems, for staff training and for ensuring patients complete the screening questionnaires – it has helped them to highlight unmet mental health need among their patients, and has led them to redesign their services to enable them to provide more tailored support for people identified as being at medium or high risk of developing persistent pain.



INTEGRATED PAIN AND SPINAL SERVICE (IPASS)



Integrated Pain and Spinal Service (IPASS) was developed through a collaborative process with clinicians, commissioners and patients at Berkshire West CCG, Royal Berkshire Foundation Trust and Berkshire Healthcare Foundation Trust (now the Berkshire West ICS).

People are referred to the service following assessment by GPs to help identify people at risk of developing persistent pain. The specific physical and mental health needs of the individuals are considered and they are offered the interventions appropriate for them. These could include one-off education, 1:1 sessions with a psychologist and referral to pain management services.

It came about following a review of patients with chronic pain conditions (of which 50% were thought to arise from back pain) which revealed that within a 5 year period the cost associated with the top 20 patients attending hospital with pain conditions totalled £1million. The patients were moving from one department to the next and this wasn't resulting in improvements to their health and care. The new service has reduced waiting times and multiple attendances, and patient feedback has been positive.



The opportunities identified are not easy...

Many of the issues are not specific to mental health and persistent back and neck pain: they are wider issues that will need to be overcome if the vision of integrated, person-centred care is to be realised.

However, understanding these issues will be important for anyone wanting to develop and test new ideas for practical ways to improve the health and care for people living with mental health problems and persistent back and neck pain.

Next steps

The Q Lab is supporting four organisations to test the assumptions and issues surfaced, to find out what it will take to implement these ideas in practice.

The learning will be captured and shared to support widespread change in health and care services across mental health and persistent back and neck pain.



Over to you

Use these essays to

- Learn more about the topic
- Start conversations with colleagues
- Raise awareness of the issue

<https://qlabessays.health.org.uk>



Stay in touch

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