

Addressing Parity of Esteem in National Clinical Audit – A Guide: Appendix I – National alignment of parity of esteem

More and more sectors of society are realising the current neglect and huge benefits to be gained from treating people's mental and physical health together. The direction of travel of healthcare in the UK is for more integrated services, as demonstrated by numerous reports and other forms of national literature, a selection of which are summarised below, including those from Parliament, Government, NHS arm's-length bodies and charities. National clinical audits must follow suit to reflect and enable the continuation of this movement.

Parliament

The All-Party Parliamentary Group 'Parity in Progress' report was published in 2015¹ and one of its four recommendations was to reduce the premature mortality gap for people with a mental illness, mentioning mandatory basic training in mental health for physical health practitioners and vice versa, as well as tailored smoking cessation advice.

Government

In the government's mandate to NHS England 2016-17², it is detailed that there is an expectation that NHS England will:

'Strive to reduce the health gap between people with mental health problems, learning disabilities and autism and the population as a whole... This will require great strides in improving care and outcomes through prevention, early intervention and improved access to integrated services to ensure physical health needs are addressed too... Overall there should be measurable progress towards the parity of esteem for mental health enshrined in the NHS Constitution'.

The cross-government strategy 'No Health Without Mental Health' was published in 2011³ and one of its six shared objectives was that:

'More people with mental health problems will have good physical health, fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health'.

The report 'Future in Mind'⁴ concerning young people's mental health was published by the Department of Health in 2015 in light of the recognition that 'over half of mental health problems in adult life (excluding dementia) start by the age of 14, and seventy-five per cent by age 18'. Training is another issue of focus in the report, where it recommends that:

'Basic training in all disciplines should include an understanding of the interface between physical and mental health. These interactions indicate the need for: greater awareness of mental health problems amongst paediatric staff; greater awareness of physical health problems amongst mental health staff and the development of services models (such as paediatric liaison) which recognise the

interaction and overlap between physical and mental health. A paediatric nurse working with young people with diabetes, for example, should be able to identify whether that young person also requires emotional or mental health support’.

Mental health is one of the eight priorities of the National Quality Board⁵, including ensuring the delivery of the Five Year Forward View for Mental Health.

In relation to the NHS Outcomes Framework⁶, parity of esteem features in several of the domains, including reducing the excess under 75 mortality rates in people with common or serious mental illness, the latter also being shared with the Public Health Outcomes Framework⁷, as well as enhancing the quality of life for people with mental illness, dementia and multiple long-term conditions.

In the Chief Medical Officer’s Report in England 2013 published by the Medical Research Council⁸, there is a whole chapter on physical and mental illness. It states that ‘the journey a patient with a long-term condition (LTC) takes is often one of loss, threat and uncertainty, which are established risk factors for anxiety and depression’ but that ‘it is a common mistake to equate understandability with inevitability and untreatability’.

The Department of Health also published a report entitled ‘Closing the gap: priorities for essential change in mental health’ in 2014⁹, which included a chapter on integrating physical and mental health. They were additionally one of many contributors in kind to the Maternal Mental Health Alliance’s campaign ‘Everyone’s Business’ calling for comprehensive perinatal mental health services to be available for women throughout the UK¹⁰.

NHS England

At the level of NHS England, one of the main aims of the Five Year Forward View¹¹ was to ‘break down the barriers’ between different care providers including physical and mental healthcare and a vision for a reorganisation of services to support multiple health problems, rather than just single conditions. This was reflected in the new models of care being piloted in vanguard sites such as Primary and Acute Care Systems (PACS) before the bids for the Sustainability and Transformation Plans were submitted for the 44 footprints in England, many of which prioritise integrated care¹². In terms of maternity services, a target was set for 30,000 more women a year to have access to perinatal specialist mental health care, as supported by the National Maternity Review report.¹³ Also part of the Five Year Forward View, the Guidance for Cancer Alliances and the National Cancer Vanguard¹⁴ stresses the need to ensure best practice and a reduction in variation between different groups of cancer patients, including those with a co-morbid mental illness.

In recognition of the importance of addressing parity of esteem for physical and mental health, the Five Year Forward View for Mental Health¹⁵ report was published, with a number of the 58 recommendations relating to integration of physical and mental health care including:

- Increasing integrated psychological therapies for people with anxiety and depression, with a focus on those with a co-morbid long term physical health condition

- Increasing access to specialist mental healthcare during the perinatal period
- A suggestion that NHS England should incentivise the provision of specialist liaison mental health support for older age acute physical health services
- Increasing liaison psychiatry provision so that at least 50% of acute hospitals meet at least the 'core 24' minimum standards and ensuring that all acute hospitals have access to mental health liaison services for patients of all ages
- Focus on reducing premature mortality for people with severe mental illnesses such as schizophrenia with earlier detection and better physical healthcare assessments and interventions
- A request for Public Health England to ensure that people with mental illness have better access to prevention and screening programmes for physical health conditions and a focus on smoking cessation
- Measuring all staff awareness and confidence in dealing with mental health in annual NHS surveys
- Changes in data collection, transparency and linkage including a Mental Health Five Year Forward View Dashboard¹⁶ which will include metrics used to hold national and local bodies accountable for implementation of the strategy

An implementation plan¹⁷ was also written by the specifically created mental health taskforce at NHS England which is divided into the following themes:

- Children and young people's mental health
- Perinatal mental health
- Adult mental health: Common mental health problems
- Adult mental health: Community, acute and crisis care
- Secure care pathway
- Health and justice
- Suicide prevention

The NHS England Business Plan¹⁸ sets out one of its 10 priorities in mental health as 'upgrading the quality of care and access to mental health and dementia services', detailing further that they will:

'Ensure people with severe mental illness have their physical health needs met (and vice versa)... and increase help for women experiencing mental ill health during the perinatal period. We will reduce the number of people dying prematurely with preventable problems'.

The Clinical Commissioning Group Improvement and Assessment Framework 2016/17¹⁹ includes a focus on children and young people's mental health and liaison mental health services transformation as well as dementia diagnosis and care planning and support.

Parity of esteem is also covered in the Seven Day Services Clinical Standards²⁰ in that:

‘Liaison mental health services should be available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, seven days a week’.

In terms of forthcoming initiatives that may also incorporate parity of esteem, mental health is also a newly announced specialty within the ‘Getting it Right First Time’ (GIRFT) programme²¹. Clinical Services Quality Measures (CSQMs)²² are also due to include data on myNHS about how psychosis and dementia services are performing.

NHS Improvement

The National Clinical Director for Mental Health has a joint role across NHS England and NHS Improvement and there is also a mental health policy lead. Mental health is featured as a topic on their improvement hub website for sharing best practice²³. Their Business Plan for 2016/17²⁴ states that they will work with NHS England to support the standards for mental health laid out in the Five Year Forward View for Mental Health and mentions the organisation’s commitment to ‘focus on reducing unexpected deaths and avoidable harm in a way that integrates physical and mental health’.

NHS Digital

The Mental Health Services Dataset²⁵ includes whether or not the past history of physical health problem is recorded in patients with a mental illness. This data is used in the Adult Psychiatric Morbidity Survey that was last published in 2014²⁶ and dedicated one of its chapters to comorbid physical and mental health. The report focused on asthma, cancer, diabetes, epilepsy, and hypertension and found that all had an association with at least one mental health conditions and higher rates seen even in patients with subthreshold common mental disorder symptoms. For example, people with severe common mental disorder symptoms were twice as likely (14.5% versus 7.2%) to have asthma as those with no/few symptoms.

Care Quality Commission (CQC)

The CQC is dedicated to addressing parity of esteem by strengthening the integration of mental and physical health in its regulation of health services. This is demonstrated clearly in the quote below taken from their document on ‘How CQC monitors, inspects and regulates NHS trusts, June 2017’²⁷:

‘When we inspect acute trusts we will now closely scrutinise how they provide mental health care and support for patients with mental health needs across all the core services we inspect. This includes people with diagnosable mental health conditions, people with comorbid conditions and people who are inpatients for physical health reasons, who have or develop mental health needs. The evidence we collect in relation to mental health care informs our judgement for each core service and at provider level, including the assessment of the well-led key question. Acute Trusts don’t receive an individual rating for the mental health care they provide. However, we use the evidence to inform the ratings at core service level, for well-led and at overall provider level. We expect acute Trusts to show evidence of how they are meeting the needs of patients with mental health conditions.’

The Provider Information Requests for NHS Trusts²⁸ include a number of questions related to the mental health needs of patients in acute hospitals. This includes asking about any innovative practice to support physical health checks in people with mental illness, the number of registered mental health nurses employed by the acute Trust, regarding patients who are subject to a section of the Mental Health Act (1983) and provision of liaison psychiatry services. There is also a request to submit any documentation regarding strategies to outline access to physical healthcare for patients under the care of a mental health Trust. Their key lines of enquiry, prompts and ratings characteristics for healthcare services also include a number of items related to addressing parity of esteem, including²⁹:

- E1.1: Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?
- E2.1: Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?
- C1.6: Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services?

They also released a mental health bulletin³⁰ where they stressed that for a provider to be rated as good or outstanding for service effectiveness, they must demonstrate they meet both the mental and physical healthcare needs of their patients. Some of these listed expectations of a physical examination on admission to a psychiatric ward, access to specialist healthcare for diabetes and tissue viability, and for teams to work to national physical healthcare standards and engage in local and national clinical audits.

The report 'Right Here, Right Now'³¹ looked at care of people suffering a mental health crisis and acknowledged that there was still a way to go before parity of esteem is reached, to be treated the same as people with a physical health emergency.

National Institute for Health and Care Excellence (NICE)

NICE has a number of guidelines that have a focus on integrated mental and physical healthcare or include recommendations on physical healthcare in guidelines on mental illness and vice versa as detailed in Appendix IV.

In terms of Clinical Indicators from NICE for CCGs,³² there are four items that encompass both physical and mental healthcare:

- CCG66: Proportion of children and young people with diabetes who receive the following individual care processes in the past 12 months: Glycated Haemoglobin A1c (HbA1c) monitoring, Body Mass Index (BMI), Blood pressure, Urinary Albumin, Eye screening, Foot examination, Smoking, Screening for thyroid disease, Psychological assessment

- CCG76: Proportion of children and young people with diabetes who have received a psychological assessment in the previous 12 months
- CCG44: The proportion of people with severe mental illness who are recorded as current smokers
- CCG46: Proportion of people who receive psychological support for mood, behaviour or cognitive disturbance six months after an admission to hospital with a stroke

Medical royal colleges

A number of the royal colleges for medical specialties have written reports on the importance of parity of esteem, both individually and collaboratively and a selection of which are detailed below:

Academy of Medical Royal Colleges (AoMRC)

As briefly mentioned in the main guide, the AoMRC produced a document in collaboration with a wide working group in 2016 entitled 'Improving the Physical Health of Adults with Severe Mental Illness: Essential Actions'³³. In more detail, the report is divided into aims for various bodies and providers including medical royal colleges, regulators and inspectorates, commissioners and trainers of healthcare professionals. It sets out recommendations to help break down the remaining barriers in training, healthcare delivery and research by:

- *'Developing strategies for disease prevention, improving compliance with national standards for physical healthcare, and improving the clinical skills and knowledge of staff who provide physical healthcare for people with SMI'*
- *'Creating links across medicine and the healthcare professions to improve the standard and quality of services, by making recommendations for good practice, and by sharing resources for teaching, training and examining'*

Previous to this, the AoMRC wrote another multi-college report entitled 'Managing Urgent Mental Health Needs in Acute Trusts'³⁴. It acknowledged that deliberate self-harm accounts for up to 17,000 admissions to acute hospitals a year and is one of the top five reasons for admission to hospital for emergency medical treatment and list a number of recommendations including staff training on mental health issues.

The Royal College of Paediatrics and Child Health

This college is developing a specialty for child mental health paediatricians³⁵ and have a dedicated page to mental health and wellbeing on its website³⁶.

The Royal College of Emergency Medicine

This college published a toolkit for improving mental health care in emergency departments³⁷, again including recommendations around training and examples of proformas used in different acute Trusts to facilitate national standards of documentation, including relevant information for risk assessment.

The Royal College of General Practitioners

This college also show its support for the holistic care of patients on the mental health page of their website with links to toolkits, guidance and articles in the area³⁸.

The Royal College of Psychiatrists (RCPsych)

The RCPsych has written several reports that cover parity of esteem, including ‘Whole Person Care-from Rhetoric to Reality’.³⁹ This document outlines the need for mental and physical health to be valued equally as well as making a number of recommendations based on NHS National Outcomes Frameworks, including tackling the public and health professional stigma around mental illness. It also includes a chapter on ‘Measurement and monitoring of parity: data, research, audit and inspection’ where the college writes:

‘National audits such as the National Audit of Schizophrenia provide a valuable means of assessing the prevention and treatment of physical health problems among people with mental disorders. Similarly, data collected through established national audits of stroke, cancer and other conditions should be used to ensure that the mental health needs of people with acute and chronic physical health problems are being met’.

‘Who Cares Wins’⁴⁰ is another such report from the RCPsych that focuses on parity for the mental and physical health of the older adult patient population admitted to general hospitals. Recommendations include mental health Trusts collaborating with acute Trusts in activity monitoring and audit. The college demonstrates that the prevalence of common mental illness is higher for general hospital inpatients than the community in this age group. It also states that the presence of a mental illness is an independent predictor of poor outcome and offer suggestions of interventions that can help improve outcomes in the common co-morbid mental illnesses and how to influence commissioners of this need.

RCPsych also produced a report endorsed by a number of other royal colleges and societies entitled ‘Liaison psychiatry for every acute hospital: Integrated mental and physical healthcare’⁴¹ which included recommendations on training to provide to acute team colleagues such as psychological skills, condition specific education, and around mental health legislation. It also set up the Commission on Acute Adult Psychiatric Care which wrote a report⁴² reviewing the provision of acute inpatient psychiatric care for adults, highlighting again the need to attend to the physical health of patients admitted to mental health hospitals. It also has a page on the college website on improving physical and mental health for ‘providing links to resources for supporting the physical health of people with mental health problems and learning difficulties and the mental health of people with physical health problems’⁴³.

The RCPsych College Centre for Quality Improvement (CCQI) also offer an accreditation service known as the Psychiatry Liaison Accreditation Network (PLAN).⁴⁴ Included among its standards is the need for effective collaboration between the liaison team and acute hospital staff and providing

them with at least annual teaching on mental health conditions. The liaison team are also expected to have training and development opportunities for 'detecting and managing acute disturbance in physically ill people of all ages'.

The CCQI has also developed standards for inpatient mental health services⁴⁵ which are linked with CQC standards and features a number of core standards relating to physical health including care plans, physical examination, smoking cessation advice, the interface with secondary physical healthcare, and staff training.

British Medical Association (BMA)

The BMA wrote a report in 2014 entitled 'Recognising the importance of physical health in mental health and intellectual disability- achieving parity of outcomes'⁴⁶. This document outlines the prevalence of mental illness in the population, understanding the relationship between physical and mental health, and suggests mechanisms of co-morbidity such as health behaviours like alcohol and tobacco consumption, treatment compliance issues and the psychological stress of chronic illness. It also investigates the barriers for patients with co-morbid mental and physical health gaining access to treatment and suggestions for promoting parity of esteem.

Charities

There are a number of charities that have focused on parity of esteem as well, both in terms of condition specific charities often including sections on their websites on the mental/physical health issues relates to the illness, as well as broader health charities and charitable Trusts publishing research reports.

In terms of mental health charities, Rethink Mental Illness has written a community engagement report entitled '20 Years Too Soon'⁴⁷ about the physical healthcare experiences of people affected by mental illness. It also has a page on its website dedicated to physical health resources for mental health professionals, including e-learning packages and toolkits⁴⁸. MIND also features several blogs on parity of esteem on its website⁴⁹, as well as on the Time to Change campaign to end mental health stigma website.⁵⁰ Young Minds also has a webpage aimed at parents who are concerned about the effects of their child's physical health condition on their mental health.⁵¹ The Mental Health Foundation has a page on its website for parity of esteem resources and information⁵² and the Centre for Mental Health produced a comprehensive report on the issue entitled 'A Place for Parity'⁵³ in 2013.

As for examples of physical health charities that cover the mental health aspects of the disease, Asthma UK and Epilepsy Action have pages on their websites about depression^{54,55}. Diabetes UK also has a webpage about diabetes and psychological care⁵⁶ with shared practice examples and a report entitled 'Mind the Gap – The provision of psychological support and care for people with diabetes in the UK'⁵⁷. Macmillan Cancer Support has a webpage on coping with depression⁵⁸ and has produced a leaflet on the psychological and emotional support they provide⁵⁹.

Quality Watch also produced a report focusing on the hospital use of people with mental ill health⁶⁰ and the King’s Fund wrote ‘Bringing Together Physical and Mental Health: A New Frontier for Integrated Care’⁶¹ where it was stated that:

‘Between 12% and 18% of all NHS expenditure on long-term conditions is linked to poor mental health – most commonly in the form of depression or anxiety disorders, which if left untreated can significantly exacerbate physical illness and drive up the costs of care (Naylor et al 2012). This form of multi-morbidity affects around 4.5 million people in England; they experience significantly worse health outcomes as a result’.

In collaboration with the Centre for Mental Health, the King’s Fund also published a report entitled ‘Long-term conditions and mental health – the cost of co-morbidities’⁶², where it pushed for clinical commissioning groups to prioritise integrated physical and mental healthcare.

The Centre for Mental Health also produced a report on ‘The Costs of Perinatal Mental Health Problems’⁶³, where maternal perinatal depression, anxiety and psychosis were estimated to have a long-term cost of approximately £10,000 per UK birth, with 72% of this cost relating to the subsequent adverse outcomes for the child.

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