



Psychological Professions Week

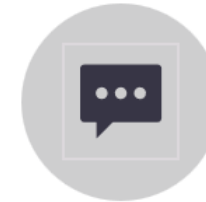
Meeting guidance



Microphone on mute
& cameras off



Session is
recorded



Use Chat for
questions



Confidential &
respectful



Safe space



Non-judgemental



Supportive



Promoting
understanding and
minimising jargon

Shifting the Narrative - Speaking with physical health patients about psychological support

EoE PPN and the Psychological
Professions in Physical Health
Community of Practice,
Ali Bryant, Lived Experience Ambassador





The purpose of this presentation

- Increase confidence in introducing the topic of mental health
- Empower physical health colleagues
- These conversations matter to patients – there is a benefit
- Encourage a biopsychosocial perspective / approach to the person

Who is this presentation for:

All clinical colleagues working in physical health settings, hospitals, community settings, GP surgeries etc, & patients, members of the public

Presentation overview



- **Part 1 – Why these conversations are important**
- **Part 2 – How to have these conversations**
- **Part 3 – Top tips (ours and yours) gathered from years working at the boundaries of physical and mental health**
- **Part 4 – What psychological support is available**
- **Panel Discussion**

Part 1

**Why is it important to speak with
physical health patients about
psychological support ?**



Why are these conversations important?



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Meet Ali Bryant – a PPN Lived Experience Ambassador with a strong commitment to the integration of physical and mental health care



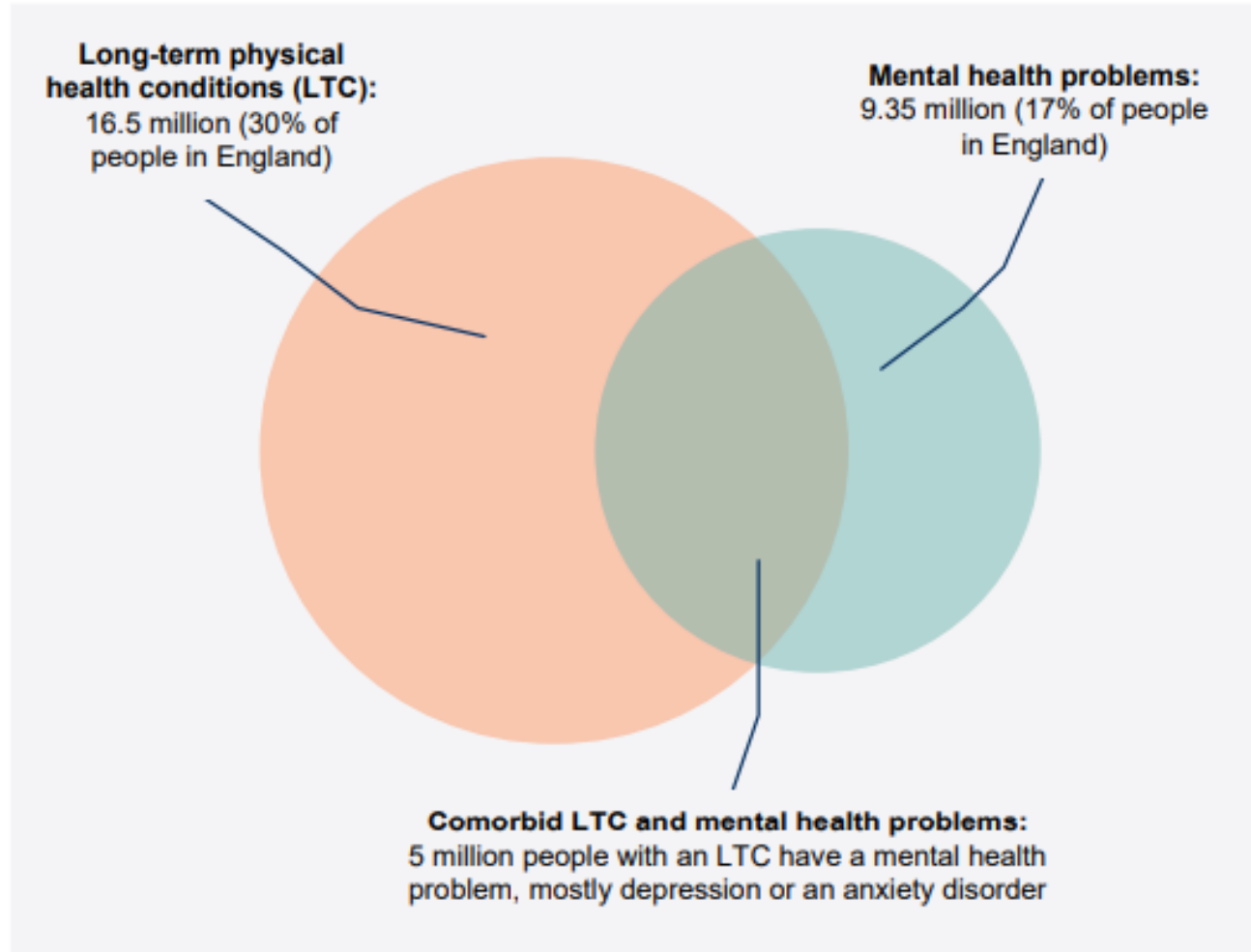
Reciprocal impacts of physical and mental health

- 16.5m + in England (30% popn) diagnosed with one or more LTC
- 2/3 of those with LTC have a mental health problem
- Cardiovascular disease, diabetes, COPD, musculoskeletal
- 40% with depression/anxiety also have a LTC
- Of those with medically unexplained symptoms – 70% have depression or anxiety
- Only 1/3 MH problems identified vs up to 90% physical health e.g diabetes

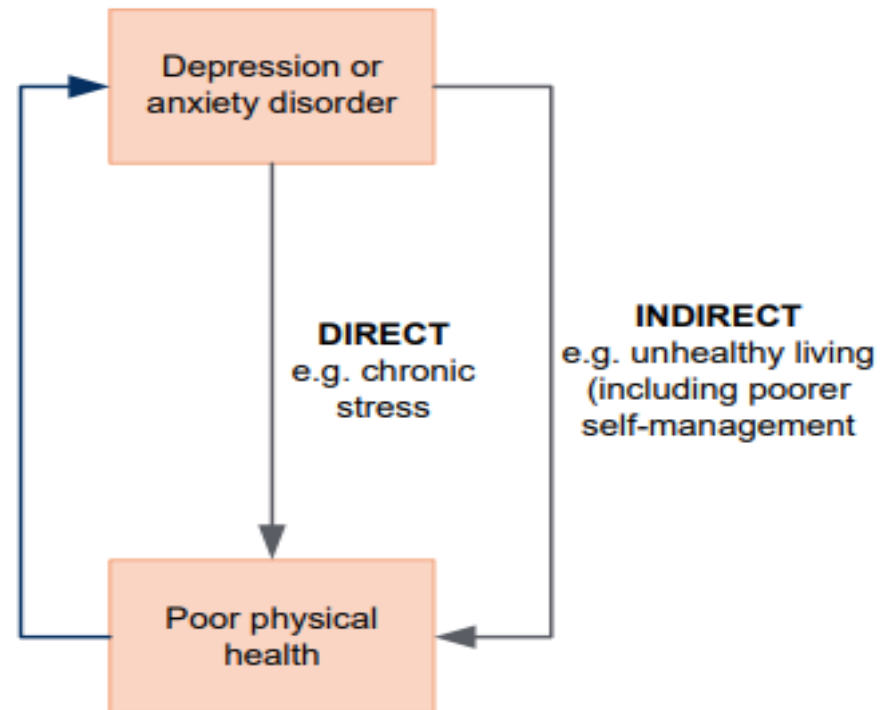
The overlap between LTCs and mental health problems in England



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Interaction between physical and mental health problems



Comorbid physical / mental health costs



- **Exacerbated physical / mental health problems – longstanding, more severe mental health problems, with delayed or suboptimal treatment impact physical health more:**
 - *reduced engagement with treatment of physical health problems, reduced self management, reduced energy and motivation*
- **Sub optimal outcomes:**
 - *increased likelihood of unhealthy behaviour, higher functional impairment rates, premature mortality, rehospitalisation*
- **Poorer employment outcomes**
- **Poor social outcomes**
- **Inefficient to treat both independently: Costly (50% higher when physical and mental health co-exist) – increased physical health use, increased consultations and higher admissions (e.g. COPD)**

Benefits of responding to both



- Improved outcomes
- Efficient and improved patient experiences
- Joined up, coordinated care, smoother referral routes
- Integrated and co-located
- Evidence Based, NICE recommended
- Routine outcome measures support service improvement
- Improved access, reduced barriers
- Reduction in annual expenditure per person of £1,760 (2018 figures)

Part 2

How to have conversations about psychological support with physical health patients



Spotting the signs (1)



- Expressing distress, anxiety, worry, tearfulness and low mood
- Not sleeping well, changes in appetite or energy levels
- Finding it hard to self manage a condition (might appear to be non-adherence to recommendations)
- Missing appointments or having more frequent appointments
- Stopped doing things , avoidance and withdrawal
- Family have noticed things / are concerned
- Loneliness and isolation – connection and feeling alone, not knowing others with the same condition, no shared understanding or experience
- Hopelessness, sense of being a burden
- Struggling to come to terms with the diagnosis e.g. “I hate diabetes”
- How the meeting leaves you feeling (worried, concerned, helpless, feeling a need to do more)

Spotting the signs (2)

Brief screening questionnaires

| PHQ-2 GAD-2 | <i>Over the last 2 weeks (or other agreed time period) how often have you been bothered by any of the following problems?</i> | <i>not at all</i> | <i>several days</i> | <i>more than half the days</i> | <i>nearly every day</i> |
|------------------------------|---|-------------------|---------------------|--------------------------------|-------------------------|
| 1. | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. | Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. | Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 4. | Not being able to stop or control worrying | 0 | 1 | 2 | 3 |

Roleplay – How to have the conversation



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Part 3

**Sharing top tips about speaking with
physical health patients about
psychological help and support**



Share your tips and experience



How do you ask about emotional wellbeing / mental health / psychological health? What has worked for you?

If you have never had a chance to ask, put yourself in a patient's shoes – how would you like to be asked?

Mentimeter

Mentimeter reveal



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Our Top Tips (1)



- **Be curious and direct in your approach to the discussion**
- **Build rapport and normalise experiences of distress**
- **Be aware of stigma – language can really make a difference – low mood, emotional wellbeing**
- **Be clear that suggesting a psychological element to the problem or a referral to a mental health service does not suggest that the problem is in their mind. Many people struggle, especially if medically unexplained**
- **Isolation and loneliness a big factor. Power of social connection – encourage linking in... Optimising family support**
- **Stress the tremendous benefits of movement and physical activity**

Our Top Tips (2)



- **Professionals to make referrals directly if possible – audit findings – supports audit and improvement**
- **Explain what the referral is for and how it will help**
- **Check the patient understands and is willing to be involved**
- **Reinforce the importance of the referral as part of the “overall package of care”, it’s standard or routine and it’s normal to have help at times**
- **Support and stress the integrated nature of working across services**
- **If the physical health team starts the conversation, then patients feel more relaxed and open when they get to mental health services**
- **Keep asking – “would you like some support”, plant the seed**

Advice from lived experience



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If risk comes up

When discussing a patient's mental health, **risk may occasionally emerge**—thoughts of self-harm, suicide, or significant emotional distress. Responding calmly and confidently is helpful, **signposting to appropriate support services.**

→ *Asking about risk does not increase risk.*

Key Support Options (Available 24/7)

- **A&E (Accident & Emergency)**

Immediate medical and psychiatric support for urgent risk

- **NHS Crisis Response Service**

Call **111**, then select **Option 2** to speak with a mental health professional

- **Samaritans**

Free emotional support via **116 123** — confidential and non-judgmental

Part 4

Where to refer when you identify a need for psychological support

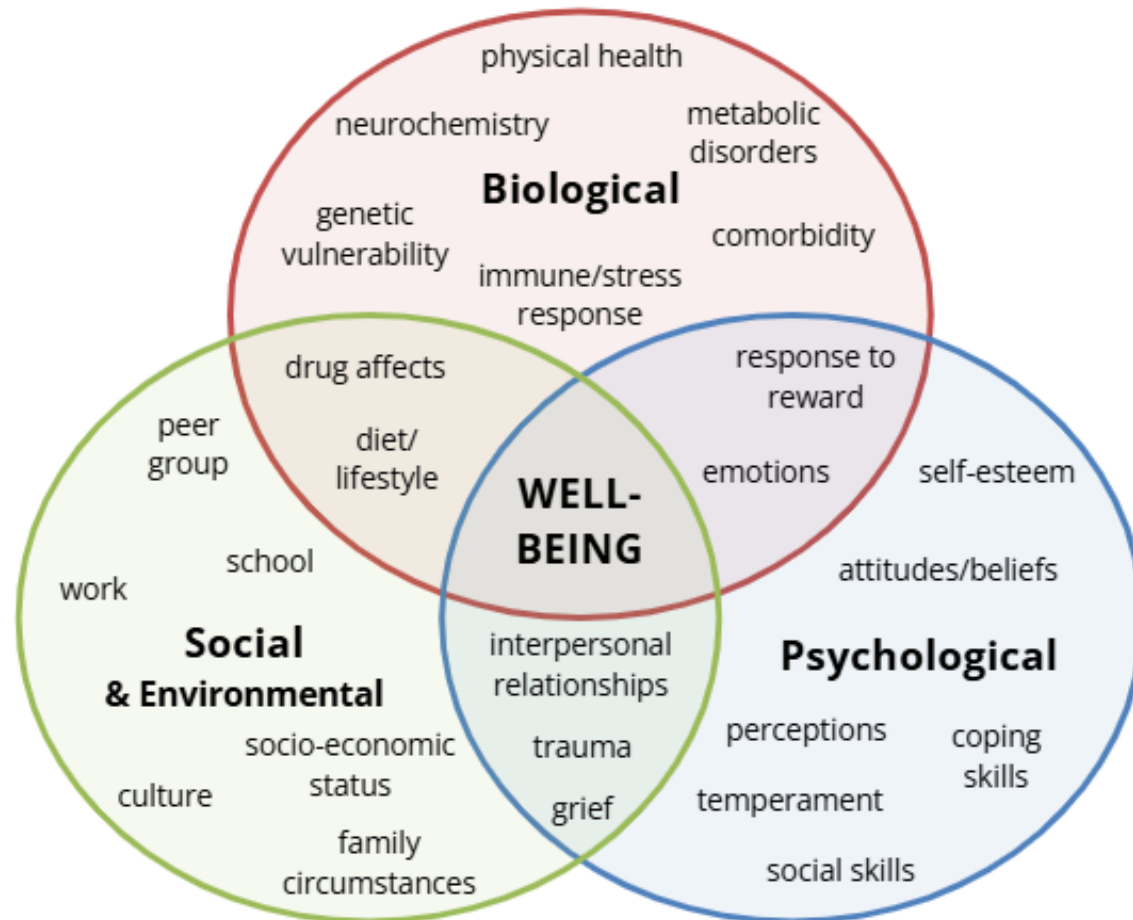


Accessing Psychological Support



- Options differ – find out about your area
- Start with NHS Talking Therapies and build your relationships
- Free, confidential, short term therapies, holistic, in individual or group formats, digital, phone or face to face options
- Assess and treat common mental health problems – depression and anxiety disorders e.g. health anxiety, panic disorder, phobias (including needle, blood injury phobia) generalised anxiety disorder, social anxiety disorder, OCD, PTSD.
- Clinicians have additional training in long-term conditions and persistent physical symptoms – including adapting treatment to accommodate

Importance of a biopsychosocial approach



Courtesy of the Midlands PPN elearning
“Psychological Practice in Physical
Healthcare”

How can we help?



Explore and address barriers to effective **self-management**, what's keeping people **stuck**, what's **keeping problems going**?



Focus on improving **self-care and emotional wellbeing**



Safe space to talk about difficult thoughts and feelings.

Re-evaluate **LTC-related fears and distress**



Support people to cope with the impact of living with a LTC or persistent physical symptoms and enhance their **quality of life**.



Address beliefs and behaviours that may increase the impact of LTCs on people and their families and carers, or motivating their level of participation in therapy

What do physical health teams and patients say about psychological support in the context of physical health problems



Feedback from physical health teams

| | | | |
|--|---|---|--|
| <p>The (talking therapies) team made a significant positive difference on how he now manages his anxiety and enhancing his post-discharge quality of life.</p> | <p>Without access many patients would struggle to cope with the mental health burden of their condition... and increase reliance on urgent care services.</p> | <p>It gives patients permission to talk about their mental health, without it would have hindered the support we could provide.</p> | <p>As clinicians we all recognise the burden of diabetes, being able to refer demonstrates our commitment to supporting the patient's mental as well as physical health.</p> |
| <p>Their support has helped many patients better manage anxiety, depression and the psychological challenges.</p> | <p>Ensuring patients receive emotional support they need alongside physical treatment.</p> | <p>Emotional and psychological support for those living with diabetes should be a routine part of diabetes care.</p> | <p>The team constantly evaluates and evolves their service to ensure they are meeting the often complex needs of those we refer.</p> |
| <p>The team is compassionate, skilled and deeply committed to improving emotional wellbeing.</p> | <p>It's very rewarding to see the progress patients have made.</p> | <p>Having the support is invaluable and demonstrates best practice.</p> | <p>Enables us to move forward with their management plans.</p> |
| <p>Incredibly valuable resource.</p> | <p>A vital part of our holistic care approach.</p> | <p>The team help is when we need further support.</p> | <p>Reassurance that we have support in place to signpost.</p> |

Feedback from patients



It was essential in helping me to understand negative thought processes and enabling me to challenge them.

It was at times difficult and required hard work, however I now care for myself and feel positive.

My physical health is improving with the help of the team. I'm really grateful to them all.

I know have the tools to deal with past feelings and not dwell on them.

I highly recommend you put yourself forward to the talking therapies service.

The reading material and exercises provided were extremely helpful.

Very helpful, supportive and encouraging.

Always there when needed.

My therapist was a good listener and very reliable.

What can you do now?

- **Start asking your patients – how are they doing?**
- **Start to use the PHQ2 and GAD2 routinely as a springboard to conversations**
- **Find out about your local psychological support services – reach out to them, see what pathways you can create between you**
- **Help your patients get the best out of your treatment by asking – they may not have the support they need**

Resources



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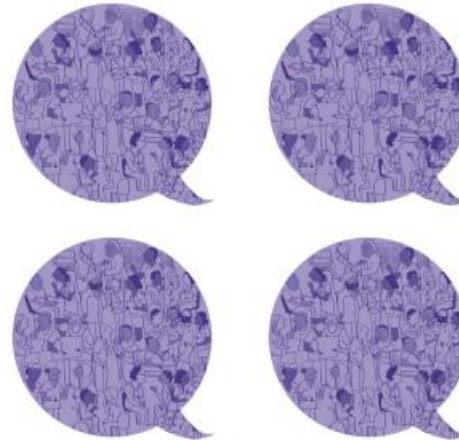
The Improving Access to Psychological Therapies (IAPT) Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms

Full implementation guidance

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



Psychological Practice in Physical Health: Discussion Paper



The Psychological Professions Network

A collaboration of regional networks sponsored by NHS England to give voice to all psychological professions in workforce planning and to promote excellence in practice

☰ Fundamental Awareness of Psychological Practice in Physical Healthcare



PPN Midlands resource

NHS Learning Hub

bsmhft.ppnmidlands@nhs.net

Closing words from Ali – a call for change



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PPN Lived Experience Ambassador with a strong commitment to the integration of physical and mental health care



Panel Discussion



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Your feedback



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**Thank you to everyone who has contributed and
everyone who has attended**



Thank you

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www.ppn.nhs.uk

#PPWeek25

#PsychologicalProfessionsWeek2025