Supporting Integrated Management of Multi-morbidity (SIMM)

Emily Wood and Sally Ohlsen
Mental Health and Comorbidity theme
CONTEXT

PEOPLE WITH...!!
PHYSICAL AND MENTAL ILL HEALTH ON RISE
NOT JUST BEING SEEN IN TRADITIONAL SETTINGS
HOW CAN SOCIAL PRESCRIBING HELP?

WHY USE REALIST EVALUATION?
BECAUSE IT HELPS US TO UNDERSTAND WHAT WORKS FOR WHOM AND IN WHAT SETTING
REALIST EVALUATION INCLUDES
- CONTEXT
- MECHANISM
- OUTCOME

ITERATIVE PROCESS
- INTERVIEWS
- APPLYING TESTING THEORY
- WORKSHOPS
- THEORY DEVELOPMENT
Our Research

SOAR | SIMM WORKSHOP | 24th Oct '18

We used realist evaluation to understand what works for whom, why & in what setting or situation.

Key Themes: Referrers

- Context
- Mechanisms
- Outcomes

- Soar based in local community
- Organisation familiar to patients & referrers
- So uptake is more likely

Key Themes: Clients

- Context
- Mechanisms
- Outcomes

- Isolated clients attend social cafe
- Experience belonging
- Friendship & improved wellbeing

Key Themes: Staff

- Context
- Mechanisms
- Outcomes

- Staff have good knowledge of local area & services
- They have lots of contacts & relationships
- So can provide efficient service
Initial programme theory: Logic model of collaborative care in healthcare.
Does this work in social prescribing.

Contexts

Clients:
- Adults over 18+
- Depression
- Multi-morbid chronic physical health conditions

Setting:
- Within primary care and community health services

Collaborative Care Interventions

Case worker:
- Trained in depression and anxiety, who has regular contact with the person and organises care, with other professionals
- Multi-professional approach to patient care
- Enhanced inter-professional communication:
  - Including team meetings, case-conferences, individual consultation/supervision, shared medical records
- A structured management plan
- Scheduled patient follow-ups:
  - One or more scheduled follow-up appointments to provide specific interventions

(Moore et al 2006)

Mechanisms

Client:
- Accessible pathways in
- Reduced stigma
- Participative social functioning
- Case worker:
  - Trusting interpersonal relationship
  - Knowledgeable/Experienced staff
  - Engaging staff, positive attitude
- Service/Intervention:
  - Patient centred interventions
  - Adaptability of interventions
  - Shared systems & standardised

(Good et al 2017; Hudson et al 2016)

Client Outcomes

Mental health:
- Reduced depression symptoms
- Improved quality of life

Social:
- Improvements in social functioning

Medication use:
- Increased anti-depressant compliance

(Gunn et al 2006, Coventry et al 2014, Archer 2012)
## Modified programme theory: Logic model of social prescribing.

### Contexts

**Clients:**
- Adults over 18+
- Depression.
- *Depression/ Anxiety often without diagnosis.
- Multi-morbid chronic physical health conditions.
- *Social issues.
- *Isolation.

**Setting:**
- *Community non clinical (can self-refer).
- *SOAR charity organisation with staff members specialise in different areas.

### Social Prescribing Interventions

**Lead Social Prescribing worker (linked worker):**
- Supported by other colleagues but not wider healthcare MDT.

**Enhanced communications:**
- Within SP and variable across different agencies.

**Personalised client centred management plan:**

**Follow up:**
- In some services, not all.

**Fluid pathway:**
- Often evolving and circular rather than linear.

### Mechanisms

(Wood et al 2017, Hudson et al 2016)

**Client:**
- Reduced stigma.
- Participative social functioning.
- *Familiarity and routine.
- *Supportive relationships.
- *Meaningful - motivation

**Case worker:**
- Trusting interpersonal relationship.
- Knowledgeable/Experienced staff.
- Engaging staff with positive attitude.
- *Flexibility of role/time

**Service/Intervention:**
- Patient centred interventions.
- *Flexibility of interventions.

### Outcomes

(Gunn et al 2006, Coventry et al 2014, Archer 2012)

**Mental health:**
- Reduced depression symptoms.
- Increased quality of life.

**Social:**
- Improvements in social functioning.
- *Improvements in housing, finance and employment/volunteering.
- *Increased engagement.

**Physical health:**
- *Targeted physical health improvements.

**Health service use:**
- *Health services: appropriate service use.
- *Social prescribing services: increased service use.
REALIST EVALUATION OF SOCIAL PRESCRIBING

CONTEXT
- Isolated
- Bereaved
- De-skilled
- Money issues
- Mental health issues

MECHANISMS
- Place to belong
- Familiarity routine
- Flexibility
- Supportive relationships
- Goal focused
- Confidence and self-worth

OUTCOMES
- Increased engagement
- Volunteering
- Improved physical health
- Self-esteem
- Reduced isolation
- Improved mental health
REALIST EVALUATION OF SOCIAL PRESCRIBING

CONTEXT
- Isolated
- Bereaved
- RIP

MECHANISMS
- Social Cafe
- Place to belong
- Flexibility

OUTCOMES
- Reduced isolation
- Appropriate health care use
- Improved mental health

© The University of Sheffield
Any Questions

• Contact: Emily Wood e.f.wood@sheffield.ac.uk
• Or Scott Weich s.weich@sheffield.ac.uk

• Thanks to the Sheffield NIHR CLAHRC YH MHCM team and our partners: