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Co-morbidity in mental health is the norm and not the exception and continues to contribute to high resource utilization and poorer outcomes in Europe and across the rest of the world. People with mental health problems continue to be socially disadvantaged despite investment in their treatment and care and the majority suffer from physical health co-morbidity. A Kings Fund Report noted that 30 % of people with a long-term condition have a mental health problem and 46% of people with a mental health problem have a long-term condition which makes a significant contribution to the burden of health care. The life expectancy of people with mental disorders is many years shorter than that of the general population not because of suicide but because of the co-morbidities between mental and physical health and a lack of self-care.

There is strong evidence across Europe that there is a range of effective treatments and care for many mental disorders and their co-morbidities and self-care plays a significant role in recovery and the Marmot Report noted that multisectoral working and partnerships are essential ingredients for social integration and recovery.

The importance of integration of primary care and mental health has been increasingly recognized by policymakers throughout the continent. This presentation will provide an illustration of multisectoral working using Waltham Forest, London, UK as an example focusing on:

- Relationships between physical and mental health in Waltham Forest
- General Practice re-design using Navigators
- Integrated Care Networks (ICN's) across Waltham Forest

Scaling up services across the total health economy and the resource implications