

Mental health and lifestyle

If you only read four things:

1. Lifestyle, such as diet, alcohol consumption, employment status and exercise, affects mental health.
2. Unhealthy lifestyles, such as substance misuse or smoking, can be a response to stressors; a way to try to self-manage a mental health condition.
3. People with physical health problems are more likely to have poor mental health.
4. The lives of people with severe mental illnesses are 15–20-years shorter than the rest of the population, partly due to lifestyle risk factors.^{1,2}

Key points

What is the issue?

Lifestyle factors have a substantial impact on an individual's mental health. Lifestyle factors that can impact on mental health include: smoking, drinking too much alcohol, substance misuse, sexual behaviour, lack of exercise, diet, obesity, sleep, relationships, living environment, employment status... to name a few. Unhealthy lifestyles can also be a response to stressors, with many having that extra glass of wine, cigarette, or treating ourselves to that piece of cake after work to 'unwind' from a stressful day.

The Faculty of Public Health note that physical health and mental health are inextricably linked³. People with physical health problems, particularly chronic diseases, are at increased risk of poor mental health, in particular; depression and anxiety³. Similarly, poor mental health can adversely affect physical health. They also note that psychological distress and mental ill health have been linked with a wide range of physical conditions, for example; heart disease, stroke, cancer, musculoskeletal problems, and Irritable Bowel Disease (IBS)³.

Lifestyle-related risk factors also contribute to lower quality of life in those with severe mental illness and are partly responsible for the dramatic 15–20-year gap in life expectancy among people with severe mental illnesses^{1,2}.

Why is it important for Suffolk?

People living in Suffolk can improve their health and wellbeing by choosing a healthy lifestyle⁴. People who do not smoke, eat 5 a day, do the recommended amount of physical activity a week and drink alcohol within the recommended guidelines will have better physical and mental health.

The numbers

Lack of physical activity

Physical activity reduces the risk of mental health disorders including depression, cognitive decline and dementia; improves self-perception of mental wellbeing; increases self-esteem; lowers likelihood of sleep disorders; enables a better ability to cope with stress⁴. There is evidence that exercise reduces the symptoms of depression and increases the likelihood of remission (absence of symptoms).⁵

Recommended guidelines⁶ for physical activity in adults are 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity per week. In 2015/6 in Suffolk only 61.4% of adults met recommended levels of physical activity (significantly below the England average (64.9%)⁷. 37,000

deaths per year could be prevented in England if the activity guidelines from the Chief Medical Officer were met⁸.

Excess weight

The link between excess weight and physical ill health has been clearly defined for many years. However it also links to mental health and wellbeing; excess weight can make it more difficult for people to find and keep work, and it can affect self-esteem and mental health⁹. In Suffolk nearly two thirds of adults are overweight or obese (63.6%), this is significantly worse than the England value (61.3%)⁷.

The Mental Health Foundation notes that black and minority ethnic (BAME) groups living in the UK are more likely to be diagnosed with mental health problems¹⁰. Across BAME groups, there are clear variations in prevalence of obesity. Women of Black African and Pakistani origin, as well as people (particularly women) of Black Caribbean origin are more likely to be obese than the general population⁴. The increased risk factor presence of mental ill health and excess weight in BAME communities is important to note, as it may increase need for appropriate services.

Smoking

1 in 8 (13.0%) adults in Suffolk smoke¹¹. In Suffolk, smoking is associated with 1,346 hospital admissions and 220.3 deaths per 100,000 population every year (both significantly better/lower than England)¹¹. Smoking related illness kills 3 people every day in Suffolk - more than obesity, alcohol, road accidents and illegal drug use put together¹².

Smoking rates in adults with depression are approximately twice as high as among adults without depression. In addition, people with depression can have particular difficulty when they try to stop smoking and have more severe withdrawal symptoms during attempts to give up¹³. Almost half of all tobacco is now consumed by people with a mental health problem¹⁴.

Substance misuse

People with bipolar disorder are at increased risk of substance use disorders (abuse or dependence on drugs and/or alcohol): at least half of people with bipolar disorder have an episode of substance use. The risk of substance use disorder is increased in people with bipolar disorder who are also: male, have more frequent manic episodes, or have a history of suicidality.¹⁵

Alcohol

As noted in the State of Suffolk report (when we get ill: substance misuse)¹⁶, the majority of adults in Suffolk consume alcohol and many do so without damaging their health. But for some, alcohol is devastating. It stops people making the best of life, shortening the years in which they enjoy good health, and can lead to imprisonment, injury, disability, death, family breakup and poverty.

It is estimated that approximately 22.7% of the Suffolk population aged over 18 drink above the advised limits¹⁷ and 6,571 people in Suffolk are alcohol dependent (estimate for 2011-14)¹⁸. The latter group are those who are in greatest need of specialist alcohol services, and an integrated drug and alcohol service provides evidence-based recovery-orientated treatment for Suffolk residents¹⁹.

A Public Health England review of the public health burden of alcohol²⁰ found evidence that:

- increased alcohol use appears to increase risk of depression
- alcohol use disorders are significantly associated with suicidal ideation, attempted suicide, and completed suicide

- 10-69% of completed suicides, and 10-73% of attempted suicides tested positive for alcohol use

Drugs

This section refers to any other recreational / misused prescription drugs. All of these are mind-altering substances and can adversely affect mental health alongside the physical damage they can cause to the body. Apart from addiction/dependency, some drugs can make the symptoms of mental illness worse in those with pre-existing conditions. It may also trigger mental ill health, for example there is growing evidence to affirm that regular cannabis use increases the risk of developing a psychotic episode or long-term schizophrenia²¹.

The prevalence rate of opiate and/or crack cocaine is estimated as 6.3 users per 1,000 population (aged 15-64) in Suffolk, or 2,851 users²².

Public Health England note that indicators of the number of people who have mental ill health and a substance use disorder are not currently available. However, mental health problems are very common among those in treatment for drug use²³. Half (50.2%, n=309) of all individuals in Suffolk entering specialist drug misuse services in 2016/17 were also receiving treatment from mental health services (for a reason other than substance misuse) at the time of assessment²⁴, and this may be an under-representation.

What are we doing?

It is important to note that these issues represent some (but not all) of the lifestyle factors that can impact mental health. It is also imperative to note people are complex, and conditions do not often appear in isolation. For example, individuals with a long-term condition may also be at a higher risk of being overweight/ obese, and both these conditions can increase the risk of mental ill health, adding an extra layer of complexity to effective treatment.

The Suffolk-wide integrated healthy lifestyle service ([OneLife Suffolk](#)) was introduced in April 2016. OneLife Suffolk is a partnership between Leeds Beckett University, and MoreLife. The service is targeted towards those at greatest risk (which includes those with a mental health diagnosis). It provides a single contact number for stop smoking services, adult weight management, NHS health checks, child weight management and advice about physical activity.

It is important to integrate mental and physical health approaches to health care. Mental health provision as part of an integrated service can substantially reduce poor health outcomes, for example in those with long term physical illness²⁵. One of the core aims of co-commissioning and alignment of services within Suffolk is the alignment of integrated healthy lifestyle services with mental health and well-being services. Projects in 2019 include:

- work by the Norfolk and Suffolk Foundation Trust to increase take up of health checks among people with severe mental illness
- integrating psychological therapies into physical healthcare pathways (IAPT-LTC) by Suffolk Wellbeing (IAPT-LTC)
- the launch of Living Life to the Full Suffolk (littf4suffolk.com), free online courses to help anyone living in Suffolk to overcome stress and low mood, with specialist courses for people living with chronic pain and living with diabetes

What else could we do?

The NHS, local authorities and voluntary and community sectors in Suffolk work together to promote positive mental health throughout life. However, more could be done to emphasise the power of a 'positive start in life'. Good mental health in childhood and adolescence is central to wellbeing, it is the bedrock for good mental health in later life. Investing in young people's health provides huge dividends for their current wellbeing and their future health, and would potentially reduce cost to the Suffolk system.

There is more to be done in relation to promoting physical health among people with severe mental illnesses, and a more integrated approach is needed. The King's Fund asserts that closer working between health, local government and other sectors would help to address the social determinants of health for people with severe mental illnesses². The benefit of tailored services to support healthy lifestyles (such as smoking cessation) in those with severe mental illnesses must not be overlooked².

What not to do?

Interventions to improve physical health should not be isolated from those looking to improve mental health and wellbeing. Services need to be more holistic in focus, to produce the best outcomes.

Useful Links

Related JSNA topic reports

- Physical activity

Related Suffolk Mental Health Needs Assessment topics

- Physical health and mental health
- Severe mental illness (SMI)
- Physical activity

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