The links between physical health in mental health

A holistic approach to managing mental and physical health is needed. Physical and mental health are inextricably linked\(^1\)

What is the problem?
It is recognised that people with mental health conditions experience poor outcomes in terms of physical health and mortality rates\(^2\).

Conversely, people with physical long term conditions experience high levels of mental health conditions as do informal and family carers supporting people at home\(^3\).

People with mental health conditions may not feel able to access preventive and general health care as readily as others. GPs offer an annual health check for those with serious mental illness and NHS health checks are available for adults aged 40 – 74, however those with the greatest needs may not access the checks\(^2\).

Health care professionals working in mental health services may not have the knowledge and skills, awareness of pathways and provision, or even the equipment, to support general health care\(^1\).

What is parity of esteem and outcome?
Parity of esteem is a term used in the mental health strategy for England, *No health without mental health*\(^4\). The Royal College of Psychiatrists report *Whole-person care: from rhetoric to reality. Achieving parity between mental and physical health*\(^5\) defines parity of esteem as *valuing mental health equally with physical health* and therefore an approach which aspires to:

- Equal access to effective, safe care,
- Equal efforts to improve the quality of care,
- The allocation of resources on a basis commensurate with need,
- Equal status within healthcare education and practice,
- Equally high aspirations for service users,
- Equal status to the measurement of health outcomes,
- Holistic, integrated care with mental health considered alongside physical health.

The physical health of people with mental health difficulties.
What do we know locally?
National data in the Mental Health Dashboard 2013, estimates that in 2010/11, the under-75 mortality rate for people with serious mental illness nationally was 1,323 (per 100,000 of the population) compared with 402 for the general population. The excess under-75 mortality rate has been much higher for men compared to women for each year from 2008/09 to 2010/11, with the latest excess rates being 1,114 for men and 730 for women. This gives an estimate of 5,910 excess deaths per year in people under 75 with mental health conditions.
illness in Suffolk. (Derived from Mental Health Minimum Data Set, ONS death registrations and mid-year population estimates).

The latest Public Health Outcomes Framework (PHOF) indicator workbook (May 2015) gives an Excess under 75 mortality rate in adults with serious mental illness for 2012/13 of 379.6 for Suffolk compared to 347.2 for England although the difference is not significant.

**How does having a serious mental health conditions affect physical health?**

A report by the Royal College of Psychiatry describes how people with serious mental health conditions have higher risk of illness and early death. In people with schizophrenia, standardised death rates are three to four times higher than in controls and the excess deaths are due to conditions affecting respiratory, endocrine, gastro-intestinal and cardiovascular conditions so very wide ranging.

Also the risk of sudden death is increased in people taking psychotropic medication. Recent studies also showed an increased risk of death in nursing home residents taking Haloperidol.

A BMA Board of Science report summarises the impact of all mental health conditions. The report again confirms that people with a serious mental illness, such as schizophrenia, have excess mortality due to physical illness. Also a person with a serious mental condition is more likely to have a physical health problem, and is more likely to die of that illness within five years, when compared to the general population.

- Life expectancy appears to be reduced by around 8 to 14 years for men, and 9 to 17 years for women and not all of this is accounted for by suicide.

- Those with mental health conditions are also likely to have poorer outcomes in terms of in cardiovascular disease, diabetes and COPD.

Depression increases risk of deaths in myocardial infarction by three. People with diabetes are 36% more likely to die when followed over two years. People with COPD and depression have worse symptoms and those with Asthma have higher death rates.

According to the BMA report (2014), alcohol and substance misuse are more common in people with serious mental illness. Also prescription medication can have impacts upon health, including misuse and overdose and direct physiological effects e.g. on the heart.

People with mental health conditions appear to be less able to self-manage their long term conditions and also have increased likelihood of unhealthy lifestyles including smoking. People appear to be less likely to self-care, attend appointments and follow treatments.

There is also an increased level of hospital activity for physical conditions in those with depression. For example, there are increased hospital admissions for heart failure, diabetes
and COPD. Estimates suggest a 45 - 75% increase in cost of caring for long term conditions when a mental health condition is also affecting the individual 12.

*Smoking and mental health*, a joint report by the Royal College of Physicians and the Royal College of Psychiatrists10, identified that smoking reduces life expectancy, affects quality of life and poverty in those with mental health conditions.

Data from 2010 Health Survey for England showed 37% of those with long term mental health issue were smokers. Rates increase for those with serious mental illness. It appears that this group are less likely to receive support to stop smoking. The higher levels of smoking and lack of intervention mean that:

- People with mental illness should be a priority in stop smoking support
- Stop smoking support should be available in mental health service settings 9

**What can be done to improve health in serious mental illness?**

Prevention of high levels of morbidity and mortality involves smoking cessation and improving access to health checks11. Priority areas should be targeted interventions such as priority access to healthy lifestyles services, smoking cessation, and NHS health checks.

The Mental Health Taskforce 2 sets out targets to improve physical health care of those with severe mental health difficulties, for example by increased access to screening and prevention services such as reducing smoking. The higher levels of smoking and lack of intervention mean that:

- People with mental illness should be prioritised,
- Stop smoking support should be available in mental health service settings.

Rethink Mental Illness, in the report *Lethal Discrimination* 13 looked at smoking levels, obesity, accessing health care and physical health monitoring. The report recommends:

- People with mental illness should be offered tailored support to quit smoking,
- Patients should be told about the side-effects of antipsychotic medication so they can look out for warning signs, and GPs should monitor their physical health closely,
- All mental health professionals should receive basic physical health training as part of their mandatory training,
- Commissioners and service providers need to be clear about the respective responsibilities of primary and secondary care services for monitoring and managing the physical health of people with mental health problems.

The Kings Fund12 state that the excess morbidity and premature mortality could be improved by better integrating mental health support with primary care chronic disease management, and importantly that outcomes can be improved with little or no additional costs Also that liaison psychiatry can reduce health care costs in acute hospitals. CCGs should prioritise mental and physical health care integration to improve outcomes and productivity.
How do long term conditions affect mental health?

There is a relationship between depression and long term conditions which is seen in cardiovascular disease, Diabetes, Chronic Obstructive Pulmonary Disease and asthma. Also the relationship worsens with deprivation and increasing numbers of long term conditions. At least 30% of people with a long term condition have depression and or anxiety.

For example:

- People with cardiovascular illness and depression experience 50% more acute exacerbations,
- Death rates are increased in heart attacks, heart failure and bypass surgery,
- In Diabetes, there is poorer control, more complications, worse compliance,
- In Chronic Obstructive Pulmonary Disease, health is worsened and there are twice as many asthma deaths.

In terms of service use,

- Depression increases re-admission rates in cardiovascular disease, and admission rates in heart failure,
- People with Diabetes have more hospital admissions and GP consultations, increased time in hospital and outpatient appointments,
- Chronic Obstructive Pulmonary Disease patients have 50% more acute exacerbations, more admissions and longer length of stay.

People with long term conditions, such as diabetes, coronary heart disease and ‘medically unexplained symptoms’, are more likely to have anxiety and depression. Also having a stroke, Parkinson’s, epilepsy, cancer and dementia are associated with higher rates of depression when compared to controls. In myocardial infarction, depression can worsen outcomes even in the year following. In addition, mental and physical illness often coexist with poverty, deprivation and social exclusion.

According to a report by Kings Fund, Long-term conditions and mental health. The cost of comorbidities, 30% of the population of England have a long term physical condition, 20% have a mental health condition. However 46% of those with a mental health condition have a long term physical condition.

People with long term conditions are more likely to experience mental health problems, compared with the general population. There is a close association between cardiovascular disease, diabetes, Chronic Obstructive Pulmonary Disease and musculoskeletal disorders and depression. Also increased levels are found in asthma, arthritis, cancer and HIV. Overall around 30% of people with a long term condition will have a mental health problem. Also people living in relatively deprived areas are more likely to have more physical and mental health problems.
The likelihood of mental health conditions increases if there is more than one physical health condition and up to half of those with three or more long term conditions will have depression\textsuperscript{12}.

There is also a link with deprivation\textsuperscript{12}:
- More people in poorer areas have multiple long term conditions,
- The effect of multiple illnesses on mental health increases if deprivation present.

**Improving mental health in long term conditions**
There is evidence that supporting mental health can lead to changes. For example:
- Improve outcomes in diabetes,
- In Chronic Obstructive Pulmonary Disease, cognitive behaviour therapy can reduce admissions - £837 per person saved over 6 months,
- Psycho-social interventions can reduce angina - £1,337 per person per year saving
- Cognitive behaviour therapy can reduce use of health care services,
- Integrated programme in primary care with mental health worker led to 48% reduction in costs including inpatient and A&E.

So the priority here would be improving detection and psychological care in long term conditions in primary care.

There is evidence that integration of physical and mental health care can be effective. Improving mental health can improve the physical health of people with long term conditions\textsuperscript{12}. For example, this can lead to better outcomes in diabetes. Secondly, there are opportunities to prevent mental health problems in patients with long term conditions. These include:
- Promoting wellbeing in the workplace,
- Debt and financial advice,
- Befriending older people.

It is also important to increase detection and diagnosis, particularly of depression, in those with long term conditions. Standard management with CBT and antidepressants is effective however integrated care has been shown to be more effective in reducing admissions, length of stay and care costs.

The Kings Fund report advocates integration of mental health into primary care. A programme in Utah included:
- Integrating mental health specialist into primary care teams,
- Shared records,
- Screening high risk groups,
- Using new technologies,
- Using community resources and per support.
This led to 48% reduction in total health care costs in 1 year and patients were 50% less likely to use inpatient or emergency care.12.

Liaison psychiatry in hospital settings has an important role in identifying and supporting mental health problems, training acute staff, reducing length of stay and readmission.

Social deprivation increases the risk of mental health problems. Hence the need to improve joined up working between health care, social care and other support such as voluntary sector organisations. Debt advice can reduce the risk of mental health problems.

In order to deliver improved outcomes in mental health, integrated care, care pathways for long term conditions including behavioural and psychological support, liaison psychiatry and IAPT services should be commissioned to provide a greater role in long term conditions.

Self-care can be effective. For example, self-management programmes for long term treatments can include behavioural treatments for depression. Self-management is reduced by depression and support programmes can be effective in reversing this effect.

**Improving emotional wellbeing can improve physical health**
Finally there is some evidence that improving emotional wellbeing can improve health.14 Positive emotions, such as happiness, energy, life satisfaction, have been shown to be associated with reduced cardiovascular mortality and with better health, decreased symptoms and pain.14 The Whitehall study also showed that traits such as anxiety and hostility increase risk of ill health and death.14 It is therefore probable that actions that promote mental wellbeing may help to improve physical health.

**In summary, should be done to address mental health and physical health?**

In summary steps should be taken to:

- Improve access to care and lifestyle interventions for people with severe mental illness e.g. NHS checks for hard to reach groups,
- Improve recognition of mental health difficulties in people with long term conditions,
- Better integrate mental health and general health services so information is shared and health problems recognised,
- Empower people with serious mental illness to take action to improve their health
- Work to promote emotional wellbeing in the general population.
References:

1. Improving the physical health of people with mental health problems: Actions for mental health nurses.