Equally Well UK: Response to the Major Conditions Strategy Consultation

1. Who we are

Equally Well UK is hosted by **Centre for Mental Health** in partnership with **Rethink Mental Illness,** and leading professional clinical organisations like the **Royal College of GPs** and the **Royal College of Psychiatrists**, and is co-produced with an **Experts by Experience** group. Working with over 60 organisations nationwide including national mental and physical health charities, NHS trusts, and third sector service providers, Equally Well UK seeks to bring about action across the system to reduce health inequality. Equally Well UK conducts it's own research into health inequalities of people with SMI. Links to our research and resources are included in each relevant section.

2. Closing the mortality gap

2.1 Almost 27,000 adults with severe mental illness (SMI) die prematurely each year from preventable physical illnesses[i]. Alarmingly, this figure is likely to increase as the mortality gap between those living with SMI and the rest of the population is continues to widen[ii].

2.2 Mental illness does not occur in isolation. Around 46% of people with a mental health condition also have a long-term physical health diagnosis; and 30% of people with a physical long-term condition have a mental health problem.[iii]

2.3 Between 2018 and 2020, 120,273 adults in England with SMI died before the age of 75, and 80,132 of these deaths could potentially have been prevented[iv].

2.4 As of March 2023, there were 535,204 adults with a diagnosed SMI in England. Adults with SMI are on average:

- 6.6 times more likely to die prematurely from respiratory disease,
- 6.5 times more likely to die prematurely from liver disease,
- 4.1 times more likely to die prematurely from cardiovascular disease,
- 2.3 times more likely to die prematurely from cancer.

3. Our asks of the Major Conditions Strategy

The government must commit to improving the physical health of people with SMI in order to stop more people dying unnecessarily. The Major Conditions Strategy should address this by fulfilling the following asks:

3.1 Set a target to reduce premature mortality among people with a severe mental illness over the next ten years, and to close the gap with the general population.
This target must be measured annually, with an action plan to take the necessary steps to reduce the number of people dying before the age of 75, and reduce the gap with the general population.

3.2 Every person with SMI should have a physical health check, and all annual physical health checks must be followed up with appropriate support and treatment.
The NHS Long-Term Plan (2019) set a target that 390,000 people with SMI will have an annual physical health check. The number of people with SMI who have had an annual health check has grown steadily, increasing from 227,076 in Q1 to 313,022 in Q4, 2022/23[v], which is positive, especially following the Covid pandemic.

However, not everyone with a severe and enduring mental illness is currently included on their GP register. There are gaps including for people given diagnoses of personality disorder or complex traumas, but people with these diagnoses have a similarly poor life expectancy. It is crucial, therefore, that GPs are enabled to expand their 'SMI' registers to all their patients who are living with severe mental illness.

The Major Conditions Strategy provides an opportunity to continue and increase the momentum of the checks. Importantly though, it provides the chance to revisit the original target and to be more ambitious – to ensure that every person with SMI has an annual physical health check. Increasing the target is also important because the number of people with SMI on the GP register is increasing, and if the target doesn't increase with it, the proportion of people with SMI having an annual physical health check could reduce.

Services such as Open Mental Health in Somerset show the benefit of using peer support workers to increase the number of physical health checks. Peer Mentors have been introduced as a part of the transformation of community mental health services. A key aspect of their role has involved helping to increase engagement with Physical Health Checks, including helping patients to understand the Physical Health Check process, supporting the patient during a Physical Health Check, and assisting them to understand the results and take sustainable actions in response. Open Mental Health is currently piloting a phone line which gives a dedicated "safe space" for people to chat to Peer Mentors about the Physical Health Checks, including any concerns or barriers they may have and support available to them to attend a Check if needed. Learning from work like this should lead to increased use of peer support workers for this purpose around England.

Physical health checks for people with SMI need to become business as usual for GP surgeries, and a standard feature on the calendar of a person with SMI. The checks themselves will not reduce the mortality gap. To stop people from dying unnecessarily early, each annual health check must provide the person with appropriate and effective information, support and treatment. This might be a referral to mental health-aware interventions such as a healthy weight management programme, exercise classes, or specialist physician services for example[vi].

Further evidence:

- Equally Well: Physical health checks for people living with severe mental illness

3.3 Development of better quality data and identification of those experiencing health inequalities to support physical health outcomes.

Data around prevalence of life-limiting conditions among those living with SMI must be improved. This may give a better indication of the impact of measures to address premature mortality, such as Physical Health Checks, more efficiently and effectively than longer-term premature mortality statistics.

Data around follow-up interventions must also be improved through monitoring the number of people either receiving follow-up support or adhering to an appropriate pathway after a Physical Health Check. Through the Strategy, resource should be provided to ICSs to better identify and work collaboratively with their PLUS communities.

3.4 Provide tailored smoking cessation support and extend evidence-based stop-smoking services for everyone with a mental illness within 5 years.

More than 1/3 (and close to 1/2) of all cigarettes are smoked by someone living with mental illness[vii]. People with SMI are much more likely to smoke, and be heavy smokers, than the general population. Around 50% of deaths of people with SMI are from smoking-related illnesses[viii].

There is evidence that tailored stop-smoking programmes, using the SCIMITAR+ approach, can be effective for people with a severe mental illness[ix]. These programmes must be made available across the country at a sufficient scale to meet levels of need.

Crucially, the rates of wanting to quit are about the same as for the general population. Health professionals need to be trained in how to support people with SMI in smoking cessation techniques, for psychiatric medication to be adjusted when people stop smoking, and for ongoing help to be offered to sustain quit attempts[x].

Further evidence:

- Equally Well: Smoking cessation
- Centre for Mental Health, Rethink Mental Illness and the Association of Mental Health Providers: Experiences of smoking cessation support among people with severe mental illness

3.6 Reduce the number of people with SMI living in poverty.

People with SMI are more likely to live in deprived areas. Poverty can be both a cause and consequence of SMI[xi], and people are likely to experience a worsening of their poverty as a result of SMI. This happens because people with SMI are more likely to face discrimination and exclusion in education or employment[xii]. The health inequalities for people with SMI expand even further for those living in poverty:

- asthma in most deprived areas (14.2%) than in least deprived (9.6%)
- diabetes in most deprived areas (12.2%) than in least deprived (8.0%)
- COPD in most deprived areas (3.1%) than in least deprived (1.3%)
- cancer in least deprived areas (3.7%) than in most deprived (1.9%)[xiii]

Steps to reduce poverty among people with a mental illness should include reviewing social security policies that leave disabled people without enough money to live on[xiv]; extending high quality welfare advice to all mental health services[xv]; and completing the expansion of Individual Placement and Support (IPS) services.

IPS must be fully integrated with secondary care (CMHTs) and PCNs, in order to create more opportunities for people living with severe mental illness to access this service[xvi]. IPS services would benefit from having longer-term contracts with secure funding, as well as an increase in IPS workforce in order to manage high caseloads.

3.7) Improve the uptake of cancer screening and immunisations by people with SMI.

Cancer screening tests save almost 9,000 lives per year[xiv]. However, although people with SMI are over twice as vulnerable to cancer, they are less likely to take up the offer of cancer screening that could protect them. Health services need to do more to engage people with SMI, understand the barriers to screening and immunisations, and support the person with SMI to overcome them.

The Severe mental illness (SMI): inequalities in cancer screening uptake report (2021) found that people with SMI were:

- 18% more likely not to have participated in breast screening
- 20% more likely not to have participated in cervical screening
- 31% more likely not to have participated in bowel cancer screening, within the recommended time period than people without SMI[xv]

The government must take measures to ensure that people with SMI are supported to overcome the barriers that are preventing cancer screening uptake. This requires adaptations for many people to make screening accessible and safe.

The Government must also review its immunisation policies to ensure that people with a mental illness are prioritised appropriately for vaccinations. There is international evidence that people with SMI are at a greater risk of hospitalisation due to infectious illness, and mortality rates among this group from Covid-19 were three times higher than average[xvi]. This should extend to vaccination programmes for flu, tuberculosis, and Hepatitis as well as Covid, which would build on the positive decision to include people living with SMI in priority group 6 for the initial round of COVID vaccines.

We welcome the announcement that lung cancer screening will be introduced for people aged 55-74, aiming to reach 40% of the eligible population by March 2025, and 100% by March 2030. People with SMI should be prioritised given the high likelihood of heavy smoking, and support should be offered for people with SMI to access and undertake the screening[xvii].

Further resources:

- Equally Well: Promoting equitable access to the Covid-19 vaccination for people with severe mental illness
- Equally Well: Guide to flu immunisation for people with severe mental illness
- Equally well: Global call to action - immunisations

3.8 Improve access to and experiences of oral health care.

Oral health can be affected by behaviours associated with SMI such as drinking alcohol, smoking, side-effects of medication and poor self-care, such as diet and tooth-brushing. This can lead to nutritional deficiencies, oral cancer, oral health conditions, oral hygiene, and higher levels of tooth decay.

Whilst there is a lack of evidence about the prevalence of SMI and oral health problems in England, a Norwegian study reported that 77% of people with SMI had oral health problems[xviii].

Training should be provided to dental care professionals so that they can support people with SMI to address oral health symptoms, and how to work with other healthcare professionals when required. Proactive support for oral health, drawing on programmes such as Mouthcare Matters, should be offered within mental health services so that no one misses out on preventive care[xix].

Further resources:

- Equally Well: Right to Smile

3.9 Increase access to physical activity for people with SMI.

Physical inactivity is highly correlated with health inequality. Those least active are most likely to face health inequalities and have most to gain from small increases in physical activity. Physical health has been proven to improve symptoms of SMI including Major Depressive Disorder, Schizophrenia and Psychosis[xx].

Physical activity should be personalised to adapt to the interests and conditions of the individual. The 'Easier To Be Active[xxi]' resources, which help people with long-term health conditions to lead a more active lifestyle, are a great example of existing assets that could be adopted at scale.
Physical activity can help to manage major conditions and prevent them from getting worse. Resources should be re-focussed to allow local places the flexibility to address conditions at all stages in a way that works for their community.

Physical activity can shape the future health and care workforce. 400,000 physical activity workers and millions more volunteers (6.2million in 2018/19) could provide the "first mile of healthcare" if better utilised. Furthermore, the Moving Healthcare Professionals Programme[xxii] has already shown how evidenced-based practice can be increased through physical activity training for NHS staff.
Physical activity can be a medical and non-medical intervention. Collaboration and partnerships across the physical activity and health sectors (for example, the involvement of Active Partnerships on ICS Health and Wellbeing Boards) is necessary to ensure a person-centred approach throughout the life course.

Physical activity has direct and indirect benefits for the health of the NHS workforce. Directly, because they may themselves develop a major condition. Indirectly, by improving physical activity advocacy work with patients, and by reducing absenteeism from NHS services, enabling them to run more smoothly for the population.

3.10) Increase support for people with SMI around healthy weight management.

People with SMI are significantly more likely to have difficulties managing a healthy weight. This is partly due to the effects of some antipsychotic medications. This can lead to metabolic conditions and make exercise difficult.[xxiii]

A higher BMI is associated with an increased risk of physical health problems such as cardiovascular disorders, type 2 diabetes, musculoskeletal disorders such as osteoarthritis, and some cancers. Medications including anti-psychotic medications can play a significant role in a person with SMI having a higher BMI[xxiv].

Further resources:

- Centre for Mental Health, Rethink Mental Illness and Association of Mental Health Providers: More than a number: experiences of weight management among people with severe mental illness

4. Opportunity

The Major Conditions Strategy provides a unique opportunity for the government to take the action that is needed to reduce the health inequalities between people with SMI and the general population. By tackling the mortality gap, the government has the chance to save thousands of lives.

---

i Over 26,000 adults with severe mental illness die prematurely from preventable illness each year (rcpsych.ac.uk)

ii Over 26,000 adults with severe mental illness die prematurely from preventable illness each year (rcpsych.ac.uk)

iii parity-report.pdf (england.nhs.uk)

iv Over 26,000 adults with severe mental illness die prematurely from preventable illness each year (rcpsych.ac.uk)

v Physical-Health-Checks-SMI-Statistical-Press-Notice-2022-23-Q4.pdf (england.nhs.uk)

vi NHS England report template - data icon

vii Health matters: smoking and mental health - GOV.UK (www.gov.uk)

viii CentreforMH_HWBA_SmokingCessation_0.pdf (centreformentalhealth.org.uk)

ix Gilbody, S. et al (2019) Smoking cessation for people with a severe mental illness (SCIMITAR+) https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30047-1/fulltext

x Health matters: smoking and mental health - GOV.UK (www.gov.uk)

xi Placing poverty-inequality at the centre of psychiatry | BJPsych Bulletin | Cambridge Core

xii Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK (www.gov.uk)

xiii Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK (www.gov.uk)

xiv PHE Screening inequalities strategy - GOV.UK (www.gov.uk)

xv NHS population screening: improving access for people with severe mental illness - GOV.UK (www.gov.uk)

xvi Vai, B., et al., *Mental disorders and risk of COVID-19-related mortality, hospitalisation, and intensive care unit admission: a systematic review and meta-analysis.* The Lancet Psychiatry, 2021. **doi 10.1016/s2215-0366(21)00232-7**; Nemani, K., et al., *Association of Psychiatric Disorders With Mortality Among Patients With COVID-19.* JAMA Psychiatry, 2021. **78**(4): p. 380-386.

xvii Free lung cancer screenings to be offered to smokers and ex-smokers aged 55-74 (msn.com)

xviii Full article: Oral health and quality of life among people with severe or long-term mental illness: A call for interprofessional collaboration (tandfonline.com)

xix https://equallywell.co.uk/2019/05/13/putting-the-mouth-back-in-the-body-why-oral-health-matters-in-mental-health-care/

xx 2238-0019-trends-43-03-0177.pdf

xxi Easier to be Active | Sheffield Hallam University (shu.ac.uk)

xxii Moving Healthcare Professionals | Sport England

xxiii hwa-smi-weight-management-report-2020.pdf (rethink.org)

xxiv Equally-Well_Healthy-Weight-Management_Review-1.pdf (equallywell.co.uk)