

# Mental health and cardiometabolic conditions

Muj Husain, Mental Health Clinical Director, Health Innovation Network



@HINSouthLondon



healthinnovationnetwork.com



# Mental and Physical Health

- People with severe and prolonged mental illness (SMI) are at risk of dying on average 15 – 20 years earlier than other people
- One of the greatest health inequalities in England
- Two-thirds of these deaths are from avoidable physical illnesses, including cardiovascular disease, respiratory disease and cancer.

- People with addictions, eating disorders and personality disorders also have higher rates of mortality
- Physical health issues are also very common among people with eating disorders, personality disorders, drug or alcohol use disorders, or untreated depression or anxiety.

# Psychological aspects of physical health

- All physical health problems have a psychological dimension
- Especially learning to live with a long-term condition
- Failure to provide psychological support can be associated with poor outcomes and faster disease progression (de Ridder et al 2008).

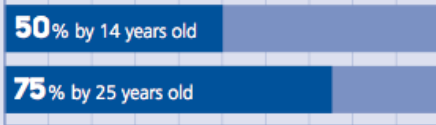
# The scale of the problem

## 01. Mental health problems develop at a young age.

1 in 5 children have a mental health problem in any given year.<sup>8</sup>



First experience of mental health problems in those suffering lifetime mental health problems.<sup>9</sup>



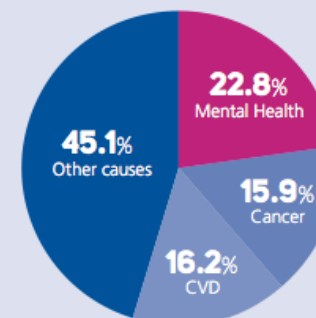
## 02. Mental health is widespread & common.

Every year 1 in 4 adults experience at least one mental disorder.<sup>10</sup>



## 03. Mental health is a significant burden.

Mental ill health is the single largest cause of disability in the UK.<sup>11</sup>



## 04. Mental health impacts on life expectancy.

Average life expectancy in England and Wales for people with mental health problems is 60 years behind the national average.<sup>12</sup>



## 05. People with mental health problems have worse physical outcomes.

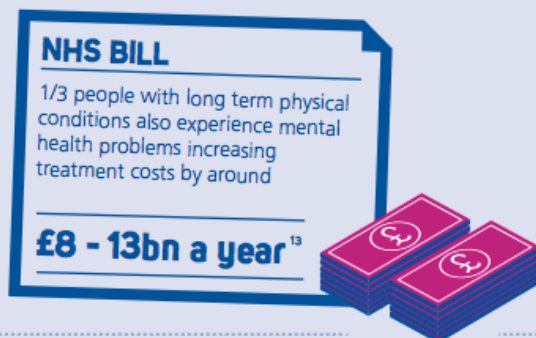
People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases and some cancers.

### PEOPLE WITH SCHIZOPHRENIA ARE:

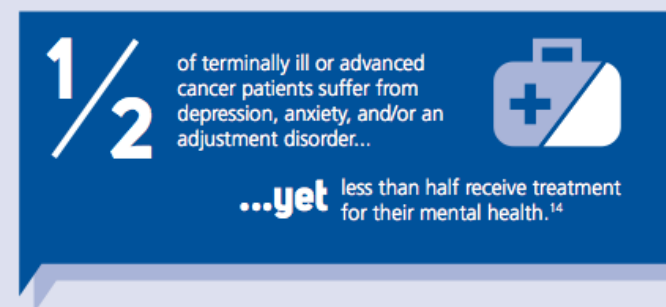
- 2x** more likely to die from cardiovascular disease,
- 3x** more likely to die from respiratory disease.

# The scale of the problem cont.

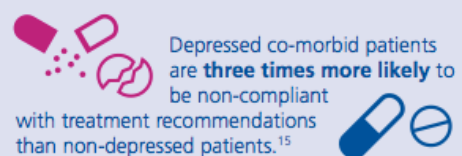
**06.** When people with LTCs also have mental health issues the cost of treatment can rise significantly.



**07.** The mental health of people with serious physical health problems is often overlooked.



**08.** Mental health problems affect the likelihood that people will be compliant with their treatment.



**09.** There are often long waits for mental health services.

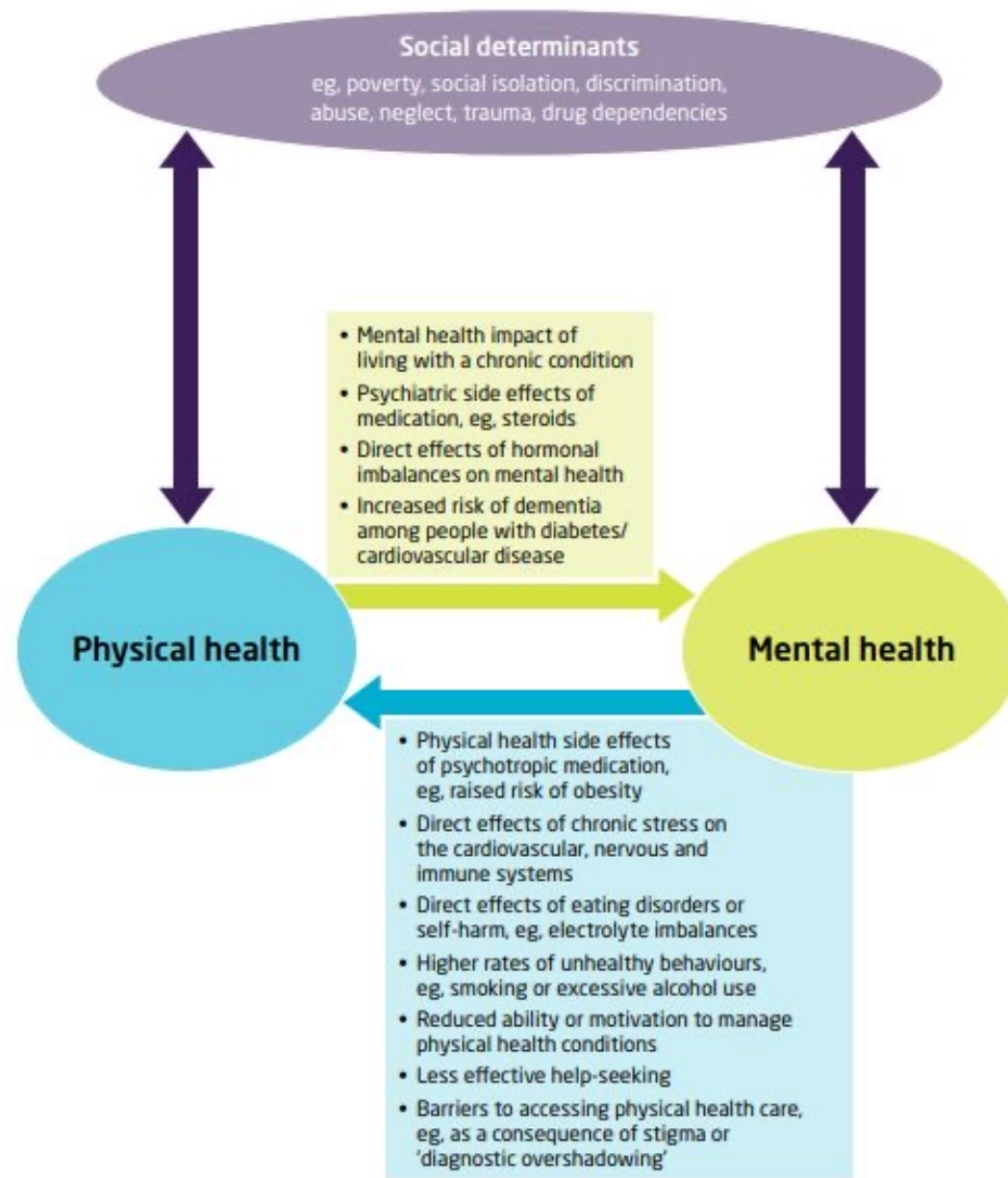
1 in 10 people wait over a year for access to talking therapies.<sup>16</sup>



**10.** There is a wider economic impact of mental health.

The full costs of mental illness in England have been estimated to be £105.2 billion a year.<sup>17</sup>





# Cardiovascular Disease and SMI

- Cardiovascular disease is the single largest cause of a widening mortality gap
- SMI frequently emerges in late adolescence to early 20s
- “Toxic interaction between poor mental health, unhealthy lifestyles, obesogenic and diabetogenic antipsychotic treatments and social disadvantage”



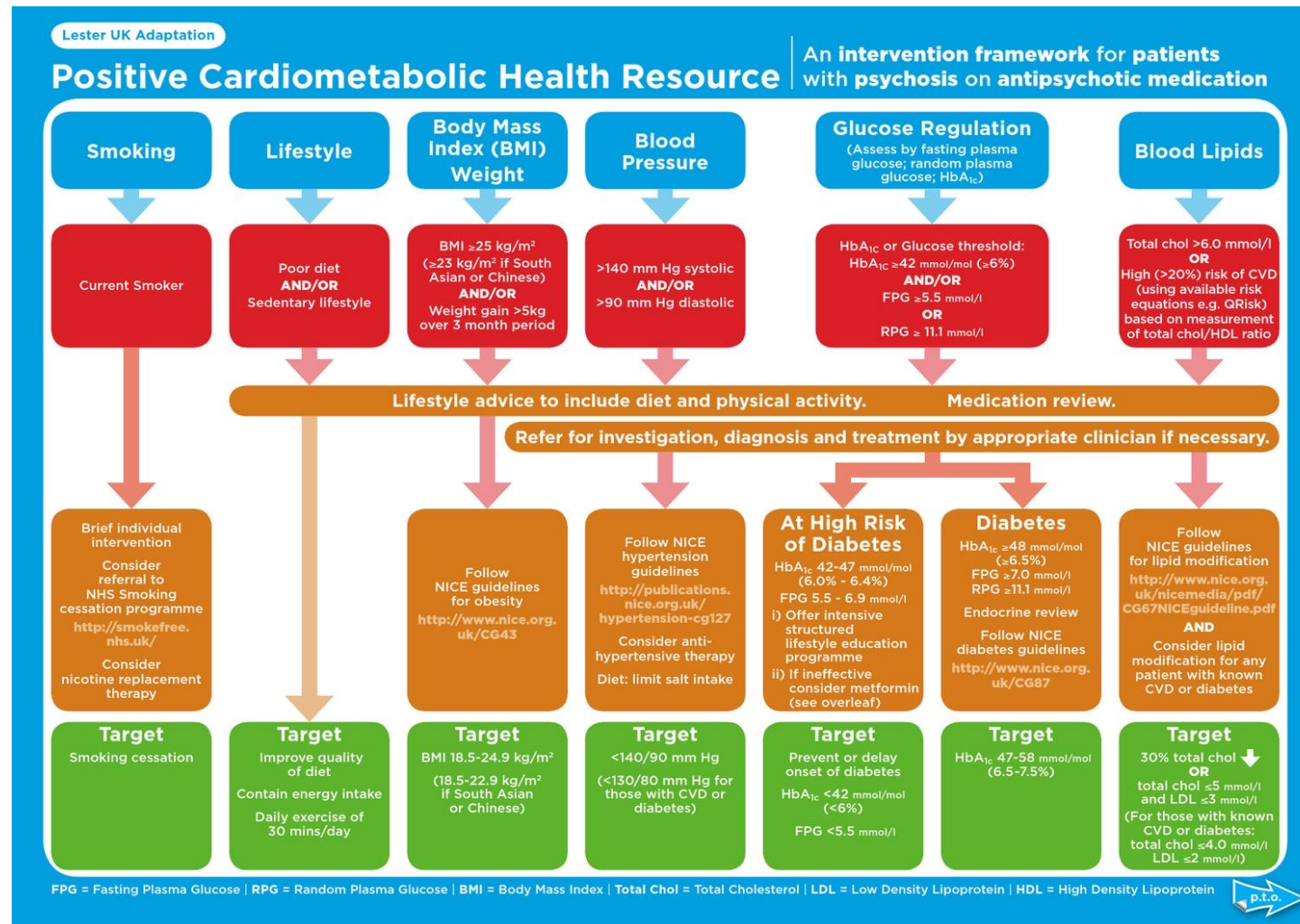
# Key factors leading to poorer outcomes

- High rates of smoking
- Poor nutrition
- Limited physical exercise
- Lack of support to use health information, take up tests and interventions
- Impact of medications
- Gaps/lack of integration in interfaces – primary and secondary care, mental and physical health

# 6 Core Physical Health Checks

- Smoking status
  - BMI
  - Blood pressure
  - Glucose
  - Blood lipids
  - Alcohol consumption
- 
- Adults on the SMI register should be offered all 6 at least annually
  - More frequent if indicated (eg. medication, physical illness)

# Cardio metabolic assessment - Lester tool



# Personalised care and support

- Better conversations and shared decision making:
  - What matters to the person and what good support looks like for them
  - personal physical health goals (motivational interviewing techniques can help)
  - referrals to follow-up interventions, social prescribing or onward signposting
  - follow-up appointments
  - roles and responsibilities of other named supporting professionals
  - addressing social factors

# Smoking and SMI

- Smoking is the single largest cause of preventable death in the UK
- Tobacco dependence treatment is effective in SMI  
(Banham L, Gilbody S (2010). [Smoking cessation in severe mental illness: what works?](#) Addiction 105: 1176-1189.)
- Both pharmacological and non-pharmacological interventions are effective
- Doses of some mental health medications require reduction follow smoking cessation, especially Clozapine

# Diabetes and SMI

“ 7 in 10 people we spoke to living with diabetes feel overwhelmed by the demands of their condition. Of these, three quarters said their self-management was affected by their emotional struggle.

*Too Often Missing, Diabetes UK, May 2019*

“ The risk of metabolic syndrome and type 2 diabetes is at least twice as high in people with schizophrenia, bipolar affective disorder, and major depressive disorder compared with the general population.

*The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness, July 2019*

- Lifestyle and behavioural change programmes with psychological support
- Pharmacological interventions as per NICE guideline
- Eye screening is important for anyone living with diabetes (screening is significantly lower for those with SMIs)

# Impact of Long-term conditions on mental health

- 30% of people with LTCs have anxiety or depression symptoms.
- This rises to 50% in those who have two or more LTCs
- LTC patients with comorbid mental health conditions do not usually identify mood as their main difficulty and believe it is simply inevitable when living with a LTC
- Poor control is a marker for psychological need
- Adapted CBT approaches are shown to improve both mood and motivation