

Mental health and Cardio- metabolic illness disease

HIN Cardiovascular Disease Fellowship

Thursday 26th September

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Timings

- 40 minute presentation
- 10 minute Q&A

Overview

- The challenge
- The bio-psycho-social model
- Closing the gap between mental and physical health within primary care

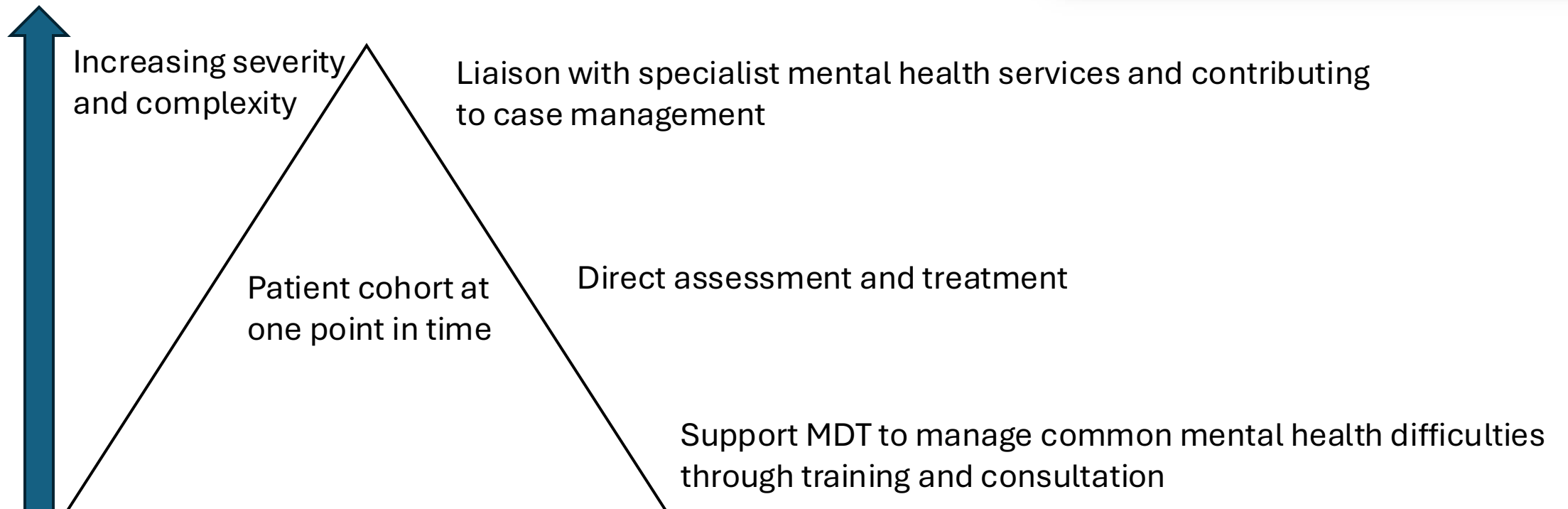
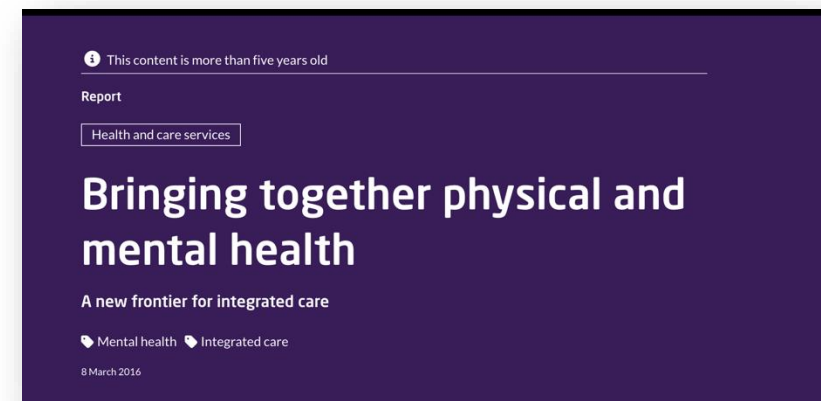
Introduction

- Clinical psychology with specialism in physical health
- King's College Hospital and South London and Maudsley:
 - Integrated Psychosocial Team for Cardio-Respiratory (IPS-CR)
 - Diabetes Psychiatry and Psychology Service (DPPS)



- Barts Heart and Thorax Centre (St Bartholomew's Hospital)

Introduction



The challenge – general MH

2-3x more likely

45% higher costs per person
(especially in terms of time required within primary care!)

12-17% of LTC spending linked to poor MH
(£1 in every £8)

Correlated with deprivation

Also: Mental health problems cost the UK economy at least £117.9 billion annually (5 per cent of GDP). 72% is due to the lost productivity and costs incurred by informal carers.



The challenge – general MH

TheKingsFund> Centre for Mental Health 

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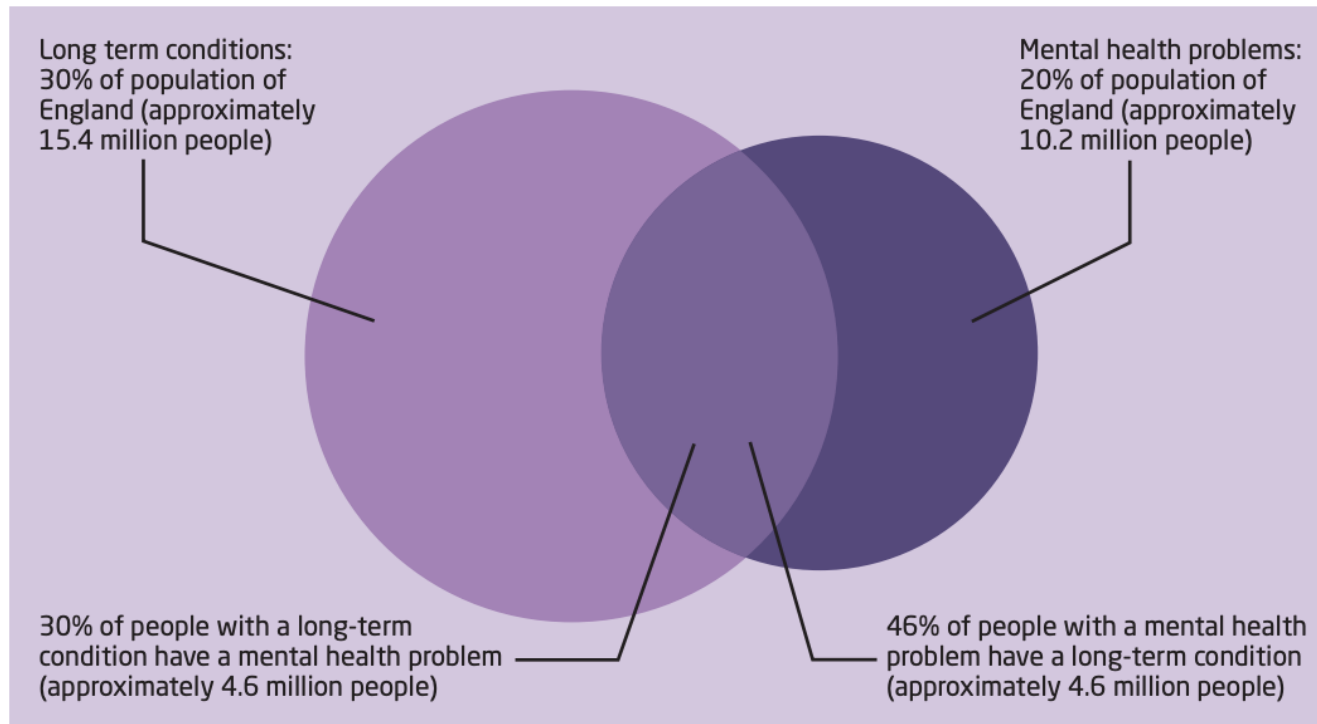
Long-term conditions and mental health

The cost of co-morbidities

Key messages

- Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life.

Figure 1 The overlap between long-term conditions and mental health problems



The challenge - SMI

SMI = Severe Mental Illness

15-20 year disparity in life expectancy
(5x risk of dying prematurely)

Disparity largely due to preventable physical illness

50% of deaths attributed to:



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[Community health services](#), [Health and Wellbeing](#), [Mental health](#), [Personal health budgets](#)

Improving the physical health of people living with severe mental illness

Guidance for integrated care systems

< Publication

Content

10 key actions

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The challenge - SMI

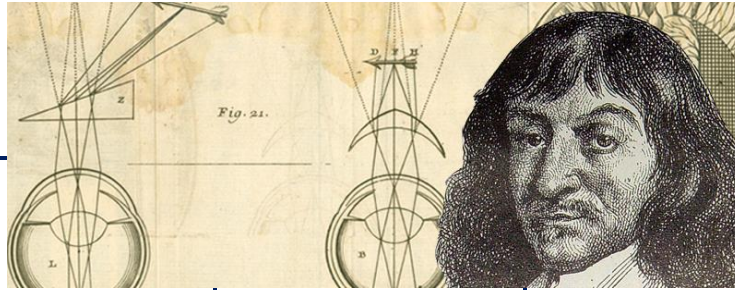
- 6.6 times increased risk of respiratory disease
- 6.5 times increased risk of liver disease
- 4.1 times increased risk of cardiovascular disease
- 2.3 times increased risk of cancer
- are 3 times more likely to lose their natural teeth

The best single modifiable candidate for increasing life expectancy of people living with schizophrenia is smoking, and for people living with bipolar disorder it is sedentary behaviour

The challenge - SMI

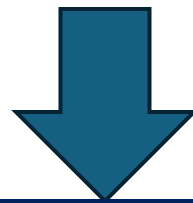
- Diagnostic over-shadowing
 - Contributing to poor engagement in health services!
- Medication side-effects (weight, diabetes, lipids)
 - But these can be mitigated if monitored regularly!
- Smoking, lack of exercise, diet
 - Consider how this relates to deprivation!

The challenge – falling through the cracks



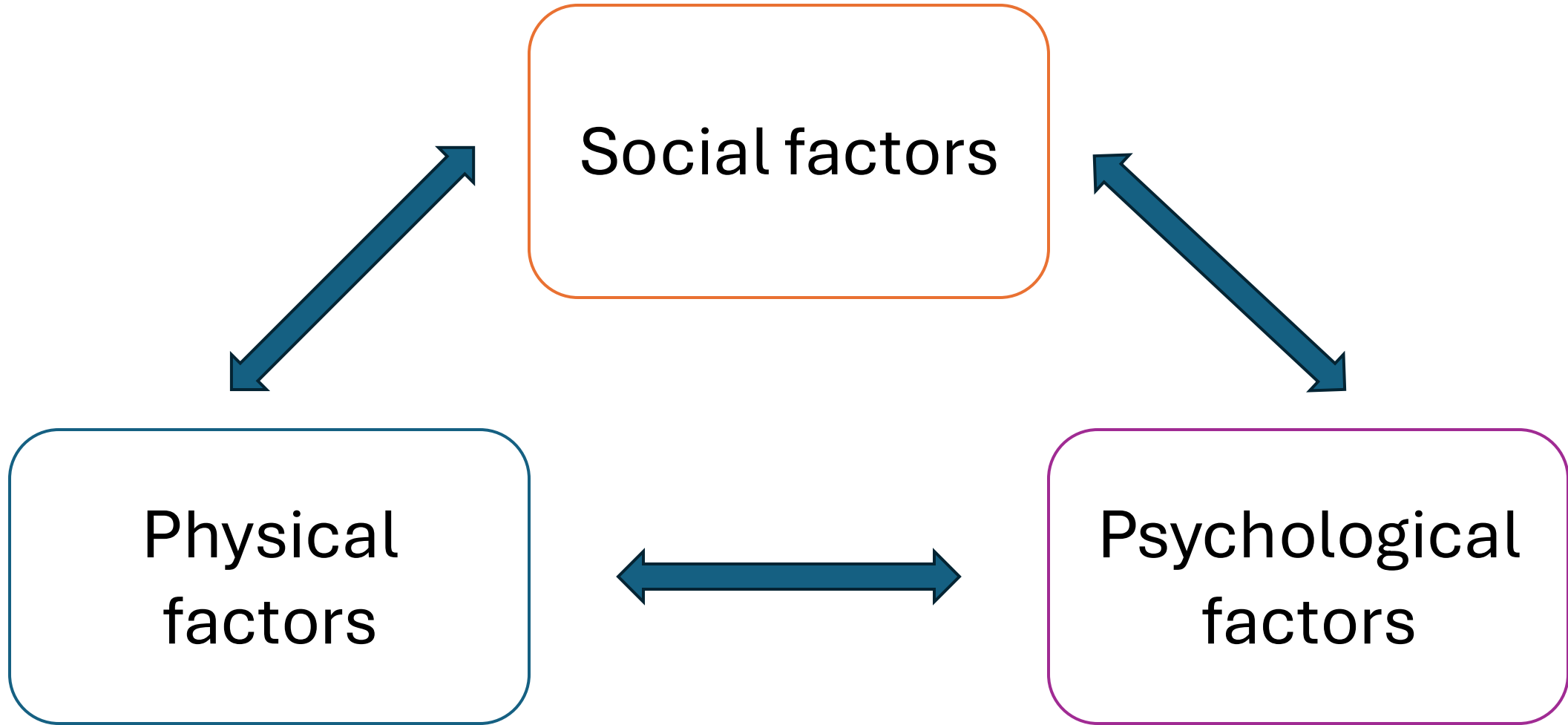
Physical health services

Mental health services



GP?!

The bio-psycho-social model of poor health



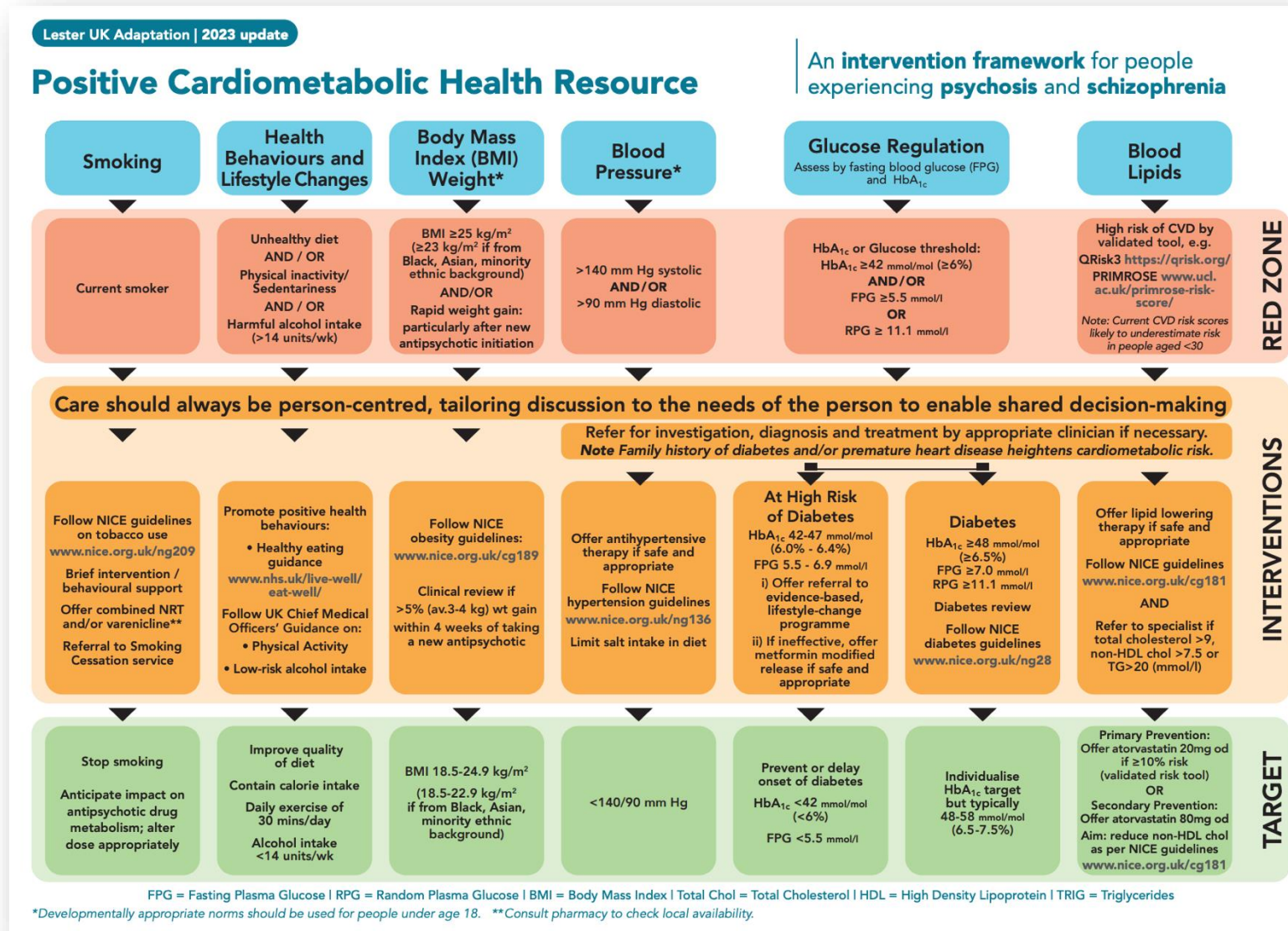
Closing the gap – 6 core health checks for SMI



NICE guidance ([CG185](#), [CG178](#) and [NG181](#)) recommends that primary care should keep an up-to-date register of people living with bipolar disorder, schizophrenia and other psychoses who require monitoring of their physical and mental health (the ‘SMI register’).

1. alcohol consumption status
2. blood glucose or HbA1c test
3. blood pressure
4. body mass index
5. lipid profile
6. smoking status

Closing the gap – the Lester tool for SMI



Closing the gap – the Lester tool for SMI



Closing the gap – mental health support

Only 10% of those identified as having a MH problem in primary care will receive a referral to specialist services.

Specialist mental health services in primary care are effective if patients will engage ("NHS Talking Therapies" previously IAPT).

There's evidence that CBT (including computerised CBT) is effective in LTCs:

- ✓ Treatment adherence
- ✓ Quality of life
- ✓ Reduced use of health care services incl A&E

NHS Talking Therapies have specific pathways and training in working with LTCs

Closing the gap – mental health support

Explaining the process of NHS Talking Therapies services is important to facilitating engagement, especially where self-referral is required

- Emphasise that they have expertise in LTCs
- Can self-refer via website or phone
- Probably receive an initial phone call to get a brief overview of the problem, this might be followed by a more in-depth assessment if needed
- May be offered guided self-help (giving information via internet or leaflets along with regular phone calls to check-in on progress)
- May be offered workshops to learn about managing mental health
- May be offered individual talking therapy in person or online for a set number of sessions

Closing the gap – social factors

