Mental and Physical Health

Why is this important to Bradford District?

Mental and physical health are fundamentally linked. There are multiple associations between mental health and chronic physical conditions that significantly impact a person's quality of life, and their need for health care, and other services.

Poor mental health is a risk factor for chronic physical conditions. In particular, people with serious mental health conditions are at high risk of experiencing chronic physical conditions. At the same time, people with chronic physical conditions are at risk of developing poor mental health.

Evidence suggests that the life expectancy of people with mental illness is on average ten years less than that in the general population. Furthermore, the rate of diabetes, cardiovascular disease and respiratory disease are also higher than in the general population. There are a number of reasons for this; firstly people with a severe mental illness tend to have less healthy lifestyles than the general population, including poorer diets, lower levels of participation in physical activity and higher levels of smoking; secondly, people with severe mental illness are likely to experience long term effects from taking antipsychotic medication; and thirdly, persons with severe mental illness have higher rates of alcohol and substance misuse. In addition to these factors, the presence of a mental health disorder may also make it more difficult for people to access health services, or they may lack the necessary skills and confidence to adequately communicate their symptoms to healthcare professionals. When people with mental health disorders access healthcare, physical symptoms may be overlooked as mental health is seen as a priority.

As well as a person's mental health affecting their physical health, a person's physical health can also contribute to the deterioration of their mental health. Similarly, mental health problems may contribute to, and be worsened by, social, financial, psychological, behavioural and biological factors. Accordingly, in the development of health, care and support services, the interrelationship between mental health and physical health should be considered.

Strategic context

The 2011 Government Strategy No health without mental health set out the Government's ambition in relation to mental health – to improve people's mental health and increase recovery from mental health problems, improve the physical health of people with mental health problems, improve the experience of care and support, and decrease avoidable harm, stigma and discrimination.

This strategy also placed an emphasis on **parity of esteem** for mental and physical health. A working group of the Royal College of Psychiatrists have been working to clarify the concept and describes it simply as the idea "*that mental health and physical health should be valued equally*" (RCPsych, 2013). This can further be distilled into a number of objectives, including:

- equal access to high quality services;
- resource allocation according to need;
- equal attention to service improvement and equal focus on outcomes.

The Health and Social Care Act has also enshrined in law the Secretary of State's responsibility to improve the mental health of the population (Health and Social Care Act, 2012).

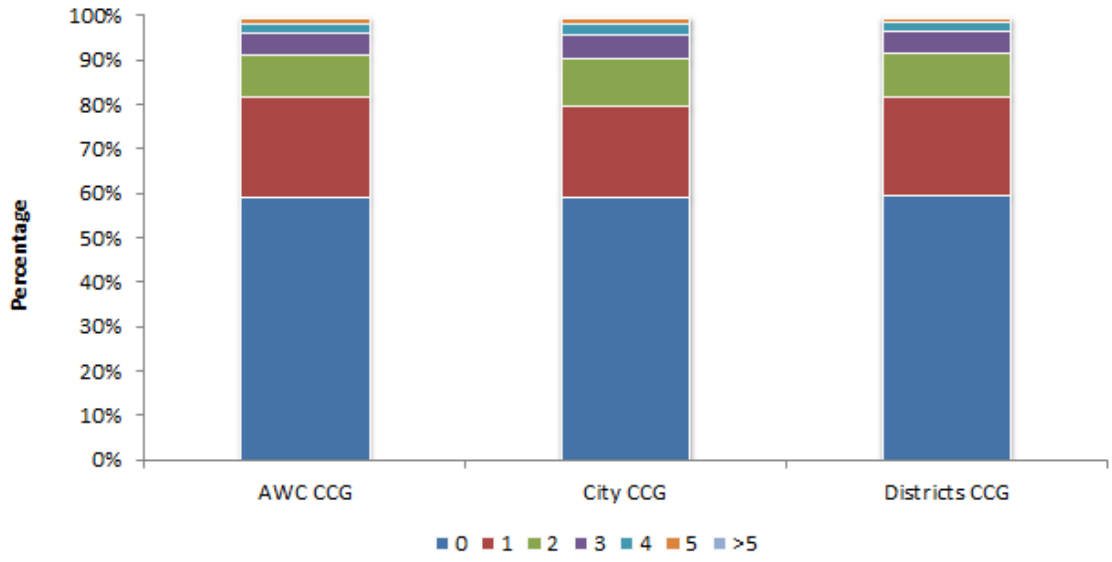
More recently, in the Five Year Forward View for Mental Health, NHS England prioritised improving the physical health of people with mental illness, through **early detection** and expanding access to evidence based **physical care assessment and intervention** each year.

NHS England stated that "***CCGs should offer NICE-recommended screening and access to physical care interventions to cover 30% of the population with SMI on the GP register in 2017/18, moving to 60% of the population from the following year*".** This goes beyond the physical health checks already incentivised through the Quality and Outcomes Framework (QOF).

What do we know?

Physical health of people with depression and/or anxiety: In Bradford CCGs, 40% of those recorded on a GP register as having ever experienced anxiety or depression have at least one co-existing long term physical health condition (co-morbidity). **One in five people with anxiety have one other long term condition**; whilst one in ten have two long term conditions. This is similar across all three CCGs. The most common physical health problems amongst those with depression and anxiety are high blood pressure, asthma and diabetes. The prevalence of diabetes amongst people experiencing anxiety/depression is markedly higher in City CCG than Airedale, Wharfedale and Craven (AWC) or Bradford Districts – this is unsurprising and reflects the overall prevalence of diabetes in the CCG.

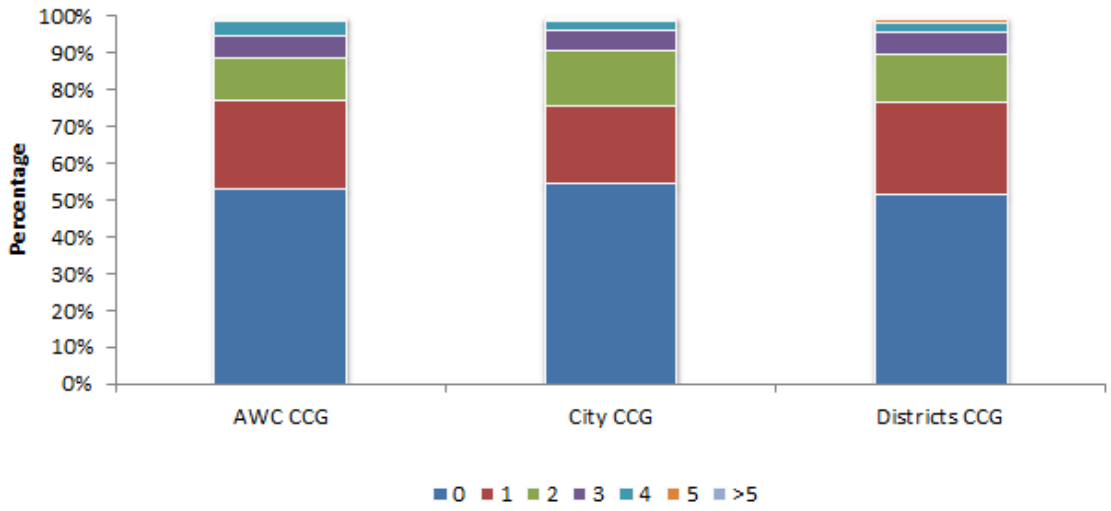
Figure 1: Proportion of people with depression and/or anxiety and other physical health conditions



Source: SystmOne

Physical health of people with serious mental illness: In Bradford District, **47% of those recorded on a GP system as having a psychotic or bipolar disorder have a least one other long term condition; one in four people have one long term condition**, whilst 13% have two long term conditions. This is similar across all three CCGs. The most common physical health problems amongst those with serious mental illness are high blood pressure, diabetes and asthma. Again, the prevalence of diabetes is significantly higher in City CCG than AWC or Districts.

Figure 2: Proportion of people with psychosis or bipolar disorder with comorbidities



Source: SystmOne

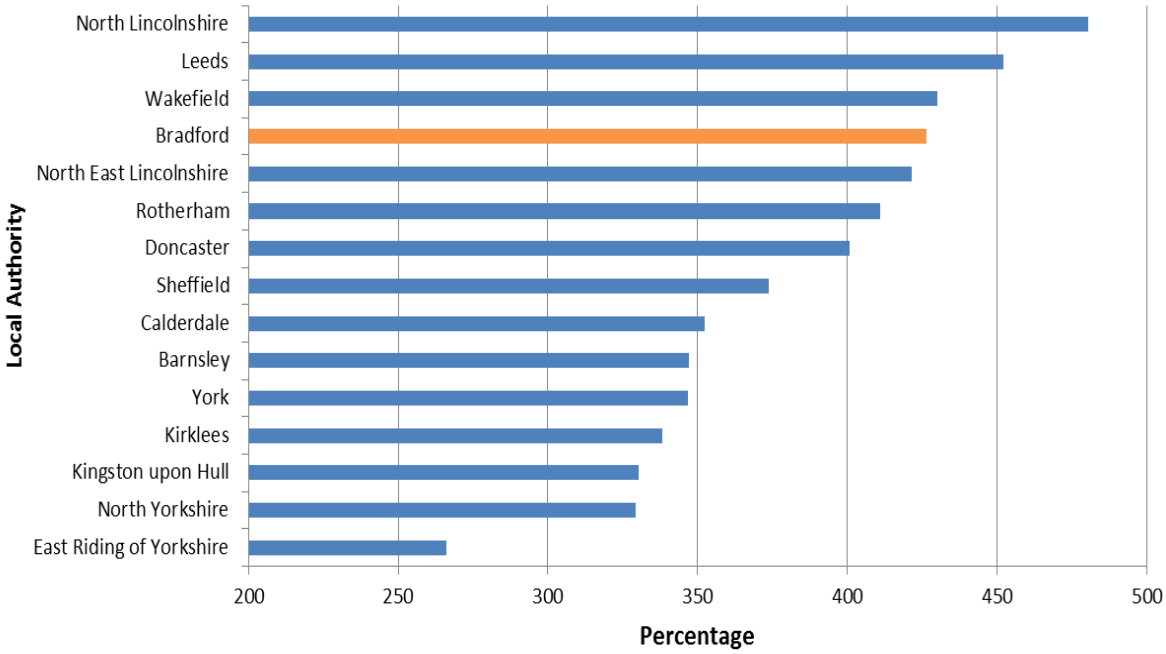
Premature mortality

Reflecting the importance of physical health among people with mental illness, excess premature mortality (defined as deaths before the age of 75) are measured in all health and care systems, as part of both the Public Health Outcomes Framework and the NHS Outcomes Framework. What is measured is the ratio of the number of deaths for people aged 18 to 74 in contact with secondary mental health services, to the number that would be expected based on the death rates in the general population. It should be noted that due to the difficulties in defining and identifying people with severe mental illness, this indicator only includes people who have been in contact with specialist services.

Figure 3 shows the ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England. This data shows that within Bradford District **people experiencing a serious mental illness are 4.3 times more likely to die prematurely than someone without a serious mental illness**. The rate in Bradford District for this measure is higher than the national average suggesting that people within Bradford District with serious mental illness have a greater chance of dying early than in England. Bradford District also has the 4th highest rate in Yorkshire and Humber for this measure.

It should be noted that there is a delay as to when this data is refreshed. This is due to the mental health population being defined as anyone who has been in contact with the secondary mental health services in the current financial year or in either of the two previous financial years who is alive at the beginning of the current financial year.

Figure 3: Excess under 75 mortality rate in adults with serious mental illness, 2014/15

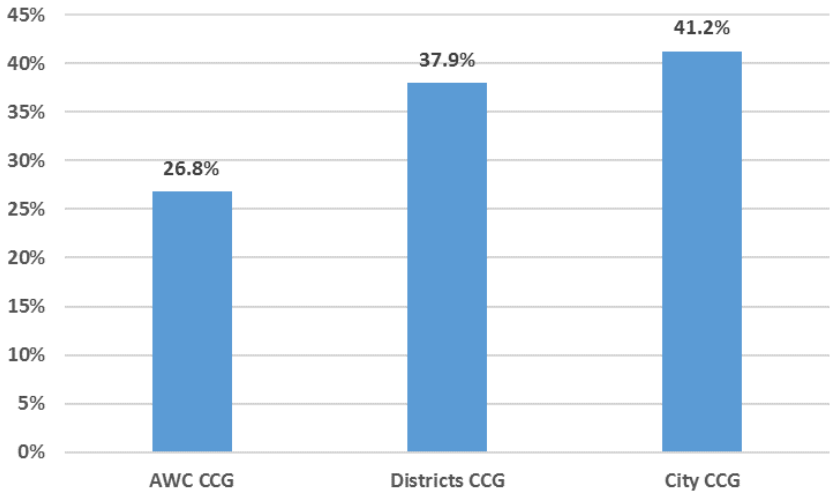


Source: NHS Outcomes Framework Indicators, August 2018

Management of physical health in primary care

Life expectancy for adults with a serious mental illness is **significantly lower** than for people in the general population. An annual health check helps to pick up on early signs of physical health conditions and enables action to be taken to prevent worsening health. There is variation locally in the number of people with SMI (as identified on GP systems) who have received the complete list of physical checks (**Figure 4**).

Figure 4: The percentage of people with severe mental illness who have received the complete list of physical checks, 2017/18

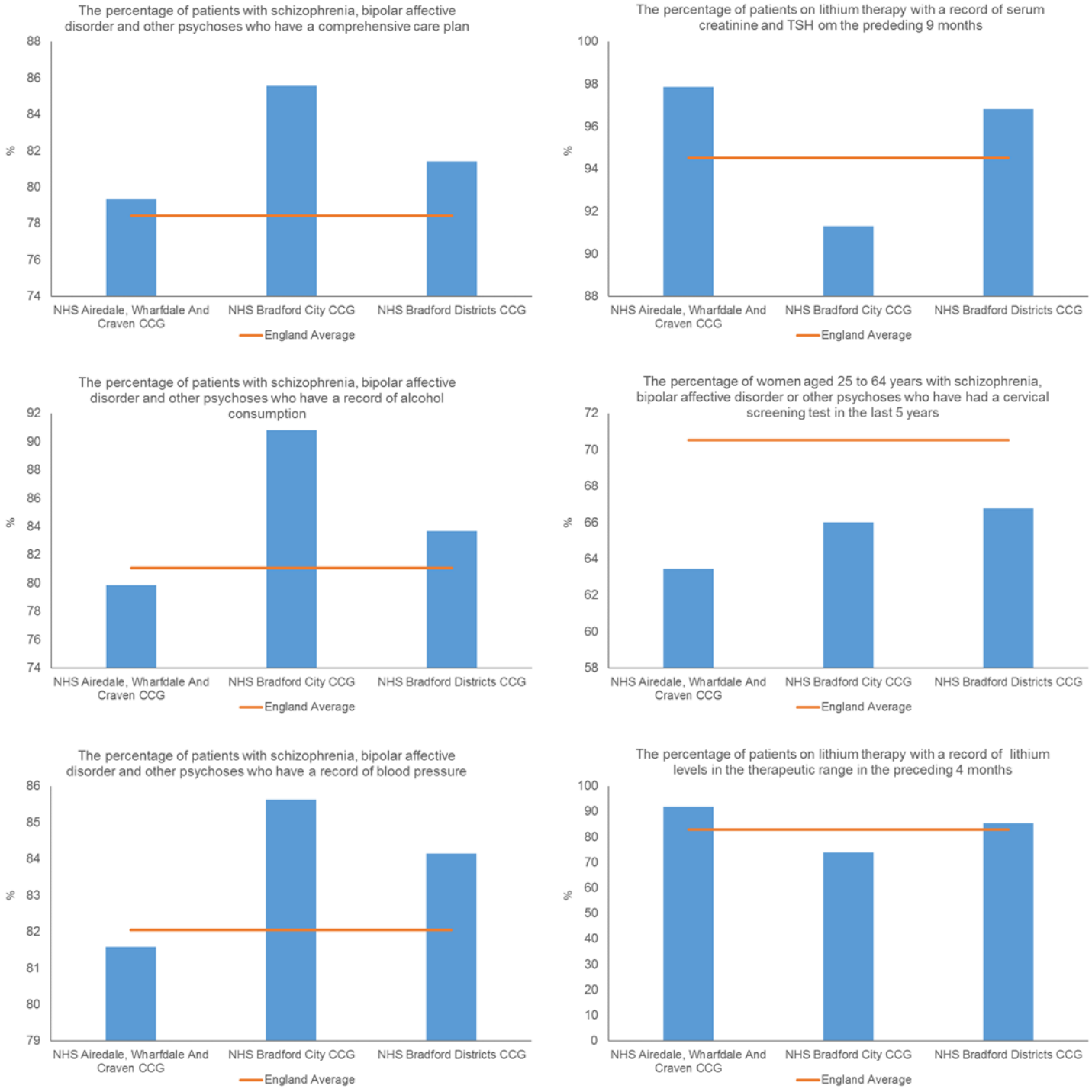


Source: NHS England

Much of the management of physical health problems takes place in primary care. Reflecting the NICE guidance, there are a number of QOF indicators related to the management of physical

health conditions amongst people with serious mental illness. Achievement is above the average for England for all 3 CCGs for most of the QOF indicators (**Figure 5**).

Figure 5: QOF indicators related to the management of physical health conditions amongst people with serious mental illness, 2018/19



Source: Quality Outcomes Framework

Gaps / Challenges / Opportunities

The Bradford Mental Wellbeing Strategy was launched in 2016, with the aim of improving mental wellbeing in Bradford District, and stimulating parity of esteem between mental and physical health. One of the core pillars of the strategy is the interplay between mental and physical health, and integrating care for physical and mental health. This strategy has been developed in partnership between the CCGs, local authority, and providers in the NHS and third sector. It is now in its second year of delivery, and presents an opportunity to redesign and develop services to improve mental healthcare, and the physical healthcare of those with mental health conditions.

What are we doing about it and what does the information presented mean for commissioners?

Commissioners and clinicians in mental health are working together with the Planned Care Programme to align existing services into a system that will offer psychological screening and interventions at an early stage in physical healthcare pathways such as persistent pain, gynaecology, rheumatology and general medicine, amongst others. There is evidence that this will improve outcomes and reduce unnecessary or harmful interventions. This work will result in a model of integrated physical and mental wellbeing so that people can have their care needs met at the same location as an agreed pathway of care.

Action learning workshops for eating disorders, and dementia support have taken place with GP and practice groups, and presented to the Clinical Commissioning Forum for City and Districts on 0-19 wellbeing.

The proportion of people with **severe mental illness accessing the full range of physical health checks** in primary care has **decreased since last year**, especially in the Bradford Districts area. NHS England have confirmed the range of areas to be formally monitored and local discussions will focus on approaches to improving access to these checks. Commissioners are reviewing uptake and efficacy of physical health interventions currently offered to support the reduction of premature mortality among people with SMI.

References

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