

Royal College of Psychiatrists: Mental Health Awareness Week Briefing

About the Royal College of Psychiatrists:

We are the professional medical body responsible for supporting psychiatrists throughout their careers from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

We work to secure the best outcomes for people with mental illness, learning difficulties and developmental disorders by promoting excellent mental health services, training outstanding psychiatrists, promoting quality and research, setting standards and being the voice of psychiatry.

Background:

This Mental Health Awareness Week, the College wants to raise awareness for people with Severe Mental Illness (SMI) and the greater inequality in premature mortality among those with SMI, which can be attributed to physical illness.

SMI refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.

SMI includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) and borderline personality disorder.

People with SMIs often develop chronic physical health conditions at a younger age than people without SMI – obesity, asthma, diabetes, chronic obstructive pulmonary disease, coronary heart disease, stroke, heart failure and liver disease.

They are also much less likely than the wider population to receive an early diagnosis or timely treatment pathway to address these physical health conditions.

Improving the physical health of people living with mental illness, intellectual disability and/or autistic people must be an urgent priority. NHS England (NHSE) and Office for Health Improvement & Disparities (OHID) aim to reduce premature mortality for those with a mental illness and for those with intellectual disabilities (through prevention and treatment and promote mental health and well-being) by one-third by 2030.

Key Messages:

- Poor mental health is associated with other priority public health challenges such as obesity, lack of regular exercise, alcohol and substance use disorders and smoking.¹
- People with SMI are 4.5 times more likely to die prematurely, before the age of 75, than those who do not have SMI.
- Among people with cancer, cardiovascular disease, liver disease and respiratory disease diagnoses, those who also have SMI are more likely to die from the respective condition (i.e. the case fatalities are higher).
- We must reduce premature mortality for those with a mental illness and for those with intellectual disabilities (through prevention and treatment and promote mental health and well-being) by one-third by 2030.
- We are disappointed the government scrapped the cross government mental health and wellbeing plan and the health inequalities white paper, both of which

¹[summary-of-evidence-on-pmh-interventions-june-2022.pdf](https://www.rcpsych.ac.uk/summary-of-evidence-on-pmh-interventions-june-2022.pdf) (rcpsych.ac.uk)

provided an opportunity for interventions to support people with mental illnesses.

Key Statistics:

- Based on data from 2018 to 2020, in England, people with SMI are 4.9 times more likely to die prematurely than those who do not have SMI. This inequality is the same for men but is greater for women, i.e. women with SMI are 5.0 times more likely to die prematurely than women without SMI.
- There is also significant geographical variation in excess premature mortality with a range between 2.5 to 7.2 times more likely to die before the age of 75 than adults without SMI.²
- SMI is rarely recorded as an underlying cause of death and indeed, is often not recorded on death certificates even as a contributory cause. It is estimated that for people with SMI, 2 out of 3 deaths are from physical illnesses that can be prevented.³
- Over the past year (January 2022 - January 2023), there has been a decrease of 10.8 Full-Time Equivalent (FTE) consultant psychiatrists in post, across the NHS workforce, equivalent to a year-on-year decrease of 0.2%.

Cross-Government Mental Health and Wellbeing Plan and Health Inequalities White Paper:

We are disappointed that the Government has chosen to scrap the Cross-Government Mental Health and Wellbeing and the Health Inequalities White Paper. Both would have provided an opportunity to highlight interventions that could support and prevent mental illness, particularly for those with SMI. Below are health interventions that could support people with SMI.

Smoking:

A review conducted by researchers at the University of Bristol has found a causal relationship between smoking and mental illness, particularly schizophrenia. The researchers found that smoking increases the risk of developing schizophrenia by between 53% and 127%, and the risk of developing depression by 54% to 132%.⁴

In a recent [report](#) by Action on Smoking and Health (ASH) and the Royal College of Psychiatrists' Public Mental Health Implementation Centre (PMHIC), we recommend:

- A new Tobacco Control Plan focused on tackling smoking in all people with a mental illness, through targeted investment and effective data monitoring systems, underpinned by targets for reduced smoking prevalence in this population
- Interventions to prevent smoking uptake and support cessation including:
 - Interventions to prevent smoking tobacco control programmes which include legislative smoking bans, plain packaging and mass media campaigns.
 - Interventions to support smoking cessation and reduction through pharmacological and non-pharmacological interventions.
 - Implementation of "No smoking" policies in mental health secondary care

² [Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/premature-mortality-in-adults-with-severe-mental-illness-smi)

³ [Premature mortality in adults with severe mental illness \(SMI\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/premature-mortality-in-adults-with-severe-mental-illness-smi)

⁴ <https://www.bristol.ac.uk/psychology/news/2022/107.html>

settings to reduce smoking rates.⁵

Alcohol and Drug Misuse:

We need public policies that restrict alcohol availability and/or raise taxes on alcohol to reduce drinking. This should include:

- Investing in brief and digital interventions to reduce harmful alcohol consumption through primary care-based brief interventions so that we can reduce alcohol consumption in hazardous and harmful drinkers.
- Investing in targeted alcohol interventions for people with mental illness.

We also need to invest in interventions to prevent drug use among people with a mental illness and comorbid substance misuse.

Promoting physical activity:

We should promote physical activity to improve symptoms and outcomes of mental illnesses.

Diabetes:

People with SMI are at increased risk of developing diabetes. There is currently a lack of monitoring and standardisation of diabetes care in the NHS psychiatric inpatient setting.

- Healthcare professionals should screen all patients prescribed second-generation antipsychotics for diabetes.
- All mental health providers should create a diabetes register, with immediate priority given to units where individuals may have prolonged inpatient admissions, such as secure hospitals.
- Healthcare professionals should ensure they screen everyone admitted with acute complications of diabetes whose manner of causation is unclear or not medically explained for mental illness. Staff need to be appropriately trained to do this.

Support people to find and retain meaningful employment

Currently, 300,000 people living with long-term mental health problems lose their jobs each year. This is unacceptable for the patient, carers, and families as well as wider society who no longer can benefit from the productive employment many of these people can undertake. We need to act on this, to support people who can remain in work to continue. The proportion of people using specialist mental health services who are in paid work remains small. Many more people would like support with employment.

Addressing patients' occupational, educational, and psychosocial needs is an essential aspect of mental health care. Supporting individuals to work, wherever possible, can positively contribute to the recovery of individuals who have mental health conditions. Therefore, all mental health professionals should formally consider whether employment is a precipitating and/or maintaining factor in someone's mental health condition and should view being in appropriate work as a key treatment outcome.

⁵ [summary-of-evidence-on-pmh-interventions-june-2022.pdf](https://www.rcpsych.ac.uk/summary-of-evidence-on-pmh-interventions-june-2022.pdf) (rcpsych.ac.uk)

Programmes that support people into employment when they want this, on their own terms, should be expanded, and we supported the announcement in the Chancellors Spring Budget to increase access to Individual Placement and Support (IPS).

However, we also need to look beyond secondary mental health services and extend the principles of IPS to mainstream employment service provision. There are pilot projects in some local areas extending and adapting IPS to primary care, to addiction services, to armed forces veterans and to people leaving prison.⁶

We also recommend that:

- All employers adopt policies and practices which support people who develop mental health conditions to remain in, or return to, appropriate full- or part-time work.
- All employers to recognise the value of occupationally focused mental healthcare in helping their staff remain in, or return to, appropriate work.

Improve the welfare system:

Social security benefits play an important role in enabling people with a range of mental health problems to live well. For many, these entitlements provide an important safety net during times of ill health and offset the extra costs of living with a disability.

Yet we know that people with mental health problems struggle to receive the benefits they are entitled to and have poor experiences of the system, including the inappropriate use of sanctions. This inevitably creates a significant barrier to their recovery.

The system for assessing benefit entitlements must ensure that people are accurately and honestly assessed. It must also ensure the impact of individual health problems is understood and that assessments achieve the right results the first time, without needing to be reviewed.

Support people with problem debt:

Problem debt is closely associated with poor mental health. Difficulties managing personal finances can trigger relapses in people with mental health problems. For some people having a mental health problem can lead to financial difficulty.

People with problematic debts have half the recovery rates in Improving Access to Psychological Therapies (IAPT) of those without.⁷ Routine screening for financial difficulty and high-quality advice on debt, finance and associated issues is likely to be highly cost-effective for the NHS and could significantly reduce the risk of homelessness among people with mental health problems.

We should consider how best we can identify and support service users experiencing financial difficulty, and wherever possible ensure people have access to high-quality housing, debt and financial advice.

Support people to access safe housing:

Having somewhere safe, stable, and secure to live is essential for good mental and physical health. For too many people, housing insecurity and poor mental health

⁶ [ps01_22.pdf \(rcpsych.ac.uk\)](#)

⁷ [Singles-MMH_3273_Our_Report_LiveCopy_DIGITAL_SINGLE.pdf \(moneyandmentalhealth.org\)](#)

reinforce one another. Insecure tenancies, the risk or experience of homelessness and poor-quality housing, can all affect mental health.

Securing the housing rights of people with mental health problems is an essential cornerstone of a fair society. It can also increase the efficiency of mental health services and reduce the use of inappropriate out-of-area placements.

We must reform the social housing system so that it better meets the needs of people with mental health problems and adopt a sustainable funding model for supported housing to ensure everyone who needs supported housing is able to access it.

More information:

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