Birmingham and Solihull
Mental Health
NHS Foundation Trust

Sayeed Akhtar (41 year old male)

Birmingham and Solihull Mental Health NHS Foundation Trust

BACKGROUND:

- British Asian. Diagnosed with Schizophrenia aged 25. On Olanzapine
- When his girlfriend ended their relationship, Sayeed became increasingly withdrawn and paranoid
- Reported missing 2 weeks ago. Last contacted in an HMO known as an address used for substance misuse, mainly crack cocaine and heroin
- Picked up by WMAS at New St. Station where staff found him responding to unseen stimuli. Admitted to Caffra
- Admission bloods reveal **high white cell count.** HBA1C **60** mmol/mol. Body map: **weeping abscess left groin**
- **Physical observations** BP 150/88, HR **107**, O2 Sats 97%, respiratory rate **22**, temp **38.6** (NEWS2 **4**)

MEDICAL HISTORY:

- High blood pressure – declines treatment
- Elevated cholesterol
- Obese (112 kg, BMI 39 kg/m^2)
- Poorly-controlled asthma
- Pre-diabetic on last review 2 years ago

SOCIAL HISTORY:

- Unemployed
- Lives with parents and younger siblings
- Smokes 15-20 roll up cigarettes per day
- Isolated, few friends, no hobbies

Physical health in SMI - statistics

- People with SMI are five times more likely to die before 75 than those without SMI
- 2 in 3 deaths in SMI patients are linked to physical illness, with cardiovascular disease the leading contributor
- Respiratory disease is common. 19.9% of people with schizophrenia have chronic obstructive pulmonary disease (COPD), and 7.5% have asthma
- Diabetes affects 11–15% of people with SMI, while hypertension is reported in 32–36% of people
- The burden of liver disease is especially marked, with deaths occurring at five times the rate of the wider population
- Cancer presents a distinct challenge: diagnosis rates are lower but mortality is twice as high, suggesting barriers in early detection and treatment.

Tackling physical health inequalities for people with Severe Mental Illness in south east London :: King's Health Partners

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QUIZ RESULTS!

Health Services Safety Investigations Body

Investigation report

Mental health inpatient settings: overarching report of investigations directed by the Secretary of State for Health and Social Care

Date Published:
13/05/2025

Theme:
Mental health

[Mental health inpatient settings: overarching report of investigations directed by the Secretary of State for Health and Social Care]

- There are gaps in the provision of physical health care for people with severe mental illness, including inconsistent health checks, poor emergency responses, and misattribution of physical symptoms to mental illness.
- The misattribution of physical symptoms to patients' mental health was observed and had the potential to contribute to worsened patient outcomes.
- There is evidence that recommendations to improve the physical health of people are delayed in implementation and people continue to die prematurely.

87,000 people with a severe mental illness have died from preventable physical health conditions in three years

Press release

10 October 2024

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For World Mental Health Day, the Royal College of Psychiatrists is calling on the Government to take urgent action to close the mortality gap between people with severe mental illness (SMI) and the rest of the population.

87,000 people with a severe mental illness have died from preventable physical health conditions in three years

Physical health inequalities in SMI – what are they?

Dental health
Eye conditions
Diabetes
Sexual and reproductive health
Smoking
Drugs and alcohol
Metabolic syndrome (**cardiovascular disease**)

There are significant inequalities in life expectancy for mental health patients, with people in contact with mental health services nearly five times more likely to die prematurely than those not in contact with mental health services.

NHS England » NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006)

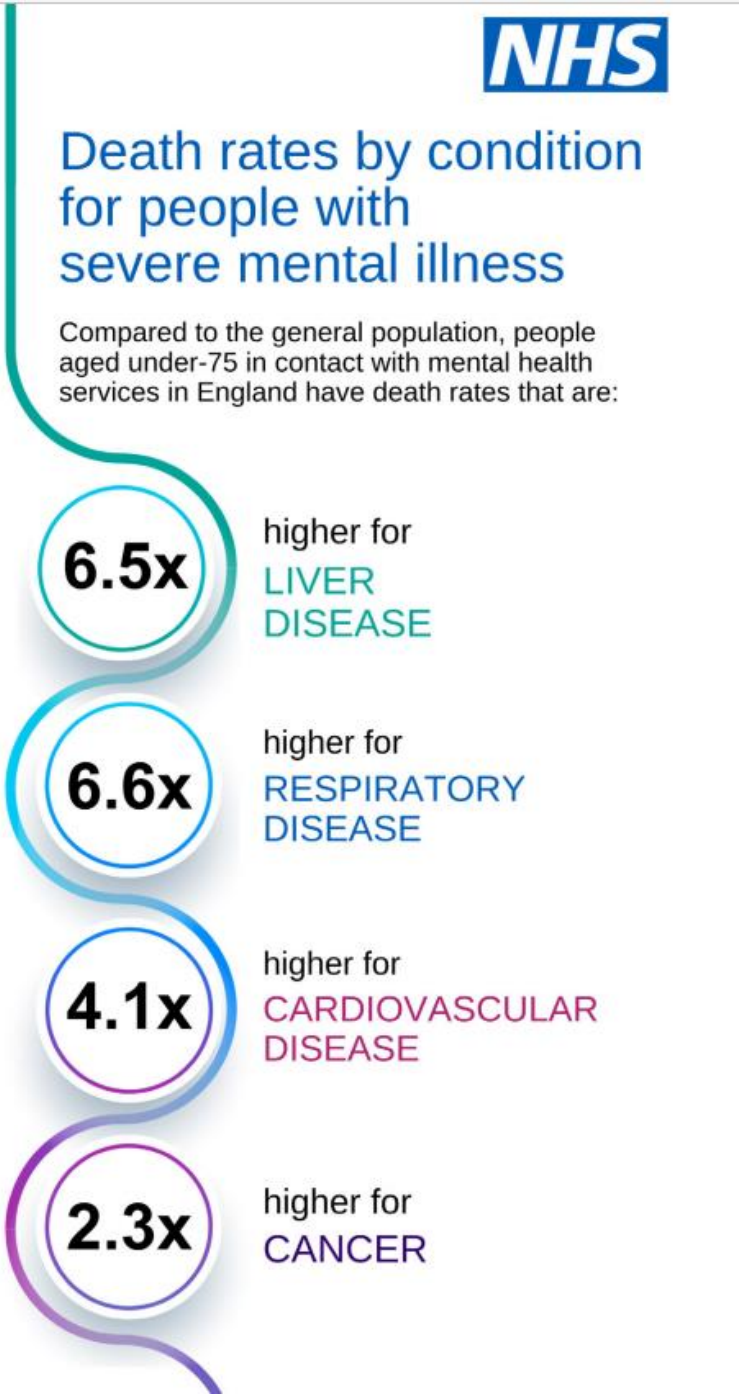
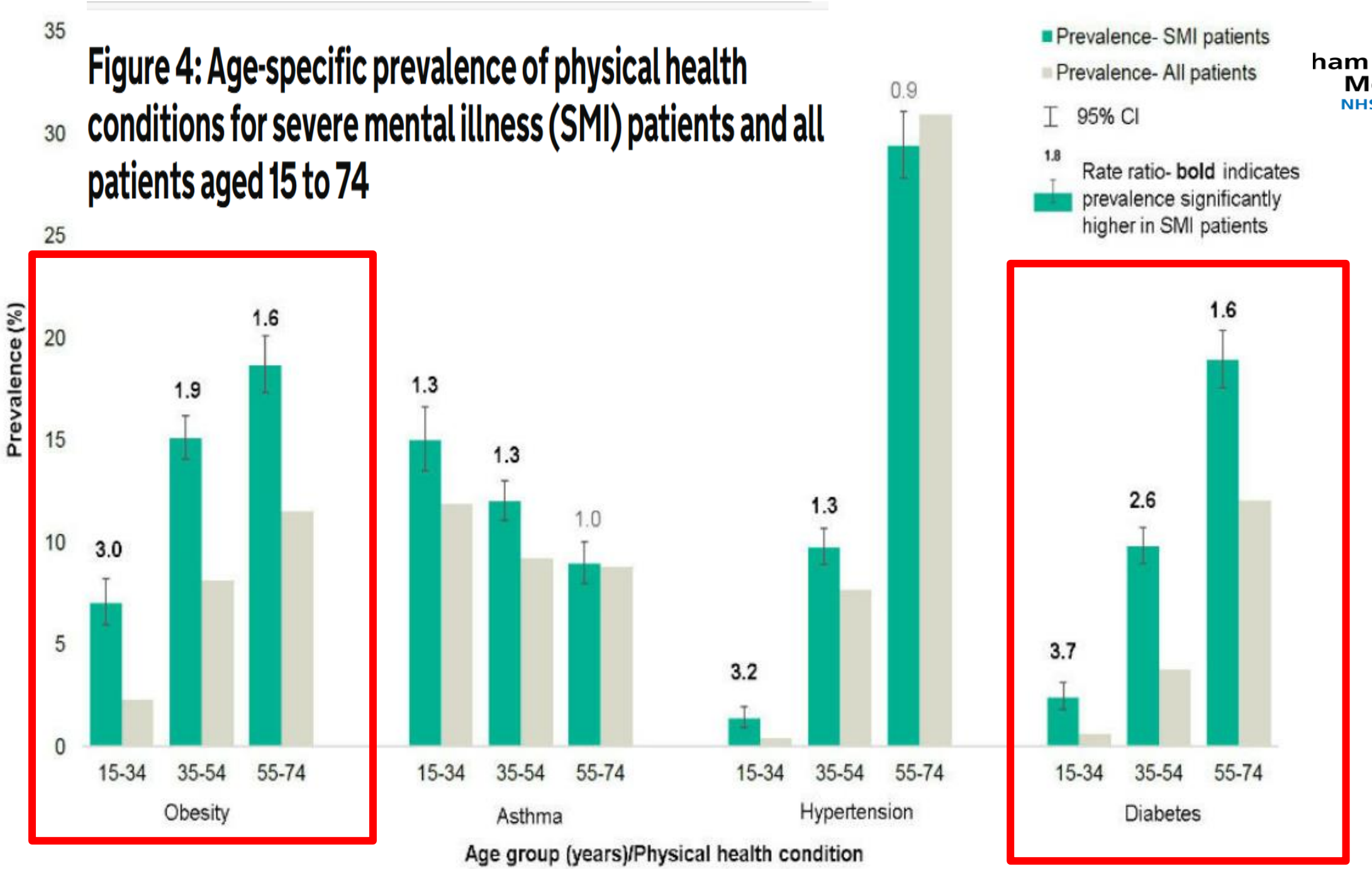


Figure 4: Age-specific prevalence of physical health conditions for severe mental illness (SMI) patients and all patients aged 15 to 74

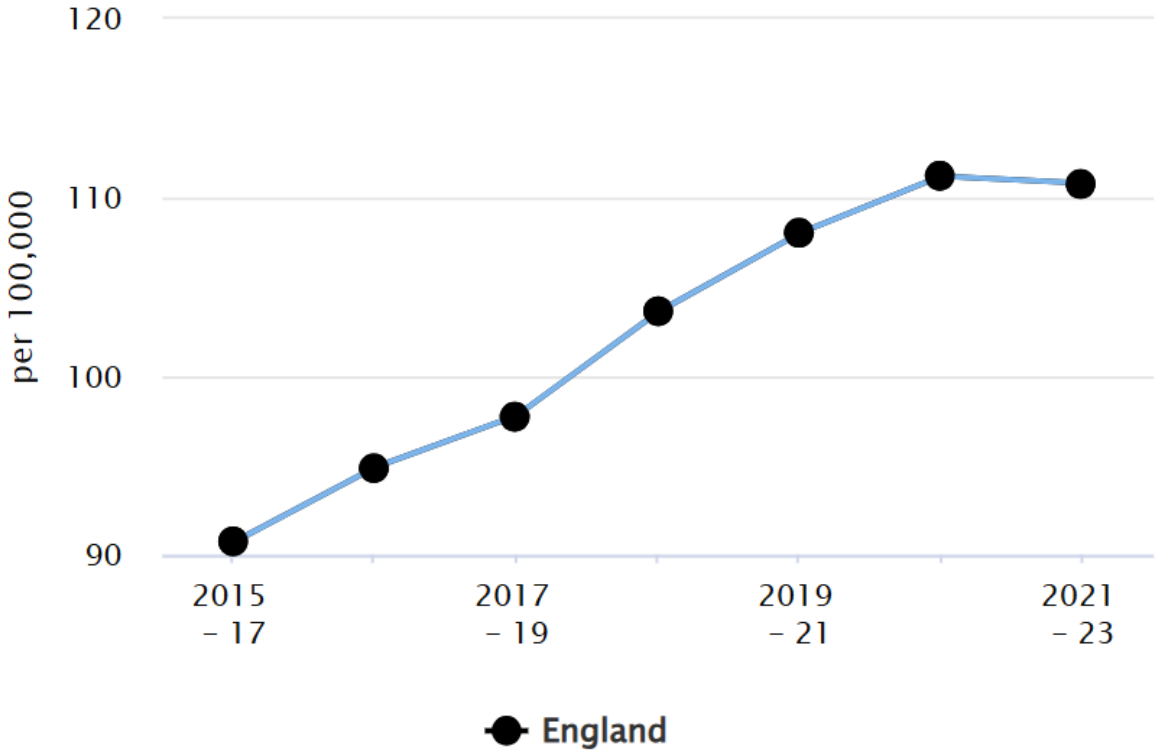


ham and Solihull Mental Health NHS Foundation Trust

[Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK]

Premature mortality in adults with severe mental illness (SMI) New data

Show confidence intervals Show 99.8% CI values



Recent trend: Could

Period	
2015 - 17	●
2016 - 18	●
2017 - 19	●
2018 - 20	●
2019 - 21	●
2020 - 22	●
2021 - 23	●

Source: NHS England a

Indicator Definitions a

[Severe Mental Illness | Fingertips | Department of Health and Social Care]

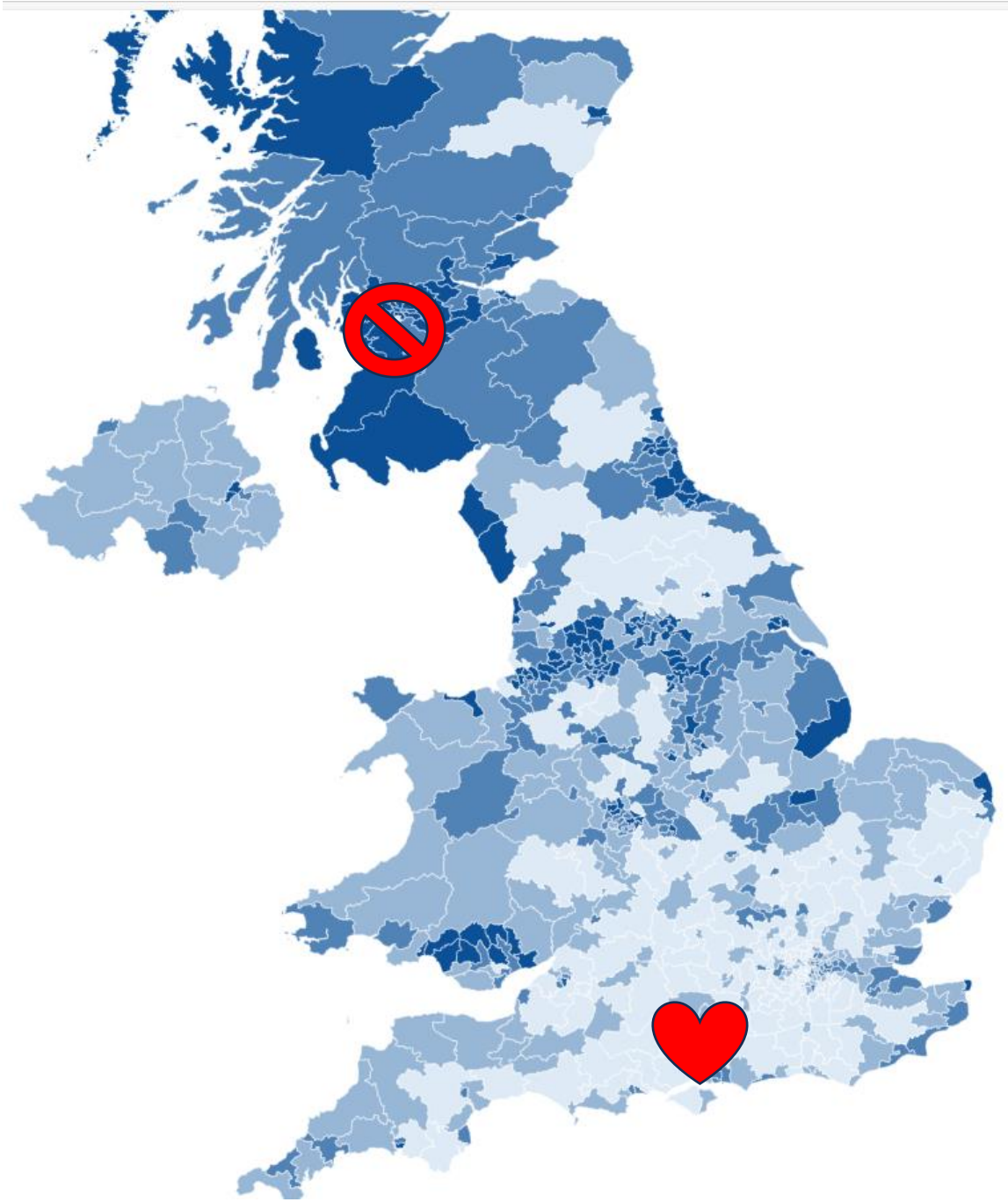
Postcode affects life expectancy……. TRUE OR FALSE?

- People born in Winchester (highest life expectancy) may live for 85.3 years

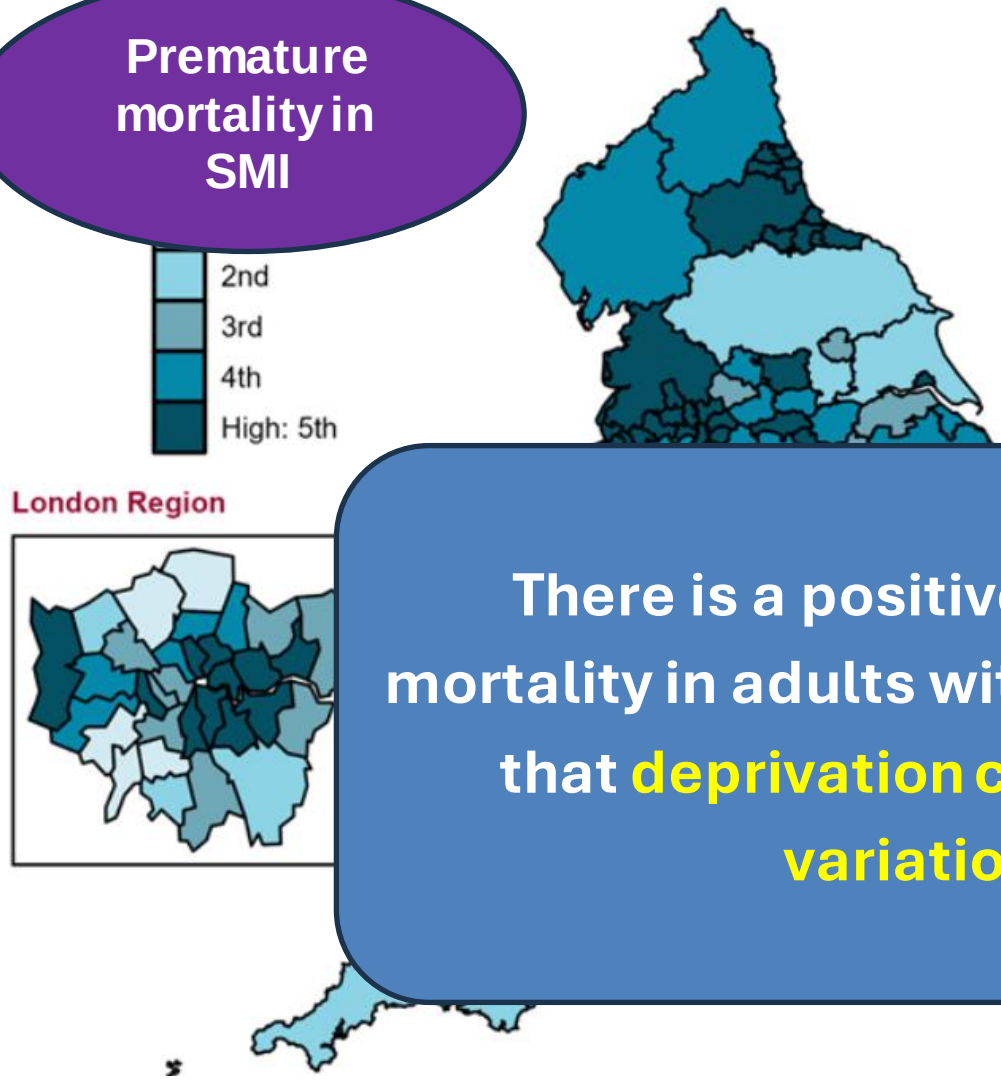
- In Glasgow NE (lowest life expectancy) people are expected to live for 74.2 years – 11.1 years less

- On average, London and the South East have the highest life expectancy at birth (82 years). Scotland has the lowest average life expectancy at birth (79 years).

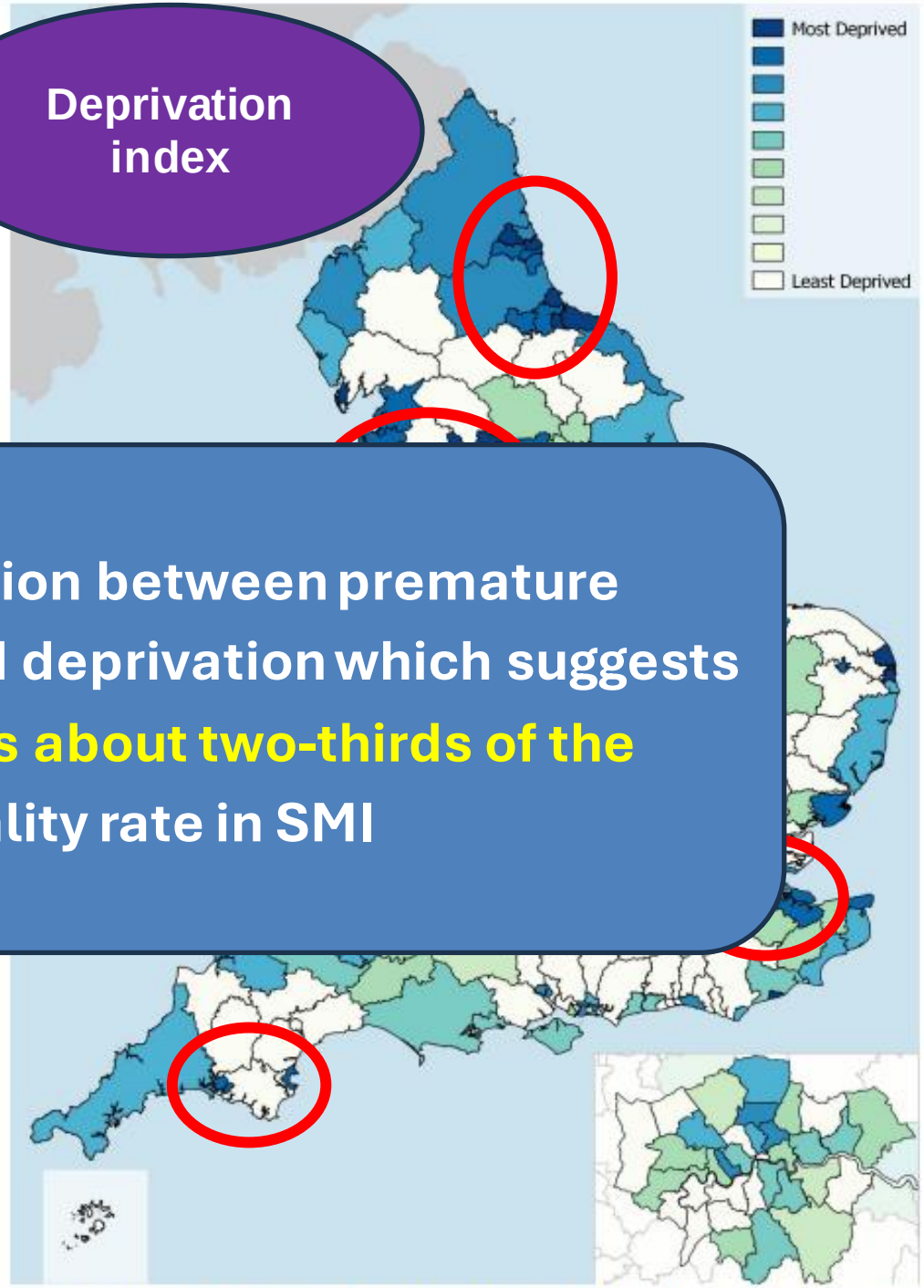
- There are large inequalities between neighbouring constituencies across the UK.



Premature mortality in SMI



Deprivation index



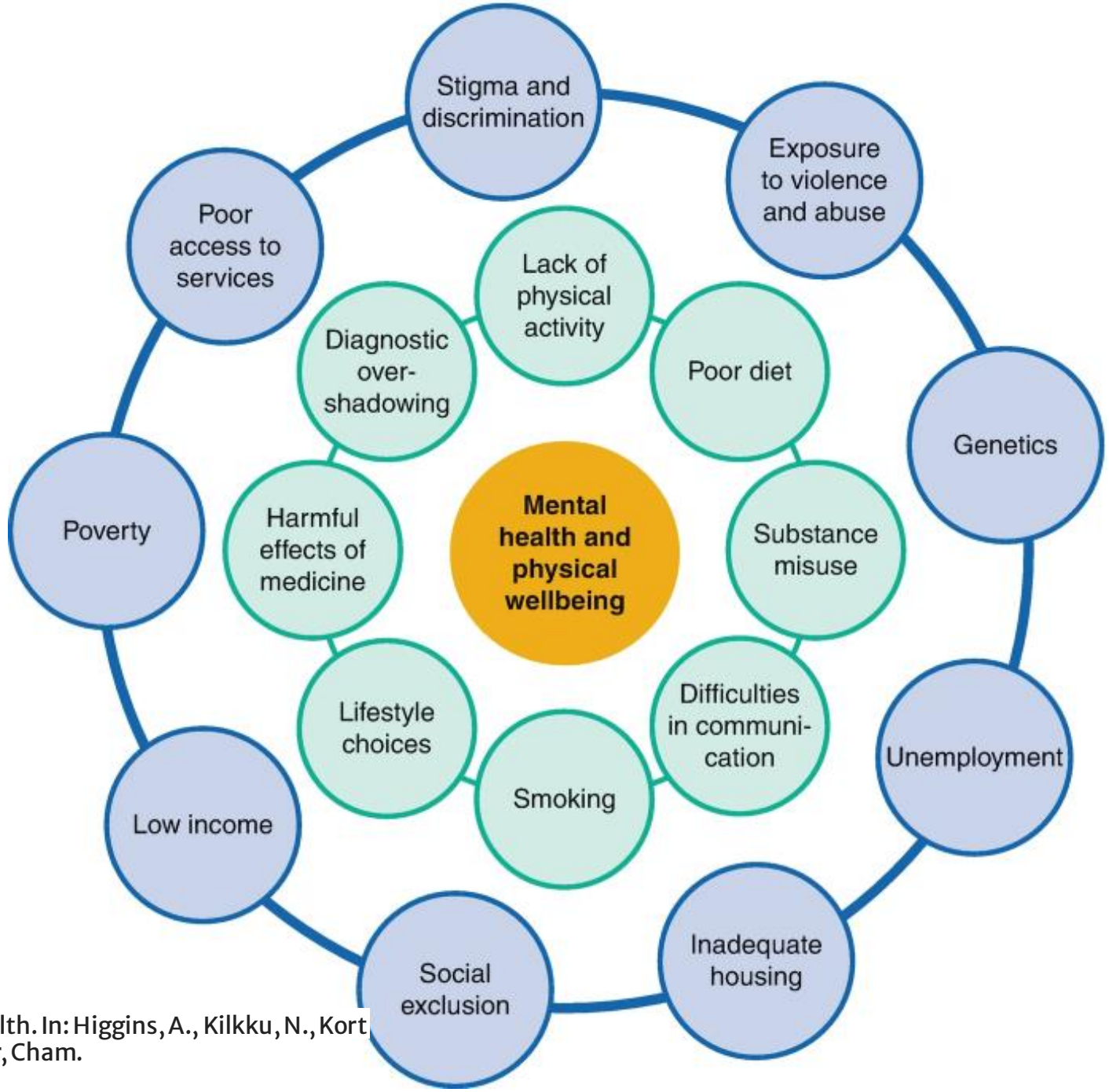
There is a positive association between premature mortality in adults with SMI and deprivation which suggests that deprivation contributes about two-thirds of the variation in mortality rate in SMI

Figure 2: map of upper tier local authorities (April 2020 to March 2021) in England for premature mortality in adults with severe mental illness. Directly standardised rate - per 100,000, 2018 to 2020

[Premature mortality in adults with severe mental illness (SMI) - GOV.UK]

Building blocks of health:

- The money in our pockets
- A safe, warm, affordable home
- A secure and stable job
- Good quality education
- Positive early life experiences
- Safe, supportive and accessible communities around us
- Accessing nature, green spaces, and healthy waterways



Brennan, G., Sakellari, E. (2022). Interface Between Physical and Mental Health. In: Higgins, A., Kilkku, N., Kort Kristofersson, G. (eds) Advanced Practice in Mental Health Nursing. Springer, Cham. https://doi.org/10.1007/978-3-031-05536-2_11

HEALTH EQUALS

About us | Campaigns | Data and Insights | Our members and supporters | Our champions | Contact us

LET'S MAKE HEALTH EQUAL

BECAUSE OF THINGS LIKE INCOME, AIR QUALITY AND HOUSING, WHERE YOU'RE BORN CAN CUT YOUR LIFE SHORT BY UP TO

16 YEARS

We travelled the UK to meet the next generation at risk of poor health and shorter lives, and brought them to London with one ask: to #MakeHealthEqual.

[Health Equals | Make Health Equal]

T

bles to London's Southbank
nd air quality – the building
rt by up to 16 years.

OUR MEMBERS

Health Equals brings together 27 organisations across different sectors and areas of focus, who all want to make a positive difference to society's health and wellbeing.

mind | Local Government Association | LLOYDS BANK FOUNDATION England & Wales | Legal & General | L&W LEARNING AND WORK INSTITUTE

Meet our members

We bring together expertise, influence and knowledge to shape a society where each of us has our best chance of good health, no matter who we are or where we are born, work and live.

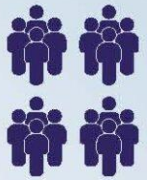
REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Reasons for poor PH outcomes in SMI:

- Increased rates of smoking, alcohol misuse and substance misuse in patients with SMI
- Poorer socio-economic status, generally SMI is higher in areas of higher deprivation
- **Side effects of medications: obesity, high cholesterol, pre-diabetes and diabetes, chronic kidney disease, cardiovascular disease and strokes**
- Service users may be unable to participate in good health management, may struggle with engagement, agency and taking ownership of their health
- **Diagnostic overshadowing** – when PH symptoms are attributed to the mental illness

In diagnostic overshadowing, professionals attribute reported physical health symptoms to symptoms of mental illness, due to an implicit bias which increases the risks of treatment delay and the development of complications

- Stigmatisation of the mental condition and negative attitudes among HCP's
- Lack of education and training in physical or mental health
- Lack of confidence in clinical skills and symptom recognition

Antipsychotic medication & cardiovascular risk:

- Atypical antipsychotics, particularly **Clozapine** and **Olanzapine**, are associated with obesity, type 2 diabetes, and dyslipidaemia

- 80% of patients on Clozapine will develop Type 2 diabetes within 2 years

- Issues are with CARDIOMETABOLIC risk factors:

Weight gain, high cholesterol, high blood sugars, appetite stimulation

Are we good at discussing these long-term risks with our patients?
Are we aware of them ourselves?

Our responsibilities to our patients:

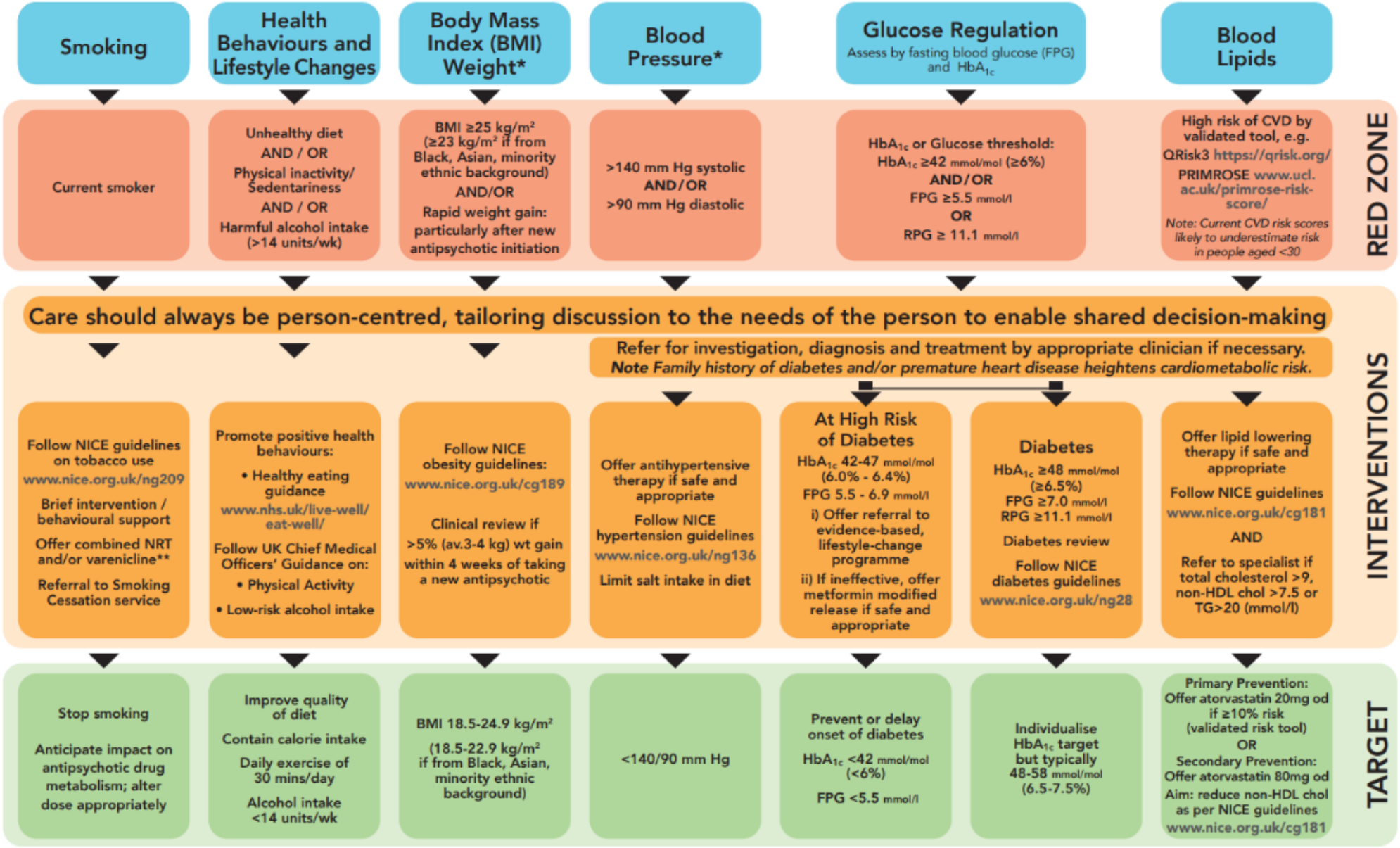
- Blood pressure and heart rate
- A measurement of weight (BMI and waist circumference)
- Measurement of glucose or HBA1C (overall measurement of sugar in the blood over a 3-month period)
- Lipid profile including total cholesterol (also cardiovascular risk assessment score)
- Smoking status
- Alcohol intake

This core physical health check must be completed ANNUALLY for all patients

Lester UK Adaptation | 2023 update

Positive Cardiometabolic Health Resource

An **intervention framework** for people experiencing **psychosis** and **schizophrenia**



FPG = Fasting Plasma Glucose | RPG = Random Plasma Glucose | BMI = Body Mass Index | Total Chol = Total Cholesterol | HDL = High Density Lipoprotein | TRIG = Triglycerides

Eddie's Annual physical health check:

Birmingham and Solihull Mental Health NHS Foundation Trust

[Promoting Awareness of physical health in people with a serious mental illness]

Eddie’s annual PH review ……. What do you think?

References (1):

- **NICE guidance 181**

Cardiovascular disease – risk assessment and reduction, including lipid modification

Introduction | Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance | NICE

- **NICE guidance CG178**

Psychosis and schizophrenia and adults: prevention and management

Overview | Psychosis and schizophrenia in adults: prevention and management | Guidance | NICE

- **UK Government Publication : Severe Mental Illness and Health Inequalities - Briefing (2018)**

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

- Rakesh Narendra Modi , David Ledingham**:** Cardiovascular health monitoring in patients with psychotic illnesses: A project to investigate and improve performance in primary and secondary care **BMJ Quality Improvement Reports, 2013, 2 No. 1 Link:** Cardiovascular health monitoring in patients with psychotic illnesses: A project to investigate and improve performance in primary and secondary care (bmj.com)

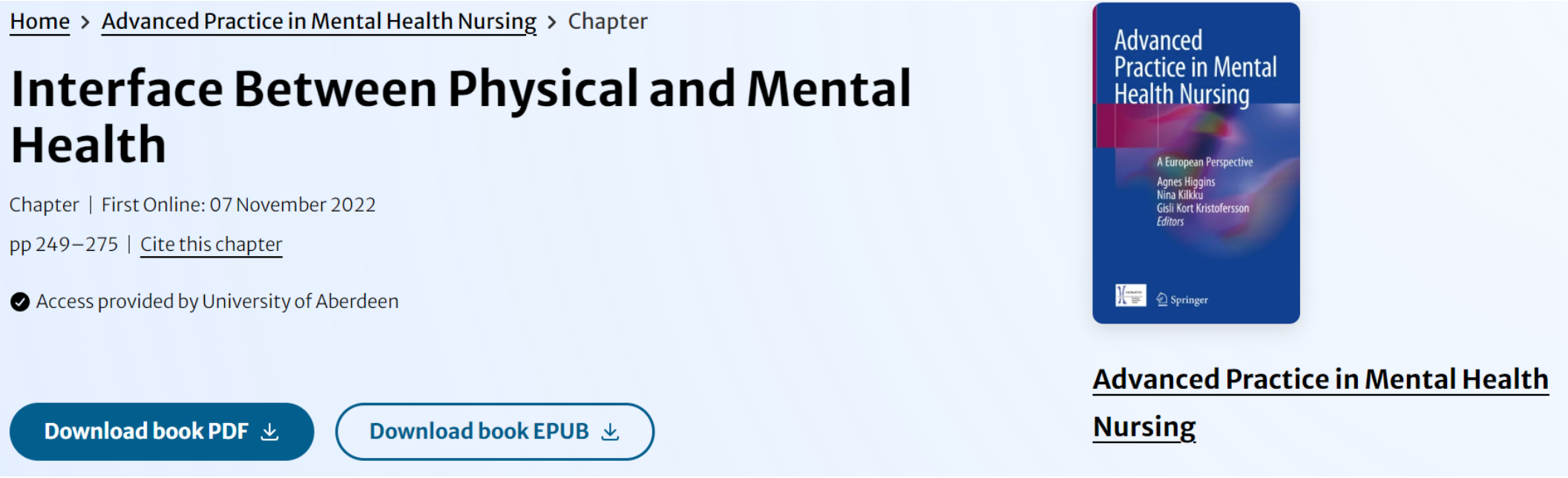
- British Association of Psychopharmacology guidelines on the management of weight gain, metabolic disturbances and cardiovascular risk associated with psychosis and antipsychotic drug treatment (Cooper et al., 2016)
- British Association of Psychopharmacology: Anti-pychotics and weight gain (31st March 2017, Peter Haddad)
- Mahtta et al, (2021). Recreational substance use among patients with premature atherosclerotic cardiovascular disease. Heart, Vol 107, Issue 8 Lester Tool 2023,
- RCPsych lester-tool-update-20231114.pdf (rcpsych.ac.uk)

References (2):

Birmingham and Solihull Mental Health NHS Foundation Trust

2024: NHS England » Improving the physical health of people living with severe mental illness

87,000 people with a severe mental illness have died from preventable physical health conditions in three years - RCPsych, October 2024



References (3):

KING'S College LONDON

Study | Student Services | Research & I

News Centre

Headlines | All news | Spotlight on impact | This week at King's

09 October 2024

[Severe mental illness and infectious disease mortality: A systematic review and meta-analysis - King's College London]

People with severe mental illness more than four times as likely to die from pneumonia compared to the general population

New research suggests that people with severe mental illness face an increased risk of death due to infectious disease.

References (4):

Lester UK Adaptation | **2023 update**

Positive Cardiometabolic Health Resource

An **intervention framework** for people experiencing **psychosis** and **schizophrenia**

Don't just SCREEN – INTERVENE

for all people in the "red zone"

Lester UK Adaptation: Positive Cardiometabolic Health Resource

This Cardiometabolic Health Resource supports the recommendations relating to monitoring physical health in the NICE guidelines on psychosis and schizophrenia in adults (www.nice.org.uk/cg178) and young people (www.nice.org.uk/cg155). In addition, it also supports the statement about assessing physical health in the NICE quality standard for psychosis and schizophrenia in adults (www.nice.org.uk/qs80).

National Institute for Health and Care Excellence, November 2015

This resource supports the Core20PLUS5 commitment to tackling the health inequality of a 15-year mortality gap faced by people experiencing severe mental illness. Comorbid cardiometabolic and cardiovascular diseases are the main contributors to this reduced life expectancy. Renewed focus is required on potentially preventable health conditions, the side-effects of medications, and inadequate healthcare access. While this resource focusses on antipsychotic treatment for adults, the principles can be applied to other psychotropic medicines used to treat long term mental disorders e.g., mood stabilisers.

For all people in the "red zone" (see next page): **Care should always be person-centred, tailoring discussion to enable shared decision-making**. The primary healthcare team and specialist mental health team will collaborate to support the individual, ensuring appropriate monitoring and interventions are provided and communicated.

ncap-lester-tool-intervention-framework.pdf

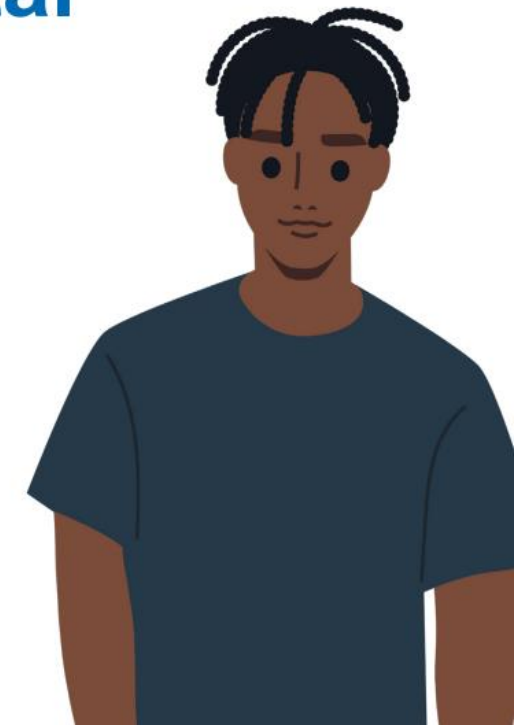
References (5):

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

NHS
RightCare

Physical health and severe mental illness scenario

Tom's journey: An implementation support resource that highlights the variation between optimal and suboptimal pathways



In partnership with

CORE20 PLUS 5

[20231002-PH-SMI-Scenario-FINAL-WITH-NEW-LESTER-TOOL-LINK-and-year-updated.pdf]