Date	19/04/2016
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Update log	

Improving Physical Health for People with Mental Health Conditions.

Mortality rates are used to assess the health status of populations. Mortality in England is continuingly improving, however figures from the mental health population are not as progressive. The life expectancy of those with serious mental health issues are equivalent to the life expectancy of the general population in 1950 (Chin- Kuo Chang et al, 2011). In addition, modifiable risk factors of poor physical health are more prevalent in those with mental health issues compared to their living cohorts nationwide and worsen with severity of mental condition (See Figures 1&2).

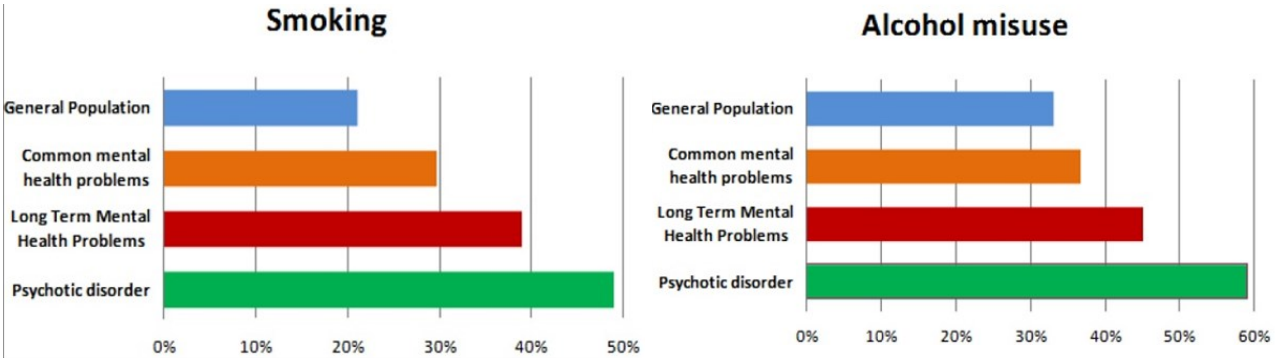

Figure 1 & 2 prevalence of smoking in specific populations (Department of Health, April 2014)

If the mortality rates of those with mental health issues were the same as the general population, there would be 44,000 fewer deaths each year, demonstrating the need for additional support to improve their physical wellbeing to match the national standard. The health sector needs to tailor how they offer those with mental health conditions access to the pre-existing physical healthcare opportunities such as routine check-ups and pharmacy vaccinations. This concern and corresponding actions have been further addressed in recent policies such as 'Closing the Gap' by the Department of Health (January, 2014).

There are many on going projects that strive to improve the physical health care for those with mental health conditions. The National Involvement Partnership Project (NIP) suggests 'social prescribing' could improve this matter. Giving advice about issues such as diet and exercise as well as sign posting patients to further support, could be part of the prescribing process alongside medication or therapy. Thus, acting as a prevention strategy within physical healthcare and consequently cutting the medical bill of the NHS. Additionally, the health sector

needs to create parity between the mental and physical healthcare sectors. Figures show those presenting with diabetes are more likely to be referred for treatment compared to those additionally presenting with mental health issues. Furthermore, only 10% of doctors have mental health training, yet 91% of mental health patients are treated in primary care, suggesting an urgent need for more multidisciplinary training for all professionals involved in mental health care to reduce the negative stereotype and improve the knowledge needed for effective treatment (APPG on Mental Health, 2015).

The smoking rates of those with mental health issues are higher than the general population, demonstrated in figure 1, which is a major cause of physical health illnesses.

Smoking cessation is another national initiative to improve physical health, which some trusts have already pledged their commitment to implement a smoke free facility and all healthcare organisations will hopefully adhere to this. Evidence shows the impact of cessation on mood and anxiety is as large as the effects of antidepressants (Taylor et al, 2014) which is an important insight for treatment providers when trying to achieve optimal health outcomes of their patients. Furthermore, those with mental health issues are as motivated to quit as all other smokers (Siru et al, 2009) demonstrating the achievability to employ smoking cessation in mental health facilities in order to achieve a healthier mental health population.

Currently, mental health and physical healthcare are viewed and practiced as separate entities, however they should be interlinked within the delivery system of our healthcare and educational system; a view we at Ease Wellbeing are passionate about and thus have anchored our delivery system of healthcare and clinical training on this belief by basing our services in general practitioner surgeries and hospitals.

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