

Equally Well UK

Working together to reduce the
physical health inequalities for
people with serious mental illness

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Equally Well



- Hosted by Centre for Mental Health and run in partnership with Rethink Mental Illness
- Co-produced with an Expert by Experience Group chaired by Kevin James and a Clinical Group chaired by Prof Wendy Burn
- Growing membership



Unequal health outcomes



- People with SMI have a 15-20 year shorter life expectancy than rest of population
- More likely to have diabetes, heart disease, lung disease and cancer
- More likely to have multiple physical health problems

How we can improve physical health



- Tailored support with stopping smoking
- Medication management and recognition of weight gain as a side effect
- Ensure cancer screening is accessed
- A healthy supported diet (including in hospital)
- Opportunities for physical exercise
- Improved understanding among all NHS staff
- Consideration of finances

About us



- Collaborative with a growing membership to encourage collective action on physical health
- Every member signs the co-produced charter and makes an individual pledge
- Equally Well UK has three principles:
 - We all have a right to good health
 - No one organisation can do this alone
 - The answers lie in collaboration and coproduction

Email Charlotte to find out more:
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Covid-19 & severe mental illness



- People with Severe mental illness are more likely to die from Covid-19
- People with severe mental illness are on the list to receive the vaccination



Ensuring uptake of COVID-19 vaccinations among people with severe mental illness – barriers, enablers and recommendations



LOOKING AFTER YOUR HEALTH DURING COVID-19: A GUIDE FOR PEOPLE LIVING WITH SEVERE MENTAL ILLNESS

VERSION 2: JANUARY 2021

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and Immunisation (JCVI) has placed people with severe mental illness (SMI) in a priority group to receive the vaccine. Under the JCVI guidance, people with SMI should begin their vaccination at the end of February.

The decision by the JCVI to include those with severe mental illness in the priority group for the vaccine is warmly welcomed. The announcement and delivery of £4.5 billion to increase take up of the vaccine, alongside physical health

we have taken steps to support our beneficiaries, and it became our most successful campaign in the week beginning the 18th January. We will continue to find out more about how our beneficiaries felt about the vaccine, if they planned on getting it and what the barriers and

ment out via social media and through Rethink Mental Illness' survey. Those of the NHS England/Improvement Adult Mental Health Survey (NHSEAMS) who completed the survey were asked to complete a questionnaire. The survey was a mixture of open ended and multiple choice questions and was completed by people with SMI and carers of people with SMI. The survey was a priority group for the vaccine.

of our sample. When asked, 92.3% of respondents identified themselves as white and 7.7% of respondents described their gender as other. The survey was completed by people with SMI and carers of people with SMI. The survey was a priority group for the vaccine.

vaccine

to said they were certain (62.2%) or very likely (2.6%) to get the vaccine. 3.6% of respondents said they were not certain (3.6%) or very unlikely (2.6%) to.

accinated included to protect their own health (77.5%), protect others (73.6%) and to play their part in controlling the virus (73.6%) and to play their part in controlling the

Tobacco smoking & severe mental illness



- A million people have stopped smoking since the Covid-19 pandemic hit Britain (ASH) however 40% of smokers with a mental health problem reported to be smoking more
- Higher rate of smoking for people with severe mental illness: 40% vs 14% in general population
- Gap is widening: smoking rate falling more slowly than average
- More likely to be heavy smokers
- 50% of deaths due to smoking-related illness

Finding the right words: "I didn't find it helpful when health professionals just told me to give up, it is wrong and that doesn't support you."

Tobacco smoking

- Introduction
- Smoking
- Healthy eating
- Keeping active
- Healthy Weight Management
- Medication and health management
- Financial wellbeing
- Experiencing and recovering from COVID-19
- Mental health support and crisis contacts
- Acknowledgement
- About Us

A time to quit

Experiences of smoking cessation support
among people with severe mental illness


Curtis Sinclair

- Finding the right and appropriate time to support someone to quit
- Personalised, holistic approach: not based on shame or stigma
- Access to full range of interventions: knowing what's available
- Keeping busy or starting a new hobby/skill
- Support from families, friends and social networks
- Incentives and rewards

Tobacco smoking

- Equally Well UK [resource section](#)
- SCIMITAR programme by [Closing the Gap](#)
- 1 in 4 smokers has a mental health condition but doctors and nurses not getting the training they need to help – recent report from [Action on Smoking and Health \(ASH\)](#)





Helping people with severe mental illness to quit smoking: summary of evidence

Introduction

A recent position statement by the Royal College of Psychiatrists (2018) provided advice and recommendations to psychiatrists about strategies to support people with severe mental illness to stop smoking, including the prescribing of varenicline and the use of electronic cigarettes. This is a summary produced for members and supporters of Equally Well UK as an introduction to the key points in the position statement.

Summary

Smoking rates among people with severe mental illness are much higher than in the general population. This is a major cause of physical ill health and premature mortality.

Mental health services can and should do more to help people to stop smoking. This should include the use of effective medications (nicotine replacement therapy, varenicline and bupropion) and the safe use of electronic cigarettes.

Effective smoking cessation advice can save lives and reduce the unacceptable life expectancy gap for people living with a severe mental illness.

Background

People with severe mental illness (such as schizophrenia and bipolar disorder) die on average 17 years prematurely. The causes of death are often linked to lung, heart, stroke, vascular diseases and cancer. Smoking can cause all of these. Smoking is believed to be the largest preventable component of premature death for this group (Peto et al., 2012).


The numbers of people who smoke within the general population is declining, with 85% of adults reporting to be non-smokers (Office for National Statistics 2018). However smoking rates for people with severe mental illness remain high – 40% are smokers (PHE Local Tobacco control profiles 2016). So it is imperative that anyone living with a mental illness who wants help to quit smoking is able to get it.

Parity of esteem means that people with severe mental illness deserve the same physical health support as others, and the same opportunities to prevent disease. This is a key principle of Equally Well and of government health policy since 2011 and restated many times since.

Stop smoking services

Commissioning community stop smoking services is the responsibility of local authorities in England, while in the devolved nations stop smoking services are based within the NHS. They provide behavioural support and pharmacotherapies. These pharmacotherapies include nicotine replacement therapy and medications such as varenicline and bupropion which can help smokers to quit.

In recent years there has been a reduction in NHS prescriptions of stop smoking treatments such as nicotine replacement therapy, varenicline, and bupropion despite evidence of their effectiveness.



Healthy Weight Management



- One of our other key priorities - Expert by Experience group decided on the name
- Limited access to healthier food (linked to lower incomes)
- Poor access to exercise opportunities and outdoor spaces
- Impact of some psychiatric medications
- Physical health problems that restrict mobility
- Emotional aspects of eating
- Complex inpatient environments

Healthy Weight Management



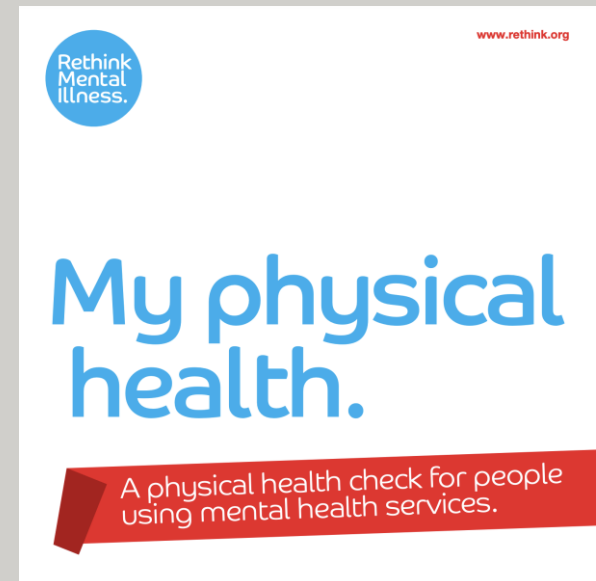
- People with severe mental illness need personalised support with weight management
- Weight management is complex, and no one size of support fits all
- People need long-term support that helps them to maintain a healthy lifestyle and adapts to their changing needs and situation.
- People want more holistic services that look beyond the numbers (weight, BMI etc)
- More focus is needed on how mental illness and emotions affect eating
- Interventions need to be delivered by staff who have been trained in helping people with severe mental illness to manage their weight

"My pain levels are really high today, I can't actually put a dinner together. I'll just have a ready meal or a packet of biscuits... it feels more like control is taken away, the healthy eating choices are not available some of the time and that just kicks me back into depression again."

Improving health checks



- Physical health check for people who have been diagnosed with schizophrenia, bipolar disorder, schizoaffective disorder or psychosis
- Letter, text or phone call
- Do they need extra support or their carers to attend?
- Do they understand the check
- Not just a tick boxing exercise
- Rethink *My physical health* booklet



The year ahead



- Flu Vaccination resources
- Winter outreach programme with NHSE/I
- Supporting the Covid-19 Vaccination programme
- Continuing our member webinars
- Physical health checks
- Race, physical health and severe mental illness
- Dentistry and oral health

Thank you

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For information on joining:

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