Physical health care in people with severe and enduring mental illness: whose responsibility is it? The patient, primary care or secondary care?

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Background

- In London patients with severe and enduring mental illness die on average 15 years earlier than peers
- Mortality due to physical diseases that could have been treated is 4 times as high as general population (Brown et al, 2000)
- Increased prevalence of several risk factors for cardiovascular, metabolic & respiratory diseases
  - Obesity
  - Smoking
  - Alcohol & drug abuse
- Poor access to physical healthcare
- Poor quality of physical healthcare
- Impact of neuroleptic medications
- Quality (& safety) improvement initiative
Physical Health in Severe and Enduring Mental Illness

ROYAL COLLEGE OF GENERAL PRACTITIONERS

Position Statement
Mental Health and Primary Care

Arising from the RCGP Health Inequalities Standing Group Conference held jointly with the National Institute for Mental Health in England (NIMHE), entitled
Hard Lives: Living with Mental Health Inequalities,
Birmingham, 26 March 2004

November 2005

GREAT OUTDOORS: HOW OUR NATURAL HEALTH SERVICE USES GREEN SPACE TO IMPROVE WELLBEING

An action report

A Faculty of Public Health report

Oxfordshire Health

PHYSICAL HEALTH MONITORING FOR PEOPLE WITH SERIOUS MENTAL ILLNESS (REVIEW)

Task G. Cohen & M. S. S. Rohan

THE COCHRANE COLLABORATION

Physical health care monitoring for people with serious mental illness (Review)

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Presentations

• An overview of the issues and what the evidence says about physical health monitoring in severe and enduring mental illness.

By Mrs Carol Paton, Chief Pharmacist

• Prevalence of physical health problems in severe and enduring mental illness: Greenwich Assertive Outreach team experience.

by Dr Gary Inglis, Consultant Psychiatrist

• Reconciling psychiatric services and GP records of mental and physical health problems in patients with severe and enduring mental illness: Bromley Assertive Outreach team experience.

by Dr Devendra Hansjee, Associate Specialist