Physical Health & Severe Mental Illness

The Greenwich AOT Journey

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Background

- Patients with Schizophrenia have a reduced life expectancy of 15-20 years
- Cardiovascular disease is the commonest cause of premature death
- SMI associated with unhealthy lifestyle – smoking/poor diet/lack of exercise
- Monitoring of physical health is poor
- Systematic inadequacies in the health care system – Recent NICE Guidance
The Challenges

- Patients are less likely to report symptoms
- Cognitive impairment, social isolation & suspicion may also contribute
- Lack of understanding & awareness of the importance of health monitoring
- Patients with SMI are less likely to take up preventative medical care
- Invitation alone – only ¼ of patients agreed to screening

improving lives
Comparison between Teams; Screening for the metabolic syndrome - 2006

All 4 aspects of metabolic syndrome screened for and test result/measurement recorded in casenotes

Some evidence of screening*

No evidence of screening for any aspect of metabolic syndrome

BEXLEY 44
BROMLEY 46
GREENWICH 31
OXLEAS 121
NATIONAL SAMPLE 850

[Bar chart showing comparison]
Barriers to Screening

- It’s the GP’s responsibility!
- Lack of clear systems for sharing responsibility for physical health care with primary care
- Lack of access to equipment & systems for dealing with request forms / results
- Not enough time
- Patients don’t like blood tests
- May reduce medication adherence
Comparison between local Teams; Screening for all 4 aspects of the metabolic syndrome at baseline (2006) and re-audit (2007)
Making Change

- Importance of Physical Health & Screening
- MANSA results & Carers feedback
- POMH – Topic 2 & Education
- Taking Responsibility for the Screening
- Getting the Equipment
- CPA process – screening part of routine care
- IT – Database / Results by email
- Using the Results – Patient / Team / GP
Proportion of patients screened for all 4 aspects of the metabolic syndrome - OXLEAS - 2008

- **GREENWICH**: 6% (53), 40% (25), 50% (18), 100% (17)
- **BEXLEY**: 100% (26)
- **BROMLEY**: 90% (9)
- **OXLEAS**: 32% (10), 40% (57), 60% (88)
- **NATIONAL SAMPLE**: 90% (323), 50% (521), 100% (191)

- **All 4 aspects of metabolic syndrome monitored and test result/measurement recorded in casenotes**
- **Some evidence of monitoring**
- **No evidence of monitoring of any aspect of metabolic syndrome**
Proportion of patients screened for all 4 aspects of the metabolic syndrome – OXLEAS - 2009

<table>
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<th>Greenwich</th>
<th>Bexley</th>
<th>Bromley</th>
<th>Oxleas</th>
<th>National Sample</th>
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<td>All 4 aspects</td>
<td>79</td>
<td>26</td>
<td>40</td>
<td>114</td>
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<td>Screened</td>
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<td>2</td>
<td>1</td>
<td>3</td>
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<td>18</td>
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<tr>
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<tr>
<td>No evidence of screening of any aspect of metabolic syndrome</td>
<td>1</td>
<td>2</td>
<td>2</td>
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</tbody>
</table>
Blood Pressure Screening (2008)

- Normal (<129/84)
- Borderline (130/139 / 85/89)
- High (<149/90)
Blood Glucose Screening (2008)
Cholesterol Screening (2008)

- Normal: 50% of patients
- High: 50% of patients
- Unknown: 0% of patients
Results of the Screening

- 67% Overweight
- 9% High BP
- 17% High blood glucose
- 49% Abnormal lipids
Catalyst for Change

- Need to improve physical healthcare – “whole team approach”
- Information given on healthy eating, exercise, cholesterol & hypertension
- Smoking cessation offered routinely
- Better communication with Primary Care / CPA
- Group Activities – Gym, Swim, Football & Allotment
- Team training on physical healthcare
Greenwich AOT

• Screening is now part of routine care
• Screening has promoted engagement +++
• Need to further improve physical health
• Supporting patients to access Primary Care
• Joint working with Primary Care
• Yearly POMH audit – Benchmarking Practice
• Positive attitude to change – patients / carers / team
• Knowledge / Understanding of QI process
The Future

- Education - healthcare professionals – SMI patients high risk of CVD & DM (“it’s all our business”)
- Setting for screening – be flexible
- Good communication between Mental Health & Primary Care
- MH Services to embrace “holistic care” (treatment of MI & Lifestyle Mx)
- Routine lifestyle advice early in Rx & Regularly (EIP)
- Mental health need to support patients to facilitate engagement with Primary Care (treatment)
- Annual Physical Health Check – share & track results
Thank you for listening