

The Charter for Equal Health

Vision

We believe that we all, regardless of where we live, have an equal right to good health and effective health care. No one should have poorer physical health or health care just because they have a mental health condition.

Our shared vision is that everyone living with a long-term mental health condition has access to effective, timely, consistent and responsive help at every stage of their life for their physical health and has an equal chance of enjoying a healthy and, ultimately, equal life expectancy.

Aim

People with long-term mental health conditions die around 17 years before their time*. These are the stolen years of life. And for too many, this means living for many years in pain and with reduced quality of life. We want to win back these stolen years and make sure people with mental health conditions have longer and healthier lives. We know this will not change quickly, but we must take action now, and sustain it over time, to close the gap long-term.

Commitment

We will strive together to ensure that people with mental health conditions can get access to high quality help to improve their physical wellbeing and to prevent, treat and manage physical health problems. We will seek to ensure that people are offered support that is tailored to their needs, that is consistent and seamless, and that is empowering.

We know the physical illnesses that shorten the lives of people with mental health conditions, and we know how to prevent and treat them. We will work at every level to reduce the negative effects of poverty, smoking, obesity, alcohol misuse and both illegal and prescribed drugs, among others, on people's health, wellbeing and life expectancy.

As signatories to this Charter, we will each make our own pledge for how our organisations will contribute to this shared goal. And we will work together through Equally Well to share our learning and to collaborate to take action that will make a difference.

Call to action

We believe that:

- People living with a mental health condition should be offered effective and empowering support, information and advice to support their physical wellbeing, including in relation to the effects of mental health treatment
- Mental health service providers should ensure that they provide annual physical health checks and secure equitable access to high quality, evidence-based physical health care, using tailored and proactive approaches and shared decision-making to ensure no one misses out
- Primary care and public health services should have the right support to reach out to people with long-term mental health conditions: identifying those at risk, intervening early, preventing problems whenever possible and offering extra support when it is needed
- All health and care workers should be trained, supported and equipped to support the physical health of people with mental health conditions in any setting and to recognise the importance of offering compassionate, empathic and empowering help
- Providers and commissioners of health services should collect and publish routine data to measure and support improvement in reducing physical health inequalities for people with mental health conditions.

Signed



About Us

This Charter has been created and supported by organisations that are committed to working together to bring about coordinated action to improve life expectancy and physical health in the UK.

Join

To sign up to the Charter for Equal Health and make your organisation a part of Equally Well UK please visit www.equallywell.co.uk and pledge your support today.

Facts and Figures

People living with a severe mental illness such as psychosis in the UK have a life expectancy that is 15–20 years shorter than average¹

People with schizophrenia are up to three times more likely than average to have diabetes²

Young adults with severe mental illness (18–49) are three times as likely to die from heart disease, and those aged 50–75 are twice as likely as average³

People with psychosis who do not smoke get around the same rates of cancer as the general population, but they are less likely to be offered surgery and chemotherapy when diagnosed⁴

1 Chang CK et al (2011) Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London. PLoS ONE 6(5): e19590 <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0019590>

2 Cohen A, Ashworth M, Askey A, and Ishmail K (2018) Diabetes outcomes in people with severe mental illness. BJGP (2018) 669: 166 - 167

3 Osborne et al (2007) Relative risk of cardiovascular and cancer mortality in people with severe mental illness from the United Kingdom's General Practice Research Database. Arch Gen Psychiatry. 2007 Jun;64(6):736. <https://www.ncbi.nlm.nih.gov/pubmed/17283292>

4 Kisely S; Crowe E; Lawrence D (2013) Cancer-Related Mortality in People With Mental Illness. JAMA Psychiatry. 2013;70(2):209-217 <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1485447>