

Prevention

This booklet introduces the potential for preventative interventions can have in addressing the serious mental illness mortality gap. Follow the toolkit to explore themes and recommended actions to take.

Compared to the general population, people living with serious mental illness (SMI):

- are likely to die 10 to 20 years earlier
- have double the risk of obesity and diabetes
- have three times the risk of hypertension
- are three times more likely to smoke
- are at higher risk of other preventable risk factors, including lack of exercise, alcohol and substance misuse
- have a 50-75% higher mortality risk from heart disease, stroke, diabetes and chronic obstructive pulmonary disease (COPD).

There needs to be work across the entire health and social care system to offer access to care and treatment that will, over time, reduce the mortality gap for people living with SMI. Follow the recommended actions and use the tools in this booklet to improve access and take-up of preventative interventions. We have also focused factors that can deliver maximum impact: **smoking**, **healthy weight management** and **substance misuse**.

Self-management and peer support

Service users are clear that a broad range of activities contribute positively to their mental health and their ability to manage their physical health. These include opportunities for increased social contact and vocational or leisure activities. It has been identified that some service users need extra support to access these services.

Recommended actions to take

- Deliver interventions to support self-management of physical health and medication, emphasising family and peer support roles.
- Encourage innovation and evaluation of peer support or wellbeing coaches and health promotion programmes.

Tools to help you

[The Mental Health Foundation](#) has published a number of documents with ideas for people to improve their mental health and wellbeing, including:

- [How to look after your mental health](#)
- [How to look after your mental health using exercise](#)
- [How to support good mental health at work](#)

Working better together

Evidence shows communication and process breakdowns across organisational boundaries cause poor care and fragmented pathways. Better cooperation and communication between preventative initiatives and health care sectors can help ensure a range of different access points to preventative interventions.

Recommended actions to take

- Providers and commissioners across health and social care need to work very closely together to reduce fragmentation of physical health pathways. These pathways need to be available and effectively support those living with serious mental illness. This should cover interventions for alcohol use, smoking and substance misuse.
- Pathways should explicitly include physical health needs and how shared care arrangements across the whole pathway should be conducted including management of acute deteriorations in mental and physical health. The points at which people and information cross organisational boundaries – the interfaces – should be assessed to see where improvements can be made. Example areas include NHS health checks, health promotion programmes and community-based health and wellbeing resources.
- Improve information sharing about non-NHS providers and support the development of clear navigation models for providers to access community-based interventions and wellbeing initiatives – regardless of current care setting.
- Reduce unplanned admissions and support improved identification and management of acute and long-term conditions through improving coding, shared learning and interventions to reduce unplanned admissions:
 - Mental health trusts to work with acute trusts in implementing and improving services for people with SMI who present to Accident and Emergency (A&E).

- Mental health trusts to work with primary care practices to reduce unplanned admissions.
- Apply or develop existing commissioning and contracting levers (e.g. Commissioning for Quality and Innovation – CQUINs) that support collaboration and joint accountability across sectors.
- Protocols should delineate roles and responsibilities for mental health, substance misuse and physical health care interventions and care planning. Areas addressed should include: cross sector training and education, service and clinical information exchange, systems for rapid cross sector clinical advice, care co-ordination, attendance at Care Programme Approach (CPA) meetings and responsibilities to conduct physical health assessments.

Roles and responsibilities

This section highlights the importance of having professional roles that promote good physical health and prevention interventions for people with serious mental illness.

Recommended actions to take

- Ensure there are clear roles, responsibilities and pathways in place to support the delivery of physical health care and promote good physical health.
- Implement efficient and sustainable systems with leadership from 'board to floor' to deliver health promotion and key preventative interventions for physical health risks.
- Develop cross-sector staffing models to deliver screening, monitoring and evidence based treatments.

Tools to help you

- Stolen Years also have booklets on [Workforce development](#) and [Working better together](#)

Data recording and sharing

There is a lack of data recording and sharing across sectors which prevents the true picture of unmet need, health care utilisation and cost from being captured.

There is also a lack of understanding of the referral pathways people living with severe mental illness (SMI) to access preventative services, including community-based services.

There are gaps in the existence or suitability of these services for many service users' needs.

Recommended actions to take

- Better use of data to capture incidence, prevalence, health care utilisation, costs and outcomes for people living with severe mental illness. This will provide a true understanding of the level of need, so that commissioners and providers can meet that need.
- Plan, invest and implement changes in key enablers that improve access to, and uptake of, screening and prevention services. These should include IT and digital maturity, workforce, indicators (such as screening rates), data and risk stratification tools.
- Support development and delivery of risk assessment tools to stratify needs of the population (and associated funding requirements).
- Monitor data and evaluate impact of interventions.
- Map out the coverage of lifestyle interventions for physical health and assess to what extent they are integrated and made accessible for people with SMI
- Healthcare providers and commissioners should ensure they maximise links between frameworks (e.g. Commissioning for Quality and Innovation [CQUIN] and Quality and Outcomes Framework [QOF]), to identify opportunities to reduce costs and duplication.

Tools to help you

- [The Public Health Outcomes Framework data tool](#) sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. It presents data for the framework indicators and accompanying trend data where possible.
- [Go to Public Health Outcomes Framework collection](#) to get the latest updates to indicators.
- [The NHS CCG outcomes tool and explorer](#) provides interactive access to data from the CCG Outcomes Indicator Set and the NHS Outcomes Framework as well as demographic and disease prevalence (QOF) data. Particular outcomes of relevance are: People with serious mental illness who have received the complete list of physical checks (indicator 1.12).

- [2017/19 CQUIN \(NHS England\)](#): The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care. Two are particularly relevant to improving the physical health of people with SMI:
 - CQUIN 3: Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI)
 - CQUIN 9: Preventing ill health by risky behaviours – alcohol and tobacco
- Stolen Years mapping tools for:
 - [Reducing smoking \(.pdf\)](#)
 - [Reducing alcohol misuse \(.pdf\)](#)

Screening and interventions

Undertaking early physical health screening of people living with serious mental illness can result in the early detection and prompt treatment of medical conditions that could otherwise go undiagnosed.

Across local areas, there is a need for providers and commissioners (including NHS, local authority, communities, service user groups and voluntary sector organisations etc) to increase access to, and uptake of, evidence-based health promotion, prevention and wellbeing activities, irrespective of current care settings.

A range of interventions to promote physical health and reduce health risk behaviour can prevent subsequent physical illness as well as promote wellbeing and recovery. This can lead to significant savings through reduced later service use and other improved outcomes. Such interventions are more effective if introduced early. [See Living Well for Longer \(Department of Health, 2014\)](#)

The below provides information on how to minimise physical ill health in those living with SMI, through improved access and take-up of preventative interventions.

Recommended actions to take

Carry out the recommended physical health assessments for people on the SMI register, in line with National Guidance:

- Comprehensive cardio-metabolic risk assessment in line with the NHS health check.
- Where indicated, relevant national screening programmes to be delivered or followed up.

- Medicine reconciliation and monitoring.
- General physical health enquiry.

Tools to help you

- [Right From The Start: Keeping Your Body In Mind](#) is a new resource to improve the physical health of people experiencing psychosis for the first time.
- [Bradford Mental Health Physical Review Template](#). Developed for the SystemOne, EMIS Web and Rio IT systems, it collects all the physical health data required for each service user in one place and links to relevant guidance on treatment and intervention. The template now includes all the data recommended by the Lester tool but has a few additional sections designed to meet the specific requirements of Bradford District Care Foundation Trust.
- [GOV.UK policy paper: Helping people live well for longer](#) Sets out how the health and care system will become amongst the best in Europe at reducing levels of avoidable mortality.
- [NHS Population screening programmes](#) List of available NHS screening programmes.
- [NHS England's Improving physical health care for people with SMI in primary care \(NHS England\)](#) National guidance for physical health screening.
- [NICE guidance: Psychosis and schizophrenia in adults: prevention and management](#) (Clinical guideline 178): guideline promotes early intervention and long-term recovery, and recommends checking for coexisting health conditions.
- [Royal College of Psychiatrists Lester UK Adaptation \(2014 update\): Positive Cardiometabolic Health Resource](#).
- [Jos Trust: cervical screening and cervical abnormalities booklet](#). Developed by the University of Surrey and Jo's Cervical Cancer Trust, this booklet is for anyone with a cervix who finds cervical cancer screening difficult. Existing research suggests that people with severe mental illness are less likely to attend cancer screening in comparison with the general population. The leaflet supports people's decision-making of whether to attend screening, and if they want to take up screening, to make it easier for them to attend.

Increase access to prevention services

We need to ensure access to the full range of evidence-based treatment interventions is available. Health promotion activities need to be linked with initiatives to address a broad range of social needs.

Recommended actions to take

- Use delivery approaches that increase intervention efficacy e.g. personalisation, social prescribing, links to government agencies, voluntary sector organisations and community based health and wellbeing initiatives.
- Integrate health promotion initiatives into existing voluntary sector or non-statutory community services.
- Commissioners should act as key brokers to support increased access to voluntary sector organisations and preventative interventions in the community for Mental Health Trusts.
- Commissioners should optimise local incentives to increase coverage of screening (including Quality and Outcomes Framework [QOF] targets) and interventions through care pathways.
- Use risk assessment tools to develop enhanced pathways or arrangements for those needing extra support to access and benefit from physical healthcare (e.g. enhanced care packages, outreach support etc.).
- Explore the potential benefits of innovations such as physical health self-monitoring pods or technology to support uptake of health promotion advice and engagement. [See this case study from East London NHS Foundation Trust.](#)
- Make reasonable adjustments to support access and uptake of screening and treatment by people living with serious mental illness (SMI), such as longer appointment times. Note that mental illness can be classed as a disability, which is a protected characteristic. Providers and commissioners have legal duties to address inequalities for those with protected characteristics, such as making reasonable adjustments to improve access to prevention and treatment for people with SMI.

Annual health checks

As there is an increased risk of poor physical health conditions in people living with serious mental illness (SMI), we need to ensure that regular

health checks are being carried out. Offering interventions to prevent or improve these physical health conditions is highly important.

Recommended actions to take

- Deliver comprehensive annual physical health checks for people with SMI, in line with the [NHS Five Year Forward View for Mental Health](#) target.
- Target interventions at different points in a disease course (e.g. primary, secondary and tertiary level interventions).
- [Standards for Early Intervention in Psychosis \(EIP\) Services](#).
- This could be embedded within contracts.

Tools to support you

- [Improving physical health care for people with SMI in primary care \(NHS England\)](#): National guidance for physical health screening:
- [Wellbeing and mental health: Applying All Our Health \(Public Health England, 2018\)](#): National guidance for bringing together mental and physical health care objectives:
- [The Joint Commissioning Panel for Mental Health \(JCPMH\): Guidance for commissioning public mental health services](#) provides a comprehensive overview of public mental health initiatives and data sources and intelligence to inform Joint Strategic Needs Assessments. Initiatives to support secondary and tertiary prevention of disease and promotion of physical health in those with established mental ill health could be considered in context of this guidance.
- [Mental Health Commission of New South Wales- Physical Health and Mental wellbeing – Evidence Guide, \(2016\)](#): There is a significant evidence base evolving around health promotion and prevention services. A current and comprehensive review of existing evidence and gaps with recommendations that should inform current provision is:
- [PHE Prevention concordat for better mental health and associated resources](#)
- [Making Every Contact Count](#): Health Education England provides a national framework and training to support all staff in making every contact count. This is a behaviour change approach that encourages health professionals and people working in government and voluntary organisations to spread preventative health messages through their everyday interactions:

- [A London framework for making every contact count](#) has now been developed. Materials to support its implementation are in our resources section.

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