

**Response to Consultation on Improving the Physical Health of those with a Mental Illness  
South Edinburgh Public and Patient Forum – May 2008**

Name:	Organisation: South Edinburgh Public and Patient Forum
SECTION	COMMENT
Introduction/ Appreciation	<p>This initiative is greatly to be welcomed. We note however that it focuses mainly (but not exclusively) on those with severe mental illness such as schizophrenia, and we think that it has implications for all those with mental illness and also mental disability, including those on the fringes of autism (such as people with Asperger’s Syndrome).</p> <p>This paper acknowledges that successful delivery, as well as requiring agencies to work together, will rely on the ongoing <b>participation and engagement</b> of people experiencing mental health problems and their carers. This is both <b>critical</b> to achieving better outcomes but <b>extremely difficult</b> for people who are already struggling with difficult day to day problems.</p>
Recommendations for Best Outcomes	<p>We wholeheartedly endorse the <i>Recommendations for best outcomes</i> (p.4): we wonder however whether the structures are in place for the implementation of these recommendations.</p> <p>We agree that it should be the goal for the physical health of people with mental illness to be reviewed <i>annually</i> (not every 15 months as stated in the published commitment), and appropriate follow-up provided. As an observation a GP relative of one of our group is of the opinion that while annual review makes sense in most cases there are occasions when it is not appropriate, particularly for people suffering from severe depression, to add to their concerns. The flexibility provided by the 15 month timetable would allow for this to be deferred.</p> <p>We are not clear however about the role of ‘partner providers’: does this mean social care, and/or the voluntary sector? In what way can they follow up? For example, personal hygiene can be problematic for many with various kinds of mental illness, and may impact on physical illness. How is this to be followed up in a practical, non-threatening, compassionate manner? Guidance is needed.</p> <p>Also, clients may need a good deal of support in (for example) accessing screening services, including perhaps escorting to hospitals or clinics.</p> <p>We are concerned that many NHS and social care staff themselves have difficulty in changing their own lifestyles (e.g. giving up smoking, tackling weight problems): it is essential that they provide role models for their clients, and if they themselves need support to do this, it should be provided without stigma.</p> <p>We noted that Keep Well is still in its pilot phase and only targeting</p>

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	<p>deprived communities. We understand the uptake is not brilliant (about 18% in a practice visited by one of our group) despite special support staff to visit people in their own homes to encourage participation. It was also observed that only about half of those who have 'special needs' (various) live in formally designated deprived localities, therefore missing out on the opportunity to participate in the 'Keep Well' pilots.</p>
Evidence Base	<p>In view of the evidence on the higher incidence of bowel and breast cancer in those with mental illness, the screening programme should be extended to those at risk outside the normal age-range for those in the national programme (e.g. women aged 40-50 could be treated as if they were at moderate risk from a family history of breast cancer). It should be made as easy as possible for people with mental illness to attend clinics: e.g. mobile mammography units could visit the Royal Edinburgh Hospital and patients attending for appointments at the hospital could be directed to the mobile unit as appropriate or indeed to ensure patients from the hospital are <b>accompanied</b> to wherever the screening is being offered.</p> <p>We should like to add to the evidence base the finding that the incidence of hormonally modulated cancers such as prostate and breast cancers is increased in those suffering from long-term depression. Gallo et al. 'postulate that depression results in hormonal changes which set the stage for some types of cancers, but understanding the mechanisms by which this might occur will require further study.' (Gallo J J et al. Major depression and cancer: the 13-year follow-up of the Baltimore Epidemiologic Catchment Area sample (United States). <i>Cancer Causes and Control</i> 2000; 11: 751-758.) This has implications for the planned prostate screening programme as well as for breast cancer screening.</p> <p>Since it is well understood that 'comfort eating', drinking, and smoking are common <i>responses</i> to stress and unhappiness, which may or may not develop into more or less severe mental illness, we think it is very important that counselling and psychotherapy should be available to all people at all ages, without stigma. (The recent story of John Prescott's bulimia is a case in point.) We understand that clinical psychologists, psychotherapists and counsellors are in short supply, and we recommend that training programmes for these workers are given priority. We think that professional psychological help should be available in all GP practices. This may possibly be cost-effective if it prevents patients deteriorating from mild to severe depression, requiring life-long medication. We believe that research so far has shown that counselling for anxiety and depression has shown cost benefits as against drug prescription alone, and moreover is greatly valued by patients. We do acknowledge however that in severe mental illness, talking therapies may not always be appropriate.</p> <p>It should be stressed that cognitive behavioural therapy, while effective in some contexts, is not necessarily helpful for all disorders. In the case of</p>

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	<p>long-standing problems (for instance, child sexual abuse that has never been acknowledged or discussed) it is inappropriate.</p> <p><b>para5</b> In mentioning the range of factors contributing to elevated levels of obesity and diabetes etc, the higher rates of smoking in this group are acknowledged but not explored further - for instance it has been suggested that there are brain chemical imbalances in people with schizophrenia that are 'corrected' by substances in tobacco smoke.</p>
Service Users and Carers	<p>'The potential for improved mental health . . . if physical health is optimal' is agreed. There should be more prescription by GPs of (e.g.) physical activity programmes for people with mental illness. Simply getting out into the fresh air and taking exercise is well known to improve mood. However, the reverse is also true: if people can access effective talking therapies they are more likely to be motivated to give up unhealthy lifestyles.</p>
Stigma and Discrimination	<p>The point is well made. At the same time, we think the current 'Equality and Diversity' questionnaire used by the Complaints monitoring service could be further improved.</p>
Management and Treatment of Physical Health and Wellbeing	<p>We note the use of the 'Keep Well' initiative to drive health checks in 3 main important areas – clinical, lifestyle and life circumstances. We are concerned that from this work there should emerge a clear, simple and well-understood system and/or process which enable the health professionals to be aware of exactly whose responsibility it is to initiate and follow-up checks in those with mental illness and to monitor and record a comprehensive note of relevant tests.</p> <p>'In developing planned and tailored interventions for individuals', the importance of psychological therapies must again be underlined. This might also relieve the pressure on psychiatric services.</p> <p>We noted that there was no mention made of the children of people with mental illnesses (child carers) who need not only support but who also need checks on their own physical and mental health.</p> <p><u>Keep Well: Para 8</u>; - see notes under 'general' below. <b>Engagement</b> is absolutely critical to the successful implementation of an '<b>anticipatory care</b>' programme. Very difficult for some people with mental health problems.</p> <p>The final paragraph in this section is of interest - but unclear. If it means that people with severe mental health problems might be identified for additional investment in innovative practice, it would be useful to focus on helping them to 'engage' and stay engaged. (Including, e.g.</p>

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	<p>accompanying women to breast screening).</p>
<p>Performance Management and Delivery</p>	<p>It is a feature of the prison population that a number of prisoners experience and suffer from various mental health conditions and illnesses. We noted that mentally ill prisoners were not specifically mentioned as a category requiring similar care and treatment to the general population.</p>
<p>Equity of Access for Delivery of Care</p>	<p>These points are all well made.</p> <p><b><i>Learning Disabilities</i></b>  A member of our group who has a son with Asperger’s Syndrome comments that personal care is often problematic for people in this category, and that social workers in particular need to be aware of the difficulties that this may cause, in social and work situations (which is well recognized) but also as regards minor (if not major) physical illnesses. For example, constant support is needed to ensure that people attend appointments for eye and dental care, and frequent prompting is necessary to ensure that simple daily tasks are carried out successfully (e.g. washing, shaving, domestic cleaning, shopping and food preparation). In such cases cognitive behavioural therapy may well be appropriate.</p> <p>People with Learning Disabilities or Autism Spectrum Conditions (ASC) are unlikely to join groups that are not specific to their own interests. People with ASC will never join a group to do anything without one to one support</p> <p><b><i>Sexual health</i></b>  It is crucially important that health education in schools should include not just the biological facts but also the education of the emotions and guidance about relationships. At a time when HPV immunisation is offered to 12-13 year-old girls this must go hand in hand with appropriate discussion of emotional issues, and the point made that the vaccine does not protect against STD in general. The opportunity should also be taken to discuss smoking, alcohol, and lifestyle generally, and counselling offered to any who request it. The message ‘Smoking Stinks’ might be more effective than ‘Smoking Kills’ (which seems remote to a teenager).</p> <p>The side effects of drug treatments may also include constipation, which can be just as depressing as sexual dysfunction!</p> <p>In identifying groups with potential additional needs, it would be useful to remember that <b>carers of those with mental health problems</b> may also need additional support - both for their physical and mental well-being (particularly child carers and those who are ageing).  <i>(Note: the only reference to the health needs of carers is in a general section headed 'Impact on Mental Health' which refers to carers in</i></p>

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	<i>general rather than those with the particularly stressful task of caring for those with mental health problems - including, of course, dementia).</i>
Linked Initiatives	A reasonably comprehensive list but not specific to those with mental health problems. Enabling <b>engagement will</b> be the key.
Health Improvement - Key Policies and Evidence	<u>Smoking</u> : <b>brief</b> intervention is unlikely to be helpful to this group - see comments under 'general' below.
General Medical Services Contract for Primary Medical Services	While we fully acknowledge and appreciate the role of community psychiatric nurses, we know too that they cannot provide the kind of focused psychological therapy that can be offered by clinical psychologists, psychotherapists and counsellors, which may save a good deal of (more expensive) psychiatric consultation and medication. We strongly recommend that more resources are made available for this workforce, which we suggest may actually save money for the NHS and be much appreciated by patients.
Annex A: Practice Examples	
Annex B: Guidance for QOF indicators - NHS GG&C	
Annex C: Evidence base	
General	<p>This paper is based on a worthy goal.</p> <p>However, the consultation paper itself is rather diffuse and unfocused - mainly because it incorporates reference to so many health promoting initiatives that have been launched in recent years which, understandably, should cover those with severe mental health problems because they are targeted to the whole population.</p> <p>We suggest that it would be more useful for this particular group (i.e. people with severe mental health problems) in the first instance, to monitor progress with the impact of the GMS Quality and Outcomes Framework (which have only been operational for 3 years and which have been shown already to be providing a high level of regular review of the physical health of people with mental health problems) and Keep Well (which is still only in its pilot stages) and then build on these in the light of the findings as they relate to people with severe mental illness – rather than ‘launch out’ on a rather unfocused initiative.</p> <p>The two specific areas where some early <u>focused</u> work for this particular group might be explored are</p> <p>(1) to help people with severe mental health problems to 'engage'</p>

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	<p>appropriately with all that is offered; and</p> <p>(2) targeted smoking cessation for this group whose mental health problems may make it much more difficult to withdraw from this addiction and which must contribute significantly to their higher risks of many serious physical conditions.</p>
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