

Reducing CVD risk in people with severe mental illness – Dr Sheila Hardy

Background

Compared to the general population, people with severe mental illness (SMI) have a higher risk of developing cardiovascular disease (CVD). The reasons include:

- Genetics – low HDL, raised blood glucose, low lung function values
- Unhealthy lifestyles (smoking, lack of exercise, poor diet, alcohol and/or drug use)
- Medication can cause increased appetite, weight gain, sedation, glucose dysregulation
- Poor motivation (due to their mental health problem)
- Difficulty in concentration and planning (due to their mental health problem)
- Less likely than the general population to receive support to change unhealthy behaviour
- Less likely than the general population to receive medical examination and intervention
- Physical symptoms often attributed to mental health problem so early intervention not offered.

Authors of clinical guidelines advise annual screening for CVD risk factors with appropriate lifestyle counselling. There are seven recommended elements of this health check: blood pressure; body mass index (or waist circumference); blood glucose; serum cholesterol; diet advice; exercise recommendations; smoking cessation guidance.

In primary care, people with SMI may not get invited for an NHS health check because those who have a long-term condition should have an annual review (SMI is classed as a long-term condition). The targets included in the payment incentives (which are designed to motivate providers to offer this review) do not meet best practice guidance. Due to lack of time and money, the education and training offered to relevant clinical staff is often too brief or not offered at all. Not all people with a SMI have contact with secondary care. The payment incentive guidance for secondary care staff to reduce cardiovascular risk do not include all patients at risk. Targets can be met without making any difference to patients' CVD risk. Systems are not in place in every area to make sure patients are assessed, treated or followed up. Their training is often not fit for purpose. People caring for those with SMI (family members, support staff) are not always aware of what can be done to reduce the risks.

Due to their mental health condition, this group need more help to make lifestyle changes and adhere to preventative treatment. Even if a risk assessment is carried out, staff caring for them may not have the time, skills or motivation to support them.

My work:

I have developed training, delivered training, carried out research, taken part in expert reference groups, talked at numerous conferences, led on CQUINs, delivered health checks, written books and papers.

What I've learnt:

- There is a huge gap in caring for this group of vulnerable people. Staff in primary and secondary care working hard but have little capacity to support patients adequately
- Poor attitudes towards the responsibility of reducing CVD risk in this group exist in all services
- Payment incentives result in tick box exercises
- Services set up to support lifestyle change assume that patients are 'ready to change' and do not make adjustments for supporting those with mental health problems
- Training is ad hoc and variable across the country – no-one seems to have any responsibility to ensure that clinicians are educated properly in this subject

What I think should be done differently:

- More investment in mental health and primary care services to plug the gaps
- Clinicians should have access to approved education aimed to improve attitudes, motivate and assist them
- Patients and families should receive education in CVD risk reduction as standard care
- Services supporting lifestyle change should be set up so that they can work with patients at their level of motivation and ability

For discussion

- What is the single biggest challenge for ensuring equity and reducing inequality through CVD prevention programmes
- What are the opportunities for ensuring equity and reducing inequality through CVD prevention programmes
- What can PHE do to help?

