

Improving Physical Health for People with Mental Health Conditions

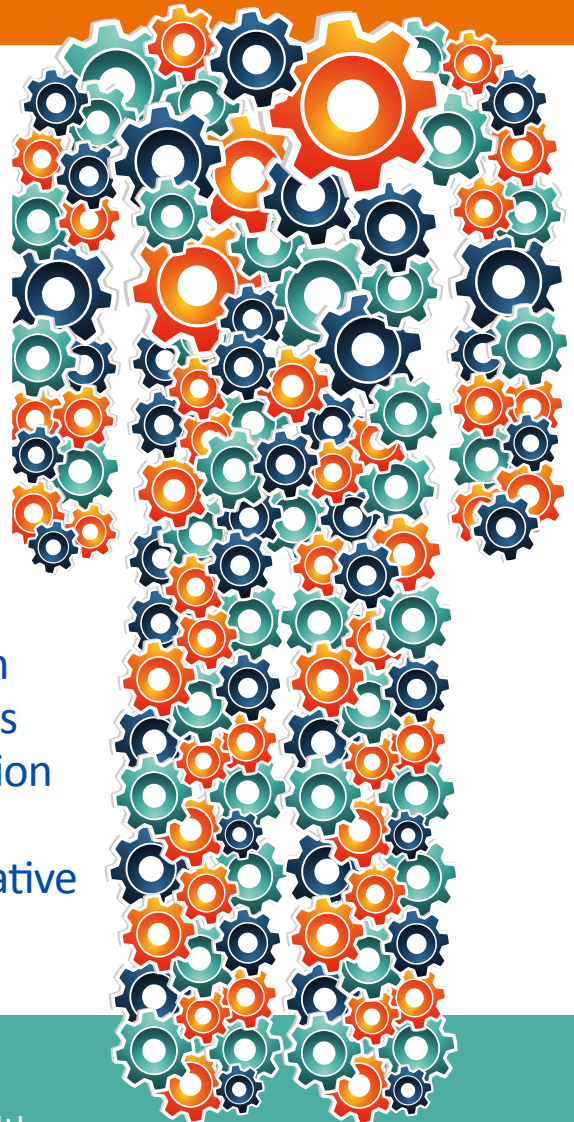
Tuesday 5 July 2016

Hallam Conference Centre London



Key Learning Objectives

- Making Parity of Esteem a reality
- Delivering the Mental Health Taskforce recommendations
- Involving and engaging service users
- Promoting fitness and physical activity
- Improving physical health in SMI
- Developing a pathway for physical health
- Smoking cessation & cannabis: what works
- Supporting people to improve physical health and the impact on personal recovery journeys
- Reducing the physical side effects of medication
- The role of effective liaison psychiatry
- Setting up and running a physical health initiative



Chair & Speakers include:

Sean Duggan *Chief Executive The Centre for Mental Health*

Jacqueline Dyer *Vice Chair The Mental Health Task Force*

Seamus Watson *National Programme Manager - Mental Health Public Health England*

Professor Tayyeb Tahir *Consultant Liaison Psychiatrist University Hospital of Wales*

Supporting Organisations:



Improving Physical Health for People with Mental Health Conditions



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"Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. Two thirds of these deaths are from avoidable physical illnesses, including heart disease and cancer, many caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months. In addition, people with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care by an average of 45 per cent. Yet much of the time this goes unaddressed."

"We should have fewer cases where people are unable to get physical care due to mental health problems affecting engagement and attendance (and vice versa). And we need provision of mental health support in physical health care settings - especially primary care."

"People with existing mental health problems told us that services should be integrated - for example, physical health checks and smoking cessation programmes should be made available for everyone with a severe mental illness"

"By 2020/21, at least 280,000 people living with severe mental health problems should have their physical health needs met. They should be offered screening and secondary prevention reflecting their higher risk of poor physical health. This will reduce the health inequalities gap. We know there is low take up of information, tests and interventions relating to physical activity, smoking, alcohol problems, obesity, diabetes, heart disease and cancer. In England there are over 490,000 people with severe mental illness registered with a GP. The proportion receiving an annual physical health check ranges from 62 per cent to 82 per cent (this data does not include any information about how many people are being supported to access evidence based interventions as a result of these checks). People with a long standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. Current incentive schemes for GPs to encourage monitoring of physical health should continue and extra efforts should be made to reduce smoking - one of the most significant causes of poorer physical health for this group. Mental health inpatient services should be smoke free by 2018."

"People with mental health problems often also receive poorer physical health care. Those with severe mental illness die on average 15-20 years earlier than the general population. They are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency, suggesting deficiencies in the primary care they are receiving."

All above quotes are from The Mental Health Taskforce Strategy, February 2016

This conference takes a practical case study based approach to delivering parity of esteem through learning from organisations that have succeeded in addressing the challenge of improving the physical health of people with mental health conditions. The conference will focus on meeting the national recommendation set out by the Mental Health Taskforce in February 2016. The conference will include national updates and case study sessions focusing on making parity of esteem a reality, promoting fitness and physical activity, improving physical health for people with severe mental illness, smoking cessation, the role of drug abuse, monitoring physical health, the role of recovery services, reducing medication physical health side effects and the role of liaison psychiatry.

Follow this conference on Twitter #ParityofEsteem

10.00 Chair's Introduction

Sean Duggan

Chief Executive
The Centre for Mental Health

10.10 Where are we now? National overview of the health of people living with mental health problems

Seamus Watson

National Programme Manager - mental health
Public Health England

10.35 Improving the physical health for people with mental health conditions Implementing the Mental Health Taskforce recommendations

Jacqueline Dyer

Vice Chair
The Mental Health Taskforce

- learning from the lived experience
- meeting the mental health taskforce recommendations on improving the physical health of people with mental health conditions
- involving and engaging service users in improving physical health
- delivering parity of esteem
- demonstrating improvement at a local and national level
- improving the effectiveness of physical health checks

11.15 *Question and answers, followed by coffee*

11.40 EXTENDED SESSION

Making parity of esteem a reality in practice: improving the physical health for people with mental health problems

Speaker to be announced

- improving the physical health for people with mental health conditions
- delivering parity of esteem in practice
- demonstrating improvement at a local and national level
- improving the effectiveness of physical health checks
- incentivizing improvement
- how to we measure and monitor improvement in this area? our experience

13.05 *Question and answers, followed by lunch*

14.00 The role of liaison psychiatry in improving outcomes for people with physical and mental health conditions

Professor Tayyeb Tahir

Consultant Liaison Psychiatrist
University Hospital of Wales

- what is the role of liaison psychiatry in managing the physical health of those with mental health conditions? How this role could develop
- effectively managing co-morbid physical and mental illness
- recognising the psychological burden of chronic disease
- improving the concurrent management of physical and mental health symptoms

14.25 Quitting cannabis: What works and what are the benefits?

Dr Amir Englund

Research Worker
King's College London

- what role does cannabis use play in mental illness, and how is cannabis potency relevant?
- what are the benefits of quitting?
- which are the most effective treatments for cannabis dependence?

14.50 Supporting people to improve physical health and the impact on personal recovery journeys

Syena Skinner

Recovery College Manager

with **Amanda Bailey**

Recovery College Deputy Manager
Central North West London NHS Foundation Trust

- the role of recovery services in improving physical health
- an emerging evidence base
- translating the model of Recovery College's into community physical health services
- examples of practical applications

15.20 *Question and answers, followed by tea*

15.45 Reducing the physical health side effects of medication in mental health

Caroline Parker

Consultant Pharmacist
Central & North West London Mental Health NHS Trust

- reducing the physical health side effects of mental health medication
- meeting the national target for those on antipsychotic medication
- working in partnership with service users to identify the appropriate medication for them and ensuring the side effects are understood
- why reducing the impact of medication side effects is key to parity of esteem and improving physical health of those with mental health problems
- national developments

16.15 Monitoring progress: Developing a digital health dashboard

Speaker to be announced

- monitoring progress in improving physical health
- developing a digital case loading dashboard for acute wards
- our experience

17.10 *Question and answers, followed by Chair's closing remarks*

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Date Tuesday 5 July 2016

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