

POLICY BRIEF

# Helping people with severe mental disorders live longer and healthier lives



World Health  
Organization

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- *Severe mental disorders include schizophrenia and related conditions, bipolar disorder and moderate and severe depression. They cause significant disability and are usually long lasting.*
- *Severe mental disorders affect more than 4% of the adult population.*
- *People with severe mental disorders die on average 10-20 years earlier than the general population. The disparity is highest in low- and middle-income settings. Most deaths are due to preventable physical diseases, especially cardiovascular disease, respiratory disease and infections.*
- *People with severe mental disorders are 2-4 times more likely to die due to unnatural causes, including suicide, homicide and accidents, than the general population. In about 50% of those dying by suicide, a mental disorder was present. Many lives can be saved by ensuring that people with severe mental disorders receive treatment.*



**Goal 3 of the Sustainable Development Goals**

Ensure healthy lives and promote well-being for all ages

**Target 3.4**

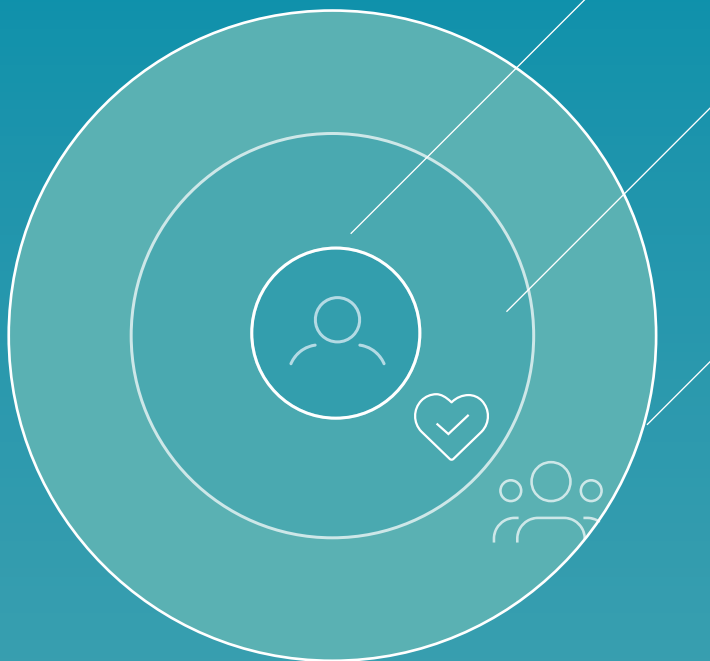
Reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being by 2030

**LEAVE NO ONE BEHIND**



# Why do people with severe mental disorders die early?

Reasons for the premature death of people with severe mental disorders are at the level of the individual i.e. the person with the disorder, at the level of the health system or at the broader societal level.



## INDIVIDUAL FACTORS

- Severity of disorder
- Physical inactivity
- Poor diet
- Use of tobacco, alcohol, drugs

## HEALTH SYSTEM FACTORS

- Absence of appropriate policies
- Inadequate financing
- Limited health information systems
- Fragmented and poor quality services

## SOCIAL FACTORS

- Stigma and discrimination
- Poverty, unemployment, homelessness
- Limited social support

## CASE STUDY: INCREASING TREATMENT COVERAGE FOR MENTAL DISORDERS IN RURAL ETHIOPIA

The Programme for Improving Mental Healthcare (PRIME) has supported the comprehensive integration of mental health services into primary care in rural Ethiopia with full support from health-care planners and leaders, the health facility, and the community. The programme has resulted in high treatment coverage for people with severe mental disorders. PRIME's approach consists of:

### 1. Brief training in first-line interventions and ongoing supportive supervision for general health workers.

At the implementation site, 142 prescribers and 80 additional professionals at 8 health facilities serving a population of 180 000 people, were trained and supervised.

### 2. Building the capacity of health-care planners and ensuring sustainable access to psychotropic medications in all eight implementation health centres.

### 3. Community engagement to enhance service use, social inclusion and support for the most vulnerable, such as the homeless.

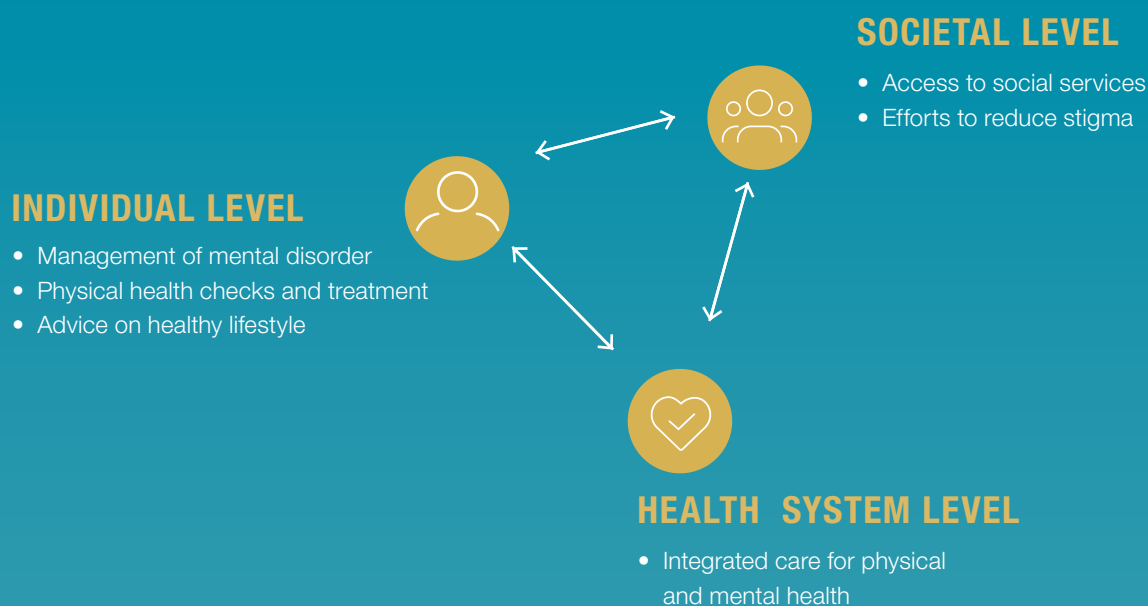
For further information, see:

*Lund et al. PRIME: a programme to reduce the treatment gap for mental disorders in five low-and middle-income countries. PLoS Medicine 2012; 9(12):e1001359.*

*Fekadu et al. Development of a scalable mental healthcare plan for a rural district in Ethiopia. British Journal of Psychiatry (Supplement), 2016; 208, s4-s12. doi: 10.1192/bjp.bp.114.153676*

# What can be done?

Efforts are needed at the individual, health system and societal levels to improve the health and quality of life of people with severe mental disorders and at the same time help them live longer.



## INTERVENTIONS AT THE INDIVIDUAL LEVEL

People with severe mental disorders require early detection and appropriate treatment of their mental health condition. Suicide prevention interventions such as reducing access to means and problem-solving strategies are an important part of the mental health treatment plans for people with severe mental disorders.

Screening for physical health conditions such as hypertension and diabetes, and prompt initiation of treatment for these conditions as well as infectious diseases, is as important for people with severe mental disorders as it is for the general population. Strategies that target lifestyle behaviours including tobacco cessation, weight management and interventions addressing substance abuse and risky sexual behaviour need to be incorporated into regular health care management for people with severe mental disorders.

## INTERVENTIONS AT THE HEALTH SYSTEM LEVEL

Strengthening health systems for example by providing guidelines for integrated delivery of physical and mental health care will improve outcomes for people with severe mental disorders. These guidelines incorporate screening for physical health conditions, care coordination among mental health and primary care providers and delivery of medical services in mental health settings. Examples of such evidence-based guidelines from WHO are Mental Health Gap Action Programme (mhGAP) guidelines and Package of essential NCD interventions for primary health care (PEN) guidelines for non-specialist care in low resource settings.

## INTERVENTIONS AT THE SOCIETAL LEVEL

Certain policies, for example, policies to provide mental health insurance coverage, find suitable work with on-the-job support and provide affordable and safe housing may enhance the ability of people with severe mental disorders to fully integrate into society.

Programmes to reduce stigma including those that encourage social contact with people with severe mental disorders can improve attitudes and reduce discrimination. Peer-support programmes, family support programmes and mental health consumer groups can provide added value to health interventions for people with severe mental disorders.

# How can you make a difference?

*There are concrete actions that different stakeholder groups can take to ensure that people with severe mental disorders live healthier and longer lives. Government, health-care managers, care providers and nongovernmental organizations need to work in a coordinated way with people with severe mental disorders and their families in order for progress to be made.*

## POLICY MAKERS



### 1. Develop policies for the integration of physical and mental health services

- Strengthen existing physical health platforms so that care for people with severe mental disorders can be effectively delivered through these platforms.
- Explicitly address issues of equity and respect for the dignity and human rights of people with severe mental disorders in policies. For example, policies must promote the participation of people with severe mental disorders in decision-making processes on issues affecting them (e.g. policy, law, service reform).
- Ensure that other noncommunicable disease programmes, such as those that address tobacco cessation, violence prevention, nutrition and physical activity, include people with severe mental disorders.

### 2. Establish partnerships with multiple sectors to address the health and social needs of people with severe mental disorders

- Work with employment, housing, education, judicial and social sectors as well as with the health sector.
- Involve civil society organizations as active partners when addressing the health and social needs of people with severe mental disorders.
- Ensure that people with severe mental disorders and their carers are given a formal role in the process of framing policy and making recommendations on legislation.



### 3. Monitor mortality rates, trends and risk factors

- Include indicators that measure mortality and prevalence of cardiovascular risk factors (e.g. hypertension, obesity, diabetes), infectious diseases and other relevant conditions in people with severe mental disorders within routine health information and monitoring systems.

### 4. Increase investment in mental health

- Allocate a greater share of available financial resources in the health budget towards mental health.
- Seek and use development funding to build an integrated physical and mental health-care system.
- Invest in research to identify the barriers to implementation of evidence-based interventions for people with severe mental disorders, the impact of these interventions and the specific elements in multi-component interventions that have a beneficial effect.

# HEALTH-PROGRAMME MANAGERS



## 1. Enhance training of health-care professionals

- Include key areas of physical health care of people with severe mental disorders in the training curricula of specialist and general health-care staff. This training must include recognition and early response to acute physical illness and management of chronic physical conditions.
- Ensure that general health-care providers and other specialists have the knowledge and skills to detect and manage co-morbid mental illness in people seeking physical health care.

## 2. Provide care for physical conditions to people with severe mental disorders in in-patient facilities of psychiatric hospitals and general hospitals

- Ensure that people with severe mental disorders have access to care for physical conditions (that includes early recognition of physical symptoms/illness, timely diagnosis and management) in psychiatric in-patient facilities, especially long-term care facilities. In facilities within general hospital settings, strengthen the liaison and referral mechanisms with other specialists for prompt response to physical health needs.

## 3. Shift care for people with severe mental disorders from long-stay hospitals to the community

- Systematically shift care away from long-stay mental hospitals towards non-specialized health settings in the community. Increase the coverage of evidence-based interventions for severe mental disorders. Use a network of linked community-based mental health services, including short-stay in-patient care, and out-patient care in general hospitals, primary care, comprehensive mental health centres and day care centres.

## 4. Develop and implement quality improvement mechanisms as a continuous process in mental health services

- Monitor and evaluate the implementation of programmes that address the health care of people with severe mental disorders and take necessary measures to ensure quality of services at all times.
- Implement rigorous supervisory systems to support general health-care staff in providing mental health services.

## 5. Increase awareness and address issues of stigma and discrimination towards people with severe mental disorders

- Disseminate information about mental health and address any negative staff attitudes towards people with severe mental disorders that can reduce access to healthcare.
- Engage constructively with the media so that the portrayal of people with severe mental disorders and the language used is non-stigmatizing.







## HEALTH-SERVICE PROVIDERS



### 1. Improve clinical care for people with severe mental disorders by detecting and monitoring physical illness

- Conduct a detailed assessment and documentation of physical health care needs when seeing a person with a severe mental disorder at first visit and then at regular intervals. This includes enquiry about previous physical illnesses and treatment, current physical health symptoms, a detailed baseline physical examination and follow-up investigation if needed.
- Address physical health complaints of people with severe mental disorders early and provide basic health screenings as for the general population.
- Stay alert for possible physical causes for the symptoms of mental illness and provide access for further investigation and/or referral.

### 2. Focus on preventable risk factors for physical illness among people with severe mental disorders and enhance disease prevention

- Support lifestyle changes by providing information and advice about healthy behaviours and closely monitoring

exercise and healthy eating regimes. Encourage and support tobacco cessation. Monitor cardiovascular risk factors such as hypertension, diabetes and obesity.

### 3. Provide continuing care

- Monitor antipsychotic medication use to detect side-effects and take appropriate action if these occur.
- Support ongoing care i.e. continuing care and support following discharge from hospital as this can be a period of increased suicide risk.

### 4. Involve people with severe mental disorders and their carers in all management decisions

- Provide full information to people with severe mental disorders and their carers about physical health topics. Involve carers in all aspects of care for people with severe mental disorders including early identification of physical health problems, timely help-seeking, and support for psychosocial and lifestyle interventions.



# NONGOVERNMENTAL ORGANIZATIONS



## 1. Tackle social exclusion and enhance community support

- Support existing programmes or establish new programmes such that people with severe mental disorders are: given opportunities for further education, skills development and retraining; supported in finding suitable work; and provided with on-the-job support.
- Explore means to provide financial support and affordable and safe housing for people with severe mental disorders.
- Increase access to care in the community through peer-support and family support programmes.
- Initiate stigma-reduction activities such as those that focus on enhanced social contact and participation in work and community life and civic affairs.



## CASE STUDY: COMMUNITY AS THERAPY – LIVING LONGER, HEALTHIER LIVES: A COMMUNITY SYSTEM OF CARE IN NEW YORK CITY

Since 1948, New York City-based Fountain House, recipient of the Conrad N. Hilton Humanitarian Prize, has empowered people with severe mental disorders to live and thrive in society.

Fountain House's approach goes beyond integrated healthcare by combining medical, psychiatric and social support. At Fountain House's Sidney R. Baer, Jr. Center, the first integrated health home in the USA for people living with severe mental disorders, individuals receive primary and psychiatric care.

At Fountain House's community center, people participate in evidence-based wellness programmes, including: weight management and fitness activities, nutrition classes and substance abuse and smoking cessation groups.

Fountain House is a setting for self-initiated social interaction and personal contributions where people with severe mental disorders support each other in making healthy lifestyle choices and obtaining jobs, education and housing. This Community System of Care enhances social relationships, increases medication adherence, reduces re-hospitalization and emergency room visits, and effectively addresses co-occurring medical illnesses, resulting in longer, healthier lives.

For further information, visit:  
[www.fountainhouse.org](http://www.fountainhouse.org)

# SERVICE USERS AND CARERS



## 1. Partner in the organization, delivery, and evaluation and monitoring of services so that care and treatment are more responsive to needs.

- Actively engage in all health-care matters, including decisions regarding follow-up investigation and management of physical illness.
- Participate in advocacy to increase awareness and denounce stigma and discrimination and to obtain support from policy-makers for improved services.
- Lead a healthy lifestyle with regular physical exercise, a healthy diet, avoidance of tobacco and other addictive substances and maintenance of a healthy body weight. Go for regular health checks.
- Organize and participate in self help and support groups to provide social, emotional and practical support to one another.

## CASE STUDY: A COMPREHENSIVE EVALUATION AND MANAGEMENT SYSTEM FOR PEOPLE WITH SEVERE MENTAL DISORDERS IN INDIA

The Schizophrenia Research Foundation (SCARF) is a nongovernmental, non-profit organization in Chennai in south India and a WHO Collaborating Centre for Mental Health Research and Training. SCARF's services for people with severe mental disorders are provided through out-patient clinical services, day-care services, community outreach programmes and residential facilities. The approach combines individual-focused mental health interventions (e.g. early detection of suicide risk, psychiatric evaluation and treatment), physical health interventions (e.g. noncommunicable disease risk screening, treatment of diabetes and hypertension) and

lifestyle behavioral interventions (e.g. tobacco cessation, weight management programmes).

Annually, on average, 3500 people with severe mental disorders use SCARF's out-patient services, 450 the residential facilities and around 100 attend the day-care centre daily. In addition, around 900 people with mental disorders are seen at the community outreach clinics including mobile tele-psychiatric services every year.

For further information, visit:  
[www.scarfindia.org](http://www.scarfindia.org)

## ACKNOWLEDGEMENTS

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## SUGGESTED READING

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