CONFERENCE ABSTRACT

Promoting the physical health of people with severe mental illness: improving integration between primary and secondary care.

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Introduction: Mental illness can act as barrier to accessing and obtaining effective medical care, and is associated with increased medical morbidity1. People with serious mental illness have higher morbidity and mortality from chronic diseases than the general population, and this results in a significantly reduced life expectancy2-3. The vast majority of the gap in life expectancy between those with mental illness and the general population is accounted for by physical illness4-5. There is also evidence that people with mental illness are further disadvantaged as they are less likely than the general population to be offered, or to access, regular health screening and are also less likely to undergo a range of procedures compared to those with no mental illness4,6. There is evidence to suggest that the physical health needs of people with serious mental illness are often "unrecognised, unnoticed or poorly managed"7.

The literature presents a strong argument for primary health/general practice and mental health services to work together to provide holistic care in order to reduce the significant physical health inequality experienced by people with a severe mental illness. It also argues that an integrated approach to the provision of primary health care services for this population group will yield economic benefits through appropriate use of, and improved access to, health services (including hospital services) and will increase the take up of preventative measures. Achieving this outcome will require local area service coordination and shared accountability between specialist mental health, general practice and primary care services.

The overall aim of this research project is to develop and assess a standard protocol to aid the health professional in the monitoring and treatment of the physical health of patients who have a severe mental health illness presenting in general practice.

Methods: This project is using a mixed methods approach. The aspect presented here involves qualitative semi-structured interviews with service providers (general practitioners (GPs) and general practice staff, psychiatrists and members of the community mental health teams) and

patients. The purpose of these is to ascertain the barriers and facilitators experienced by service providers and persons with a diagnosed mental illness accessing and engaging in health services related to the care of their physical health.

Results: Preliminary results indicate that the physical health of people with a severe mental illness is not currently addressed regularly by the primary care team or the patient's GP or the mental health team. Factors associated with this includes patient attendance and adherence and time constraints in consultations. A barrier to GPs having a role in this in an integrated model is the present funding approach, which does not adequately 'incentivise' such activities.

Discussion/Conclusions: Improving physical health for this patient group takes considerable time, needs to be introduced step by step and requires sustained effort. The evidence from this work will provide meaningful information to the service providers and planners to guide future service development and to form the basis for innovation and change in practice and service delivery for people with a severe mental health illness.