General Principles for the Management of the Physical Health of People with a Severe Mental Illness

What is Severe Mental Illness?

The term "severe mental illness" is a frequently used phrase, but is imprecise in its nature. In the generally accepted form, the term has three elements: Diagnosis, Disability and Duration.

- Diagnosis: a diagnosis of schizophrenia, bipolar disorder, or other psychotic disorder is usually implied
- Disability: The disorder causes significant disability
- Duration: The disorder has lasted for a significant duration, usually at least two years.

Guidance and Advice

1. The Family Doctor (FD) and their team should approach the management of the physical health of people with a severe mental illness in the same way that it does any other long-term condition.

2. If there are registers of people with diabetes, cardiovascular disease (CVD), or other non-communicable disease (NCD) then there should be a register of people with a severe mental illness.

3. If the Family Doctor (FD) manages non-communicable diseases by opportunistic screening – then NCDs should be screened opportunistically in the severe mental illness population

4. <u>Inter-professional Communication</u>
    a. Every FD should know how to contact the local psychiatrist (or team) for routine advice, and in an emergency.
    b. Every FD should have an understanding with the mental health service about a referral process – who should be referred, when, and how.
    c. Every FD should have an understanding with the mental health service about how people should be discharged from mental health care to primary care, that covers at least, diagnosis, treatment, prognosis, responsibilities of primary care, and when to re-refer to secondary services.

5. <u>Clinical Guidelines</u>
    a. Each country should have an agreed guideline on the management of the physical health of people with severe mental illness. This guideline should acknowledge local legislation, culture, and available resources, both financial and human, when making recommendations for practice.

    b. Every patient should have their BP and BMI recorded in the clinical record, at least annually

c. If the FD usually manages people with diabetes, then the FD should assess people with severe mental illness for the development of diabetes using fasting glucose levels. If the person already has diabetes, then the FD should manage the condition in the same way that others without a severe mental illness are managed in that country. If the FD does not usually make the diagnosis of diabetes, or routinely manage diabetes in the community, then they should refer people with severe mental illness to clinicians who can assess for the presence of diabetes and offer longer term follow up.

d. If the FD usually manages people with hypertension, then the FD should check at least annually for raised BP and treat appropriately. If the FD does not usually diagnose and manage hypertension, they should refer the person with severe mental illness to a clinician who can diagnose and manage the condition.

e. If the FD usually manages people with CVD, then the FD should assess at least annually (history, examination, cardiovascular risk assessment score, and an electrocardiogram), and treat appropriately. If the FD does not usually manage CVD, they should refer the person with severe mental illness to a clinician who can assess and manage the condition.

f. If the FD normally enquires about smoking habits – then the patient should be assessed, and if appropriate offered smoking cessation advice. Their respiratory function should be assessed, and appropriate treatment offered.

g. Preventative strategies offered to at risk groups, should be offered to people with severe mental illness e.g. influenza vaccination, screening for bowel cancer, screening for cervical cancer, screening for blood borne viral diseases etc., if these programmes exist, and are applied routinely for other patients.

6. Management:
    a. Where clinically indicated, life style changes should be offered as a first line in the management of NCDs.
    b. If life style changes are not appropriate, or ineffective, for an individual then medication should be offered, which is in line with national guidelines and best practice.
    c. The FD will need to balance the benefits of more medication to treat/prevent a potentially life-shortening condition, and the risks associated with polypharmacy.
    d. In assessing the "risk versus benefit" the FD should take into account:
        i. The views and opinions of the patient
        ii. The life style and social circumstances of the patient
        iii. The clinical evidence that supports the proposed intervention
        iv. The risk of drug interactions

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