

INCREASING ACCESS TO PHYSICAL HEALTH CHECKS FOR PEOPLE LIVING WITH SEVERE MENTAL ILLNESS

People living with severe mental illness (SMI) die on average 15 to 20 years younger than the general population, largely due to physical illnesses that could be prevented or treated.

Physical health checks for patients with severe mental illness can help to identify signs of physical illnesses which can then be treated early. People can be offered medical interventions, and support and resources to adopt positive health behaviours.

The core PHSMI check is made up of six assessments:

- ⦿ Alcohol consumption status
- ⦿ Blood glucose/Hb1Ac test (as clinically appropriate)
- ⦿ Blood lipid (cholesterol) test
- ⦿ Blood pressure
- ⦿ Body Mass Index (BMI)
- ⦿ Smoking status

PLANNING

Preparation for outreach:

- ☰ Form a project group with local partners
- ☰ Analyse your data - who is and isn't accessing PHSMI checks currently?
- ☰ Get buy-in from key stakeholders and agree roles and responsibilities
- ☰ Facilitate access to primary care data for outreach partners as needed.

RECRUITMENT & TRAINING

Arrange access

for external organisations to SMI registers and the primary care IT systems, for example through honorary contracts and the provision of IT equipment.



Outreach worker roles can be undertaken by Healthcare Assistants, GP Practice Nurses, VCSE Community Support Workers and Peer Support Workers.

Start by working with people with lived experience of severe mental illness and their carers to understand the current barriers to accessing PHSMI checks.

Work together to design a service.



the design of communications and outreach activities with people who have lived experience of severe mental illness and can advise on tone and language.



for how and where to provide outreach.

Training is provided for primary care staff and others supporting people to have a PHSMI check, on the importance of PHSMI checks and how to encourage and support people living with severe mental illness to have their PHSMI check. This can be coproduced and delivered with people with lived experience.

Posts employed by VCSE partners can help to reach people using VCSE services.

OUTREACH

Develop a protocol to phone and write to patients with



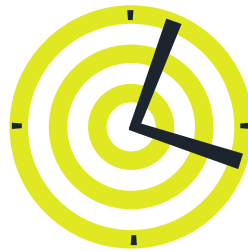
to remind patients of appointments

and follow up if they do not attend.

Make **reasonable adjustments** based on people's needs, such as **support to plan travel** to the GP surgery...



... or booking appointments at the **start or end of the day.**



VCSE organisations are well placed to provide outreach services as they often have **well established relationships** with people living with severe mental illness and particular **communities you may want to reach.**



Take PHSMI checks to where people are - in homes, community centres or within secondary care.



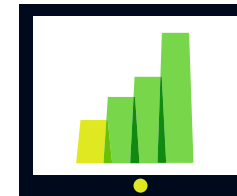
Point-of-care testing kits can help with this.

STRATEGY

Don't just screen

Intervene.

Use outreach to support people to access follow-up interventions too.



Focus on **demographic groups with the lowest attendance.** This may include people with physical disabilities or mobility difficulties, people living in deprived areas, those from certain ethnicities or people with English as a second language.

Make every contact count

If contact is made with those who have not been engaging with primary care...

use this opportunity to provide holistic support for their physical and mental health and social needs.

This may include support to access other health care such as oral health and cancer screening, or social prescribing for their wider needs.

Outreach should be part of a wider strategy to improve the physical health of people living with severe mental illness.