

## **Untangling the interplay of physical health in people with mental illness**

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The physical healthcare of people with mental illness is an essential and integral component of their holistic care, not least because a range of physical illnesses occur more frequently in those with mental illness causing significant morbidity and premature mortality. The presence of physical co-morbidity adversely affects mental well-being while the psychiatric illness worsens the outcomes of many physical illnesses leading to increased mortality. This translates into a reduced life expectancy of 10–20 years. Physical illness accounts for around 75% of all deaths of people with mental illness and as psychiatric treatments have improved, the death rates from “unnatural” causes (principally accidents and suicide) have fallen while conversely the relative risk of dying from respiratory and cardiovascular causes have risen.

The health inequalities experienced by people with mental illness appear to have widened over the last 30 years. Whereas longevity has gradually improved in the general population, these benefits have not been experienced by people with schizophrenia and if deaths from suicide or trauma are discounted, life expectancy has, if anything, declined.

These startling facts demand urgent action to enhance the physical health care to reduce the burden health inequality faced by those with mental illness. An understanding of the scale of the problem, of the underlying aetiology and of the management strategies is important for all professionals caring for people with mental illness. This lecture will not be exhaustive but will cover the major physical illnesses experienced by those with mental illness, together with the responsibilities of healthcare professionals in screening and treatment.