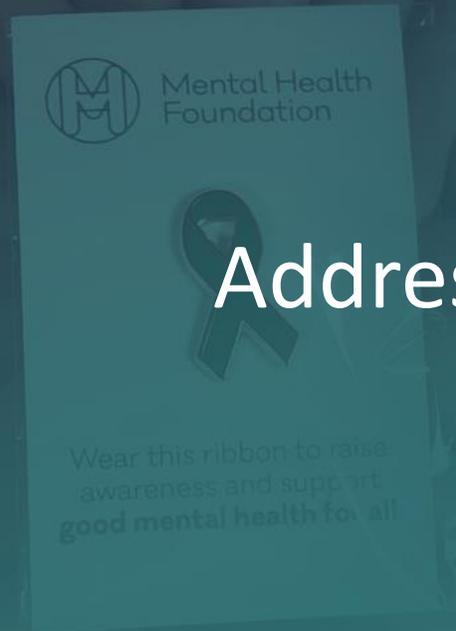


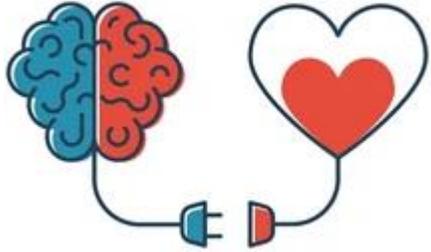


No health without Mental Health. No recovery without
Physical Health



Addressing the Health Inequalities in the room

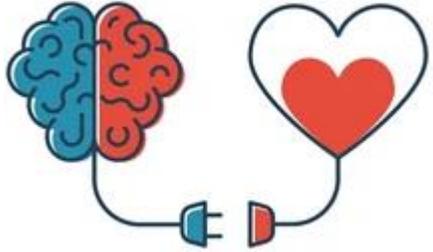
Chris White



No health without Mental Health

Canadian Psychiatrist and the first Director-General of the World Health Organization (WHO), Brock Chisholm famously said “without mental health there can be no true physical health”. Establishing that our mental and physical health were intimately linked.

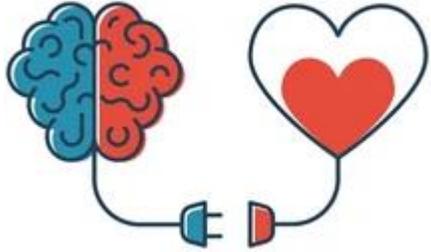
That was groundbreaking, but in a world where so much emphasis is placed on recovery who is watching our physical health?



No health without Mental Health

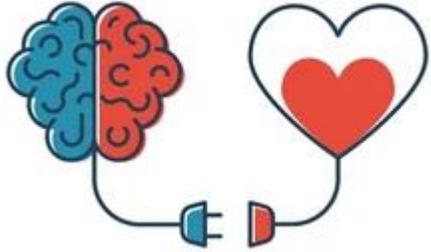
Someone with a mental illness will die 12–19 years earlier than the general population
(Chang et al. 2011)

The main cause is due to a physical disease (rather than suicide or accident)
Colton and Manderscheid 2006)



Why we need to talk about the link between our Mental Health and our physical health

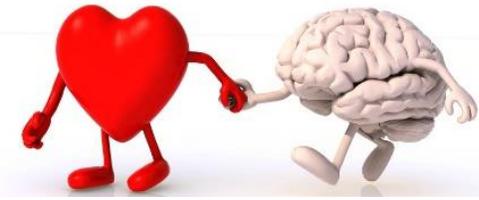
- Experience of severe mental illness (SMI) is associated with higher prevalence, incidence and mortality from a range of cardiovascular diseases (CVD).
- Depression is two to three times more common in a range of cardiovascular diseases.
- Mental illness increases risk of diabetes and diabetic complications ... Co-morbid depression worsens clinical outcomes in type 2 diabetes.
- People with serious mental illness — are 2.6 times more likely to develop cancer than the general population,
- Systematic review – COPD most prevalent disease in people with mental illness (Oud and Meyboom-de Jong 2009).



Risk Factors associated with long term conditions

Risk factors associated with long term physical health conditions are significantly increased in people with mental illness including

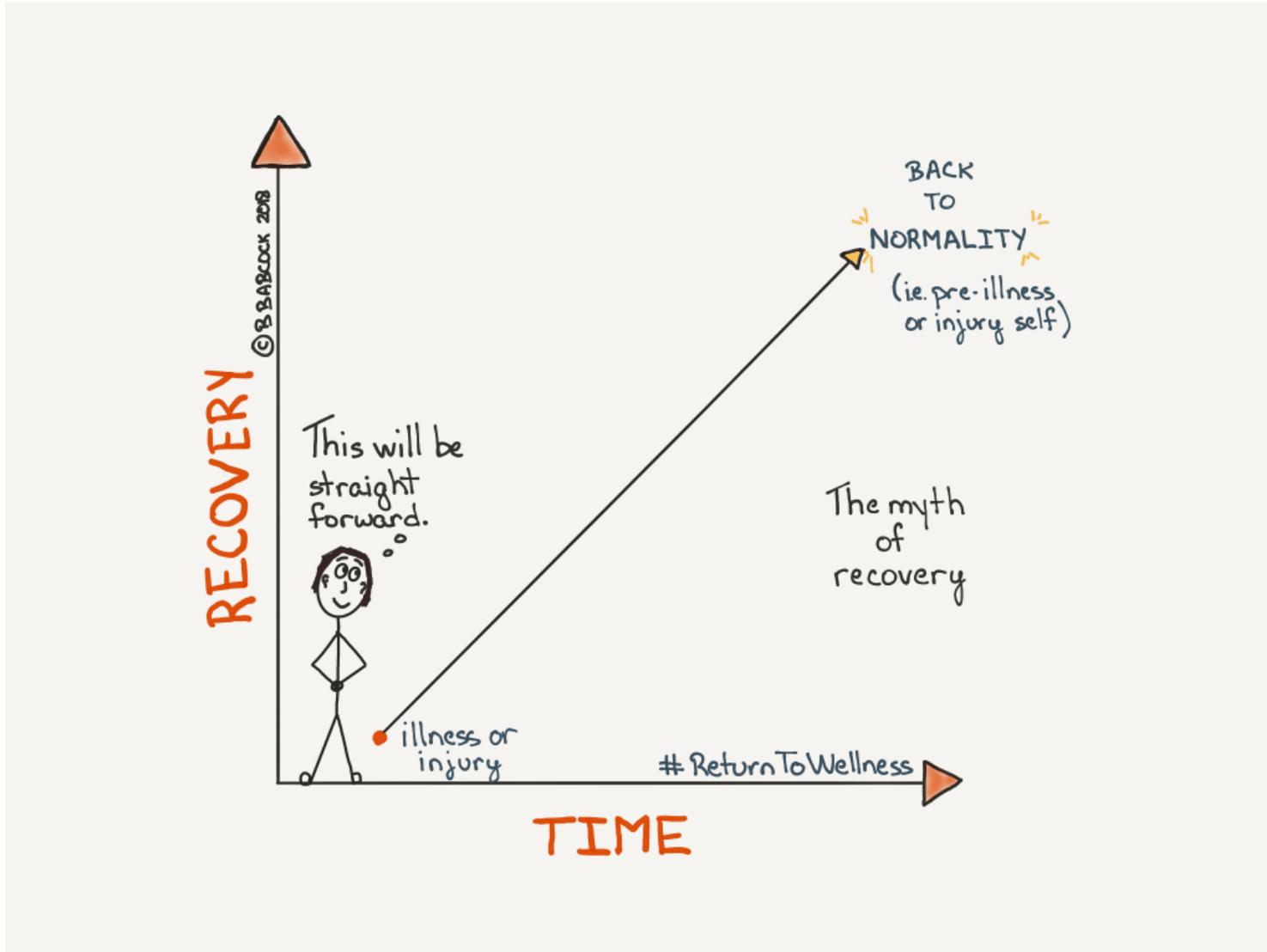
- Smoking
- Poor diet
- Low levels of exercise
- Stress
- Antipsychotic medication
- Poverty
- Alcohol
- **Diagnostic overshadowing**
- **Lack of physical health checks**
- **Physical Health Interventions**



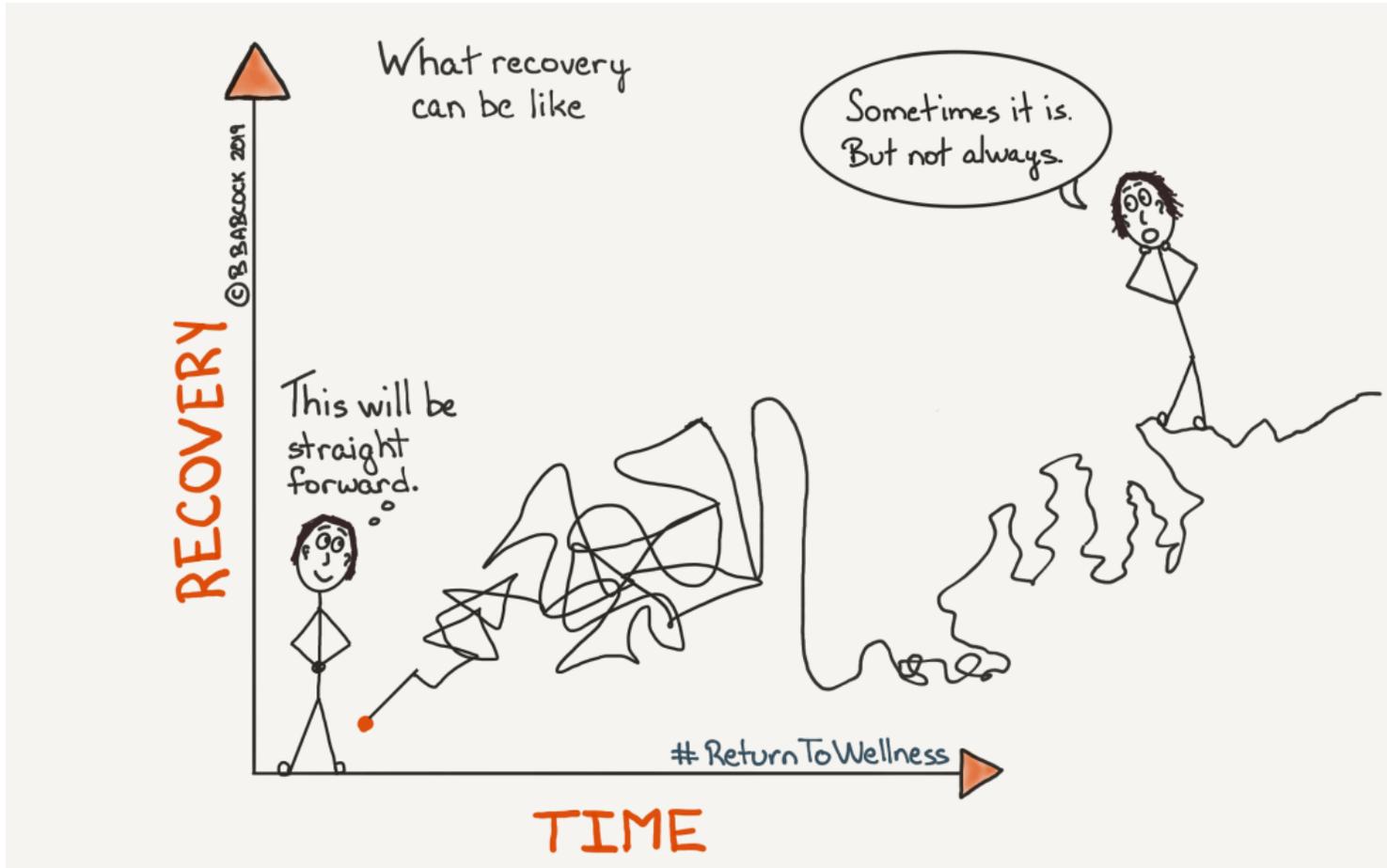
Personal background Part One

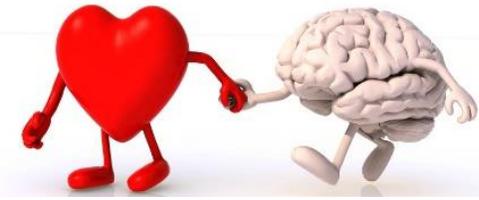
1980	Smoking regularly from 14 years of age	🚩
1985	Alcohol consumption regularly excessive	🚩
1991-2000	Frequent psychiatric hospital admissions	🚩
2000	Alcohol Recovery)	🚩
) Smoking Cessation not encouraged	
2000/2001	Mental Health Recovery)	

What does realistic recovery look like?



What does realistic recovery look like?





Personal background Part Two

On the whole recovery has been good. Plus points include

- No mental health hospital admissions
- Successfully transitioned back to work
- Married with a family
- 2015 finally Stop Smoking (after 35 years)

BUT

2015 Diagnosis of Asthma,

2019 Diagnosis of Diabetes T2 .

2021 Major open heart surgery

Recovery: An individualized, intentional, dynamic and relational process involving sustained efforts to improve wellness



HEALTH

Overcoming or managing illness or symptoms and making informed choices that support both physical and emotional well-being



HOME

Having a stable and safe place to live



PURPOSE

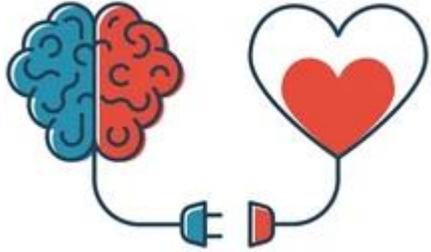
Conducting meaningful daily activities and having the independence, income, and resources to participate in society



COMMUNITY

Community: Having relationships and social networks that provide support, friendship, love, and hope

TREATING THE WHOLE PATIENT develop awareness of ways in which psychological factors affect physical health, including perceptions of illness, stress awareness and development of stress management skills.



We need a different approach

Risk factors associated with long term physical health conditions are still prevalent for people with serious SMI's

We need to take physical health seriously

Why is diagnostic overshadowing an issue?

We need to make regular physical health checks routine

Knowing that a mental health condition can lead to physical health problems in later life what Physical Health Interventions can we build in from early diagnosis through to recovery.

THANK YOU

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