



A systematic review of the effectiveness of interventions to improve the physical health of people with severe mental health problems

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Executive Summary

A literature search was carried out to identify studies which evaluated the effectiveness of interventions to improve the physical health of people with severe mental health problems. Reports based on descriptions of projects or individuals' opinions were not included. Although there is a growing interest in this field, however, few rigorous studies have been carried out.

Health checks

A review in 2000 of health assessments in primary care for people with schizophrenia (Roberts et al 2000) concluded that there was insufficient evidence to suggest that such assessments were effective in improving mental or physical health. However, there have been several evaluations since then of models to improve physical health.

Nurse advisors

The Well-Being Support Programme funded by Lilly in eight mental health trusts was aimed at the improvement of physical health in people with a serious mental health problem. In one project (Ohlsen et al 2005), a nurse advisor took referrals from a care co-ordinator, consultant psychiatrists and junior doctors. The

advisor's role was to identify physical health problems, not to treat them. The evaluation was based on initial and subsequent assessments. Although not all the details of the evaluation are included in the paper, more than half of overweight patients who received the two assessments had lost weight and the percentage of people on unhealthy diets reduced from 60% to 25%.

Primary care service for psychiatric in-patients

Welthagen et al (2004) evaluated a primary care service for patients admitted to an acute in-patient unit in West London. The service consisted of a weekly 3-hour session by a GP for 67 patients on three wards and a limited service for older people. Demand far exceeded capacity and the service had to be restricted. A range of physical health problems was diagnosed and new medication prescribed. One in five patients needed referral to other specialist services. Almost all patients received health promotion advice, most commonly on smoking cessation.

Promoting healthy living

Bradshaw et al (2005) carried out a systematic review of health living interventions in the USA and UK. Promising outcomes were identified from studies of smoking cessation and weight management interventions.

The provision over 6 months of free fruit and vegetables for people with schizophrenia was evaluated by McCreadie et al (2005). At 12 and 18 months, the mean number of portions consumed gradually declined, reflecting non-sustainability; moreover, there were no changes from baseline plasma micronutrients or body mass index.

A systematic review of weight management interventions (Faulkner et al, 2003) found that behavioural, dietary and exercise interventions showed only small reductions in weight, but the authors conclude that these were preferable to drugs in terms of sustained weight loss over time.

Several studies have reported the effectiveness of smoking cessation interventions for people with mental health problems. Although quit rates are often lower than the general population, the reasons for quitting (such as concerns about health) tend to be similar. Bupropion and nicotine replacement therapy have shown

modest success, especially when combined with some form of behavioural or group therapy.

One of the most important predictors of quitting smoking is readiness to change. Steinberg et al (2004) found that people who received motivational interviewing were more likely to take up smoking cessation counselling. Such interviewing consisted of personal feedback based on their level of nicotine dependence and CO levels compared to non-smokers, the consequences of smoking, money spent, importance of quitting, and confidence in ability to quit.

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