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## The *Lancet Psychiatry* Commission: a blueprint for protecting physical health in people with mental illness

*Please note all materials are under strict EMBARGO until 23.30 h UK time on Tuesday 16 July December 2019*

This document provides all the links to the content and other materials that you are welcome to share and use on your communications channels to help to disseminate the messaging of the Commission. Any questions please e-mail Stephanie Clague ([stephanie.clague@lancet.com](mailto:stephanie.clague@lancet.com)).

Once the embargo lifts (**23.30 h UK time on Tuesday 16 July**), the Commission and linked Commentaries will be available to read and download at:

[www.thelancet.com/commissions/physical-health-in-mental-illness](http://www.thelancet.com/commissions/physical-health-in-mental-illness)

Full reference for citation:

Firth J, Siddiqi N, Koyanagi A, et al. The *Lancet Psychiatry* Commission: a blueprint for protecting physical health in people with mental illness. *Lancet Psychiatry* 2019; published online July 16. DOI:10.1016/S2215-0366(19)30132-4

An embargoed copy of the Commission and Commentaries, social media graphic cards, podcast, infographic and more are available at the following [link](#). You are welcome to share any of these material after the embargo has lifted, but please feel free to schedule and plan your activity ahead of embargo lift.

### **Commission summary**

People with mental illness have an increased risk of physical disease, as well as reduced access to adequate health care. Physical-health disparities are observed across all mental illnesses in all countries. The high rate of physical comorbidity, which often has poor clinical management, reduces life expectancy for people with mental illness, and increases the personal, social, and economic burden of mental illness across the lifespan. This Commission summarises advances in understanding on the topic of physical health in people with mental illness, and presents clear directions for health promotion, clinical care, and future research. It aims to: (1) establish highly pertinent aspects of physical health-related morbidity and mortality that have transdiagnostic applications; (2) highlight the common modifiable factors that drive disparities in physical health; (3) present actions and initiatives for health policy and clinical services to address these issues; and (4) identify promising areas for future research that could identify novel solutions.

This work was led by Joseph Firth, University of Manchester, with contributions from Sydney University, University of York, Harvard Medical School, University of Queensland, University of New South Wales, University of Adelaide, Kings College London, ORYGEN National Centre of Excellence in Youth Mental Health, and University of Glasgow.

### **Statistics & key messages**

- For individuals with diagnoses across the entire spectrum of mental health disorders, the risk for cardiovascular and metabolic diseases is increased by 1.4–2.0 times compared with individuals without mental illness

Behavioural risk factors for cardiovascular and metabolic diseases are also elevated in mental health populations, with significantly higher rates of smoking, physical inactivity and poor diet observed across a broad range of mental illnesses. Importantly, these behavioural risk factors are observed even from first diagnosis, and individuals with mental illness in low and middle-income countries.

- Regarding pharmacological treatments: A range of psychiatric medications were found to have adverse cardiometabolic side-effects, which if left unmanaged can contribute towards development of long-term physical health conditions. However, there are also a number of cardioprotective and anti-diabetic medications with emerging efficacy for improving physical health outcomes in those treated for mental illness.
- Evidence-based lifestyle interventions which address smoking cessation, physical activity promotion and healthy eating also present feasible options for protecting physical health in people with mental illness. Greater efforts towards wide-scale implementation are now warranted.
- Addressing the social determinants of health, and improving access to integrated physical-mental healthcare through primary care services, are identified as crucial factors for reducing the health disparities currently observed in people with mental illness.

### **Launch event**

The Commission's findings will formally launch at 19th WPA World Congress of Psychiatry, Lisbon, Portugal, on Wednesday 21 August 2019, 16:30 - 18:00, in Auditorium VI, under the session title "[Scientific Session: The Lancet Psychiatry Commission on Improving physical health outcomes in people with mental illness](#)"

Deputy Editor Joan Marsh will be in attendance.

If you are attending WPA please consider attending the session or otherwise join the discussion using the hashtag #BlueprintMPH.

### **Links to content (links go live 23.30 h UK time on Tuesday 16 July)**

The *Lancet Psychiatry* Commission: a blueprint for protecting physical health in people with mental illness (Joseph Firth et al)

[www.thelancet.com/commissions/physical-health-in-mental-illness](http://www.thelancet.com/commissions/physical-health-in-mental-illness)

Suggested social media message:

New @TheLancetPsych Commission summarises advances in understanding on the topic of #physicalhealth in people with mental illness, and presents a clear #BlueprintMPH with directions for health policymakers, clinical care, and future research <https://hubs.ly/H0jMRk10> [CARD BELOW]



“Protecting the physical health of people with mental illness should be considered an international priority for reducing the personal, social, and economic burden of mental health conditions.”

Commission: a blueprint for protecting physical health in people with mental illness

THE LANCET Psychiatry

The best science for better lives

## Comments

- 1) Common mental disorders: falling through the gap (Gemma Lewis, Joseph Hayes)

[www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30252-4/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30252-4/fulltext)

Suggested social media message:

“Improvement of care and prevention in people with common mental disorders could substantially reduce the prevalence of morbidity and burden on health-care services”

@GemmaLewis13 & @J\_F\_Hayes @UCLPsychiatry Comment on @TheLancetPsych #BlueprintMPH <https://hubs.ly/H0jML7K0>

- 2) Mind and body go together: the need for integrated care (Rakhi Dandona)

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30251-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30251-2/fulltext)

Suggested social media message:

“@TheLancetPsych Commission should stimulate governments, funders, researchers, and service providers to address #mentalhealth issues in a manner that is proportionate to the substantial negative impact that they have on #physicalhealth and wellbeing.” Rakhi Dandona @thePHFI @IHME\_UW #BlueprintMPH <https://hubs.ly/H0jMKR70>

## Infographic

A copy of the infographic is available to download and share [here](#).



THE LANCET Psychiatry

The best science for better lives

Suggested social media message:

Protecting physical health: a new #BlueprintMPH @TheLancetPsych layouts modifiable factors and future actions and initiatives to reduce and improve physical health disparities in people with mental illness <https://hubs.ly/H0jMRk10>

### Social media

Please consider promoting the Commission's findings on Twitter and using the dedicated Commission hashtag #BlueprintMPH

Please consider tagging @TheLancetPsych

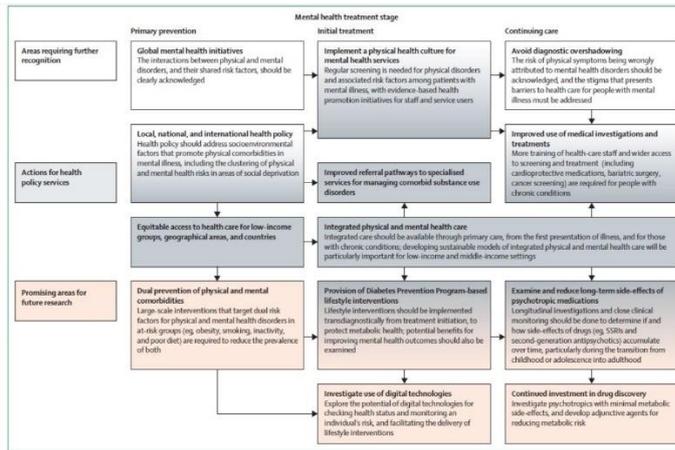
And the authors:

@joefirth7 @eolasinntinn @JohnTorousMD @simon\_rosenbaum @Scottbteasdale @DrSarahEJackson @EoinKillackey @BrendonStubbs @ThornicroftG @RebekahCarney10 @FGaughran

### Messaging:

#### Twitter

Large disparities in #physicalhealth for those with mental illness are an ongoing health issue, #BlueprintMPH provides priority actions for health policy, clinical services, and future research & strategies to reduce physical health inequalities for people with mental illness @TheLancetPsych <https://hubs.ly/H0jMRk10> [FIG 1]



Lifestyle risk factors are increased in people with mental illness; efforts are needed to develop lifestyle interventions that address these factors appropriately for those with mental illness, especially in low-income and middle-income settings:

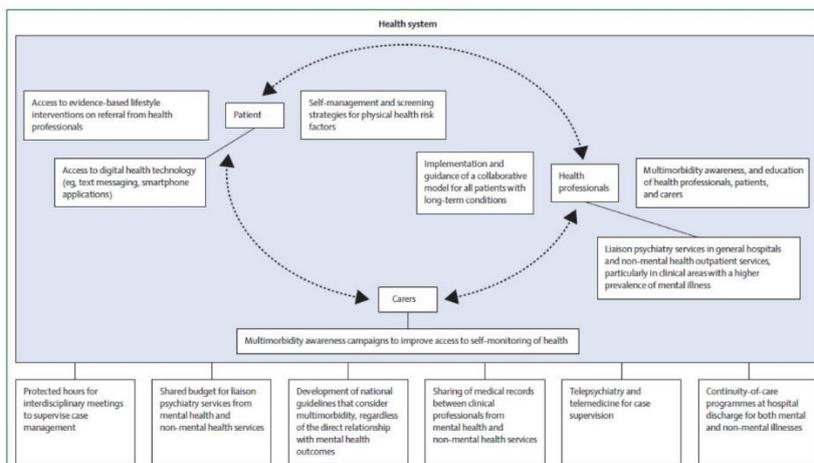
@TheLancetPsych #BlueprintMPH <https://hubs.ly/H0jMRk10> [TABLE 2]

	Alcohol	Tobacco use	Physical activity	Sedentary behaviour	Poor diet	Poor sleep
Major depression	SR: around 20% of patients have or have had alcohol use disorder <sup>24</sup>	SR: patients are more likely to smoke and be dependent on nicotine, are less likely to quit, and are more likely to relapse <sup>25</sup>	MA: around 60-70% of patients do not meet physical activity guidelines <sup>26,27</sup>	MA: patients are sedentary for 8.5 h per day <sup>27</sup>	ES: patients have significantly higher food intake and poorer diet quality than the general population <sup>28</sup>	ES: patients have significantly poorer continuity of sleep and reduced sleep depth compared with healthy controls <sup>29</sup>
Anxiety disorders	ES: 17.9% of patients have alcohol dependence or misuse <sup>30</sup>	MA: 41% increase in risk of regular smoking and 58% increase in risk of nicotine dependence <sup>31</sup>	ES: individuals with panic disorders, social phobia, and agoraphobia report significantly less activity <sup>32</sup>	SR: inconsistent evidence for increased sedentary time in people with anxiety <sup>33</sup>	Insufficient evidence	MA: anxiety disorders <sup>34,35</sup> and obsessive-compulsive disorder <sup>36</sup> are associated with reduced sleep quality
Bipolar disorder	MA: 1 in 3 patients have or have had alcohol use disorder <sup>36</sup>	MA: increased rates of current smoking (higher than in patients with major depression but lower than in patients with schizophrenia) <sup>37</sup>	MA: the majority of patients meet physical activity guidelines and are no different to the general population <sup>38,39</sup>	MA: patients are sedentary for more than 10 h per day <sup>40,41</sup>	MA: patients consume around 200 calories more than the general population per day <sup>39</sup>	MA: even between episodes, people with bipolar disorder have increased sleep-wake disturbance, similar to patients with insomnia <sup>42</sup>
Schizophrenia	MA: 1 in 5 patients have or have had alcohol use disorder <sup>43</sup>	MA: significantly higher rates of current smoking, heavy smoking, and nicotine dependence <sup>44</sup>	MA: the majority of patients do not meet physical activity guidelines <sup>44,45</sup>	MA: patients are sedentary for around 11 h per day <sup>46</sup>	MA: patients consume around 400 calories more than the general population per day <sup>39</sup>	MA: patients have significantly reduced sleep time and quality of sleep <sup>45,48</sup>
First-episode psychosis	MA: 27% of patients have or have had alcohol use disorder or alcohol dependence <sup>49</sup>	MA: 58% of patients use tobacco, which is a significantly higher prevalence than in matched controls <sup>50</sup>	MA: patients are less active than individuals with long-term schizophrenia <sup>51</sup>	Insufficient evidence	Insufficient evidence	MA: patients have significantly reduced sleep time and quality of sleep <sup>54</sup>
Post-traumatic stress disorder	SR: increased prevalence of comorbid alcohol misuse (10-61%) compared with the general population <sup>55</sup>	MA: patients are 22% more likely to be current smokers than the general population <sup>56</sup>	MA: patients are 9% less likely to be physically active than the general population <sup>57</sup>	Insufficient evidence	MA: patients are 5% less likely to have a healthy diet than the general population <sup>38</sup>	MA: significantly poorer continuity of sleep and reduced sleep depth compared with healthy controls <sup>59</sup>

Results described as significant had  $p < 0.05$ . Comparisons are with the general population unless otherwise stated. SR-systematic review of case-control, clinical, or epidemiological research. MA-meta-analysis of multinational data. ES-large scale epidemiological studies.

**Table 2: Prevalence of behavioural risk factors across different mental health diagnoses**

.\_@TheLancetPsych #BlueprintMPH proposes model of collaborative care for people with physical and mental comorbidities <https://hubs.ly/H0jMRk10> [FIG 3]



## Facebook

People with mental illness have an increased risk of physical disease, as well as reduced access to adequate health care. Physical-health disparities are observed across all mental illnesses in all countries. The high rate of physical comorbidity, which often has poor clinical management, reduces life expectancy for people with mental illness, and increases the personal, social, and economic burden of mental illness across the lifespan. A new Commission published by The Lancet Psychiatry summarises advances in understanding on the topic of physical health in people with mental illness, and presents clear directions for health promotion, clinical care, and future research. It aims to: (1) establish highly pertinent aspects of physical health-related morbidity and mortality that have transdiagnostic applications; (2) highlight the common modifiable factors that drive disparities in physical health; (3) present actions and initiatives for health policy and clinical services to address these issues; and (4) identify promising areas for future research that could identify novel solutions. Read here: <https://hubs.ly/H0jM-DH0> Follow #BlueprintMPH



## Podcast

Listen and share the podcast in which Editor-in-Chief of *The Lancet Psychiatry* discusses the Commission's findings and implications with Fiona Gaughran of the UK National Psychosis Service. Download [here](#).

Share on social media:

Podcast: @TheLancetPsych Editor Niall Boyce talks to Fiona Gaughran @FGaughran of the UK National Psychosis Service about how #mentalhealth services can improve their care of patients' #physicalhealth #BlueprintMPH <https://hubs.ly/H0jNRQx0>

