

Lost years: The impact of mental ill health on life expectancy and what needs to change

*A 5-point plan for addressing the
treatment and mortality gaps for
people with SMI.*

October 2024



Introduction

People living with severe mental illness (SMI), such as schizophrenia, bipolar disorder or other psychotic illnesses, experience shocking inequalities.

The life expectancy of patients with severe mental illness is 15 to 20 years lower than the general population, and adults with a severe mental illness are almost five times more likely to die before the age of 75 than those without.

Two-thirds of these premature deaths are from preventable and treatable physical illnesses. These include cardiovascular disease, respiratory disease, diabetes, obesity and hypertension, which often occur as comorbidities.

People with SMI also face inequitable access to health services, are at increased risk of suicide, and often suffer negative side effects from medications.

Parity in mental health care remains elusive and, worryingly, the mortality gap between those with and without SMI is widening over time.

The situation is exacerbated by shortages in the psychiatry workforce, which has been forecasted by Health Education and Improvement Wales (HEIW) to fall by 7.2% between 2020-26.

Is losing years to mental ill-health inevitable? We, the Royal College of Psychiatrists Wales, believe not. So, what needs to change?

Here are five priorities for action that we believe are key to addressing the treatment and mortality gaps for people with SMI.

Priority for Action 1. There is a need for better data on SMI in Wales

Unlike the UK Government in England, the Welsh Government does not collect statistics centrally on the prevalence or profile of SMI in Wales.

The Welsh Government has previously estimated that SMI affects 1 in 50 people in Wales – equivalent to 2% of the population, or 62,150 people. More recent research by Cardiff University's Wales Governance Centre, however, identified that the share of people in Wales experiencing severe mental health issues more than doubled during COVID-19 pandemic.

More accurate and routine data collection is therefore clearly needed to drive an intelligence-driven approach to understanding and meeting the needs of Wales' SMI population.

As a starting point, the Royal College of Psychiatrists Wales believes that a National Audit of SMI should be commissioned by the Welsh Government. This would establish an evidence-base to underpin the development of better support and service provision, informed by lived experience.

Priority for Action 2. There is a need to develop a dedicated workforce plan for psychiatry

We welcomed the publication of the Strategic Mental Health Workplace Plan by HEIW and Social Care Wales in November 2022. This was something that we actively campaigned for.

However, the Plan has not lived up expectations to date. Not enough progress is being made to address shortages in the psychiatry workforce, which has been forecasted to fall by 7.2% between 2020-26. We are also frustrated by the lack of engagement with ourselves and other Royal Colleges as part of the year 1 evaluation of the Strategic Plan.

We believe that a clearer and more ambitious plan is needed to meet the rising and increasingly complex demand for mental health services and the changing nature of the psychiatric profession. This is particularly pertinent in light of emerging treatments, therapies and technologies and the need to promote better co-ordination between mental health and other specialist support services.

We are therefore calling for a dedicated workforce plan for psychiatry to ensure that the voice of the profession is fully heard. This should be developed by HEIW in full consultation and collaboration with the Royal College of Psychiatrists.

Priority for Action 3. Greater prominence needs to be given to SMI at the political level

Insufficient attention has been given to severe and enduring mental illness by the Welsh Government in recent years, resulting in a lack of improvement in health outcomes for people experiencing such conditions.

In 2023, for example, the Welsh Government published a review of its Together for Mental Health Strategy 2012-22. This identified that, although the impacts of poor mental health and well-being were thought to be better recognised in general, this was not thought to have reached across to those experiencing more severe mental ill-health, many of whom still lacked understanding and support from their communities and wider society.

We believe that more must be done to focus decision-makers' minds on what must change over the coming 10 years to improve outcomes for people living with, and recovering from, severe and enduring mental illness.

Accordingly, we're calling on the Welsh Government to include a dedicated chapter on severe and enduring mental illness in the new Mental Health and Wellbeing Strategy, due for publication early in the new year. This should ensure that SMI is given the prominence it warrants in accompanying Delivery Plans and in the budget-setting process.

Priority for Action 4. There is a need to increase and expand specialist capacity

Currently, too many people with SMI are being sent out of their local area for treatment. This practice can harm patients by increasing their distress, separating them from their friends and family, and slowing their recovery. It is also costly.

On 1 March 2024, for example, 48 acute mental health patients within Betsi Cadwaladr University Health Board were being treated out of area, at a daily cost of £35,589.76.

We know that treating patients close to home speeds up recovery, reduces the risk of suicide and shortens hospital stays. Increasing the number of local inpatient beds is crucial, therefore, to improve outcomes for people with SMI, and the money spent on out of area placements should be reallocated accordingly.

Increasing and expanding specialist capacity must also extend into the community setting, where greater investment is needed in local rehabilitation and recovery services. This reflects the importance of other social factors, such as supported housing, education and employment opportunities, for recovery in people with SMI.

Priority for Action 5. There is a need to improve mental health clinical expertise on local health boards

Responsibility for mental health on local health boards currently sits with the Vice Chair. This is a non-clinical role, appointed by the Welsh Government. We consider that there are limitations to this arrangement.

As a matter of principle, we believe that responsibility for mental health should instead sit with a medical mental health professional.

We are therefore calling for the appointment of an Executive Director of Mental Health on each health board in Wales, and that this appointment be a psychiatrist. This would establish appropriate clinical leadership, accountability and governance in relation to mental health.

It would also enhance the representation of mental health on the senior management team, thereby ensuring that SMI is given the prominence and consideration it deserves at the highest level.

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