

Severe Mental Illness (SMI)

This briefing looks at the complex topic of **Severe Mental Illness** for adult patients within Coventry and Warwickshire, whilst also referencing the national picture. SMI refers to the long-term experience of bipolar disorder, schizophrenia and psychosis.

A local view has been taken using a variety of sources. See the further information page for details on data sources, time-frames and caveats.

Issue 4 will focus on cancer.

KEY FINDINGS



Locally, adults with a SMI were more likely to **die prematurely**, especially due to respiratory disease.



Nationally, life expectancy of an individual with a SMI was **15 to 20 years** lower, compared to the general population.



Locally, recorded prevalence of SMI showed patients of an **ethnic minority** to be over represented, compared to the general adult population.



Locally, **emergency admissions** for SMI patients were higher for patients in either CORE20 areas, aged 25 to 44, females or those of a black ethnicity.



Locally, patients from a **CORE20 area** would tend to have a higher recorded prevalence of a SMI.



Locally, SMI **drug cost** per adult patient was at its highest in Coventry, compared to Warwickshire.

RECOMMENDATIONS



Improve **ethnicity recording** (7.5% not stated and unknown) for patients that presented to acute services. This is a nationally recognised issue (NHS England).

12345

Priority focus on those individuals with a SMI that reside in **CORE20** (20% most deprived) areas.



Using ethnicity data to allow **targeted interventions** to be developed, for cohorts that are under/over represented.



To review prescribing, and **medication costs**, across Coventry and Warwickshire, including areas of deprivation, exploring polypharmacy for individuals with a SMI.



Support and **encourage** uptake of the annual SMI physical health check and follow ups.



Understand the experience and outcomes for individuals following completion of physical health checks and interventions.



Access to greater granularity of information (age, gender, ethnicity and postcode) relating to patients with a recorded SMI; this will allow for further understanding of the local health inequalities.

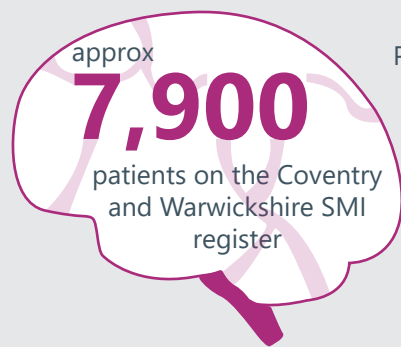


To **encourage** the use of the HEAT document for services to identify actions that can be taken to tackle health inequalities, for those individuals with a SMI.

UP NEXT: INSIGHT



Severe Mental Illness Insight



Proportionally, less of the local population (0.84%) had a SMI compared to nationally (0.95%)



with a SMI were more likely to die prematurely, compared to those adults without a SMI

This is **significantly** higher than the England average of 104 per 100,000 adults, and Warwickshire's 81 per 100,000

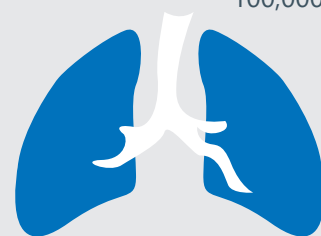


Nationally, **life expectancy** of an individual with a SMI was 15 to 20 years lower, in comparison to the general population

15 - 20 YEARS LOWER

People in Coventry with a SMI were especially more likely to die prematurely due to respiratory disease (**16.6 per 100,000 people**), compared to other illnesses.

This is compared to 12.2 per 100,000 in England, and 8.7 in Warwickshire



RESPIRATORY DISEASE



HIGHER DEPRIVATION = HIGHER SMI PREVALENCE

Generally, GP practices in more deprived areas **tended** to have a higher recorded prevalence of patients with a SMI, than those in less deprived areas

407%

Individuals with a SMI in **Warwickshire were 407%** more at risk of premature mortality, than individuals without a SMI. This was higher than the West Midlands's rate of 366%.

482

Emergency admissions for patients with a SMI within Coventry and Warwickshire over a two year period



65%

65% of patients were **female**, compared to 35% being male

2x GREATER

Patients of a **black ethnicity** had an emergency admission rate **two times greater**, compared to those of a white ethnicity; a rate of 56, compared to 24.5

4x GREATER

Patients from a **CORE20** (20% most deprived) had an emergency admission rate **four times greater** than patients in the most affluent areas; a rate of 59.7, compared to 14.7

25 - 44

Patients **aged 25 to 44** had a higher emergency admission rate, compared to the average for patients of all ages; a rate of 70, compared to 51

**Rate is based on 100,000 adult individuals*



OVER REPRESENTATION

Of those adult patients with a SMI within Coventry and Warwickshire, 30% were of an **ethnic minority**.

This 30% would suggest this population were **disproportionally affected by a SMI**, when compared to the general adult population whereby 17% of people were of an ethnic minority.

£242

SMI drug cost per adult patient was at its highest in **Coventry (£242)** compared to all Warwickshire Districts and Boroughs, especially North Warwickshire where it was at its lowest (£130 per patient). Coventry and Warwickshire ICS was also an **outlier**, in relation to drug costs for SMI individuals, in comparison to other ICS areas in the Midlands.

7x

Nationally, those with a SMI and aged **30 to 39**, were almost 7 times likely to die compared to those without a SMI

The **HEAT** (Health Equity Assessment Tool) can be used to support the review of services in terms of identifying actions that can be taken to tackle health inequalities, such as the above.



Produced by the
ICB BI Team.



**Data sources and caveats detailed in the further information page*

Further Information

This page details the further information on this Health Inequalities briefing (Issue 3), including definitions, data sources and caveats on the **Severe Mental Illness data**.

Severe Mental Illness (SMI) definition, data sources and caveats:



Definition

SMI refers to the long-term experience of bipolar disorder, schizophrenia and psychosis.

Data sources, conditions included and caveats



QoF

The Quality of Outcomes Framework (QoF) was used to provide a **local and national** picture of patients aged 16+ registered to GP practices, between 1st April 2022 and 31st March 2023.

SMI conditions included: Schizophrenia, bipolar affective disorder and other psychoses and patients on lithium therapy.

CAVEAT

Deprivation was calculated based on the average IMD decile of the Lower Super Output Area each Coventry and Warwickshire patient of the GP practice resided in (for financial year 21/22).



DME

Emergency presentations to secondary care (hospital) for patients with a SMI diagnosis for between 1st April 2021 to 31st March 2023. This information was provided by AGEM and accessed through Coventry and Warwickshire's Data Management Environment (DME).

SMI conditions included: Schizophrenia, bipolar affective disorder and organic dillusional disorder.



PHE
Fingertips

Public Health England (PHE) Fingertips was used for premature mortality and excess mortality information, on individuals aged 18 to 74 between 2018 and 2020.

SMI conditions: Those having a referral to secondary mental health services in the five years preceding death.



NHSBSA

The NHS Business Services Authority (NHSBSA) looked at individuals, aged 20 and above, perscribed with SMI medication, between 1st April 2021 and 31st March 2022.

Link: <https://nhsbsa-data-analytics.shinyapps.io/healthcare-inequalities-nhs-prescribing-and-exemption-schemes/>



GPES

Mental health SMI data ethnicity General Practice Extraction Service (GPES) analysis Quarter 4 2021/22 carried out by NHS England.

SMI conditions included: Schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy.

Further reading explored

The Adult Psychiatric Morbidity Survey (**APMS**) that looked at SMIs in the adult population.

A GOV.UK document published September 2018 that looked at the national picture of physical health inequalities for those with a SMI.



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