

Rethink Mental Illness COVID-19 Briefings

The impact of COVID-19 lockdown measures on the physical health of people living with severe mental illness



1. Executive summary

Rethink Mental Illness's briefing [Access to NHS mental health services for people living with severe mental illness](#) made clear that while the lockdown measures have happened for very good reason, the impact has been particularly acute for people who lived with mental illness before the pandemic hit.

This second briefing in the COVID-19 Briefings series looks at the impact of the pandemic on the physical health of people living with severe mental illness (SMI), based on the findings of the same survey of 1,434 people with pre-existing mental health problems. **Over half of respondents have been exercising less and eating less healthily during lockdown.** We are concerned that the implications of lockdown restrictions are likely to disproportionately affect people with severe mental illness, who already die on average 15 to 20 years earlier than the general population, by worsening their physical health. It is also particularly concerning that emerging data shows **obesity to be a leading risk factor for more severe cases of COVID-19** when many people living with severe mental illness can experience weight gain as a result of taking some anti-psychotic medications and other lifestyle factors.

Coronavirus has placed the NHS under huge pressure. At the start of the outbreak in March, necessary steps were taken to safeguard the system from being overwhelmed – including minimising non-critical activities including reporting on targets,¹ like the physical health checks target, to free up and protect staff. Similarly, social distancing has meant that activities and groups, vital interventions that can address physical health issues, such as Rethink Mental Illness's peer-led physical activity groups programme, have been temporarily suspended or moved online.

As lockdown eases it is vital that statutory bodies including NHS England, Government and the Voluntary, Community and Social Enterprise (VCSE) sector prioritise addressing the physical health of people severely affected by mental illness. We should work together with people living with severe mental illness to **review reporting on important targets, improve access to life saving appointments and groups and co-produce ways of addressing people's physical health remotely or socially distanced**, as set out in the recommendations within this briefing.

2. Maintaining physical health of people with severe mental illness during COVID-19

"The support groups that I normally attend are no longer running. These groups provide a structure to my week. Having no structure means that I struggle to impose order on my life. Without something to do I struggle to get up, eat at reasonable times, avoid snacking and looking after myself and my home."

2.1 Exercise

When asked if they had experienced any other impacts other than those to their mental health during the crisis, 54% of respondents said they had been exercising less than usual during lockdown.² Reasons for this included gyms and pools being closed, a fear of catching COVID-19 or low motivation due to medication or low mood induced by the crisis.

"My mental health has been badly affected as I am unable to go out. I joined a new gym in January and was walking to it every day. (4km) I now have no structure in my life."

Rethink Mental Illness runs its own physical activity programme, funded by Sport England, which began in 2018. The three year project aims to explore ways to overcome barriers that prevent people severely affected by mental illness from engaging in physical activity by embedding physical activities into peer support groups.

¹ NHS England/Improvement (2020) ['Managing capacity and demand within inpatient and community mental health, learning disability and Autism services for all ages'](#) p6.

² Online survey by Rethink Mental Illness of 1434 people with severe mental illness in April and May 2020

Before COVID-19, the programme had started to find some positive results with 25 peer groups signed up around England. Within the first three months of being part of the programme, a significant number of participants reported:

- An increase in the number of minutes spent doing physical activity
- Improved psychological wellbeing
- Better quality of life
- Improvements in health
- Increased resilience
- Higher autonomous motivation³

Group members felt that the groups represented a safe space, with like-minded individuals. This seemed particularly important for embedding physical activity:

“Because we've all got some sort of disability, or need some sort of support even if it's mentally, so we understand each other, something the group's got an understanding and support each other when we know the feeling when we're a little bit down. 4 ”

As with hundreds of groups and support around the country, the programme has been heavily impacted by COVID-19 as groups are unable to meet in person. 12 groups are now meeting virtually but, in some cases, these virtual meetings are to catch up and keep in touch rather than for physical activity. We are working with Sport England on a 'return to play' plan to support the groups as lockdown is eased. **While unlimited exercise is now allowed, it is vital to recognise that for many people living with severe mental illness the peer support element of exercising in groups is crucial for motivation and participation around physical activity.** Primary Care Networks must therefore see signposting to community exercise or peer support groups for people severely affected by mental illness as a core part of their social prescribing strategies. The government should also consider the role of peer support in encouraging physical activity as part of its emerging obesity strategy linked to COVID-19.

2.2 Diet

51% of respondents said they were eating less healthily than usual⁵. Many people reported that they had struggled to book the supermarket slots specifically designed for vulnerable people, and were reliant on neighbours or volunteers. Others were anxious about visiting their usual bigger stores and so were reliant on smaller, local shops with less 'healthy' choices.

“[it is]...too overwhelming to try and visit big stores so shopping randomly when I feel I can at the local garage which is costing a lot more and buying more unhealthy food so that it has a longer shelf life than fresh”

We are pleased that since this survey was carried out, the NHS volunteer responders scheme has been extended to people with severe mental illness (SMI), although awareness and take up should continue to be monitored. Mental Health UK (which has Rethink Mental Illness as one of its four founding charities) has recently been funded by the Department of Health to establish Clic, a 24/7 moderated online peer support community for people with mental illness as part of its Covid 19 response. We recommend the NHS volunteer responders scheme refers people through to this where they can be provided with support to maintain physical activity

2.3 Lifestyle

Respondents reported that they were smoking (16%) and drinking (23%) more than usual and a small proportion also said they were using more illicit drugs (3%)⁶. These were likely used as coping strategies or to alleviate boredom.

79% of people told us their mental health has worsened as a result of COVID-19. It becomes harder for these people in particular to make lifestyle improvements, as well as develop motivation to exercise or eat healthily. We therefore

³ Rethink Mental Illness, Nottingham Trent University & Newman University (March 2020) Impact of Embedding Peer Support Group into Physical Activity: Interim)

⁴ Rethink Mental Illness, Nottingham Trent University & Newman University (March 2020) Impact of Embedding Peer Support Group into Physical Activity: Interim).

⁵ Online survey by Rethink Mental Illness of 1434 people with severe mental illness in April and May 2020

⁶ Online survey by Rethink Mental Illness of 1434 people with severe mental illness in April and May 2020

have significant concerns that lockdown restrictions, while taken for very good reason, will have long term health implications for this group, who are already likely to die 15-20 years earlier than the general population. **It will be vital for the Government to address these concerns in its emerging obesity strategy linked to COVID-19, alongside people with lived experience.** This should involve understanding the complex factors surrounding weight management for those with SMI such as motivation, medication and socioeconomic inequalities.

3. Physical health checks

People with severe mental illness in the UK die on average 15-20 years earlier than the general population.⁷ This is often a result of preventable physical health conditions caused by side-effects of medication, such as weight gain, or factors that help people to manage their illness, like smoking. This is especially concerning given that lifestyle factors including weight appear to be emerging risk factors for developing more severe cases of COVID-19.

“I cannot get face-to-face appointments with my GP, so it's harder to explain my physical health problems”⁸

NHS England committed in the Five Year Forward View for Mental Health for 60% of people with a severe mental illness to receive an annual physical health check by 2020/21. The Long Term Plan committed to increase the number of people getting a check to 390,000 people by 2023/24⁹. Yet in the 12 months to the end of 2019/20, only 36% of people on GP severe mental illness (SMI) registers had received all six elements of the health checks¹⁰. Barriers include a lack of awareness among those with SMI that they are eligible for a check, a lack of collaboration between primary and secondary care and a culture amongst some parts of primary care where checks are simply seen as a tick box exercise. **We are keen to work with the Royal College of GPs and NHS England to reach this primary care audience and really create a step change in driving improved practice.** This should involve reframing the problem so that the burden is not placed on people with SMI to seek the checks when their confidence and capacity may be low, but to reach out within the communities people live.

During the current crisis, NHS mental health services had to adapt at pace and scale to balance infection control with providing ongoing mental health care. Face to face consultations were reduced and NHS guidance allowed temporary relaxation of reporting on targets where clinical input was required.¹¹ Local areas will have taken different approaches to implementing this guidance so it is vital that as lockdown eases, NHS England reiterates the importance of these checks to STPs across the country. We understand that this was necessary in the first instance to stop the spread of COVID-19 – but health checks are the vital first step to accessing potentially life-saving NHS physical health support services such as smoking cessation and weight loss clinics, or social prescriptions for physical activity support. **These are routine appointments, but they can save lives.**

Our survey findings, coupled with the fact that that last year, only 36% of people with SMI had received all elements of a health check, necessitates the need for urgent action. As the lockdown eases, it is vital that **NHS England reconsiders its guidance** so that meeting targets for physical health checks is re-prioritised and encourages primary and secondary care to work together to prioritise checks. There is a strong opportunity, as the checks restart, to review and identify barriers to people receiving the checks, to listen to those with lived experience and to co-produce a new plan to reach the 2020/1 target of 280,000 people receiving checks set out by the Five Year Forward View.

4. Lessons from our physical health work

- **Awareness of the importance of physical health checks needs to be raised**

We understand that delivery and take up of physical health checks is complex with multiple barriers involved and the voices of those with lived experience will be essential in identifying these. Solutions involve co-producing tools, such as Rethink Mental Illness’s physical health toolkit, and communications to raise awareness of the checks and encourage people to take up appointments in an empowering, non-patronising way. This could involve health

⁷ Royal College of Psychiatrists. 2013. Whole-person care – from rhetoric to reality: Achieving parity between mental and physical health.

⁸ Online survey by Rethink Mental Illness of 1434 people with severe mental illness in April and May 2020

⁹ NHS (July 2019) [NHS Mental Health Implementation Plan 2019/20-2023/4](#)

¹⁰ NHS (May 2020) [NHS Physical Health Checks for People with Severe Mental Illness May 2020, Q4 2019/20](#)

¹¹ NHS England/Improvement (2020) [‘Managing capacity and demand within inpatient and community mental health, learning disability and Autism services for all ages’](#) p6.

check reminders using a variety of channels such as texts, letters, phone calls, email and sent to carers if appropriate. This should also be part of the ongoing NHS 'Open for Business'¹² and 'Help Us to Help You'¹³ campaigns encouraging people to seek help from the NHS for non-COVID-19 related issues.

- **Solutions around improving the physical health of people with SMI should include existing evidence of what works best for this group**

Rethink Mental Illness is a partner of Equally Well UK, a collaboration of organisations with a shared aim to improve the physical health, quality of life and life expectancy of people with long term mental health conditions. The lessons from this partnership, as well as the Health and Wellbeing Alliance¹⁴ and Mental Health & Smoking Partnership¹⁵, show that people with lived experience of SMI want their physical health support to be positive, empowering, and take a whole person approach. These lessons should be incorporated in any government strategy around obesity and COVID-19.

- **Lessons learned from our physical activity programme**

Our ongoing Sport England funded physical activity programme has found that successful support for people with SMI involves:

- Empowering people to reach physical activity guideline levels independently
- Harnessing the power of peer support and leadership
- Developing online resources specific to and with people living with SMI and their carers.

We are keen to work with Sport England to incorporate these findings in their new strategy.

5. Recommendations

- **Physical health checks for people with SMI and relevant system targets should be reinstated:** It is vital that the system is held to account for delivering physical health checks as a priority and this is not seen as a 'nice to have' now lockdown is easing. A plan should be co-developed to set out timeframes.
- **Guidance to support the system to deliver health checks should be co-produced with NHS England, RCGP, people with lived experience and health professionals:** This guidance should set out the vital importance of physical health checks and address barriers around how primary and secondary care should work together to deliver them.
- **NHSE/I and Public Health England should co-produce targeted communications with people severe mental illness:** This should highlight people's entitlements to physical health checks, how they can receive them and why they're important.
- **We should gather lessons from the early implementor sites delivering the Community Mental Health Framework on how physical health is being addressed for people with SMI on an equal footing with clinical support.** Developing communities that care¹⁶ and the investment into social prescribing will help link up clinical care for people with SMI with physical health services along with local VCSE and local authority support such as physical activity groups and smoking cessation services. Given the impact of COVID-19 on physical health, it will be important to gather specific early lessons on how interventions are being delivered so quick wins can be rolled out and the wider population of people with SMI can benefit as soon as possible. Primary Care Networks should be actively encouraged to see access to community groups for people with SMI as a core part of their social prescribing strategy.
- **The government must address the needs of those with SMI in its emerging obesity strategy linked to COVID-19:** This must harness the expertise of the mental health sector and those with lived experience to ensure there is a specific relevant response to people with SMI.

¹² NHS (May 2020) '[Open for Business](#)'

¹³ NHS (April 2020) '[Help us to Help you](#)'

¹⁴ Association of Mental Health Providers, Rethink Mental Illness & Centre for Mental Health (2020) '[A Time to Quit: Experiences of smoking cessation support among people with severe mental illness](#)'

Association of Mental Health Providers, Rethink Mental Illness & Centre for Mental Health (2020) '[More Than A Number: Experiences of weight management among people with severe mental illness](#)'

¹⁵ Action on Smoking & Health (2020) '[Quitting Smoking: Support for people with mental health conditions](#)'

Action on Smoking & Health (2020) '[Supporting people with mental health problems to quit smoking](#)'

¹⁶ Rethink Mental Illness (2019) 'Building Communities that Care'