

Royal College of Psychiatrists Wales

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

Call for Evidence: Supporting People with Chronic Conditions

We welcome the committee's scrutiny, as well as phased approach to the consultation.

We agree with the proposed areas of focus and have highlighted some initial context to each area.

We are keen to respond to further stages of the consultation process, as the Committee focusses attention.

The interaction between chronic mental and physical illness

Mental illness is common in individuals suffering from physical illness. Among general medical inpatients, prevalence of psychiatric disorder varies from 23-39%. Among general medical outpatients, only 15% of patients with a definite physical diagnosis suffer from psychological disorder in comparison with nearly half (45%) of those patients with unexplained somatic symptoms.¹

People with severe mental illnesses (SMI) often develop chronic physical health conditions at a younger age than people without SMI², such as:

- Obesity
- Asthma
- Diabetes
- Chronic obstructive pulmonary disease
- Coronary heart disease
- Heart failure
- Liver disease

Additionally, children with long-lasting physical illness are twice as likely to suffer from emotional problems. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy.³

¹ Guthrie, E. (1996). Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions. *The British Journal of Psychiatry*, 168(3), 265-273. doi:10.1192/bjp.168.3.265

² [A world-leading mental healthCare system by 2035: Commitments For A Cross-Government Mental Health And Wellbeing Plan \(rcpsych.ac.uk\)](#), p.86

³ [Chronic physical illnesses for parents | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)

The term 'chronic' denotes an illness of long duration or one of frequent recurrence.⁴ Being diagnosed with a chronic condition may make someone more likely to have or develop a mental health condition. In fact, people with chronic medical conditions are at higher risk of depression, which is common among people who have:⁵

- Alzheimer's disease
- Autoimmune diseases
- Cancer
- Coronary heart disease
- Diabetes
- Epilepsy
- HIV/AIDS
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Stroke

The kinds of emotional disorder associated with physical illness fall into two main groups: 'psychological reaction to physical illness' and 'somatic presentation of psychological disorder'.⁶ In people with depression, scientists have found changes in the way several different systems in the body function that could have an impact on physical health, including:

- Increased inflammation
- Changes in the control of heart rate and blood circulation
- Abnormalities in stress hormones
- Metabolic changes such as those seen in people at risk for diabetes⁷

We recommend that the NHS should consider integrated training opportunities, such as the management of common chronic physical and mental comorbidities such as alcohol and mood disorders and diabetes and depression.⁸

Readiness of local NHS and social care services to treat people with chronic conditions within the community

⁴ Harding, C., Zubin, J., & Strauss, J. (1992). Chronicity in Schizophrenia: Revisited. *The British Journal of Psychiatry*, 161(S18), 27-37. doi:10.1192/S0007125000298887

⁵ [NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression \(nih.gov\)](#)

⁶ Guthrie, E. (1996). Emotional Disorder in Chronic Illness: Psychotherapeutic Interventions. *The British Journal of Psychiatry*, 168(3), 265-273. doi:10.1192/bjp.168.3.265

⁷ [NIMH » Chronic Illness and Mental Health: Recognizing and Treating Depression \(nih.gov\)](#)

⁸ [A world-leading mental healthCare system by 2035: Commitments For A Cross-Government Mental Health And Wellbeing Plan \(rcpsych.ac.uk\)](#) p.90

With regard to the readiness of local NHS and social care services to treat people with chronic conditions within the community, according to the 'Connecting the Dots: Tackling Mental Health Inequalities in Wales'⁹ report written by the Senedd's Health and Social Care committee, disabled people or people living with a chronic health condition or with a serious mental illness are particularly at risk of experiencing mental health inequalities.¹⁰ It's important that the recommendations from this report are taken forward so that we can reduce mental health inequalities and get people living with chronic conditions, both mental and physical, the support they need.

Support available to enable effective self-management, including mental health support

There are, however, many examples of support available to enable effective self-management where appropriate, including mental health support. One of these is the Technology Enabled Remote Monitoring in Schools (TERMS) project led by TEC Cymru. Eating disorders are an example of a mental illness which can become chronic. It's been estimated that more than 10% of patients¹¹ with Anorexia Nervosa eventually become chronic, although the majority of people with this condition will eventually partially or fully recover. The TERMS project focuses on young people with eating difficulties in schools. It was co-designed with young people and involves remotely monitoring young people in regular and non-invasive ways. This allows issues to emerge over time and across ages and circumstances. Suitable interventions according to need are then offered as and when warning flags are raised by these technologies.¹²

The project has a wider clinical utility, and the methodology can be further applied to medication management, and supporting people with ADHD for example; this may help tackle some of the existing challenges across services, such as around waiting lists and access to services.

The impact of the pandemic on quality of care across chronic conditions.

The COVID-19 pandemic had a significant impact on chronic conditions care, creating barriers to diagnoses, treatment and follow-up.¹³ The disruption of care caused has had a longer-lasting impact on chronic health outcomes that surpasses the duration of the pandemic itself.

⁹ [Connecting the dots: tackling mental health inequalities in Wales \(senedd.wales\)](https://www.senedd.wales)

¹⁰ [Connecting the dots: tackling mental health inequalities in Wales \(senedd.wales\)](https://www.senedd.wales), p.22

¹¹ [Frontiers | A Perspective on Chronic and Long-Lasting Anorexia Nervosa \(frontiersin.org\)](https://www.frontiersin.org)

¹² [TERMS - Technology Enabled Remote Monitoring in Schools | Digital Health Wales](https://www.digitalhealth.wales)

¹³ Fekadu G, Bekele F, Tolossa T, Fetensa G, Turi E, Getachew M, Abdisa E, Assefa L, Afeta M, Demisew W, Dugassa D, Diriba DC, Labata BG. Impact of COVID-19 pandemic on chronic diseases care follow-up and current perspectives in low resource settings: a narrative review. *Int J Physiol Pathophysiol Pharmacol*. 2021 Jun 15;13(3):86-93. PMID: 34336132; PMCID: PMC8310882.

Patients with chronic diseases require close monitoring and regular disease management to reduce the risks of adverse health outcomes. A decrease in available health care services due to resources being redirected towards pandemic disease negatively affected the outcomes of chronic diseases. Lack of face-to-face medical appointments may have particularly negatively impacted on patients living with a chronic mental health condition, as specialists would be unable to assess physical indicators of mental wellbeing and pick up on warning signs.

The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing.

According to the Senedd Cymru report on 'The Cost to Life: How soaring living costs affect people's health and wellbeing', people living with chronic illnesses are among the most impacted by the cost of living.¹⁴ This is because life is generally more expensive for people living with chronic health conditions due to the costs of managing their health. More money is spent on essentials like heating, insurance, specialist equipment, accessible transport, specialist food and therapies.¹⁵ They are also more likely to be unemployed and to have low incomes.

The extent to which services will have the capacity to meet future demand with an ageing population.

The incidence of chronic conditions increases with age, therefore many elderly people have a range of physical, mental health and social care needs for which they require support. The need to deliver integrated support to people with long-term conditions who live in nursing and care homes has been particularly neglected and requires attention. Furthermore, hospital admissions may be avoided if social care staff are trained to detect problems early and manage conditions more effectively.¹⁶

¹⁴ [The cost to life: how soaring living costs affect people's health and wellbeing \(senedd.wales\)](#)

¹⁵ ["Seismic" impact of the cost of living crisis on disabled people \(senedd.wales\)](#)

¹⁶ NICE Guideline, Older people with social care needs and multiple long-term conditions [1 \(nice.org.uk\)](#)