Protecting physical health in people with mental illness

The Lancet Psychiatry Commission report on protecting physical health in people with mental illness addresses an important problem in health care.[1] However, it also represents something of a missed opportunity through its emphasis on a limited set of potentially modifiable factors linking mental and physical health. Important though health behaviours and adverse drug reactions are, there are other processes contributing to physical illness in people with mental health problems that are also amenable to intervention.

First, the Commission overlooks stress-related processes that are central to many mental illnesses while also impacting on physical pathologies.[2] The evidence base for direct psycho-biological links through disturbed neuroendocrine, autonomic and immune pathways is substantial. For example, peripheral inflammation is implicated in depression, generalised anxiety disorders, and schizophrenia, and is also involved in coronary atherosclerosis, autoimmune conditions and diabetes. Mindfulness, stress management and other cognitive-behavioural interventions not only have favourable psychological effects, but may also lead to modifications in the biological processes through which the brain influences physical health outcomes.[3]

A second set of factors not included in the Commission's survey involves social relationships. Social isolation, loneliness and impoverished social support have well-established connections with mental illness while also being determinants of all-cause mortality and the incidence and prognosis of cardiometabolic and other physical illnesses.[4] Both individual and population level social engagement programmes have shown promising effects that may mitigate the impact of these factors. These programmes may encourage healthier behaviours, but also operate through more independent pathways. For example, aspects of wellbeing such as purpose and meaning commonly induced by engagement in social and leisure activities are associated with lower inflammation independent of mental illness,[5] while engagement in social leisure activities can

enhance coping and resilience, and reduce stigma that might prevent early engagement with health services amongst those with mental illness.

These stress-related and social factors are being given prominence in several countries through the implementation of "social prescribing" schemes, whereby individuals can be referred to community activities including the arts, libraries and book groups, nature-based activities, volunteering schemes, or other social groups. This amounts to a substantial investment: the UK has aims to offer social prescribing to nearly 1 million individuals by 2024, with referrals most commonly made for mental illness, or comorbid mental and physical illness. The Commission acknowledges the need for multidisciplinary referral pathways and the opportunity for developing community-based interventions as a non-resource-intensive strategy that would complement clinician-led strategies. Developments in social prescribing internationally are a tangible realisation of this. When considering modifiable risk factors linking mental and physical health, stress-related and social factors are not only amenable to intervention but present a multisectorial approach to mental health that aligns with global development goals for mental health.

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Margin links

For more about **arts, health, and wellbeing**, see

https://www.culturehealthandwellbeing.org.uk/appg-inquiry/

For more about **social prescribing in the NHS**, see https://www.longtermplan.nhs.uk/