

People with a mental health condition



A DIFFERENT ENDING: ADDRESSING INEQUALITIES IN END OF LIFE CARE

People with serious mental illnesses (excluding dementia) die on average 20 years earlier than the rest of the population.¹ In part, this is because the physical health needs of people with a mental health condition are often overlooked, and physical symptoms may be wrongly attributed to their mental health condition, as well as other factors related to having a severe and enduring mental health condition. As a consequence, people may be identified as approaching the end of life late, which can affect the ability to plan care that meets people's individual needs.

In our local area visits, we found limited information about end of life care for people with a mental health condition. Although mental health professionals were part of the multidisciplinary team in some areas, there was not enough awareness of the needs of people with a mental health condition at the end of life. This may be because there is a focus on reducing premature death among people with a mental health condition rather than considering end of life care needs. However, it also suggests that the end of life care needs for this group are not being prioritised.

Unequal access to care

Some people told us about a lack of awareness of physical health needs among professionals caring for a person with a mental health condition, which

led to delayed diagnosis of the person's terminal condition. One person said:

"I have no doubt he would be alive today if they had only listened to him and taken him seriously. They essentially sent him home to die instead of sending him to hospital."

As well as having an impact on treatment options and potentially prognosis, this meant that people did not have time to plan their end of life care.

In some cases, where a person's mental health condition was severe, there was no access to an appropriate service to care for them at the end of life, so they ended up dying in hospital. In contrast, with the right support from services in the community at the end of life, people were able to stay in their home.

CQC ENCOURAGES:

- Commissioners and providers to support early identification of people with a mental health condition who may be approaching the end of life, as part of improved physical health care.

¹ Rethink Mental Illness, **Lethal Discrimination**, 2013

FAILING TO RECOGNISE PHYSICAL HEALTH NEEDS

“My brother had serious mental health problems. He ended up in a psychiatric hospital and after that it was a cycle of prison, hospital and homelessness for over 20 years.

Then, when he was in his mid-fifties, he lost a lot of weight because he was finding it impossible to eat. It was obvious to me that something was wrong physically – when it’s someone you love, you just know. He was living in a small residential home for people with mental health problems, but the staff at the home hadn’t done anything to address it.

I demanded that they took him for medical tests. The doctors called us in to the hospital and told me he had terminal oesophageal cancer, and had just six months to live. He died within a few weeks.

I feel as though he was badly let down. If they’d done something earlier, they could have caught his cancer at a much earlier stage. He could have come to live with me, and I could have looked after him, given him the stability and family life he never had.

It frustrates me so much that doctors and psychiatrists don’t seem to work together. Psychiatrists often just dismiss physical health problems as a part of someone’s mental illness. This means people like my brother are dying.”

National Council for Palliative Care story

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- People with a learning disability
- People who are homeless
- People who are in secure or detained settings
- Gypsies and Travellers

