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. 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.

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1 Rethink Mental Illness, Lethal Discrimination, 2013
How to contact us

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PEOPLE’S EXPERIENCE BRIEFINGS:
- People with conditions other than cancer
- Older people
- People with dementia
- People from Black and minority ethnic (BME) groups
- Lesbian, gay, bisexual or transgender people
- People with a learning disability
- People who are homeless
- People who are in secure or detained settings
- Gypsies and Travellers