

Issue 32 June 2020

News

Request from the Maudsley BRC Communications Team

As we are involved in conducting research at the South London and Maudsley NHS Foundation Trust (SLaM), we have been asked to share the following message from the Maudsley BRC communications team:

SLaM's key messages in terms of Research & Development (R&D) are that research is available and beneficial to all our service users, and that research is proudly owned by SLaM staff. We are looking for quotes, and if possible case studies from SLaM staff and patients involved in SLaM research to compliment these messages. These will be shared internally to promote R&D at the trust, and to encourage staff and patient engagement. Please do send any interested parties our way and we can provide more information and work together to get these research stories shared within the Trust.

If you are interested in being involved, please let me know (amelia.jewell@slam.nhs.uk) and I will pass your details on to the BRC Comms team.

CRIS Blog

Dr Rina Dutta, Senior Clinical Lecturer and Consultant Psychiatrist at the Institute of Psychiatry, Psychology and Neuroscience, is conducting a program of work focusing on using data science to understand suicidality and self-harm. She has written a CRIS blog giving an overview of her work which she discussed during her plenary keynote talk at the Zero Suicide Alliance third national conference in January 2020. The blog also includes a link to a podcast interview that Rina took part in on the day. You can read the blog [here](#) and if you would like to follow Rina on Twitter she tweets from [@rina_dutta](#).

Research Spotlight

How do ethnicity and deprivation impact on life expectancy at birth in people with serious mental illness? Observational study in the UK

Jayati Das-Munshi, Chin-Kuo Chang, Alex Dregan, Stephani L. Hatch, Craig Morgan, Graham Thornicroft, Robert Stewart and Matthew Hotopf

Previous research has found that people with serious mental illnesses (SMI), such as schizophrenia and bipolar disorders, experience reductions in life expectancy compared with the general population. This reduction in life expectancy has previously been found to range from 13 to 15 years

and in some contexts, up to 20 years. However, it is not currently clear whether life expectancy in serious mental disorders varies by ethnic group and deprivation.

In the general population, the largest reductions in life expectancy have been found in the most deprived communities across the UK, relative to the least deprived. The largest contributors to shortened life expectancy in the general population are from the same common preventable physical health conditions, such as respiratory disorders and heart disease, that account for the majority of deaths in people with SMI. Although the UK operates a system of universal access to healthcare it has been suggested that in deprived areas, access to healthcare may not be equal and may contribute to differences in life expectancy. Furthermore, common preventable conditions, such as cardiovascular disease, are known to be elevated within certain ethnic minority groups. Therefore a team at King's College London, led by Dr Jayati Das-Munshi, set out to examine variations in life expectancy in a large ethnically diverse sample of people with SMI using CRIS data linked to [mortality data](#) from the Office for National Statistics (ONS).

The team found that irrespective of ethnicity, people with SMI experienced noticeable reductions in life expectancy compared with the general population; from 14.5 years' loss in men with schizophrenia-spectrum and bipolar disorders, to 13.2 years in women. Similar reductions were noted for people with depression. Across all diagnoses, life expectancy at birth in people with SMI was lower than the general population residing in the most deprived areas in England.

The study team concluded that their findings demonstrate the extent to which public health and the health and social care systems continue to fail to address the health inequality in people with SMI. Addressing structural inequalities such as poverty, ensuring equal access to healthcare, and tackling causes with a focus on individuals, communities and health systems, as well as strengthening approaches towards evidence-based clinical practice for common preventable physical health conditions are required to help reduce this gap, alongside a consideration of those aspects which promote the social inclusion of people with SMI.

If you would like to read the article in full, it is available [here](#).

Upcoming

Next Meeting

The next meeting will be held on **Thursday 17th September**, from **4-6pm**, location to be confirmed closer to the time.

Future Newsletters

We are still working remotely so if there is anything that you would like to see in future newsletters or if you would like more information about something mentioned in a newsletter, you can contact us via email: amelia.jewell@slam.nhs.uk / megan.pritchard@kcl.ac.uk.