
Management of physical health conditions in adults with severe mental disorders

WHO GUIDELINES



**World Health
Organization**

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ISBN 978-92-4-155038-3

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Suggested citation. Guidelines for the management of physical health conditions in adults with severe mental disorders. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Printed in Switzerland

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We are grateful to the participants of the Excess Mortality in Severe Mental Disorders meeting, November 2015, for their contribution to the scoping process.

FUNDING SOURCE

Funds received from the WHO Core Voluntary Contributions Account (CVCA) were used for the development of these guidelines.

Design and layout was provided by Erica Lefstad.

Acronyms & abbreviation

AE	Adverse effect
ARV	Antiretroviral
CBT	Cognitive behaviour therapy
EMBASE	Excerpta Medica Database
GDG	Guideline Development Group
GRADE	Grading of Recommendations Assessment, Development and Evaluation
HIC	High-income country
LMIC	Low- and middle-income country
MeSH	Medical Subject Headings
MD	Mean difference
MDR-TB	Multi drug resistant tuberculosis
mhGAP	Mental Health Gap Action Programme
NCD	Non-communicable diseases
OR	Odds ratio
PEN	Package of Essential Noncommunicable Disease Interventions
PICO	Population Intervention Comparison Outcome
RCT	Randomized controlled trial
RR	Relative risk
SMD	Severe mental disorders
SMR	Standardized mortality ratio

Executive summary

INTRODUCTION

The global burden of disease due to mental disorders continues to rise, especially in low- and middle-income countries (LMIC). In addition to causing a large proportion of morbidity, mental disorders – especially severe mental disorders (SMD) – are linked with poorer health outcomes and increased mortality. SMD are defined as a group of conditions that include moderate to severe depression, bipolar disorder, and schizophrenia and other psychotic disorders. People with SMD have a two to three times higher average mortality compared to the general population, which translates to a 10-20 year reduction in life expectancy. While people with SMD do have higher rates of death due to unnatural causes (accidents, homicide, or suicide) than the general population, the majority of deaths amongst people with SMD are attributable to physical health conditions, both non-communicable and communicable. Furthermore, people with SMD are more likely to engage in lifestyle behaviours that constitute risk factors for non-communicable diseases (NCDs) such as tobacco consumption, physical inactivity and consuming unhealthy diets.

Most studies reporting the excess mortality in people with SMD are from high income countries. The situation may be much worse in LMIC where the resources are inadequate, the institutions are not well managed and access to quality mental health care and physical care is limited.

Equitable access to comprehensive health services remains out of reach for the majority of people with SMD. Unfortunately, people with SMD often lack access to health services or receive poor quality care, including promotion and prevention, screening, and treatment. It is crucial to address the disparities in health care access and provision for people with SMD. Following the principle of non-discrimination and universal health coverage as elaborated in target 3.4 of the United Nations Sustainable Development Goals (“By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote of mental health and well-being”), people with SMD should be offered at least the same level of treatment for physical health conditions and their risk factors as the general population.

The WHO *Comprehensive Mental Health Action Plan (2013-2020)* outlines a vision where people living with mental disorders are able to exercise the full range of human rights and to access high quality, culturally-appropriate health and social care in a timely way to promote recovery. In service of this vision and as part of WHO’s Mental Health Gap Action Programme (mhGAP), these

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