Consensus statement

MECC into mental health settings

Implementing MECC into mental health settings

The information below intends to build on the existing MECC Consensus Statement by adding key considerations for MECC in mental health settings. This section particularly builds on the content of section 3.3 in the Consensus Statement.

Importance of physical health in mental health settings

Implementing MECC in mental health care settings provides an opportunity to improve the physical health of people with mental health conditions. It does this by improving people's lifestyle and health behaviours. Within the population of people with mental health conditions, those with severe mental illness (SMI) are significantly more likely to experience poor physical health.

In fact, people with SMI die 10-20 years earlier than the general population. This increased mortality is largely due to preventable physical illnesses, including cardiovascular disease, respiratory disease, diabetes, and hypertension (WHO, 2015). This stark evidence demonstrates the significant value and moral imperative of improving the physical health of people with mental health conditions. This goal can be supported by implementing MECC in mental health settings.

Unhealthy lifestyle behaviours in people with SMI are often not out of choice, but rather based on situational and contextual factors. Such factors are affected by their mental health and broader social determinants. Consequently, unhealthy lifestyle behaviours are twice as common in people with SMI than the general population.

- 40.5% of adults with SMI are smokers, more than double the rate of the general population (NHS Digital, 2014).
- Obesity levels and the risk of diabetes in people with SMI are more than double that of the general population.
- Psychotropic medication can affect weight gain and have other adverse metabolic effects.
- Prevalence rates of harmful drug use or dependence in people with SMI are 1.9-7%, significantly higher than estimates of the general population at 0.05-0.16%.

- Comorbidity of drug use and mental health conditions is increasing by 10% each year within England and Wales.
- 86% of people using alcohol treatment services have a comorbid mental health condition.
- High-risk sexual behaviour, such as unprotected sex, multiple partners, and sex work are more common in people with SMI.
- Higher rates of blood borne viruses, such as HIV and Hepatitis C, have also been found among people with SMI.
- There has been an almost 30% increase in hospital admissions relating to gambling addiction.

The statistics and prevalence rates above demonstrate the importance of improving the physical health of people with mental health conditions. Preventing poor physical health and promoting healthy lifestyle behaviours is crucial in mental health settings. This can be achieved through the 5 core topics of MECC (smoking, alcohol, drinking, exercise, and diet) and beyond.

Improved health behaviours and lifestyle factors can increase quality of life and life expectancy while supporting management of mental health conditions. Importantly, these benefits begin with the individual. However, they extend to the individual's families, carers, support staff, as well as local communities, the health and social care system, and society more broadly.

Service user involvement

The implementation of MECC in mental health settings must include service user involvement, a key consideration for any service provision, intervention or organisational change. A key way in which service users can be involved is through the coproduction and delivery of training. There is a wealth of research that supports service user involvement in the provision of training (Gordon et al, 2020; Jha et al, 2009). Research also shows improvement in quality of care, policies, service delivery and governance (Bombard et al, 2018; Cawford et al, 2002; Tait & Lester, 2005).

For more information about how service users can be involved in MECC, see the fact sheet, implementation guide, evaluation framework and quality marker checklist within the document suite published by HEE. This core value of service users' involvement should guide and enable a MECC programme in mental health settings, from staff training and interventions to evaluation. Evidence demonstrates the effectiveness of this approach for delivering and sustaining effective change and improvements in mental health settings.

References

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