

What is SMI?



Introduction to SMI

Serious mental illnesses (SMI) are mental health disorders that are diagnosed by a psychiatrist. The disorders usually result in serious functional impairment, which substantially interferes with or limits one or more major life activities.

What is SMI?

Some of the common SMI diagnoses are; bipolar disorder- Mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression); schizophrenia- Mental health illness that

the person may see, hear or feel things that aren't there. The person with schizophrenia may not be able to tell the difference between reality and imagination; schizoaffective disorder- a mental illness that can affect your thoughts, mood and behavior. You may have symptoms of bipolar disorder and schizophrenia; psychosis- A collection of symptoms that affect the mind, where there has been some loss of contact with reality i.e hallucinations and delusions. People on certain medications, such as lithium, may also fall into the category of SMI and be on the SMI register.

People who have a SMI diagnosis are more at risk of developing physical health conditions than the general public.

This can be due to their lifestyle:

- Poor diet or lack of exercise
- Drug and alcohol intake
- Smoking

Another risk factor for ill health can be due to their experience with health professionals and the anxiety of attending appointments, such as:

- Cancer screenings: this can be due to a lack of knowledge about screenings or a lack of self-worth and motivation to live longer.
- Distrust of health services and mental health services due to previous negative experiences or past traumatic events.
- Not wanting to find out results from blood tests, smears, MRIs, or CT scans.
- Financial difficulties: having no money to get to the appointments or being homeless.
- Stigma around their mental health diagnosis.

As well as developing physical health conditions, people with SMI can experience psychotic symptoms if their diagnosis is not treated correctly or in time. This can lead to hallucinations and delusions.

The difference between Hallucinations and Delusions.

Hallucinations can be seeing, smelling, tasting, hearing, or feeling something that the person knows is not real.

Delusion is having a belief in an idea or thought, which can sometimes lead to the person feeling paranoid or holding firmly to the belief regardless of evidence.

Both can be subsided with medication, but often the person will still experience mild hallucinations or delusions, which can be controlled with the help of therapy, a psychiatrist, or CBT (cognitive behavioral therapy).

SMI Physical Health Check Appointment.

An SMI physical health check appointment is conducted at a GP surgery or outreach appointment (home visit) by the SMI health facilitator. The patient list is provided by the practice either via NHS.net or a printed version. We work off the list and offer the appointments by calling the patients and explaining the importance of this appointment. We commonly use the term health MOT or holistic check as it tends to sound less frightening and intimidating.

Once we have booked them in via Emis or System 1, text reminders will be sent one day leading up to the appointment to confirm and relieve any anxiety about turning up without notice (if an outreach appointment).

The physical health check consists of basic physical health observations, which are carried out with the blue box given by the GP Practice and supported by Whzan, which uploads all the tests via Bluetooth to the tablet attached inside.

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- Blood Pressure
 - Blood glucose
 - Fasting Cholesterol
 - Height
 - Weight
 - Temperature.
 - Tablet includes a lifestyle questionnaire.



Once all of the observations have been checked, we move on to a questionnaire about lifestyle, which includes diet, exercise, alcohol, and drug use. As a health facilitator, we are trained to give out the standard advice that is recommended by the NHS. As well as dietary and exercise advice.

Once that section has been completed, we move on to a questionnaire about sexual health and women's and men's health. This part of the questionnaire specifically targets self-cancer examination checks as following the guidelines from the NHS and those who are eligible or have outstanding screenings.



Sexual health questions are important when it comes to physical health checks, as SMI patients have a lot of medication that can affect their libido or ability to engage in intimacy.

If this is the case, our role is to task their GP or encourage the patient to book themselves in for a medication review if it is something that is affecting their mental health or relationship with partners.

The final part of the health check is all about their mental health, which asks the patient about their diagnosis, support network, financial income, psychotic symptoms, communication with mental health professionals, crisis plans, thoughts of self-harm and suicide, family history of mental health, and oral

health. With everything that is included with the SMI physical health check, we allow the appointment to take anywhere up to 1 hour max. Both in clinics and outreach. This allows the patient not to feel rushed or stressed during the appointment.

These appointments are offered annually, and once they have completed the appointment, we discuss any concerns or confusions they may have. This also gives us the opportunity to gain consent to any referrals they may want to help with mental health intervention or physical health. Referrals we are able to make are:

- CMHT
- Italk 
- Weight management - consent from GP is needed.
- Diabetes programme - if eligible.
- MIND - Andover and Solent mind. 
- Safeguarding.
- Social prescribing.
- Inclusion and any other local relevant services.

Part of the template that is used to complete the check on EMIS is the [Mental Health ARDENS 179v](#) (or most recently updated version). This covers all questions in the appointment and has a review and recall system, so patients are automatically put on the SMI list for the following year and also completes the mental health review for that year.

Engaging with SMI patients.

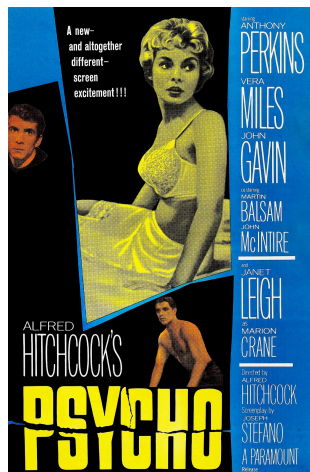
Before the appointment, we would get as much information about the patient that is relevant to us as we need for the appointment, so we are keeping our attention on the patient, their body language and what they are saying. A minority of patients we have seen who are on the SMI list have had a criminal background and have experienced time in prison. This can sometimes make them harder to engage with, especially if they have had a negative experience with

health services. These types of appointments are often accompanied by a key worker from a supported living facility who knows the patient well and has a better understanding of their behavior. If they refuse all physical observations, we would encourage them to consider the importance of recording them for their benefit if they are on antipsychotic medication or mood stabilizers. This usually helps them understand why we need their observations recorded.

As a lot of these patients have never had these types of appointments before, they appear, feel anxious, and become apprehensive. In order to make them feel comfortable, we let them choose how they would like the appointment to run, if they would prefer having physical observations done first and questions after, or vice versa. It is common that if they choose to let us take their blood pressure to begin with, it is higher than any previous readings. This can be resolved by ensuring we can take it again before the end of the appointment to see if it has lowered. We do take into consideration that if they are currently taking medication for high blood pressure or hypertension, this can be difficult to determine. However, any concerns we have will always be passed onto the duty doctor, either in surgery or with a bypass number.

Stigma surrounding SMI diagnosis.

Those who have a mental health diagnosis of schizophrenia, bipolar disorder, psychosis, etc. often experience stigma around their diagnosis because it is poorly portrayed in films, media, and TV.





Me, Myself & Irene (2000) - The character Charlie (Jim Carrey) posits that Charlie is mild-mannered and considerate, while his alter, Hank, is aggressive and tough. Charlie has both DID and schizophrenia - an inaccurate portrayal of the symptoms of DID (dissociative identity disorder).

Shutter Island (2010) - Teddy Daniels (Leonardo DiCaprio), who believes he is a U.S. Marshall, has a delusional disorder and experiences thoughts that lead him to believe he is able to enter his delusions making him become prone to violence.

PSYCHO (1960)- The horror classic known worldwide as entertaining yet terrifying, its depiction of mental illness is very outdated. The film focuses on Norman Bates (Anthony Perkins), who lives with DID, which stems from his trauma, and concludes with him murdering women who show fragments of attention to him. This portrays villainous stereotypes about individuals with mental health conditions.

Spilt (2017)- This story depicts a man who has 24 different distinct personalities and who kidnaps three girls. The film shows Kevin (James McAvoy) attending regular therapy sessions and appears normal when talking about the personalities; each having different ages, sexes, humor, and levels of cruelty. It later shows that the character has experienced child abuse, so the diagnosis of DID is a 'protective factor'. This suggests that the majority of mental health illnesses or individuals with PTSD have violent tendencies and the ability to manipulate.

Joker (2019)- The movie tracks Arthur Fleck (Joaquin Phoenix), a man whose neurological condition, illustrated as schizophrenic, causes him to randomly laugh uncontrollably at inappropriate situations, talk to himself and perform unpredictable and sinister actions. Many people ridicule him which causes him to become violent and dangerous in the public eye.

Fatal Attraction (1987)- Another worldwide renown film which also carries a huge stigma with mental health illnesses. The character Alex (Glenn Close), who plays a woman with bipolar disorder, becomes obsessed with a married man. Her mood swings become erratic to the point of being violent and unrealistic. This characterizes individuals with bipolar disorder as dangerous and obsessive with unpredictable mood swings.

Additional information and support.

For more information about the types of mental health problems and added support go to: <https://www.mind.org.uk/>

Crisis support :

Saf haven Basingstoke - Andover Mind Wellbeing Centre, 3 Vyne Road, Basingstoke, RG21 5NL. Opening times 6-10 pm or call: 0300 303 5772

Shout: TEXT 85258

Samaritans: Call 116 123

Call: 111/ 999



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