

**R048: Physical Healthcare Outcomes in those with Severe Mental Illness (SMI's) in Northern Ireland: exploring health outcomes (treatment and Mortality) associated with service use differences between those with SMI and the general hospital population – UU**

People with severe mental illness (SMI) such as schizophrenia, bi-polar disorder, and personality disorders have a reduced life expectancy (15-20 years) when compared with those in the general population, mostly due to preventable causes, multiple-morbidities, poor diet and problematic lifestyle behaviours such as smoking, alcohol and substance misuse. These problems are compounded by low self-esteem, stigma and poor physical healthcare provision. Thus, suboptimal contact with GPs, delayed screening, late detection and diagnosis may lead to treatment at advanced stages of disease in those with SMI. Therefore, there is a need to explore patterns of medical outcomes in physical healthcare for those with SMI compared to a hospital population without SMI. This may provide better evidence on disparities, opportunities for early diagnosis, and gaps in screening and treatment. Our study is intended to assist policy makers, service providers and health practitioners in addressing this major health gap.

The proposed project will use the diagnostic codes provided with hospital records to examine age and sex-specific outcomes (treatment and mortality) for people with SMI who have serious life limiting diseases such as cancer, coronary heart disease and diabetes – compared to people in the general population without SMI.

We seek to provide evidence about the medical outcomes of people with severe mental illness (SMI).

Primary research question:

Do people with SMI have worse medical outcomes across a range of life-limiting conditions when compared with the hospital population without SMI?

More specifically, we seek to understand what might account for these outcomes: (a) do they typically have a later diagnosis – with SMI status derived from either/both hospital admissions and prescriptions; (b) do they get the same kind of hospital treatment and care?; (c) do they die younger?; and (d) what other factors might assist in improving outcomes?