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Severe mental health in Northern Ireland, service provision and physical health outcomes: a scoping review of evidence and policy protocol

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Background

In the United Kingdom and elsewhere, people with severe mental illness (SMI) die prematurely, up to 20 years younger than the general population (Correll & et al., 2017; Osborn, Nazareth, & King, 2006), a mortality often associated with modifiable medical and behavioural risk factors (Farrell & et al., 2001; Holm & et al., 2021). The substantial costs to the health care system and the wider economy caused by smoking, obesity, physical inactivity, alcohol misuse and substance abuse are well established (Lee, 2012). For example, smoking rates among people with a mental illness are three times higher than among the general population. However, while smokers living with severe mental illnesses are just as likely to want to quit, they are generally more addicted, and face greater barriers to quitting.

Similarly, weight gain and obesity are major problems for people with mental health problems, increasing the risk of developing diabetes or cardiovascular diseases, all contributing to low quality of life and exacerbating psychiatric symptoms (Conley & et al., 2005; Mitchell & Malone, 2006). Other interwoven and modifiable risk factors associated with the poor physical health of people with mental health problems include low self-esteem, unemployment, loneliness, the low expectations of others, and social exclusion (Corrigan, 2004; Rusch, Angermeyer, & Corrigan, 2005). For a range of social and psychological reasons, including the damage done by stigma, people with mental health problems have relatively limited access to local cultural and natural resources which could improve their physical and mental health (Baxter, Burton, & Fancourt, 2022; Hubbard & et al., 2020). For example those with mental illness may avoid engaging in community events, leisure activities, being in blue and green spaces opportunities that others may take for granted, and that bring contentment and quality of life improving outcomes.

In recent years, greater attention has been focussed on the physical health of people living with mental illnesses, but services remain fragmented and uncoordinated. This disconnect may be particularly true in the relationship between statutory health and social care services, and the community and voluntary sector organisations (Department of Health, 2011; National Health Service England, 2018). Moreover, many lifestyle interventions exist that are of potential benefit to people with SMI (Gabriele, Dubbert, & Reeves, 2009) these are seldom implemented in community settings and there is a lack of evidence on the development of effective interventions to help people with SMI engage and overcome the barrier to attend such services. To get to a point of intervention design, we first need to understand better, the contexts and

mechanisms by which mental health stigma, discrimination and poor physical health of people with SMI intersect and are mutually reinforcing. To better support those with SMI we need to understand what the main barriers are for those with SMI to engage in services and community leisure activities that are already available to the general population.

Mental health research in Northern Ireland tends to focus more on trauma and suicide (Bolton, 2017; Bunting, Ferry, Murphy, O'Neill, & Bolton, 2013; Davidson & Leavey, 2010) so given the anticipated small body of literature on people with SMI, their physical health and access to services, the aim of this scoping review is to develop an evidence map of what is currently known and highlight the gaps (Munn et al., 2022).

Scoping review aim

The aim is to conduct a scoping review of the literature on severe mental illness in Northern Ireland, with particular interest in research that highlights service provision, social exclusion, and physical health outcomes. A literature search will be undertaken to identify empirical and descriptive publications relating to integrated care of the physical health of people with SMI in Northern Ireland. This scoping review will map the available evidence and highlight areas of knowledge as well as gaps for future research.

Research Questions

The primary question for this scoping review is:

- What is the current body of scientific literature and policy regarding (a) the physical health and (b) the social exclusion of people with severe mental illness in Northern Ireland?

The following sub-question will also be explored:

- What is the prevalence of physical morbidities (or co-morbidities) for people with severe mental illness?
- What is the quality of physical health care services received by people with SMI?
- What is the experience of stigma of SMI in NI
- What experiences of social exclusion do people with severe mental health face in Northern Ireland, if any?

- What are the health and social care policies to address (a) physical health and (b) social inclusion, for people with SMI in NI

Inclusion Criteria

Study Design

The scoping review will include empirical and descriptive publications published in peer reviewed journals as well as evaluative studies and policy/guidance documents. Unpublished studies, thesis and conference proceedings will also be considered. Opinion pieces, editorials and letters will be excluded.

Population

Studies of people of all ages, sexes, health status will be included that live in Northern Ireland, diagnosed with SMI (schizophrenia and other psychotic disorders, bi-polar disorder, manic depression, major depressive disorder).

Concept

We will examine publications that deal with the physical health of the examined population, service provision as well as nature and prevalence of stigma.

Context

Community settings and institutions located in Northern Ireland.

Table 1: PCC framework

Population (diagnosis)	Concept	Context (where?)
People with Severe Mental illness	Physical health	Northern Ireland
Schizophrenia (and other psychotic disorders)	Service provision	North of Ireland
Bi-polar disorder	Wellbeing	Ulster
Major depressive disorder	Stigma	
	Social exclusion	

Search strategy

A literature search will be conducted from the PubMed, APA PsychInfo and Scopus databases. Relevant articles from the reference lists of identified review studies will also be considered. All databases will be restricted to 2000-present and the English language. The complete search strategy conducted in Scopus is included in the Appendix. Searches of the grey literature will be conducted through CORE, GIN, TRIP, Google and Google Scholar.

Eligibility

All types of studies as outlined in the Study Design will be eligible for inclusion provided they address/include a physical health component of people with SMI, and/or stigma and exclusion of people with SMI and/or the use of services.

Exclusion Criteria

UK-wide studies that include Northern Ireland but do not differentiate results will not be included.

Quality Assessment

The purpose of this scoping review is to identify all the available literature on SMI in Northern Ireland. As such, study quality or formal risk of bias will not be assessed, nor will it be used as a basis for exclusion of studies, in keeping with scoping review guidelines (Peters et al., 2022).

Data management

Following deduplication, the database literature search results will be uploaded to Covidence a web-based systematic review software programme (Covidence systematic review software, available at: <https://www.covidence.org>).

Study selection

Two reviewers will independently screen titles and abstracts in Covidence for eligibility. In the next step, the two reviewers will independently review and evaluate the full-length articles, again based on the inclusion and exclusion criteria. Any disagreements during the screening process will be resolved by consulting a third reviewer. The results of the study selection will be reported in both a narrative and flow chart format, as indicated in the PRISMA-ScR 2020 statement (Page et al., 2021).

Data Extraction

The research team will create a data extraction form, which will be piloted on the first 10 articles by two reviewers independently. The form will be then revised accordingly and one review will use the updated form to screen the remaining articles.

The following information will be extracted:

- Basic article information (authors, article type, publication date, country of origin)
- Registry information:

- Methods used
- Type of data collected
- Data utilisation (eg. research or policy making)
- Years of implementation
- Type of SMI diagnosis
- Population
- Setting
- Physical health condition examined
- Stigma and social exclusion examined

As the data extraction in scoping reviews is an iterative process (Peters et al., 2021), the above information is subject to change.

Data Analysis

The data from the included studies will be presented narratively, using descriptive analysis (ie. frequency counts of concepts, populations etc) and then mapped in visual presentations (such as tables or graphs).

Dissemination

The scoping review will take place from March 2023 to approximately July 2023. We aim to publish the completed review in a relevant peer review journal and present our findings as part of the CHOICE research project.

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Appendix: Complete search strategy in Scopus

[TITLE-ABS-KEY ("severe mental illness" OR "schizophrenia" OR "psychosis" OR "bi-polar disorder" OR "major depressive disorder") AND TITLE-ABS-KEY ("Northern Ireland") AND PUBYEAR AFT 1999]