



## Past Webinar Report

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People living with severe mental illness (SMI) with physical health faces one of the greatest health inequality gap. The aim of this work is to consider the evidence in relation to healthcare provision for people with SMI, identify gaps in knowledge, and provide an overview of the field. People with severe mental illness (SMI) have more physical comorbidity than the general population. The physical health disorders which have high prevalence in people with severe mental illness are mainly Nutritional and metabolic diseases, Cardiovascular diseases, Viral diseases, Respiratory tract diseases, Musculoskeletal diseases, Sexual dysfunction, pregnancy complications, Stomatognathic diseases, and Obesity related diseases. Furthermore, contributing factors are considered that impact on the physical health of these people, such as psychotropic medications (antipsychotics, antidepressants and mood stabilizers), individual lifestyle choices (e.g., smoking, diet, and exercise), psychiatric symptoms, as well as disparities in the health care. Life expectancy tends to decrease by 15-25 years among those people. People with mental health problems are two to three times more likely to smoke cigarettes, consume alcohol, and use cannabis and other illegal drugs observed by (Tidey and Miller, 2015) and (Hartz et al, 2014). To improve mental health of individuals and society at large includes the promotion of mental well-being, prevention of mental disorders, protection of human rights, and care of people suffering from mental disorders.

In this study will refer patient's data from General Practices to sort individuals in a primary stage who have signs of increased physical crisis with symptoms of severe mental illnesses. Also, an increased focus on holistic multidisciplinary treatment can enhance quality of life along with physical and mental health outcomes. A study is done on participant observation, in-depth interviews, and focus groups. An ecological framework was utilized to focus on the interaction between the counselors and the healthcare providers to understand this relationship and the context in which it occurs. It seems that the somatic well-being of people with a (severe) mental illness has been neglected for decades, and still is today. The treatment of mental illness has long been held back by the sense that disorders of emotion, thinking, and behavior somehow lack legitimacy and instead reflect individual weakness or poor life choices. Not surprisingly, there has been a mismatch between the enormous impact of mental illness and addiction on the public's health and our society's limited commitment to addressing these problems. Therefore, this growing problem of medical comorbidities and premature death in people with severe mental illness needs an urgent call to action.

### References:

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