

# Policy briefing: life expectancy gap for people with severe mental illness (SMI) is a hidden health crisis

[New research](#) by King’s Health Partners, Maudsley Charity and the Policy Institute finds that the public vastly underestimate the impact of SMI on life expectancy, typically guessing it reduces life spans by just seven years on average, when the true figure is 15-20 years, cutting lives shorter than diabetes, severe obesity, and even smoking.

This lack of awareness makes it a hidden health crisis for the more than 500,000 living with SMI in England.

Despite national policy attention for more than a decade, the mortality gap for people with SMI is [worsening](#). Current [incentives](#) to deliver SMI physical health checks in primary care are failing to improve outcomes but evidence-based proactive models of care do exist. If implemented at scale, these models can achieve the 10 Year Plan prevention shift for people with SMI.

**Two-thirds (67%) of the public agree better healthcare needs to be provided to improve the life expectancy of those with SMI.**

## Key points and recommendations

People with SMI die 15-20 years early due to preventable physical illness. The life expectancy gap is worsening. Evidence-based interventions to address the problem are not being implemented.

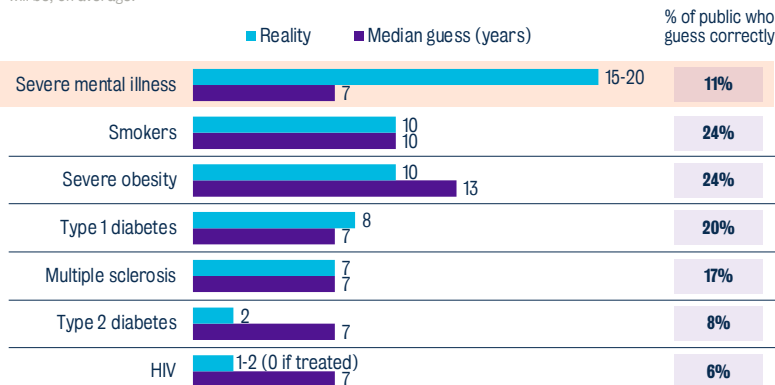
Experts convened by King’s Health Partners identified **policy recommendations**:

- Adopt physical health outcomes for people with SMI as a critical success factor of [integrated neighbourhood health services](#) and learn from [evidence-based community models](#) to deliver the prevention shift for people with SMI.
- Recognise and report on SMI as a health inequity group in **national NHS datasets**.
- Embed [international guidelines](#) for proactive physical health risk management in the **Modern Service Framework** including the strong, but poorly recognised, evidence that optimising treatment of SMI can reduce mortality risk.

**What is SMI?** SMI is a clinical definition used by the NHS in England to refer to all individuals who have received a diagnosis of psychosis, schizophrenia or bipolar affective disorder. SMI disproportionately affects people from [urban areas](#), those from [lower socio economic groups](#) and those from black communities. People from black ethnic minority groups are almost [six times more at risk](#) of having schizophrenia than the general population.

## Only 11% correctly guess severe mental illness reduces lifespans by 15+ years on average

On average, people with chronic mental and physical health conditions can live shorter lives than the general population, if at all, do you think people with these conditions' lives will be, on average?



THE POLICY INSTITUTE | King's Health Partners | KING'S COLLEGE LONDON | HEALTH PARTNERS | Base: 2,000 UK respondents age 18+, surveyed 7-10 October 2025. See page 35 for sources for realities

## Causes of the life expectancy gap

Half the public wrongly believing suicide is the most common factor reducing life expectancy when in fact two in three deaths in people with SMI are caused by preventable physical health conditions like cardiovascular disease, respiratory disease and cancer.<sup>1</sup>

Physical health inequalities are more pronounced the younger the person is – people with SMI aged 15-34 are five times more likely to have three or more physical health conditions. Smoking accounts for 48% of the life expectancy gap in women and 33% in men. Up to 50% of people with a severe mental illness are [unable to afford food](#), with food insecurity having a profound impact on diet and associated health.

### Physical health problems are much more common

	Risk in people with SMI compared to general population
Dental problems	5x
Obesity	2x
Cardiovascular disease	1.4-2x
Diabetes	2x
COPD	2x
Smoking	3-4x

40% of people with SMI smoke compared to 11.9% in the general population

## Getting the right mental health treatment leads to better physical health outcomes but this evidence is poorly understood by the sector

Optimising medication (antipsychotics, mood stabilisers and antidepressants) reduces the risk of mortality in SMI. In schizophrenia, long-acting injections and clozapine are associated with lower mortality, morbidity and reduced hospitalisation. Evidence shows that if you should be on clozapine but are not, the mortality risk is doubled.

## People with SMI do not receive effective physical health interventions, nor treatment advances

While taking psychiatric medication does reduce mortality risk, anti-psychotic medications are also associated with a wide range of side-effects, impacting the risk of physical health conditions. Physical health must therefore be proactively managed from the onset of SMI diagnosis. Despite clear international guidelines, and strong evidence based pathways for the common preventable physical health conditions facing people with SMI this is not implemented in practice.

## Policy implications

On 12 November King’s Health Partners – a university health partnership between Guy’s and St Thomas’, King’s College Hospital, South London and Maudsley NHS Foundation Trusts and King’s College London – convened over 40 representatives from the voluntary and community sector, lived experience, NHS, and universities to identify actions to address the mortality gap for people with SMI. These are set out above.

The Mental Health Investment Standard (MHIS) previously protected Integrated Care Board investment in mental health, including spending to address the physical health inequalities faced by people with SMI. The recent loosening of the MHIS means the share of NHS spending on mental health is expected to decline in 2025/26. This risks further exacerbating the hidden health crisis.

1. Chesney E and others. ‘Risks of all-cause and suicide mortality in mental disorders: a meta-review’ World Psychiatry 2014; volume 13, issue 2, pages 153 to 160, Prevalence of multimorbidity in people with and without severe mental illness: a systematic review and meta-analysis Halstead, Sean et al. The Lancet Psychiatry, Volume 11, Issue 6, 431 – 442]. Severe mental illness (SMI) and physical health inequalities: briefing - GOV.UK, Ann John et al, Premature mortality among people with severe mental illness — New evidence from linked primary care data, Schizophrenia Research, 2018