



June 2016

Physical Health Impacts of Mental Illness and its Treatments

Background:

People with mental illness are among the most socially and medically marginalized people in our community. Ironically, these same people are frequently monitored and treated by qualified health professionals for their mental health problems, whilst their physical health issues are either ignored or inadequately treated.

An example: The life expectancy of people with schizophrenia may be 25 years less than those of their peers in the general population. Whilst people with severe and persistent mental illness do not have higher rates of diseases such as cancer and heart disease, they do die from those diseases at a rate two to three times greater than those with the same health issues in the general population. This occurs because people with mental illness are not receiving the range of preventative screening tests or treatments. Prescribers of psychotropic medication have a responsibility to monitor the effects of medication on a person's physical state as well as its impact on their mental wellbeing.

In the words of the UN Convention on the Rights of Persons with Disabilities (2006):

Persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination...States/Parties shall take all appropriate measures to ensure access ...to health services...with the same range, quality and standard....as provided to other persons.

People who experience mental illness have the right to live long and healthy lives just like the wider population.

Key Points:

The appalling health and early mortality rates of people with persistent mental illness is unacceptable. The physical health impacts of mental health issues and their treatments have a significant effect on a person's wellbeing and mortality and exacerbate their social exclusion.

These impacts may occur as a direct or indirect result of the disorder, their treatment or psychotropic medication, that is, they are iatrogenic (occurring as a direct result of the disorder or its treatment, for example, diabetes, weight gain, heart disease).

The physical health-related effects of mental illness can also be impacted on by poverty, neglect, discrimination, symptomatology, smoking, substance abuse, dietary habits, etc.

People living with mental health issues have more physical health problems than the general population and evidence shows the instance of coronary heart disease, metabolic disorders, respiratory disease, cancer, infection, obesity, endocrine disorders and dental disease is significantly greater in this group. In addition, these and other physical health problems are less likely to be screened for, identified and treated in this population.

Members of the National Mental Health Consumer Carer Forum (NMHCCF) finds this state of affairs alarming and totally unacceptable. More must be done to address this. These issues are in the public

domain. We need more than discussion. We must begin positive policy responses and action to prevent further damage to valued people.

National, state and local policies, procedures and structures need to be improved and clarified in order to raise awareness as well as to change health monitoring and attitudes.

The Council of Australian Governments (COAG) stated in its [Nov. 2013] response to the 2012 Report Card of the National Mental Health Commission *COAG notes that governments are considering physical health in the assessment, review and refinement of mental health programs including a focus on better coordinating care and helping patients to access health services addressing chronic disease.*

On 24 May 2013, a National Summit on Addressing the Premature Death of People with Mental Illness was held in Sydney...*and affirmed the right of people with severe mental illness to have the same expectations for good health, wellbeing and quality of life as the general population. Further...In recognition that more needs to be done to address this complex issue, improving physical health and reducing early death will remain part of the reform agenda and will be a priority in developing targets and indicators for mental health and a successor to the Fourth National Mental Health Plan.*

However, since these sentiments were voiced, there has been no further public action to address the issue.

Iatrogenic and health effects of mental illness and its treatments can seriously affect:

- personal recovery journeys
- self-image
- people's futures.

People living with persistent mental health issues can often expect to:

- have significantly reduced life expectancy
- experience a greater burden of ill health
- suffer delayed diagnosis, non-existent or inadequate preventative screening and deferred commencement of treatment of many avoidable disorders or diseases.

Studies¹ have shown that:

- people living with mental illness are 30 per cent more likely to die from cancer, despite having no higher occurrence of the disease than the wider population
- people living with mental illness have an overall death rate 2.5 times that of the general population
- forty-four per cent of all hepatitis C cases occur in people living with mental illness
- people living with mental illness have life expectancy reduced by between 15 to 25 years
- people living with mental illness who also have alcohol and drug related disorders have the worst survival rate.

Recommendations:

That people living with mental health issues;

1. have increased access to primary health care and preventative programs
2. are supported in early detection of risks associated with poor health and chronic disease
3. are encouraged and enabled to address their physical health and wellbeing needs
4. are supported to adopt personal habits that reduce their risk of chronic disease through active engagement in physical health self-management activities.

It is further recommended that:

1. Australia aims to increase the number of people who address and manage the physical health and wellbeing needs of people with persistent mental health issues.
2. Australian governments and agencies increase awareness of physical health issues related to living with, being treated for mental health issues.
3. All mental health programs and policy areas must report on physical health screening, assessment and monitoring for all people in receipt of those services.
4. Doctors must take responsibility when prescribing psychotropic medications, treat those people holistically and monitor their physical health changes and needs.

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References:

1. National Summit on Addressing the Premature Death of People with a Mental Illness. Communiqué. 24 May 2013, Sydney <http://www.health.nsw.gov.au/mhdao/summit/Documents/Physical-mental-health-care-summit.pdf>

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