



NMHCCF Advocacy Brief

Issue: Physical Health Impacts of Mental Illness

Outline

The appalling health and early mortality rates of people with persistent mental illness is unacceptable. The physical health impacts of mental health problems or disorders have a significant effect on a person's wellbeing and contribute to their social exclusion.

These impacts may occur as a direct or indirect result of the disorder, 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 with mental illness 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 physical health problems in people with mental illness are less likely to be screened for, identified and treated.

Background

People with mental illness are among the most socially and medically marginalised 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 not addressed.

The life expectancy of people with schizophrenia, for example, is at least 25 years less than those in the general population. Whilst people with persistent mental illness do not have higher rates of diseases such as cancer and heart disease, they do die from those diseases between two to three times more often than those with the same health problems in the general population. This is due to people with mental illness not receiving appropriate preventative screening or treatment.

Psychiatrists, general practitioners and any other 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 for Consumers and Carers

The National Mental Health Consumer Carer Forum (NMHCCF) finds this state of affairs alarming and totally unacceptable. More has to be done to address this problem. These issues must be placed in the public domain to initiate discussion and to promote understanding and action.

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.

Iatrogenic and health effects of mental illness can seriously affect:

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

Consumers can often expect to:

- have significantly reduced life expectancy
- experience a greater burden of ill health
- suffer delayed diagnosis and treatment of many disorders or diseases.

Studies¹ have shown that:

- people 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 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 with mental illness
- people with mental illness have life expectancy reduced by between 15 to 25 years
- people with mental illness who also have alcohol and drug related disorders have the worst survival rate.

¹ Coghlan R, Lawrence D, Holman CDJ, Jablensky AV (2001) *Duty to Care: Physical Illness in People with Mental Illness*. Perth: The University of Western Australia.

Recommendations for Change and Key Issues for the Future

The NMHCCF recommends that:

- state and territory governments undertake to educate all stakeholders on “Physical Health Impacts of Mental Health Problems and Disorders”
- they enable appropriate screening, assessment and physical health checks for all persons with identified mental illness, including attention to dental health
- the Australian Government takes leadership on these issues by requiring all identified mental health funding to be accountable for physical health maintenance
- all mental health programs and policy areas report on physical health screening, assessment and monitoring for all mental health consumers in receipt of services
- given the nature of mental illness, service providers need to innovate and respond creatively to address the physical health impacts of mental health disorders and their treatment
- doctors take responsibility, when prescribing medications for people with mental health issues, to treat them holistically and monitor their physical health changes and needs.

Other Resources

NSW Health (2009) *Physical Health Care of Mental Health Consumers - Guidelines*. NSW Department of Health.

Lambert, T & Chapman, L (2004) *Diabetes, Psychotic Disorders and antipsychotic therapy: a consensus statement*. MJA Vol 181(10), p 544-548.

Seymour, L (2003) *Not all in the Mind: the Physical Health of Mental Health Service Users*. Mentality, UK.

NCCF (2004) *Diabetes and Psychotic Disorders- A Guide for Consumers and Carers*. 3 parts : Looking after your Health, Companion Document for Consumers and Carers and accompanying resource CD. NCCF, Canberra.

- (2005) *Academic Highlights: Advancing the treatment of People With Mental Illness: a call to action in the Management of Metabolic Issues*. Journal of Clinical Psychiatry, Vol 66 No. 6, p 790-798.

Brown S, Inskip H & Barraclough B (2000) *Causes of the excess mortality of schizophrenia*. British Journal of Psychiatry, Vol 177, p 212-217.

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