

Community treatment of psych patients tied to less mortality

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Steve Kisely, M.D., Ph.D., from Dalhousie University in Halifax, Canada, and colleagues conducted a population-based survival analysis to examine whether community treatment could reduce all-cause mortality among patients with psychiatric disorders. The study involved 2,958 patients with community treatment orders and 2,958 matched controls, all of whom were patients in [psychiatric services](#) in Western Australia.

Cases and controls had an average age of 36.7 years, and 63.7 percent were male. The researchers found that, among participants, schizophrenia and other non-affective psychoses were the most common diagnoses (73.4 percent). During the study, a total of 492 patients (8.3 percent) died. Patients with community treatment orders had significantly lower all-cause mortality at one, two, and three years, compared with controls, with an adjusted hazard ratio of 0.62 at two-years. The greatest reduction in mortality came from physical illnesses, including cancer, cardiovascular disease, or diseases of the [central nervous system](#), but the association disappeared when adjusting for increased outpatient and community contacts with psychiatric services.

"Community treatment orders might reduce mortality associated with preventable [physical illness](#) among patients with psychiatric disorders," the authors write. "Such a reduction may be partly explained by increased contact with health services in the community and better access to medically necessary treatments."

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