

Medical conditions add to premature mortality risk of people with mental illness

May 23 2014, by Dr Ruth Cunningham



Dr Ruth Cunningham

(Medical Xpress)—People using mental health services in New Zealand are dying prematurely from both natural and external causes, a new University of Otago Wellington study has revealed.

While suicide and accidents are contributors to these high death rates, chronic medical conditions such as heart disease and cancer are a significant cause, the study has found.

Published today in the New Zealand Medical Journal, the study of 266,093 people who had contact with mental health services between 2002 and 2010 shows that the death rate for people who experience mental health problems severe enough to lead to contact with psychiatric services is twice that of the total population.



People with the most severe mental illnesses such as schizophrenia and bipolar disorder have three times the overall death rate of the total population, the study shows.

Lead author Dr Ruth Cunningham says the findings highlight the need to understand and meet the physical health needs of people with mental illness.

More than 7000 adults who had used mental <u>health services</u> died before the age of 65 during the study period. The main cause of death for both women and men were natural (71% and 58% respectively), due mainly to cancer and heart disease. Suicide accounted for 15% of deaths in women and 22% of deaths in men, and accidents were also common, Dr Cunningham says.

High smoking rates and antipsychotic medications are recognised health risks for people with mental illness that lead to <u>medical conditions</u> such as cancer and heart disease, but there are other less obvious risks, such as lack of appropriate treatment for medical conditions, that need to be acknowledged and addressed, she says.

Discrimination and social deprivation will also be contributing to the mortality gap, she adds.

"For example, both here and overseas, people using mental health services are saying they experience discrimination by health service providers. This can lead to a lack of adequate preventative care and treatment."

Discrimination can occur against anyone with mental illness, especially those with severe mental illness, and can make it extremely difficult to secure a job and decent housing, which further impacts on health, Dr Cunningham says.



"We found that those using <u>mental health services</u> were more likely to be living in socially deprived areas, which also drives up the risk of premature death."

This critical health issue has been well researched internationally, but this is the first time it has been documented in New Zealand, Dr Cunningham says.

The next step must be coordinated action to address these health inequalities, through initiatives such as the "Equally Well" project, which was initiated in September 2013 by Te Pou and Platform Trust, she says.

"Equally Well" is a New Zealand initiative which has been gathering evidence on the extent of physical health problems for people with a severe mental illness and/or addiction, including the results of this study. Its next phase will focus on coordinating action across key organisations, including medical colleges, and government and non-government agencies, to improve the physical health outcomes of people with a severe mental illness and/or addiction.

Ongoing monitoring of the <u>physical health</u> and mortality of people with <u>mental illness</u> is essential, in order to evaluate the effectiveness of any interventions and to ensure that the health of this group is no longer neglected, Dr Cunningham says.

Provided by University of Otago

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