

# People with serious mental illness served by public mental health systems are now dying 25 years earlier than the general population<sup>1</sup>

## SCOPE OF THE PROBLEM

### Causes of early deaths

- 30%-40% due to suicide & injury
- 60% due to medical conditions
  - cardiovascular disease (most deaths)
  - diabetes (high risk in schizophrenia)
  - respiratory diseases (link to smoking)
  - infectious diseases (HIV, HEP C, TB)

Modifiable Risk Factors	Estimated Prevalence and Relative Risk (RR)		
	General Population	Schizophrenia	Bipolar Disorder
Obesity	19.8%	45%-55% 1.5-2 X RR	25%
Smoking	21%	56%-88% 2.7-4 X RR	55%
Diabetes	7.3%	10%-14% 2 X RR	10%
Hypertension		≥ 18%	15%
High cholesterol		Up to 5 X RR	

## COMPLEXITY OF THE PROBLEM

### Modifiable Risk Factors

- Poor nutrition
- Lack of exercise
- Smoking
- Alcohol consumption
- Unsafe behavior

### Barriers to Self Care

- Poverty
- Social Isolation
- Group living situations
- Incarceration
- Homelessness

### Systems Barriers

- Lack of access to health care
- Poor coordination between health and mental health care
- Stigma
- Provider attitudes and skills
- Side effects of certain medications

### Mental Health Symptoms as Barriers to Health Care

- Impaired reality testing
- Difficulty communicating
- Difficulty trusting medical providers
- Decreased motivation
- Symptoms mask medical issues

## THIS CRITICAL HEALTH INEQUITY POSES COMPLEX CHALLENGES FOR INTEGRATION

<sup>1</sup> *Morbidity and Mortality in People with Serious Mental Illness* Oct. 2006 <http://www.nasmhpd.org/publicationsmeddir.cfm>

## Modifiable risk factors

- Poor nutrition – (lack of adequate money to spend on healthy food choices; lack of choice in group living situations; excessive money spent on cigarettes from poverty income)
- Lack of exercise – (lack of money for exercise classes and supports; lack of motivation due to social isolation and lowered expectations)
- Smoking – (attempt to alleviate uncomfortable symptoms and boredom; higher levels of other toxic exposure; people with behavioral health disorders smoke 44% of all U.S. cigarettes)
- Alcohol consumption – (self-medication for uncomfortable symptoms)
- Unsafe behavior – (higher exposure to dangerous situations; higher prevalence of unsafe sexual behavior and IV drug use)

## Barriers to Self Care

- Poverty – (SSI payments in OR equate to <\$700/month; fear of losing health benefits discourage people from finding employment)
- Social Isolation – (when a majority of your life is spent living alone and in isolation, it becomes an obstacle and a fearful experience to venture out of your living situation or to ask for help)
- Group living situations – (higher risk of contagious diseases like TB, pneumonia)
- Incarceration – (lack of support and services, including medical coverage, upon discharge)
- Homelessness – (lack of health care coverage; inability to care for oneself when one gets sick; high risk of contracting contagious diseases)

## Systems Barriers

- Lack of access to health care – (difficulty finding primary care providers or referral to specialty care; transportation is difficult, expensive and time consuming; underutilization of peer supports)
- Poor coordination between health and mental health care (major topic addressed elsewhere) – (financial barriers within Medicaid, i.e. limited funding for care coordination and health education)
- Stigma and Discrimination – (physicians' decreased expectations of clients as partners in care)
- Provider attitudes and skills – (discomfort of primary care providers with SMI population; lower provider rates of screening and adherence to treatment guidelines for indicated health care)
- Side effects of certain medications – (atypical antipsychotics associated with high weight gain, metabolic syndrome, diabetes, cardiovascular risks; interactions of multiple medications; rapid medication changes, prescribed and unprescribed)

## Mental Health Symptoms as Barriers to Health Care

- Impaired reality testing – (lack of clarity in thinking; delusional or paranoid thoughts; inability to determine what is real or to do reality testing with care providers)
- Difficulty communicating – (poor verbal communication skills due to difficulty in organizing thoughts and concentration; feeling hopeless; lack of practice with communication with providers)
- Difficulty trusting medical providers – (perception of discriminatory attitudes of providers toward them as an individual; perception of self as less important because of disparity in social status)
- Decreased motivation – (lack of desire to address physical symptoms due to decrease in energy; difficulty in believing that physical concerns are important due to lack of self-esteem or self-worth; not feeling eager to prolong life)
- Symptoms mask medical issues – (overwhelming thoughts or emotions overriding physical discomfort; lack of self-worth, self-esteem and perceived optimistic future contributes to ignoring physical symptoms)