



EQUALLYWELL

Unequally Unwell: *Shorter life expectancies, reduced life opportunities*



2024

SUMMARY REPORT

**Mortality of people using Australian
Government-funded mental health services
and prescription medications: Analysis of 2016
Census, death registry, MBS and PBS data**

Preface

The authors recognise people who have lived experience of mental health concerns and that living with a mental health concern does not define a person. We acknowledge that people with mental health concerns are living productive, purposeful and meaningful lives. We acknowledge their unique experiences and those of carers, families and supporters of people living with mental health concerns. We also note that many people living with mental health concerns have very good physical health, although this report indicates this is not the situation for all people with mental health concerns. The authors support the use of the [Mindframe guidelines](#) on responsible, accurate and safe reporting on mental health concerns and alcohol and other drugs. Some of the statistics in this report may cause distress. Services you can contact are detailed below.

HELPLINES



Lifeline:
13 11 14



MensLine Australia:
1300 224 636



Suicide Call Back Service:
1300 659 467



Kids Helpline:
1800 551 800



Beyond Blue:
1300 224 636



13YARN:
13 92 76

For further
information see
**Mental Health
Resources.**

Suggested citation

Roberts, R, Wong, A, Lawrence, D, Lawn, S, and Johnson, C (2024). *Unequally Unwell: Shorter life expectancies, reduced life opportunities. Summary Report: Mortality of people using Australian Government-funded mental health treatments. Analysis of 2016 Census, death registry, MBS and PBS data.* Charles Sturt University, Bathurst, ISBN Print - 978-1-86-467451-4 Electronic - 978-1-86-467452-1. <https://doi.org/10.17605/OSF.IO/Q5CXJ>

Ethics approval.

Ethical conduct in human research for this project was approved by Charles Sturt University's Human Research Ethics Committee (protocol number H22289).

The [methodology](#) of this analysis is described in detail in the full version of this report.¹

The [full report](#) is available at <https://doi.org/10.17605/OSF.IO/GMQEB>

The [datafile](#) can be accessed and downloaded at <https://doi.org/10.17605/OSF.IO/CGFJS>

As the risk of death increases with age, this data has been age-standardised¹ to control for any age-related differences in mortality rates between groups. Unless otherwise specified, standardised death rates are reported per 100,000 population.



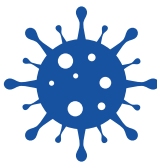
Key Findings



Three in five deaths of people who accessed mental health-related treatments were potentially **preventable** if they had received equitable access to social support, and the same quality of health care as the rest of the population.



Potentially preventable deaths of people who accessed mental health-related treatments represented **28% of all deaths of Australians aged 15-74 years**.



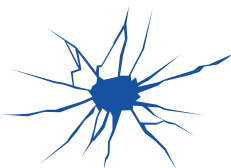
64% of all cancer deaths were of people who accessed mental health related treatments. There were more potentially **preventable cancer** deaths of people who accessed mental health-related treatments than total deaths for the rest of the Australian population.



The breast cancer death rate for people who accessed mental health-related treatments were **6 times that of the rest of the population**. There were on average 12 potentially **preventable** breast cancer deaths every week for people who accessed mental health-related treatments.



The standardised death rates for **colon cancer and prostate cancer** for people who accessed mental health-related treatments were **4 and 5 times** higher respectively than that in the rest of the population.



Transport accidents and intentional self-harm combined, **comprised less than 5%** of all premature deaths of people who accessed mental health-related treatments.



Executive Summary

The data presented in this report provides an insight into the experience of many living with mental illness, their families, carers and supporters as they interact with services that provide physical and mental health care. The report and its findings contribute to our understanding of excess mortality of people using Australian Government mental health-related services, and point to where responses to reduce mortality and improve life expectancy should focus. It builds on the Australian Bureau of Statistics 2017 report on the *Mortality of people using mental health services and prescription medications*.⁸

For the first time, this report provides insights into the **numbers and patterns of preventable deaths** of people who used Australian government funded mental health-related services. By linking the 2016 Census data with the death registers, and the use of mental health-related Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) items a pattern of mortality across illnesses, regions and populations can be evidenced.

In brief, the report presents data that indicates a consistent pattern of reduced life expectancy for a large section of the population: those who used Australian Government-funded mental health services.

The findings of this analysis provide impetus for redoubling efforts to improve the health of people using mental health treatments and in turn, their life expectancy, but to improve the quality of their lives through enjoying better health and the opportunities to live full, contributing lives. Ongoing analysis of these findings needs to be informed by Lived Experience Perspectives with co-designed solutions that are tailored to respond to the needs and preferences of individuals, families and communities.

The fact that people with serious mental illness die an average of 20 years earlier than the rest of the population, the majority from preventable causes, is one of the biggest health scandals of our time, yet it is very rarely talked about.

(Professor Sue Bailey, President of Royal College of Psychiatrists, 2013).

The **total dataset (all ages)** included:

- ◇ 23.7 million Australians, of whom
- ◇ 5.0 million people (21.2%) accessed mental health-related treatments.

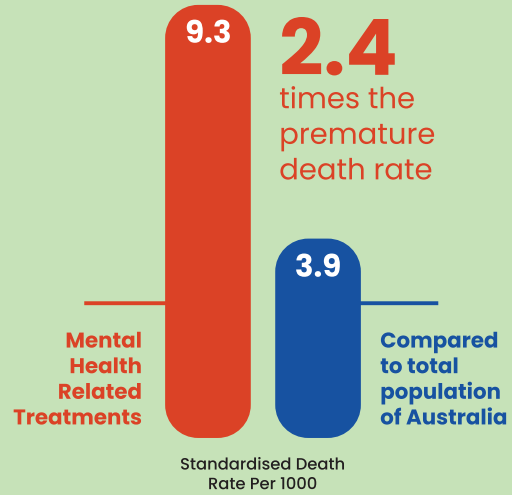
For people aged between **15-74 years** in the dataset there were:

- ◇ 15.6 million Australians, this included
- ◇ 3.5 million people (22.2%) accessed mental health treatments, who recorded
- ◇ 28,914 deaths (49% of all Australian deaths), and of these
- ◇ 16,912 were potentially preventable deaths, which equates to
- ◇ **46 potentially preventable deaths per day.**



Snapshot

People who accessed mental health-related treatments

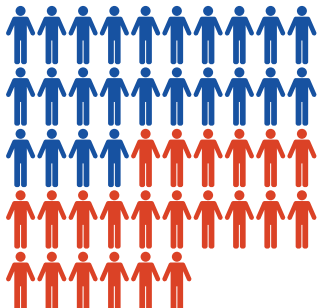


11
YEARS

On average, **reduced life expectancy** of 11 years.

TODAY

46 potentially preventable deaths



24 potentially preventable cancer-caused deaths

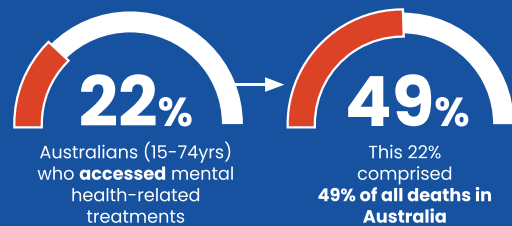
For every **1,000** males who accessed **mental health services**:



For every **1,000** females who accessed **mental health services**:



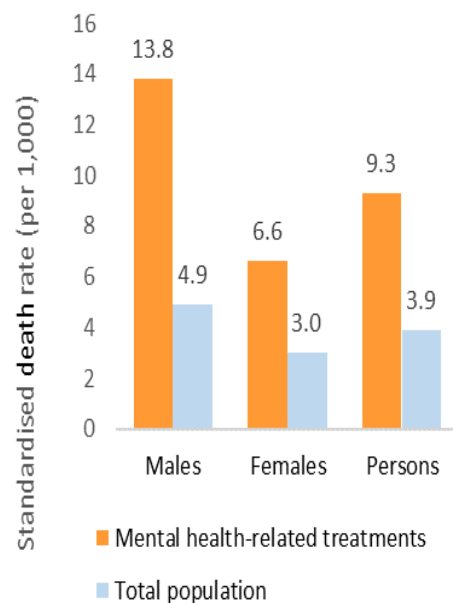
For every **1,000** people in the **total population**:



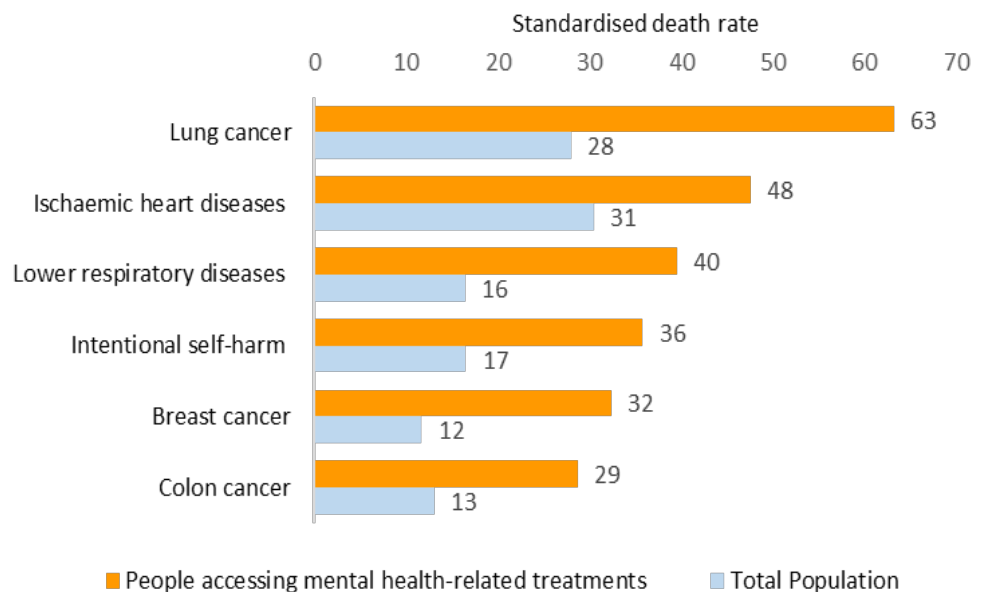
People aged 15-74 years

The mortality of people aged 15–74 can be used as an **indicator of premature deaths**.^{8,9} The average life expectancy in Australia is over 80 years, so any death before that age is premature. Limiting the analysis to the 15–74 years age group reduces the impact of early childhood accidents and infections, and, in later years, of deaths due to dementia. Children under 15 rarely die of mental health-related conditions or have not yet had time to develop chronic conditions.

The standardised death rate of people accessing mental health-related treatments was 2.4 times that of the total Australian population.



The standardised death rates for the most common causes of death were over twice that of the total population (except for heart disease).



For **breast cancer**, people who accessed mental health-related treatments had almost

3 times the rate of premature death compared to the total population.





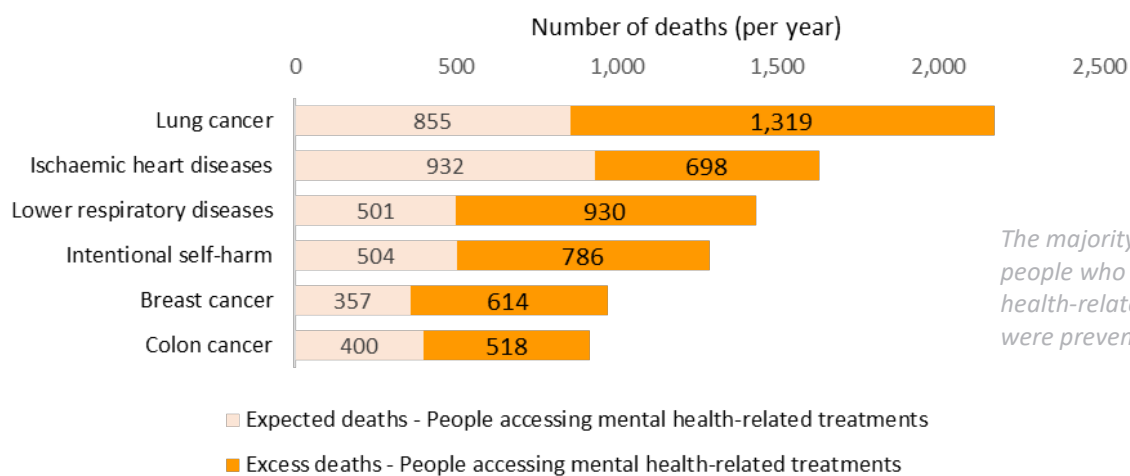
Excess (potentially preventable) deaths

The OECD calculates 'excess mortality' to indicate the number of potentially preventable deaths.⁹ Excess mortality is the number of deaths in a particular group above what would be normally expected, based on the total population death rate.¹⁰

There were a total of 28,912 deaths of people ages 15-74 who accessed mental health-related treatments.

- ◇ Almost **3 in every 5** of these were potentially **preventable** deaths
- ◇ There were 16,658 potentially preventable deaths per annum.
- ◇ This equates to **46 potentially preventable deaths per day**.

Excess death rates by cause of death



The majority of deaths of people who accessed mental health-related treatments were preventable.

Preventable cancer deaths - ages 15-74

In 2016, there were a total of 20,402 cancer deaths in Australia.

- ◇ Of these 13,128 or **more than 3 in every 5** were of people who accessed mental health-related treatments
- ◇ ...and 8,608 of these were potentially preventable.
- ◇ This equates to **24 potentially preventable cancer deaths per day**.

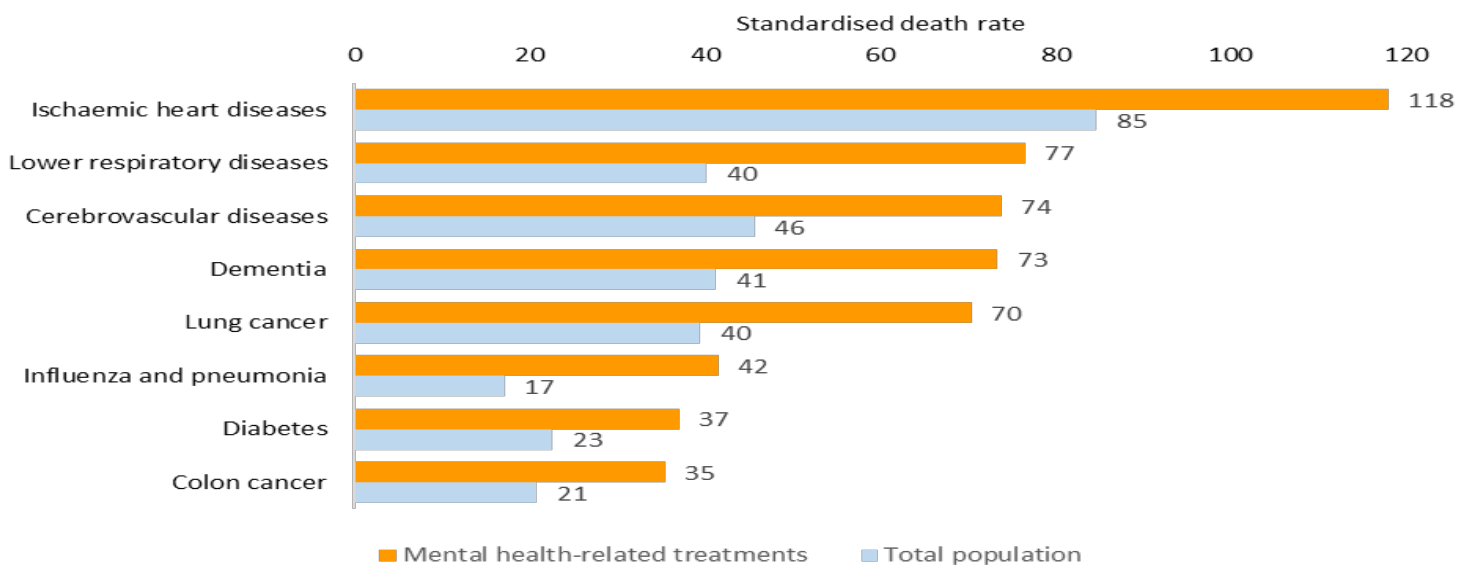
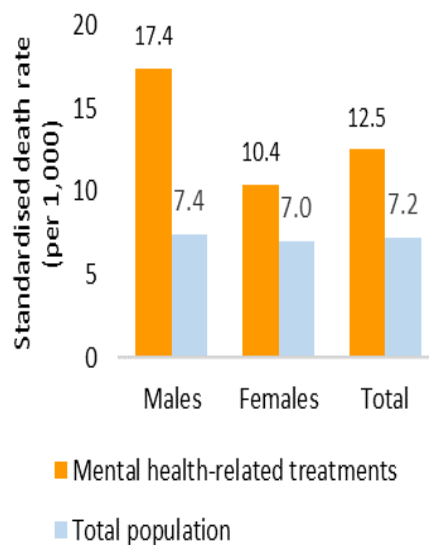
Although fewer in number, a similar pattern is evident for **respiratory and circulatory system** deaths.



People all ages

The likelihood of death increases with age. There are twice as many deaths for people aged 75 years and above than for those under 75 years. The [all ages](#) analysis presented here recognises the greater life expectancy in Australia compared to many other countries, the value of the lives of those age 75 years and over, and the **possible impact in later years of earlier health inequities**.

The standardised death rate for people (all ages) using mental health-related treatments was 1.7 times that of the total Australian population.



For influenza and pneumonia people who accessed mental health-related treatments had a standardised death rate 2.5 times the general population.

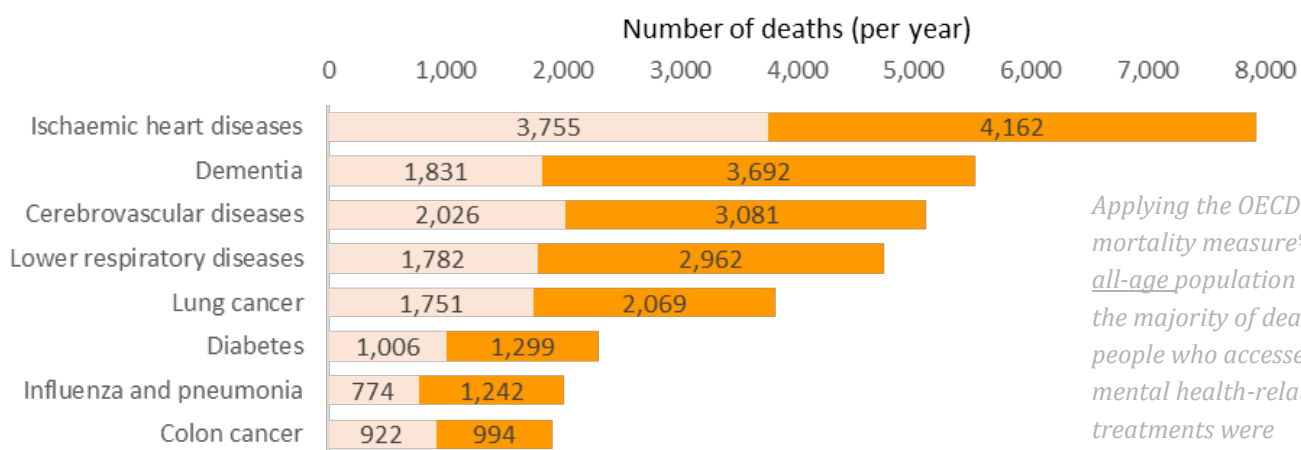




Potentially preventable deaths

In this dataset there were a total of 87,421 deaths of people (all ages) who accessed mental health-related treatments.

- ◇ Of these, **over 3 in every 5 were potentially preventable deaths**
- ◇ There were 55,682 potentially preventable deaths per annum
- ◇ This equates to 153 potentially preventable deaths per day.



Applying the OECD excess mortality measure⁹ to the all-age population showed the majority of deaths of people who accessed mental health-related treatments were potentially preventable.

- Expected deaths - People who accessed mental health-related treatments
- Excess deaths - People who accessed mental health-related treatments

Cancer, circulatory and respiratory diseases

The **potentially preventable deaths** of people who accessed mental health-related treatments in 2016 totalled:

- ◇ **34% of all Australian cancer caused deaths** (14,881 or 41 per day)
- ◇ **32% of all Australian circulatory disease deaths** (12,657 or 34 per day)
- ◇ **42% of all Australian respiratory disease deaths** (6,166 or 17 per day).



Population characteristics of people using MBS and/or PBS mental health-related

Access patterns—All ages

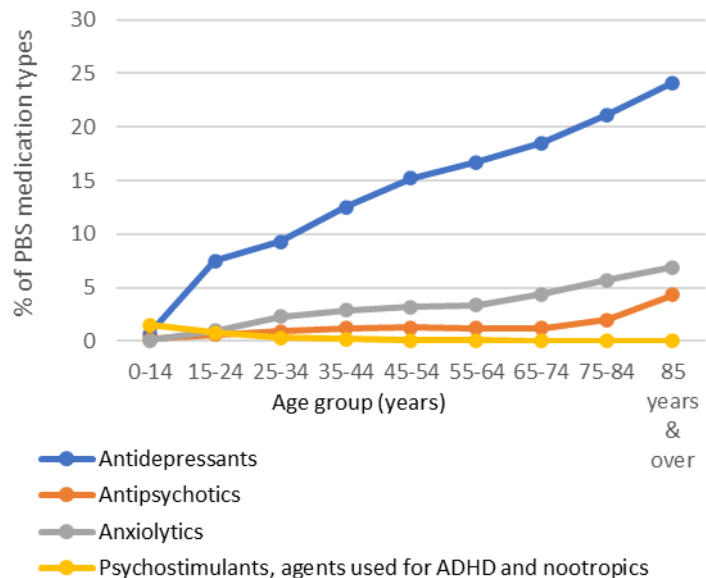
Overall, 5.02 million people accessed mental health-related treatments. This was made up of:

- ◇ 1.02 million people who accessed only MBS mental health items,
- ◇ 2.73 million people who accessed only PBS mental health medicines, and
- ◇ 1.27 million people who accessed both MBS and PBS mental health related services.

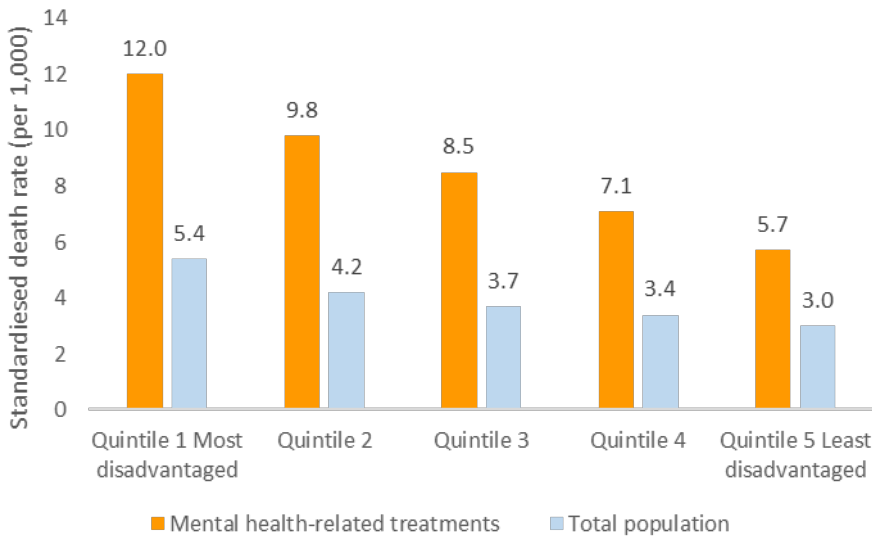
Number and percentage of people who accessed MBS and/or PBS subsidised mental health-related treatments

Type of treatment	Persons (n)	Proportion (%)
MBS subsidised mental health-related services		
GP	1,528,885	6.4%
Other allied health providers	58,057	0.2%
Psychiatrists	279,234	1.2%
Psychologists/Clinical Psychologists	429,372	1.8%
Total persons who accessed MBS subsidised MH-related services	2,295,548	9.7%
PBS subsidised mental health-related prescription medication		
Antipsychotics	248,135	1.1%
Anxiolytics	580,163	2.5%
Hypnotics & sedatives	526,862	2.2%
Antidepressants	2,527,425	10.7%
Psychostimulants, agents used for ADHD and nootropics	120,353	0.1%
Total persons who access PBS subsidised MH-related services	4,002,938	16.9%
Total persons who accessed MBS and/or PBS subsidised mental health-related treatments	5,028,044	21.2%

Antidepressants were the most commonly prescribed mental health medication. Medication use increased with age, with a significant upshift in antipsychotic prescriptions for people over 74 years of age.

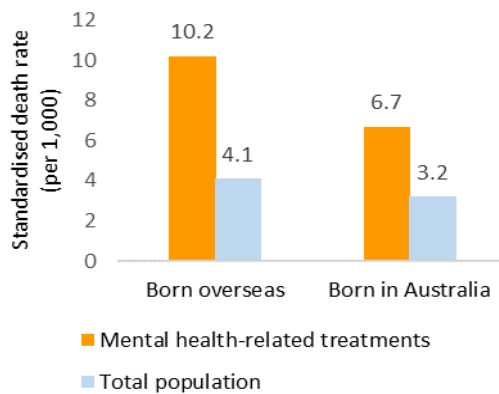


Mortality patterns - Ages 15 - 74



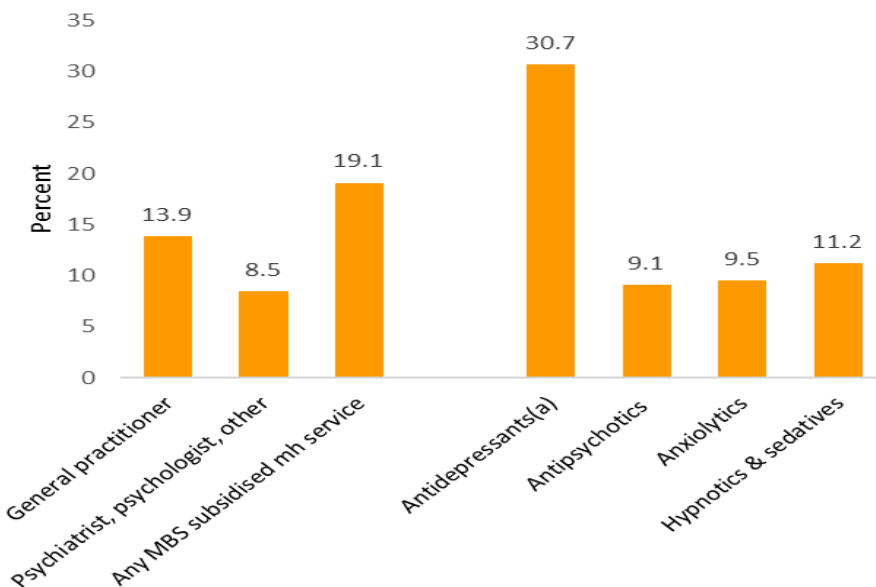
Socioeconomic disadvantage

The standardised death rate increased with socioeconomic disadvantage. People who accessed mental health-related treatments in the **most disadvantaged** category (Quintile 1) had **3.1 times the risk of premature death** than that of the overall total population.



Country of birth

People born overseas showed a higher rate of premature death, which was amplified for the subgroup who also accessed mental health-related treatments.



Almost one in three (30.7%) deaths are of people prescribed antidepressant medications, compared to 9.1% of deaths for persons prescribed antipsychotic medications



Conclusion

The premature mortality of people living with mental illness has been known for over 25 years⁵,¹¹ replicated countless times¹² and confirmed by meta-analyses and systematic reviews. This analysis adds to this research and provides insight into the extent of this public health problem.

In particular, it quantifies the number of preventable deaths from common chronic diseases such as **cancer, circulatory disease, and respiratory disease**.

This analysis revealed the ongoing **increased risk of premature death and significantly reduced life-expectancy** of people living with a mental health condition. Further, for the first time, it presents the number of potentially preventable or excess deaths of people living with a mental health condition. This analysis revealed **the majority of deaths of people with mental health conditions are preventable**.

The impact of covariates

This data should be considered with caution, as known covariates of life expectancy such as socio-economic status, social inclusion, workforce participation, discrimination, rurality and ethnicity have not been controlled for statistically. The relationships between mental health, physical health and sociodemographic factors are complex and multidirectional. However, the dynamic co-existence of these determinants of health and wellbeing are **embodied in those with lived experience** of mental health concerns.

The data in this report are conservative. It compares outcomes of people living with a mental health condition to the total population (which includes people with mental health conditions). When compared to the rest of the population the relative health outcomes for people living with mental health conditions appears much worse.¹

Health inequities - All ages

The 19 million people in Australia **who did not use** mental health-related treatments



Recorded 74 thousand deaths.



The 5 million people **who did access** mental health-related treatments



Recorded 87 thousand deaths



...and 56 thousand of these were potentially preventable.





Cancer outcome inequities—Ages 15-74

The 12 million people in Australia **who did not use** mental health-related treatments



Recorded 7 thousand cancer-caused deaths.



The 3.5 million people **who did access** mental health-related treatments



Recorded 13 thousand cancer-caused deaths



...and 8¹/₂ thousand of these were potentially preventable.



Future directions

Many factors such as access to services, systemic discrimination, diagnostic overshadowing, the impact of the (mental) illness itself, and medication side-effects and have been proven to contribute to the reduced life expectancy for people living with mental illness.^{6,13} Further research is needed to help inform public health, primary health, clinical, and human rights initiatives to improve the physical health and increase the life expectancy of people living with mental illness.¹⁴

Future work directions align to two streams.

Improve understanding of these premature deaths:

- ◇ More fully analyse mortality patterns by underlying cause of death, mortality within age cohorts (e.g., 25-35 years), and for groups of higher risk
- ◇ Establish regular public reporting of these trends and patterns.

Improve strategic responses to reduce premature deaths:

- ◇ Examine potential benefit, productivity gains and return on investment of initiatives to improve the physical health and increase the life expectancy of people living with mental illness
- ◇ Identify priority reforms to inform a national co-ordinated response to this problem.



References

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14. METeOR. *National Healthcare Agreement: PI 16—Potentially avoidable deaths*. Canberra, ACT; 2021.



Acknowledgements

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About Equally Well

Equally Well is a collective of over 100 organisations committed to the physical health of people living with mental illness. Under the priority actions identified in the Equally Well National Consensus Statement 2017, members agree to shared goals: promote awareness, facilitate collaboration in the health sector and measure progress. The Equally Well initiative is funded by the Australian Government Department of Health and Aged Care. This report is a priority action from the 2021–2024 funding.

Defining the cohort of people accessing mental health-related treatments

For this type of analysis, the Australian Institute of Health and Welfare (AIHW) defines mental health treatment as receiving a Medical Benefits Schedule (MBS) service via a specific mental health-related item number and/or a Pharmaceutical Benefits Scheme (PBS) prescription for one or more medication types

usually used to treat a mental health condition (hereafter referred to as mental health-related treatments). This list can be viewed in the full report. This does not necessarily equate to a diagnosis of a mental health condition. The data does not include other mental health-related services that are not directly funded by the Australian Government. Importantly, the analysis **does not imply a causal relationship** between the use of mental health-related treatments and premature mortality (indeed, the **research evidence indicates the opposite**).

For full detailed data and references refer to the full Mortality of people using Australian Government-funded mental health services and prescription medications – Analysis of 2016 Census, death registry, MBS and PBS data report which can be found on the Equally Well website www.equallywell.org.au



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Quality of Life - Equality in Life

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Full Report



Summary



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