



The Royal
Australian &
New Zealand
College of
Psychiatrists



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Process and progress: the physical health of those with a serious mental illness

An advocacy priority

Dr Kym Jenkins

President, Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Physical comorbidities



- In Australia, people with serious mental illness live between 10 and 32 years less than the general population (Lawrence and Kisely, 2015)
- Around 80% of this higher mortality rate can be attributed to the much higher rates of physical illnesses experienced by this population
 - Diabetes
 - Metabolic syndrome
 - Cardiovascular and respiratory disease
 - Gastrointestinal conditions
 - Cancers

Impacts

- Life expectancy
- Ongoing disability
- Reduced workforce participation and productivity
- Greater likelihood of welfare dependency and poverty
- The cost of serious mental illness to the Australian and New Zealand economies in terms of healthcare, welfare and lost productivity is estimated at
 - over \$45 billion (AUD) in Australia
 - over \$3 billion (NZD) in New Zealand (including opioid dependence)

Access to healthcare



- People with serious mental illness use health services less than the general population
- The healthcare system can be fragmented and unaffordable
 - Lack of integration between physical and mental healthcare
- Diagnostic overshadowing/falling through the gaps

The role of psychiatrists



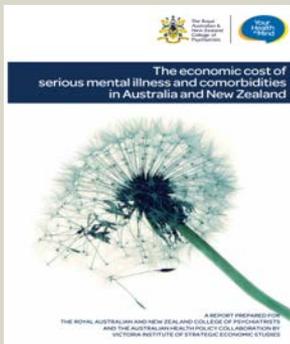
- Address stigma
- Monitor side effects of anti-psychotic medications
- Lifestyle interventions including smoking
- Integration and communication with other health practitioners
- Advocacy for systemic change

RANZCP advocacy campaign

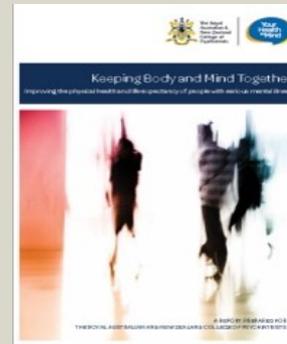


- In 2014, the RANZCP Board identified advocacy as a strategic priority
 - Part of a broader strategy of building influence and profile with government
- **Physical health and life expectancy of people with serious mental illness** focus of first campaign
- Demonstrated a ‘patient-centred’ focus and highlighted a long-neglected area
- Initial focus on drawing attention of government and policy makers to the shortened life expectancies of people with serious mental illness
 - Very big picture policy approach – aiming for long-term change to benefit a large number of people with mental illness
- Second stage → working with our own committees and members to drive change in practice

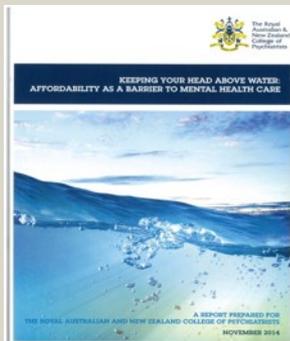
RANZCP looked at this issue from a range of different angles in order to draw sufficient media and policy attention to drive change



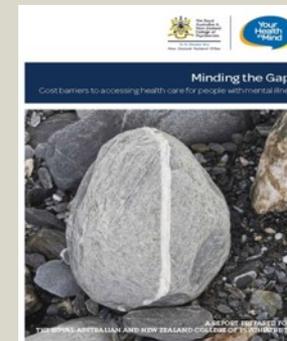
→ The economic cost of serious mental illness and the comorbidities in Australia and New Zealand (**April 2016**)



→ Keeping body and mind together: Improving the physical health and life expectancy of people with serious mental illness (**May 2015**)



→ Minding the gap: Cost barriers to accessing health care for people with mental illness (**February 2015**)



→ Keeping your head above water: Affordability as a barrier to mental health care (**November 2014**)

Media coverage



The Royal Australian & New Zealand College of Psychiatrists

The Australian
Tuesday 9/10/2014

Page: 12
Section: Special
City: Adelaide
Country: SA
Author: News
Editor: 24433@adl.com.au

press clip



The Australian
Tuesday 9/10/2015

Page: 12
Section: Special
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press clip



The Australian
Friday 9/10/2015

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Country: SA
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Editor: 24433@adl.com.au

press clip



MENTALLY ILL 'VULNERABLE'

Changes to the disability pension will exclude those with episodic mental illness

MURRAY PALFON

Some people with episodic mental illness will be excluded from the disability pension under a new measure to be introduced by the government. The measure will affect people with episodic mental illness who are not currently receiving the disability pension.

Weekend Australia
Saturday 16/06/2015

Page: 4
Section: News
City: Adelaide
Country: SA
Author: News
Editor: 24433@adl.com.au

press clip

press clip

New look at mental illness: bill tops \$100bn

EXCLUSIVE
JOEL MACALEER
The mental health bill is expected to cost more than \$100 billion over 10 years, according to a report by the Productivity Commission. The report, which was released last week, found that the current mental health system is inefficient and that a new system would be more cost-effective. The report also found that the current system is not meeting the needs of people with mental illness.

Sun-Herald (Sydney)
Sunday 20/12/2015

Page: 17
Section: News
City: Sydney
Country: NSW
Author: News
Editor: 24433@adl.com.au

press clip

MJA InSight

Journal Careers centre MJA Open InSight Job Search
News & Research The week Comment Insights Previous issues

Mal Hopwood: Chronic priorities

Mal Hopwood Monday, 14 September, 2015



If you ask people if they regard their mind as the driver of their body most would generally agree. And yet the inextricable link between physical and mental health often seems to catch policymakers by surprise.

Important discussions are currently under way as the government-appointed Primary Health Care Advisory Group considers possible reforms to primary health care. Quite appropriately, the groups recent discussion paper identifies tackling chronic conditions in primary health care as a key priority. This is a good step in the right direction.

However, although the prevalence of mental health conditions is acknowledged in the paper, there is little mention of the role serious mental illnesses play in chronic conditions, and the potential gains in years of life if the needs of people with mental illness are addressed as a specific priority.

"That people saying that younger is acceptable"
Malcolm Hopwood

The paper identified the increased incidence of multiple chronic diseases as a particular challenge for doctors and the health care system. The most recent statistics identified 50% of Australians having one chronic condition, and one-in-five having at least two.

This is not news to doctors, who would say that many patients who visit them for one condition are also on first-name terms with many other conditions. And the impact of having more than one chronic condition is profound.

Rather than acting like two separate problems affecting different parts of the body, the combination of schizophrenia and diabetes can strip years from a life. In fact, the frequency with which people with mental illness also experience life-threatening physical health conditions is alarming.

People with serious mental illness commonly live 15 years less than others in the community.

What is often not recognised, even by clinicians, is that most do not die as a result of their mental illness, but from the very same chronic physical conditions that are successfully treated in their neighbours and friends.

HEALTHCARE'S POOR COUSIN

A greater investment in treatment for mental illness will reap enormous rewards

MALCOLM HOPWOOD



Investment in mental health care is often seen as a poor cousin to other areas of healthcare. But a greater investment in treatment for mental illness will reap enormous rewards. The current system is inefficient and does not meet the needs of people with mental illness.

The current system is inefficient and does not meet the needs of people with mental illness. A greater investment in treatment for mental illness will reap enormous rewards.

Mentally ill 'dying because of stigma'

EXCLUSIVE
JOEL MACALEER

People with serious mental illness are dying because of stigma, according to a report by the Productivity Commission. The report, which was released last week, found that the current mental health system is inefficient and that a new system would be more cost-effective. The report also found that the current system is not meeting the needs of people with mental illness.

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'Medical silos' to blame for early deaths of mentally ill

CATHERINE ARMITAGE

In an extraordinary public mass ejection, psychiatrists have accepted that a "tendency to protect our professional turf" without a good understanding of the consequences" is partly to blame for the "appalling" lower life expectancy of people with mental illness.

The lives of people with serious mental illness are shorter by up to 10 per cent - 20 to 30 years - than those of the general population. And in Australia, the gap is widening.

But just under 80 per cent of the excess deaths of people with mental illness are caused by largely preventable physical illnesses that are successfully treated in the general population, such as heart and respiratory diseases and some cancers.

"Thinking in medical silos" had led to the "unhelpful" situation, the incoming president of the Royal Australian and New Zealand College of Psychiatrists Dr Jim Jolley said in the Consumer Health Forum earlier this month.

A RANZCP report this year admits "some psychiatrists and others working in the mental health field do not recognise the treatment of physical symptoms as a key part of their role".

Dr Jolley said the report also found that the current system is not meeting the needs of people with mental illness. A greater investment in treatment for mental illness will reap enormous rewards.

Health An 'ugly truth' about Australia

Early deaths among mentally ill cost society \$15b

Catherine Armitage

Ann Tulgren expects to die early. The average Australian woman dies at 84. But the 60-year-old figure she has a good chance to be one of the 2000 Australians a year with mental illness whose lives are cut short - by 20 per cent on average - by available physical illness.

"That's three times the number who die from suicide. And Ms Tulgren is "body ager" about it. She says the lack of adequate healthcare and rising health costs sometimes make her think there is "a kind of creeping euthanasia" against people with mental illness.

"Quiet acceptance" of the risk of early death for mentally ill people is an "ugly truth" about Australia, says Mal Hopwood, president of the Royal Australian and New Zealand College of Psychiatrists.

are at much higher risk of cardiovascular disease and diabetes, especially, and get asthma, arthritis, respiratory conditions, hepatitis, epilepsy, cancer and osteoporosis. All conditions at rates "vastly in excess" of the general population.

Yet they use health services more than others. "Inability and discriminatory attitudes" and "a culture of hopelessness and low expectations" in the health system "directly contribute to the shorter life expectancy", an earlier RANZCP report says.

Around 2000, Ms Tulgren was prescribed the anti-psychotic medication Zyprexa, which is known to cause abnormally high blood sugar levels and weight gain, among other side-effects. Within six months she was diagnosed with diabetes. With asthma too, she needs to take about eight medication daily.

She says there is a lack of communication and co-ordination between health professionals caring for people with mental illness. Her psychiatrist is "a lovely guy, but I don't think he has written to my GP or my GP to him for many years".



Ann Tulgren, 61, who has lived with bipolar disorder since her 20s.

LINDSEY DILL

The report says best practice in healthcare could reduce the impact of serious mental illness and physical impacts by a third.

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Highlights for RANZCP

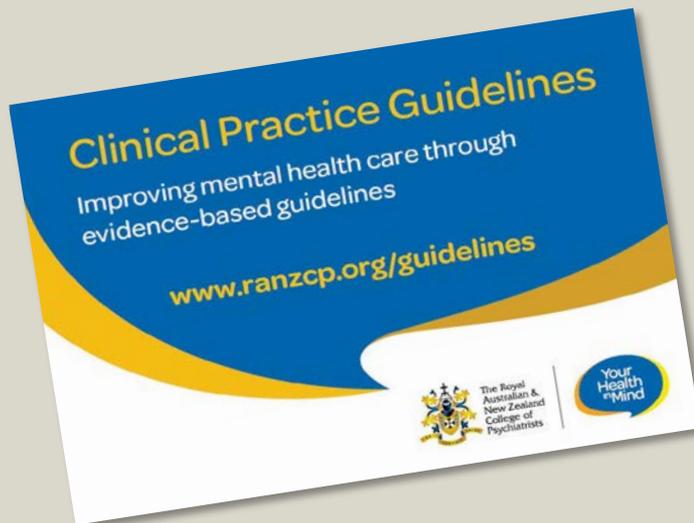


- Equally Well Consensus Statement
 - Member of Expert Advisory Group
 - Active supporter in implementation
- Fifth National Mental Health and Suicide Prevention Plan has improving physical health as a priority area
- Increased awareness of issue through media coverage in mainstream community and health media

Following the reports



- Published RANZCP consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness
- Developed audit tool for physical health
- Published fact sheet for consumers

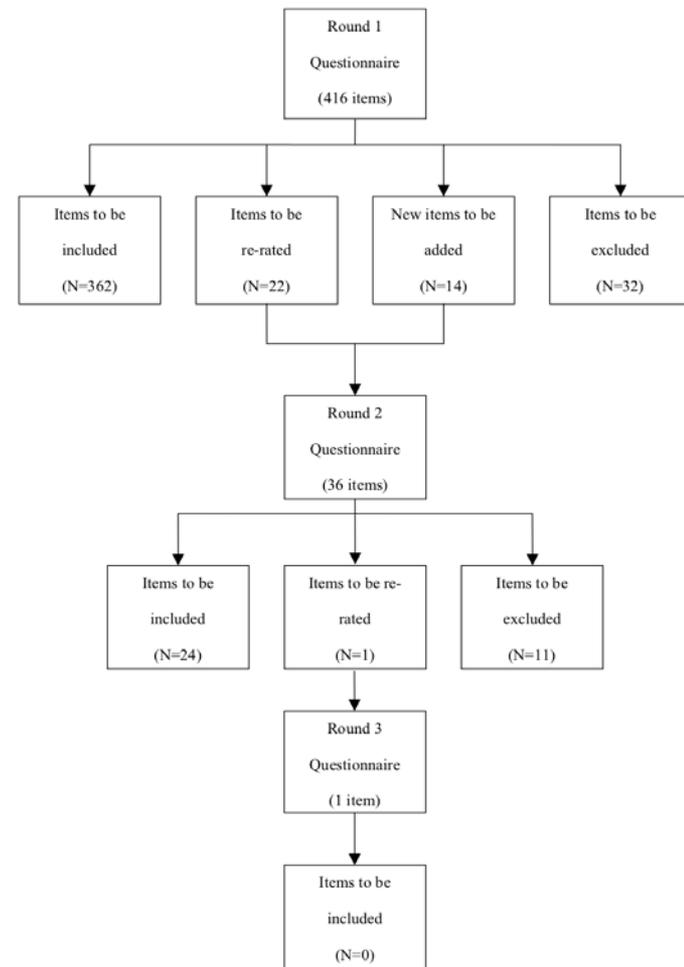


- Included consideration of physical health in each new RANZCP Clinical Practice Guideline (e.g. mood disorders, schizophrenia)
- Produced physical health web page

Physical health consensus statement

- In 2017, RANZCP published expert consensus statement for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness
- Delphi method was used with three panels of Australian experts
 - 55 clinicians
 - 21 carers
 - 20 consumers
- Panels independently rated a 416-item survey over three rounds

Figure 1. Overview of items included, excluded, created and re-rated in each round of the survey.



Physical health consensus statement



- Ultimately, 386 strategies for treatment, management and monitoring were endorsed and written into the consensus statement
- Endorsed strategies provide information on
 - Engagement and collaborative partnerships
 - Clinical governance
 - Risk factors
 - Morbidity and mortality in people with enduring psychotic illness
 - Assessment, including initial and follow-up assessments
 - Barriers to care
 - Strategies to improve care of people with enduring psychotic illness
 - Education and training
 - Treatment recommendations
 - Medication side effects
 - The role of health professionals

Audit tool



- Developed physical health audit tool
- For psychiatrists and trainees
- Suitable for continuing professional development (CPD) points to demonstrate practice against best practice guidelines

Physical Health of people with an enduring psychotic illness audit

Audit Number (e.g. 1 of 5)

/

Date

On initial assessment did you assess or review

Regular involvement of a general practitioner	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Clinical measurements (<i>waist circumference, blood pressure, height, weight, ECG (or review recent, if available)</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Biochemical assessment (<i>fasting BSLs or two random BSLs if fasting not available, cholesterol, lipoprotein, triglyceride levels etc.</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Past or current history (<i>complete medication history last 6 months, obesity, diabetes, hypertension, dyslipidemia, cancer, cardiovascular disease, ischaemic heart disease, peripheral vascular disease, stroke, etc.</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Lifestyle factors (<i>smoking history, diet, exercise history, SUD, sleep disturbance if chronic, sleep apnoea, dental, fitness</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Non-modifiable sociodemographic factors (<i>age, gender, ethnicity (both parents), educational level, occupational status, source of income, accommodation and marital status</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Family history (<i>diabetes, hypertension, hyperlipidemia, cardiovascular disease, obesity, psychosis, cancer</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Other services received (<i>Medical specialist, dentist, dietician, exercise physiologist</i>)	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Need for an infectious diseases workup	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Need to take cultural consideration into account	Yes <input type="checkbox"/>		No <input type="checkbox"/>

Audit tool

On follow up assessments did you assess

At least two direct clinical measurements	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Biochemical assessment	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Lifestyle factors	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Sociodemographic factors	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
Other services received	Yes <input type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>

If your management differed from the consensus recommendations:

- Why?
- Were these reasons clearly documented in the clinical notes?

Please continue overleaf

- Management of physical health included and examined throughout RANZCP training program
 - Syllabus
 - Entrustable Professional Activities (EPAs; summative assessment)
 - OSCE stations

Fact sheet for the community

- Fact sheet: Physical health and mental illness available on the [Your health in mind](#) website
 - One of the most popular factsheets
- Your health in mind website is produced by the RANZCP and provides expert information about mental illness, treatments, psychiatrists and how to get help
- It's written in plain English based on the best available evidence
 - Available as web page or PDF download



The screenshot shows the 'Your Health in Mind' website. At the top left is the 'Your Health in Mind' logo, and at the top right is the RANZCP logo. Below the logo is the tagline 'Expert mental health information for everyone'. A breadcrumb trail reads 'Home > Treatments & medication > Physical health for people with mental illness'. The main heading is 'Physical health for people with mental illness'. Below the heading is a photograph of a woman in a green jacket and a man in a grey hoodie smiling and holding hands in a bright, open-plan room. Below the photo, the text reads: 'Having a mental illness can make it more challenging to stay physically healthy. Some of the reasons for this are:' followed by a bullet point: '• the symptoms of a mental illness can make it harder to exercise, eat well or give up smoking'.

Physical health web page



- The RANZCP has collated resources and screening tools for psychiatrists and trainees on dedicated [web page](#) for the treatment, management and monitoring of physical health of people with mental illness