



ADVOCACY BRIEF

PHYSICAL HEALTH IMPACTS OF MENTAL ILLNESS AND ITS TREATMENTS

Background

People with mental ill health are among the most socially and medically marginalised people in our community. They are frequently monitored and treated by qualified health professionals for their mental health issues, whilst their physical health issues are either ignored or inadequately treated. Yet people with mental health issues are faced with physical health conditions across their lifespan that impact on their quality of life. It is estimated that due to lack of monitoring the physical health of people with mental health conditions, their life expectancy may be reduced by up to 20 years.¹

'Between 80% and 94% of the causes of early death relate to physical illnesses such as cardiovascular disease, respiratory illnesses, diabetes and cancer to name but a few. The most common causes of premature death for people who accessed mental health-related MBS/PBS treatments are ischaemic heart disease and lung cancer.² People with severe and persistent mental illness die from diseases such as cancer and heart disease at a rate 2 - 3 times greater than people with the same health issues in the general population. 'Physical health treatment rates for people with a mental illness are reported to be around 50% lower than for people with only a physical illness.'³

This happens because people with mental ill health aren't receiving, nor are offered, the range of preventative screening tests or treatments. It has also been shown that people with severe mental illness are less likely to receive high quality medical care than those without severe mental illness. This appears to be the case despite higher rates of primary care attendance for those with mental ill-health.⁴ They are also subject to the serious side-effects of neuroleptics and antipsychotic medication.

The UN Convention on the Rights of Persons with Disabilities (2006)⁵ enshrines the right of persons with disabilities to have access to health services with the same range, quality and standard as is provided to other persons. People who experience mental illness have the right to live long and healthy lives just like the wider population.

It is critical that people with mental health conditions are encouraged, supported and aware of the necessity of caring for their physical health and wellbeing needs.

Key points

- The physical health of people with mental health issues may be impacted as a direct or indirect result of their mental health condition, its treatment or the psychiatric medications



they are prescribed., These impacts are iatrogenic, which means that they occur as a direct result of the disorder or its treatment, for example, diabetes, weight gain, heart disease. The physical health-related effects of mental health issues can also be impacted by poverty, neglect, discrimination, smoking, substance and alcohol use and dietary habits.

- There is also the issue of “diagnostic overshadowing” where a person with a mental health condition receives inadequate or delayed treatment due to the misattribution of their physical symptoms to their mental health issue. When consumers and families/ carers raise important physical health issues, these concerns are frequently dismissed or ignored by health providers and can produce life-altering results.
- People living with persistent mental health issues may experience a greater burden of ill health and suffer delayed diagnosis, non-existent or inadequate preventative screening and deferred commencement of treatment of many avoidable disorders or diseases.
- Services need to work cooperatively with families/ carers to not only benefit the quality of life for people living with mental health issues, but to also positively impact on the mental and physical health and quality of life of their families/ carers and supporters.
- The National Mental Health Commission led the development of Equally Well⁶ in Australia to secure a commitment from health services to putting the physical health care of people living with mental ill health on an equal level with the rest of the population.
- The prevalence of polypharmacy prescribing practices and the high likelihood that consumers may use a range of other substances such as tobacco, alcohol, caffeine and illicit substances can result in adverse drug interactions. ‘Case reports in the literature suggest there are a number of drugs such as antidepressants, antiepileptics, antibiotics, anticholinergics, antifungals, nicotine and caffeine which may interact with neuroleptic drugs.’⁷ Polypharmacy has negative effects across the lifespan from the developing bodies and brains of children and adolescents⁸ across the spectrum to ageing bodies and brains.⁹

Recommendations

- People living with mental health issues are encouraged and supported to access quality primary health care; obtain knowledge of the physical health implications of their treatments and medications; have regular screening for chronic diseases and other health screenings and take active steps to ensure their physical health care.
- There is a need for proactive support and education for healthy living lifestyle for individuals and families/ carers.
- People prescribed psychiatric drugs, families/ carers and mental health practitioners need to maintain an awareness of the potential for adverse drug interactions. Consumers and carers/ families must be encouraged to engage in critical discussions with those who prescribe psychiatric drugs and other medications to promote informed choice in relation to medication usage.¹⁰
- All services working with people with mental health issues and families/ carers must adhere to the principles of the Equally Well Consensus Statement which states that people with



'mental health Issues and their carers have the right to experience the best possible health and wellbeing they can attain.'¹¹

References

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- ³ Russell Roberts (2019), *Op. cit*; p. 31.
- ⁴ Mental Health Commission of NSW (2016), *Physical health and mental wellbeing: Evidence guide*, Sydney: Mental Health Commission of NSW, p. 12, <https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/Physical%20health%20and%20wellbeing%20-%20final%208%20Apr%202016%20WEB.pdf>
- ⁵ *Convention on the Rights of Persons with Disabilities* (CRPD), (2006), <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- ⁶ <https://www.equallywell.org.au/our-journey/>
- ⁷ Kate Dorozenko & Robyn Martin (2017), *A critical literature review of the direct, adverse effects of neuroleptics also known as antipsychotics essential information for mental health consumers, carers, families, supporters and clinicians*, School of Occupational Therapy and Social Work Curtin University, p. 31, <https://nmhccf.org.au/sites/default/files/docs/critical-literature-review-antipsychotics-nmhccf.pdf>
- ⁸ Abass Jafuneh (2018), Effects of Psychotropic Medications on Developing Brains, *Nursing Capstones*, 251, <https://commons.und.edu/nurs-capstones/251>
- ⁹ Juliana Dias de Lima *et al* (2020), The comorbidity conditions and polypharmacy in elderly patients with mental illness in a middle income country: a cross-sectional study, *IBRO Reports*, Volume 9, pp. 96-101, <https://doi.org/10.1016/j.ibror.2020.07.008> [Get rights and content](#)
- ¹⁰ Kate Dorozenko & Robyn Martin (2017), *Op. cit*; p.31.
- ¹¹ National Mental Health Commission (2016), *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*, Sydney: NMHC, <https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>

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