Depression can take a decade off your life

and that calls for better physical healthcare

Research Snapshot #1

Source: Chan JKN et al. Life expectancy and years of potential life lost in people with mental disorders. eClinicalMedicine (The Lancet), 2023.

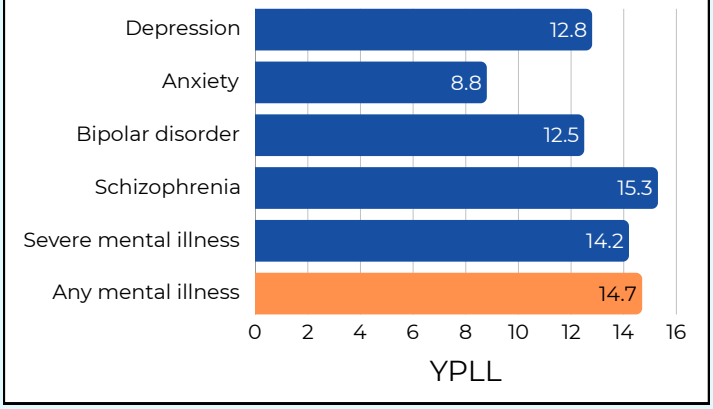
Quick take

People with depression die approximately 13 years earlier than the general population. Across all mental health conditions, life expectancy is reduced by around 15 years, largely due to chronic physical illness. Drawing on more than 100 international studies, this world-first research highlights the major impact of mental health conditions on physical health.

Acronym guide

YPLL Years of potential life lost

The life expectancy gap



Key issues → Practical recommendations

Chronic illness is the main driver of reduced life expectancy

→ Mental health diagnoses should prompt the same response as other major risk factors

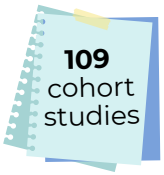
Mental health care must include physical health care

→ Integrate routine physical health screening into treatment

This is a global health inequality

→ Combat discrimination and ensure equitable access to quality healthcare

Methods at a glance



24 countries or regions

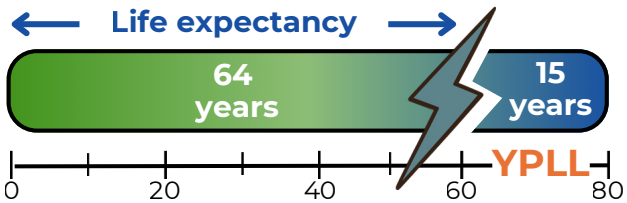
12,171,909 people

Outcomes: life expectancy + YPLL

Random-effects meta-analysis

Key findings

Any mental health condition: 15 YPLL



Depression:	**13** YPLL
Anxiety:	**9** YPLL
Schizophrenia:	**15** YPLL
Severe Mental Illness:	**14** YPLL

This life expectancy gap persists despite overall gains in life expectancy.

Read more

Visit the Equally Well Australia website for more information and resources.

Author's conclusion

> Comprehensive and multi-pronged preventive... approaches are urgently needed to promote physical health.

Bowel screening saves lives, but only 1 in 4 people* access it

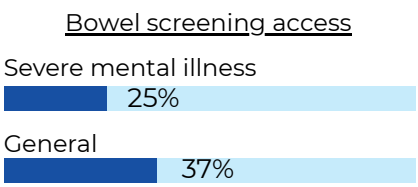
Research Snapshot #2

Source: Kisely, S., et al. Participation in the National Bowel Cancer Screening Program by people with severe mental illness, Australia, 2006–2019: a national data linkage study, MJA, 2024

Quick take

People with severe mental illness experience similar rates of bowel cancer as the general population, but are more likely to die from it. This study found that only ***1 in 4 people** with severe mental illness **participate in bowel cancer screening**, and those who receive a positive test result are also less likely to undergo a follow-up colonoscopy.

Key findings



- **25%** of people with severe mental illness accessed bowel screening, compared with **37%** of the general population.
- People with severe mental illness were **2× more likely** to test positive.
- **Only 72%** of those with a positive result had a follow-up colonoscopy.
- Screening participation was lowest among **men**, people in **remote areas**, and those in areas of **highest disadvantage**.

Read more

Equally Well website

Bowel cancer factsheet

Acronym guide

NBCSP National Bowel Cancer Screening Program

Methods at a glance

1.2 million people

aged 50-74 years

119,000 classified

Data linked across National Bowel Cancer Screening Program (NBCSP), Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS)

Key issues → Practical recommendations

The NBCSP has not closed the equity gap for people with severe mental illness

→ support people with severe mental illness to complete bowel screening

Remove barriers to testing, treatment and follow-up

→ over 90% cure rate if detected early

Support is needed across the pathway

→ people with severe mental illness need increased support at all stages of screening and follow-up treatment

Author's conclusion

> The NBCSP has not reduced inequity in bowel cancer screening for people with mental illnesses. Access to screening may be one factor in poorer colorectal cancer outcomes for people with severe mental illness.

Preventable, but not prevented

Research Snapshot #3

Source: Sara, G., et al. (2021). Potentially preventable hospitalisations for physical health conditions in community mental health service users: A population-wide linkage study. Epidemiology and Psychiatric Sciences.

Quick take

Many physical health hospitalisations among people living with mental health conditions could be prevented through effective primary and community care. Yet compared with the general population, mental health service users are:

- 4x more likely to be hospitalised for preventable physical health conditions
- Stay in hospital 5x longer
- Hospitalised at younger ages, with risks emerging decades earlier

Acronym guide

PPH	Potentially preventable hospitalisation
NSW	New South Wales

Methods at a glance

Population-wide data linkage study

178,000+ people using community mental health services

Compared to the general NSW population over

Outcomes: PPH admissions and hospital days (rates per 100,000 population)

Key issues → Practical recommendations

Preventable hospitalisations reflect gaps in care

→ Strengthen integration of primary, physical and mental health care

Inequities emerge early

→ Embed physical health screening and prevention in mental health services

High rates of vaccine-preventable admissions

→ Increase access to vaccinations

Longer and repeat hospital stays

→ Improve follow-up and care coordination after discharge

Key findings

Early onset inequity:

- People aged 20–29 with mental health conditions have similar preventable hospitalisation rates to the general population aged 60+

Major drivers:

- Highest excess risk: respiratory disease and diabetes complications
- Vaccine-preventable conditions account for most excess hospital days

Condition	Hospital admissions	Days in hospital
Acute	3x higher	5x higher
Chronic	4x higher	5x higher
Vaccine-preventable	5x higher	7x higher

Author's conclusion

> PPHs for physical health conditions are substantially increased in people with mental health conditions. PPH rates may be an indicator of less accessible, integrated or effective health care.