



**World Health
Organization**

Information sheet

Premature death among people with severe mental disorders¹

Key facts

- People with severe mental disorders on average tend to die earlier than the general population. This is referred to as premature mortality. There is a 10-25 year life expectancy reduction in patients with severe mental disorders.
- The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension. Suicide is another important cause of death.
- Mortality rates among people with schizophrenia is 2 to 2.5 times higher than the general population.
- People with bipolar mood disorders have high mortality rates ranging from 35% higher to twice as high as the general population.
- There is a 1.8 times higher risk of dying associated with depression. People with severe mental illness do not receive the same quality of physical health care as the general population.
- The majority of deaths of patients with severe mental illness that are due to physical medical conditions are preventable with more attentive checks for physical illness, side effects of medicines and suicidal tendencies-.
- Interventions exist to promote the mental and physical health of individuals with severe mental disorders. There is a need for increasing access to quality care for patients with severe mental disorders, and to improve the diagnosis and treatment of coexisting physical conditions. The integration of mental and physical health care could facilitate this.

Overview

The lifespan of people with severe mental disorders is shorter compared to the general population¹.

Cardiovascular disease, which includes coronary heart disease, atherosclerosis, hypertension and stroke, is one of the leading causes of death among people with severe mental disorders. People with severe mental disorders also have higher than expected rates of Type II diabetes, respiratory diseases, and infections such as HIV, hepatitis and tuberculosis.

¹ The severe mental disorders to which this information sheet refers are psychosis, bipolar mood disorder and moderate-severe depression.

The medical conditions experienced by this group are associated with preventable risk factors, such as smoking, physical inactivity, obesity, and side effects of psychiatric medication.

People with severe mental disorders are also more likely to receive lower quality health and social care than the general population. One of the central issues around healthcare access for people with a severe mental disorder is the stigma and discrimination associated with mental illness. Strategies to improve health and life expectancy must focus not only on modifying individual risk factors but also on improving access to quality health care and eliminating the stigma associated with severe mental disorders.

Factors contributing to premature death

Chronic physical conditions

People with severe mental disorders have a higher prevalence of many chronic diseases and are at a higher risk for premature death associated with these diseases than the general population. The excess mortality among this group largely related to cardiovascular, respiratory and metabolic diseases. Metabolic disease is a collective term referring to diabetes, hypertension and weight gain.

The prevalence of diabetes in people with schizophrenia is 2-3 times higher than the general population. This is in part due to lifestyle and health risk factors, but it is also partly due to unmonitored antipsychotic treatment, which can lead to weight gain. Significant weight gain is one of the main reasons patients do not want to take prescription medication. Weight gain in this population also poses a significant risk of lipid abnormalities and cardiovascular complications.

Infectious diseases

People with severe mental disorders also have higher rates of infectious diseases such as HIV and hepatitis infection. Studies have indicated that people with severe mental disorders are often at a socioeconomic disadvantage and have a greater prevalence of risky behaviors such as intravenous substance abuse and risky sexual practices.

Patients with schizophrenia have been found to be at higher risk for tuberculosis than the general population due to factors such as a history of substance abuse, poor nutrition, homelessness, or previous time spent in an institution or prison.

Suicide

Severe mental disorders are associated with elevated suicide rates. For example, the mortality rate due to suicide is estimated to be over 12 times greater among people with schizophrenia compared to the general population. A history of suicide attempts, depression, not taking medications as prescribed, and drug and alcohol misuse are risk factors for suicide among patients with schizophrenia and bipolar disorder.

Lifestyle and health risk behaviors

Behaviors leading to poor self-care, such as tobacco use and lack of exercise are associated with depression, schizophrenia and bipolar disorder and can lead to chronic illnesses such as coronary heart disease and Type 2 diabetes. Patients with schizophrenia are more likely to smoke. The prevalence of smoking among them is about three times more than that in the general population.

Once chronic illness has developed, the severe mental disorders associated with poor self-care can lead to worse health outcomes and higher mortality rates.

Symptoms of the mental disorders themselves can cause barriers to seeking care, as well as difficulty with following medical advice. Barriers to include: the attitudes of health-care workers, disregard for physical health concerns by caregivers, and a lack of communication between health-care professionals providing physical and mental health care. Social and economic consequences of severe mental disorders include increased risk of poverty, unemployment, social isolation and social stigma. These factors can increase psychological stress and unhealthy behaviors (such as smoking), which in turn increase the risk of chronic illness.

Physical activity can have a protective effect against the effects of severe depression and psychological stress on cardiovascular disease.

Other service-related factors

There is some evidence that people with a severe mental disorder do not receive the same levels of care and treatment for their physical health as the general population. In the majority of cases, people with mental disorders are often at a disadvantage as compared with the general population due to unemployment, living in institutions, isolation and exclusion, as well as socioeconomic status – all risk factors that can prevent recovery as well as lead to poor health and premature mortality.

Key actions

Actions that can be taken to improve both the physical and mental health of people with severe mental disorders:

- 1) Create protocols for both the physical and mental health needs of patients with severe mental disorders in the following areas: prevention, identification, assessment and treatment.
- 2) Improve access to general health services through the integration of physical and mental health services.
- 3) Work to overcome the stigma often associated mental illness and end discrimination that sufferers often endure.

WHO response

WHO advises its Member States on developing and implementing effective policies, strategies and plans to improve the health, both physical and mental, of people living with severe mental disorders.

The WHO Comprehensive Mental Health Action Plan, endorsed by the World Health Assembly in 2013, outlines the need to improve access to and quality of care for people with severe mental disorders, with the specific inclusion of general physical health care. The Action Plan promotes integrated health-care delivery that promotes mental health alongside physical health at all levels of care.

The mental health GAP Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries, particularly low- and middle-income countries. The Programme refers to the importance of monitoring the physical health of people with mental illness.

WHO QualityRights Project aims to improve the quality of care and human rights conditions in mental health and social care facilities and to empower organizations to advocate for the health of people with mental disorders. The WHO QualityRights toolkit includes a standard framework for ensuring that mental health facilities are equipped with adequate services for general and reproductive health.