Premature mortality: Nihilism and Neglect

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The National Mental Health Commission has identified the poor physical health of people with mental illness as one of the major issues for the Australian health care system (1). The reduced life expectancy and poor health of people with the most serious mental illness was considered by the Commission to be “a national disgrace and it should be a major public health concern” and “an injustice that runs contrary to the United Nations Principles for the Protection of Persons with Mental Illness” (page 32 (1)).
Life expectancy - living in the past

Expected length of life at birth, by sex, Australia 1901-10 to 2004-06

Sources: ABS Cat No. 3302.0; ABS Cat. No. 3105.0.65.001 (green line); the age of death in schizophrenia imputed from literature (ibid). See also: Saha S, Chant D, McGrath J. A Systematic Review of Mortality in Schizophrenia the Differential Mortality Gap Worsening Over Time?. Arch Gen Psychiatry. 2007;64(10):1123-1131
Early death in SMI

Years of life lost - schizophrenia; US states 1997-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>AZ</th>
<th>MO</th>
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<td>59.16</td>
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Sydney mortality studies x2 → parlous outcomes from preventable CVD. Death in 40s common
Bucking trends: cardiovascular disease in schizophrenia

†Controlling for age at first diagnosis & years of follow-up.
‡Standardized by gender & age distribution of the patients.

In terms of how the physical care of those with mental illness is approached...

Growing out of the societal fear of the ‘other’, social/tribal defences arise that might explain barriers to care (below)...

The N to N phenomenon

**Nihilism**

→

**Neglect**
Final multidisciplinary structure

Multidisciplinary care in each clinic

This from the web site: http://www.ccchip.clinic
Patient journey

This from the web site: http://www.ccchipclinic
Post-clinic multidisciplinary synthesis

This from the web site: http://www.ccchip.clinic

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# Barriers to integrated care

## Health care systems related

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*IMPHC=integrated medical and psychiatric health care

Lambert & Newcomer. MJA 2009; 190: S39–S42
Barriers to integrated care...

Health care systems related...

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Barriers to integrated care

Health care systems related

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</table>

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Lambert & Newcomer. MJA 2009; 190: S39–S42
Breaking down silos

ccCHiP
Translational clinical, research, education
ccCHiP diabetes rates

- 2011-12 data indicates 5% of Australians have diabetes
  - 3x higher in Indigenous people
  - 2 x higher in lowest SE group
- The NMHS low prevalence rates were >population
- diabetes and mental illness contribute ≥20% of the total burden of disease in Australia

* History of diagnosis or treatment or HbA1c ≥ 6.5% or fasting BSL GE 7 or random BSL GE 11.1 and last ‘meal’ GE 90 mins

HDL by gender | age

Percent with below target HDL*  

- **Men**: < 1.0 mmol/l  
- **Women**: < 1.3 mmol/l  

RR ABS vs. CHIP low HDL**  

** < 1.0 mmol/L for men and < 1.3 mmol/L for women

**p**<0.001

* men < 1.0 mmol/l,  
* women < 1.3 mmol/l
TG by gender | age

Percent with above target TG*

- RR ABS vs. CHIP above target TG**

*≥2.0 mmol/l

p=NS

** ≥2.0 mmol/l
Disruptive innovation

- An innovation that creates a *new* market (aka service model) by providing a different set of values, which ultimately (and unexpectedly) overtakes an existing market (or service)
- Not all innovations are disruptive, even if they are revolutionary\(^1\)
- The slow uptake of the ccCHiP model (despite support from the top) suggests that the model is a ‘sustaining innovation’ – allowing the existing status quo to continue (ie doing largely nothing)
- Does this allow Nihilism and Neglect to remain a pervasive barrier to care?