Excess mortality among people with serious mental illness: a quality issue

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The international epidemiology

- Large and persistent mortality gap between people with SMI and the general population
- Consistent international evidence, covering many countries and many decades*
- Life expectancy differential of 10-20 years
- 80% of excess deaths due to preventable physical ill health
- Causal factors: socio-economic, lifestyle, health care, substance misuse, clinical risk
- High human, social, economic costs
- Reducing premature mortality in people with SMI a priority for the English NHS
- Policy: improved physical health care for people with SMI

The English NHS: data and methods

- Mental Health Minimum Data Set - records of adults in England using specialist MH services ie people with SMI

- Data covers all people with SMI, diagnosis not available

- Includes use of hospital and community MH services

- MHMDS records linked to mortality records, to analyse mortality (overall and by cause of death) in people with SMI

- Death rate in 2010/11 among people using MH services in 2010/11, 2009/10, 2008/09, compared with death rate in the general population
Findings: England, 2010/11 (1)

- 1.6 million people in contact with specialist MH services, 1 in 32 of England’s population
- Only 100,000 (6%) had a hospital admission in the year, reflecting the falling trend in inpatient care
- Illustrates inadequacy of using inpatient data to measure mortality in people with SMI
- 84,000 deaths in people with SMI
- Age-standardised mortality among MH service users 3.6 times higher than mortality in the general population
- Excess mortality in all age groups, greatest at 30-39
- Mortality difference greater for males than females
Findings: England, 2010/11 (2)

- Higher mortality for most causes of death

- Premature (19-74) mortality compared to general population:
  - diseases of the respiratory system 4x
  - diseases of the digestive system 4x
  - diseases of the circulatory system 2.5x
  (accounting for 45% of all deaths in people with SMI)

- Effects of lifestyle and poor physical health care:
  cancer 20%, IHD 10%, liver disease 8%, lower respiratory disease 6% of deaths

- Mortality also higher for mental and behavioural disorders (Alzheimer’s, dementia) 12x
All cause mortality (ages 19-74)
England 2010/11

Source: HSCIC 2013
Policy in the English NHS

- Recognition of the human, social and economic case
- Improving physical health care for people with SMI a priority for the NHS
- Part of the NHS performance management framework
- Reducing premature mortality in people with SMI: a shared indicator between the NHS and Public Health Outcomes Frameworks
- QOF includes seven P4P indicators for GP practices - percent of psychosis patients with an annual record of:
  - blood pressure
  - cholesterol
  - HbA1c
  - BMI
  - smoking
  - alcohol consumption
  - cervical screening
Wider implications for quality improvement

- Physical health of people with SMI is a public health issue
- Treating mental illness in isolation is not enough
- High quality therapeutic care must encompass co-location of mental and physical health care
- Importance of ensuring physical health care services meet the needs of people with SMI
- Role of general practice and/or community care in promoting/enabling lifestyle changes, risk factor reduction, disease prevention and management
Implications for information

- Measurement is the first rung in the quality improvement ladder

- Experience from England - importance of having:
  - comprehensive records of people with SMI
  - covering community and hospital care (hospital data provides an incomplete profile)
  - linkage between health and mortality records

- May require adaptation of information systems

- But technically feasible and has significant potential for improving quality and outcomes for people with SMI

- What can we learn from others? eg recording of diagnosis

- Proposal for a workshop
Ways forward with HCQI project

- OECD recognition of this as a significant issue for quality and outcomes of health care services
- 2013 HAG: 8 countries submitted data on excess mortality in people with SMI
- Definitional variations e.g. coverage (mortality in all patients with SMI vs those admitted to hospital), diagnosis etc
- Proposed workshop with countries submitting data, to discuss:
  - clarity about aims of the indicator
  - methodological issues in developing a robust indicator
  - enablers for wider adoption among countries
- Feedback welcome re (a) proposal for a workshop (b) willingness to participate in it