CHAPTER 2

Term of Reference B: The impact of changes in psychiatric hospitalisation and/or asylum

(i) the standardised mortality rates of patients with mental illness

Worldwide, psychiatric and neurological conditions account for less than 1.5% of all deaths[1].

Since NSW replaced its psychiatric case register in 1975, information on standardised mortality rates of patients with mental illness is not available and, until December 2001, data from community mental health services was not collected. There is, however, data on the aggregate reports of deaths of patients with mental illness in hospitals.

Over the last 24 years there has been a significant decline in the total number of reproted deaths of patients with mental illness in NSW hospitals. In 1977/78 there were 354 deaths in all NSW hospitals (public, psychiatric and general, and private); in 1982/3, 244 deaths; in 1987/88, 33 deaths; in 1994/94, 86 deaths; and in 2001, 21 deaths.

There is extensive literature on mortality amongst people who have been in contact with mental health services, based on studies in countries that maintain psychiatric case registers and who have conducted linkage studies between the case registers and mortality data. The general finding is that people who are recorded on psychiatric case registers have about twice the general population all-cause mortality.

In Australia psychiatric case registers are maintained in Victoria and Western Australia. A recent study on the Western Australian data, 1980-1995, has been undertaken by the Department of Public Health, University of Western Australia. The study linked the register to all other health data for the period, and the Australian Bureau of Statistics mortality data.

The foreword to the Report[2] summarises the results as follows:

> *'This is the first study to paint a comprehensive picture of the overall health of people with mental illness. … The study reviewed the health experience of over 240,000 people who have been registered on the Mental Health Information System …*
>
> *'The study found alarmingly high rates of physical illness in people with mental illness. It was able to pinpoint a trend that showed that people with mental illness and serious physical illness were not hospitalised anywhere near as often as expected. … their life expectancy is significantly reduced.'*

Some specific findings were:

- Death rates from all main causes are higher in people with mental illness. The overall death rate was 2.5 times higher than the general population of Western Australia.

- The rate of suicide in people with mental illness has been increasing over the period 1980-98, and almost entirely explains the net increase in the total Western Australian suicide rate.

- The greatest number of excess deaths in people with mental illness was due to heart disease (at 16% of excess deaths) and double the number of excess deaths due to suicide (8%).

- 44% of Hepatitis C cases and 19% of Human Immunodeficiency Virus (HIV) cases in Western Australia occurred in users of mental health services.

- Despite a downward trend in the death rate due to heart disease in the general population, in people with mental illness the death rate due to heart disease has increased in women and remained steady in men.

- Hospitalisation rates were considerably lower than death rates for many conditions. This suggests people with mental illness do not seek or receive the same level of medical treatment in hospital, based on need considering the seriousness of the illness, as the general population.

- Despite very high rates of smoking in people with mental illness, their cancer rate was about the same as for the general population. However, once a cancer was diagnosed, there was a 30% higher death rate in users of mental health services.

- There was a strong association between mental disorder, particularly schizophrenia, affective psychosis and dementia, and the onset of Parkinson's disease.

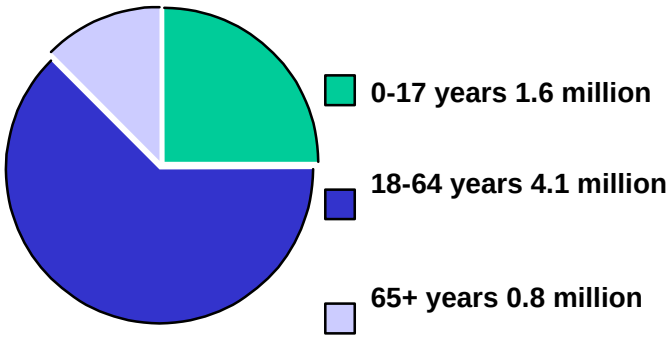
- People with mental illness were at higher risk for all types of injuries, particularly drug-related poisonings and those inflicted by other people.

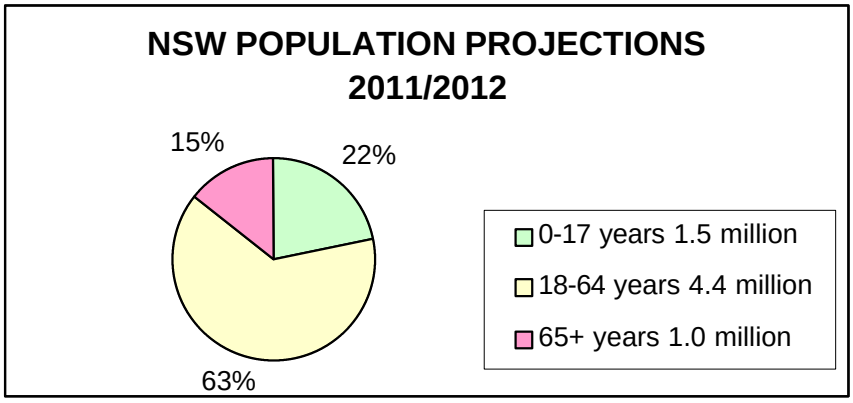
- People with mental illness undergoing surgery were more likely to have complications, leading to hospital readmission.

Morbidity and Mortality in NSW

The NSW population on current information for 2000/2001 is composed of approximately 1.6 million children and young people (aged 0-17); 4.1 million adults (aged 18-64) and 0.8 million older people (aged 65+). The population is estimated to grow substantially over the decade to 2010/2011 and beyond.

NSW POPULATION PROJECTIONS (2000/2001)





Projections for the epidemiology, frequency and pattern of mental disorders across the lifespan, has been developed from international and Australian data sets and population surveys. The data is summarised for all disorders in the table below.[3] A more detailed breakdown is provided in later Chapters for each major age group, specifying not only the total level of disorders as far as can be determined, but also the specific disorder groupings.

Epidemiology across the lifespan

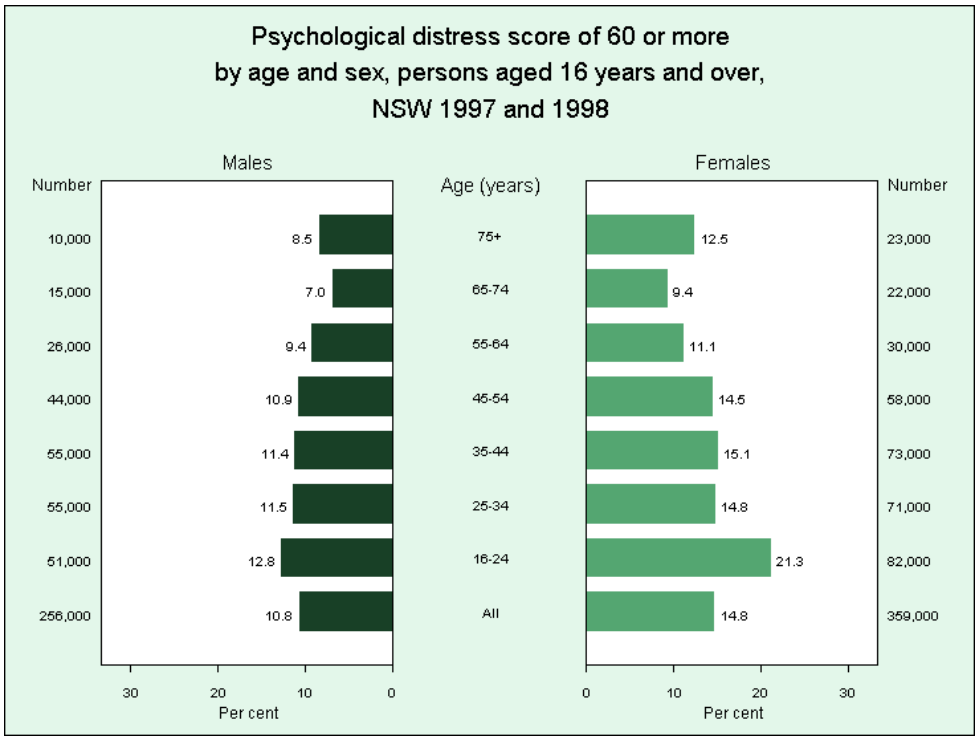
Age group		Age Group as percentage of NSW population	Percentage of age group with psychosocial risk factors	Percentage of age group suffering mental disorders	Age Group as percentage of all suffering mental disorders
Infants	0-1	2.8%	10%	5.8%*	1.0%
Pre-schoolers	2-4	4.3%	20%	10.0%	2.6%
Primary school children	5-11	9.9%	20%	16.0%	9.5%
Adolescents	12-17	8.3%	30%	20.6%	10.3%
Adults	18-64	62.1%	20%	17.8%	66.6%
Older people	65+	12.6%	10%	13.3%	10.1%
TOTAL	All ages	100%	19%	16.6%	100%

*Prevalence figures for mental health problems are the prevalence figures for neglect or abuse and babies whose mother may suffer from severe postnatal depression

The measures used may also link to population wide surveys to give a way of monitoring disorder levels in the broader community. One such measure adopted in NSW and in the National Health Survey is called the K10. This is the Kessler questionnaire, a 10 item measure of anxiety and depression symptoms or psychological distress. Additional items dealing with disability may also be added. This is a well validated and reliable method which is very useful for broad indications of morbidity and has been part of the regular health survey process in NSW, and further demonstrates the extent of morbidity.

The following tables indicate the extent and severity of these major health issues:

K-10: 11% of men and 15% of women in NSW experience very high levels of psychological distress



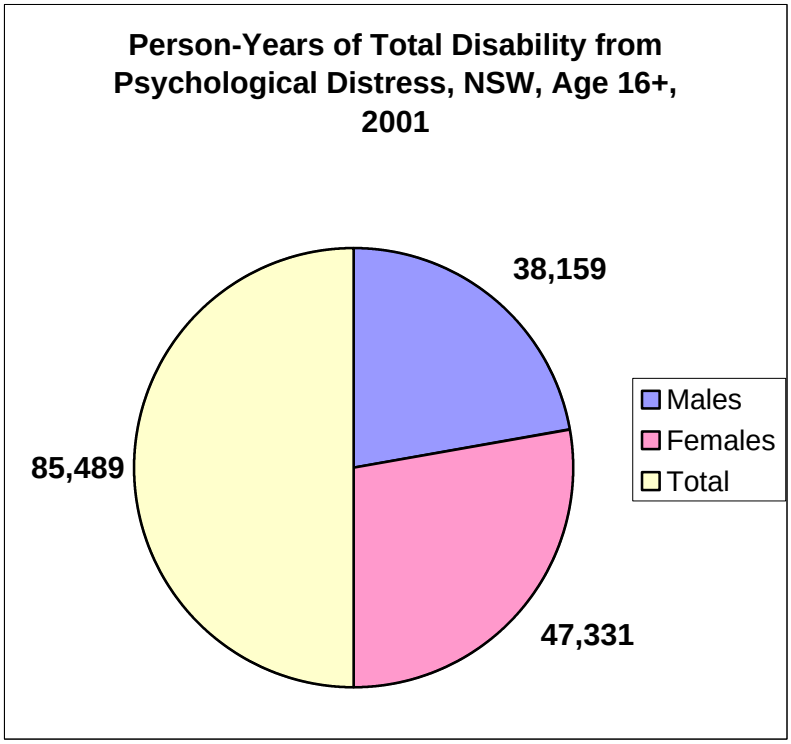
Source: NSW Health Survey - Electronic Report (1997, 1998)

Psychological distress (K-10)

- Most distress at this level meets diagnostic criteria for a current anxiety or depressive disorder.
  (Andrews & Slade, ANZ Journal of Public Health, Dec 2001: Analyses of the National Survey of Mental Health and Wellbeing, 1997).

- Psychological distress results in an annual economic loss to NSW, amongst those aged 16-64, that is equivalent to nearly half the total NSW Health budget. (*Source: NSW Annual Report, ABS, NSW Health Survey and NSW Population Projections)*

The addition of the extent of disability by extra questions allows estimates of the extent of economic loss associated with such problems as indicated below. NSW people aged 16+ reported an average of 0.47 days in the last 4 weeks when they were 'totally unable to work, study or manage day-to-day activity' as a result of psychological distress. *(NSW Health Survey1997 and 1998, N=35000)* This would equal 85,489 person years of Total Disability in 2001.



Source: NSW Annual Report, ABS, NSW Health Survey and NSW Population Projections

(ii) The economical, social and emotional costs of families and carers of patients who are in need of hospitalisation or asylum

NSW Health has no database on the economical, social and economic costs of families and carers of patients who are in need of hospitalisation or asylum.

(iii) The population of patients with mental illness in gaols

Across Australia as well as in the United States and the United Kingdom there have been increases in the number of people with mental illnesses in gaols. There has also been an increase in the full time prison population and 'forensic patients' in NSW. See Chapter 1 Term of Reference A, Issue (iv).

To accommodate the increased demand for forensic mental health services a new forensic hospital is a key element of the proposed forensic mental health policy. This would be linked to the redevelopment of the prison hospital.

The current pressure on forensic beds is due to the high incidence of mental illness among prison populations and the increasing incidence of difficult and dangerous civilian patients who require the highest level of secure mental health care. The increase in number of prisoner receptions has placed increased demand on patient and assessment beds.

The proposed forensic hospital would have 135 bed capacity comprising 120 forensic beds and 15 high secure non forensic beds for difficult and dangerous civilians who cannot be managed within the mental health acute system. The hospital would be located outside Long

Bay Correctional Centre, changing the model of care from a prison to a health facility. This development would bring NSW into line with both national and international best practice where the management of forensic patients is within a health based, therapeutic environment.

The existing Long Bay Prison Hospital would be replaced by a 85 bed hospital to include 40 acute psychiatric assessment beds and a 15 bed expansion zone for non forensic acute mental health patients in the prison. These initiatives are in the planning phase.

(iv) The population of patients with mental illness who are homeless

It is difficult to estimate the size of the homeless population and, therefore, the number of homeless with mental illness. However, based on the 1996 Census material, the Australia Bureau of Statistics estimated 105,300 homeless people nationally with 30,000 in NSW.

Prior to the 1996 Census, a National Survey[4] of Supported Accommodation Assistance Program (SAAP) service providers was conducted in 1992. The survey reported 13% of clients with a history of psychiatric illness. While the representativeness of the sample is unclear, rates of mental illness among those who are homeless vary considerably in different studies.

In 1997, 210 homeless people were interviewed in inner Sydney.[5] Of those interviewed 23% of men and 46% of women were reported as having schizophrenia, 33% of all interviewees had a mood disorder and 26% an anxiety disorder. Additionally, 49% of men and 15% of women were found to have an alcohol use disorder and 36% a drug use disorder. The representativeness of this group of homeless people compared to the general population of homeless people in NSW is not established.

[1] Murray, C & Lopez, A. The global Burden of Disease, The Harvard School of Public Health on behalf of the World Health Organisation, 1966 Summary, page 21.
[2] Coghlan R, Lawrence D, Holman CDJ, Jeblensky AV. Duty of Care: Physical Illness in People with Mental Illness. Perth: The University of Western Australia, 2001.
[3] Centre for Mental Health (2001b) *Mental Health Clinical Care and Prevention Model.* NSW Health Department, Sydney.
[4] Commonwealth Department of Health and Aged Care, 2001, Working Towards a National Homelessness Strategy.
[5] Hodder, Teesson and Buhrich, 1998 Down and Out in Sydney, Fast Books, Glebe.