

# Disparities in physical health outcomes for people with mental health issues.

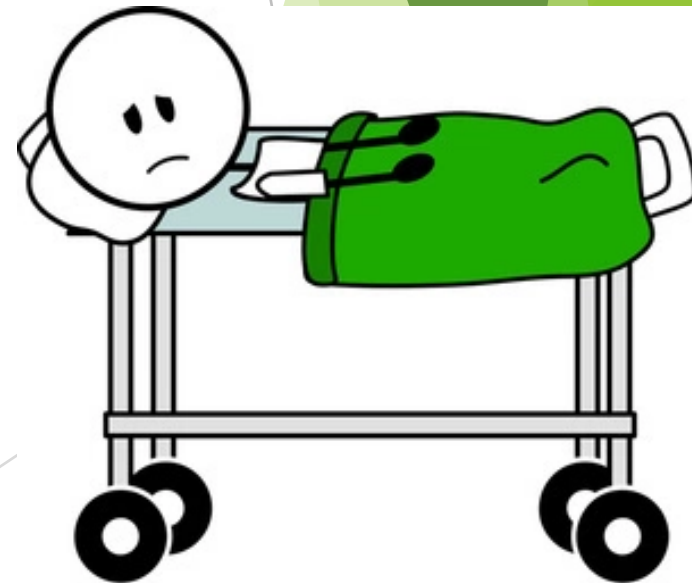
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# Reasons for poor health outcomes for people with Mental Illness

- ▶ Physiological issues
- ▶ Community features (such as poverty and violence)
- ▶ Our medications...
- ▶ Patient factors (personal choices, amotivation, fearfulness, social instability)
- ▶ Provider role (knowledge, scope of practice, competing demands, stigma)
- ▶ Disparities in health care



## 3 categories of mental health disparities

- ▶ Between the health of persons with mental illness as compared with that of those without
- ▶ Between the attention given mental health and that given other public health issues of comparable magnitude
- ▶ Between populations with respect to mental health and quality, accessibility, and outcomes of mental health care.

Disparity #1: Between health of persons with mental illness as compared with that of those without



## Poorer health outcomes for people with Mental illness

- ▶ 8.0 to 14.6 life years lost for men
- ▶ 9.8 to 17.5 life years lost for women.
  
- ▶ Highest reductions were found for
  - ▶ men with schizophrenia (14.6 years lost)
  - ▶ women with schizoaffective disorders (17.5 years lost).

# Cause Specific Mortality

	RR (95% CI)
Natural	1.80 (1.71-1.88)
Unnatural	7.22 (6.43-8.12)

Walker et al 2015

# Quality of general internal medicine care

**TABLE 2. SUMMARY OF ADDITIONAL ANALYSES. \***

CHRONIC DISEASE	PERCENT RECEIVING ESTROGEN-REPLACEMENT THERAPY		PERCENT RECEIVING LIPID-LOWERING MEDICATIONS		PERCENT RECEIVING MEDICAL ARTHRITIS TREATMENT	
	CHRONIC DISEASE PRESENT	CHRONIC DISEASE ABSENT	CHRONIC DISEASE PRESENT	CHRONIC DISEASE ABSENT	CHRONIC DISEASE PRESENT	CHRONIC DISEASE ABSENT
	Diabetes mellitus (n = 30,669)	2.4	5.9	11.4	8.5	25
Pulmonary emphysema (n = 56,779)	4.2	5.9	6.3	8.7	25	27
Psychotic syndromes (n = 17,336)	1.8	5.9	2.1	8.7	18	27

\*Each comparison was based on data from all 1,344,145 patients; the first diabetes mellitus comparison (2.4 vs. 5.9), for example, is based on 30,669 patients with diabetes and 1,313,476 patients without diabetes.  $P < 0.001$  for all nine comparisons of the probability of treatment.

# Quality of cardiovascular care

**Table 2.** Use of Revascularization Procedures in Individuals With and Without Mental Disorders\*

	PTCA			CABG		
	Unadjusted %	RR	<i>P</i>	Unadjusted %	RR	<i>P</i>
Mental disorder (n = 5365)	11.8	0.75	<.001	8.2	0.68	<.001
Schizophrenia (n = 188)	9.0	0.55	.01	3.7	0.27	<.001
Affective (n = 315)	9.2	0.51	.002	7.9	0.63	.02
Substance use (n = 1138)	12.1	0.58	<.001	11.3	0.80	.01
Other (n = 3724)	11.0	0.77	<.001	7.4	0.68	<.001
No mental disorder (n = 108 288)	16.8	...	...	12.6	...	...

\*Each column (ie, percutaneous transluminal coronary angioplasty [PTCA] or coronary artery bypass graft [CABG] surgery) is derived from 2 separate logistic regression equations. The first equation models odds of the procedure of interest as a function of all 4 mental disorders, using “no mental disorder” as a comparison group. A second equation models odds of the procedure as a function of a single variable denoting any mental disorder. Each model adjusts for the demographic and clinical variables outlined in Table 1 and hospital and regional covariates outlined in the text. Relative risk (RR) was calculated from odds ratios (ORs) using the following equation:  $OR/(1 - P_0) + (P_0 \times OR)$  where  $P_0$  is the rate of procedures among patients without mental disorders. Ellipses indicate referent group.



## Adjusted odds of receiving a low priority triage score with history of charted depression

Characteristic	Depression (95% CI)	Asthma (95% CI)	COPD (95% CI)
Low-priority triage score (3, 4 or 5)	1.26 (1.05–1.51)	0.88 (0.71–1.09)	1.13 (0.92–1.38)
Missed door-to-ECG time	1.39 (1.16–1.67)	0.99 (0.80–1.25)	1.22 (1.00–1.43)
Missed door-to-needle time	1.62 (1.01–2.61)	0.81 (0.50–1.32)	1.15 (0.70–1.87)
Missed door-to-balloon time	9.12 (1.44–57.7)	0.39 (0.05–2.86)	1.33 (0.23–7.69)

Disparity #2: Between the attention given mental health and that given other public health issues of comparable magnitude



Not all attention is good attention...

**EXCLUSIVE INVESTIGATION**

# 1,200 KILLED BY MENTAL PATIENTS

Shock 10-year toll exposes care crisis



The Telegraph

## ROASTED NUTS

### General-alarm fire at Trenton Psychiatric

By DON SULLIVAN & JEAN LEVINE



**Daily Mail**

FRIDAY, MARCH 27, 2015 www.dailymail.co.uk 60p

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## Suicide pilot had a long history of depression

# WHY ON EARTH WAS HE ALLOWED TO FLY?



Killer in cockpit: Lubitz competes in a half-marathon in 2013

**THE airline boss of the killer Alps pilot admitted he had slipped through the 'safety net' and should never have been flying.**

By David Williams, Ray Massey and Tom Kelly in Dusseldorf

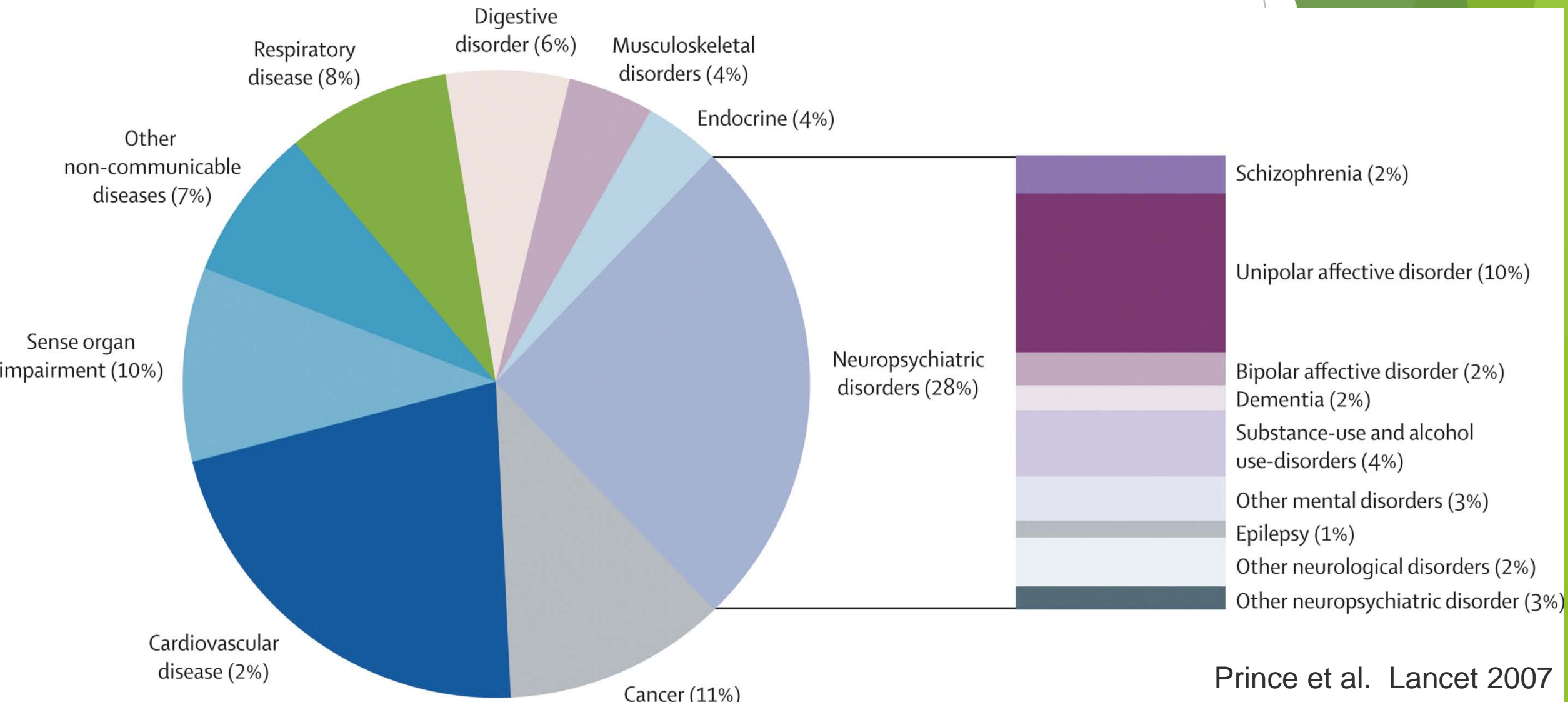
revealed chilling recordings from the doomed Germanwings Airbus A320 showing that pilot-teacher's son Lubitz locked the captain out of the cockpit so he could crash the plane into an alpine ravine, killing his 149 passengers.

Prosecutors said the screams of the boss of Lufthansa which were the pilot's last words, admitted Lubitz had slipped through the safety net with devastating consequences.

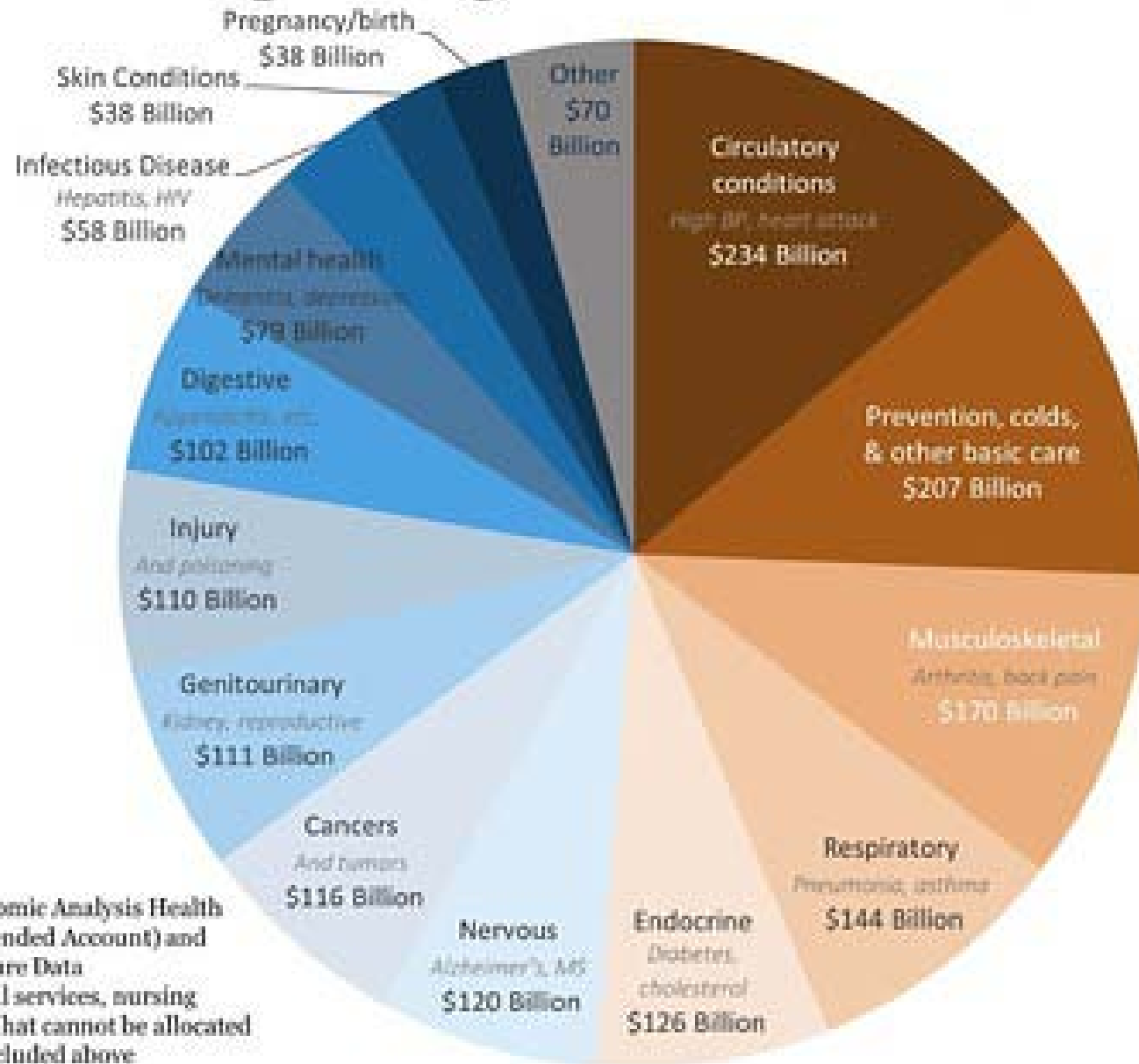
"The pilot had passed all his tests, all his medical exams, he sat 'em every day for 10 years."

The Daily Mail

# Contribution by different non-communicable diseases to disability-adjusted life-years worldwide in 2005



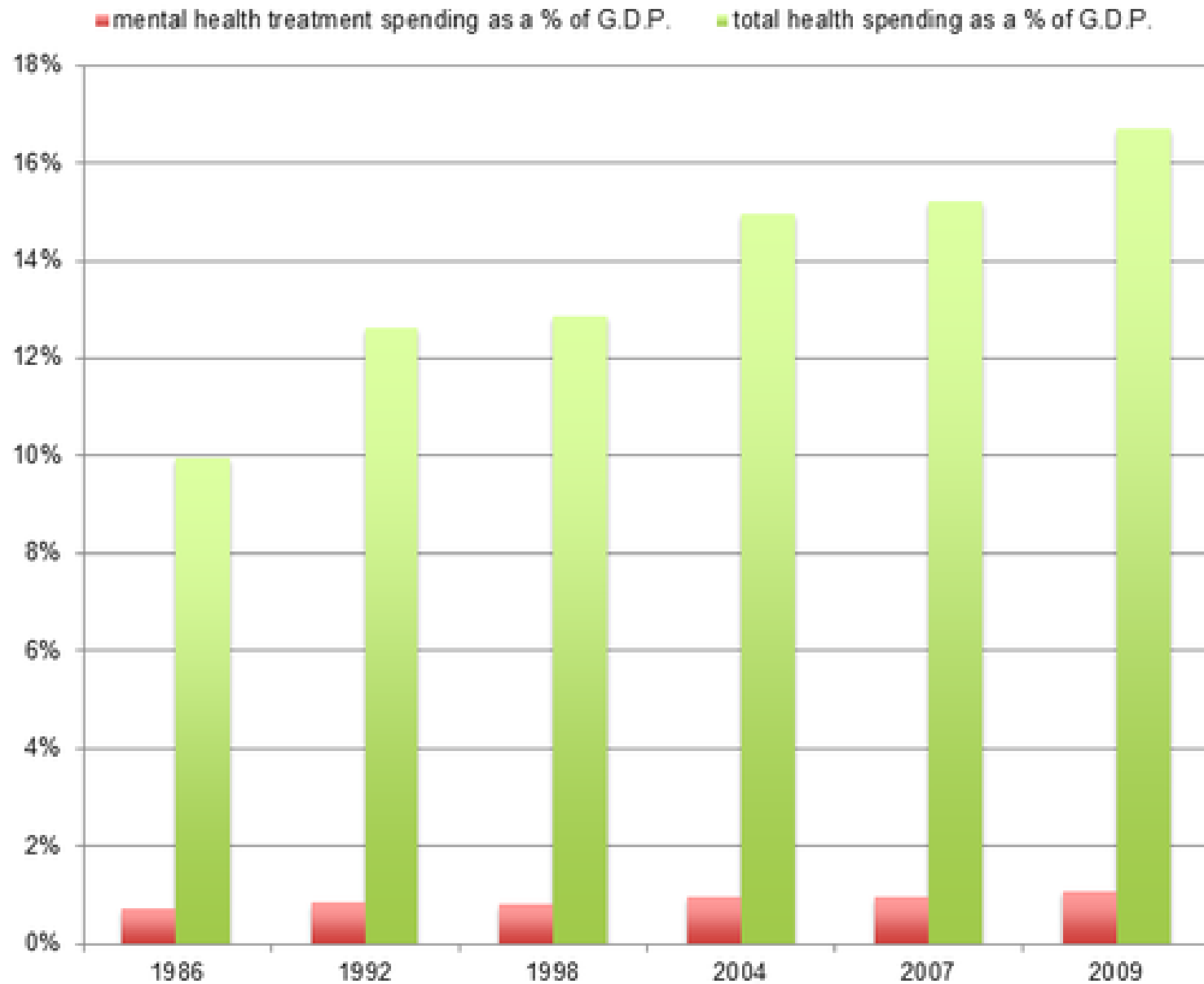
# Health Spending for Diseases in 2010



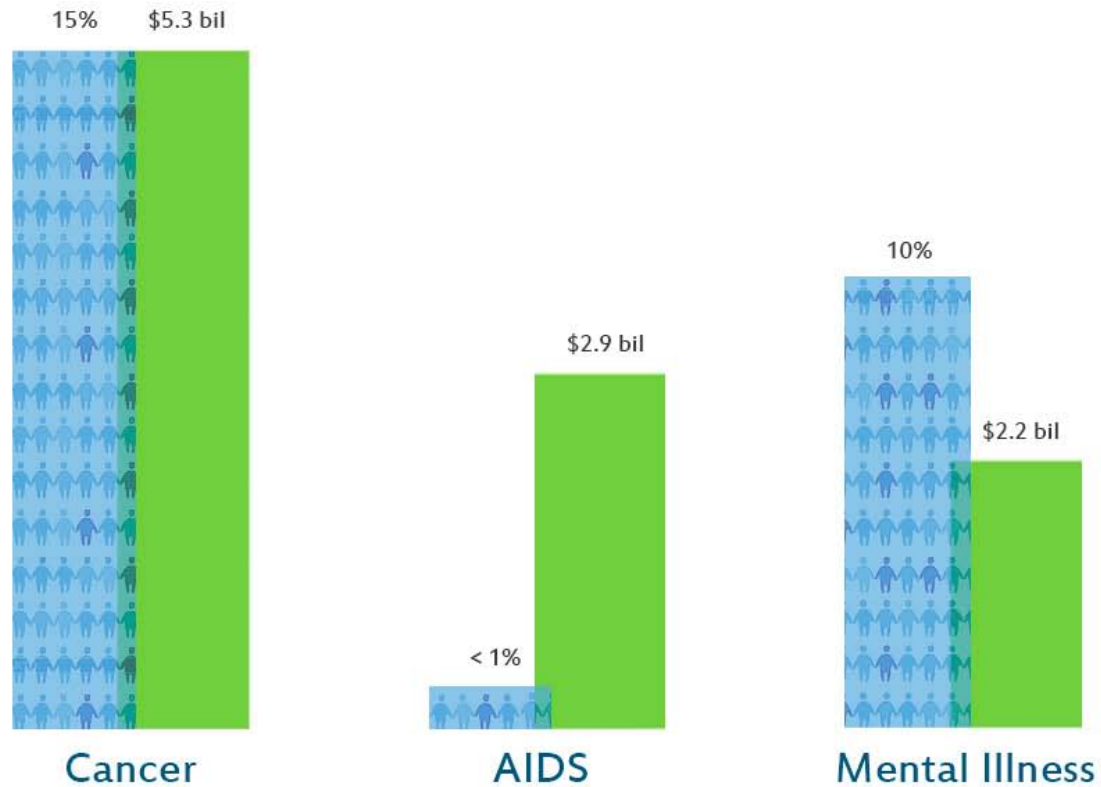
**Sources:** Bureau of Economic Analysis Health Care Satellite Account (Blended Account) and National Health Expenditure Data



**Notes:** Spending on dental services, nursing homes, and prescriptions that cannot be allocated to a specific disease not included above

## Mental Health Treatment Spending and Total Health Spending as a Share of Gross Domestic Product



# Disease Burden vs. NIH Funding



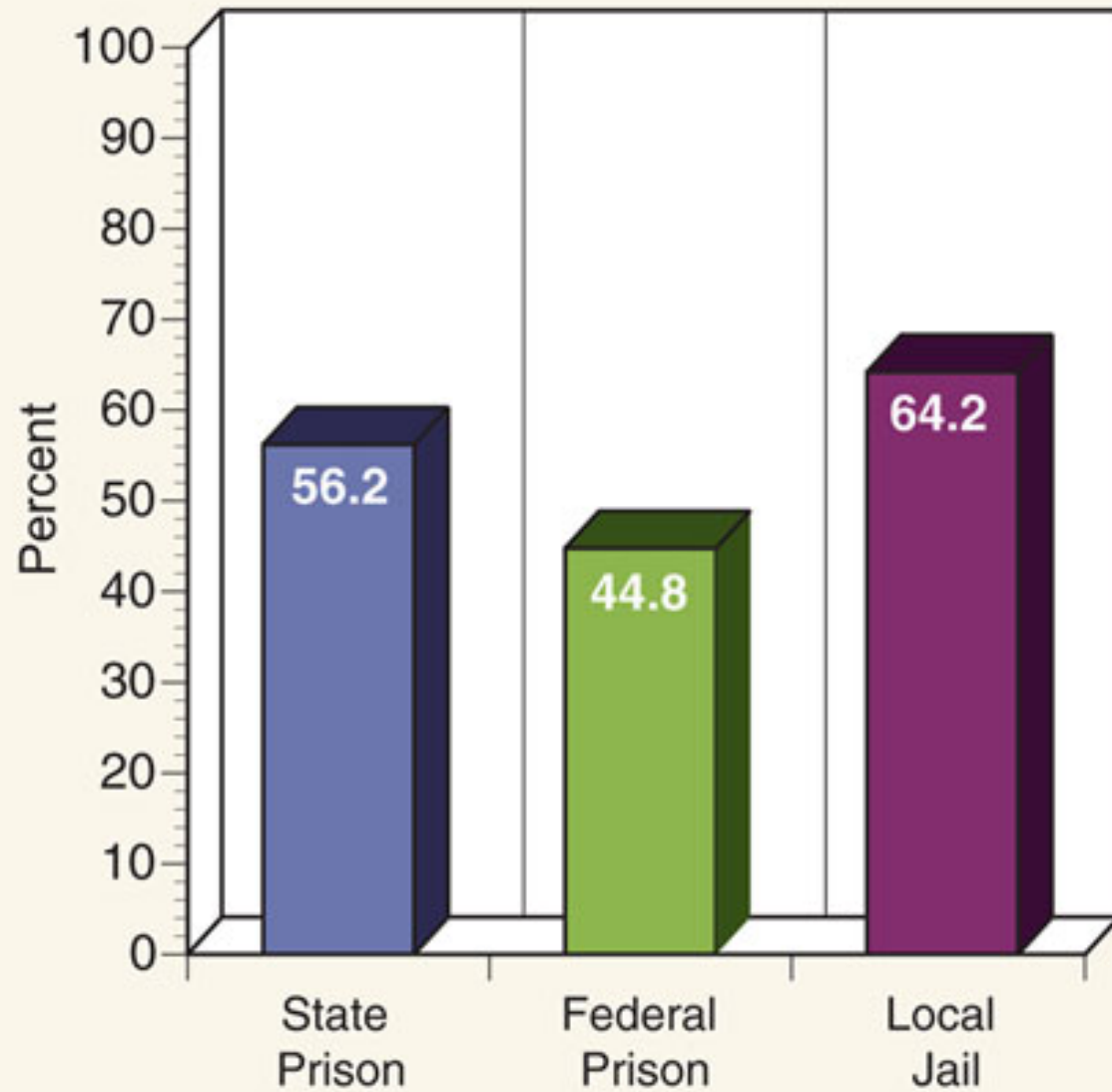
 Percentage US disease burden  
 NIH Research (in billions)

Disparity #3: Between populations with respect to mental health and quality, accessibility and outcomes of mental health care.





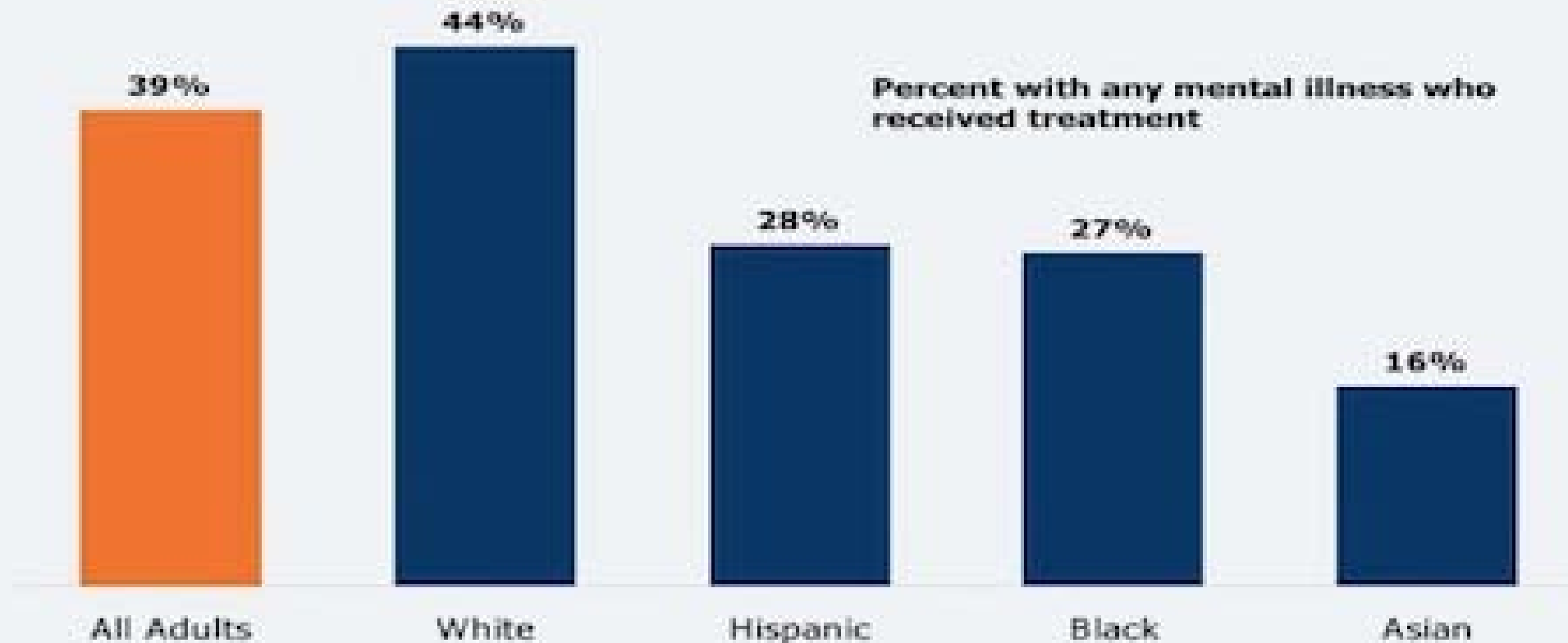
## Inmates with 12-month Mental Health Problem



*Data courtesy of DOJ*

From NIMH website

## Adults with Any Mental Illness\* Who Received Treatment in the Past Year by Race/Ethnicity, 2010

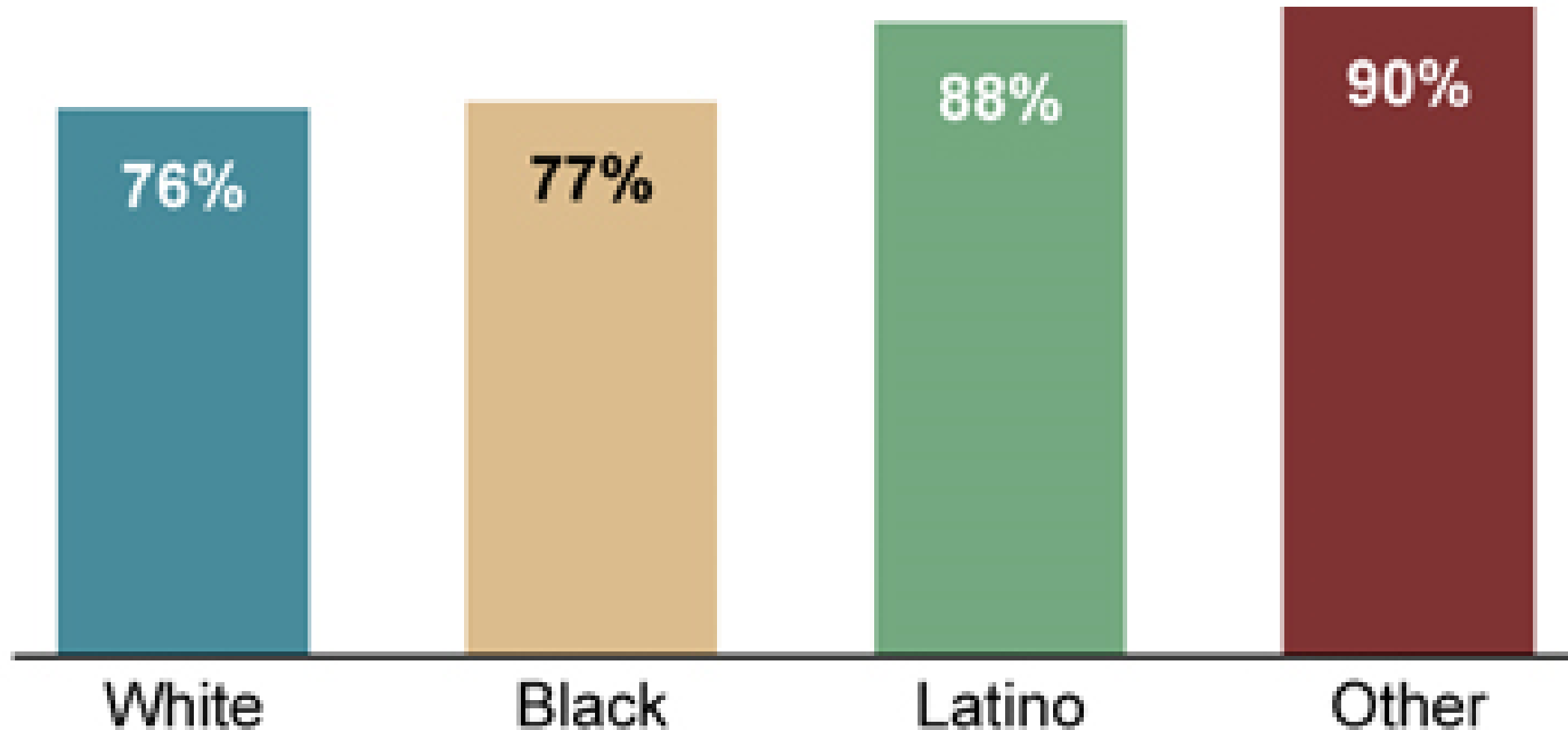


NOTE: Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the DSM-IV.

SOURCE: SAMHSA, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies), National Survey on Drug Use and Health, 2009 and 2010.



## Unmet children's mental health needs, by race/ethnicity



© National Center for Children in Poverty

Image was reprinted in Children's Mental Health: Facts for Policymakers

# LGBT Facts

LGBT Individuals are more than **TWICE AS LIKELY** as straight individuals to have a mental health disorder

Suicide attempts are **THREE TIMES AS COMMON** among bisexual individuals than straight individuals

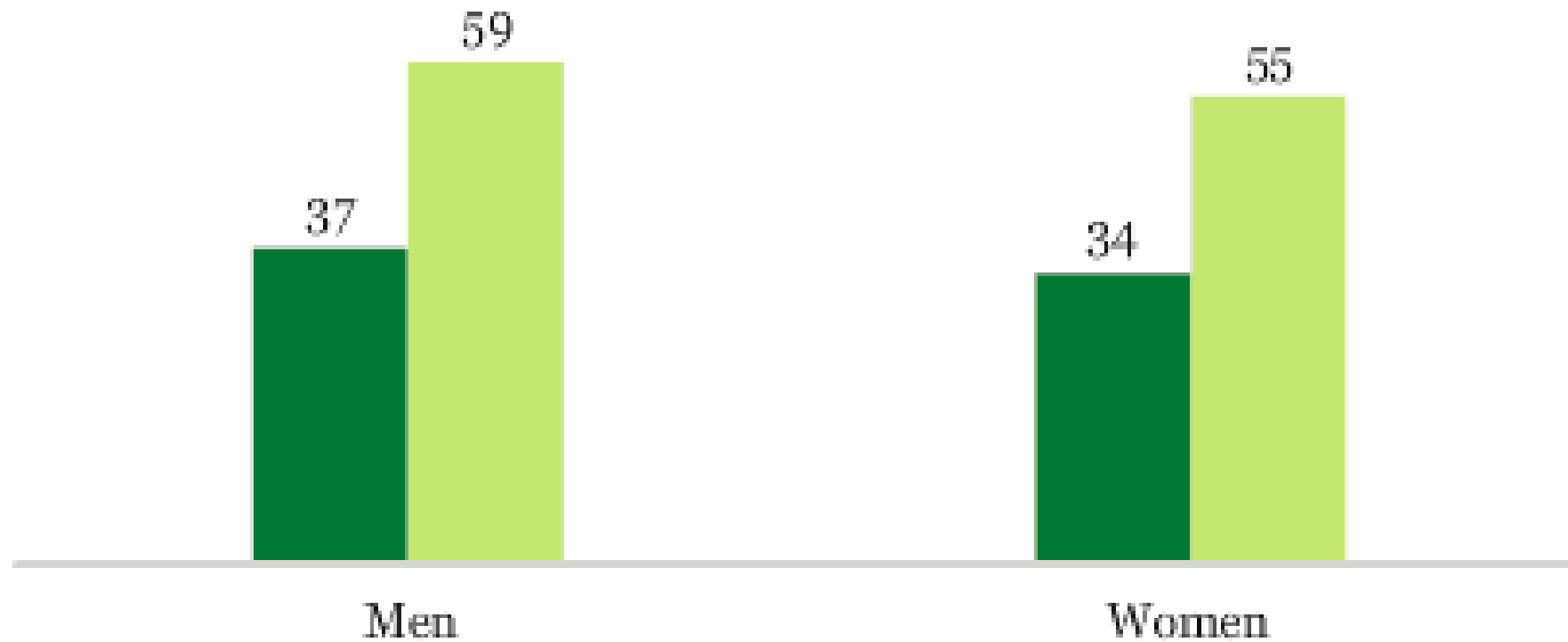
Sexual minorities have a **GREATER RISK** of substance abuse disorders than straight individuals

Compared to nonsexual minority youth, sexual minority youth are **TWICE AS LIKELY** to report being bullied.

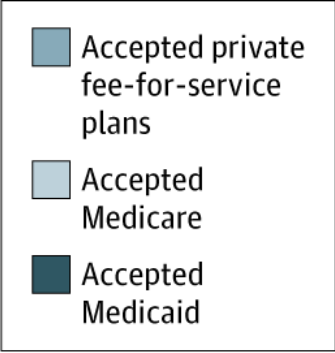
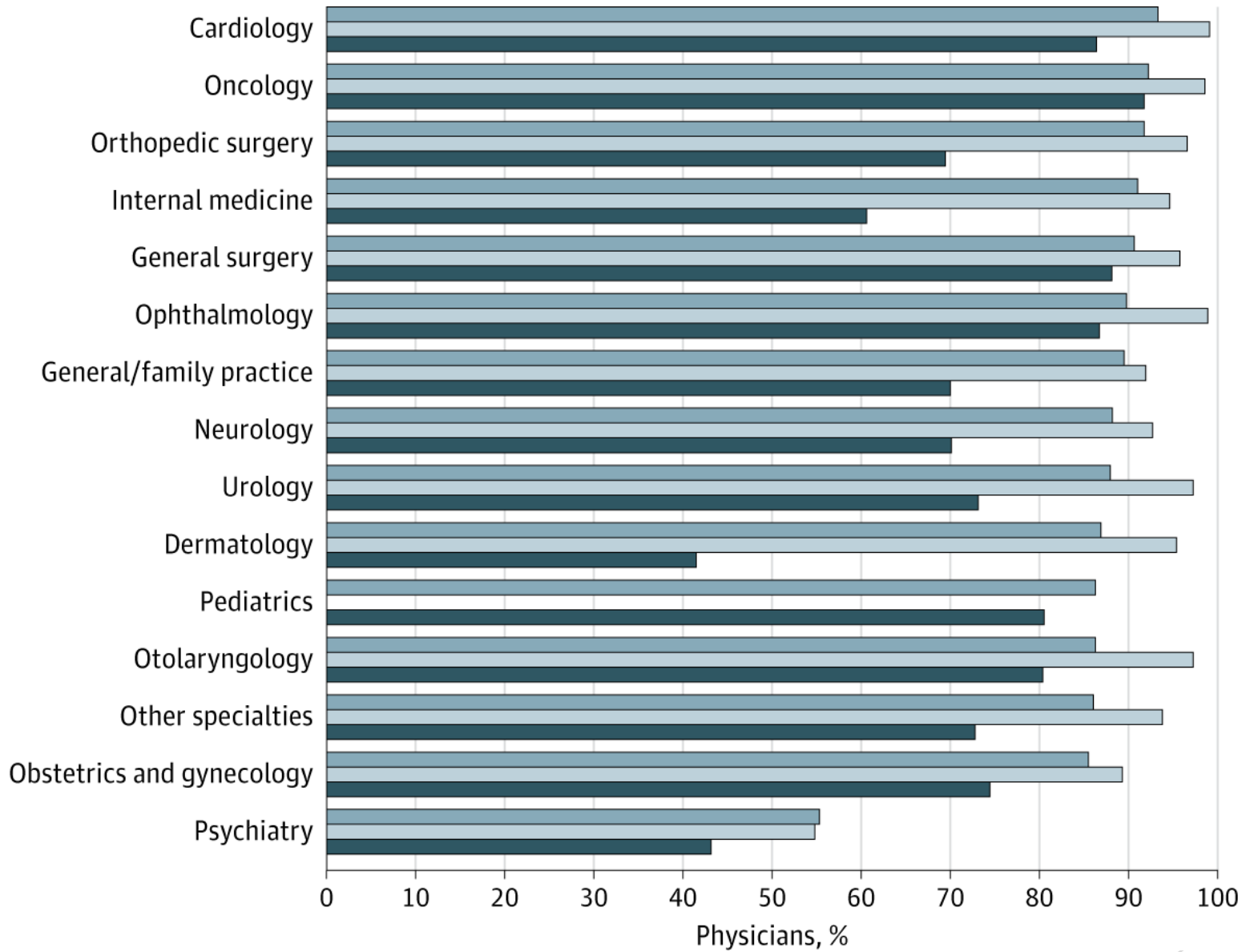
## *Ratings of Mental Health, by Household Income and Gender*

(Percentage saying their mental health is "excellent")

■ Less than \$50,000 per year    ■ \$50,000 or more per year



GALLUP POLL



**HAVING A HEALTHY MIND  
IS JUST AS IMPORTANT  
AS A HEALTHY BODY**

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