Mental health of people with psychosis
The numbers affected

75,000 Australians

Around 75,000 Australians are affected by psychosis (one-month prevalence). That’s 5.3 people per 1,000 of the adult population. A typical person affected is more likely to be male (59.6%), not have completed schooling, and be living alone.

The age of onset

For most people with psychosis (64.8%), symptoms begin before the age of 25. The mean age of onset for females is 24, and for males 23. The majority (71.3%) experienced a gradual onset over 6 months or more.

The symptoms

The most common symptoms of psychosis are delusions (bizarre and fixedly-held beliefs) and hallucinations (perceptions without stimuli, such as hearing voices). These are severely distressing and confusing. Other common symptoms include loss of motivation and cognitive skills.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Lifetime prevalence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delusions</td>
<td>86.7%</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>78.9%</td>
</tr>
</tbody>
</table>

Other mental health problems

As well as the symptoms of psychosis, many people also experience anxiety disorders and depression. Many (63.2%) have difficulty with social skills, and over half (51.7%) experience loss of interest in the things around them.

<table>
<thead>
<tr>
<th>Condition</th>
<th>12-month prevalence rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>59.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>53.1%</td>
</tr>
</tbody>
</table>

The effects on daily living

Many people (76.1%) with psychosis reported moderate or severe difficulty in carrying out everyday tasks such as shopping, cooking, doing laundry, cleaning, or paying bills in the previous month. Three-quarters (77.6%) experience side-effects of the medications used to treat their symptoms.

<table>
<thead>
<tr>
<th>Disability Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severely disabled</td>
<td>22.8%</td>
</tr>
<tr>
<td>Moderately disabled</td>
<td>53.3%</td>
</tr>
<tr>
<td>Mildly or not disabled</td>
<td>24%</td>
</tr>
</tbody>
</table>

The higher suicide risk

People with psychosis are ten times more likely to attempt suicide than the general population in Australia. Half (49.5%) of people with psychosis had attempted suicide at some point in their lives compared to 3.7% of the general population.

The challenge

Mental health of people with psychosis

Psychotic illness has a severe and often lifelong impact on the lives of those affected, their families, and friends.

Despite the treatments and recovery-oriented support services currently available, the symptoms are often recalcitrant and persistent. Medication side-effects and psychosocial disability compound the effects of symptoms, creating ongoing ill health, distress, and multiple barriers to participation in the community. The unacceptably high rate of suicide among people with psychosis is an extra spur to improve treatment and support services.

Our challenge is to reduce the impact of psychosis, improve quality of life, and save lives, through research to improve medications and treatment, development of better, evidence-based ways of delivering clinical and community support services, and more imaginative, integrated use of existing resources.

For more information, contact
Professor Vera Morgan | Chair of the Survey of High Impact Psychosis (SHIP) Study Group
vera.morgan@uwa.edu.au
Physical health
+ people with psychosis
Increased physical illness

People with psychotic illness experience physical illness at far higher rates than the general population. As well as heart disease, there are higher rates of asthma, diabetes, hepatitis, epilepsy, arthritis, kidney disease, migraine, and stroke.

Rates of heart disease
People with psychotic illness: 26.8%
General population: 16.3%

Rates of metabolic syndrome
People with psychotic illness: 61%
General population: 29%

High rates of metabolic syndrome

Metabolic syndrome is a cluster of medical conditions, including obesity, high blood pressure, and increased glucose and cholesterol levels. It carries a high risk of diabetes and heart disease, and is twice as common among people with psychotic illness.

Rates of obesity
People with psychotic illness: 45%
General population: 21%

Early impact on health

Before the age of 20, people with psychotic illness are already showing signs of metabolic syndrome. By the time they are adults, 45% will be obese - more than double the general population rate.

Rates of smoking
People with psychotic illness: 66%
General population: 20%

High smoking rates

Smoking is a major health risk for a range of fatal conditions. People with psychotic illness smoke at over three times the rate of the general population.

Conditions are undetected

Detection of physical health conditions among people with psychotic illness is poor, despite the known risk factors. The proportion having physical health examinations has dropped dramatically in recent years.

Physical health assessments
Proportion in 1997: 80%
Proportion in 2010: 65%

Serious under-treatment

Many people with psychotic illness do not receive treatment and medication for diabetes and other serious conditions. Modifiable risk factors such as smoking, obesity, low physical activity, and poor nutrition are also not addressed.

Rates of treatment
Untreated for diabetes: 60%
Untreated for hypertension: 48%

The challenge
Physical health + people with psychosis

People living with psychotic illness die 10-20 years earlier than other Australians.
They experience far higher rates of heart disease and other serious physical health conditions. They are also more likely to have risk factors for physical illness from a young age, but these are not routinely measured or treated. As well as the cost to physical health and quality of life, there is a cost to health services of treating these problems - an avoidable cost if early action is taken.

Our challenge is to reduce the human and economic costs of physical ill health in people already burdened by severe mental illness, through systematic detection and treatment, and especially by reducing rates of the harmful and avoidable risk factors which lead to these conditions.

For more information, contact
Professor Vera Morgan | Chair of the Survey of High Impact Psychosis (SHIP) Study Group
vera.morgan@uwa.edu.au
Services + support
for people with psychosis
Hospital admissions

Over a 12-month period, almost half (43.7%) of people with psychosis were admitted to hospital, most often (34.8%) for a mental health reason.

The high number of hospital admissions in a year reveals the severe and long-term impact of psychosis, as well as the poor physical health of those affected.

Psychosocial rehabilitation

Around a third of people with psychosis had accessed rehabilitation support in the past 12 months – programs to reduce the impact of psychosocial disability and promote recovery.

Overall, only 36.5% reported having an individual rehabilitation/recovery plan.

High levels of homelessness

Over 5% of people with psychosis reported being homeless when surveyed.

This proportion is a shocking ten times higher than the general population figure of 0.5%.

Involuntary treatments

One in five (20.7%) people with psychosis had an involuntary admission in the past year. In the same period, 19.2% had been under a community treatment order (CTO). This high proportion indicates the intransigence of symptoms, the coerciveness of our treatment system, and the difficulty of adherence to medication regimes.

Personal Helpers and Mentors

The Personal Helpers and Mentors (PHaMs) initiative provides individual support with daily activities for people severely affected by mental illness, primarily psychosis.

In the previous 12 months, only around one in eight (12.8%) reported receiving this support.

The challenges

The main challenges reported by people with psychosis are: isolation and loneliness (37.2%), lack of employment (35.1%), and financial worries (42.7%). GPs also identified these same challenges as the most significant facing their patients with psychosis.

The challenge

Services + support for people with psychosis

Every day, people with psychosis endure their symptoms and disability with dignity and hope. Despite the support of family and friends, and the care provided by health professionals, many experience ongoing distress, frequent relapse, and lack of access to suitable housing, rehabilitation and support. Recovery and social inclusion are also inhibited by social isolation and loneliness, lack of effective employment support, and financial concerns.

This is unacceptable. Uncertainty around how the NDIS will – and will not – respond to the needs of people with psychosis is a further cause of deep concern. Many of those affected and their families are greatly worried that resources and support will be redirected away from those whose disability is assessed as ‘only’ moderate.

Our challenge is to ensure more effective, timely, and adequately-resourced treatments, so that people with psychosis receive the help they need before a hospital admission is necessary. We also need to ensure that rehabilitation and social support in the community are enhanced – not degraded – by introduction of the NDIS.

For more information, contact
Professor Vera Morgan | Chair of the Survey of High Impact Psychosis (SHIP) Study Group
vera.morgan@uwa.edu.au
Employment
+ people with psychosis
Employment rate

Just one in five (21.5%) people with psychosis reported being in employment in the past year, with most of these (69%) in part-time positions. This contrasts with around three-quarters (72.4%) of the general population being in employment in the same period.

Problems reading and writing

Almost one in five (18.4%) of people with psychosis reported difficulty with reading and/or writing. As with educational level generally, this low literacy creates an added barrier to employment for people with psychosis.

Employment support

Only a little over a third (38.4%) of people with psychosis in work had support from a Disability Employment Service (DES). Others had to draw on assistance from family and friends, and from public and private employment agencies.

Education

Less than a third (31.5%) of people with psychosis had completed the final year of schooling. In the general population, over half (53%) complete their education. Lower educational attainment places a further barrier to employment in twenty-first century workplaces.

Disclosure

Just over half (56.2%) of people with psychosis in employment reported that they had disclosed their illness to an employer. Females and younger people were less likely to disclose that they had a mental illness than males and older people (over 34).

Source of income

The main source of income (85%) for people with psychosis was government payments. The principal payment received was the Disability Support Pension (72.7%), reflecting the impact of the illness on people’s lives, as well as limited support to gain suitable employment.

The challenge

Employment + people with psychosis

Many people with psychosis want to work, but are unable to find and retain suitable employment. This not only limits their income, it has a serious impact on ability to participate in and contribute to their local community, and on the person’s confidence and sense of self-worth.

Our challenge is to provide the most effective support before, during, and after employment, to ensure people with psychosis can not only gain but also retain sustainable employment – promoting genuine social and economic inclusion in their community. Innovation in this area must include improved partnerships between clinical, rehabilitation, and social support agencies – including fostering of innovative synergies between NDIS and employment services.

For more information, contact
Professor Vera Morgan, Chair of the Survey of High Impact Psychosis (SHIP) Study Group
vera.morgan@uwa.edu.au
Social isolation
+
people with psychosis
**Difficulty with relationships**

The majority of people with psychosis (69.5%) reported that the effects of their illness made it hard to maintain close relationships. Where it existed, the most common form of social contact was with family members who provided support.

**Loneliness and isolation**

Almost a quarter (22.4%) of people with psychosis reported feeling isolated and lonely. Around half of these (13.3%) had no friends at all. Overall, this social isolation was identified as a major challenge for the year ahead (37.2%) by people with psychosis, second only to financial worries (42.7%).

**Living with a partner**

Less than one in five (17.1%) of people with psychosis share their life with a partner (married or de facto). Among males, this drops to just 12%.

In the general population, around two-thirds of Australians (61%) have a partner (ABS 4102.0, 2009).

**Experience of stigma**

Over a third (37.9%) of people with psychosis said they had experienced stigma or discrimination in the past year. The proportion was higher for females (46.9%), compared with 31.8% of males.

**Victimisation and assault**

Over a third (38.6%) of people with psychosis had experienced victimisation in the past year; 24.8% were victims of assault.

In the general population, only around 4.8% of people were victims of assault in a comparable 12-month period.

**Little support in the community**

Just over half (56.4%) of people with psychosis reported receiving no - or minimal - support to help with daily living.

---

**The challenge**

**Social isolation + people with psychosis**

The isolation and loneliness of many people with psychosis is a painful added burden to the symptoms, disability, poor physical health, and many social disadvantages they already experience. There is so much which can be done to tackle this exclusion from the community and promote recovery.

Our challenge is to work for genuine inclusion in society of people with psychosis, through more effective rehabilitation to address the difficulties they experience in social relations, improved support to participate in their local community, and action to reduce stigma and discrimination.

*For more information, contact*
Professor Vera Morgan | Chair of the Survey of High Impact Psychosis (SHIP) Study Group
vera.morgan@uwa.edu.au