



# Insights 1

Insights into the lives of people living with psychosis from the Survey of High Impact Psychosis and the Psychosis Australia Trust

# Mental health of people with psychosis

## The numbers affected

**75,000  
Australians**

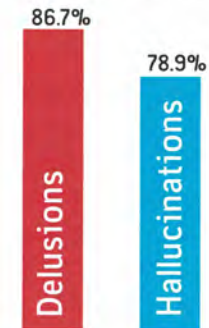
Around 75,000 Australians are affected by psychosis (one-month prevalence). That's 5.3 people per 1,000 of the adult population. A typical person affected is more likely to be male (59.6%), not have completed schooling, and be living alone.

## The age of onset

**< 25**

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.

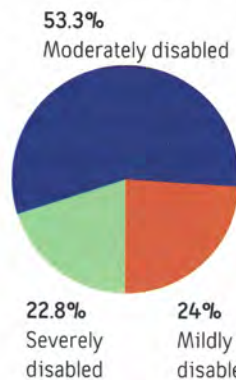
## The symptoms



Lifetime prevalence rates

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.

## 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 (77.4%) experience side-effects of the medications used to treat their symptoms.

## Other mental health problems



12-month prevalence rates

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.

## 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

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# Insights 2

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# Physical health

+ people with psychosis

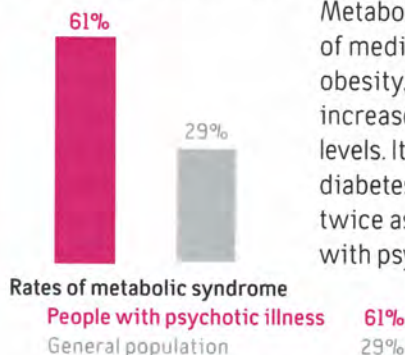
## Increased physical illness

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.



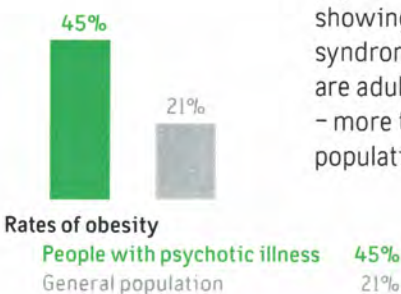
## High rates of metabolic syndrome

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.



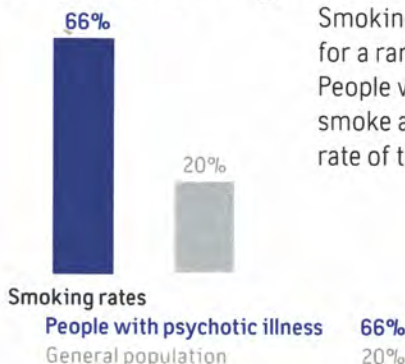
## Early impact on health

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.



## 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.



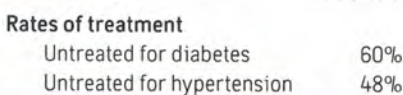
## Conditions are undetected

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.



## 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.



# 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.**

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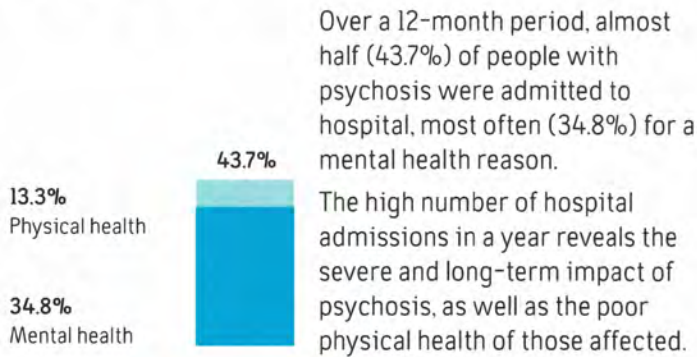
# Insights 3

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# Services + support

for people with psychosis

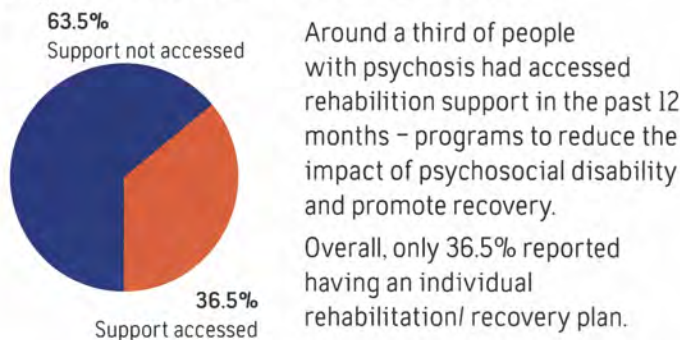
## Hospital admissions



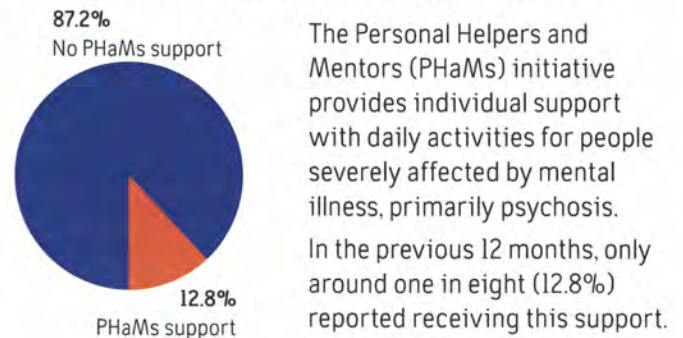
## Involuntary treatments



## Psychosocial rehabilitation



## Personal Helpers and Mentors



## High levels of homelessness



## The challenges



## 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.**

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# Insights 4

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# 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.

## 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.

## Problems reading and writing

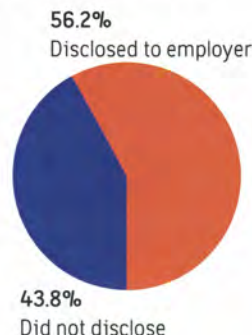


18.4%

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.

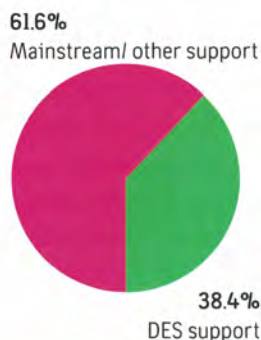
## Disclosure



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).

## 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.

## Source of income



85%

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.**

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# Insights 5

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# 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.

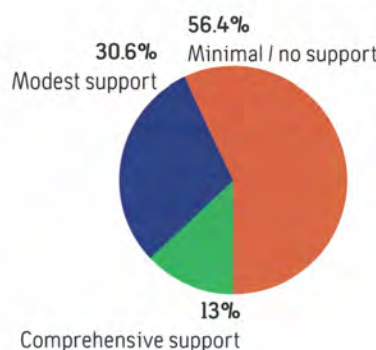
## Victimisation and assault



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.**

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