

Te whakanui ake i te hauora ā-tinana

Maximising physical health

The aim of the Health Quality & Safety Commission's Te whakanui ake i te hauora ā-tinana | Maximising physical health project is to help people with serious mental illness live healthier, longer lives by improving the reliable delivery of timely screening, monitoring and treatment for cardiovascular risk factors.

Why this work is necessary

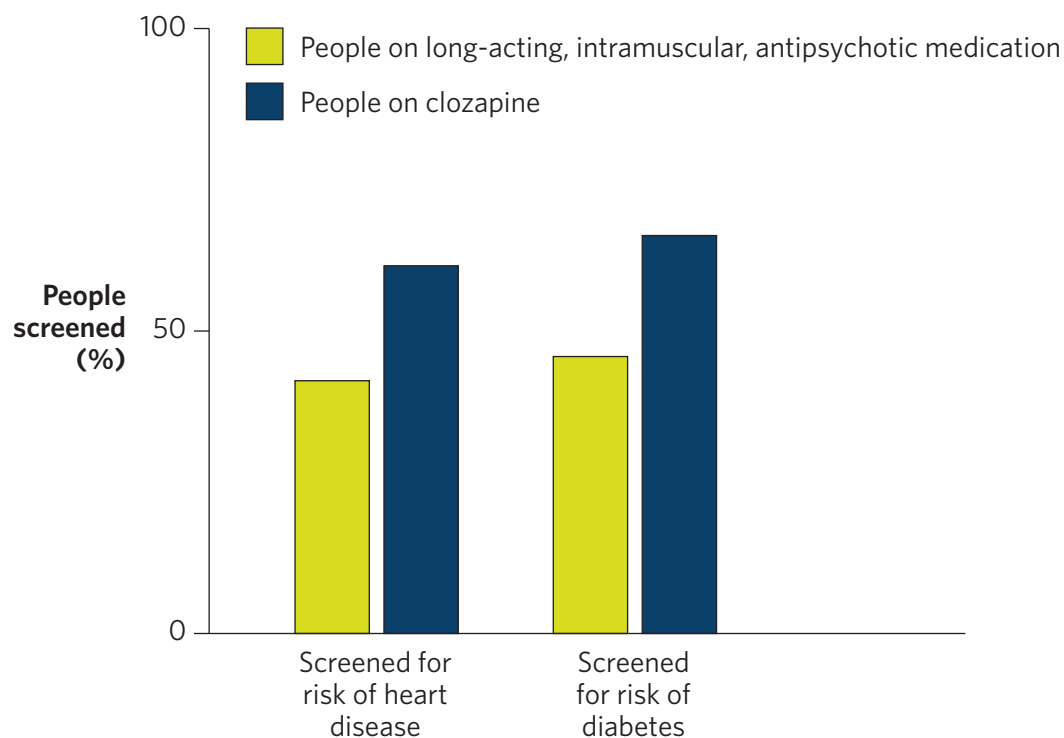
Evidence shows those with serious mental health illness can live up to 25 years less than the rest of the population.¹

Cardiovascular disease accounts for 40–50 percent of this premature mortality, and this can largely be prevented.²

Room for improvement

Many people with serious mental illness are not getting the necessary screening and associated treatment to reduce cardiovascular risk. In 2020 for instance, only 42 percent of people on long-acting, intramuscular, antipsychotic medication received lipids screening to identify risks for common conditions like heart disease, and only 46 percent were screened for impaired glucose tolerance and diabetes. For people on clozapine (a medication for people with schizophrenia resistant to other treatments), the rates were 61 percent and 66 percent, respectively.³

Screening and associated treatment for people with serious mental illness, 2020





Everyone on these medicines should be checked at least annually for these risk factors^{4,5} – and in many cases more often.

Equity will be at the centre of this project, given that Māori and Pacific peoples have higher rates of cardiovascular disease, have higher rates of being diagnosed with schizophrenia, are more often prescribed antipsychotic medication and are more likely to receive treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Next steps

Making a difference requires a whole-of-health-service approach. We will work with tangata whaiora, whānau and care providers to ensure tangata whaiora on particular antipsychotic medications (clozapine and long-acting intramuscular injections) receive best-practice care to reduce their risk of poor cardiovascular health.

From June 2022, we will begin the project by working with the interim Health New Zealand. The initial work will include forming local quality improvement teams, ahead of the co-design phase. We expect these teams will include tangata whaiora, whānau and cultural advisors, along with representatives from primary and secondary care and other providers supporting tangata whaiora health.

This project supports and is informed by Equally Well, a group of people and organisations focused on achieving physical health equity for people who experience mental health and addiction issues.



- 1 Thornicroft G. 2013. Premature death among people with mental illness. *BMJ* 346: f2969. DOI: <https://doi.org/10.1136/bmj.f2969>.
- 2 Ringen P, Engh J, Birkenaes A, et al. 2014. Increased mortality in schizophrenia due to cardiovascular disease – a nonsystematic review of epidemiology, possible causes, and interventions. *Front Psychiatry* 5: 137. DOI: [10.3389/fpsy.2014.00137](https://doi.org/10.3389/fpsy.2014.00137).
- 3 Data sourced from the Pharmaceutical Collection and the Laboratory Claims Collection. Wellington: Ministry of Health. URLs: <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/pharmaceutical-collection> and <https://www.health.govt.nz/publication/laboratory-claims-data-mart-data-dictionary>.
- 4 Lambert T, Reavley N, Jorm A, et al. 2017. Royal Australian and New Zealand College of Psychiatrists expert consensus statement for the treatment and monitoring of the physical health of people with an enduring psychotic illness. *Australian & New Zealand Journal of Psychiatry* 51(4): 322-37. DOI: <https://journals.sagepub.com/doi/full/10.1177/0004867416686693>.
- 5 bpac^{nz}. 2007. Monitoring for metabolic disorders in patients taking antipsychotic drugs. Dunedin: bpac^{nz}. URL: <https://bpac.org.nz/magazine/2007/february/antipsychotics.asp>.