

Psychiatrists and Consumers Need to Talk More About Health, Survey Finds

Having a severe mental illness shortens life expectancy by 25 years, according to recent research. Deaths among people with schizophrenia are largely the result of preventable medical conditions, such as diabetes and cardiovascular and respiratory diseases. However, findings from a recent survey indicate that mental health professionals are not doing enough to promote healthy lifestyles among their patients with schizophrenia.

The survey of 250 adults with schizophrenia and 250 practicing psychiatrists suggests that communication between these groups about health is less than optimal. In fact, although most of the consumers (82%) felt that treatment to promote their overall health—not just their mental health—was important to their recovery, about half had no expectation that their psychiatrist should focus on anything but their mental health. Among psychiatrists, although nearly all respondents (91%) felt that they were responsible for taking care of medical conditions that resulted from the psychiatric care they provided to patients, more than a quarter (27%) did not hold themselves responsible for ensuring that patients receive appropriate care for all their health problems.

The online survey had three goals: to examine the extent to which overall health is addressed in mental health settings, to examine the dialogue between consumers and providers about treatment and potential adverse effects, and to explore the degree to which people with schizophrenia are aware of routine healthy living practices. The average age of the consumer respondents was 38. More than half (56%) were women, 76% were Caucasian, and 52% reported paid or unpaid employment. Most (88%) had some kind of health insurance, and 90% were currently taking medications to treat their schizophrenia.

Nearly three-quarters of the consumers (74%) reported having at least one of 11 medical conditions

listed in the survey, with high cholesterol (36%) and high blood pressure (34%) being the most common. Twenty-three percent reported having diabetes. However, in response to a survey item about whether their psychiatrist had asked them about these health conditions, only 40% reported being asked about cholesterol, 42% about diabetes and blood sugar levels, and 49% about blood pressure. When psychiatrists were asked whether they routinely discussed these health conditions with patients, their responses showed some disparities: 82% reported routinely asking about cholesterol, 88% about diabetes and blood sugar levels, and 75% about blood pressure. Nearly 90% of psychiatrists reported routine discussions with patients about “tips to live a healthier lifestyle,” but 63% of consumers reported having such discussions with their psychiatrist.

“We should all be alarmed and outraged that the lives of people with schizophrenia are being cut short by 25 years,” said David Shern, Ph.D., president and chief executive officer

of Mental Health America, which commissioned the survey. “This survey tells us that mental health providers and people with schizophrenia must communicate more about issues like diet, exercise, and medication side effects if we’re to turn the tide of this public health crisis and extend the lives of the millions of Americans with schizophrenia.”

The survey was conducted in late 2007 by International Communications Research, a leading independent research company. The group of consumers, all of whom had been given a diagnosis of schizophrenia by a medical professional, was provided by a research panel that maintains a nationwide pool of respondents and checks the quality and validity of the sample. The sample of psychiatrists has previously been verified through a series of studies as being representative of the national population of physicians, including psychiatrists. Three-quarters of the psychiatrists surveyed treated a minimum of 11 patients with schizophrenia per month, and 55% of them saw 21 or more such patients per month. The full results of the survey are available at www.nmha.org/go/surveys.

CSG Justice Center Publication Describes Key Elements of a Mental Health Court

The Council of State Governments Justice Center has released an updated edition of *Improving Responses to People With Mental Illnesses: The Essential Elements of a Mental Health Court*. The publication describes the ten important program elements that jurisdictions should consider when planning, implementing, or enhancing a mental health court.

The number of U.S. mental health courts has steadily grown, from four in 1997 to more than 175, according to Justice Center estimates. But because of the diversity of program models and their relative newness, no

criteria for effective mental health courts have been nationally accepted. The publication describes aspects of design and implementation of adult mental health courts that can be consistently found in courts that are considered successful in their communities. The current edition incorporates feedback from professionals and stakeholders at all levels of the criminal justice and mental health systems, including an online public forum and a series of experts’ meetings.

For each of the ten elements, criteria are listed that mental health courts should meet, followed by an explana-

tion of why the element is important and how courts can adhere to it. Ultimately, benchmarks will be added, enabling courts to better assess their fidelity to each element. Two key principles underlie the essential elements. First is the necessity for true collaboration among the criminal justice, mental health, substance abuse treatment, and related systems. Second is the fact that mental health courts are not a panacea. Reversing the overrepresentation of people with mental illnesses in the criminal justice system requires a comprehensive strategy of which mental health courts are just one piece.

The 11-page publication, along with additional resources about mental health courts, is available at consensusproject.org/mhcop/info/mhresources/pubs.

NEWS BRIEFS

Kaiser issue brief on financing

Medicare: A 16-page issue brief from the Kaiser Family Foundation describes the two trust funds that finance Medicare and provides an overview of Medicare spending trends. Since the program's inception more than 40 years ago, spending has grown steadily, both in absolute dollars and as a share of the federal budget. In 2007 Medicare's \$440 billion in total expenditures represented 16% of all federal outlays, exceeded only by Social Security spending at \$577 billion (21%) and military spending at \$530 billion (19%). The brief also examines several methods of assessing Medicare's long-term financial outlook, including the recently developed "45% trigger." When actuaries project that within seven years the program's expenditures will exceed dedicated revenue by 45%, this triggers a determination of "excess general revenue funding." If the determination is required for a second consecutive year, a "Medicare funding warning" is issued, which in turn triggers a process requiring responses from the President and Congress. The

first Medicare funding warning was issued in 2007, when for the second year in a row officials projected that the 45% threshold would be exceeded within seven years—by 2013. The brief is available on the Kaiser Web site at www.kff.org/medicare/7731.cfm.

AHRQ Web video helps patients

communicate with doctors: The Agency for Healthcare Research and Quality (AHRQ) has created a Web video with advice for patients on how to ensure that they obtain the information they need—and understand the information they receive—when they visit their doctor. The five-minute video describes barriers to good communication and reviews questions that patients should ask about medical tests, diagnosis, and medications. Asking the doctor about sensitive topics is also addressed. The video is designed to be used with an AHRQ brochure "Quick Tips When Talking With Your Doctor" and with other resources available on the AHRQ site that encourage people to become active health care consumers. The video is available at www.ahrq.gov/consumer/commndrvid.htm.

APA's online tool promotes effective employer approaches to mental health:

The Partnership for Workplace Mental Health, a program of the American Psychiatric Association (APA), has launched Employer Innovations Online, a Web-based, searchable database that profiles innovative policies, programs, and practices that employers use to address mental health issues. The database includes case studies describing actual practices of leading companies (American Airlines, Cisco Systems, DuPont, JPMorgan Chase, Pitney Bowes, PPG Industries, and Sprint) in key areas, such as screening and education, employee assistance programs, disability management, community partnerships, and wellness programs. The Partnership for Workplace Mental Health invites employer participation. Interested com-

panies and organizations can submit their innovative approaches on the Web site. The database can be accessed at www.workplacementalhealth.org.

Kaiser "snapshot" of wages and benefits:

Between 2001 and 2007 the cost of health insurance premiums rose 78%, a much faster rate of increase than the general inflation rate (17%) or than the rate of growth in workers' earnings (19%). An analysis by the Kaiser Foundation indicates that between 1960 and 2006 the total amount spent by employers on group health insurance policies increased more than 20-fold, from \$23 billion to \$537 billion. Health benefit costs for employers have increased from .6% of GDP in 1960 to 4.1% in 2006. Over the same period wages have fallen from 51.8% of GDP to 45%. The author of the Kaiser analysis notes that although many people feel the burden of health care costs directly when they use medical goods and services, another way that these expenses may affect families' well-being is by slowing the increase in their paychecks each year. Without fundamental change in cost growth or a retreat from U.S. reliance on employer-provided health insurance, the author predicts that these trends are likely to continue. The snapshot analysis is available at www.kff.org.

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