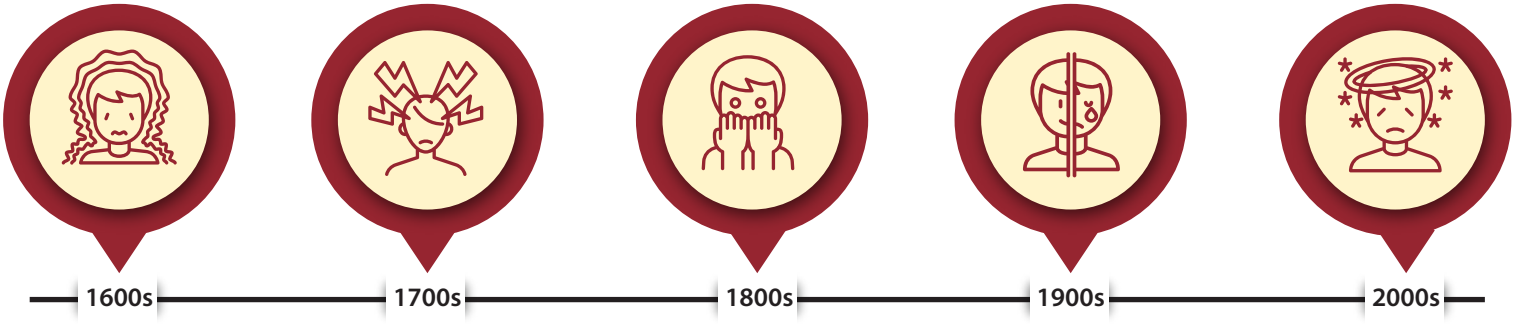
# A Timeline of the Causes of Early Mortality in People with a Diagnosis of a Serious Mental Illness




**Karen L. Fortuna,** PhD, LICSW
Assistant Professor of Psychiatry at Dartmouth College

**Pamela T. Geiger**, BA, Research Coordinator at Dartmouth Health

**Stephanie Lebby**, BA, Intern, Collaborative Design for Recovery and Health

**Robert M. Walker**, MS, COAPS, Co-Founder of the Collaborative Design for Recovery and Health

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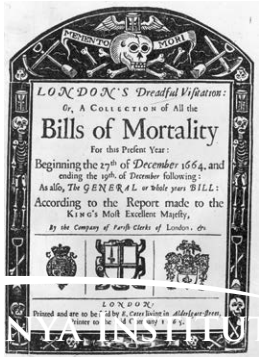
People with a diagnosis of a serious mental illness die approximately 10–25 years earlier than the general population, irrespective of geography or race and ethnicity. Poor health behaviors are identified as the prominent contributors to preventable early mortality. As such, self-management interventions were developed to promote positive health behavior change to address these modifiable risk factors in people with serious mental illness. Yet, after billions of dollars and decades of research dedicated to developing interventions and disseminating evidence, the mortality gap between those with serious mental illness and the general population is increasing. Below presents a timeline of the causes of early mortality in people with a diagnosis of a serious mental illness and seminal initiatives to address this health disparity from the year 1629 to the year 2022.


LONDON'S Dreadful Visitation:
Or, A COLLECTION of All the
Bills of Mortality
For this Present Year:
Beginning the 27th of December 1664, and ending the 19th of December following:
As also, The GENERAL or Whole years BILL:
According to the Report made to the KING's Most Excellent Majesty,
By the Company of Parish Clerks of London, &c.
LONDON:

## 1629–1831

Increasing number of "deaths by lunacy" documented in the London Bills of Mortality (Marshall, 1832).

## 1662

"Many cases, except those in the Bethlem lunatic hospital, were unreported or deliberately misdiagnosed for some other disease" (Graunt, 1662).

## 1765

"The cause to which they...ascribe ['Mad King George's mental health challenge], is the force of a humor which was beginning to show itself in the legs when the King's imprudence [he had failed to take off wet stockings] drove it from thence into the bowels; and the medicines which they were then obliged to use for the preservation of his life, have repelled it upon the brain... The physicians are now endeavoring....to bring it down again into the legs" (Buckingham & Chandos, 1853).

## 1789

"Many lunatick deaths in London are not reported, from their being interred in dissenting and unregistered burying grounds, or in other places of interment without the verge of the bills', with some deaths from lunacy 'intentionally suppressed', and a 'considerable remnant, perhaps as many more, sunk amongst the suicides and drowned"(Black, 1789).

## 1843

"Many of these died from a range of conditions, including fever and infectious diseases such as smallpox" (Webster, 1843).

## 1870

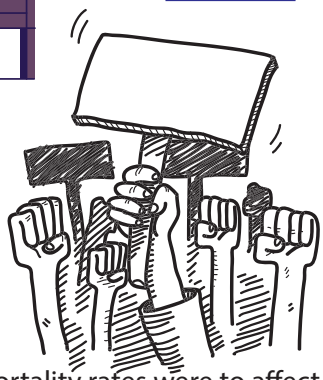
"Moral causes of death (i.e., domestic trouble, religious excitement, business and pecuniary, mental anxiety and worry, fright, and various shocks) and physical (i.e., intemperance, accident and injury, puerperal, brain disease and general paralysis, brain disease with epilepsy, sunstroke, hereditary, and congenital)" (Hill & Laugharne, 2003).

## 1916

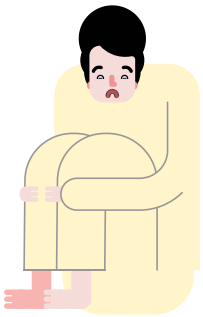
"Desperate for relief from the demons that tormented them (or their nearest and dearest) and dazzled by the seemingly authoritative reports emanating from Trenton about the extraordinary breakthroughs associated with a bacteriological model of madness, patients (or their families) urgently sought to share in the new miracle cures" (Scull, 2005).

## 1951

"Practically all diagnostic groups tuberculosis has by far the highest excess mortality. This is particularly true of schizophrenia, while in the manic-depressive and constitutional groups the difference is more" (Olegard, 1951).



## 1969-1974



"Terashima (1969) has reported on the rejecting attitudes toward the mentally ill and Inomata (1974) has also discussed the effects of being outcast on schizophrenics….The schizophrenic patient needs a supportive social network to prevent unnecessary morbidity and premature mortality" (Weiner et al., 1977).

## 2011

"If such a disparity in mortality rates were to affect a large segment of the population with a less stigmatized characteristic, then we would witness an outcry against a socially unacceptable decimation of this group" (Thornicroft, 2011).

## 2012

"Benzodiazepine use was associated with a marked increase in mortality among patients with schizophrenia" (Tiihonen, 2012).


## 2017

**"Factors contributing to premature mortality include:**

**(1) HIGHER RATES** of cardiovascular disease, diabetes, respiratory disease, and HIV and other **infectious diseases**;

**(2) HIGH RATES** of smoking, substance misuse, obesity, and unsafe sexual practices;

**(3) INCREASED VULNERABILITY** owing to poverty, social isolation, trauma and violence, and incarceration;

**(4) LACK OF COORDINATION** between mental and primary **healthcare providers**;

**(5) PREJUDICE** and **DISCRIMINATION**;

**(6) SIDE EFFECTS** of psychotropic medication; and

**(7) OVERALL LACK OF ACCESS** to health care, particularly preventive care"

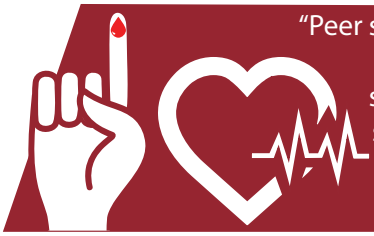
(SAMHSA 10 X 10 Campaign)

"Taking cardiovascular ill-health as an example, the contributing factors in persons with SMD may include disease-specific pathogenic mechanisms (see the emerging stress and inflammation theories), the metabolic side effects of antipsychotics [higher doses have been associated with higher risk of coronary heart disease and stroke" (Barber & Thornicroft, 2018).

## 2018

"The physical health of people with severe mental disorders is commonly overlooked, not only by themselves and people around them, but also by health systems, resulting in crucial physical health disparities and limited access to health services. Many lives can be saved by ensuring that people with severe mental disorders receive treatment" (World Health Organization, 2018).

## 2020



"Peer support and self-management training may represent strategies to improve cardiometabolic risk factors. Colocation of services may not be enough to significantly affect cardiometabolic risk factors. Health homes that include standardized screening, peer support and self-managementtraining, and intervention components that target interdependent risk factors may have a greater impact on clinical outcomes." (Fortuna et al., 2020)

"Individuals with serious mental illness are especially vulnerable to COVID-19. Patients with psychiatric disorders are more likely to have medical comorbidities associated with worse outcomes and have a higher mortality rate from COVID-19 independent of these medical risk factors. Among psychiatric diagnoses, schizophrenia is associated with the greatest increase in mortality risk" (Nemani et al., 2022)

## 2022

**Early Mortality in People with a Diagnosis of a Serious Mental Illness Virtual Roundtable**

Creation of the Early Mortality in People with a Diagnosis of a Serious Mental Illness Virtual Roundtable to develop the first-ever patient-led research agenda on early mortality.

*Sources for this historical review were collected through consultation with a librarian and did not use a systematic approach. As such, this historical review may not include all published documents on the causes of early mortality in people with a diagnosis of a serious mental illness.

Dartmouth Health

**Dartmouth Biomedical Libraries**
**Pamela J. Bagley**, PhD, MSLIS, Coordinator of Biomedical Research Support
**Heather B. Blunt**, MSLIS, Research and Education Librarian

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