

Investigating Premature Mortality Among Clients of Behavioral Health Services

In 2001, NRI coordinated with Substance Abuse and Mental Health Services Administration -funded 16-State Study on Mental Health Performance Measures. One of the 32 indicators piloted for reporting was the health status of persons with mental illness measured in terms of mortality rates. Nine participating states reported data that show persons with a mental illness have higher rates of mortality than the general population, even adjusting for age and gender. These data show that persons with a mental illness served by state behavioral health systems die 25 years earlier than the general population. Causality, causes of death, and the association of this outcome with social determinants of health were outside of the 16-State Study.

Since the 16-State Study, NRI, NASMHPD, and many state agencies have worked to improve the physical health of consumers served by state behavioral health authorities. Given re-

cent findings citing high levels of physical health problems among behavioral health consumers, NRI and the NASMHPD Medical Directors Workgroup wish to update the original data, and to also determine any association between socioeconomic status on the overall health outcomes of persons with behavioral health diagnoses.

Partner with NRI to determine how these factors influence the mortality of consumers in your state. NRI will work closely with you to prepare necessary data files and collaborate on the analysis and interpretation of your state's results. At the end of the study, particiBy partnering with NRI to better understand the causality of high mortality rates among behavioral health consumers, Missouri was able to narrow the mortality gap by 10 years. ~Joe Parks, M.D., Missouri

pating states will receive a detailed, state-specific report about the factors that influence mortality rates in their states. Each state's results will also be placed in a national context with other states participating in the study.

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