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Letter

A comment on review article: Reducing excess mortality in informal caregivers of people with severe mental illness

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In their insightful and comprehensive State-of-the-Art Review, Christoffer Polcwiartek and René Ernst Nielsen [1] elucidate the profound impact of mental illness on life expectancy, demonstrating that individuals with severe mental disorders die, on average, 10-20 years earlier than the general population. This excess mortality is predominantly attributable to preventable physical diseases; however, fragmented healthcare, insufficient screening, and inadequate treatment of cardiovascular, respiratory, infectious, and oncological conditions further exacerbate this disparity. These important findings underscore a systemic failure within healthcare systems to deliver equitable and integrated care [1].

The persistent mortality gap – and the consequent disadvantage experienced by individuals with mental illness – has been extensively examined and debated in the scientific literature, revealing a fundamental inequity in healthcare provision. Nevertheless, by focusing solely on mortality among individuals with mental illness, one risks neglecting a closely related and equally vulnerable group: informal caregivers of people with mental illness. Emerging evidence indicates that caregivers, too, experience an excess mortality gap, thereby compounding the overall disparity associated with mental illness – particularly concerning prevention, early detection, and the management of mental disorders within families.

A recent study shows that offspring of parents with mental disorders have an increased risk of mortality up to the age of 51 years. The associations were observed across all major categories of parental mental disorders and were strongest in cases of unnatural deaths, particularly when both parents were diagnosed with a mental disorder [2].

According to the authors, the possible explanations for these findings suggest that the mechanisms underlying this association are multifactorial. Children of parents with mental

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disorders are more likely to experience adverse childhood environments, including dysfunctional parent-child interactions, insecure attachment, and poor educational outcomes, all of which can disrupt physiological development and stress regulation. Furthermore, delayed healthcare seeking among affected parents may exacerbate their children's illnesses. Genetic factors may also play a role, as parents can transmit both disorder-specific and pleiotropic risk genes associated with adverse health outcomes. Finally, mediation analyses indicate that mental disorders in the offspring partly explain the association between parental mental illness and increased mortality risk [2].

Similar studies have reported that offspring of parents with severe mental illness experience elevated mortality and somatic morbidity, underscoring the need for heightened vigilance and support for this vulnerable population [3, 4]. A Danish study from 2007 demonstrated that relatives of individuals with mental disorders have a 39% increased risk of premature death compared with the general population [5].

If current trends persist, the mortality gap among informal caregivers is likely to endure, underscoring the need for a fundamental reorganization of care delivery within psychiatric services – extending support not only to patients but also to their families. These findings emphasize the critical importance of systematic support for informal caregivers of individuals with mental disorders. Further research is warranted to explore how interventions and strategies may reduce the risk of premature death among informal caregivers as well as among those living with mental illness. The potential for enhanced family support to reduce these risks represents a critical area for future investi2gation.

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