

The Impact of Physical Health Problems for Persons with Severe Mental Disorders

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Individuals who have a severe and persistent mental disorder, including schizophrenia or manic depression, very often present a variety of physical health problems, among them obesity, high blood pressure, and diabetes. For many of these individuals, quality medical care for their physical health needs is simply unavailable or inaccessible due to the lack of health insurance coverage or personal financial resources. In many instances, medical problems may result from negative side effects of medication being taken to manage the mental disorder; in turn, physical health problems may serve to encourage non-compliance with prescribed psychiatric medications. This section will explore these and other issues relating to physical health problems for persons with severe and persistent mental disorders.

“People with mental illnesses are among the most marginalized people in our community. The consequences of mental illness often extend beyond the direct symptoms of the illness to affect people’s social and economic well being and all aspects of their lives.”

“People with mental illnesses are often isolated from family and friends. Mental illness can also affect people’s job prospects and make it difficult to secure and retain full-time employment. They face a continual discrimination based on fear of mental illness. The separation of health care for physical illnesses from [mental health] care often fragments the total care offered to this group. These factors often result in people with a mental illness not receiving adequate health care in relation to their overall health needs.”

These introductory paragraphs are from the Consumer Summary of the Duty to Care: Physical Illness in People with Mental Illness study conducted by the Department of Public Health and Department of Psychiatry and Behavioural Science at the University of Western Australia from 1980 through 1998. It represents a major effort to determine the extent to which users of mental health services have different rates of physical illness compared with the general population. The study compared deaths, the total number of cancers that were diagnosed and hospital admission rates in people with mental illness with the general population.

The following excerpts from the Consumer Summary of the study’s findings provide an overview of the major impact that unmet physical health problems have on people with severe and persistent mental illnesses. The findings also serve as a call to action to mental health professionals, advocates and patients/consumers throughout the world, as they demonstrate the magnitude of global neglect in developing an integrated approach to health care for those who experience major mental health problems.

The nature and delivery of psychiatric services changed dramatically in the 20th century. This has resulted in a large reduction in the number of people with mental illnesses in hospitals and other mental health care facilities. More effective treatment for mental disorders, particularly the introduction of newer and more effective medicines has been the main reason for this trend. It has allowed many people with mental illnesses to be treated outside of institutions and helped them on the path to more normal lives.

“After heart disease, mental illness is the most common cause of premature death. Also, about 30% of the non-fatal disease burden on the community is due to mental illness. Depression is the most common cause on non-fatal disease burden. A range of effective treatments exists for most mental disorders. However, a powerful stigma, based on fear of mental illness, remains a significant barrier to effective treatment and rehabilitation. Premature death is more common among people with mental illness. This is due to their higher rates of physical illness and the fact that these illnesses add to the difficulties of living with a mental illness.”

“Physical illness may also be the result of treatment received for a mental disorder (e. g., side effects of some medications). Physical illness may not be diagnosed or properly treated and people with mental illnesses may have their physical health problems diagnosed at a later stage.

“Mental illnesses are often associated with behaviours that carry high health risks, such as smoking, alcohol and other substance abuse, obesity, poor diet and lack of exercise. Mental illnesses can create difficulty in communicating symptoms of physical illness that can further complicate diagnosis. People with mental illness are also less likely to be in contact with general health services and more likely to not have their illnesses identified and treated.

“Cigarette smoking is a major risk factor for many commonly occurring physical illnesses. Smoking is common among people with mental illness. The highest rates and heaviest consumption are among those with the most serious disorders. In Western Australia, 43% of people with diagnosable mental illness smoke compared with 24% of the overall population. Despite the adverse effects smoking can have on people with mental illness, they are rarely encouraged to quit.

“Alcohol abuse and use of illicit drugs are also common problems among people with mental illness. Around half of people with psychotic disorders report illicit drug use. People with mental illness also have high rates of obesity and poor nutrition.

“If a mentally ill person has a physical illness when being treated for a mental illness, there is a strong possibility that the physical illness will not be diagnosed. This can occur even when the physical illness is either causing or exacerbating the mental disorder. Proper treatment of physical and mental conditions at the same time improves the overall well being of the consumer. Barriers to effectively treating people with mental illness in general practice setting have been identified. Also, some psychiatrists tend to regard themselves as specialists who shouldn't be called on to diagnose physical illnesses. The separation of mental health services has led to fragmented care for people with mental illnesses.”

In the conclusions and recommendations drawn from their research and findings, the study's authors suggest some ways in which the negative impact of unrecognized and untreated physical health problems among people with mental illnesses can be reduced. These recommendations can also provide specific program, service and policy advocacy opportunities and directions for organizations such as mental health associations and other advocacy groups in their own communities and countries. For example, the authors suggest that:

*“ More integrated and cooperative approaches to health care are required to effectively meet all of the health needs of people with mental illness. Currently the fragmented approach to health care for the mentally ill sees too many people falling through the cracks, too often resulting in illness not being diagnosed or treated;
Substance abuse and addiction are major problems for the mentally ill. Services to deal with addiction need to be incorporated into every day care of people with mental illness.
Programmes to reduce smoking and other substance abuse among people with mental illness could lead to significant reduction in physical illness in this group;
People with mental illness have not benefited from public health campaigns aimed at reducing major health risk factors. Specially targeted programmes would be welcome.
More outreach services and more proactive health care is needed for people with mental illness; otherwise, they risk missing out on vital health care;
Health care services must adapt to the needs of people with mental illness; otherwise this vulnerable group will continue to have an unacceptably high death rate and reduced life expectancy. There are several steps that could be taken to address these issues, including programmes to reduce smoking and other substance abuse, promote healthier lifestyles, and developing integrated health services that make diagnosing, treating and*

managing physical health problems a priority in the overall health care of people with mental illness.”

Concerns about the untreated physical health problems of women diagnosed with a serious mental illness are growing, especially among consumers and advocates. The major reasons for this increasing level of concern are the fact that women who experience a serious mental health problem are much more likely than others to have their physical health complaints ignored and to have their requests for services denied; secondly, the failure to address physical health problems in a timely fashion is likely to lead to more costly interventions at a later time, resulting in negative outcomes for both the women who are affected and for the overall health care system.

One of the most extensive investigations of extent and consequences of untreated physical health problems among women diagnosed with serious mental illness was completed in June 1997 by Dr. Vivian Brown and a group of colleagues comprising the Technical Expert Group on Women, Violence and Mental Illness of the National Resource Center for the Prevention and Treatment of Alcohol, Tobacco, and Other Drugs and Mental Illness, supported by the Substance and Mental Health Services Administration of the United States Department of Health and Human Services.

As described in the Executive Summary of the report, *“The population of women diagnosed with serious mental illness includes women who have a variety of diagnoses, different treatment histories, functional levels, prognoses, race, and ethnicity. What is common to most of these women is that they are often victims of insensitive planning and inadequate physical and mental health services. Research suggests that women diagnosed with serious mental illness suffer physical illness, and even die, at rates higher than the general population.”*

The report identifies a number of key barriers that preclude women diagnosed with a serious mental illness from obtaining sensitive and coordinated health care. Among the barriers included are:

Failure to diagnose and misdiagnosis: *Both primary care physicians and mental health professionals fail to diagnose illnesses in women with serious mental illness. In addition, practitioners often fail to uncover trauma history in psychiatric settings, substance abuse contributes to the failure to make accurate diagnosis, and there is a lack of routine gynecological screening and care.*

Lack of gender-based studies of psychoactive medications, medication interactions, and ECT: *The result is that women are prescribed medications that have not been tested for dose-ranging and side effect profiles on women. There is also a lack of long-term research on the effects of ECT and psychotropic medications on women and fetuses.*

Stigma: *For women diagnosed with serious mental illness, community response can be insensitive, isolating and stigmatizing.*

Language and culture: *Systemic factors, such as lack of bilingual, bicultural staff, untrained or inadequately trained interpreters, and failure to reach out into the communities of color to create an awareness of services, can all contribute to underservice and disservice.*

Beyond systemic barriers to access and utilization of adequate and appropriate health care services, women diagnosed with serious mental illness often have co-occurring and safety-related issues that further complicate their access to care. Among these additional barriers are lack of regular and timely prenatal care during pregnancy, substance abuse that serves to exacerbate physical morbidity associated with mental disorders, homelessness, HIV/AIDS, and physical and sexual abuse.

As Dr. Brown points out, physical and sexual abuse can have particularly devastating effects on both a woman’s mental and physical health and well being: *“For many women, physical and sexual abuse is the norm rather than the exception. A woman who has experienced abuse often*

neglects her own health, because of fear of the disclosure of the abuse and/or fear of the medical system. However, even if the woman enters the health system, she is rarely asked about physical or sexual abuse, even though such abuse, whether experienced in childhood or as an adult, leaves a legacy of physical and mental health damage.”

Writing in a *Commentary* on the study's findings and recommendations in the Summer 1998 *Journal of the American Medical Women's Association*, Dr. Brown called on the separate care systems for physical and mental health to create linkages to promote integrated care and reduce the difficulty that women with both a serious mental illness and major physical health problems have in locating and accessing the services they need. The recommendations contained in Dr. Brown's commentary also can provide an guideline from which advocates for improved services for persons with co-existing serious mental and physical health problems can work. These recommendations include:

“Comprehensive assessment of physical health, mental health, trauma history, and substance abuse at all entry points into the system. No matter where she enters, a woman's needs must be met.
Training for service providers. Clinicians should be trained to follow practice guidelines that focus on best practices for women diagnosed with serious mental illness and particularly on ways to avoid re-traumatizing them. Primary care providers must learn to detect physical and sexual abuse histories and to understand how these histories and possible concurrent substance abuse may interfere with the woman's ability to reveal specific health problems. Mental health professionals must recognize and take responsibility for patients' physical health problems. Both primary and mental health care professionals must be aware of the potential interactions between psychotropic medications and those prescribed for medical conditions.
Reorientation from a focus on acute care to preventive health care.
Access to dental care, as many women with serious mental illness and women with substance abuse problems often have serious undiagnosed oral health problems.
Promoting continuity of primary and mental health care and coordination among practitioners. The high level of morbidity among women diagnosed with serious mental illness argues for aggressive coordination among providers.”

The association between mental illness and poor physical health care has been long recognized. The *British Medical Journal* first reported on this relationship in an article appearing over 60 years ago. According to the authors of an editorial in *BMJ* in February 2001, subsequent research, in many countries, has consistently confirmed that psychiatric patients have high rates of physical illness, much of which goes undetected. Such investigations have led to calls for health professionals to be more aware of these findings and for better medical screening and treatment of psychiatric patients. So far, according to the authors, there is no evidence that this is happening, and the excess illness and mortality continue unabated, with people being managed as psychiatric outpatients being nearly twice as likely to die as the general population.

As pointed out in the editorial, *“Several factors prevent people with mental illness from receiving good physical health care. People with schizophrenia are less likely than healthy [individuals] to report physical symptoms spontaneously. Some symptoms of the consequences of schizophrenia—cognitive impairment, social isolation, and suspicion—may contribute to patients not seeking care, or adhering to treatment. When they do present themselves their lack of social skills and the stigma of mental illness may also make it less likely that they receive good care.*

“In most industrialised countries, reform in mental health care has led to the closure of long stay mental hospitals and the development of community mental health teams. Such teams are expected to meet the whole range of health and social needs. Hospital admissions are often short and infrequent, and physical health care is not necessarily given priority. In Britain, the national service framework for mental health states that people with a severe mental illness should have their physical needs assessed. However, many mental health practitioners have little training in physical care. Physical assessments of psychiatric inpatients by junior psychiatrists are poor, and

the monitoring of physical health and health education by community mental health staff is generally unsatisfactory.

“Most patients with severe mental illness are in frequent contact with primary care services, and for many this is their only contact with health services. However, such contact does not necessarily ensure that they receive good physical health care. The orientation of primary care is reactive, and this does not fit well with patients who may be reluctant, or unable, to seek help. Short consultation times make it difficult for doctors to assess mental state and conduct a physical assessment, especially in vague or suspicious patients. and social issues. Doctors who are inexperienced in, or uncomfortable with, mental health work may resist intensifying their engagement with a patient by actively asking about symptoms and performing a physical examination.

“The lifestyle of patients with severe mental illness suggests a need for health promotion—which can be effective. For instance, group therapy is effective in helping patients with schizophrenia stop smoking. But progress in this is hampered by negative staff attitudes. Initiatives in this area should be accompanied by research, so that the most effective approaches can be identified and widely adopted.

The evidence suggests that it is possible to improve the physical health of this vulnerable section of the population. Progress will, however, depend on both mental health and primary care staff being aware of the problem and being willing to find imaginative solutions which are acceptable and useful to patients.”

Two meetings held recently in the United States addressed similar issues of the importance of primary care and mental health professionals working collaboratively to better understand and meet the needs of persons with severe and persistent mental illnesses who also have physical health problems. In November 2003, the Mental Health Association in New York City convened a symposium at which the connection between mental and physical health were discussed by practitioners and researchers. As reported on Medscape Medical News, Dr. Richard K. Nakamura, PhD, told the audience that *“Depression is a systemic disease that is a risk factor for the development of other diseases and illnesses. Depression is a risk factor for the development of cardiovascular disease and stroke, and it can affect treatment of diabetes mellitus and increase the risk of many other infections. Primary care physicians need to be on the lookout for patients who present regularly with lots of different illnesses or ailments.”*

A recent web cast organized by the Eli Lilly Company addressed the need for greater attention for the physical needs of mental health patients at risk for weight gain and obesity-related complications. The web cast brought together a panel of mental health experts to highlight the importance of closer monitoring of the physical needs of patients with severe and persistent mental illnesses (SPMI) to help them reduce the risk of weight-related health problems. The panel endorsed Complete Wellness: The Whole Person Treatment Approach, which provides resources to help those living with SPMI to learn about diet, exercise and healthy lifestyle modifications.

William M. Glazer, M.D., a panelist and associate clinical professor of psychiatry at Harvard Medical School, Massachusetts General Hospital and president of Glazer Medical Solutions, explained the timeliness of the web cast. *“This event is of particular importance lately, given the recent requested label change from the U.S. Food and Drug Administration for all atypical antipsychotics to include a warning about additional information on hyperglycemia and diabetes,”* Glazer said. *“The label change is a positive step for patient care because it reminds health care professionals about the need to pay attention to the physical health - in addition to the mental health - of their patients.”*

Panelists agreed that addressing the physical well being of patients with SPMI is as important as treating their mental health. However, often too little attention is paid to the physical needs of this patient population. To help address this unmet need, a new treatment approach was developed that combines education and lifestyle intervention in order to advance patient care and outcomes. The Complete Wellness approach helps patients combat primary mental illness symptoms and provides resources to mental health professionals to help those living with SPMI learn about diet, exercise and healthy lifestyle modifications.

References

- Baez, M. "Primary Care Physicians Should be Aware of Links Between Physical and Mental Health." *MedScape Medical News*, November 19, 2003. <http://www.medscape.com/viewarticle/464742>
- Baez, M. *Medscape Medical News*, November 19, 2003
- Brown, PhD V: "Untreated Physical Health Problems Among Women Diagnosed With Serious Mental Illness." *Journal of the American Medical Women's Association*, (Vol. 53, Number 4), Summer 1998, pages 159-160.
- Brown, PhD, Vivian: "Untreated Physical Health Problems Among Women Diagnosed with Serious Mental Illness." ©June 1997 PROTOTYPES System Change Center, Culver City CA USA www.prototypes.org
- Coghlan, Rebecca; Lawrence, David; Holman, D'Arcy; Jablensky, Assen: "DUTY TO CARE: Physical illness in people with mental illness." *Consumer Summary*, 2001, Department of Public Health & Department of Psychiatry, University of Western Australia. www.dph.uwa.edu.au , page 2.
- Lilly Newsroom: "Greater Attention Needed to the Physical Needs of Mental Health Patients at Risk for Weight Gain and Obesity-related Complications," October 15, 2003. http://newsroom.lilly.com/news/corporate/2003-10-15_completewellness_webcast?pfv/html
- Phelan, M.; Stradins, L.; Morrison, S. "Physical health of People with Severe Mental Illness: Can Be Improved if Primary Care and Mental Health Professionals Pay Attention To It" (Editorial) *British Medical*