Poor physical health is compounded by mental illness

People with co-morbid depression and chronic disease not only have poorer clinical outcomes but also significantly higher healthcare costs compared to those with a chronic disease alone. That is, poor physical health is compounded by mental illness. For example, mild to moderate depression and anxiety is common in people with a physical illness or chronic disease like heart disease, arthritis and diabetes, and worsens with the severity of physical symptoms or risk factors for disease such as metabolic syndrome.

A shift away from in-patient treatment of mental illness toward community-based care settings and the incorporation of mental health care into mainstream health services has not reduced the mortality rates of people with mental illness. However, poorer mental health outcomes among users of health services are not necessarily the result of poorer engagement with primary health care providers. Hence, simply encouraging more frequent consultations may be fruitless.

Physical illness is undiagnosed alongside mental illness

Low rates of diagnosis and hospitalisation and high mortality for physical conditions among people with mental illness leads to increased mortality from physical illness and low hospitalisation rates among people with mental illness. People experiencing co-morbid physical and mental health problems do not always receive primary health care that is both adequate and appropriate to their needs. General practitioners and other primary care providers may attribute depression to physical illness. Similarly, mental health services, that focus on psychiatric symptoms may overlook physical symptoms or consider them psychosomatic.

Strategies to improve care provision

Interventions that consistently provide benefits for both physical and mental health for people with chronic conditions are required. However, providing financial incentives to primary health care providers to simply screen patients with chronic disease for depression is inadequate. Understanding the interaction between physical and mental health and developing integrated care that simultaneously considers people’s physical and mental health needs is essential. Reducing fragmentation of services, fostering service integration and improving the preventive value of existing contacts between patients with mental illness and their GPs may be beneficial.

Practice, policy and patient level interventions can be effective. At the patient level, interventions to improve coping strategies were effective in reducing symptoms and psychological stress, as shown among people with asthma. The primary health care setting is ideal for identifying and addressing co-morbidity between mental and physical illness because of the potential for integrated clinical care. Australian and international evidence shows that, despite higher costs, Collaborative Care is the most effective approach. Effective strategies should be implemented to facilitate communication and Collaborative Care between specialists and PHC providers. Opportunities exist for collaboration between GPs, Divisions of GP/Medicare Locals and mental health services. Practice nurses may be well positioned to work collaboratively between these providers.

The TrueBlue project provides a case example of a system of primary care for Australian patients with chronic heart disease and/or type 2 diabetes and co-morbid depression that is capable of improving clinical outcomes through nurse-led Collaborative Care. The TrueBlue Collaborative Care project has demonstrated effective management of complex patients with depression, heart disease and diabetes within the existing Medicare funding structure and primary health care workforce. Similarly, the US TEAMcare collaborative model has improved the quality of care as well as patients’ medical and psychiatric outcomes.

Summary

Managing mental and physical health problems is a complex part of managing chronic conditions. Simply...
relying on people with diagnosable mental illness to seek increased health care is not sufficient to reduce poorer physical health care outcomes. Improvement in the way health care is provided is required to meet the physical health needs of people with mental illness. Primarily, interventions focussed on multi-disciplinary care that integrate specialist care with general PHC are essential to improving physical health outcomes among people with mental illness.

References


Table 1: Features of the Collaborative Care model (Modified from:39)

- A structured and multi-faceted approach based on chronic disease management principles
- A greater role for non-medical specialists like case managers, practice nurses/nurse practitioners, clinical psychologists and other mental health specialists, including occupational therapists and social workers
- Key organisational and professional components, including:
  - Clinical education for GPs
  - Dissemination and implementation of treatment or management guidelines
  - Use of case-screening procedures
  - Reconfiguration of roles within primary care
  - Early appropriate use of specialized psychological or psychiatric assessment or brief psychological interventions
  - Case management, reminder systems and other active follow-up schemes (telephone or e-health-based) to enhance continuity of care and adherence to treatments
  - Consultation/liaison or other methods of improving working relationships between primary and specialist/secondary services
  - Formal integration of services, including collocation and common clinical governance schemes
  - Support for patient education, self-monitoring and consumer-based decision tools.


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