

## Physical health care and mental illness

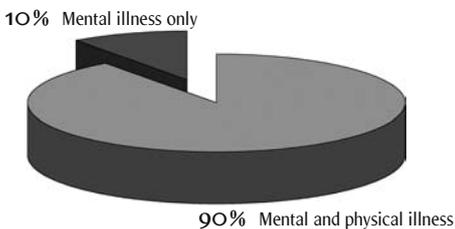
*People affected by mental illness experience very high rates of physical illness, yet many do not receive health-checks and preventative advice to deal with this risk . . .*

People affected by mental illness have much poorer physical health than the general population, experiencing heart or respiratory disease, circulatory problems, diabetes and other conditions at far higher rates.\* Ensuring good physical health care as well as mental health care has long been a challenge.

This SANE Research Bulletin investigates the physical health care received by people with a mental illness, and what needs to be done to improve this.

The survey was conducted during September-October 2007, using a convenience sample of 350 people who completed a questionnaire via the SANE Helpline or website. The majority of respondents were female (74%) and lived in urban areas (63%). They were aged predominantly 25-39 years old, and the most common diagnoses were depression (37%), bipolar disorder (20%), schizophrenia (12%), and anxiety disorders (9%).

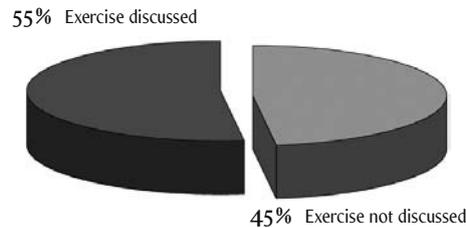
### What is the state of physical health, and what physical health care is being provided?



As well as a mental illness, almost all respondents (90%) had a chronic physical health problem such as high blood pressure, diabetes, heart or respiratory disease.

The majority (70%) saw a GP for their mental as well as physical health care. Forty-one per cent saw their GP monthly and 35% every six months, with almost all (96%) visiting the same GP or surgery regularly. This continuity of care is important – fostering consistent, informed treatment and a good trusting relationship with the doctor.

### What treatment and support are being provided?



Nearly half (45%) had not discussed improving their health through exercise with their doctor, and a similar proportion (43%) had not discussed improving their diet. This is alarming because of the known high rates of diabetes and heart disease among this group.

Nearly all respondents (98%) were being treated with medication, and almost all (93%) were also using some form of complementary medication or therapy, such as St John's Wort. A major concern is that almost half (48%) had not discussed these unprescribed substances with their doctor, as they may interact with medications and have harmful effects.

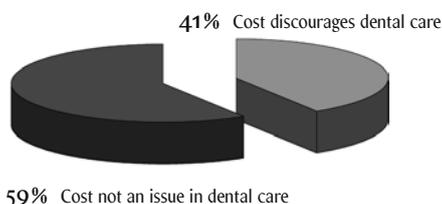
### Is physical health being checked effectively?



Most respondents (90%) had had their blood pressure measured within the past year, and 60% had had their weight checked.

However, given the high prevalence of diabetes and heart disease among people with a mental illness, the proportion who had received blood tests for cholesterol, sugar levels and liver function was disappointingly low, at just 50%. Only around the same proportion (52%) had had their smoking status checked. Excess waist girth is also a key indicator of serious health problems: only 18% reported that this had been measured by their doctor in the past year.

## Is dental care easy to access?



While most respondents had had a dental check-up in the previous year, 41% of them reported that the high cost of dental care discouraged actually seeking treatment.

The importance of oral health can often be overlooked. It has a significant effect on physical and mental health in addition to tooth decay and associated pain – contributing to secondary infections, digestive problems and social discomfort.

For those on low incomes, however – including the many people with a mental illness on a Disability Pension – the cost of private dental treatment is prohibitive, while public dental care is extremely limited and involves very long waiting times.

## In summary

- People affected by mental illness experience much higher rates of physical illness than the general population – 90% of respondents reported having a chronic physical condition.
- Most people affected by mental illness visit the same GP practice regularly, where their physical as well as mental health care is provided. This gives an ideal opportunity to monitor and improve physical health – an opportunity which is often not being acted upon, however.
- Many GPs do not provide basic physical health-checks for their patients with a mental illness, nor do they offer information and advice on promoting a healthier lifestyle – for example, through exercise and diet.
- Dental care is difficult to access for people affected by mental illness, as many of them are on a limited income and public dental services are very limited.

## Recommendations

**1 GUIDELINES AND MBS ITEM FOR GPs**  
*GP Guidelines and an MBS item for physical health check-ups for people affected by mental illness are urgently needed. These would help ensure that monitoring and promotion of physical health became a standard component of treatment for people affected by mental illness, because of their known increased risk factors.*

**2 PHYSICAL HEALTH PROMOTION**  
*People affected by mental illness need information and advice from their treating doctors – including psychiatrists – and case managers on how to monitor and improve their physical health. This is especially important with regard to metabolic syndrome: the combination of risk factors for diabetes and coronary heart disease experienced by some people taking antipsychotic medications.*

*The high rate of smoking among people with a mental illness (31.8%) is almost double that of the general population, and among people with schizophrenia the rate is around 90%. \*\*  
 Being such a high risk group for smoking-related diseases means that they should also receive special help to reduce and quit smoking.*

**3 COMPLEMENTARY THERAPIES**  
*Use of unprescribed medications and therapies is almost universal among people affected by mental illness. Educational measures are needed to ensure they understand the importance of discussing frankly with their doctor the effects of all medications and substances taken, because of possible toxic interactions with prescribed medications.*

**4 DENTAL HEALTH CARE**  
*The Rudd Labor Government's commitment to reinstate the Commonwealth Dental Health Program is welcome.*

*SANE Australia urges the Government to carry out in full the recommendations of the Oral Health Alliance, to ensure that people on a low income – including those affected by mental illness – are able to access affordable, timely, good quality dental treatment.*

\* Lawrence, D, Holman, D & Jablensky, A. 2001. *Duty to Care: Preventable physical illness in people with mental illness.* University of Western Australia.

\*\* Access Economics, 2007. *Smoking and Mental Illness: Costs.* Report for SANE Australia. Access Economics; SANE Australia.

## SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research.

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