TRAINER’S NOTES
Improving the physical health of people living with mental illness

A Physical Health Workshop for Carers, Peer Supporters and Non-Consumer Support Workers

by

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3) Overview

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4) World Health Organisation Definition of Health

"Health is a state of complete physical, mental and social well being not merely the absence of disease or infirmity" 

This is the World Health Organisation’s (WHO’s) definition of health – it brings together all the elements of health and clearly defines that health is a combination of mental, physical and social well being.

The aim is to view health care holistically - what effects the mind also effects the body and visa versa.

Too often particularly in the mental health system physical and mental health are seen as two separate entities. Studies have shown that mental health services are not very good at looking after their clients’ physical health

This means that psychiatrists may think it is a GP’s job to look after a person’s physical health, and GP’s might think that it is the psychiatrist’s job to look after physical health.

The end result may be that no one looks after a consumer’s health!

What we aim to do today is to give you some tools that you can use to make sure that the physical health needs of the people you support are attended to.

Firstly, let us look at some disturbing facts....

5) Facts about the physical health of people living with mental illness

- Regardless of the type of mental illness a person lives with, their physical health will be poorer than people in the general population
• The life expectancy of people living with mental illness can be up to 25 yrs shorter than people in the general population.
• People living with mental illness are 2.5 times more likely to die from preventable and treatable diseases than people in the general population.
• Diseases are either not diagnosed, not treated properly, or diagnosed and treated at much later stages of the disease process in people living with mental illness.

6) **Small group discussion:**

Ask people to turn to the people next to them and discuss: Why do you think people living with mental illness have such poor physical health.

Depending on available time allow 5-10 minutes.

Then have 5-10 minutes of large group discussion.

Write ideas down on a white board.

7-8) **Why focus on physical health?**

• Lack of clarity about who is responsible for attending to the physical health of people.
• People living with mental illness seek primary care as often as those in the general population, but outcomes are worse.
• Fractured nature of health delivery systems.
• People living with severe mental illness may not spontaneously report problems with physical health, or only report pain when it becomes severe.

• Frequently physical health problems are dismissed as symptoms of mental illness.
• Physical conditions that cause or exacerbate mental health problems are not uncommon.
• Many psychiatric medications contribute to poor physical health.
• 33% of people who live with schizophrenia have 3 or more co-morbid health problems.

9) **In our work with consumers we have found that:**

• They are more likely to attend to their physical health with support.
• They are aware of health promotion campaigns but lack the knowledge of how to go about making lifestyle changes.
• Financial cost and accessibility are big issues.
• They may feel so overwhelmed by their mental health problems that physical health issues are ignored/overlooked/endured.
• When people do complain about a physical health problem it is often ignored or dismissed.
10) **How does physical health affect mental health?**

- Quite often physical health problems can be mistaken as a symptom of mental illness.\(^\text{14}\)

As early as the 1980’s\(^\text{14}\) it was shown that physical health problems may mimic mental illness. It showed that in a group of 100 people diagnosed as having mental health problems when the physical health of this group was fully investigated and any physical health problems treated 30 people no long had any symptoms of mental illness and a further 18 people showed significant improvement. - An amazing cure rate on anyone’s terms

- Improvement of physical health will often improve mental health.\(^\text{14}\)

Even discounting the situations where a physical health problem is misdiagnosed as a mental health problem, factors such as smoking, alcohol misuse, lack of exercise and poor diet will make mental health worse because just as poor mental health leads to poor physical health, poor physical health leads to poor mental health\(^\text{14}\).

It is therefore essential that every individual diagnosed with a mental health illness has an initial thorough physical health check and ongoing monitoring of their physical health.

11) **Example: The thyroid gland**

The thyroid gland is situated at the front of the neck and produces a hormone called thyroxin – it is interesting to note that thyroid disease is relatively common.

The thyroid controls how fast our bodies tick over – too little thyroxin and we slow down, too much thyroxin and we speed up. Not only do thyroid problems affect our physical function but also our mental function – changes in thyroid function may cause depression, panic and anxiety, and in some cases psychosis.

Under active thyroid will result in:
- Constipation
- Weight gain
- Slowing of mental function
- Depression

So if a person complained of these symptoms they could be misdiagnosed with depression, if not thoroughly checked out.
12) Overactive thyroid will result in:
   ● Weight loss
   ● Anxiety/agitation
   ● Pressure of speech: Speech just seems to pour out, without you being able to get a word in, over a long period of time. Person can’t stop talking.
   ● Sleep problems: Difficulty getting to or staying asleep

So a person with these symptoms could be diagnosed as having a mental illness if a thorough health check wasn’t carried out. Especially if they reported having difficulty with day-to-day-living at the same time, which given the symptoms is not surprising.

13) Barriers to receiving effective healthcare

14) Barriers to effective health care

   ● Ability to identify health concerns

   The current general practice system in Australia is based on 10min general practice consultations where a consumer identifies their health concerns which are then addressed by the GP.

   This system assumes that a person is able to identify their health needs and to describe this to their practitioner.

   Dr Jackson who works in this area has found that consumers don’t always tell her what their physical symptoms are without her asking them directly. So she asks a series of specific questions covering every bodily function to identify possible health issues. E.g. Do you feel pain anywhere? Do you sometimes have trouble breathing? Do you ever feel dizzy?

   Not every GP can spend the time or has the necessary skills to be this thorough.

   When a person is unwell due to a mental illness it may be difficult for them to tell a GP what is wrong; or they may put up with something because their mental health is all they can think about.

   ● Beliefs of health care provider

   Health care providers often have preconceived ideas on the ability of individuals with mental health problems to make lifestyle choices and are less likely to provide counselling on lifestyle changes. Again specific questioning is required on drug and alcohol use and sexual health – all of which are areas some practitioners may not feel comfortable talking about
● Ability to access health care

Access to medical care is affected by several things: –

* The ability to navigate the system that is, finding an appropriate GP and making an appointment
* Cost – this relates to the medical appointment, any tests or specialist appointments and any medication – bearing in mind individuals living with mental health problems are more likely to be either unemployed or in fixed-income low paying jobs
* Location (i.e. no GP’s close by)
* Transport issues (e.g. no public transport etc)

● Wanting to keep mental and physical health care separate

Some consumers feel very strongly that the MHS already has too much information about them already and therefore will not tell their mental health workers about any physical health issues they may have.

This may be because they may have had bad experiences in the past, i.e. reporting physical health symptoms resulted in coercive treatment.

● Not wanting to know

Just as there are people in the general population who hope health problems will ‘go away’ some people with mental health problems feel the same way.

15) Getting the most from GP visits

● Encourage the person to choose a GP carefully

Choose a GP carefully, ask for opinions of family or friends you trust, mental health workers etc and do not be afraid if a GP doesn’t suit you to go to someone else. The beyondblue website has a list of mental health friendly GP’s. Divisions of General Practice can give you contact details of GP Practices in a particular area. The Practice receptionist will probably tell you which GP is most mental health friendly if you ask. Most MHS in WA now have GP liaison officers who can assist people to link up with GP’s.

● Book a longer consultation

Check with the GP receptionist regarding that GP’s usual consultation length – if the person has a complicated problem or several problems it may be better to book a longer appointment when you/they call.
● Encourage the person to plan their visit

Suggest that the person writes down all their concerns and questions that they’d like to ask their GP before they go. This is so that they don’t forget something that may be important (For example a person may have several minor complaints e.g. rash on arm, constipated and sore throat, these symptoms may or may not be related, but the Dr will know)

● Take someone with them

If the person doesn’t feel confident about going on their own due to past experience, or because they feel they won’t remember everything the Dr said, suggest that they ask someone they trust to go with them. The support person can then remind the consumer about what they wanted to talk to the Dr about and later remind the consumer what the Dr said to them. The other thing the person and or the support person can do is to take a pen and notepad into the appointment so that they can write down the Dr’s instructions.

16) GP visits

● Request a full medical

It is a good idea to have a complete physical check up once a year. If the person hasn’t been to the Dr for a long time or if they have never had a thorough check-up, make an appointment to get a thorough physical examination. This will need to be a longer consultation

● Encourage the person to keep a personal medical diary

with all their personal health records detailing regular test results, including BP, weight, pap smears, cholesterol and blood sugar measurements and when they are next due

Especially write down the names of every medication they take, include the strength of the dose and how often it is taken as well. Don’t forget to include any over the counter medicines the person takes – antihistamines, pain killers, vitamins, cough mixtures etc.

● Encourage the person to take this record with them

whenever they go to a GP, psychiatrist, chemist etc. In this way everyone concerned with the person’s healthcare is aware of what they are being treated for and the medications they are taking.

It is important to take the record with because it is hard for some people to remember every medicine they take – and some combinations of medicines can be
dangerous – e.g. high blood pressure tablets and pseudoephidrine; first generation antipsychotics and evening primrose oil etc

17) Recommended Health Checks for Everyone

A note on medications

● People who take psychiatric medications are at increased risk of physical health problems.

It is well documented that taking anti-psychotics often leads to metabolic and endocrine disturbances that can impact on physical health. I.e. can interfere with normal glucose metabolism, lead to increased levels of some hormones.

● May lead to raised cholesterol, raised blood sugar, raised blood pressure and unwanted weight gain.

Individually these are all related to heart disease but combined they produce a condition known as metabolic syndrome which greatly increases the chance of heart disease\textsuperscript{5}

● May make metabolic syndrome, heart disease and diabetes more likely.

Individuals with metabolic syndrome (high cholesterol, high blood sugar, high blood pressure and overweight) have 2 – 3 times the risk of dying of cardiovascular disease as people without metabolic syndrome.

Some studies have shown that up to 50\% of people taking clozapine will develop metabolic syndrome.

Combine this with other risks factors of heart disease such as diet high in sugars and fats, smoking and an inactive lifestyle and we have a recipe for disaster

● Each psychiatric medication type has recommended screening guidelines for specific routine testing e.g. lithium – liver function test

Different types of psychiatric medications need different types of monitoring. It is VERY important to have the recommended tests e.g. If a person takes lithium, they must have regular liver function tests, because lithium can cause permanent liver damage.

Encourage people to tell their doctor which psychiatric medications they take and ask him/her if there are any tests they should have, and how often they should have them
As we saw before healthcare for people living with mental illness can be patchy, so if you are supporting someone, it is a very good idea to ask about these tests yourself and not rely on either the Dr or psychiatrist to remember to order tests for the person. You can then support the person to begin to take responsibility for their own health.

18) CANCER Screening

Many types of cancer are now treatable with good outcomes, especially if detected and treated early. Some common cancers are:

- **Bowel cancer**

  If someone has a family history of bowel cancer ask the doctor about screening options and how often these checks should be done

  People over 50 are advised to get checked every 2 years.

  Whatever a person’s age, if they experience any symptoms such as bleeding from the anus, change in bowel habit or abdominal pain they should talk to their doctor about it as soon as they notice the change.

- **Breast cancer**

  All women should be familiar with the normal look and feel of their breasts. Encourage women to see a doctor immediately if they notice any unusual breast changes.

  Women can have free access to breast screening for a mammogram if they are over 40. Mammograms are recommended every 2 years if a woman is aged between 50 – 69.

  If a woman has a family history of breast cancer, she should talk to her doctor about how often she needs to be screened.

- **Cervical cancer**

  Pap smear test is recommended every 2 years for any woman who has ever had sex and not had a hysterectomy. The doctor may recommend that a woman has more frequent screening if she is at an increased risk of cervical cancer.

- **Skin cancer**

  Everybody is advised to do skin self-examination every 3 months.
If a person has many moles, or moles that that change in shape or colour or an area of skin that looks unusual, and seems to have changed recently, they should ask a doctor to examine their skin as soon as they notice it.

If a person has had skin cancers before, ask their doctor to examine their skin regularly.

- Testicular cancer

Men should be familiar with how their testes normally feel. If a man notices any unusual lumps, they should be encouraged to talk to their doctor about it as soon as they notice the change.

Men should do regular checks for lumps or swellings if they have a family history of testicular cancer, or if they have undescended or absent testicles. If a man notices any unusual lumps or swelling, they should seek medical advice.

19) Recommended health checks

- Heart and vascular diseases (heart attacks and strokes)

It is recommended that everyone over the age of 45 is tested every 5 years. It is a good idea to be tested more regularly if a person is at risk due to family history, smoking, obesity, high cholesterol, high blood pressure or inactivity.

- Eye Checks/Glaucoma

Eye checks are free every 2 years under medicare.

An optometrist can advise a person about how often they need an eye check if they already wear glasses. People who are aged 50 or over are advised to have an eye test every 5 years or earlier if their vision starts to deteriorate. People over 65 are advised to have an eye test every 12 months.

People usually have the first eye check for glaucoma at age 40, and then regularly after that.

For people who may be at risk of glaucoma due to family history of glaucoma, diabetes, short sightedness, eye injuries or if who have ever taken cortisone, it is suggested that they have the first eye check at age 35 for glaucoma and then regularly after that.

- Type 2 diabetes

People with impaired glucose tolerance, people over 45 or who have a family history of diabetes are advised to be tested once a year.
People who are overweight, have high blood pressure or have had a heart attack, angina or stroke, should ask their doctor about how often they need to be tested.

- Dental health

Everyone should have regular dental check-ups. The dentist will advise on the timing of dental examinations.

20) Other recommended routine health checks

- Blood pressure
- Blood sugar
- Lipids (cholesterol)
- Weight

Weight gain:

Everyone should be aware of their weight. People who take some types of psychiatric medication are advised to have their weight checked every year.

Increased waist measurement raises the risk of heart disease and diabetes. Waist circumference greater than 88cm for women and 92cm for men is recognised as putting a person significantly at risk of these diseases.

21) Small group discussion:

Given the demands and limitations of your workplace, what small steps can you take to start to address the physical health needs of the people you work with?

Ask people to turn to the people next to them and discuss:
Depending on available time allow 5-10 minutes
Then have 5-10 minutes of large group discussion.
Write ideas down on a white board.

22) Conclusion

- Physical and mental health is linked together.
- For a number of reasons living with a mental illness usually means a person has poor physical health.
- It is very important to find a GP that the person is comfortable with and ask for regular physical health checks.
- Use the tips we have given you about GP’s to make sure the people you support get good health care.