STUDY BACKGROUND

Research has shown that people with serious mental illnesses, such as bipolar disorder and schizophrenia-spectrum disorders, are often sicker and live shorter lives than the general population. These troubling health disparities may be related to the effects of antipsychotic medications, but they may also be related to behaviors—such as smoking, poor diet, and sedentary lifestyles—that can lead to chronic diseases.

Preventive care is an important part of maintaining health. It encompasses services like flu shots, cancer screenings, and counseling about lifestyle changes, such as exercising or stopping smoking. Concerned that people with serious mental illnesses might not be getting enough preventive care services, we conducted a mixed-methods study that took a close look at preventive care patterns among people with and without mental illnesses.

We examined the health records of patients who get their care in two very different care settings—the first, Kaiser Permanente Northwest (KPNW), is a private integrated health plan in Oregon and Southwest Washington. The second setting is a group of federally funded community health clinics affiliated with OCHIN, Inc, which serve many patients who lack health insurance. In these two care settings, we looked at how often patients with serious mental illnesses got a wide range of services, including cardiovascular and cancer screenings and vaccinations. We found that, contrary to our expectations, people with mental illnesses were just as likely or even more likely than people without mental illnesses to get needed preventive services.¹

QUALITATIVE METHODS AND FINDINGS

To further explore why people with serious mental illnesses experience marked health disparities, we surveyed and interviewed patients about why and how their symptoms of mental illness might prevent them from making healthy changes, or other barriers to making such changes. We recruited, surveyed, and interviewed 163 participants—93 adult KPNW members and 70 patients at federally funded health clinics. All had diagnoses of serious mental illnesses—schizophrenia spectrum disorders, bipolar disorder, affective psychoses, major depressive disorder, or anxiety disorders.

Our qualitative analyses of the survey and interview data identified three ways mental illness symptoms interfere with making healthy changes: 1) Thinking about making a change is overwhelming for someone already managing a mental illness; 2) Depression makes it difficult to care about the future; and 3) When mental illness symptoms are untreated, unhealthy coping behaviors may continue. One implication of these findings: Health care providers need to be aware of specifically how and why mental health symptoms can interfere with patients’ ability to follow recommendations for lifestyle changes.

The patients we interviewed and surveyed also suggested ways their providers

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could help them—by taking time to build a trusting, collaborative relationship with them, by connecting them to appropriate behavioral health programs, and by referring them to resources such as health coaches or nutritionists to support their efforts between visits.²

Contrasting Perspectives from Patients and Providers

In addition to patient perspectives, we also wanted to hear from the clinicians who provide primary care to individuals with mental illnesses. We first conducted formative interviews with 30 primary care providers to understand their attitudes and beliefs about providing preventive care to people with serious mental illnesses. We then used themes from these interviews to create a brief, web-based survey that was completed by 249 providers at KPNW and in federally qualified health centers. Our results showed that more than half of providers believed patients with mental illnesses cared less about preventive care than the general population, and 88% of providers lacked confidence that these patients would follow care recommendations. Providers generally believed patients with mental illnesses needed more support, but 89% said time constraints affected their ability to deliver preventive care to these patients.

When we explored patients’ perspectives on these same preventive care issues through interviews and surveys (described above), 88% of patients reported interest in improving their health, in contrast to providers’ perceptions, and 82% said they would try to change their lifestyle if their doctor recommended it. One suggestion that emerged: To provide more support to these patients in between visits with their primary care provider, other providers, such as nurses, care managers, or peers, could take on larger roles to support their behavior change efforts.³

CONCLUSIONS

Findings from the PRIME study run contrary to the belief that individuals with mental illnesses are either uninterested in or incapable of completing basic preventive health services. Indeed, these patients completed such services at similar or better rates than the general population. However, despite their desire to engage in preventive health, our qualitative work illuminated two important barriers to changing and maintaining healthy lifestyle habits: mental health symptoms that overwhelm and interfere with efforts, and lack of structured support for making difficult behavioral health changes. Although it is good news that individuals with mental illnesses receive basic preventive screenings and services, much work still needs to be done to identify and address causes of disparity in their life expectancy. Once identified as being at higher risk (for example, an elevated risk of heart disease), individuals with mental illnesses may not always receive the same quality of care and follow-up treatment as individuals without these illnesses. This, coupled with the struggles in this group to make and maintain healthy lifestyle changes, is likely contributing to the overall illness burden in this group.

References: