

Some-one has to do it! Carers experiences of physical health care for consumers of mental health services



**Professor Brenda Happell
Equally Well Symposium
Melbourne March 2019**

Background

- The significantly poorer physical health of people diagnosed with mental illness has been clearly identified
- Lifestyle factors influence physical health and potential adverse outcomes
- Despite greater need for services, their accessibility is reportedly much lower



Background

- Role of carers in supporting people with mental illness has been identified
- Crucial, unfunded component of the mental health system
- Burden of care estimated to be extremely high

Background

- Focus of research/inquiry tends to be focus on mental health needs
- Limited research into carers views about physical health issues:
 - Not for Service Report (2005):
 - limited access to GPS and primary health
 - Health professionals discounting physical health problems

Background

- Dean, Todd & Morrow (2001):
 - Medical model approach
 - Absence of holistic care
 - Dismissal of physical health issues (from consumers and carers)
 - Non-responsive health care services

Methods

- Qualitative exploratory study
- Support and assistance from Carers ACT
- Two focus groups and one individual interview
- 13 participants
- Interviews conducted by nurse and carer interviewer

Methods

- **Data analysis**

- Led by carer researcher, supported by wider team
- Thematic
- Two main themes:
 - Lack of service access and responsiveness
 - Shortage of care coordination

Lack of service access and responsiveness

- Perceived services did not operate in a systematic, coordinated way
- Access to services and being listened to posed significant barriers
- Carer participants actively coordinated, and advocated for physical and mental health services

Lack of service access and responsiveness

Availability of GPs willing to work with someone with mental illness was limited:

- *We tried to get him (son) into other places but a lot of GPs closed their books and a lot of them won't take people with psychosocial disability. They don't say that but you know that they're not ... they're saying they've closed the books but they won't take people with mental illness*

Lack of service access and responsiveness

Quality physical health care was impacted by lack of connection between GPs and psychiatrists resulting in fragmentation of treatment and lack of communication:

- *My daughter's psychiatrist and GP don't really connect and if you change GPs, you have to start all over again and sort of ascertain whether how much support there's going to be from both ends.*

Lack of service access and responsiveness

Participants recounted examples of physical health complaints interpreted as symptoms of mental illness, and failure to diagnosis and treat, placing the onus back on carers and those they care for to identify their own solutions:

- *trying to find out what is wrong, finding a GP that will listen and won't say, "It's just a symptom of the medication or the illness," without stating why or exactly why that is. There's a lot of research you have to do, both my daughter and myself trying to find out why is this occurring.*

Lack of service access and responsiveness

Participants described the need to take extreme measures to be listened to, for example:

- *If you have a bit of a wobbly and get dramatic, they might listen. I find that I sometimes have to come to tears before anyone will listen, and that's really depressing. Why do you have to go to that? Why can't you just speak to someone? They fob you off all the time*

Lack of physical care coordination

Participants perceived lack of co-ordination of physical health care within mental health services. With no clearly identified role, physical health care often fell through the cracks:

- *[mental health] case managers don't take it on. They've got too many people anyway, so I don't really blame them. The psychiatrists don't see it as their role, the physical health*

Lack of physical care coordination

Participants often took on the role of coordinating services, particularly between mental health services and primary care, ensuring that each provider was aware of the person's history and that follow up services occurred.

– *There's no communication. It's the carer does all the communication and the coordinating*

Lack of physical care coordination

A holistic approach to mental and physical health care was considered essential, and coordination was necessary for effective communication between different components of the health care system:

–As part of seeing a psychiatrist, consumers should either be referred or work with [primary care providers] ...so the physical health plan can work.



Discussion and Conclusions

Lack of access and system responsiveness impacting physical health care

Difficulties accessing GPs and other primary care services due to:

- Stigma
- Symptoms of physical illness interpreted as mental illness
- Lack of coordination

Discussion and Conclusions

- Lack of coordination of health service impacting the quality of physical health care available
- Carers views not actively sought
- Participants generally became care coordinators,
- Difficulty navigating health systems poses major barriers
- A more holistic and integrated approach to physical health care required



Discussion and Conclusions

- Carers are key stakeholders in the physical health care of people with mental illness
- Their perspective is rarely considered in the academic literature
- Need to move beyond identifying the problem to findings solutions, carers must be integral

Acknowledgements

- Carers ACT and Mental Health Policy Unit for funding
- Carer participants for their time, sharing of experiences and generosity
- Ms Karen Wilson, Dr Chris Platania-Phung and Dr Rob Stanton

Physical Health Nurse Consultant a possible solution?

Find out tomorrow after morning tea 😊

Publications

Happell, B., Wilson, K., Platania-Phung, C., & Stanton, R. (2017). Filling the gaps and finding our way: family carers navigating the healthcare system to access physical health services for the people they care for. *Journal of Clinical Nursing*, 26(13/14), 1917-1926.

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Thank you!