



Barriers to the Recognition and Management of Physical Diseases in Adult Patients with Severe Mental Illness (SMI)^{1,2}

Patient and illness-related factors

- Not seeking adequate physical care due to symptoms of the SMI (e.g., cognitive impairment, social isolation and suspicion)
- Difficulty comprehending health care advice and/or carrying out required changes in lifestyle due to psychiatric symptoms and adverse consequences related to mental illness (e.g., low educational attainment, reduced social networks, lack of employment and family support, poverty, poor housing)
- Severity of mental illness (SMI patients have fewer medical visits, with the most severely ill patients making the fewest visits)
- Health risk factors and lifestyle factors (e.g., substance abuse, poor diet, smoking, lack of exercise and unsafe sexual practices)
- Less compliant with recommended treatment
- Unawareness of physical problems due to cognitive deficits or to a reduced pain sensitivity associated with antipsychotic medication
- Migrant status and/or cultural and ethnic diversity
- Lack of social skills and difficulties communicating physical needs

Treatment-related factors

- Deleterious impact of psychiatric medication on physical health (e.g., obesity, type 2 diabetes mellitus, cardiovascular disease, hyperprolactinemia, xerostomia)

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Psychiatrist-related factors

- Tendency to focus on mental rather than physical health with infrequent baseline and subsequent physical examination of patients
- Poor communication with patient or primary care health workers
- Physical complaints regarded as psychosomatic symptoms
- Suboptimal and worse quality of care offered by clinicians to patients with SMI. Lack of assessment, monitoring and continuity of care of the physical health status of people with SMI.
- Guidelines perceived as a threat to autonomy, not well known or clinically accepted
- Lack of knowledge regarding medical issues
- Erroneous beliefs (SMI patients are not able to adopt healthy lifestyles, weight gain is mainly adverse effect of medications, lower cardiac risk medications are less effective)
- Unequipped or underfunded teams to handle behavioral and emotional problems of patients with SMI

Other physician-related factors

- Stigmatization of people with mental disorders
- Physical complaints regarded as psychosomatic symptoms
- Suboptimal and worse quality of care offered by clinicians to patients with SMI
- Lack of assessment, monitoring and continuity of care of the physical health status of people with SMI
- Complexity and time intensity of coordinating both medical and psychiatric medications

Service-related factors

- Financial barriers
- High cost of (integrated) care
- Lack of access to health care
- Lack of clarity and consensus about who should be responsible for detecting and managing physical problems in patients with SMI
- Fragmentation or separation of the medical and mental health systems of care, lack of integrated services
- Under-resourcing of mental health care that provides little opportunity for specialists to focus on issues outside their core specialty
- Lack of health insurance coverage

This tool is provided as a resource and is not a substitute for the professional medical judgment of treating physicians or other healthcare practitioners. This guideline reflects the current state of knowledge at the time of development on effective and appropriate care. Proper use, adaptation, modifications or decisions to disregard in whole or in part are entirely the responsibility of the clinician who uses this guideline.

References

¹ Adapted from Hert, M. D., Cohen, D., Bobes, J., Cetkovich-Bakmas, M., Leucht, S., Ndeti, D., Newcomer, J., Uwakwe, R., Asai, I., Moller, H., Gautam, S., Detraux, J., & Correll, C (2011). Physical illness in patients with severe mental disorders, II., Barriers to care, monitoring, and treatment guidelines, plus recommendations at the system and individual level. *World Psychiatry, 10(1)*, 138-151.

² Adapted from *A Summary for Monitoring Physical Health and Side-Effects of Psychiatric Medications in the Severely Mentally Ill Population* (2014). The University of South Florida, Florida Medicaid Drug Therapy Management Program for Behavioral Health sponsored by the Florida Agency for Health Care Administration.