Asian Journal of Psychiatry 71 (2022) 103053

Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp

Why mental health service delivery needs to align alongside mainstream medical services

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ARTICLE INFO

Keywords:
Mental health
Underfunding
Health service delivery
Integration of physical and mental health services

ABSTRACT

There is significant individual human suffering and economic burden because of untreated mental health and substance use disorders. There is high psychiatric morbidity in primary and secondary medical care. At least one-fifth of patients attending primary care services in western countries pertain to mental health and one-third of patients attending general hospitals have a comorbid mental disorder. Patients with mental disorders have lower life expectancy than the general population due to various medical conditions and reduced access to physical healthcare. There is a suicide every 40 seconds and the vast majority of those who die by suicide have a diagnosable mental disorder. Despite this, most countries spend less than 2% of their health budgets on mental health. Effective treatments exist for mental disorders, however underfunding, poor integration of services, lack of trained health care professionals and stigma often prevent access to effective treatments. Stigma is a significant barrier to seeking help and receiving treatment. Geographical separation of mental health services from general hospital settings may be perpetuating the stigma of mental illness among the population. In this article, we review the key reasons why mental health services globally need to align with mainstream healthcare services and the longstanding reasons that necessitate the need to make mental health a public health priority.

1. Introduction

Mental illness affects 1 in 4 people globally every year (World Health Organization, 2013). However, it is not uncommon to see less than 2% of health budget spending on it (Wang, 2007). Mental health underfunding is surprising despite widespread unmet mental health needs, high psychiatric morbidity, high physical morbidity and mortality in those with mental disorders, escalating concerns regarding stigma and suicide rates, and substantial contribution of mental illness to the global disease burden (Latoo, 2021). Investment in mental health services is estimated to lead to savings that are five times that of the initial expenditure in addition to improving long-term outcomes of health and productivity (World Health Organization, 2013). We hope that Coronavirus Disease 2019 (COVID-19) pandemic turns the spotlight on mental health and facilitates parity between physical and mental health. In this article, we highlight and revisit the key reasons for aligning mental health service delivery alongside mainstream medical services, taking into account the published evidence and our collective experience of working in different geographic regions (Australia, Canada, India, Qatar, United Kingdom) and different medical specialities, namely psychiatry, primary care, and palliative care.

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https://doi.org/10.1016/j.ajp.2022.103053
Received 13 February 2022; Accepted 20 February 2022
Available online 25 February 2022

2. Reasons for aligning mental health service delivery alongside mainstream medical services

2.1. Contribution of mental and substance use disorders to global disease burden

In addition to 25% of the global population suffering from mental health problems, addiction problems are highly prevalent and associated with high mortality. Alcohol misuse kills nearly three million people annually (World Health Organization, 2020). Mental illness and addiction disorders are more frequently seen together as concurrent disorders.

Over a decade ago, the Global Burden of Disease Study demonstrated that mental and substance use disorders were the leading cause of years lived with disability (YLDs) worldwide and accounted for 7.4% of all disability-adjusted life years (DALYs) (Whiteford, 2014). Healthcare costs, accompanied mainly by the economic burden on society via loss of income and productivity (Trautmann, 2016), are likely to be higher than calculated because such data does not take into account other conditions such as dementia (more prevalent as life expectancy increases) and other neurocognitive disorders (e.g., Parkinson's Disease) – conditions that are not uncommonly treated by general physicians and other medical specialists (Brayne, 2017).

Mental health services working alongside mainstream medical services could lead to more efficient use of resources, thereby reducing the economic burden on society whilst addressing the unmet needs of those with mental health disorders.

2.2. High unmet mental health needs

There is significant individual human suffering and economic burden because of untreated mental health and substance use disorders. However, such consequences are potentially avoidable because of the wide range of cheap and effective treatments available, including a variety of psychotropic medications to treat affective and psychotic disorders and an extensive range of psychological therapies, including cognitive behavioral therapy. Unfortunately, this may not be happening due to underfunding, lack of trained staff, stigma, poor organization and coordination of care, and inefficient use of services. Data from 17 countries show that most people with a mental health disorder within a 12-month period had no treatment, particularly in less-developed countries (Wang, 2007). This is compounded by delays in seeking treatment (e.g., up to 30 years for anxiety disorders, 14 years for mood disorders, and 18 years for substance use disorders (Wang, 2007). Prioritizing mental health services for funding and training in parallel with medical services could increase the accessibility of mental health care and reduce delays in treatment.

2.3. Poor physical health and mortality in those with severe mental illness

A meta-analysis revealed that all-cause mortality among those with mental disorders (especially psychotic disorders) was 2.22 higher compared to the general population or those from the same study setting without mental health disorders (Walker, 2015). Mortality rates increased progressively from studies completed before 1970 to those after 2000, suggesting that people with mental disorders are not benefiting from the increased life expectancy observed in the general population. Patients with mental illness die younger than the general population due to various medical conditions. However, approximately two-thirds of deaths among people with mental disorders were due to natural causes and the median years of potential life lost were ten years. Reasons for increased mortality from natural disorders include sedentary lifestyles, poor diet, high rates of smoking and alcohol use, reduced access to physical healthcare and reduced adherence to medical treatment (Liu, 2017).

There is a clear requirement for medical services to participate in a more integrated approach to managing those with mental disorders.

2.4. High psychiatric morbidity in primary and secondary medical care

There is a high prevalence of psychiatric morbidity across healthcare settings, as shown in Table 1 (Royal College of Psychiatrists, 2013; Fleury, 2012).

The above figure of 20% of general practice visits being related to mental health problems[12] may be an underestimation when we include those patients (another 10%) who present with medically unexplained symptoms in the primary care (Hubley, 2016). The value of consultation-liaison psychiatry services in hospitals cannot be overestimated with it leading to reduced duration of inpatient admissions (Oldham, 2019). In addition, primary care ought to play a major role in the management of most psychiatric disorders, allowing specialist psychiatry services to manage complex cases. However, this is affected by poorly developed primary care services, and lack of staff training from all disciplines in low- and medium-income countries (Rathod, 2017).

2.5. Stigma of mental illness

Mental health disorders are probably the most stigmatized of all medical disorders. In clinical practice, we hear from people with psychiatric conditions that they suffer considerably from the distress caused by the stigma, sometimes more than the symptoms of their disorder. Stigma is a significant barrier to seeking help and receiving treatment. It can contribute to poorer care for comorbid physical health disorders due to diagnostic overshadowing. Human Rights Watch recently highlighted that patients with mental illness are still shackled in over 60 countries (Human Rights Watch, 2020). People with mental illness are being failed at every level by the attribution of mental illness to weakness, violence and stereotypes – leading to stigma and barriers to healthcare access. Geographical separation of mental health services from acute general hospital settings may be perpetuating the stigma of mental illness among the population. This geographical segregation has led to the separation of mental health from physical health and created a stigmatizing barrier between the two.

Tackling stigma requires a combined approach from healthcare professionals in all disciplines and specialities, making a more compelling argument for integrating mental health services with general medical care.

2.6. Suicide

Every year nearly 800,000 people die of suicide globally – equivalent to one suicide every 40 s – although this may be an underestimation due to underreporting (Bachmann, 2018). The vast majority of those who die by suicide have a diagnosable mental disorder (Arsenault-Lapierre, 2004). Suicide rates in men are nearly twice that of women. In the 15–29 age group, suicide is the second leading cause of death and is only exceeded by deaths in traffic accidents. Contributory factors include stigma and the fact that in some countries, especially parts of Africa and Asia, suicide remains illegal. Suicides rates tend to increase as unemployment rates rise (Nordt, 2015), and physical health or fear of medical illnesses increase the risk. We are seeing these factors in play with the

Table 1
Psychiatric morbidity in various settings.

Healthcare service	Psychiatric morbidity
Outpatient Medical Specialties	About 50% have medically unexplained symptoms
Emergency Department	5% of attendees have a primary mental health problem
General Hospitals	30% of inpatients in the United Kingdom have a psychiatric disorder
General Practice	Over 20% of visits in western countries are mental health related.

COVID-19 pandemic – an unprecedented event that has already been considered to be associated with an increase in suicide rates (Sher, 2020). These risk factors for suicide illustrate the need for medical and psychiatric services to be working side by side to reduce mortality rates.

2.7. The COVID-19 pandemic

COVID-19 has caused over 5 million deaths globally since first recognized in December 2019 (Worldometer, 2021). It has affected the lives of billions of others. Social networks have been disrupted by a range of safety measures designed to prevent the progression of the pandemic, such as restriction of travel, lockdowns, social distancing, indoor capacity limitations, implementation of household bubbles, limiting gatherings, quarantine, and shielding. Additional stressors include bereavement, fear of infection, financial concerns, unemployment, and fear of limited supply chains affecting goods availability. Concerns have been raised due to the increased reports of domestic violence during the pandemic (Sher, 2020). A recent systematic review published in The Lancet has now confirmed the extent of the global burden of the pandemic with an increased prevalence of major depressive disorder (extra 53.2 million cases leading to 49.4 million DALYs) and anxiety disorders (extra 76.2 million cases leading to 44.5 million DALYs) (COVID-19 Mental Disorders Collaborators, 2021). Younger people and women are affected the most. The authors of the review concluded that "taking no action to address this burden should not be an option" (COVID-19 Mental Disorders Collaborators, 2021).

The pandemic is highlighting the impact of mental health disorders and the wider area of mental wellbeing to politicians, policy makers, healthcare professionals and the general public[3]. This is an opportunity to redress underfunding and other barriers to providing high-quality mental health services which could be enhanced by making it more mainstream.

3. Conclusion

We have reviewed the key reasons why mental health services worldwide need to align with mainstream healthcare services. The COVID-19 pandemic has brought this issue to wider attention. We hope that the pandemic will facilitate achieving parity between physical and mental health (Sher, 2020). This requires a multifaceted approach that will vary between countries. However, core features need to include: more funding, addressing stigma, developing better organization and coordination of services, have better integration of physical and mental health services, and improved training of health care professionals in all areas of medicine.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgment

Open Access funding provided by Qatar National Library.

Declaration of interest

OW has received honorarium from Janssen and it has no relation with the content of this publication. All other authors declare no conflict of interest.

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