

## **Clinical Preventive Services Delivery to the Mentally Ill**

### ***Background***

Persons with mental disorders have higher mortality rates than the general public from both natural and unnatural causes. The increase in natural mortality has been attributed primarily to cardiovascular disease and infectious diseases, although a recent report suggests that breast cancer may occur more often among mentally ill women. At a time of national debate concerning the role of psychiatrists in delivering primary medical care to the mentally ill, little is known about the delivery of clinical preventive services to this population. Clinical preventive services are defined as those measures which either prevent the development of an illness or identify the illness at an early stage so that significant morbidity may be prevented through early treatment. Examples of these services include smoking cessation counseling, immunizations, and mammography.

### ***Objective***

The objective of this study is to describe the delivery of specific clinical preventive services, access to primary medical care, and the attitudes toward screening among adults with mental disorders. In this report we summarize the descriptive epidemiology of the delivery of preventive services to persons receiving care for a mental disorder.

### ***Methods***

Informed consent was obtained from all subjects. Data was collected over a three month period. Subjects included three groups: 1) consecutive admissions to an inpatient psychiatric hospital; 2) consecutive admissions to a chemical dependency treatment facility; and 3) a sample of outpatient psychiatric clinic patients.

All subjects completed a self-report instrument assessing demographic factors; access to primary medical care; smoking and alcohol consumption; and attitudes toward and prior receipt of clinical preventive services.

### ***Results***

Two hundred four inpatients, 68 outpatients, and 13 persons in a chemical dependency treatment facility completed surveys. Fifty-eight percent of the subjects were women. The median age of the sample was 36 years with a range of 18-87 years. Fifty-seven percent of the sample were smokers. Fifty-two percent of subjects had some form of medical insurance including private insurance, Medicare, Medicaid, or state papers. Eighty-two persons were privately insured.

The most frequently occurring medical conditions were hypertension and arthritis/joint pain. Routine medical care (non-psychiatric) was performed primarily by family physicians and general internists (74%). Most of the sample (72%) had seen a physician in the last year for routine medical care. The remaining 28% had not seen a physician in greater than one year, with 11% not having any routine care in five or more years. Slightly more than half of the sample had three or more visits for treatment of acute or emergency medical problems during the prior year. Importantly, one-half of the sample believed that they did not receive the medical care they needed in the prior year. The most frequently reported reason stated for not receiving care was a concern of being treated "rudely" or "unkindly" by the caregiver.

Subjects reported that they had seldom received preventive counseling from their care providers. Although 41% had received dietary counseling, only 25% had received safe sex counseling, 16% had been advised to avoid alcohol while driving, and six percent advised to remove firearms from their homes or vehicles. Among smokers, only 28% reported being advised to stop smoking. Strikingly, the majority of patients believed immunizations and cancer screening to be “quite” or “very” effective.

### ***Conclusions***

This analysis outlines the descriptive epidemiology concerning the delivery of clinical preventive services to persons with mental disorders. Importantly, subjects believe that services such as cancer screening and immunizations are effective. However, they may seldom receive counseling concerning preventive procedures. Over half of the patients report that they don't believe they get the medical care they need, and some attribute this to concern of being treated “rudely” by physicians. Further analyses are underway to determine rates of specific screening measures and interventions in this population and to identify those at greatest risk for lack of access to preventive care. References available upon request.