The Link between Physical and Mental Health of Refugees

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Aim

To discuss the link between physical and mental health in refugees and opportunities for action in primary care.

Common health problems of refugees

- Chronic diseases including CVD and diabetes
- Mental illness
- Pregnancy and delivery-related complications
- Infectious disease (Hepatitis B, H-Pylori, skin infections, vaccine preventable)
- Injuries and violence.

Mental health in refugees

- Depression/Anxiety (39% severe symptoms compared with 13%)
- PTSD symptoms in past month (29% - compared with 5% in Aust popn)
- Psychosis (5% -2-3x higher than the population)

Risk Factors

Predeparture	Exposure to war and persecution Economic hardship
Travel and transit	Life-threatening events Physical harm Human trafficking
Arrival	Asylum: Work rights, Medicare, housing
Longer term	Poor living conditions Acculturation difficulties Issues with obtaining entitlement and detention Social isolation and unemployment Facing return

Sournce: W?HO Europe 2018

Barriers to access

Patient capabilities

- Health literacy, beliefs and attitudes
- Immigration/legal status – fear of deportation
- Psychological trauma
- Gender
- Culture & Language
- Transport
- Financial need

Service capacities

- Inconsistent interpreter use
- Duration of appointments
- Complexity of care pathways
- Doctor patient relationship
- Availability
- Cost, co-pays, insurance

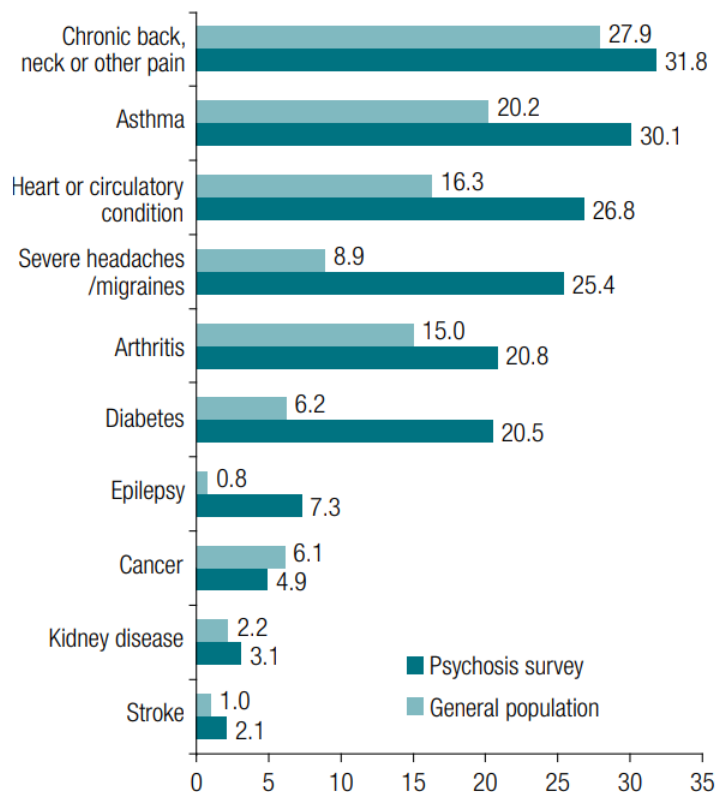
Depression and Anxiety

- One third of people with diabetes have depression – more likely in patients requiring an interpreter, with poor glucose control, current smokers, poor adherence to treatment (Nanayakkara Nature Scientific Reports 2018)
- Anxiety and depression increases chances of a woman having a heart attack by factor of 1.8. (Berecki-Gisolf J Behavioural Med 2013). Depression is a significant predictor of cardiovascular disease mortality.

Chronic physical conditions in patients with Severe Mental Illness

- 2 to 3 X risk of diabetes and CVD related to Rx, obesity, smoking
- 5-11 X risk of Hep B and C
- Probable high risk of some cancers and COPD
- High prevalence of oral health problems

Proportion (%) of patients with psychosis with physical conditions (Aust Gov 2010)



Risk factors in people with severe mental illness

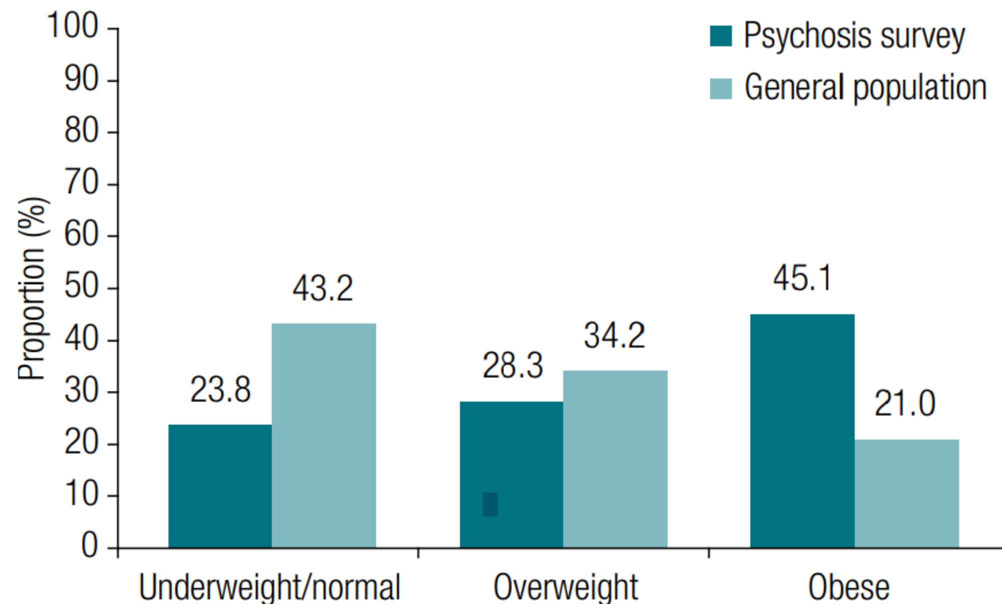
One quarter (24.0%) at high risk of cardiovascular disease.

96.4% either sedentary or undertaking low levels of exercise in the previous week compared to 72.0% for the general population.

Two thirds (66.1%) smoke

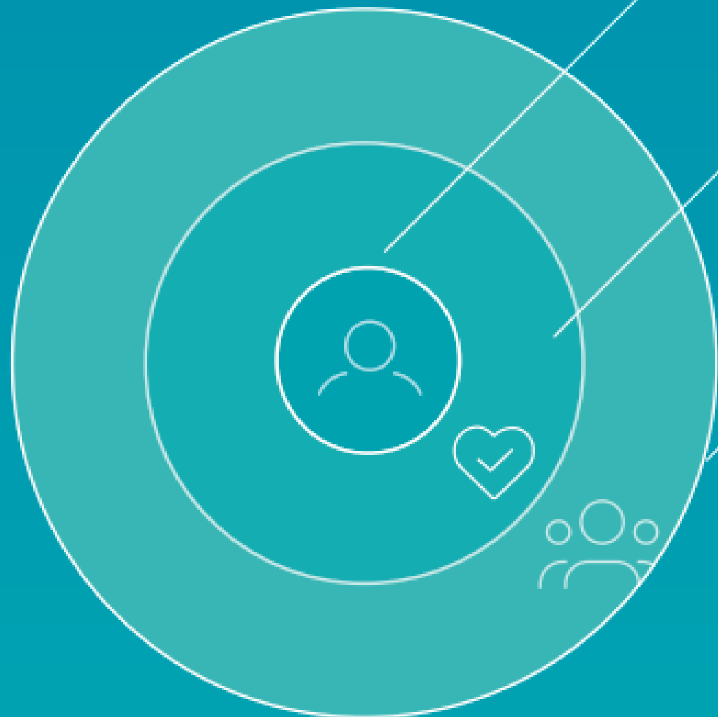
58.3% of males and 38.9% of females consume hazardous levels of alcohol

Proportion (%) of patients with psychosis by weight category (Aust Gov 2010)



Why do people with severe mental disorders die early?

Reasons for the premature death of people with severe mental disorders are at the level of the individual i.e. the person with the disorder, at the level of the health system or at the broader societal level.



INDIVIDUAL FACTORS

- Severity of disorder
- Physical inactivity
- Poor diet
- Use of tobacco, alcohol, drugs

HEALTH SYSTEM FACTORS

- Absence of appropriate policies
- Inadequate financing
- Limited health information systems
- Fragmented and poor quality services

SOCIAL FACTORS

- Stigma and discrimination
- Poverty, unemployment, homelessness
- Limited social support

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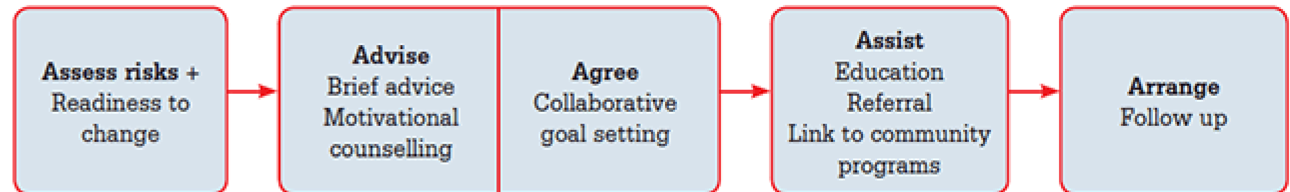
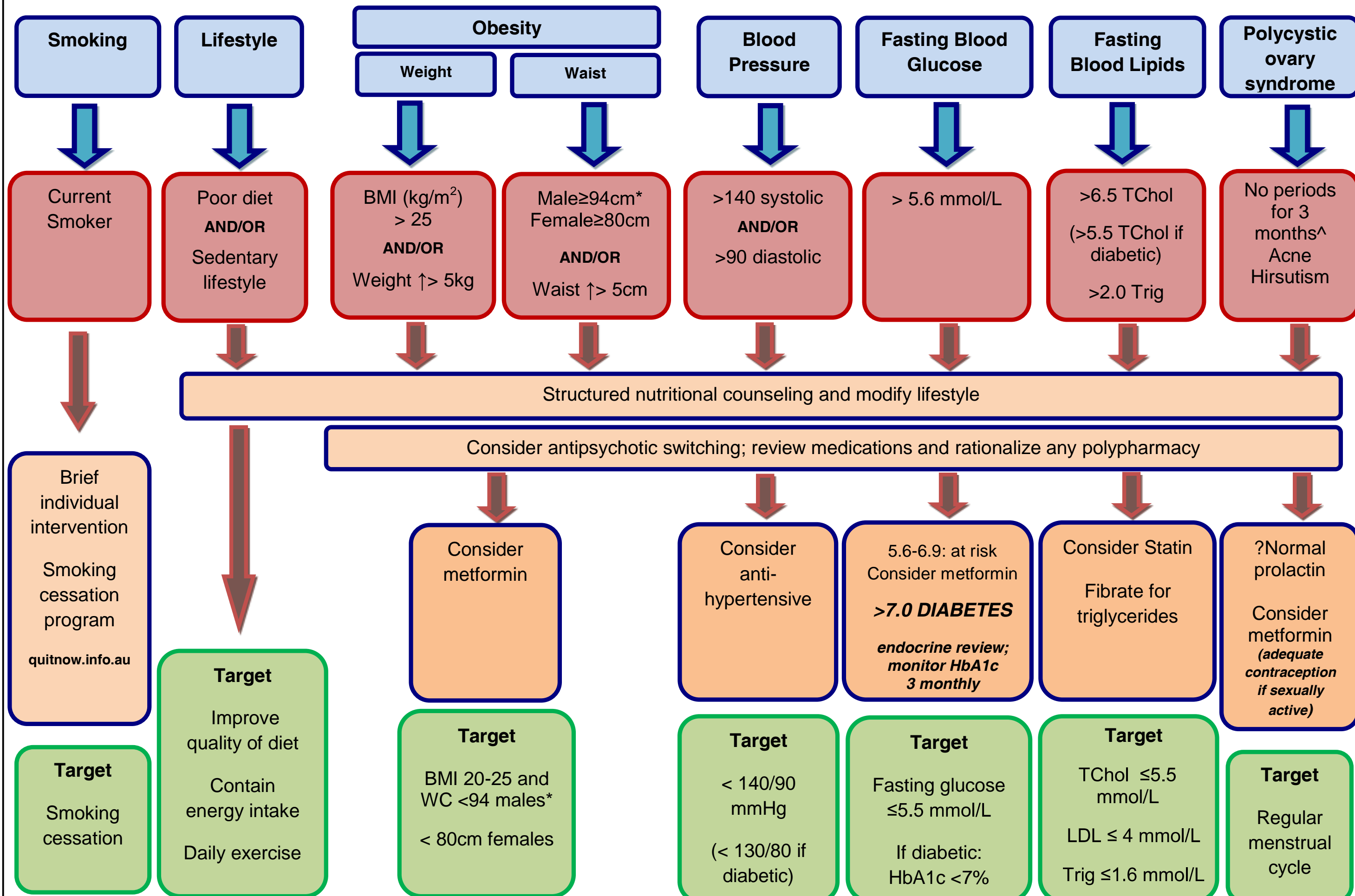
Approaches to prevention and management

- Early management of mental illness and distress
- Identification and management of behavioural and physiological risk factors
  - Smoking
  - Nutrition
  - Alcohol
  - Physical activity
  - Overweight
  - Dyslipidaemia
  - Hypertension
  - Impaired glucose metabolism



- Addressing the social determinants: employment, income, housing, education, security etc.

Don't just screen, Intervene! heti.nsw.gov.au/cmalgorithm



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Models of physical care of patients with SMI

Model	Description	Limitations
Collaborative care	Frequent communication between mental and primary care teams	Requires communication, time, and infrastructure (phone MR access)
Facilitated referral to primary care	Psychiatric care team facilitates access to primary care team	Patients with SMI may not attend or adhere.
Care navigation	Case coordinator arranges transportation, appointments with GPs, monitors health status and adherence	Time intensive, cost, sustainability
Telehealth and mobile health technology	Mental health nurse uses telehealth or mobile technology to assess risk factors and share care with GP	Requires training. Cost of technology and internet access.

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Access barriers

Patient

- Ability to seek care
- Poor communication
- Health literacy
- Adherence to treatment
- Socioeconomic or cultural barriers
- Complexity of health problems

Provider

- Limited time to deal with complex problems
- Stigma and prejudice
- Poor continuity of care
- Assumption that patients cannot comply
- Fragmentation of care

De Hert 2011 Physical illness in
PWSMI barriers to care and guidelines

Refugee health assessments in 36 practices

	North West Melbourne	South East Melbourne	South West Sydney
Identified refugee patients	3.79% (0.09% - 12%)	4.1% (0.07% - 27%	15% (0.19% – 90%)
Countries of birth (Top 3)	Iran, Iraq, Syria	Afghanistan, Iran, Iraq	Iran, Iraq, Syria
Newly arrived refugee patients i.e. 1st visit was < 12 months ago	171 (5 – 552)	123 (0 – 796)	289 (18 – 488)
Newly arrived refugee patients receiving health assessment	33% (0% - 72%)	2.4% (0% – 22%)	13% (0% - 50%)
Newly arrived refugee patients receiving mental health assessment	12% (0% - 35%)	16% (0% - 100%)	4% (0% - 25%)

Over to you!

- Questions and comments