



**People With Disabilities Foundation
Overcoming Barriers to Physical Health Care Access – People with Mental
Disabilities Have Shorter Life Spans, September 30, 2013
Steven Bruce Seminar Transcript**

SB: Thank you, April. Today we're going to discuss a lot of evidence that relates severe mental and/or developmental illnesses to physical health care. Unfortunately, in those instances, the physical health care is not equal to those received by the general population. Some of the barriers, obstacles, or factors that we will be discussing involve lifestyle, mental health medication side effects, and some of the systemic factors involve separation of physical and mental health care and stigma.

Stigma is defined as fear of mental and/or developmental illness. It is pervasive through society including the health care profession, the legal care profession, other professions and the general population. Other systemic factors include lack of funding for mental health care and cultural and language barriers such as Chinese, an individual who speaks Cantonese, who may have trouble receiving mental health care by a psychiatrist who also speaks, for example, Cantonese. Provider issues, as I said, include stigma, writing off people's complaints as psychosomatic, not having the same resources, and insurance companies not providing the same coverage.

Until recently it has been legal for insurance carriers to discriminate against coverage for mental disorders. As recently as the year 2000 in the 9th Circuit, which covers this and other Western States, the 20th Century Fox case upheld the right of insurance carriers in health care to not provide equal health care services to those with mental health care needs. In 2008, Congress passed and the President signed the Mental Health Parity and Addiction Equity Act, which says that health care providers and insurance carriers must provide equal health care. However, as is not unusual, the federal agency responsible for promulgating regulations has not finished implementing their final regulations. That agency is the United States Department of Health and Human Services.

There are also patient issue factors in barrier existence, including lifestyle, substance abuse, exercise or lack thereof, diet, obesity, smoking, fear, including fears of going to



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the doctor's, self-neglect, lack of motivation, and various difficulties in communicating either physical and/or mental symptomatology. Generally, there is a lack of family or support and support of friends for those with severe mental and/or developmental disabilities. Effective communication, or not having effective communication as to both providers and consumers, can also lead to a lot of difficulty in seeking gainful employment. Noncompliance with medical care such as even not taking psychotropic medication is another factor and that's why we often see our clients or patients who get injections, of Prolixin for example, every few weeks. It's not because they prefer injections. It's because they don't take the pills, in large numbers. We're going to, once having identified these and many other factors, go over how to remove barriers.

Now, removing stigma, which is fear-based, is easy to say but difficult to do. But different ways of doing it will be discussed. Co-locating physical medicine including internists and psychiatrists is another factor we look at in barrier removal. Delegating to psychiatrists those efforts that would normally be reserved for the physical health provider or internist brings up lots of issues, such as does the psychiatrist have time, do they have funding, do they feel up to speed and competent to handle those kinds of physical ailments that are being addressed. The one stop shop model where you have mental health care, and physical health care, and housing all in the same location, have been shown to be highly successful. I believe they first started in Boston and San Diego many years ago and have now spread to many cities and counties in the United States. Training patients to be their own advocates and to communicate with health care providers, especially in diseases like diabetes and in lifestyles in addition to diet, such as physical exercise, are an important component of the different ways for barrier removal.

It has also been shown that one way to effectuate better communication between psychiatrists and physical health providers is to require a form letter, and this is a study



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out of Great Britain, where the psychiatrist has one of two templates where they must put down the diagnosis, the kind of medication they are giving the patient, and what blood panels and other information they need. This letter is then received by the general practitioner or primary care provider and although this model was at first unsuccessful, after audit it has shown substantial and significant improvement and help in communication and integration of these two treatment modalities. This is a recent study from two years ago and something as simple as required form letters actually can make a difference in the follow-up care of people who have been diagnosed and possibly treated with medications and/or psychotherapy.

There are risk factors that are modifiable. Weight gain. The medications which cause metabolic system changes and weight gain, can be changed. The dosage can be changed. Now why is the risk of diabetes mellitus higher and/or why do people with mental and/or developmental impairments seem to have a higher incidence of diabetes is something that's unknown to me as I've always thought that diabetes was genetic. But this is another area which the speakers will address as we often see diabetes listed in studies.

We will also delve into how we can prevent mental illness such as schizophrenia and depression and go into other areas. Just to mention a few, the geographic distances between patients and physical or mental health providers, is one other area that can result with a significant difference in lifestyle.

I'm going to now turn the microphone over to our consumer advocates and ask Mr. Rob Chittenden from Disability Rights California to take the microphone. Thank you.