

Abstract:

The physical health needs of people with a diagnosis of mental illness should be a concern for all health professionals, as the life expectancy for people with a mental illness diagnosis is 15-20 years younger than those without, this is predominantly attributed to poor physical health. This paper explores the complexity surrounding this issue and offers insight into ways paramedics can consider these needs, by promoting physical well-being and avoiding diagnostic overshadowing.

Key words: Mental Ill Health, Diagnostic Overshadowing, Stigma, Health Promotion - MECC (Making Every Contact Count).

Key points: This article will help identify key issues affecting people's physical wellbeing within this client group. Not without justification we have to look at stigma, which can lead to diagnostic overshadowing, this is fundamentally a bias, leading to physical symptoms being dismissed as a mere feature of a person's mental illness, which can have both short- and long-term consequences.

Introduction:

Research has consistently shown that the physical health of people with mental illness is poorer than that of the general population, whilst demonstrating that this is an area often neglected by healthcare professionals (Collins, Drake and Deacon 2013). There are a variety of factors, which increase the patient's risk of serious illness and premature death much of

which is out of the individual's control (Mutsatsa, 2015). Nash (2014) suggests physical health is now considered an integral part of modern mental healthcare - embracing a holistic model incorporating mental, physical, emotional and social components - reflected by the recent government drive to improve this area of mental health care (Department of Health, 2016). A quarter of the United Kingdom has a mental health problem (NHS England, 2018) suggesting that this will form a significant proportion of a Paramedic's patients, therefore providing an opportunity to assess and promote their physical health (Public Health England, 2017). The pre-hospital acute setting of the Paramedic raises its own unique challenges particularly in terms of limited contact time with the patient (Gregory and Ward, 2010), whilst also being recognised as a common interaction point for people with mental illness in the community (Jack and Jadzinski, 2017).

Contributing factors to poor physical health:

The World Health Organisation (2018) identifies three broad areas that influence health: social and economic, the physical environment, and individual characteristics and behaviours. Individual factors that can impact significantly on a person's health are diet, exercise, smoking, drug and alcohol misuse, and unsafe sexual practices (Nash, 2014). These are often viewed and termed in literature as lifestyle choices, with the implication that the individual is aware of the risks and impact on their health (Upton and Thirlaway, 2014). Recent research analysis confirms the importance of these factors and their link between physical and mental health (Ohrnberger, Fichera and Sutton, 2017), and continues to use the terminology of lifestyle

choices. This idea of choice is being challenged. Robson (2013) suggests that these are not necessarily choices at all, but can be a direct result of the physical, social and psychological effects and associated treatment for the patient's mental illness. Collins, Drake and Deacon (2013) support this view and add that applying the same level of responsibility for these behaviours is not always appropriate for people with mental illness, and should be considered when supporting individuals in making changes. The impact of these behaviours on physical health is undoubted, particularly in relation to cardio-vascular and respiratory illness, metabolic disorders and cancer (Nash, 2014). Mutsatsa (2015) also highlights that medication can be a significant factor in people's physical health, particularly the link between psychotropic medication and weight gain, and the associated health problems with obesity such as cardiovascular disease and diabetes.

Diagnostic Overshadowing and Stigma:

Wider factors that can influence an individual's physical health are substandard and disjointed care, stigma preventing the individual seeking help, and diagnostic overshadowing (Collins, Drake and Deacon, 2013). Whilst much has been written to highlight these issues, McGuinness and Follan (2016) suggest these barriers to improved physical health appear to remain, and need addressing. Nash (2014) states diagnostic overshadowing is where the clinician dismisses the patient's physical complaints as part of their mental illness. This view is supported by Mutsatsa (2015) highlighting the lack of physical tests done, despite the increased risk factors associated with mental illness. Stigma can mean patients are reluctant to highlight physical

complaints due to unwillingness to communicate with clinicians, difficulties articulating their concerns, or previous experience of not being taken seriously (Collins, Drake and Deacon, 2013). Conspicuous by its absence there is no discussion, or acknowledgement of diagnostic overshadowing in key Paramedic literature (Gregory and Ward, 2010; Blaber, 2012; Nixon, 2013; Willis and Dalrymple, 2015). The extent of the problem for mental health and other nursing environments (Mustasta, 2015; Woodward, 2017), suggests that all clinicians are at risk of diagnostic overshadowing. Shefer et al. (2014) agree suggesting this is an area requiring more consideration in emergency care, where regular attendees are especially vulnerable to not having their physical needs being taken seriously enough. Diagnostic overshadowing can also be compounded by a clinician's misconception that a patient with mental illness is not interested in their physical health (Mustasta, 2015).

Paramedics Promoting Health:

Promoting improved physical health is multifaceted. Lifestyle behaviours, socio-economic factors and inequality, as well as medical intervention and treatment all amalgamate to influence the patient's health (Blaber, 2012; Ohrnberger, Fichera and Sutton, 2017). The Paramedic's role in promoting physical health is starting to receive more attention, with the College of Paramedics (2015) including it as part of the scope of practice, and ambulance services acknowledging the importance of utilising contact time with patients for this purpose (AACE, 2017). Whilst research is extremely limited as to the effectiveness of health promotion by Paramedics, the opportunity to positively impact and promote improved health is certainly

suggested (Smart, 2009; Donohoe et al., 2012). The promotion of physical health for people with mental illness is vital, although it comes with challenges and barriers (Collins, Drake and Deacon, 2013). Effective health promotion is an established debate, with differing theories and approaches (Corcoran, 2013). Cragg, Davies and Macdowall (2013) agree, pointing out theories cannot be applied rigidly to all problems in all situations, and instead they must be refined and adapted to the particular issue and circumstances, leading to models that can achieve this.

There are a number of health promotion models such as the Health Belief Model, the Self-Efficacy Theory and the Self-Regulation Model (Mutsatsa, 2015). The NHS England (2016) Making Every Contact Count (MECC) approach is relevant and practical to the singular encounters Paramedics have with patients. MECC embraces a behaviour change model utilising the brief interpersonal encounters clinicians have with patients, to increase their knowledge and provide motivation towards positive change (NHS England, 2016). It is based on Prochaska and DiClemente Stages of Change Model, which acknowledges the complexity of change, and the various stages and problems encountered (Percival, 2014). It empowers and supports the individual to make informed lifestyle changes to damaging behaviours such as alcohol and substance misuse (Naidoo and Willis, 2016). Although there is some concern over the quality of the evidence base (McCambridge, 2013), brief interventions have been shown to be useful and cost-effective (NICE, 2014; Angus et al., 2016). Upton and Thirlaway (2014) suggest multiple brief interventions are more effective than single brief encounters, but raise

concerns over their long-term impact. The author acknowledges this, however the practicalities of single and limited contact time constrain what Paramedics can implement in terms of detailed and repeated intervention and promotion.

Whilst interpersonal one to one communication is at the bottom of the communication hierarchy for the number of people it can reach, research suggests its importance when combined with community, or organisational health promotion (Corcoran, 2013). Norman and Ryrie (2013) agree, highlighting the importance of the collaboration between primary and secondary care to achieve positive changes. Mutsatsa (2015) highlights empowerment is central to promoting physical well-being; this helps combat feelings of loss of control and helplessness prevalent in mental illness, particularly in long term interactions with mental health services.

Norman and Ryrie (2013) identify that information giving can be a useful starting point, and the credibility of the person delivering the message is a critical component. Paramedics are generally well regarded and can use this to credibly communicate positive health promotion (Blaber, 2012). Butler (2016) suggests brief interventions can also be used to de-stigmatise mental health problems. Mutsatsa (2015) highlights the importance of the individual's own view of their health; if they believe they are physically well, or are apathetic towards increased risk from damaging behaviours, any health promotion must take this into account. Naidoo and Willis (2016) point out the individual must bring about the change for it to be effective, and those with existing problems in their life will find this harder. The clinician benefits from

understanding which stage of change the individual is at when discussing behavioural change with them: pre-contemplation, contemplation, preparation, action or maintenance (Gottwald and Goodman-Brown, 2012). To be successful the discussion should be tailored, avoiding purely providing information, and promoting self-efficacy for the individual to believe they can change without overly pressurising them (Mutsatsa, 2015).

Changing Culture

Paramedics have the opportunity to support positive behavioural changes through MECC, and acknowledge the importance of the physical health of a patient with mental illness. A key starting point is dealing with diagnostic overshadowing: without an awareness of a patient's physical health needs, there can logically be no support, or useful targeted health promotion. Paramedics can deeply affect a patient's view of healthcare and whether to seek assistance; it is within the Paramedic's control to identify and alter negative behaviours in themselves, in order to positively impact the patient's view of emergency and primary care (Blaber, 2012). Paramedics must be conscious not to stigmatise patients as mental health patients, thus disregarding their physical health, and instead adopt a holistic approach to healthcare (Willis and Dalrymple, 2015). By being more aware of our own mind-set and behaviour in relation to stigma and diagnostic overshadowing, Paramedics can support a general change in culture within the emergency environment towards mental health patients (Shefer et al., 2014). Mental health stigma is powerful, and clinicians perpetuating stereotypes will

reinforce and deepen the individual's isolation; clinicians should challenge these perceptions through positive interactions (Rogers and Pilgrim, 2014).

In cases of self-harm, Paramedics have a privileged opportunity to see the home circumstances to gain a fuller understanding, which hospital staff will not have (NICE, 2004). Collins, Drake and Deacon (2013) suggest an inclusive approach for treatment is beneficial, with self-care advice as part of an overall therapeutic relationship. Clinicians must be mindful of their own behaviour and approach when dealing with patients who have self-harmed. Butler (2016) suggests clinicians, especially when tired and feeling frustrated with the patient, should remember self-harm is a manifestation of distress that the patient hasn't found other ways of expressing; clinicians should adopt an empathic and patient centred approach at all times (Nixon, 2013). Butler (2016) reminds us to consider our own previous poor choices when dealing with patients who have harmed themselves.

Regular monitoring of patient's with increased risk is crucial (McGuinness and Follan, 2016), and utilising the brief opportunity to assess the patient's health embraces the MECC strategy (NHS England, 2016). Paramedics can then tailor the health promotion discussion to the individual and ensure it is relevant and meaningful to them (Corcoran, 2013). By being more aware of national and local campaigns, as well as local support groups and organisations, Paramedics can align health promotion to empower and support patients in the most effective way (Gottwald and Goodman-Brown, 2012). Making the most of the brief intervention in supporting behaviour

change in relation to alcohol and substance misuse, ensures a consistent message across the patient's interaction with all healthcare professionals; this is of particular importance with the additional challenges posed by dual diagnosis (Hill, Penson and Charura, 2016).

Conclusion

It is vitally important to consider the physical aspect of a patient with mental illness, as part of a holistic approach to care (Nash, 2014). Individual aspects and wider influences can compound to impact the patient's physical health; an awareness of these issues, along with an understanding of the complexities around supporting behavioural change, are all required by the clinician (Collins, Drake and Deacon, 2013). The Paramedic profession must begin to acknowledge and appreciate the issues around diagnostic overshadowing and stigma, with open discussion and self-awareness being the catalysts to changing the culture and attitude towards patients with mental illness (Shefer et al., 2014). Health promotion is in its infancy for the Paramedic profession, and there is an opportunity to learn from the experiences of other professions to ensure the most effective approach is adopted. Nursing experience has shown that specific training in MECC as an NHS strategy could benefit all clinicians and support them in using it effectively (Percival, 2014). Given the benefits, MECC is something the Paramedic profession should adopt more proactively and widely. Recognising the importance of physical health in mental health is essential to ensure the profession is providing the highest standard of care to one of its most vulnerable patient groups.

Reflective questions:

Have you ever witnessed diagnostic overshadowing, and how did it impact on the patient?

Do the challenges of dealing with mental health patients obscure your consideration of the physical aspects of this patient group's care?

Do you consider health promotion with patients, and does this change with mental health patients?

How can you make changes to your own practice to address the issues raised in this article?

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