People with mental illnesses have a shorter life expectancy than their peers who do not have a mental illness. This has nothing to do with their mental illness itself; rather, it is because of uncontrolled chronic conditions such as diabetes, hypertension, metabolic syndrome, and pulmonary and cardiovascular diseases. Many of these illnesses are associated with weight gain, a common side effect of some of the medications they take. In addition, people with serious mental illnesses have a high rate of smoking and are less likely than the rest of the population to obtain preventive care.

Chronic illnesses are particularly devastating for persons with mental illnesses because they often don’t access treatment. There are a number of reasons for this. For one thing, individuals may lack motivation to seek treatment for physical problems or may even fear getting health care. Further reducing their chance of getting needed care is the fact that providers face competing demands for their time and that the health care system is so fragmented.

The stigma associated with mental illness also contributes to the problem. In 1999, Surgeon General David Satcher issued a landmark report on mental health, identifying stigma as a major problem for people with mental illnesses. “When people understand that mental disorders are not the result of moral failings or limited willpower, but are legitimate illnesses that are responsive to specific treatments, much of the negative stereotyping may dissipate,” he predicted. Nearly 15 years later, it’s hard to say we’ve made much progress.

Adults and children who live with mental illnesses face discrimination in many areas of their lives, including during their encounters with the health care system. It manifests in big ways, such as insurance not covering necessary treatment, and seemingly little ones, such as patients not receiving get well cards when they are hospitalized.

Discrimination also shows up in the way physicians or nurses treat patients. In the opinion piece “When Doctors Discriminate,” published in the August 10 New York Times, writer Juliann Garey noted, “If you met me, you’d never know I was mentally ill. In fact, I’ve gone through most of my adult life without anyone ever knowing—except when I’ve had to reveal it to a doctor. And that revelation changes everything. It wipes clean the rest of my résumé, my education, my accomplishments, reduces me to a diagnosis.”

Many people expressed agreement with her statements in postings on the National Alliance on Mental Illness (NAMI) Min-
nnesota Facebook page and offered their own examples of how their physical needs have been discounted because they live with a mental illness. One recounted that the words “history of schizophrenia” were written on an X-ray order. She couldn’t understand why the technician needed to know that. Another person wrote how her stomachache was attributed to her anxiety and no further tests were done.

The evidence isn’t just anecdotal. A survey conducted by the national NAMI office and Harris Interactive in 2008 found nearly half (49%) of the people with schizophrenia who responded said doctors took their medical problems less seriously once they learned of their schizophrenia diagnosis, and 39% said the diagnosis made it more difficult for them to get care for their other health concerns.1

If you believe your health concerns won’t be taken seriously or will be discounted, then why go to the doctor? If you believe your health care provider has negative views about mental illnesses, then why would you talk about emerging symptoms?

Four Things Clinicians Can Do

Physicians and clinic staff can do a number of things to make patients with mental illnesses feel more welcome. Here are four of them:

1. If your waiting room has flyers about diabetes, cancer and other conditions, make sure there also is information about mental illnesses such as depression and anxiety and resources for dealing with them. Having such literature in the waiting area lets patients know you are open to talking about mental health concerns. This is especially important in primary care settings, as physicians and others who work in these practices are in an excellent position to help identify the early signs and symptoms of a mental illness. Approaching the issue with care and concern can encourage patients to talk openly about their mental health.

2. Educate yourself and your office staff about mental illnesses, the stigma associated with them and the importance of compassion. Empathy and understanding are hugely important to people with mental illnesses and their families, and they’re often not offered. Make sure to let patients know there is hope, that they aren’t alone and that their illness is not their fault. It takes great courage and determination to face these illnesses, and people need support and encouragement from their physician.

3. When treating a person with a mental illness, treat the whole person. Be sure to ask about their physical health as well as their mental health. Don’t discount their physical concerns because they have a mental illness. And don’t assume that the physical symptoms are related to their mental illness. Physicians should check and talk about glucose levels, weight gain, blood pressure, sleep patterns and metabolic levels.2 Discuss the importance of eating a healthy diet, exercising and avoiding alcohol and make sure that patients who have mental illnesses have social connections and are not isolating themselves. When needed, and if the patient consents, connect with their mental health professional to coordinate care and treatment.

4. Don’t be afraid to talk about smoking cessation. According to a February 2013 report by the Centers for Disease Control and Prevention done in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), 36% of adults with a mental illness are cigarette smokers, compared with only 21% of adults who do not have a mental illness. Between 62% and 90% of people with schizophrenia smoke.3 Of the 435,000 deaths from smoking in the United States each year, about 200,000 occur among people with mental illnesses and/or substance use disorders.4

Some health and mental health care providers are reluctant to add this to the

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**Resources on Mental Illness**

**National Alliance on Mental Illness (NAMI) Minnesota**

Online classes for health care and mental health care providers, fact sheets on mental illnesses and booklets on specific topics

[www.namihelps.org](http://www.namihelps.org) or 651-645-2948

**Minnesota Department of Human Services**

Information on the 10 by 10 project in Minnesota, including a form that patients, family members and health care providers can use to ensure that appropriate screenings are done


**Make It OK**

Information about reducing the stigma of having a mental illness and practical ways to do that, including phrases to use when approached by someone with a mental illness

[www.makeitok.org](http://www.makeitok.org)

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

Extensive information about preventing mental illnesses and resources for improving the lives of people who live with them

Further steps toward extending their life expectancy. MM

Sue Abderholden is executive director of NAMI Minnesota.

REFERENCES


Join us for Day at the Capitol

THURSDAY, MARCH 13, 2014
MINNESOTA STATE CAPITOL

• Get an update from MMA leaders and staff about the MMA’s legislative agenda
• Meet with your elected officials
• Hear directly from legislative leaders

A reception for attendees will follow

Stay tuned for additional details