

Ignorance of physical health in mental health



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According to the World health organization (2007) “ Health is a state of complete physical, mental and social well-being , not merely the absence of disease and infirmity”. From this definition we surmise three main aspects and they always stroll side by side. This definition has both psychiatric and medicine field which insist us for holistic care. If one of the aspect will be ignored then it will difficult to achieve the complete state of well being. The health care professional should take care of physical problems while treating their mental health (Sturgeon, 2007). Mental health set ups are not only to treat the mental disorders, but the physical health issues too. On the other hand, “ the physical health of patients with mental illness is neglected which leads to high premature mortality rates” (brown, 2012).

Writing on this topic will help in understanding the importance of holistic care in mental health care setting. Neglecting physical health is a serious issue. Health care providers can prevent thousands of premature deaths by simple interventions, like the care of minor physical instabilities. With the socio-cultural context, stigma and stereotyping are the major barrier of physical health in mental health. In our culture, people easily stigmatize the patient without thinking the consequences. “ Unluckily stigmatizing attitudes toward mental illnesses are present within the mental health professions themselves. The staff usually stigmatizes the patients and treats them unfairly. Instead of paying attention they just ignore the symptoms reported by the patients and label them as symptoms of mental health. Such symptoms may further worsen the condition”. (Cooper 2010)

Thornicroft 2011 conducted a study which shows that only 13% mentally ill patients are getting the proper physical health treatments, 48% are getting

poorer attention, the rest 30% are not getting any physical attention and 80% population is dying because of this issue which is the main factor of increasing mortality rate. Two main reasons are unnatural deaths and poorer physical health care.

However, It shows the high mortality rate in mentally ill patients due to ignorance of physical health. It is very important to address this issue and take important steps to improve their health. During my mental health clinical, I found the enormous ignorance of physical health. A 25 years old female was facing extreme stomachache and she was complaining continuously. On the first day, Everybody was ignoring the patient by saying she is depressed rather listen her complain. Staff even didn't perform any assessment or notice the facial expressions of the patient. On the second day when I went to the patient she reported her complain and I shared her concern to the doctor she said that just ignore these patients otherwise they will start complaining all the time. On the third day when I attend the clinical, staff told me that patient was very sick at night so she is admitted in hospital for physical checkup. Contemplating the scenario its perturbing that staff is ignoring those mentally ill patients who are very vulnerable to other threatening problems and other unexpected outcomes.

“ Mentally ill patients are more prone to physical illness than the general population because of many reasons such as lack of exercise, high rates of smoking and poorer diet all contributes to diseases like hypertension, high cholesterol and respiratory illness etc” (Chacón, 2011). Some researchers show a strong genetic relationship between some psychological and physiological illness such as the people with diabetes have the tendency to

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get schizophrenia. Patient with mental illness can't pay attention to their physical health so it is our responsibility to take care of their health. Further, somatic pain is also a reason, referring to the scenario my patient had pain, but nobody was listening to her concern because they were assuming that she have somatic delusions. These perceptions lead to serious illnesses in mentally ill patients. Thornicroft (2011) states that " there are many barriers which contribute to physical illness. He gives the concept of " diagnostic overshadowing" that people with mental illness receive worse treatment for physical disorders". If a patient is admitted in emergency with co-morbid of mental illness and diabetes, staff will less likely to concentrate on diabetes. Furthermore, workload and shortage of trained staff are the contributing factors. Else, negligence in daily assessment is a major issue. Referring to my scenario, the patient was showing facial expressions but they didn't notice it. Brown (2012) says that " health disparities experienced by these people is due to problems in accessing health assessment or lack of resources like equipment to assess the physical symptoms". They should have access to all the facilities such as BP apparatus, to check their BP like in other diseases. Moreover, these patients are unable to explore their symptoms because of altered thought process and the side effects of antipsychotic drugs. These factors lead to serious physical problems in those mentally ill patients.

According to Maslow's Hierarchy, physical needs and health are the most important to be fulfilled. He says that physiological needs are deficiency needs, meaning that these needs are important in order to avoid unpleasant

consequences like pain . So, from this model we can infer that physical health and needs are important in order to maintain a healthy life.

Now, it's our responsibility to aware the client about reducing the cause of physical illness. Moreover, to fulfill these responsibilities we should plan some strategies. At the individual level, we can only achieve the improvement, when the health care providers are trained in the skills like therapeutic communication, proper physical assessment, and other psychomotor skills. Staff should be sincere with their patients and have a keen eye on their patient's assessment. (Brown, 2012) states that " mental health nurses and clinicians play an active role in health promotion, primary prevention and the early detection of physical health problems".

At the community level, management of health care organization should arrange trainings for providing the latest and reliable information that will help staff to give holistic care, to refresh their knowledge with new researches and the ongoing evaluation and analysis of training sessions. Thus the improvement in all these aspects will help caregivers to provide holistic care to mentally ill patients and complete state of wellbeing. Furthermore, at this level we can give knowledge to the families that their consciousness will be helpful for the patient and their early detection.

At the international level, we need a multidimensional strategy to reduce disparities in the physical health of mentally ill patients (Tsay, 2007).

Integration of mental and physical health is very important, like in my scenario patient was getting only medical attention and the staff was ignoring her verbal pain and facial expressions. These organizations which

are handling mentally ill patients should take care of physical health to provide them holistic care and enough resources for the health care professionals to manage their health with all the three aspects.

In conclusion, the physical health of mentally ill patients should be part of the field of action of psychiatric practitioners. Health consists of physical, mental, and social aspects consideration of all three aspects are very essential; a change in one aspect will lead to distortion of health. There for it is the duty of health care providers and organizations to prevent illness and restore health by screening, diagnosis and treat physical illness of mentally ill patients. Here my suggestion is that as a health care professional, we have to consider all three aspects of health and provide holistic care to the patients to achieve a complete state of health.

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