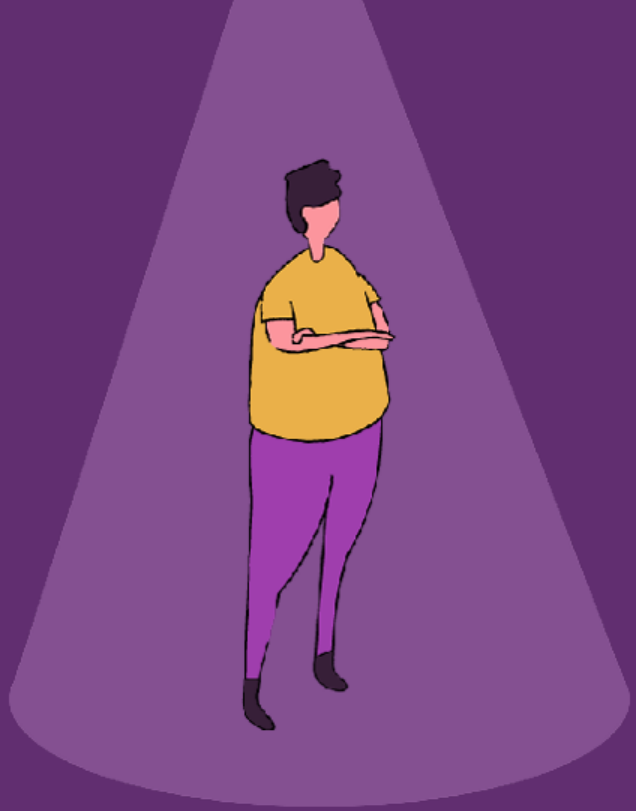
Improving primary care for people with mental health or substance use conditions



Equally Well

University of Otago Ōtākou Whakaihu Waka | Pōneke Wellington Campus

Tupuānuku Nourishing the physical health of tangata whaiora

TE POU

Section 1

INTRODUCTION

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People with mental health or substance use conditions are more likely to face delays in diagnosis and treatment for physical health concerns.

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As primary care clinicians, we strive to provide the best care possible.

Yet, research and patient experiences show that people with mental health and substance use conditions often face delays in diagnosis and treatment for physical health concerns.

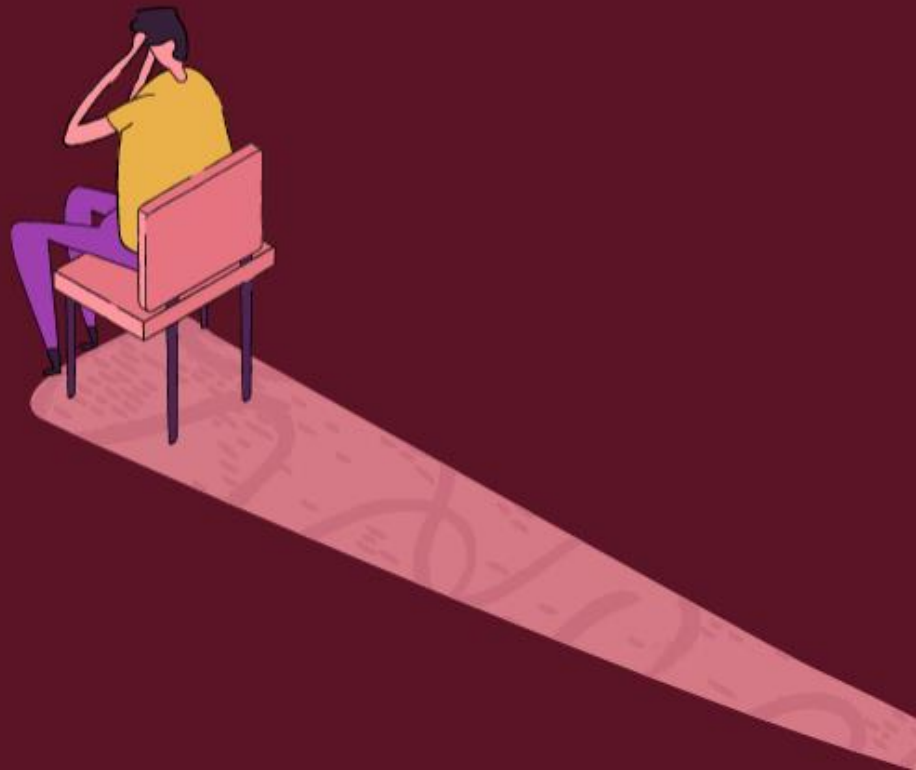
INTRODUCTION

This is partly because our focus on their mental health or substance use can overshadow their physical symptoms.

This is not intentional —but because our brains naturally take shortcuts, influenced by time pressures, cognitive load, and unconscious bias.

Section 2

RECOGNISING OVERSHADOWING



RECOGNISING OVERSHADOWING

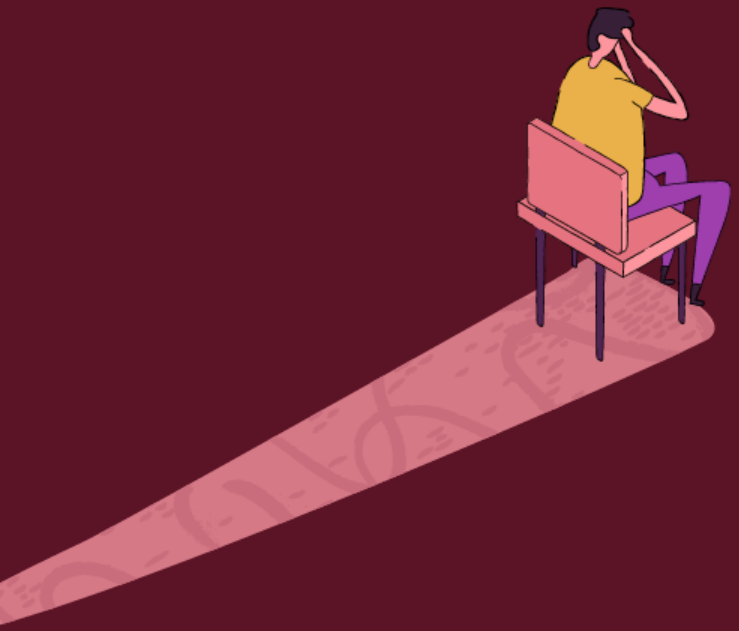
Example Case Study
missing a diagnosis

I had to argue with a doctor about the cause of dehydration and difficulty swallowing.

He put it down to depression and a history of eating disorders.

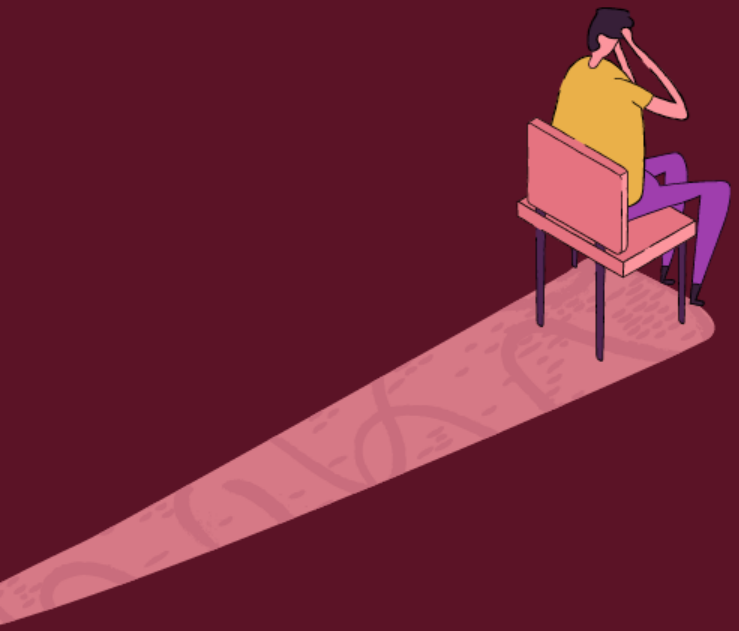
Turned out I had thrush in my mouth and oesophagus after being on antibiotics.

RECOGNISING OVERSHADOWING



How can we ensure we don’t miss important and treatable physical health issues in patients with mental health or substance use conditions?

RECOGNISING OVERSHADOWING



Small changes in our approach can make a big difference.

By starting to be aware that this may be an issue in primary care, you are taking the first step.

Section 3

STRATEGIES

STRATEGIES
Person-focused care

A full assessment of new symptoms is important in people with mental health or substance use history.

I saw two GPs for physical health complaints, on these occasions my issues were put down to menopause and stress and anxiety.

I then found a great GP who did not focus on my mental health history or age and just listened and investigated my concerns.

STRATEGIES
Person-focused care

Build a shared understanding

Build on the existing relationship the person has with you or your practice.

Start with why the person is here today—not their mental health or substance use history.

Share diagnostic uncertainty: *"I'm not sure what's causing this, but let's work through it together"*

Even if no clear cause is found, provide support and advice on how to understand and manage symptoms.

STRATEGIES
Partnerships

Your patients may already have seen a short video about the way in which a mental health or substance use history can overshadow physical health symptoms

watch here

I changed to my current GP service because of the exceptional care, they are accommodating, listen rather than speak over you and work with you to find the best solution for you.

STRATEGIES
Partnerships

Work in partnership

Watch and share the overshadowing video with those you care for, and be ready to discuss it.

Support the people you are caring for and their whānau to advocate for themselves and their physical health.

Take opportunities to advocate for them with other clinicians and services.

Support people if they want to make complaints about other health providers.

STRATEGIES

Self-reflection, recognising & challenging bias

"How would I approach this differently if this person had no mental health or substance use history?"

My GP brushes off most of my physical health concerns. I did not feel this way prior to my mental health diagnosis, but now every time I visit I feel defeated and ignored.

STRATEGIES
Self-reflection, recognising & challenging bias

Reflect on your own thinking

Did assumptions about mental health or substance use history affect my decisions?

Were there competing demands on this consultation which affected my ability to manage the new symptoms?

Did I order the same tests for this patient as I would for someone without a mental or substance use diagnosis?

Are there any other assumptions which may be affecting my care, for example, related to ethnicity or gender?

STRATEGIES

Self-reflection, recognising & challenging bias

Consider the language you are using

Use inclusive language: “we” and “us” rather than “you” and “I”

Challenge biased language—in yourself and in your team.

Try reframing:	**To:**
‘this person doesn’t want or refuses our help’	‘our plan for care needs revision to meet this person’s needs’
‘drug-seeking’	‘inadequately controlled pain’

STRATEGIES
Monitoring & continuous improvement

Audit your practice
Compare screening, referrals, and treatment rates between patients with and without mental health or substance use conditions.

Review your patient and whānau feedback and input mechanisms
Are you collecting information about the care experiences of people with mental health or substance use conditions?

Take action
Make sure your practice is regularly reviewing and acting on audits and feedback

Encourage team discussions
Overshadowing awareness should be an ongoing conversation.

Section 4

SYSTEM-LEVEL ACTIONS

Don’t forget about the bigger system

SYSTEM-LEVEL ACTIONS

Join Equally Well and become an Equally Well Champion for your organisation.
Involve people with lived experience of mental health and substance use conditions at all levels of your organisation; advocate for including people with lived experience in decision making positions
Support workplace strategies that address unconscious bias in all its forms (e.g., training, case reviews)

SYSTEM-LEVEL ACTIONS

Build your organisations cultural safety

RNZCGP's Cultural Safety and Equity dashboard provides lots of resources Cultural Safety and Equity | RNZCGP

The NZ Council of Medical Colleges Cultural Safety Training Plan provides four key approaches:

1. Critical reflection about biases

2. Advocating for and empowering patients and whānau

3. Auditing practice to identify barriers to equitable care

4. Gathering and responding to patient feedback

Section 5

CALL TO ACTION

One small change today

Reflect on one consultation per day—Did I approach this differently because of a mental health history? Did my assumptions about substance use impact of my treatment plan?

Teamwork matters

Discuss overshadowing in practice meetings, look to include lived experience voices.

Be an advocate

Speak up when you see bias in clinical settings.

Your role is powerful

Small changes can make a lasting difference in patient outcomes.

Small changes in our clinical approach can make a big difference.

Together, we can put an end to overshadowing and ensure everyone receives the physical health care they deserve.

Further reading

Equally Well website

Learn more about the Equally Well collaborative impact movement, sign-up for lunchtime meet-ups, and read the Tupuānuku research.

Words can heal | Te Pou

This resource provides guidance on how to use language to uplift, validate, and tautoko people.

Tupuānuku research

It's not in my head: a qualitative analysis of experiences of discrimination in people with mental health and substance use conditions seeking physical health care.

Cunningham, R., Imlach, F., Haitana, T., Every-Palmer, S., Lacey, C., Lockett, H., & Peterson, D. (2023). It's not in my head: a qualitative analysis of experiences of discrimination in people with mental health and substance use conditions seeking physical health care. *Frontiers in Psychiatry, 14,* 1285431.

Dealing with Discrimination in Physical Health Care Services: Strategies of People with Mental Health and Substance Use Conditions.

Cunningham, R., Imlach, F., Every-Palmer, S., Haitana, T., & Peterson, D. (2023). Dealing With Discrimination in Physical Health Care Services: Strategies of People With Mental Health and Substance Use Conditions. *Journal of Patient Experience, 10,*23743735231211778.

Experiences of physical healthcare services in Māori and non-Māori with mental health and substance use conditions.

Cunningham, R., Imlach, F., Haitana, T. Clark, M., Every-Palmer, S., Lockett, H., & Peterson, D. (2024). Experiences of physical healthcare services in Māori and non-Māori with mental health and substance use conditions. *Australian & New Zealand Journal of Psychiatry 58*(7), 591-602.

Further reading

Te Pu Korokoro: Improving the physical health of Māori with psychosis research

Inequity in cardiometabolic hospital admissions and blood screening in New Zealand Indigenous Māori with psychosis.

Monk, N. J., Cunningham, R., Stanley, J., Fitzjohn, J., Kerdemelidis, M., Lockett, H.,McLachlan, A.D., Porter, R.J., Waitoki, W., & Lacey, C. (2024). Inequity in cardiometabolic hospital admissions and blood screening in New Zealand Indigenous Māori with psychosis. *British Journal of Psychiatry Open*, *10*(5), e159.

The physical health and premature mortality of Indigenous Māori following first-episode psychosis diagnosis: a 15-year follow up study.

Monk, N. J., Cunningham, R., Stanley, J., Crengle, S., Fitzjohn, J., Kerdemelidis, M., Lockett, H, McLachlan, A.D., Waitoki, W., & Lacey, C. (2024). The physical health and premature mortality of Indigenous Māori following first-episode psychosis diagnosis: A 15-year follow-up study. *Australian & New Zealand Journal of Psychiatry*, *58*(11), 963-976.

Canadian research

Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions.

Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum*, *30*(2), 111-116.

United States of America research

Avoiding Unintended Bias: Strategies for Providing More Equitable Health Care.

Van Ryn, M. (2016). Avoiding Unintended Bias: Strategies for Providing More Equitable Health Care. Minnesota medicine, 99(2), 40-46.

SEE PAST THE SHADOW

Together, we can put an end to Overshadowing discrimination.

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