

# DBSA Consumer and Family Survey Center Co-Occurring Conditions Survey Summary Report: November 2013

## BACKGROUND

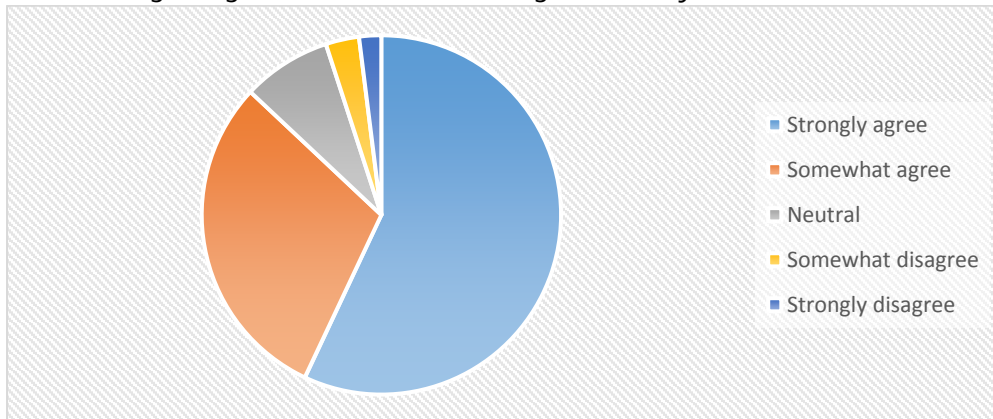
DBSA conducted an online survey (via [dbsalliance.org](http://dbsalliance.org)) to understand consumers' views regarding the relationship between mood disorders and physical health and preferences regarding relationships between mental health and general medical care. Consumers were invited to respond by notices on the DBSA home page, by email notices to chapter leaders, and by notices in the DBSA eNewsletter. A total of 400 consumers or family members responded. The survey included both multiple choice questions to assess consumers' preferences regarding specific issues and open-ended questions to explore consumers' views and personal experiences.

## SURVEY RESULTS

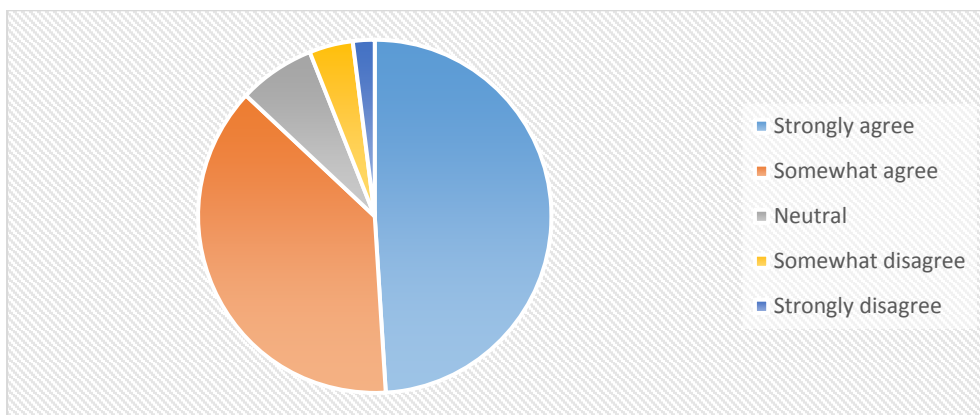
### Role of Mental Health Providers in Physical Health and Prevention

Five questions asked for consumers' views regarding how much mental health providers should be involved in improving physical health:

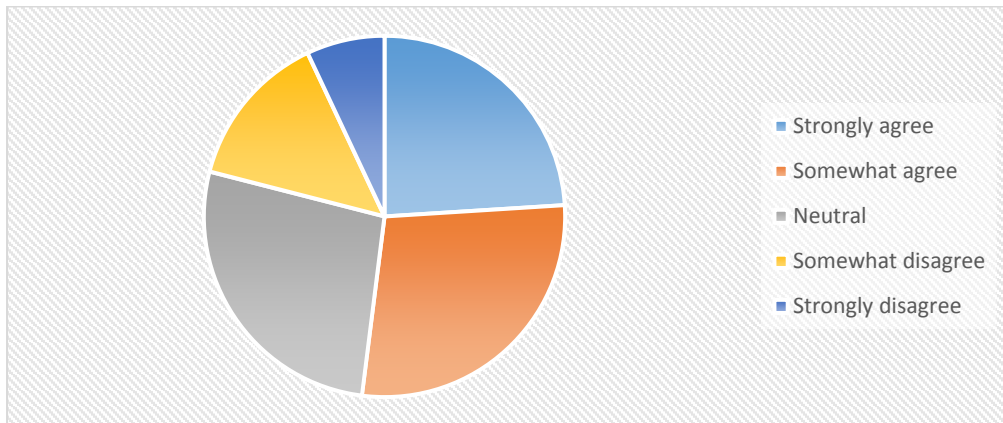
*My mental health providers should talk to me about things I can do to improve my physical health like getting more exercise or eating healthier foods.*



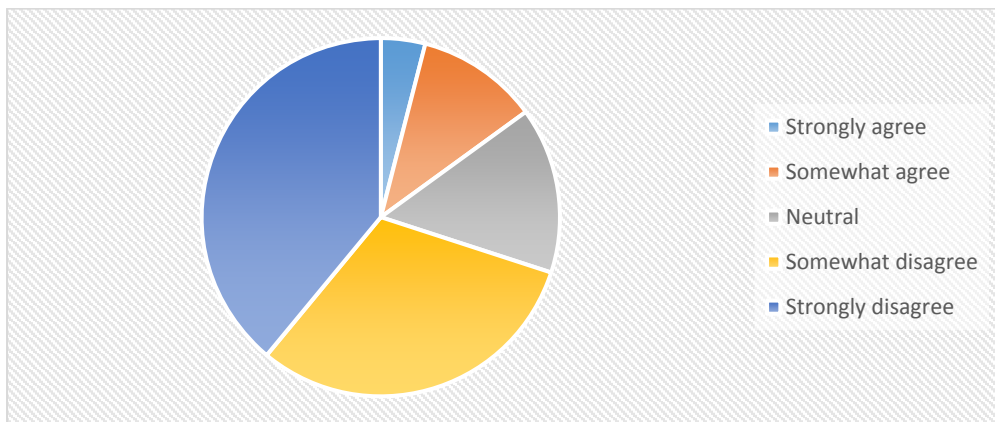
*My mental health providers should talk to me about changing unhealthy habits like smoking or over-eating.*



*My mental health providers should talk to me about preventive care like getting a flu shot or getting screened for colon cancer.*



*I do NOT want my mental health providers talking to me about things like exercising, losing weight, or stopping smoking.*



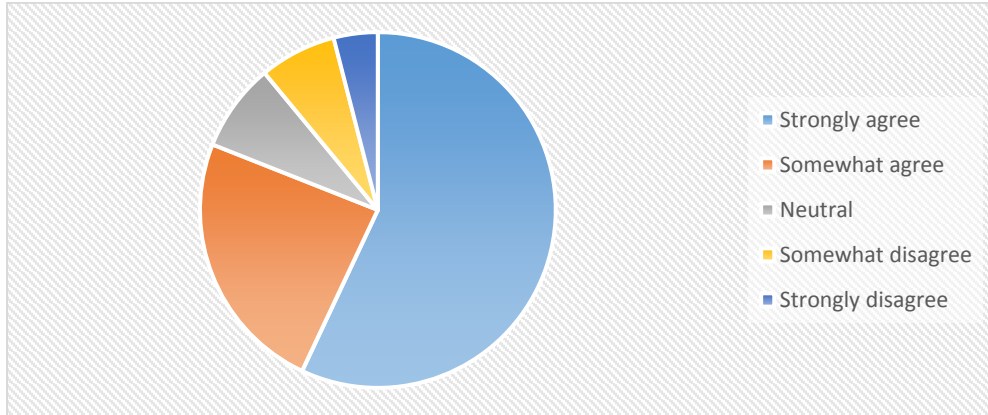
### **Section Summary**

Consumers generally agreed with the view that mental health providers should be actively involved in improving physical health. Only a very small proportion disagreed with this view. Support for mental health providers' role in physical health was greater for self-care activities (like diet and exercise) than for preventive care from professionals (like cancer screening).

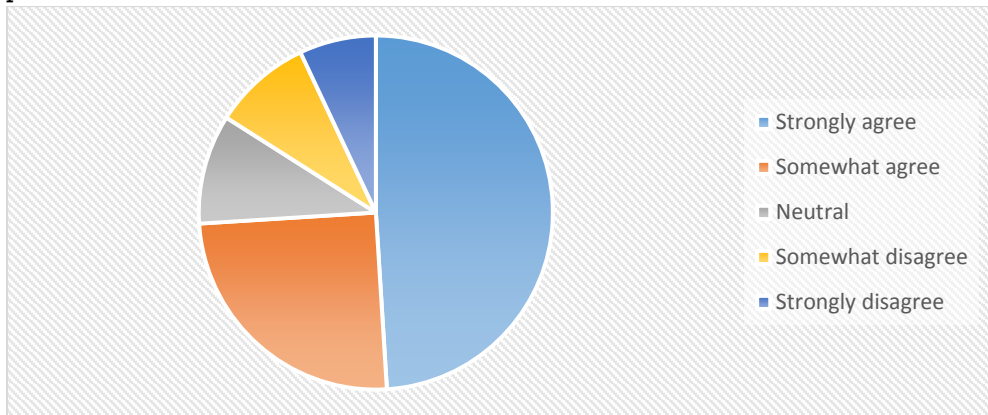
## Coordination of Care between Mental Health and Physical Health Providers

Seven questions asked for consumers' views regarding sharing of information and coordination of care between mental health providers and general medical providers:

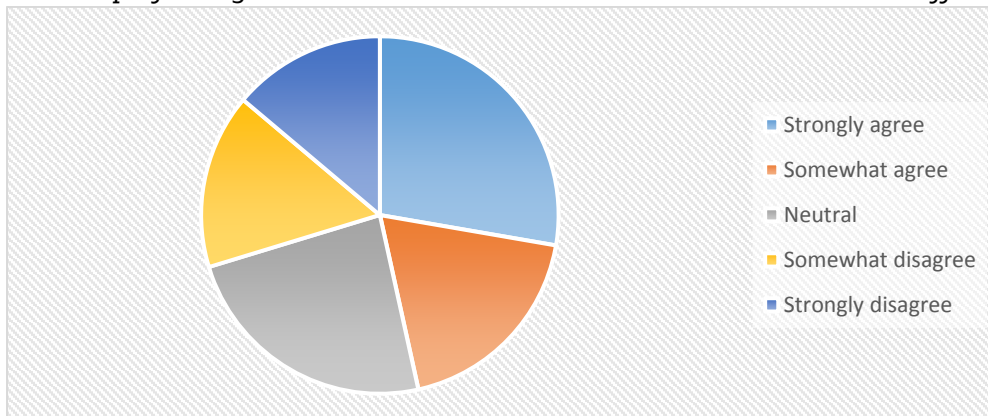
*My medical providers should share information about my treatment with my mental health providers.*



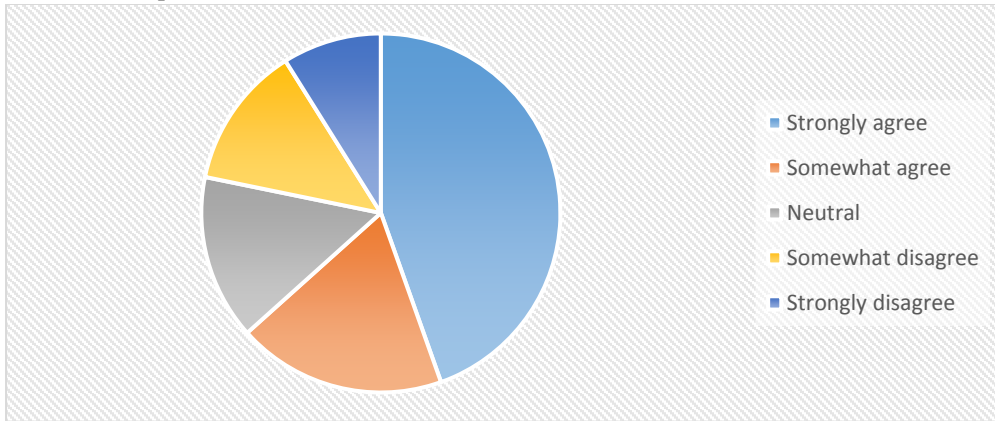
*My mental health providers should share information about my treatment with my medical providers.*



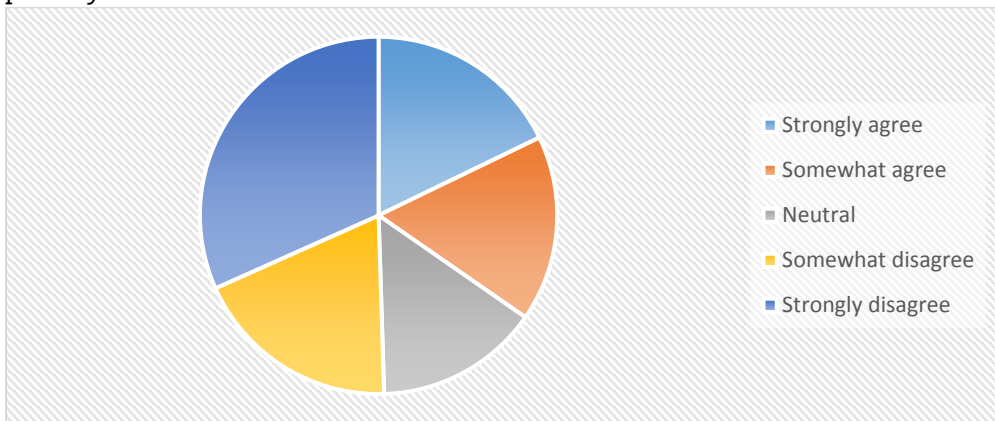
*I would prefer to get medical care and mental health care in the same office or clinic.*



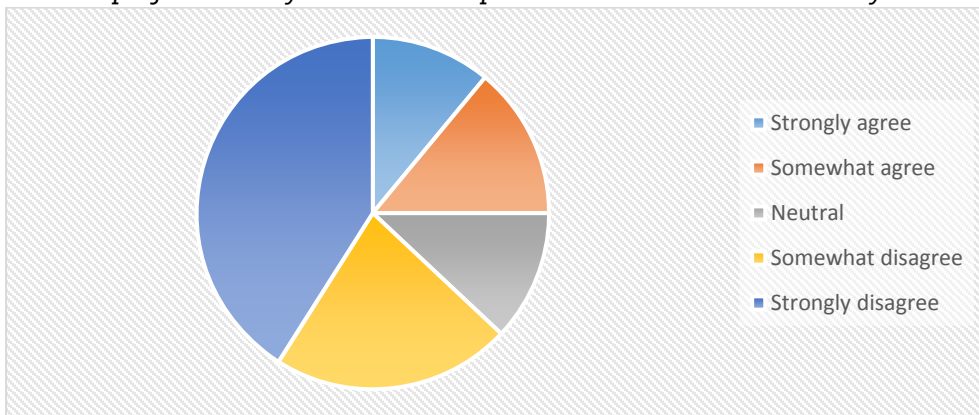
Records of my mental health treatment and medical treatment should be combined, so all of my health care providers can read them.



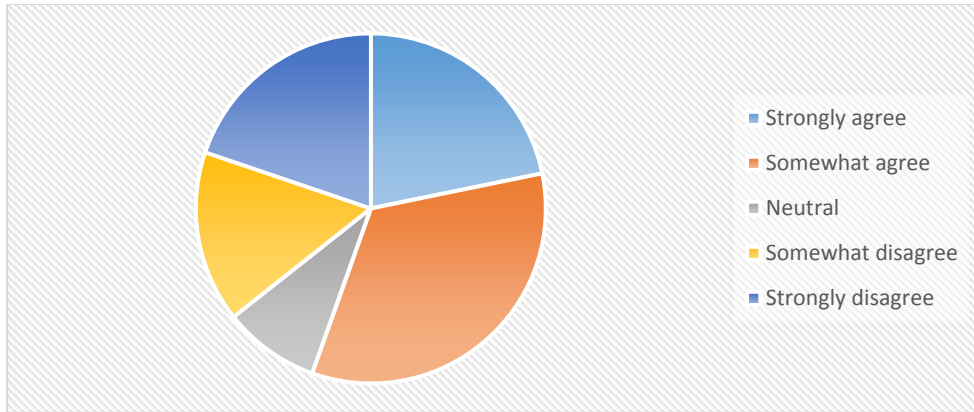
Combining records of my medical treatment and mental health treatment would violate my privacy.



I would prefer that my medical care providers NOT know about my mental health treatment.



Medical care providers might discriminate against me if they know I receive mental health treatment.



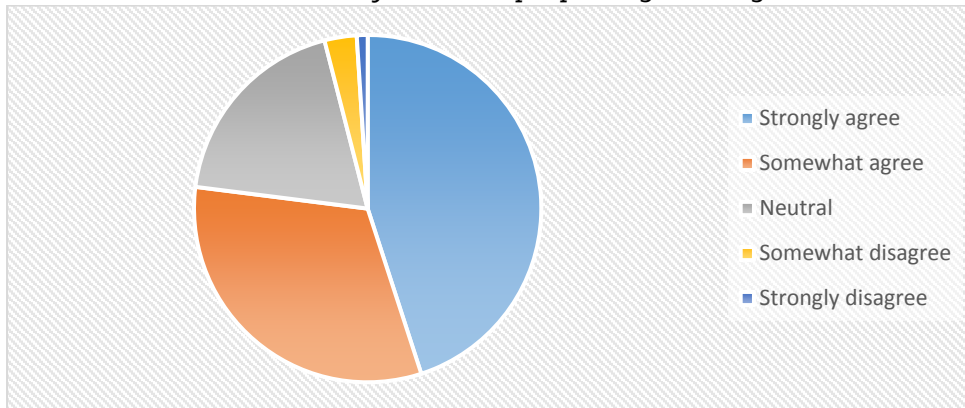
### Section Summary

Consumers generally supported sharing of information between mental health and medical providers – in both directions. Approximately 25%, however, did express concerns about sharing of information. Even though a majority acknowledged the possibility of prejudice if medical providers were aware of mental health treatment, a clear majority still supported sharing of information.

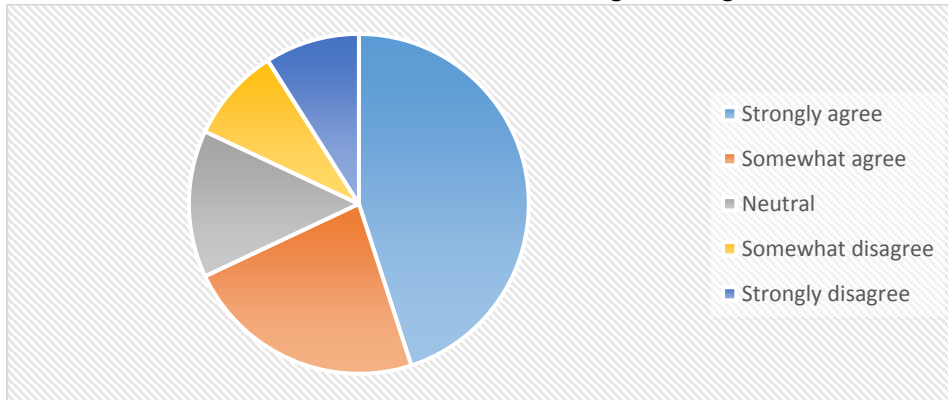
### Medications and Weight Gain

Two questions asked specifically about effects of mental health medications on weight:

*Mental health medications often cause people to gain weight.*



*Mental health medications have caused me to gain weight.*



### **Section Summary**

Consumers are aware that medications can often contribute to weight gain, and over two-thirds report experiencing that problem. This rate of weight gain is greater than generally reported – and greater than most consumers are typically advised of when starting medications.

### **Free-Response Questions**

Four open-ended questions asked for consumers' views regarding the relationships between mood disorders and specific physical health problems or risk factors. Approximately 250 consumers responded to each of these questions.

### ***People who live with mood disorders are more likely than average to be overweight. Why do you think that is true?***

Three reasons were frequently mentioned:

- Mental health medications cause increased appetite and weight gain.
- Depression or feeling stressed often leads to unhealthy eating: over-eating, binge eating, and preference for sweet or fatty foods.
- Depression leads to fatigue and low motivation, making it difficult to exercise.

The overwhelming majority of consumers mentioned at least one of these reasons, and most mentioned two or three of them.

A few other reasons were mentioned much less frequently, but still mentioned multiple times:

- People who live with mood disorders may not be able to afford healthy foods.
- Mood disorders can increase cortisol or stress hormones that contribute to overweight.
- People with mood disorders may be overweight because overweight or obesity can cause or worsen depression.

**People who live with mood disorders are more likely to smoke cigarettes. Why do you think that is true?**

The vast majority of responses mentioned some form of “self-medication” – the idea that smoking might help to relieve feelings of depression, anxiety, or stress.

Two other reasons were mentioned much less frequently, but still mentioned multiple times:

- Smoking was common in mental health facilities, especially hospitals, so people receiving mental health treatment were more often exposed to smoking and came to see it as normal.
- Taking a cigarette break can allow an escape from situations that cause stress or anxiety.

**People with diabetes are more likely to experience depression. Why do you think that is true?**

Two ideas were frequently mentioned:

- Any serious chronic illness can lead to depression because of symptoms (like fatigue or pain) or worry about the future.
- Some specific burdens of living with diabetes (dietary restrictions, need for blood sugar testing).

Three other ideas were mentioned less frequently, but still at least several times:

- Mood disorders might contribute to developing diabetes (rather than the reverse order).
- Changes in blood sugar or insulin levels could have a direct effect on mood.
- Mental health medications can increase risk for diabetes.

**People who live with mood disorders are less likely to get some kinds of cancer screening, like mammograms or colon cancer screening. Why do you think that is true?**

Four ideas were frequently mentioned:

- Mood disorders cause fatigue and low motivation, and that interferes with anything that takes extra effort.
- Because of low self-esteem or hopelessness, people with mood disorders may think that screening to find and treat cancer is not worthwhile.
- People who live with mood disorders already see many health care providers, take many medications, and may have frequent lab tests; there is no time or energy for more visits or tests.
- People who live with mood disorders may be uninsured or have limited health insurance – so they cannot access good preventive care.