



**Office of  
Mental Health**

# **Addressing the Silent Crisis: Reducing Mortality from comorbid conditions**



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# Learning Objectives

1. Understand the relationship between mental and physical health in the context of comorbidities.
2. Learn strategies for identifying and managing comorbid conditions through integrated care.
3. Develop comprehensive treatment plans to improve participant outcomes and reduce mortality risks.

Mental Health in New York



**1 in 5 U.S. adults** experience mental illness each year.



**2,802,000 adults** in New York have a mental health condition.

That's more than **10X** the population of Buffalo.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.



More than half of Americans report that **COVID-19** has had a **negative impact** on their mental health.

In February 2021, **35.8% of adults in New York** reported symptoms of **anxiety or depression**.

**20.2% were unable to get needed counseling or therapy.**



**1 in 20 U.S. adults** experience serious mental illness each year.

In New York, **591,000 adults** have a **serious mental illness**.



**1 in 6 U.S. youth** aged 6–17 experience a **mental health disorder** each year.

**145,000 New Yorkers** age 12–17 have depression.

**New Yorkers struggle to get the help they need.**



More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **763,000 adults in New York** who **did not receive needed mental health care**, **36.1%** did not because of cost.

**5.3%** of people in the state are **uninsured**.

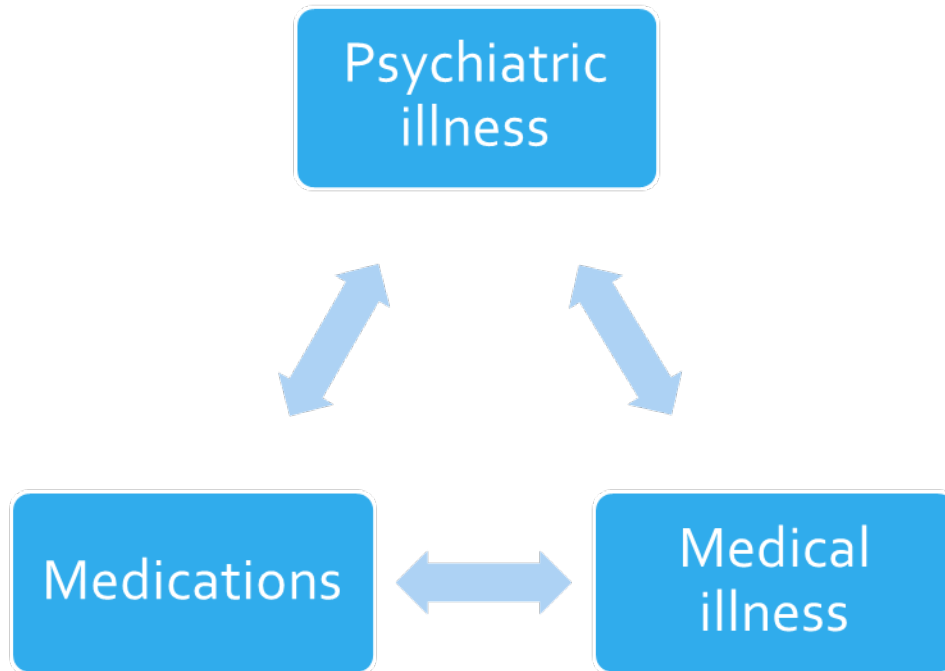


**New Yorkers** are over **10x more likely to be forced out-of-network** for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

**4,102,718** people in New York live in a community that **does not have enough mental health professionals**.



# The Dilemma



## Common mental health symptoms

- Fatigue
- Poor sleep
- Change in appetite
- Decrease concentration
- Anxiety and or restlessness

## Common psychotropic side effects

Drowsiness, dizziness, dry mouth, blurred vision, tiredness, nausea, constipation, weight gain, trouble sleeping or muscle or nervous system problems (anxiety, agitation, jitteriness, drooling, trouble swallowing, restlessness, shaking or stiffness).

## Prevalence Physical and Psychiatric

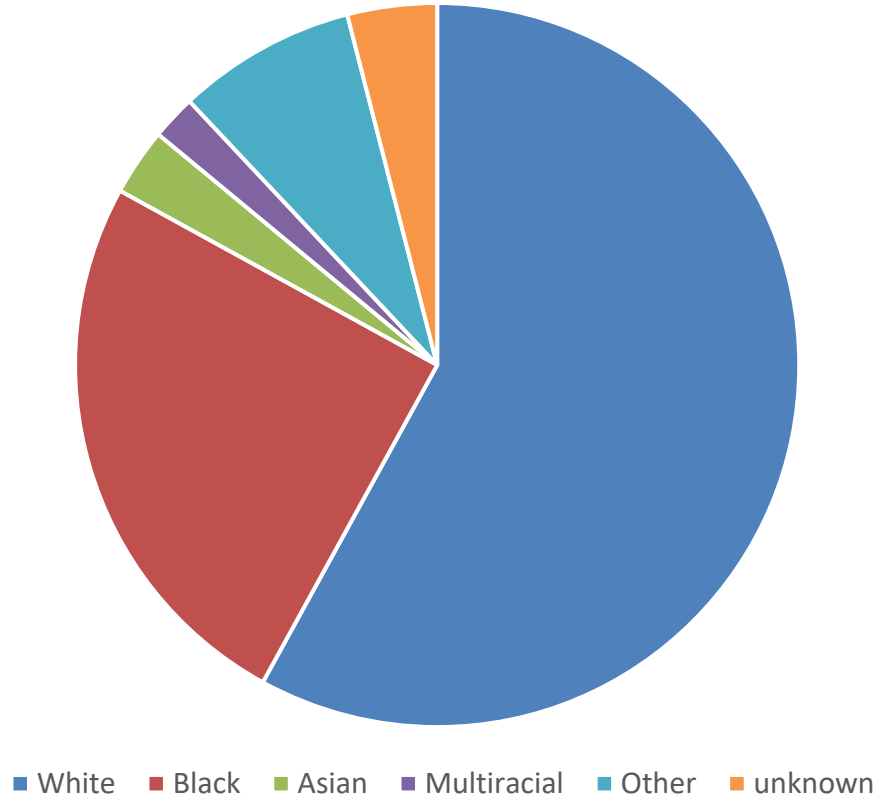
- 50% of patients in psychiatric clinic populations have undiagnosed medical conditions
- 10% of self-referred psychiatric patients have symptoms that are due solely to a medical illness
- Patients with SMI have a 10 to 25-years shorter life expectancy
- Depression is found to be present in 13-80% of chronically ill patients. This, along with other mental disorders, is more prevalent in hospitalized patients, and they are also more severe in this subgroup.
- The presence of mental health disorders increases the risk of chronic physical illnesses like obesity or diabetes. Up to 1 in 7 people with schizophrenia or bipolar disorder (BPD) have been reported to have obesity with/or diabetes. In the case of depression, it is closer to 1 in 5.
- The prevalence of tobacco use is high among people with schizophrenia, with estimates ranging from 45% to 90%. General population <16%



# Treatment “resistance”

- Under-treated depression
- Incorrect diagnosis of psychiatric disorder
- Undiagnosed co-occurring psychiatric disorder
- Undetected substance abuse disorder
- Undiagnosed sleep disorder
- Undiagnosed co-occurring medical condition

# PROS Demographics





- **Primary Dx**

- 25% Schizophrenia
- 22% Schizoaffective
- 22% Major Depression
- 16% Bipolar
- 6% Anxiety
- 8% Other

- **Secondary DX**

- 51% Other
- 33% SUD
- 29% Anxiety
- 15% Major Depression
- 14% Personality Disorders
- 5% Bipolar
- 2% Schizophrenia
- 2% Schizoaffective

**CMP/self report**

- 34% None
- 30% Other
- 15% Unknown
- 14% High Blood Pressure
- 13% Diabetes
- 13% Obesity
- 10% High Cholesterol
- 10% Pain
- 9% Respiratory Condition
- 8% Arthritis
- 2% Life Threatening Condition

# PROS Statistics within the past year

%	Diagnosis
22	DM
17	Asthma
35	HTN
7	COPD
26	Dyslipidemia
5	CHD
18-30	Overweight → Obese
29	Tobacco use disorder

# Deaths

Natural causes, unexpected, 45% (N = 31 deaths)

Unexplained, 25%

Accidental, 13%

Covid Related, 6%

Natural causes, expected, 6%

Suicide, 3%

Homicide, 3%

- Median age at time of death: 57

# Helio Health Client Barriers

- Client's fears can stand in the way of them wanting to seek help for both mental and physical health such as:
  - Fear judgement, stigma around mental health, scared of medical results and treatment
- There are knowledge barrier's for clients. Sometimes they don't know the resources they have available to them or understand the risks associated with there medical conditions

# Helio Health Addressing Barriers

- PROS
  - All staff are either trained or in training for psychiatric rehabilitation
  - Nurses are trained to do the full intake process
  - Follow-ups are made to help patients get connected with a PCP
  - Weekly team meetings to address client barriers
    - Client example
  - Partnered with ACR health for free HIV/HEP C screening
  - Peer services to help with additional support



# Helio Health Addressing Barriers

- Groups
  - Self-advocacy
    - How to express their needs
  - Mind, Body, and Soul
    - Shows how the three balance and can influence each other
  - Understanding My Mental Health
    - Coping skills, breaking down mental health diagnoses

# Helio Health Addressing Barriers

- Outpatient clinic
- Providers at outpatient clinic can do physicals. This help to provide bridge scripts while patients are getting set up with a PCP
- Blood work is done upon admission for clients seeing any providers for mental health or MAT. This helps screen for Hep C which our MAT providers will follow-up with treatment.
- Community Nursing and health care will be located at the rescue mission to help with easier access.

# Helio Health Addressing Barriers

- Crisis Center
- Provides support for individuals of all ages with mental health or substance use crisis.
- Services provided are
  - Therapeutic interventions, medication management, counseling, psychoeducation, safety planning, psychiatric consultation, mild-moderate detoxification, referrals and links to services
- The Crisis Center helps provide a place for individuals to go besides the hospital and helps give the hospital support.





# COMORBIDITIES – Chronic Medical Conditions / Mental Health

Ann Bergeman, RN, BSN, Advanced CASAC  
PROS Manager, Evelyn Brandon Health Center PROS

# Behavioral Health | PROS Intake

- PROS RN - Will complete Health Assessment on all clinical and non-clinical members.
- RN will give members information on The NYS QUIT LINE.
- If RN makes any recommendations from this assessment, they will be sent to the therapist to add to their IRP. This will be listed under the Physical Health goal.
- RN will coordinate with PCP or any specialist with whom a member is working.
- Therapist sends letter to PCP on admission, with their contact information, to coordinate care.
- Clinic members - admission blood work and tox screen are ordered for all new members.

# Behavioral Health | PROS Groups

PROS groups that will support a member with chronic medical conditions, and mental health:

- Pain and Mood
- Nutrition
- Diabetes Management
- Tobacco Recovery
- Wellness Self-Management
- Sleep Hygiene
- Mindfulness and Aging
- Community living exploration – taking clients to tour YMCA - clients could apply for scholarship, for membership fees. Also ROCovery Fitness.

# Behavioral Health | PROS Coordination of Care

## Coordination of care:

- PROS RN will follow up after medical ED visit or inpatient medical stay. RN will make sure follow up appointments are scheduled.
- For members presenting with physical issues, RN will coordinate care with PCP or specialist to get guidance.
- R.H. – member example
- RN will review medical notes in chart and keep therapist and providers updated.
- RN will message providers with RRH to update them on members' care/medical issues, or call external providers, to update them. This communication is to be documented in EMR.
- We have had staff,(peer recovery specialist, RN) go with a member for PCP visit, and bill WSM , as they helped member manage anxiety. Members avoid seeking medical care due to anxiety.

# Behavioral Health | Health Monitoring Visits

- For members receiving injections at PROS, the RN will follow up on recommendations, from health assessment. Will review if they have had any recent medical issues/lab work.
- The RN will review any risk factors/worsening of symptoms, action steps member agreed to follow up on regarding health issues/risk factors, any medication changes, and any education provided related to health indicators and risk factors.

# Behavioral Health | Rochester Regional Health

- Rochester Regional Care
- Behavioral Health - Integrated care. BH therapists work within a PCP office
- Women's Health & Wellness Center

# Behavioral Health | Summary

- Chronic medical conditions can be a barrier to satisfaction in life role goals.
- It is important for PROS staff to provide support/coordination of care and education for members who have mental health barriers and chronic medical conditions.





# Recommendations

- Diagnosis of a chronic medical condition serves as sufficient suspicion for an in-depth screening for psychiatric co-morbidities
- Diagnosis of a psychiatric disorder serves as sufficient suspicion for an in-depth screening for associated physical conditions
- Goal is for symptom remission, improved quality of life, and improved management of chronic physical illness and level of functioning

# Case Example

JS is a 52-year-old single cis gender man with schizophrenia. PMH includes well controlled HTN. He has been attending PROS program for the past 5 years. He is usually cheerful and adherent with medication. He likes cooking, reading and gardening. Over the past three months, he has been reporting fatigue, increased sleep and appetite. He missed a couple of his appointments because he did not wake up on time. He is less engaged in groups when he attends. His ADLs seem to be declining. He followed up with the psychiatric provider who diagnosed him with depression and started him on sertraline. After 6 weeks on this medication, things have continued to worsened.

# RECOMMENDATIONS

- WHO recommends urgent action from health care professionals and governments worldwide
- In 2017, the WPA(World Psychiatric Association) created a Scientific Section on Comorbidity, and in January 2021 it established a Working Group on Managing Comorbidity of Mental and Physical Disorders. The group includes experts in the field with different backgrounds from high-, medium- and low-income countries
- Findings suggest that antidepressant treatment had a positive impact on patients with and without GMCs (General Medical Conditions).
- Early identification and good management of mental disorders, as well as prevention of GMC comorbidity, could help reduce some of the risk of premature mortality in people with mental disorders
- Several studies have demonstrated a reduction in mortality with good behavioral health care.
- Interventions to address GMC and risk behaviors have concluded that health outcomes improve if interventions can be targeted at risk factors such as depression in people with comorbidity

# Citations

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