
CONFERENCE ABSTRACT

Experiences of integrated care: consumer perspectives

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Introduction: While many service users have co-existing physical and mental health concerns, health professionals can tend to approach clients only through their single professional focus. This does not match service users lived experience of the dynamic relationship between physical, social and emotional health. ‘Diagnostic overshadowing’ refers to when clinicians only attend the presenting problem and fail to consider other important areas of health and wellbeing. For people living with mental illness this can result in poor health outcomes and substantially reduced life expectancy. This paper presents two studies investigating consumers perceptions and experiences of physical health and mental health care.

Aims, Objectives, Theory or Methods: The aim of the research was to explore the experience of care of service users. In particular, the extent to which GPs, allied health and mental health professionals ask about domains outside their traditional professional sphere, such as physical health, mental health, and social wellbeing. Using a co-design, co-production approach this paper reports the results of a national survey on mental health consumers’ experience of GP, allied health and mental health care. It also presents a qualitative analysis of in-depth interviews with service users on their experiences of physical and mental health care.

Highlights or Results or Key Findings: The quantitative analysis of survey data revealed approximately 1 in 5 mental health professionals asked about physical health. Similarly, only approximately 1 in 5 allied health professionals enquired about their clients’ social-emotional wellbeing. Disturbingly, when service users raised significant concerns about their physical health or the side-effects of medication, only 52 and 55% (respectively) of health professionals took these concerns seriously. The GP data was generally much better. However, only a low percentage of GPs asked about smoking or breast, prostate, or bowel cancer screening, all of which are major causes of premature mortality for people living with mental illness.

The qualitative study of service users’ experiences revealed themes of stigma and discrimination combined with difficulty accessing services. It also revealed frustration about the lack of communication between the healthcare professionals. However, another emergent theme was the transformative power of affirming, considerate encounters with health professionals.

Conclusions: These results demonstrate the importance of a whole-of-person, integrative approach from the consumer perspective. Diagnostic overshadowing and the consequent failure to consider potential co-existing health factors, misses an opportunity for comprehensive and

connected care and may contribute to the increased incidence of premature death from chronic diseases for people with mental illness.

Implications for applicability/transferability, sustainability, and limitations: These studies only report consumer experiences of their contact with health professionals. A survey of health professionals' perspectives may provide different results. Nonetheless, the results point to the benefits of educating health professionals to widen their focus to consider and acknowledge the totality of the person; not just the presenting problem within their narrowly focussed professional remit.