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Healthcare practitioners' views of their role in addressing the medical comorbidities of people with mental illness

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Background: The lifespan of individuals with serious mental illness (SMI) is shorter compared to the general population. These disorders include schizophrenia, schizophrenia-like psychosis (e.g., schizoaffective disorder), major depressive disorder (MDD), and bipolar affective disorder (BPAD). This excess mortality is mainly due to physical illness and the lack of preventive medical care that is provided for this sector of the population. Although this has been explored **Objectives:** To investigate the prevalence rates of different physical illnesses in individuals with SMI in Qatar and to examine how these are being managed. Also, to explore health care practitioners' (HCPs) role, awareness and views on addressing the medical comorbidities of people with mental illness. **Methodology:** The published literature was explored by searching various electronic databases (PubMed®, Embase®, CINAHL®, PsychInfo®) on prevalence rates, morbidity and excess mortality rates in SMI. This was followed by a cross-sectional retrospective chart review of a cohort of patients with SMI attending the outpatient psychiatric clinic at Hamad Medical Corporation (HMC). A comprehensive electronic data extraction tool using SurveyMonkey® was used to collect patient demographics, psychiatric and medical co-morbidities, psychiatric and non-psychiatric medications, monitoring laboratory parameters and all relevant physical assessment findings such as blood pressure, weight and height. SPSS® was used for data analysis. The final phase consisted of semi-structured interviews with HCPs working in different health sectors (hospitals and primary health care centers). Thematic analysis was used to explore themes related to their views and perceived roles in addressing the medical comorbidities of people with mental illness. **Results:** The literature review yielded 792

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relevant citations of which 17 met the inclusion criteria. Compared to the general population, metabolic, cardiovascular, respiratory, and musculoskeletal diseases were found to be more prevalent among severe mental illness patients from a global perspective. Of three hundred thirty six patients with SMI who were eligible for the retrospective chart review, almost a one third (29.2%) had at least one medical comorbidity documented. Diabetes was the most frequent, diagnosed in (16.1%) of these patients, followed by dyslipidemia (9.8%) and hypertension (9.2%). Monitoring of the risk factors associated with the comorbidities and other relevant physical assessment parameters (such as blood pressure, weight, HbA1c, blood glucose and lipids) were documented for less than 50% of patients, and some parameters, such as smoking status, were not documented at all. A total of eighteen face-to-face interviews with HCPS were conducted in the second phase of the study from which four major themes emerged, including 1) knowledge and awareness, 2) perceptions of current practices, 3) perceived barriers to care and 4) solutions to overcome these barriers. Conclusion: Results from the two exploratory phases of this study suggest that individuals with SMI in Qatar are less likely to receive standard levels of care for their medical comorbidities and less likely to be followed-up regularly. Poor documentation and lack of adherence to key practice guidelines for the provision of a holistic approach to care for individuals with mental illness may be contributing to fragmentation of care which will need to be addressed.