

Integrated care for people with physical and mental disorders

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Executive summary

Health Council of the Netherlands



Many elderly people and other adults with physical disorders also suffer from mental disorders. Similarly, many elderly people and other adults with mental disorders also suffer from physical disorders. The strict compartmentalisation of healthcare into physical and mental domains means that these individuals are not currently receiving the best possible treatment. In this unsolicited advisory report, the Health Council of the Netherlands argues the case for integrating physical and mental healthcare.

Complex interconnection between physical and mental disorders

If an individual suffers from both physical and mental disorders, each of these conditions will affect the other, both in terms of the risk of developing such disorders and of the severity of their symptoms. One type of disorder will increase the risk of developing – or aggravating

– the other type of disorder. The risk factor could be the disorder itself, or perhaps even the associated treatment. For example, the medicinal products used to treat psychoses can lead to weight gain and to a metabolic syndrome, which in turn may adversely impact the individual's physical health. Furthermore, the medicinal products used to treat physical disorders can trigger psychosis. As a result, the associated behavioural changes may subsequently hinder treatment of the patient's physical disorder. In addition, one disorder can adversely affect the treatment of the other. For example, people who develop depression following a myocardial infarction often fail to complete their prescribed course of rehabilitation, which then adversely impacts their prognosis.

Thus, physical and mental disorders can have reciprocal negative impacts. This gives rise to a

cumulative negative impact on the individual's health, which may be associated with more extensive uptake of care and higher healthcare costs. Furthermore, when combined with physical disorders, severe mental disorders can lead to significant reductions in people's life expectancy.

A challenge for healthcare

Population ageing will exacerbate the problem of physical and mental multimorbidity. The older the individual, the greater the likelihood that they will have more than one disorder. This means that they are also more likely to have a combination of mental and physical disorders. This poses a major challenge in terms of the coordination of care. Since physical and mental disorders often occur concurrently, and influence one another, it is important to adopt an integrated approach. However, the traditional compartmentalisation of healthcare can make



it difficult to implement an approach of this kind. Medicine has become increasingly specialised. This has greatly improved our understanding of diseases and the associated treatment options. In practice, however, it has also meant that care is often focused on individual aspects of problems, rather than on their interconnections.

The sticking points caused by healthcare professionals focusing on their own domain

The compartmentalised structure of healthcare makes it difficult to adopt an integrated approach to patients. For example, most of the care that is administered outside the healthcare professional's own domain is not reimbursed in full. One result of this is that clients of the mental healthcare system often need an additional referral before they can receive care for their physical disorders.

Another sticking point is that, soon after they first experience complaints, people find themselves dealing with a healthcare provider who focuses on physical disorders, or one who

deals exclusively with mental disorders. The fact of the matter is that many healthcare professionals (with a few exceptions) are trained to focus on their own field. This focus on their own domain makes it difficult for them to adopt a holistic approach – which involves taking an all encompassing view of the patient, of their context, and of the things that he or she considers to be important. This can lead to physical complaints being wrongly attributed to mental illness and vice versa, or to healthcare professionals feeling insufficiently able to diagnose and treat disorders outside their own domain. If the combination of mental and physical disorders is not recognised in time, this will have an adverse impact on the patient's subsequent treatment. The patient's mental disorder (or its treatment) can aggravate their physical disorder, and vice versa.

Another factor that stands in the way of an integrated approach is the less than ideal degree of cooperation between healthcare professionals specialising in the mental and

physical domains. This is partly due to cultural differences, in the sense that one domain tends to assign a lower priority to the other. Aside from this, some very practical limitations are involved. In terms of their buildings and facilities, mental health care institutions and hospitals are quite different, and their respective information systems are usually poorly integrated.

Finally, the lack of coordination is also an obstacle. Typically, those with a combination of physical and mental disorders experience numerous referrals. They run the risk of getting lost in the care landscape, which could cause them to receive inappropriate care. That, in turn, could aggravate their complaints still further. This is a problem that could be resolved by the proper coordination of care; however, this is often lacking in cases of physical and mental multimorbidity.



Eliminate barriers to facilitate an integrated approach

There are plenty of examples from the Netherlands and elsewhere to show that people with a combination of mental and physical disorders can benefit from an integrated approach. In these cases, despite the compartmentalised structure of healthcare, an integrated approach was achieved due to the perseverance of individual healthcare professionals. The Health Council advises the Minister to explore the various options for promoting an integrated approach. This is a major challenge, because the compartmentalised structure of healthcare is a complex and wide-ranging problem. It will require simultaneous, coordinated changes in numerous areas, involving many different stakeholders. In the search for potential solutions, the Health Council recommends that the following options be explored:

- customised solutions in the area of funding;
- the availability and accessibility of

psychosocial, psychological, and psychiatric care in hospitals;

- an integrated approach to the management, budgeting, supervision, and procurement of healthcare;
- the accessibility of prevention and public health for people with mental disorders;
- in the area of primary care, improving the diagnosis and treatment of people with medically unexplained physical symptoms;
- making the generic aspects of intervention strategies more widely applicable – these include care coordination, contact with fellow patients, self management, and support for informal caregivers;
- guidelines with a focus on the interconnections between physical and mental aspects;
- a focus on integrated, patient-oriented care and on the importance of holistic patient appraisal in the context of medical and paramedical training (and continuing education).



The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.

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