

# Communication Matters

## Cultivating Empathy for Better Mental Health

Dear friends,

I encourage you to read this issue of *Communication Matters* and I thank Barbara Andrews and Elizabeth Morrison for exploring this important and very timely topic. The ACA repeal debate has increased public knowledge about access to healthcare, affordability and pre-existing conditions, with mental illness being one of the most prevalent of the many pre-existing health conditions at stake. Millions of Americans with mental and behavioral health conditions could potentially lose access to the care they need.

This is especially tragic as it creates more distance and reinforces long-standing stereotypes about mental illness. Unfortunately, many individuals with mental health problems internalize broad societal stereotypes and avoid treatment. From an early age, children still use words to describe others as "crazy" or "weird" and these terms persist, leading to perceptions that individuals with mental illness can be dangerous to others. Sadly, these biases can be held by professionals in healthcare and mental health care. These biases create social distancing between individuals with mental health problems and the very people who can provide supportive treatment.

What can be done? On a macro level, we need to continue to advocate and actively influence our politicians to work to ensure access to healthcare for all Americans, because healthcare is a human right that creates economic and social opportunities. On an intra-and interpersonal level, we need far more programs and educational courses that help professionals to identify and manage our biases so that individuals with mental illness can receive the treatment, acceptance and support they deserve.

As always, thanks for your time and support.



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**THE THICKET OF STIGMA** surrounding mental illness impedes care and progress for the individuals who need help, for the caregivers charged with providing help and for families and communities.

**COMMUNICATION IS KING.** There are myriad ways that communication is central to so many aspects of mental illness and mental health care:

- Effective communication is essential for connecting, inviting the patient's story and diagnosing physical and mental health conditions;
- Clinical communication has a direct impact on the course of mental health treatment;
- Communication between referring clinicians ensures coordination of care; and
- Empathic communication in all interactions can reduce manifestations of stigma around mental illness.

**HUGE COSTS.** The costs directly and indirectly associated with mental health issues are substantial. The breadth and depth of human suffering brought about by mental illness is clear to anyone who has been exposed to it. One author has a close family member with a serious personality disorder, and has experienced the disruption, anxiety and distress that flow from a loved one's distortions and erratic behavior. Empathic communication skills are essential to ensuring the loved one feels heard and establishing and maintaining boundaries.

For compelling insights into the lived experiences of peoples' struggles with their own and family members' mental illness, we recommend literature in the sizable subgenre of mental health memoirs. Just a few of the many moving memoirs are gathered online, with helpful synopses at: [The 20 Greatest Memoirs of Mental Illness](#) (Masters in Health Care, 2011).

Mental illness is associated with lower economic productivity, lost earnings and high utilization of medical care. Indeed, "[a]cross categories of illness and injury, brain disorders (mental, neurological, and substance abuse disorders) are the single largest source of DALYs in the U.S., representing nearly 20 percent of disability from all causes." (National Institute of Mental Health) The DALY score, disability-adjusted life years, estimates the "years of life lost to premature mortality and years lost to disability" (National Institute of Mental Health).

## SO MANY LIVES ARE TOUCHED



The number of people directly impacted by mental illness is not trivial: An estimated 57.7 million adults in the U.S. (>26% of the population) are affected in any given year (Collins, 2010). The effects of mental illness are not confined to the individuals experiencing symptoms: The Canadian Mental Health Association asserts that "[m]ental illness indirectly affects all Canadians at some time through a family member, friend or colleague" (Canadian Mental Health Association).

**Mental illness, in its many manifestations, typically brings a cascade of stresses and challenges to families and entire communities.** It can be difficult for individuals and their loved

ones to recognize and acknowledge the presence of mental illness; and then to find and access helpful care and treatment. Many communities lack sufficient mental health resources, due to shortages of practitioners and inadequate reimbursement policies. Even where services are reasonably accessible, prospective patients may not follow through with referrals for care or continue treatment once begun because of medication side effects, costs and other factors, including "self-stigma."

*Unfortunately, some people with serious mental illness internalize the stigma and suffer significant blows to self-esteem and self-efficacy (Corrigan, 2012).*

## MENTAL HEALTH TRACKS WITH PHYSICAL HEALTH

In addition to being very common, mental illness is strongly correlated with physical illness. The World Health Organization recognizes "the bidirectional relationship between mental illnesses--specifically depression and anxiety--and physical health outcomes" (Kolappa, 2013). For example, an individual with severe and poorly controlled diabetes is at high risk for depression and anxiety; these mental health challenges, in turn, are associated with elevated risk of mortality (Naicker, 2017).

Similarly, any individual without secure housing--particularly someone with untreated mental illness--is severely challenged to keep medications at their proper temperatures and take them as required, with potentially dangerous health implications. **People with mental health challenges face disproportionately high levels of serious disadvantages,** including:

- **Homelessness** (National Alliance on Mental Illness)
- **Under- or unemployment** (National Alliance on Mental Health, 2014), (Institute for Work & Health, 2009)
- **Incarceration** (Center for Prisoner Health and Human Rights), (U.S. Department of Justice, 2006)
- **Addiction** (Substance Abuse and Mental Health Services Administration, 2016)
- **Premature disability and death** (World Health Organization), (National Institute of Mental Health, 2015)
- **Impaired personal relationships**

## CLINICIAN AWARENESS

Clinicians who are not aware of all of their patients' concerns are compromised in their ability to fully meet their patients' needs. The most common types of mental illnesses, such as anxiety disorders, depression, bipolar disease, dementia and schizophrenia, frequently have far-reaching effects on patients' use of healthcare services and adherence to treatment recommendations.

## GAPS REMAIN

As common as mental illnesses are, and with strong and growing evidence of the links between mental and physical health, still there are significant gaps in the identification and treatment of mental illness. A 2003 review of attention to mental health in primary care

notes that **at least one-third of primary care visits have clear psychological components**; yet "...only half the patients with a threshold disorder are recognized; only half of those recognized are treated; and only half of those treated are effectively treated" (Wittchen, 2003).

Screening for mental illness is uneven across primary care practices. While there are a number of validated screening tools, they are not universally employed. Primary care practitioners may be uncomfortable with conversations about mental health, feel they do not have enough time to open potentially lengthy conversations about mental well-being, or may not recognize the significance of mental health for overall health. There are a number of **strategies for addressing these obstacles, including practice changes to provide resources and time for screening, enhanced familiarity with screening tools and training in communication skills to build trust and elicit complete and relevant information from patients.**

Stress, even where it does not meet the criteria for a mental illness diagnosis, is an overwhelmingly large factor in primary care visits; a large-scale study published in 2013 estimated that **60%-80% of primary care visits have a stress-related component while only 3% of visits included stress management counseling by primary care clinicians** (Nerurkar, 2013).

*"Without mental health there can be no true physical health."  
-- Dr. Brock Chisholm, first Director-General of the World Health Organization (Chisholm, 1953)*

## WHY? WHY? WHY?

With such *prima facie* compelling cases for personal, familial, social and economic benefits of broad-based mental health care, we must admit the enduring countervailing **power of stigma**. Fed by fear and misconceptions, stigma creates feelings of shame, which in turn contribute to secrecy (Byrne, 2000).



*"Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, **people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people**" (Corrigan, 2002).*

It is common for people to internalize the stigma toward mental illness, which amplifies the adverse effects and suffering. Even where medical practitioners may ask about mental health concerns, patients are frequently reluctant to disclose, fearing discrimination. **Stigma becomes a barrier to treatment** (Ahmedani, 2011).

## STIGMA IS THORNY AND UBIQUITOUS, YET NOT IMPENETRABLE



Healthcare teams have a unique opportunity to be forces for good in the lives in vulnerable individuals. There is no magic wand that can instantly cure a suffering person or family, yet compassionate and empathic interactions can make a measurable difference. What are the steps toward empathic interactions?

- **UNDERSTANDING the harms of stigma and judgment**, particularly for vulnerable populations;
- **BECOMING AWARE that we all have judgments**, and may express them unconsciously;
- **APPRECIATING the healing potential of empathic interactions**; and
- **PRACTICING skills and strategies for countering bias** in our language, our stance, our nonverbal communications.

## IT'S NOT ENOUGH TO MANDATE EMPATHY

Enhancing empathic communication skills, like any other behavior change, requires deliberate intention and practice and more practice. The good news: Even rudimentary empathy conveyance skills with patients or co-workers can contribute to their feeling heard. In organizations that value empathic communication, supervisors and leaders model these skills in every interaction.

In clinical settings where providers listen empathically, patients feel trust and share more information. Clinicians who build effective bonds with their patients are better equipped to develop feasible action plans in collaboration with their patients, and in line with patients' wishes and values.

IHC's newest workshop, [\*The Empathy Effect: Countering Bias to Improve Health Outcomes\*](#) (EE), provides intentional and focused skills-based training in empathy conveyance. Designed for all members of the healthcare team, this half-day program provides a clear path toward equitable, empathic and respectful care for all.



## FURTHER AVENUES FOR PROMOTING MENTAL HEALTH CARE

Empathic communication is essential for clinicians to gain a thorough knowledge of a patient's concerns and challenges, and it sets the stage for exploring options for care. It cannot, by itself, meet all of a patient's needs. Primary care clinicians, who frequently encounter--and may also treat--a range of mental health conditions, typically establish referral relationships with local mental health specialists for patients presenting complex or unstable conditions (Bazelon Center for Mental Health Law). Again, **effective communication is an important factor to ensure thorough and well-coordinated care.**

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