

CREATING BETTER CARE FOR ADULTS WITH COMORBID CHRONIC CONDITIONS



ACKNOWLEDGEMENTS

Mental Health America (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care and treatment for those who need them, with recovery as the goal.

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CREATING BETTER CARE FOR ADULTS

As individuals age, they are more likely to experience multiple chronic conditions across both physical and mental health, making it more difficult to manage care. Early intervention is critical for people experiencing chronic conditions, to improve clinical outcomes, enhance quality of life, and ensure healthier aging. However, adults with multiple chronic conditions, especially if these include mental health conditions, often face barriers to engaging in initial care. Even once engaged in care, patients may face difficulties managing multiple chronic conditions with their providers, often feeling that only one of their conditions is addressed at a time, or that providers do not take the time to help them understand causes, symptoms, and treatments to help them make decisions in care. To better understand how to effectively engage adults with multiple chronic physical and mental health conditions in ongoing care, we must understand what the initial barriers to accessing care are, and what people want from their providers to continue to make decisions about their own care as they age.

From March-August 2020, Mental Health America (MHA) surveyed 1,353 adults ages 35-65+ with co-occurring physical and mental health conditions about their barriers to initiating care, their current care experiences, and what they want to receive in care from their providers. The following analyses explore results from the 535 respondents who reported living with depression and a chronic physical health condition. As heart disease is both the most common chronic condition and a leading cause of death among adults in the United States,¹ analysis of the responses of adults living with depression and heart disease are spotlighted when they differed from adults living with other chronic conditions in the following report.

¹National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). *Chronic Diseases in America*. Centers for Disease Control and Prevention. <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.html>

KEY FINDINGS

BARRIERS TO INITIATING CARE

- **Initiating conversations about mental health:** Sixty-three percent of adults ages 35-64 agreed that they did not know how to bring up their mental health concerns to a provider. Sixty-four percent reported that they were unsure if their mental health concerns were enough of a problem to mention, and 44 percent indicated they would not bring up a problem if their provider didn't ask. Over half of individuals reported they did not know with whom to discuss their mental health concerns.
- **Fear of discussing mental health:** Respondents indicated that they were afraid to talk about their mental health or admit that there was a problem, that they were nervous about what would happen if they were diagnosed with a mental health condition, and that they feared how their provider would respond. Providers can help their patients overcome these barriers to care and work toward earlier intervention by initiating conversations about mental health.
- **Costs of care:** Sixty-seven percent of adults ages 35-64 and over half (53 percent) of adults over 65 reported that they did not think they would be able to afford mental health care, even if they did report their concerns. Cost was even more of a barrier to care for adults with heart disease. The cost of care is a barrier to access that requires systemic policy change, such as a universal federal health care option. To help patients make decisions about the care they can receive under the current system, it is important that providers discuss the differences in cost for various care options.
- **Managing multiple chronic conditions:** Seventy-two percent of adults ages 35-64, and 51 percent of adults over age 65 agreed with the statement, "I already had enough to deal with. I didn't have the time or energy to deal with an illness/another illness." To reduce the difficulty of managing multiple conditions on patients, mental health care should be both better integrated into the general health care system and built into communities and workplaces, to meet people where they are.
- **Fear of burdening caregivers:** Seventy-nine percent of adults ages 35-64 and 69 percent of adults over 65 agreed that they did not want to burden their family members or caregivers with being sick. Adults with co-occurring heart disease were even more likely to report fear of burdening caregivers, at 82 percent.

RECENT CARE EXPERIENCES

- When describing their most recent care visit, respondents were most likely to report that their current doctor asks them about new problems or changes in care (48 percent). Consistent with previous findings, participants also reported more conversations with their providers about their physical health concerns (46 percent) as compared to their mental health concerns (31 percent). Providers were least likely to explain cost differences of treatment to their patients for both physical (15 percent) and mental health (9 percent).
- Providers who took time to explain the causes, symptoms and treatments to their patients were more likely to be trusted by their patients than those who did not. Trust was also associated with how comfortable patients felt bringing new concerns to their providers.

WHAT PATIENTS WANT FROM PROVIDERS

- The majority (68 percent) of adults reported that they would like their doctor to provide them with tools they can use on their own to help manage their physical and mental health conditions. This was followed by listening to and addressing their goals and priorities in care (65 percent), giving more information about medications or referrals to treatment (64 percent), and taking time to explain treatment options for mental health conditions (64 percent).
- Sixty-four percent of adults reported that they want providers to take the time to explain treatment options for mental health conditions, compared to only 31 percent who reported that their providers do so. Fifty-nine percent reported wanting their provider to explain the causes and symptoms of their mental health problems, and 39 percent want to know the cost differences of mental health treatment options, compared to only 24 percent and 9 percent of providers who do, respectively.

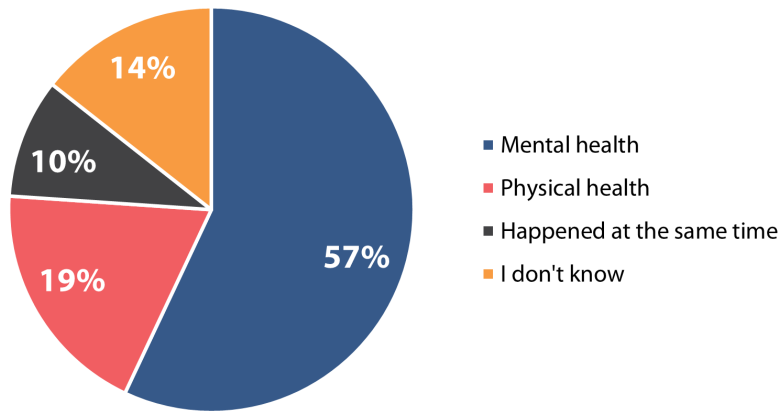
DEMOGRAPHICS

Most respondents (81 percent) ages 35-64 who reported living with depression and another health condition were female. Among adults ages 65 and older, 62 percent identified as female.

Thirty-eight percent of adults ages 35-64 reported a household income under \$20,000, and 57 percent reported an income under \$40,000. While adults over age 65 were less likely to be low-income, 23 percent reported a household income under \$20,000 and over half (51 percent) reported a household income under \$40,000.

Most respondents indicated that their mental health problems began before their physical health problems. Fifty-seven percent of adults with depression and another health condition reported that their depression occurred before problems with their physical health. This was slightly lower among adults with heart disease, where 51 percent reported that their mental health problems occurred before their physical health problems.

WHICH CAME FIRST, PROBLEMS WITH YOUR MENTAL HEALTH, OR PROBLEMS WITH YOUR PHYSICAL HEALTH?



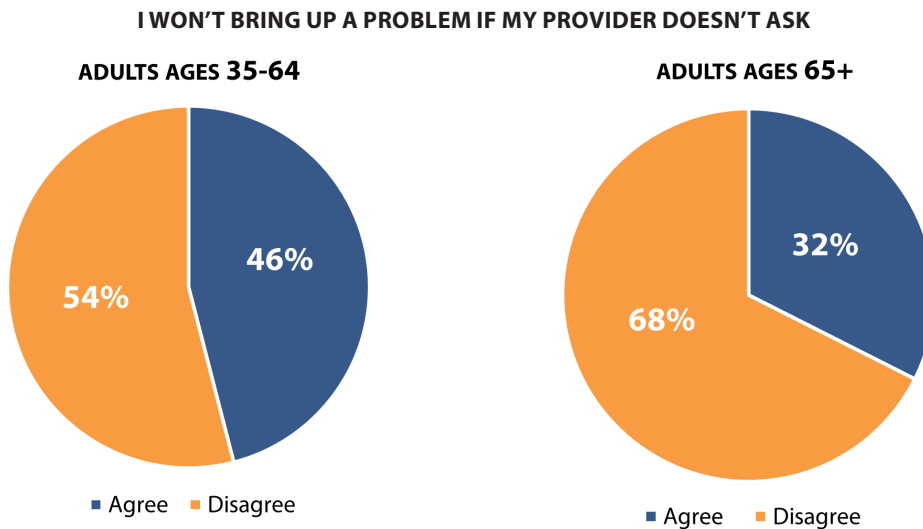
BARRIERS TO INITIATING CARE

Respondents were asked, “Think about how you feel or felt before you talked to your doctor about your mental health concerns. How much did you agree with the following statements?”

BEGINNING THE CONVERSATION ABOUT MENTAL HEALTH

Initiating the conversation about mental health concerns is the first step to beginning care, and many respondents indicated that they delayed initiating care because they did not know how, or with whom, to discuss their mental health. Sixty-one percent of all adults with depression and a chronic health condition reported that they did not know how to bring up their mental health problems, or how to explain what they were feeling. Among younger adults ages 35-64, 63 percent agreed that they did not know how to bring up their mental health concerns to a provider, including 25 percent who strongly agreed.

Forty-four percent of all adults with depression and a chronic physical health condition agreed with the statement, “I won’t bring up a problem if my provider doesn’t ask.” When examined by age, 46 percent of younger adults ages 35-64 agreed that they would not mention their mental health problems without their providers asking. While older adults were less likely to agree with this statement, nearly a third (32 percent) agreed that they would not bring up mental health concerns on their own.



When asked about their experiences initiating physical health care, respondents were more comfortable raising concerns about their physical health than their mental health. Only 36 percent of adults ages 35-64 indicated that they would not bring up physical health concerns if their provider didn’t ask, compared to 44 percent who reported they would not bring up their mental health concerns. This difference was smaller for adults over age 65, with only 29 percent agreeing that they would not bring up their physical health concerns if their provider did not ask, compared to 32 percent for mental health concerns.

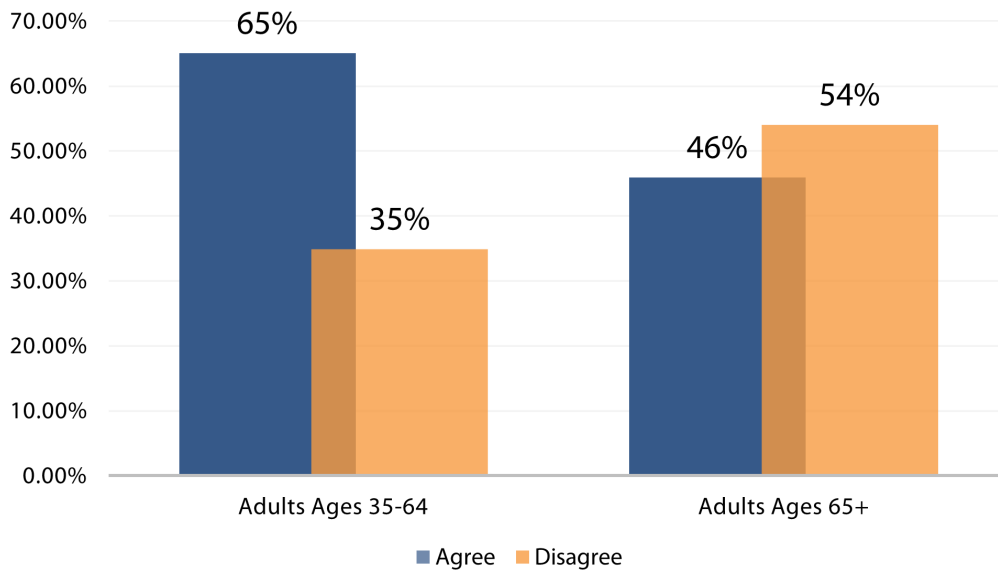


IT'S TOTALLY DIFFERENT. WHEN IT COMES TO MY PHYSICAL HEALTH, I RIGHT AWAY TELL THE DOCTOR AS MUCH DETAILS AS I CAN OF HOW I AM FEELING. I COULD NEVER HAVE THE GUTS TO BRING UP MENTAL HEALTH UNLESS THEY ASK ME. IT IS A VULNERABILITY ISSUE.



Often mental health care is delayed because people are unsure whether their mental health conditions are severe enough to warrant care. Sixty-four percent of adults ages 35-64 with depression and a chronic health condition reported that they were unsure if their mental health concerns were enough of a problem to mention, or if they should wait for symptoms to worsen before bringing them to a provider. Among adults over 65, the percent who agreed with this statement was considerably lower, but almost half (46 percent) indicated that they were not sure if their mental health was enough of a problem to discuss with their provider.

I DIDN'T KNOW IF IT WAS ENOUGH OF A PROBLEM TO MENTION



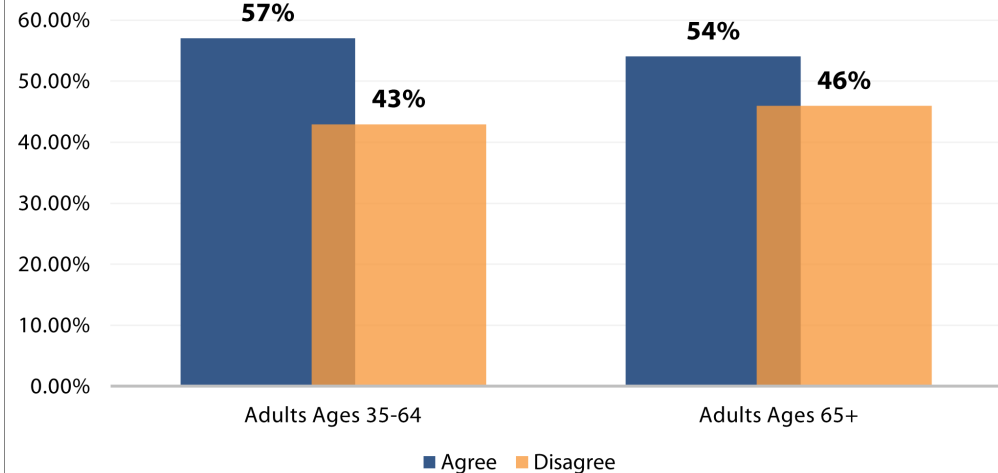
“ IT’S JUST MORE DIFFICULT TO FIND THE ENERGY TO REACH OUT. I FEEL LIKE A BURDEN AMIDST BIGGER CRISES. ”

“ IT WAS A WHILE AGO, BUT I RECALL WONDERING MOST WHETHER MY CONCERNS WERE SIGNIFICANT ENOUGH TO WARRANT TREATMENT. I FELT LIKE MENTAL ILLNESS WAS SOMETHING MUCH MORE SEVERE AND WHAT I FELT WAS MORE ABOUT MY INADEQUACY. ”

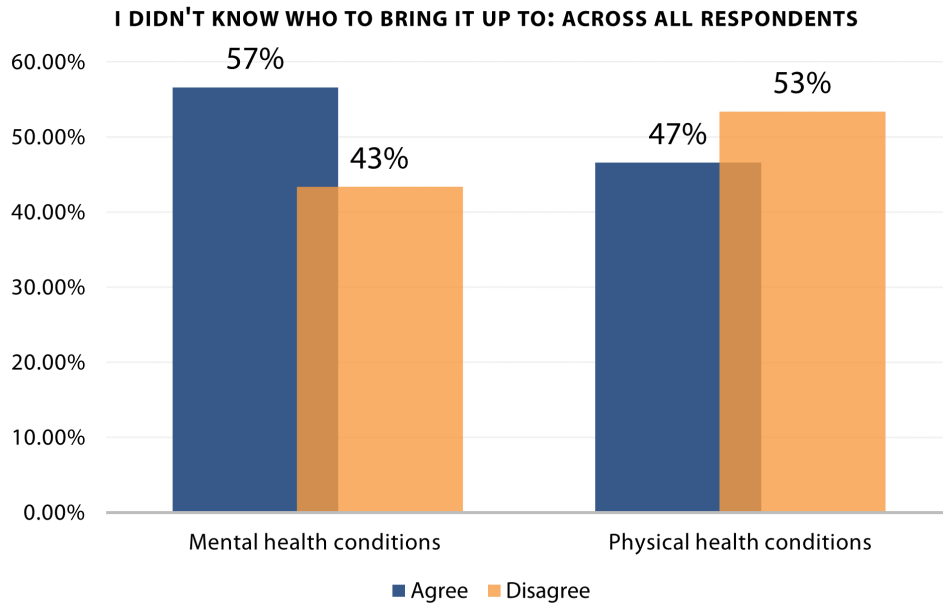
“ I BASICALLY WENT BECAUSE THINGS WERE BAD ENOUGH AT HOME WITH MY BEHAVIOR DUE TO MY MENTAL ILLNESS THAT I NEEDED TO. ”

Another reported barrier to care for all adults is knowing with whom to discuss their mental health concerns. Over half (57 percent) of adults ages 35-64 agreed that they did not know who to bring their mental health concerns up to, and 21 percent strongly agreed. Among older adults (over age 65), 54 percent agreed that they were unsure who to discuss their mental health concerns with, and 22 percent strongly agreed.

I DIDN'T KNOW WHO TO BRING IT UP TO



Respondents were also more knowledgeable about who to bring their physical health concerns to than their mental health concerns. When asked about their experiences initiating physical health care, 47 percent of respondents of all ages indicated that they did not know who to discuss their physical health concerns with, compared to 57 percent who did not know where to bring their mental health concerns.



“ THE LAST TIME I WENT TO THE DR., I TRIED TO TALK TO HER ABOUT MY DEPRESSION, PTSD, AND FIBROMYALGIA...SHE SAID SHE DOESN'T TREAT MENTAL HEALTH ISSUES SO [I] WOULD HAVE TO GO TO ANOTHER TOWN TO SEE A SOCIAL WORKER FOR AN INTAKE, THAT PERSON WOULD REFER ME TO ANOTHER PERSON WHO WOULD THEN REFER ME TO A REAL PSYCHIATRIST IF IT SEEMED THAT I NEEDED MEDS. SHE WANTED ME TO GO TO THREE DIFFERENT APPOINTMENTS WITH THREE DIFFERENT PEOPLE! I DIDN'T DO IT AND I NEVER WENT BACK TO THE DOCTOR AGAIN. ”

FEAR OF INITIATING MENTAL HEALTH CARE

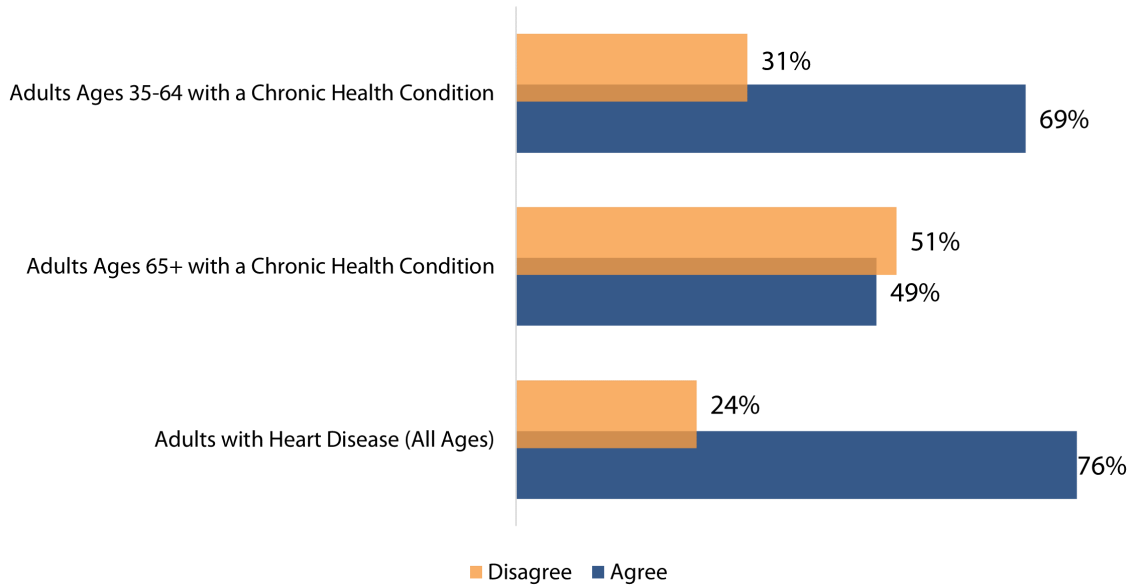
Fear of discussing mental health concerns was also a pervasive barrier to initiating care, especially among younger adults. Sixty-seven percent of adults ages 35-64 agreed that they were afraid to talk about their mental health or admit that there was a problem, and 28 percent strongly agreed. While older adults were less afraid to talk about their mental health, nearly half (47 percent) agreed that they were afraid to talk about their mental health problems.

Similarly, 69 percent of younger adults (ages 35-64) and nearly half (49 percent) of older adults reported that they were nervous about what would happen if they were diagnosed with a condition. Among adults with heart disease, this fear was even more pervasive, with 76 percent reporting nervousness about receiving a mental health diagnosis as a barrier to initiating care. Fear of receiving a mental health diagnosis may be higher among adults living with heart disease than those living with other chronic conditions, because the confounding symptoms between heart disease and mental health conditions may complicate care or lead to a dismissal of symptoms.

“ I WAS AFRAID OF THE STIGMA THAT WENT ALONG WITH A MENTAL HEALTH DIAGNOSIS. I WAS AFRAID OF THE SIDE EFFECTS I'D HEARD MEDICATIONS CAME WITH. I DIDN'T WANT TO HAVE TO SEE A THERAPIST. ”

“ IT WAS VERY SCARY AND EVEN THOUGH I HAD LOST MOST OF MY ABILITY TO FUNCTION BECAUSE OF MY ANXIETY AND DEPRESSION, THE ONLY WAY I WAS ABLE TO TALK TO MY DOCTOR WAS WITH THE HELP AND SUPPORT OF MY PARTNER AT THE TIME. THEY HAD TO START THE CONVERSATION FOR ME. ”

I WAS NERVOUS ABOUT WHAT WOULD HAPPEN IF I WAS DIAGNOSED WITH A CONDITION



Finally, respondents reported that they were hesitant to divulge mental health concerns out of fear of their providers’ reactions. Over half (59 percent) of adults ages 35-64 agreed with the statement, “I was afraid of how my provider would respond – for example, I thought my provider would blame my symptoms on my physical health.” Among older adults, 45 percent agreed that they were fearful of their providers’ reactions, or that their mental health concerns would overshadow or negate their physical health concerns.



THE FIRST TIME I BROUGHT UP DEPRESSION I HAD WAITED YEARS. MY PROVIDER AT THE TIME DISMISSED IT AND SAID IT WAS SITUATIONAL. I WAS EMBARRASSED AS IT HAD TAKEN ME A WHILE TO WORK UP THE NERVE TO BRING IT UP AND I HAD CRIED WHEN I SHARED MY STRUGGLES. SO, I DECIDED NOT TO BRING IT UP AGAIN.



WITH ONE DOCTOR IT COLORED HOW HE RESPONDED TO EVERY SINGLE OTHER PROBLEM. SUDDENLY ALL MY PHYSICAL SYMPTOMS WERE BECAUSE I WAS DEPRESSED. I LEFT SOON AFTER.



INITIATING CONVERSATIONS ABOUT MENTAL HEALTH

Knowing who to bring mental health concerns to or when to initiate care can be difficult. Health care systems are complicated and confusing to navigate. For individuals with multiple conditions who may be seeing multiple providers, it can be difficult to know when and with whom to discuss mental health concerns. Even when individuals know where to go for help, the fear of admitting they are experiencing mental health problems may keep them from asking for it.

Providers can help their patients overcome these barriers to care and work toward earlier intervention by initiating conversations about mental health. Special attention should be paid to individuals with heart disease, and where physical health conditions are likely to co-occur with mental health challenges, such as pain disorders.

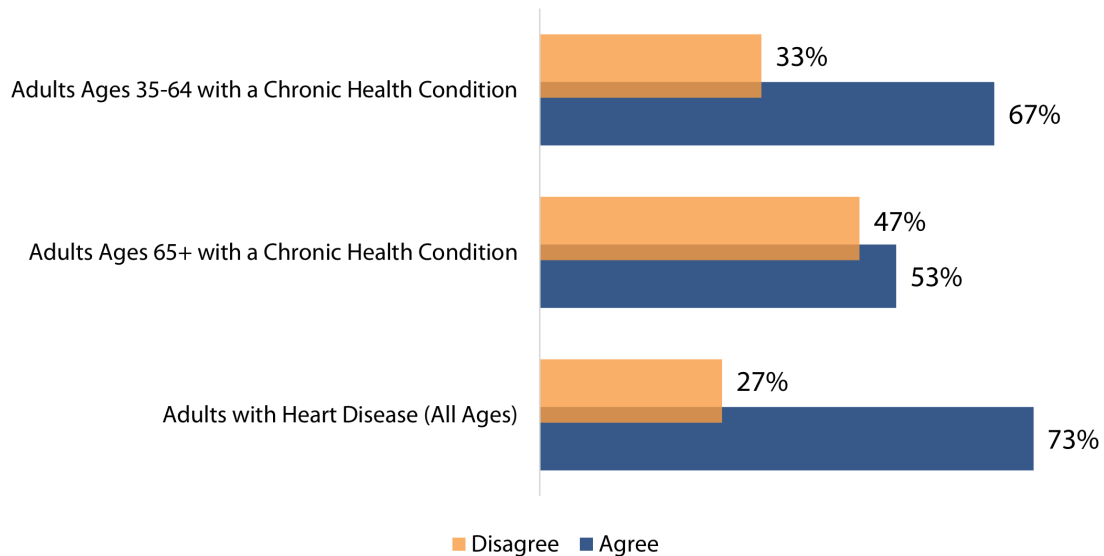
One of the ways providers can initiate this conversation is by administering mental health screens with their patient. Once the screen is complete, it is important that the provider explain the results, explore options for treatment, and provide resources.

After the initial conversation about mental health, it is important to have follow-up discussions about mental health in future appointments. These times provide an opportunity to normalize conversations about mental health, reduce fears and concerns about comorbid conditions, and assess barriers to engagement and treatment access.

THE COMPOUNDING COSTS OF COMORBID CONDITIONS

Cost was reported as a significant barrier to initiating mental health care, especially among younger adults. Sixty-seven percent of adults ages 35-64 reported that they did not think they would be able to afford mental health care even if they did report their concerns and were diagnosed with a condition, and thirty-five percent strongly agreed. Still, among adults over age 65, over half (53 percent) agreed that they did not think they would be able to afford the necessary care. Cost was even more of a barrier to care for adults with heart disease, with 73 percent agreeing with this statement.

I DIDN'T THINK I WOULD BE ABLE TO AFFORD THE CARE IF I DID HAVE SOMETHING



I HAVE TRIED SEVERAL TIMES, DON'T THINK THEY UNDERSTAND FINANCIAL IMPLICATIONS TO MY FAMILY IF I DID WHAT THEY WANTED ME TO DO.



I ULTIMATELY DECIDED NOT TO TAKE THE MEDICATION SHE PRESCRIBED BECAUSE I WAS AFRAID I WOULDN'T BE ABLE TO AFFORD IT, OR ANY NECESSARY FOLLOW UP APPOINTMENTS WITH HER.



REDUCING THE BURDEN OF COST OF CARE

The cost of care is a barrier to access that requires systemic policy change.

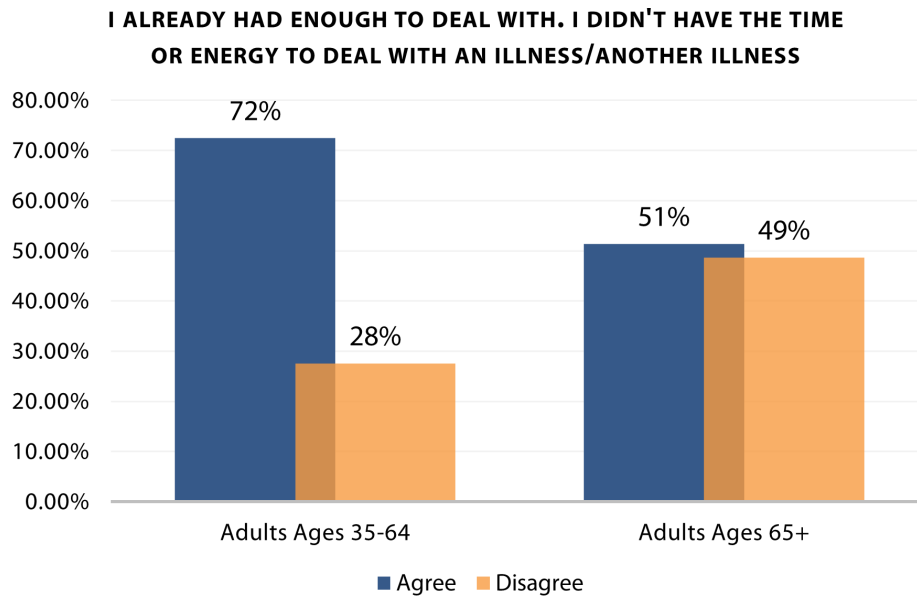
One of the systemic changes that can reduce the barrier of cost is the implementation of a universal federal health care option. Currently, Medicaid is the only source of funding for some behavioral health services, and many people with mental health conditions are covered under Medicaid by qualifying as disabled. However, under the current Medicaid system, each state controls who is covered by Medicaid and which services are covered. This not only creates health disparities, as people may not have the same access to covered treatments based on which state they live in but may cause someone to lose eligibility or coverage of certain treatments if they move from one state to another, disrupting continuous care. A universal federal health care option is essential to ensuring that everyone can have access to continuous coverage, no matter where they reside in the United States.

To help patients make decisions about the care they can receive under the current system, it is important that providers discuss the differences in cost for various care options. As shown in the quotes from respondents above, if providers continue to refer patients to care that they cannot afford, patients often forgo care altogether. As part of shared decision-making in determining treatment, providers should work with patients to help them navigate the costs of different treatments and choose care that is accessible to them.

For more information about the options available for paying for mental health care, visit mhanational.org/paying-care.

MANAGING MULTIPLE CHRONIC CONDITIONS

Most respondents reported that they were reluctant to initiate mental health care because of the multiple chronic conditions they were experiencing. Seventy-two percent of adults ages 35-64, and 51 percent of adults over age 65 agreed with the statement, "I already had enough to deal with. I didn't have the time or energy to deal with an illness/another illness."



“ [I] DIDN'T WANT TO BE LABELED A HYPOCHONDRIAC. ”

“ MY PHYSICAL ILLNESSES ARE MANY AND ALL SEEM TO INTERTWINE WITH MY MENTAL HEALTH ISSUES. ”

THE CASE FOR INTEGRATED CARE

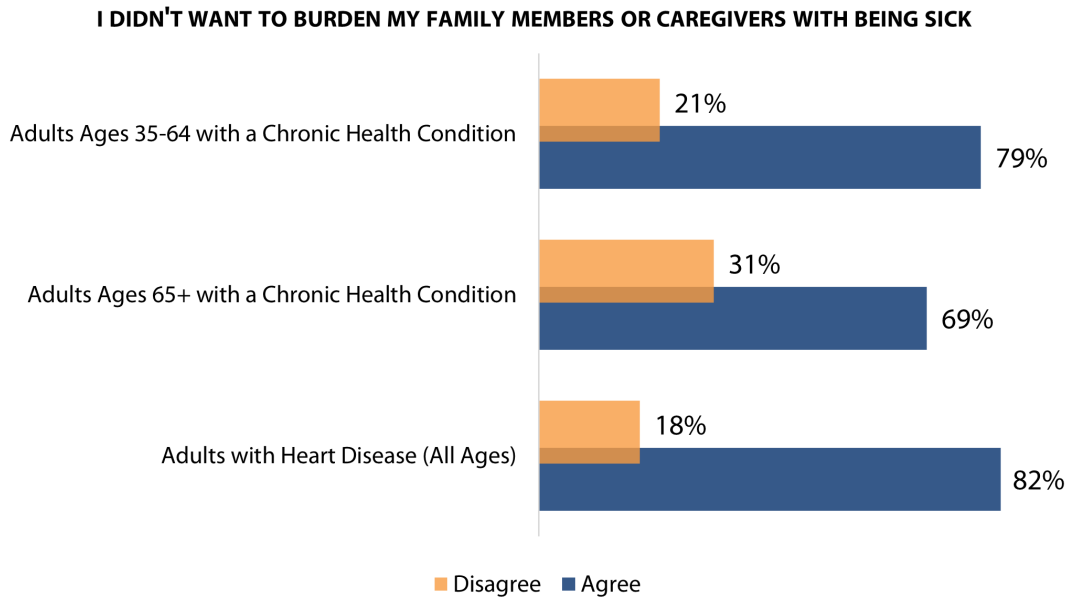
Managing one chronic condition can take immense amounts of time and energy, and it can feel like an insurmountable barrier to initiate care for a new and different illness. The challenges of access and engagement are worsened in a health care system where physical and mental health care are siloed.

To reduce the difficulty of managing multiple conditions on patients, mental health care should be better integrated into the general health care system. Everyone should have access to prevention, early intervention, treatment, and long-term support for mental health, regardless of where they access the health care system. Mental health conditions often co-occur with chronic physical health conditions, and therefore patients who are receiving care for a chronic condition should always be asked about and screened for mental health conditions as part of their care. Further, behavioral health providers should be integrated into general health care settings, so that if mental health concerns are raised by patients, the time and energy required to receive services for multiple conditions is reduced.

Beyond integrating mental health care into general health care settings, mental health should be built into communities and workplaces, to meet people where they are. Building mental health resources into communities allows for prevention and early intervention, so that mental health concerns can be addressed before they require clinical care.

FEAR OF BURDENING CAREGIVERS

Finally, the most commonly reported barrier to initiating care among all adults was avoiding burdening family or caregivers. Among adults ages 35-64, 79 percent agreed with the statement, “I didn’t want to burden my family members or caregivers with being sick,” including 41 percent who strongly agreed. Sixty-nine percent of adults over age 65 agreed that they avoided bringing up mental health concerns so they did not burden their family, and 27 percent strongly agreed. Adults with co-occurring heart disease were even more likely to report fear of burdening caregivers, with 82 percent agreeing that they did not want to initiate mental health care because of the burden that they felt it would cause.



RECENT CARE EXPERIENCES

In addition to reporting the barriers they faced when initiating care, respondents were asked to reflect on their most recent care experiences.

While most respondents had reported significant barriers to initiating care for both their physical and mental health, the majority were currently receiving care from trusted providers. Seventy-two percent of younger adults ages 35-64 reported that they trusted their provider from their most recent care experience. Older adults were even more likely to report trust, at 88 percent. Adults experiencing heart disease, however, were less likely than others to report that they trusted their provider, at only 62 percent.

To better understand what adults were experiencing in care with their current providers, they were asked, “Which of the following statements, if any, are true about your most recent care experience? Check all that apply.” Respondents were most likely to report that their current doctor asks them about new problems or changes in care (48 percent) and that they feel knowledgeable about their physical health condition (47 percent). They also reported that their doctor takes the time to explain treatment options for their physical health problems (46 percent) and to explain the causes and symptoms of their physical health problems (46 percent). While 42 percent reported that they felt knowledgeable about their mental health condition, fewer adults felt that their provider took time to either explain treatment options for their mental health (31 percent) or explain causes and symptoms of their mental health problems (24 percent). Providers were least likely to explain cost differences of treatment to their patients for both physical (15 percent) and mental health (9 percent).

WHICH OF THE FOLLOWING STATEMENTS, IF ANY, ARE TRUE ABOUT YOUR MOST RECENT CARE EXPERIENCE? (Select all that apply)	COUNT	PERCENTAGE
My doctor asks me about new problems or changes.	255	47.66%
I feel knowledgeable about my physical health condition.	250	46.73%
My doctor takes time to explain treatment options for my physical health problems.	247	46.17%
My doctor takes the time to explain the causes and symptoms of my physical health problems.	246	45.98%
I feel comfortable bringing up new concerns with my doctor.	231	43.18%
I feel knowledgeable about my mental health condition.	225	42.06%
I have been asked about or screened for my mental health as part of my care.	195	36.45%
My doctor takes time to explain treatment options for my mental health problems.	166	31.03%
My doctor takes the time to explain the causes and symptoms of my mental health problems.	130	24.30%
None of the above are true about my most recent care experience.	108	20.19%
My doctor takes time to explain cost differences for my physical health treatment options.	79	14.77%
My doctor takes time to explain cost differences for my mental health treatment options.	50	9.35%
TOTAL	535	

Older adults were more likely to experience nearly every option in their most recent care experience than younger adults. The largest difference reported in care experience between older and younger adults was the level of comfort felt in care – adults over age 65 were 24 percent more likely to report feeling comfortable bringing up new concerns with their doctor than adults ages 35-64. For both age cohorts, respondents were least likely to report that their provider had taken the time to explain cost differences for mental health treatment options as part of their most recent care experience (9 percent among adults ages 35-64, and 12 percent among adults over age 65).

WHICH OF THE FOLLOWING STATEMENTS, IF ANY, ARE TRUE ABOUT YOUR MOST RECENT CARE EXPERIENCE? (Select all that apply)	ADULTS AGES 35-64	ADULTS AGES 65+
I feel comfortable bringing up new concerns with my doctor.	39.91%	63.51%
I feel knowledgeable about my physical health condition.	44.47%	60.81%
My doctor takes time to explain treatment options for my physical health problems.	44.03%	59.46%
My doctor takes the time to explain the causes and symptoms of my physical health problems.	44.25%	56.76%
I feel knowledgeable about my mental health condition.	40.35%	52.70%
My doctor asks me about new problems or changes.	47.94%	45.95%
I have been asked about or screened for my mental health as part of my care.	36.44%	36.49%
My doctor takes time to explain treatment options for my mental health problems.	30.37%	35.14%
My doctor takes the time to explain the causes and symptoms of my mental health problems.	23.86%	27.03%
My doctor takes time to explain cost differences for my physical health treatment options.	13.23%	24.32%
None of the above are true about my most recent care experience.	21.26%	13.51%
My doctor takes time to explain cost differences for my mental health treatment options.	8.89%	12.16%

When these experiences were examined by whether the person trusted their current provider, the largest differences emerged around the issues of time providers took explaining causes, symptoms and treatments to their patients, and how comfortable people felt bringing new concerns to their providers.

Fifty-eight percent of people who indicated they trusted their providers reported that they took the time to explain causes, symptoms, and treatment options for the person’s physical health concerns, which was 50 percent higher than among providers who were not trusted by their patients. The differences were smaller for mental health concerns – even among providers who were trusted by their patients, only 33 percent took the time to explain causes and symptoms of the person’s mental health problems, and only 40 percent took the time to explain treatment options.

Trust was also associated with how comfortable a person felt bringing up new concerns to their provider, as 54 percent of people who trusted their provider indicated that they felt comfortable raising new concerns, compared to 5 percent of people who did not trust their providers.

WHICH OF THE FOLLOWING STATEMENTS, IF ANY, ARE TRUE ABOUT YOUR MOST RECENT CARE EXPERIENCE? (Select all that apply)	I TRUST MY PROVIDER SOMEWHAT TO A LOT		I TRUST MY PROVIDER VERY LITTLE OR I DO NOT TRUST MY PROVIDER	
	Count	Percentage	Count	Percentage
My doctor asks me about new problems or changes.	197	59.70%	24	18.32%
My doctor takes time to explain treatment options for my physical health problems.	193	58.48%	10	7.63%
My doctor takes the time to explain the causes and symptoms of my physical health problems.	192	58.18%	12	9.16%
I feel comfortable bringing up new concerns with my doctor.	177	53.64%	7	5.34%
I feel knowledgeable about my physical health condition.	176	53.33%	29	22.14%
I feel knowledgeable about my mental health condition.	163	49.39%	23	17.56%
I have been asked about or screened for my mental health as part of my care.	142	43.03%	26	19.85%
My doctor takes time to explain treatment options for my mental health problems.	132	40.00%	8	6.11%
My doctor takes the time to explain the causes and symptoms of my mental health problems.	109	33.03%	1	0.76%
My doctor takes time to explain cost differences for my physical health treatment options.	53	16.06%	8	6.11%
My doctor takes time to explain cost differences for my mental health treatment options.	40	12.12%	1	0.76%
None of the above are true about my most recent care experience.	24	7.27%	74	56.49%
Total	330		131	

WHAT PATIENTS WANT FROM PROVIDERS

Finally, respondents were asked, “Which of the following items are things you want from your doctor? Check all that apply.” The majority (68 percent) of adults reported that they would like their doctor to provide them with tools they can use on their own to help manage their physical and mental health conditions. This was followed by listening to and addressing their goals and priorities in care (65 percent), giving more information about medications or referrals to treatment (64 percent), and taking time to explain treatment options for mental health conditions (64 percent).

WHICH OF THE FOLLOWING ITEMS ARE THINGS YOU WANT FROM YOUR DOCTOR? (Select all that apply)	COUNT	PERCENTAGE
Provide me with tools I can use on my own to help with my physical or mental health.	363	67.85%
Take time to listen to and address my goals and priorities in care (both physical and mental).	347	64.86%
Give me more information about medications or referrals to treatment for physical and/or mental health.	344	64.30%
Take the time to explain treatment options for my mental health problems.	340	63.55%
Take the time to explain treatment options for my physical health problems.	324	60.56%
Take the time to explain how my physical health and mental health are related.	323	60.37%
Take the time to explain the causes and symptoms of my mental health problems.	316	59.07%
Take the time to explain the causes and symptoms of my physical health problems.	315	58.88%
Give me information on or connections to other supports I can access outside of the health care setting (transportation, social support, food, housing, etc.)	288	53.83%
Take the time to explain the cost differences for my physical health treatment options.	214	40.00%
Take the time to explain cost differences for my mental health treatment options.	211	39.44%
None of the above	33	6.17%
TOTAL	535	

The comparison between what adults with co-occurring physical and mental health conditions want to receive in care and what they report their doctors provide demonstrates significant gaps in care, particularly for mental health. Sixty-four percent of adults reported that they want providers to take the time to explain treatment options for mental health conditions, compared to only 31 percent who reported that their providers do so. Fifty-nine percent reported wanting their provider to explain the causes and symptoms of their mental health problems, and 39 percent want to know the cost differences of mental health treatment options, compared to only 24 percent and 9 percent of providers who do, respectively. While there were gaps between what patients want and doctors provide for physical health as well, these gaps were smaller – 61 percent reported that they wanted their doctor to explain treatment options (compared to 46 percent who report their providers do), 59 percent wanted them to explain causes and symptoms (compared to 46 percent), and 40 percent wanted them to explain cost differences of treatment (compared to 15 percent).

CONCLUSION: MOVING TOWARD A SYSTEM OF BETTER CARE FOR ADULTS WITH CHRONIC CONDITIONS

Early intervention is critical in both physical and mental health care, to reduce costs, improve quality of life for those in care, and achieve better clinical outcomes. As individuals age, they are more likely to develop multiple chronic conditions, and early intervention and effective care management becomes even more important.

Adults with multiple chronic conditions, especially if these include mental health conditions, often face barriers to initiating care. Participants report difficulty initiating conversations about mental health, fear of disclosing mental health concerns, compounding costs of care, difficulty managing multiple conditions, and fear of burdening caregivers.

Providers can help patients overcome many of these barriers to care. To intervene early and help patients initiate care for their mental health, it is important that providers proactively engage in conversations about mental health, especially for patients who are living with chronic conditions that are likely to co-occur with mental health conditions, like heart disease. Providers can also help patients engage in continuous care by working with them to help them navigate the costs of different treatments and choose care that is accessible to them. This is critical, as all adults surveyed reported that providers were least likely to explain cost differences of treatment options for both physical and mental health conditions.

The solutions to barriers like cost and access to treatment require systemic change. The creation of a universal federal health care option will help adults with chronic conditions pay for care. Integration of mental health care into general health care settings, communities, and workplaces will improve prevention and early intervention for mental health conditions.

To better understand how to effectively engage adults with multiple chronic physical and mental health conditions in ongoing care, it is also important to understand what people want from their providers to continue to make decisions about their own care as they age. Most respondents are looking for tools they can use to manage their conditions on their own outside of a clinical setting, indicating a greater need to invest in digital resources and other tools that can be accessed within communities and in spaces where people spend most of their time.

Over 60 percent of patients reported that they wanted their providers to listen to and address their goals and priorities in care and provide more information about medications and treatment options, indicating a greater need for shared decision-making. However, for shared decision-making to be most effective, patients must understand their conditions and the options available to them in care. The comparison between what patients wanted to receive in care and what they were currently being provided revealed the largest gaps around the provision of information about causes, symptoms, and treatment options for mental health conditions. To create better care, providers must engage in ongoing conversations about both physical and mental health conditions, to reduce fears and concerns about co-occurring conditions, assess barriers to engagement and treatment access, and help patients to make care decisions in accordance with their needs and goals.