

Caring for the physical health of those with mental illness

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People who struggle with serious mental illnesses are more likely to die early—about 10 to 30 years early—than those without mental illness from any cause. Many factors contribute to this disparity including poor access to care, undetected health conditions and difficulty managing chronic health conditions. Addressing physical illness in those with

serious mental illness has been a major challenge. To address this, researchers tested a peer-led intervention called the Bridge that helps patients with mental illness prioritize their health, access health care and develop skills to self-manage their health. The approach showed a 50% reduction in emergency room use for those in the intervention group.

"Many people de-prioritize their health when faced with other crises, or more immediate issues," says Erin Kelly, Ph.D., assistant professor in the department of Family and Community Medicine at Thomas Jefferson University. "There are many barriers to regular medical care for people with mental [illness](#). We developed and evaluated one [intervention](#) aimed at relieving some of those barriers."

The study was published in the journal *Psychiatric Services*.

The researchers evaluated the impact of the Bridge program, a six-month intervention led by trained peers—those who had lived experiences with [mental illness](#). The peer facilitators guide participants through a three-phase process, which they call "for them, with them, by them."

In the first phase, the peer health navigator helped participants to set health and wellness goals, showed participants how to make appointments for routine or specialty care, and coached them through stressful aspects of the process in one-on-one sessions. In the second phase, participants gradually take over and self-manage all aspects of their health and [health care](#), until they are independently able to manage as much as they can on their own (the third phase). Peers who deliver the interventions are certified peer specialists who first complete a four-day training course on the Bridge intervention as well as 8-12 weeks of supervised coaching. Supervisors are also trained in a one-day session to ensure that they understand how to evaluate performance and support the intervention.

In this study, Dr. Kelly, together with collaborators from University of Southern California, University of California, Los Angeles, and Pacific Clinics examined whether the Bridge intervention changed how participants made use of health services in a large health system in Southern California between March 2014 and September 2015.

Looking at Medicaid data of the 144 of 151 participants analyzed in the study (primarily Latinx and Black participants), the researchers found participants in the Bridge program used the emergency room 2.5 times less often than those in a waitlist control group over six months. "This is important because we often see high rates of emergency department visits in patients with severe mental illnesses," says Dr. Kelly.

Participants also reported using routine health care more frequently, and reported more confidence in their ability to manage their health, better relationships with primary care providers, reduced pain and increased detection of [chronic health conditions](#).

"People with severe mental illnesses encounter multiple challenges accessing health care," say Dr. Kelly, "Therapists often have little training on how to handle chronic disease, and physicians often have little training in terms of treating patients with severe mental illnesses. Our intervention provides a trustworthy bridge between the two."

This program is not yet available in the Philadelphia area but could be an important addition to health care post-COVID-19, as many people have avoided routine care and may be missing important screenings or have deprioritized their health due to other stressors.

More information: Erin L. Kelly et al, Service Use by Medicaid Recipients With Serious Mental Illness During an RCT of the Bridge Peer Health Navigator Intervention, *Psychiatric Services* (2021). [DOI: 10.1176/appi.ps.201900615](https://doi.org/10.1176/appi.ps.201900615)

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