

Study finds gaps in mental health care for people with chronic pain

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A new University of Arizona Health Sciences study found that adults with chronic pain are more likely to experience symptoms of anxiety and depression than people without chronic pain, yet they access mental health care at lower rates and are less likely to have their mental health

needs met during treatment.

The paper, "The unmet mental health needs of U.S. adults living with [chronic pain](#)," [was published](#) in the journal *Pain*.

In 2021, approximately 51.6 million U.S. adults experienced chronic pain, according to the Centers for Disease Control and Prevention. The study showed that while people living with chronic pain represent 20.4% of the U.S. [adult population](#), they make up an estimated 55.5% of U.S. adults with clinically significant anxiety and depression symptoms.

"The mental health movement in the United States has been extremely successful, and many people are living better lives as a result," said lead author Jennifer S. De La Rosa, Ph.D., strategy director for the U of A Health Sciences Comprehensive Center for Pain & Addiction.

"Yet among those whose mental health needs haven't yet been effectively addressed, the experience of chronic pain is not the exception, it is the rule. The needs of people with chronic pain are too often left out of our national mental health conversation.

"Our findings suggest that meaningful engagement with the lived experiences of those with chronic pain should be a focus of our national mental health agenda going forward."

This study builds on previous Comprehensive Center for Pain & Addiction [research](#) that found one in 20 U.S. adults have a combination of chronic pain and symptoms of anxiety or depression, and adults living with chronic pain are approximately five-times more likely to have untreated symptoms of anxiety or depression compared to those not living with chronic pain.

The new study examined the degree to which people with chronic pain

and mental health symptoms accessed and benefited from mental health [treatment](#).

The research team analyzed data from 31,997 people who participated in the National Health Interview Survey, which has been identified as the best single source for the surveillance of chronic pain. Researchers identified chronic pain-associated disparities in three areas: the need for mental health treatment; the use of mental health treatment; and the success of treating anxiety and depression symptoms when mental health treatment was used.

They found that 43.2% of U.S. adults living with chronic pain—approximately 21.5 million people—had a mental health need. By comparison, [mental health care](#) needs were identified in only 17.4% of U.S. adults who do not have chronic pain.

Among all U.S. adults with mental health treatment needs, chronic pain was associated with a 40.3% reduction in the odds of using mental health treatment.

"For those with chronic pain, the narrative about what needs to be done to address mental health is qualitatively different than for those who don't have chronic pain," said De La Rosa, who is an assistant research professor in the College of Medicine – Tucson's Department of Family and Community Medicine.

"Improving health care for people with chronic pain includes not only connecting people to care, but also addressing a disproportionate failure to achieve relief, even in the context of caregiving."

Researchers found that when mental health treatment is used, U.S. adults with chronic pain are more than twice as likely as others to experience continuing anxiety or depression symptoms.

The study team found that only 44.4% of people with chronic pain, an estimated 9.5 million people, used mental health services and had their anxiety and depression symptoms adequately treated, compared with 71.5% of those without chronic pain. When mental health treatment was used, U.S. adults with chronic pain are more than twice as likely as others to experience continuing anxiety or depression symptoms.

"There are many possible reasons an individual with chronic pain might get suboptimal results from mental health care, including the accessibility of care and the feasibility of attending appointments," De La Rosa said.

"Additionally, few mental health providers are trained in chronic pain, so only a small percentage of people living with chronic pain are likely receiving mental health treatment that is designed to address their needs.

"By further examining the role chronic pain plays in our national mental health crisis, we have a potentially transformative scientific and policy opportunity to build the United States health care system's capacity to address co-occurring chronic pain and mental health challenges."

"This study identified a significant gap in meeting the mental health needs of people who live with chronic pain," said senior author Todd Vanderah, Ph.D., director of the Comprehensive Center for Pain & Addiction, Regents Professor and head of the Department of Pharmacology in the College of Medicine—Tucson and a BIO5 Institute member.

"Our goal at the Comprehensive Center for Pain & Addiction is to use this information to re-imagine and transform health care for chronic pain. By recognizing and treating the co-occurrence of [anxiety](#) and [depression](#) symptoms and chronic pain, we can empower millions of people affected by pain to thrive."

More information: Jennifer S. De La Rosa et al, The unmet mental health needs of U.S. adults living with chronic pain, *Pain* (2024). [DOI: 10.1097/j.pain.0000000000003340](https://doi.org/10.1097/j.pain.0000000000003340)

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