Mental Health Symptoms and The Perception of Wellness

It has long been known that there is a strong relationship between physical health and mental health. While chronic mental health conditions usually appear in adolescence and early adulthood, chronic physical conditions tend to appear in older adults. In individuals with chronic mental illnesses, however, such conditions as cardiovascular disease, hypertension, and elevated cholesterol begin to appear at a much earlier age.

The charts included in this Data Short demonstrate the relationship between physical and mental well being in Maryland’s Public Mental Health System (PMHS) by using data from the adult Outcomes Measurement System (OMS) for 2012. The average overall score and six subscale scores from the BASIS-24® are plotted against individuals’ responses to the OMS question, “Would you say in general your health is excellent, very good, good, fair, or poor?” Scores on the BASIS-24® range from zero to four, with zero indicating no symptoms/issues and four, the highest level of symptoms/issues.

These data dramatically demonstrate the relationship between physical and mental well being. In the overall BASIS-24® score and each of the six subscales, the average scores are the highest (poorest) for those who report poor overall health and decline consistently for those who report fair, good, and very good health status and reach their lowest point (i.e., least symptomatic) for those who report excellent health status. Although the relationship is most striking for the overall BASIS-24® score and the depression and emotional lability subscales, all clearly demonstrate a strong relationship between an individual’s report of physical health status and mental health issues as measured on the BASIS-24®.

In order to address coordination issues, the PMHS has taken many steps to work with HealthChoice Managed Care Organizations (MCO) to foster and improve the integration of care. All prescription medication information is available through the PMHS Administrative Services Organization (ASO) to practitioners in MCOs and the PMHS. Information about services authorized in the PMHS is also available to the MCOs. Care coordinators from both systems meet every other month and discuss issues and complex individual cases, and PMHS teleconferences are available to MCOs for difficult cases.

While these coordination services are very helpful, it is also essential that both mental health consumers and the public in general work to coordinate care among all of their health care providers. The next Data Short will offer several examples of the types of assistance that are available for promoting care coordination and general health.