BRIDGING THE GAP

The intersectionality of chronic illness and mental health

ELYSIA BRONSON, RCC

Over the last few years, there has been an increase in chronic illnesses, as well as a growing care gap due to the lack of understanding of the intersectionality of chronic illness and mental health.

This gap can be seen in the shortfall of mental health providers who treat chronic illnesses, as well as the limited number of doctors who refer to mental health for consultation and coordinated care as a part of treatment.[1]

More education in medical programs about how mental health impacts chronic illnesses can increase understanding and help to bridge the gap.

THE EFFECTS OF STRESS AND TRAUMA

Mental health impacts biology through stress, because stress is linked to conditions which are genetically passed down.[2] Stress, then, is a trigger in predisposed conditions, such as chronic illnesses or central sensitization syndromes.[3] Thus, mental health factors like stress can have a direct impact on our physical health through our genetics and may actually cause these disorders.

CHANGING THE LANGUAGE

Patients often feel shame and guilt about their chronic illness. Then, when they are referred to mental health, they feel they are being viewed incorrectly as having the symptoms "all in their head." Thus, an important part of chronic illness referrals to mental health is simply changing the language used to promote this recommendation to patients. For example, mental health aims support chronic illness clients with skills to cope with stress and lifestyle adjustments resulting from their condition.

Chronic illness is also often compounded by past traumas that have not been addressed.[4] When we think of trauma, it is not about what happens to you, but rather about what happens inside of you and how you perceive it. "It's a restriction of your capacity to respond from your authentic self in a present moment," says Gabor Maté, and therefore, "What happens to humans on a physiological level can be impacted by and even determined by what happens to them on a social level."[5]

Having a chronic illness can affect mental health in three primary areas. The first area is internal body responses like the autonomic nervous system and hormones, which are well understood by the medical community.

The second and third areas — external stressors and internal perception — are perhaps less understood. Examples of external stressors resulting from limited abilities due chronic illness include financial hardships, relationship issues, lack of social support, and limited work depending on mobility. Examples of stress due to internal perception include the patient's adjustment to a loss of capability in fulfilling their roles and responsibilities. From the psychological perspective, chronic illnesses are then compounded by depression or anxiety, which are comorbid with many chronic illnesses.

The impact of diagnosis and onset of symptoms can deeply affect a patient's internal perceptions of themselves and their self-worth. Emotions can be triggered by the losses associated with disorders, then health worsens because of the inability to cope with the adjustments of slowing down or learning to manage energy and pain.

These fundamental areas that impact mental health can also cause flare ups in chronic conditions.

HOW TO HELP

In addition to incorporating a routine mental health consultation into the treatment of chronically ill patients, mental health resources can be given out to patients at diagnosis or when stress symptoms are noticed by their care team. This increases the patient's awareness of the support available as these large lifestyle adjustments are happening. This helps patients learn tools to create lasting behavioural and psychological changes and set them up

The impact of diagnosis and onset of symptoms can deeply affect a patient's internal perceptions of themselves and their self-worth.

for success as they adjust to life with a chronic illness.

I would also like to point out that not all therapy styles are appropriate for chronic illness. I suggest creating a referral network of mental health practitioners who are specifically trained in therapy styles that have shown success in chronically ill patients.

In "Chronic pain: an update on burden, best practices, and new advances," authors Stephen P. Cohen, Lene Vase, and William M. Hooten have gathered research on which therapy styles have been studied in patients with chronic illness and which have shown the greatest effects. Although all studies were small, behavioural therapy and mindfulness therapy had the best results in this patient type.[6] Because dialectical behavioural therapy (DBT) and cognitive behavioural therapy (CBT) incorporate behavioural therapy, they may also have a favourable effect with chronic illness clients.

What I like about DBT is that it provides skills and includes mindfulness therapy techniques, which could be effective with patients who have memory issues or who learn best with visualization and reminders.

I also favour an integrated approach to therapy and have found that integration allows for a better explanation of a client's problems and for more targeted treatments.[7] Working within an integrative model, I have found CBT and DBT complementary, as DBT is flexible enough to add skills from its four modules of mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance to the end of counselling sessions.

DBT also helps CBT's cognitive processing of chronic illness through its use of the dialectic between change and acceptance. In "The Course and Evolution of Dialectical Behavior Therapy," authors Marsha M. Linehan and Chelsey R. Wilks also note that each DBT module holds all that is needed for one specific portion of the chosen treatment. Thus, if patients are uncomfortable with mental health referrals, it is easier for them to accept the idea of sessions to learn coping skills, rather than address the anxiety that can come with cognitive processing. Therefore, DBT integrates well into treatment strategies and therapeutic interventions.

Encouraging clients towards mental health resources can lower their stress levels and help them learn skills to cope with chronic illness.

Ultimately, encouraging clients towards mental health resources can lower their stress levels and help them learn skills to cope with chronic illness. This in turn can help foster an understanding of their emotions and lower their perceived stress, which is a top trigger for flaring pain.[9]

Counselling is also an aid to chronic illness because it supports an ability to manage depression and anxiety instead of simply medicating.[10] Thus, if changes are made and mental health is recommended more often, it could take some strain off of the medical system, because patients will be better equipped to manage stress, and it may even slow the progression of some illnesses that are triggered by stress.

Lastly, because mental health support could drastically reduce the effect of chronic illness on the health care system, I would like to advocate for coverage by MSP. ■

Elysia Bronson, RCC, is the founder of The Woods Counselling Co., where she works to provide trauma and chronic illness counselling across B.C.

REFERENCES

1. 1 Roberts, K. C., Rao, D. P., Bennett, T. L., Loukine, L., & Jayaraman, G. C. (2015). Prevalence and patterns of chronic disease multimorbidity and associated determinants in Canada. *Health promotion and chronic disease prevention in Canada: research, policy and practice*, 35(6), 87–94. https://doi.org/10.24095/hpcdp.35.6.01

2. Maté, G. (2019). Dr. Gabor Maté: When the body says no in psychotherapy. Retrieved 19 September 2021 from https://www.youtube.com/watch?v=7V5qn9dkzlU

3. Arseneau, R. (2008). Chronic Fatigue Syndrome: Your patients' – Not You – So all we could do was to Sit!, Sit!, Sit!. BC Women's Hospital. (2021). Complex Chronic Diseases Program. Retrieved 4 October 2021 from https://mediasite.phsa.ca/Mediasite/Catalog/catalogs/mediasiteadmin-ccdp-introduction-course

4. Maté, G. (2019).

5. Maté, G. (2019).

6. Cohen, S., Vase, L., & Hooten, W. (2022). Chronic pain: an update on burden, best practices, and new advances. Retrieved 17 June 2022 from https://www.cmaj.ca/content/193/8/E270

7. Sperry, L., & Sperry, J., (2020). *Case conceptualization: Mastering this competency with ease and confidence*. (2nd ed.). Routledge.

8. Linehan, M. and Wilks, C., (2015). The Course and Evolution of Dialectical Behavior Therapy. *American Journal of Psychotherapy*, 69(2), pp.97-110.

9. Maleki-Yazdi, M.R., Kelly, S.M., Lam SY, Marin, M. Barbeau, M. & Walker. V. The burden of illness in patients with moderate to severe chronic obstructive pulmonary disease in Canada. *Can Respir J*. 2012 Sep-Oct;19(5):319-24. doi: 10.1155/2012/328460. PMID: 23061077; PMCID: PMC3473007.

10. Campbell, B. (2022). Reducing Anxiety and Worry | ME/CFS & Fibromyalgia Self-Help. Retrieved 17 June 2022 from http://www.cfsselfhelp.org/library/reducing-anxiety-and-worry

Additional resources

Borsook, D., Maleki, N., Becerra, L., & McEwan, B. Understanding migraine through the lens of maladaptive stress responses: a model disease of allostatic load. *Neuron*. 2012 Jan 26;73(2):219-34. doi: 10.1016/j.neuron.2012.01.001. PMID: 22284178.