



Mental Health America of Franklin County
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Primary Care & Co-occurring Disorders Fact Sheet

Physical and Mental Health—Co-occurring Disorders

The relationships between mental health and physical health are complex, and the excess morbidity and mortality of those with mental health and substance abuse disorders cannot be completely explained by behavioral factors.

Mental and substance abuse disorders often co-occur with medical illnesses. The presence of both illnesses is frequently unrecognized and, therefore, not treated effectively. Several physical health issues demonstrate this complexity. Depression has been the most widely examined of these relationships. Up to 14% of medical inpatients and 10% of patients in primary care settings have depression with other medical illnesses.

Coronary Heart Disease

- Depression occurs in 40-65% of patients who have experienced a heart attack, and in 18-20% of people who have coronary heart disease, but who do not have a heart attack.
- Depression may be an independent risk factor for death in patients who have experienced a heart attack and others who coronary heart disease.
- Depression has been associated with increased risk of developing coronary heart disease.

Diabetes

- People with adult onset diabetes have a 25% chance of having depression, and almost 80% have a re-occurrence of depression during a 5-year follow-up period.
- Depressed patients have increased insulin resistance compared with non-depressed patients.

Cancer

- One in four people with cancer also suffers from depression.
- There has been some evidence that people with depression are at risk for various cancers. Recent studies have found that women with depression were at increased risk of breast cancer.

Stroke

- Depression occurs in 10% to 27% of stroke survivors and usually lasts about one year.
- An additional 15-40% of stroke survivors experience some symptoms of depression within two months after the stroke.

HIV/AIDS, Mental Health and Substance Abuse

- It has been estimated that between 22%-32% of HIV-infected patients have depression.
- There is evidence that depression may hasten progression of HIV to AIDS.
- In up to 10% of HIV+ patients, a neuropsychiatric condition maybe the first sign of the disorder.

- Substance abuse increases the risk of HIV infection through risky behaviors, unprotected sex while under the influence, and injection drug use (IDU). IDU's accounted for 36% of all AIDS cases among African American and Hispanics in 1998.
- Over 59% of AIDS cases among women are linked to injection drug use or sex with men who inject drugs.

Depression and Other Mental Illnesses

Depression often occurs with other mental disorders, such as anxiety or eating disorders.

- Between 50 and 75% of eating disorder patients (anorexia nervosa and bulimia) have a lifetime history of major depressive disorder.
- Depression co-exists in 13% of patents with a panic disorder.
- Between 10-30% of children with Attention-Deficit/Hyperactivity Disorder (AD/HD) and 47% of adults with AD/HD also have depression.

Mental Illness and Substance Abuse

Mental disorders often co-exist with alcohol or other substance abuse disorders.

- One in three depressed people suffers from some form of substance abuse or dependence.
- 37% of alcohol abusers and 53% of drug abusers have at least one serious mental illness.
- Of all people diagnosed with mental illness, 29% abuse either alcohol or drugs.

Treatment for Co-Existing Illnesses

With co-occurring problems, both problems should ideally be treated simultaneously. However, if one problem is substance abuse, the first step of treatment is usually detoxification to allow the body to cleanse itself of alcohol or other drugs. Once this is accomplished, both illnesses are treated simultaneously.

Mental Health America of Franklin County is a private, not-for-profit organization, established in 1956. We help people navigate the mental health system. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; free support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; Pro Bono Counseling Program where underinsured and uninsured individuals can receive free counseling; community and professional mental health education including Get Connected; maternal mental health support and advocacy (POEM); and a quarterly newsletter featuring legislative updates and new happenings at MHAFC. We receive funding from the Franklin County ADAMH Board, United Way of Central Ohio, individuals, foundations, and corporations. To become a member or find out more information, please visit us online at www.mhafc.org.