Mental Health and Addiction Inquiry: Tell us what you think

Arthritis New Zealand is a not for profit organisation that has represented the interests of New Zealanders with arthritis for more than 50 years. Our Mission is to improve the life of every person affected by arthritis. Arthritis currently affects over 647,000 people across New Zealand.[i] We welcome the opportunity to provide a submission to the Mental Health and Addiction Inquiry.

Arthritis is a long term condition which can have a substantial impact on quality of life. There are more than 100 different forms of arthritis including osteoarthritis, rheumatoid arthritis and gout arthritis. Common symptoms of arthritis include pain, swelling, stiffness, loss of mobility, reduced function and strength and limited movement.

There is a strong link between chronic conditions and mental health. The mental health of arthritis sufferers can be improved by improving the outcomes of their arthritis.

What's not working well?

1. Support is largely provided for people at 'crisis' point. There could be increased investment in earlier intervention.
2. Equitable provision of service delivery – access to primary mental health interventions is currently a 'postal code lottery', meaning it is dependent on what services are available in your local area.

What could be done better?

3. From testimonials shared from our clients, it is clear that there needs to be better education around pain management in the GP curriculum at all levels of medical school. GPs would also benefit from more knowledge and training on fibromyalgia. Training and exposure to pain management, including non-drug approaches in medical school will benefit patients with arthritis, as well as other conditions.
4. Increased funding for early intervention to reduce the impact on individuals and the health system.
5. More community responsiveness to mental health needs.
6. There needs to be better access at primary care level.
7. We consider that not enough is shared of what is working well so that it can be celebrated and replicated.
8. Services could be promoted better.

What's working well?

9. We understand that there is a Brief Intervention counselling team in Christchurch PHO. People struggling with mental health issues can get up to five free sessions with a mental health clinician to assess, treat and/or refer to other health services if needed. The merits of this scheme for national replication should be considered and duplicated.
10. We believe that the Ministry Of Health Healthline available for people to phone 24 hours a day for counselling support is also working well.

There are a number of key issues we would like to raise:

The nature of arthritis

11. On average it can take several years to obtain a diagnosis of arthritis. Consequently the length of time to obtain a diagnosis can have a significant impact on mental health.
12. The perceived inevitability of not improving, getting better, or your condition worsening all has a negative impact on mental health.
13. There can be a stigma around seeking help, especially with gout arthritis.
14. People whose arthritis is not well controlled are more likely to be depressed than with well controlled arthritis.
15. Depression is linked with many rheumatological conditions, particularly fibromyalgia.
16. People need to manage psychological needs along with a diagnosis of arthritis.
17. Managing anxiety and depression can greatly improve people's wellbeing and quality of life as well as their arthritis and their attitude towards it.

A view from one of our advocates – "My career, together with my wellbeing and sense of worth and contribution, have been negatively impacted by chronic pain, decreasing mobility, and depression."

Chronic Pain

18. Pain is the most prominent symptom in most people with arthritis. Pain can be a major barrier to people living full and active lives, affecting every aspect of a person's life: from moving around in our homes to sleeping well, from going to work to playing with our children or grandchildren.
19. Pain management is vitally important with regard to mental health. If pain is not well managed – there can be a significant impact on mental health.
20. Ongoing physical symptoms such as chronic pain, fatigue and disturbed sleep can cause distress and affect your mood.
21. The pain of a hip fracture from a fall may lead an older person to fear leaving home. Pain can make it difficult for a once active person to exercise. Severe back pain may have a debilitating impact on someone's ability to work.
22. Research shows that long-term pain has a big impact on mental health, especially depression, and the causal relationship between pain and low mood most likely works in both directions. Studies have found a relationship between pain and depression – Gureje et al 1998, 2007 & Demyttenaere et al, 2006. Ilgen et al (2008) found that the risk of suicide is higher for those experiencing chronic pain.
23. Access to pain clinics is an issue for many with arthritis. People with complex needs are waiting six months to be seen by the pain clinic – this can result in a significant impact on mental health. The eligibility criteria for these services is also an issue - patients have to be particularly severe to access these services, are often acutely or chronically ill, and then are still required to wait months for an appointment.Timely and effective treatment for mental as well as physical health will reduce the burden on the health system.

Addiction

24. Addiction to pain medication is a significant issue for people with arthritis. This is a growing public health concern, particularly with tramadol and opiates. Prescribing patterns might be an issue to consider.

One of the largest issues for many people with arthritis is access to a range of specialists.

Access to specialists

25. Patients with arthritis are faced with inequitable access to specialists.
26. Data from 2012 shows that across New Zealand there is a shortage of rheumatologists. This has not improved over time and may worsen with impending rheumatologist retirement. People referred to public rheumatology services wait for appointments and initial treatments and prioritising sees only the most severely affected gaining access to rheumatologists.
27. The need for specialists or rheumatologists is more keenly felt in rural areas than in the bigger centres.
28. It is beneficial for the patient that rheumatology services are based in a multidisciplinary team including health psychologists/social workers.
29. The faster patients are seen by a specialist, the more effective their treatment and management of their condition.
30. The number of people with conditions such as arthritis is growing – there needs to be specialist posts to match the need.
31. Access to talk therapies is often very difficult and expensive. We understand that some PHOs provide free/low cost access to psychological support with referral from their GPS. We would like to see this extended for all PHOs to provide this opportunity to their patient group.

Future Concerns

32. The number of people with arthritis is growing - by 2050 the number of New Zealanders with arthritis will rise to around 780,000.[1] Half of people affected by arthritis are of working age.
33. The burden of arthritis is increasing - due to people living longer, reduced physical activity, increasing obesity and lack of access to timely health care.
34. New Zealand has the third highest adult obesity rate in the OECD, and our rates are rising; now affecting 31.6% of adults.[2] Obesity significantly increases a person's risk of developing arthritis. The *Health Loss in New Zealand 1990-2013* report highlights the burden faced by people with arthritis. For all forms of arthritis managing weight is key to better outcomes, and risk of developing many forms of arthritis increases with excess weight.
35. There are significant costs associated with arthritis. They will only rise as the population ages and more people are diagnosed with arthritis. Health spending of $1,310 per person per year with arthritis was identified by Access Economics in 2010. Full costs can be seen in *Access Economics: The economic cost of arthritis in New Zealand in 2010*.
36. There will be a flow on impact on mental health services as the number of people with arthritis increases.

Research on mental health and arthritis

37. Previous research has linked arthritis to mental health problems – Stang et al (2006), Shih et al (2006) McWilliams et al (2008) & He et al (2009).
38. In a study published in 2011 in *Arthritis Care & Research*, researchers found that measures of physical and mental health were consistently two to three times worse in people with arthritis than in those without arthritis.[3]
39. Research by Joaquim & Appenzeller (2015) shows a stronger-than-expected link between serious neuropsychiatric symptoms and rheumatoid arthritis (RA).

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[1] https://www.arthritis.org.nz/pdfs/economic-cost-of-arthritis-in-new-zealand-final-print.pdf
[2] https://www.health.govt.nz/publication/annual-update-key-results-2016-17-new-zealand-health-survey
[3] http://blog.arthritis.org/living-with-arthritis/arthritis-mental-health/

40. In a cross-sectional study in a rheumatology outpatient clinic at the Waikato Hospital in NZ, depression and anxiety spectrum disorders were found to have been reported in approximately one third of those patients affected by rheumatoid arthritis.
41. He et al (2009) found that mood and anxiety disorders occur with greater frequency among people with arthritis than those without arthritis across diverse countries.
42. Dickens et al, 2003; John et al, 2003; Lowe et al, 2004 and Ang et al, 2005 found that people with arthritis, mainly osteoarthritis and rheumatoid arthritis, are more likely to experience depressive illness.
43. Several Canadian population based studies have found increased odds of suicidal ideation among those with self-reported arthritis compared with those without the condition.[ii] Fuller Thomson et al (2016) found that individuals with arthritis who are at higher odds of suicide attempt include younger individuals, those in chronic pain, those with less education and money, those who had ever had substance abuse problems or mental illness and those who have suffered childhood adversities.
44. Research indicates there is a link between anxiety, depression and arthritis.
45. Research shows that people with arthritis are more likely to also have anxiety and/or depression.
46. Bechman et al (2018) found that mental health, fatigue and function are associated with increased risk of disease flare.

What sort of society would be best for the mental health of all our people?

One with equitable access, inclusive of condition with appropriate resources to support health and wellbeing.

References

Ang, DC. Choi, H. Kroenke, K. & Wolfe, F. (2005) Comorbid depression is an independent risk factor for mortality in patients with rheumatoid arthritis. *Journal of Rheumatology 32*, p1013–1019. https://www.ncbi.nlm.nih.gov/pubmed/16516977

Arthritis Australia (2016) Arthritis and emotional wellbeing https://arthritisaustralia.com.au/wordpress/wp-content/uploads/2017/08/Arthritis__Emotional_Wellbeing.pdf Accessed 22 May 2018

Arthritis Care (2017) Hidden impact Arthritis and mental wellbeing https://www.arthritiscare.org.uk/assets/000/001/731/Hidden_impact_report_-_web_ISSUE_2_original.pdf?1494240069 Accessed 22 May 2018

Bechman, K. Sin, FE. Ibrahim, F. Norton, S. Matcham, F. Lloyd Scott, D. Cope, A. & Galloway, J. (2018) Mental health, fatigue and function are associated with increased risk of disease flare following TNF inhibitor tapering in patients with rheumatoid arthritis: an exploratory analysis of data from the Optimizing TNF Tapering in RA (OPTTIRA) trial. *RMD Open 4 (1)* http://rmdopen.bmj.com/content/4/1/e000676

Demyttenaere, K. Bonnewyn, A. Bruffaerts, R. Brugha, T. Graaf, R. Alonso, J. (2006) Comorbid painful physical symptoms and depression: prevalence, work loss, and help seeking. *Journal of Affective Disorders 92*, p185–193. https://www.ncbi.nlm.nih.gov/pubmed/16516977

Dey, S. (2012) Performance of the Kessler 10 in the detection of anxiety and depression in people with Rheumatoid Arthritis attending a public hospital Rheumatology clinic. Unpublished data.

Dickens, C. Jackson, J. Tomenson, B. Hay, E. Creed, F. (2003) Association of depression and rheumatoid arthritis. *Psychosomatics 44* p209–215 https://www.ncbi.nlm.nih.gov/pubmed/12724502

Fifield, J. Tennen, H. Reisine, S. & McQuillan, J. (1998) Depression and the Long-Term Risk of Pain, Fatigue, and Disability in Patients with Rheumatoid arthritis. *Arthritis & Rheumatology 41 (10)* p1851-1857 https://onlinelibrary.wiley.com/doi/abs/10.1002/1529-0131%28199810%2941%3A10%3C1851%3A%3AAID-ART18%3E3.0.CO%3B2-I

Gureje, O. Von Korff, M. Kola, L. Demyttenaere, K. He, YL. Posada-Villa, J. Lepine, JP. Angermeyer, MC. Levinson, D. Girolamo, G. Iwata, N. Karam, A. Guimaraes Borges, GL. Graaf, R. Browne, MO. Stein, DJ. Haro, JM. Bromet, EJ. Kessler, RC. & Alonso, J. (2007) The relation between multiple pains and mental disorders: results from the World Mental Health Surveys. *Pain 135 (1-2) p82-91* https://www.ncbi.nlm.nih.gov/pubmed/17570586

Gureje, O. Von Korff, M. Simon, GE. & Grater, R. (1998) Persistent pain and wellbeing: a World Health Organization study in primary care. *Journal of the American Medical Association 280* p147–151. https://www.ncbi.nlm.nih.gov/pubmed/9669787

He, Y. Zhang, M.Lin, E.H.B & Bruffaerts, R. (2009) Mental disorders among persons with arthritis: results from the World Mental Health Surveys. *Psychological Medicine 38 (11)* p1639 – 1650 https://www.cambridge.org/core/journals/psychological-medicine/article/mental-disorders-among-persons-with-arthritis-results-from-the-world-mental-health-surveys/0A3F4EE23EC54494C339B5AC55F8D5DC

Ilgen, M. Zivin, K. McCammon, R. & Valenstein, M. (2008) Pain and suicidal thoughts, plans and attempts in the United States. *Gen Hosp Psychiatry 30*(6) p521–527 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2601576/

Joaquim, A. & Appenzeller, S (2015) Neuropsychiatric manifestations in rheumatoid arthritis. *Automimmunity Reviews. Vol 14 (12)* p1116-1122 https://www.sciencedirect.com/science/article/pii/S1568997215001640

John, R. Kerby, DS. & Hennessy, CH. (2003) Patterns and impact of comorbidity and multimorbidity among community-resident American Indian elders. *The Gerontologist 43* p649–660. https://www.ncbi.nlm.nih.gov/pubmed/14570961

Lowe, B. Willand, L. Eich, W. Zipfel, S. Ho, AD. Herzog, W. & Fiehn, C. (2004) Psychiatric comorbidity and work disability in patients with inflammatory rheumatic diseases. *Psychosomatic Medicine 66* p395–402. https://www.ncbi.nlm.nih.gov/pubmed/15184703

Managh, C. (2016) Rheumatology Workforce Shortage. *The Specialist.* Issue 106 p5-7 https://www.asms.org.nz/wp-content/uploads/2016/03/10985-The-Specialist-Mar16-WEB-1.pdf

McWilliams, L. Clara, I. Murphy, P.D.J. Sareen, J. & Cox, B. (2008) Associations between arthritis and a broad range of psychiatric disorders: findings from a nationally representative sample. *The Journal of Pain 9(1)* p37-44. https://www.jpain.org/article/S1526-5900(07)00813-9/abstract

Nagyova, I. Stewart, R.E. Macejova, Z. Va Dijk, JP. & Van Den Heuvel, W.J. (2005) The impact of pain on psychological wellbeing in rheumatoid arthritis: the mediating effects of self-esteem and adjustment to disease. *Patient Education and Counseling 58(1),* p55-62 https://www.ncbi.nlm.nih.gov/pubmed/15950837

Newman, S and Mulligan, K (2000) The psychology of rheumatic diseases. *Best Practice & Research Clinical Rheumatology 14(4),* p773-786 https://www.ncbi.nlm.nih.gov/pubmed/11092801

Sale, JEM. Gignac, M. & Hawker, G. (2008) The relationship between disease symptoms, life events, coping and treatment, and depression among older adults with osteoarthritis. *Journal of Rheumatology 35 (2)* p335-342 https://www.ncbi.nlm.nih.gov/pubmed/18203312

Sheehy, C. Murphy, E. & Barry, M. (2006) Depression in rheumatoid arthritis—underscoring the problem. *Rheumatology 45(11)* p1325-1327 https://academic.oup.com/rheumatology/article/45/11/1325/2255924

Shih, M. Hootman, J.M. Kruger, J. & Helmick, CG. (2006) Physical activity in men and women with arthritis National Health Interview Survey, 2002. *American Journal Preventative Medicine 30(5*) p385-93 https://www.ncbi.nlm.nih.gov/pubmed/16627126

Stang, PE. Brandenburg, NA. Lane, MC. Merikangas, KR. Von Korff, MR. & Kessler, RC. (2006) Mental and physical comorbid conditions and days in role among persons with arthritis. *Psychosomatic Medicine 68(1)* p152-8 https://www.ncbi.nlm.nih.gov/pubmed/16449426

The Mighty (2018) 17 'Red Flags' That Might Mean Your Chronic Illness Is Affecting Your Mental Health https://themighty.com/2018/05/chronic-illness-mental-health-signs/ Accessed 22 May 2018

[i] NZ Health Survey
[ii] https://www.ncbi.nlm.nih.gov/pubmed/27306384