

POSTER ABSTRACT

Inequities in Physical Health Care for Individuals with Severe Mental Disorders: Insights from a Local Experience in Brazil

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Background: People with severe mental disorders (SMD), such as schizophrenia, bipolar disorder, and major depressive disorder, have a life expectancy 15–25 years shorter than the general population, primarily due to preventable physical illnesses such as cardiovascular, metabolic, and respiratory diseases. This excess mortality reflects a complex interaction of factors, including the side effects of psychotropic medications, unhealthy lifestyles, and persistent barriers to accessing physical health care.

The neglect of physical health among individuals with SMD is a critical public health issue that exacerbates existing social and health inequities. In Brazil, the Psychosocial Care Network (Rede de Atenção Psicossocial – RAPS) was created to integrate mental health services and promote comprehensive, person-centered care. Despite these structural advances, however, people with SMD still receive insufficient attention to their physical health needs. Disparities in access to basic health care, such as physical examinations, across different diagnostic groups can help reveal the extent of this inequality and guide future public health priorities.

Methods: This cross-sectional study was conducted in a medium-sized municipality in Brazil, with a population of 122,581 and a mental health network comprising CAPS II, CAPS AD, and a specialized outpatient clinic. The sample consisted of 358 users aged 18 years or older, all registered for at least one month in one of these services. Data collection was performed through structured interviews using a validated questionnaire. Descriptive and inferential analyses were conducted using Stata 18 to assess the frequency of physical health care use and its association with diagnosis type.

Results: Participants had a mean age of 44.8 years, with the majority being female (53.3%) and self-identified as white (56.7%). Regarding physical examination frequency, 43.9% of participants reported never undergoing a physical exam. A significant association was observed between diagnosis type and the performance of physical exams ($p = 0.040$).

The proportion of users who had never undergone a physical examination was highest among those with bipolar or schizoaffective disorders (54.9%), compared with anxiety and depressive

disorders (42.1%), substance use disorders (33.7%), and other mental disorders (48.1%). This study was supported by the São Paulo Research Foundation (FAPESP – Fundação de Amparo à Pesquisa do Estado de São Paulo), under grant number 2023/18317-21.

Discussion: Despite the organizational advances promoted by RAPS, the findings reveal persistent inequities in access to physical health care among individuals with SMD. The high proportion of users who had never undergone a physical examination, particularly those with bipolar and schizoaffective disorder, illustrates how physical health remains a neglected dimension within specialized mental health services.

This gap extends beyond service coordination, reflecting structural barriers and the limited prioritization of physical health needs in mental health care delivery. Such systemic shortcomings perpetuate health inequities, contributing to preventable morbidity and premature mortality among people with severe mental disorders.

Implications: Understanding users' trajectories across services can guide strategies to promote re-engagement with primary care, improve continuity and coordination, and ultimately reduce the health disparities that disproportionately affect individuals with SMD.