POLICY BRIEF

PREVENTION IS BETTER THAN CURE: SCOPING THE CHALLENGES OF CHRONIC DISEASE PREVENTIVE CARE DELIVERY IN MENTAL HEALTH SETTINGS

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Full published review can be found here

EXECUTIVE SUMMARY

What is the problem?

- Individuals experiencing mental health difficulties face substantially poorer physical health, increased chronic disease risk and reduced life expectancy. Modifiable risk factors, including smoking, physical inactivity, poor diet, and alcohol and drug use, contribute to these inequalities alongside socioeconomic disadvantage, treatment-related factors and reduced access to preventive healthcare.
- Although prevention and integrated physical and mental healthcare are priorities within Irish health policy, preventive care remains inconsistently embedded within mental health services.

Aim of this Policy Brief

- We conducted a scoping review of 41 studies and identified key barriers to delivery of preventive care in mental health settings. These included: stigma and workplace culture, concerns about damaging therapeutic relationships, insufficient knowledge and training, limited organisational resources, and unclear professional responsibilities.
- These barriers should be addressed so that preventive care becomes a routine, supported and measurable component of mental healthcare in Ireland.

WHY IS THIS ISSUE IMPORTANT?

- Chronic diseases are a major cause of premature mortality, with a substantial proportion linked to modifiable risk factors such as tobacco and alcohol use, poor diet, physical inactivity and obesity. People experiencing mental health difficulties are more affected by these risk factors and experience significant physical-health inequalities.
- Mental health services provide an important opportunity to identify health risks, deliver brief interventions and connect service users with appropriate physical-health supports.
- This aligns with Irish policy priorities: **Healthy Ireland** identifies prevention and health promotion as central to improving population health, while **Sharing the Vision 2025–2027** recognises the importance of addressing physical health and strengthening integration between physical and mental healthcare.
- The policy challenge is therefore translating these commitments into routine preventive care within mental health services.

WHAT DID WE DO AND HOW?

We searched four electronic databases in January 2025 (Medline All, PsycINFO, CINAHL, EMBASE), as well as relevant reference lists.

We screened a total of 4,744 articles and identified 41 eligible studies to be included in the scoping review.

Data relevant to the challenges associated with healthcare professionals' delivery of preventive care for modifiable health behaviours (smoking, sedentary behaviour, poor diet, and alcohol and drug over-consumption) in mental health settings were extracted.

The extracted barriers were mapped to the 14 domains of the Theoretical Domains Framework (TDF), a framework used to help identify the barriers and enablers influencing intervention implementation.

WHAT DID WE FIND?

Social Influences: Professionals reported assumptions that service users may be unmotivated or less capable of changing health behaviours. Also, unsupportive workplace culture, and active resistance from colleagues made the delivery of preventive care more complicated for healthcare professionals.

Beliefs about Consequences: Healthcare professionals have a fear of adding unnecessary burden to mental health service users by providing preventive care. They also have concerns about damaging rapport and doubts relating to the effectiveness of preventive care interventions.

Knowledge: Healthcare professionals report having a lack of training on how to go about preventive care and the appropriate referral pathways for mental health service users.

Environmental Context & Resources: Time constraints, large workload, staff shortages, insufficient funding, inadequate referral pathways, and limited organisational support all impacted the delivery of preventive care.

Social/Professional Role and Identity: Healthcare professionals believe that the physical health of mental health service users is the responsibility of other professionals and are uncertain of their referral responsibilities. Some also view preventive care to be outside the scope of their role and worry about overstepping their professional boundaries.

RECOMMENDATIONS

Address Stigma and Culture

- Support healthcare services to challenge and reshape mental healthcare professionals' beliefs about service users' motivation and capacity for behaviour change.
- Support healthcare professionals and service leaders to champion integrated physical and mental healthcare.

Mandate Preventive Care as Core Practice

- Embed preventive care responsibilities within national mental health service standards and clinical guidelines to clarify role expectations.

Invest in Workforce Training

- Further endorse structured, theory-informed training for mental health professionals on behaviour-change techniques, brief interventions, referral pathways and collaborative care, incorporating existing initiatives such as the Making Every Contact Count (MECC) programme into undergraduate and continuing professional education.

Strengthen Organisational Systems

- Improve referral pathways between mental and physical health services.
- Allocate protected time for mental healthcare professionals to deliver preventive care.

IN CONCLUSION...

- Preventive care can improve the health of people with mental health difficulties and reduce health inequalities.
- Delivery of preventive care in mental health settings remains inconsistent due to behavioural, professional and organisational barriers.
- Ireland has prioritised prevention, health equity and integrated care; the next step is embedding these priorities into routine practice.
- The Department of Health and HSE should make preventive care a core component of mental healthcare.

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