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THE IMPACT OF CHRONIC MEDICAL ILLNESSES ON MENTAL HEALTH AND PSYCHOLOGICAL TREATMENT

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ABSTRACT

There is a bidirectional relationship between chronic medical illnesses and mental health. People who suffer from chronic illnesses are at an increased risk of developing mental health challenges like depression, anxiety, adjustment disorder, and cognitive impairment. On the hand other, mental illnesses like schizophrenia increase the risk of developing chronic medical illnesses like cardiovascular and metabolic diseases. It is therefore important to provide holistic care to these patients through collaboration of different types of healthcare providers to address the wellbeing of both the minds and bodies of patients. The article also addresses the barriers to psychological treatment for people with chronic medical illnesses.

Keywords: Chronic medical illnesses, Integrated patient care, Mental health, Psychological treatment

1 INTRODUCTION

Chronic medical illnesses are also known as non-communicable diseases (NCDs) and refer to diseases that are long-term, usually persisting for more than one year, and therefore require continuous follow-up and an adjustment in a person's lifestyle (Leite, 2025). Examples of such illnesses include cancer, hypertension and other cardiovascular diseases, diabetes, arthritis, chronic lung diseases, among others. Such chronic illnesses rarely have a cure and therefore require multidisciplinary interventions. They lead to great economic burden and an overall reduction in a person's productivity and quality of life.

Studies show that there is a bidirectional relationship between chronic medical illnesses and mental health, that is, each tends to influence the other (Huang et al., 2023). People who suffer from chronic illnesses are at an increased risk of developing mental health challenges. Because managing chronic medical illnesses comes with great burden, this can lead to psychological distress. Additionally, some chronic illnesses lower the immunity, some require dietary restrictions, others require frequent hospital visits, and others diminish the overall life quality; all these factors increase the risk of mental health illnesses.

2 THE PSYCHOLOGICAL IMPACT OF CHRONIC MEDICAL ILLNESSES

Chronic medical illnesses increase the risk of developing depressive and anxiety disorders. According to Anxiety and Depression Association of America [ADAA] (2021), the prevalence of major depressive disorder (MDD) is 51% in patients with Parkinson's disease, 42% in patients with cancer, 23% in patients with cerebrovascular diseases, and 11% in patients with Alzheimer's disease. This helps to reveal the high burden of MDD among patients with chronic medical illnesses.

A systematic review done by Romanazzo et al. (2022) regarding anxiety among people who are medically ill found that 35% of people with atrial fibrillations had high levels of anxiety especially the women, 24.9% of those with heart failure had clinical levels of anxiety, 36% of those with systemic hypertension had an anxiety disorder, and about 26% of patients with myocardial infarction had mild to moderate levels of anxiety. About 11.8% to 51.5% of people with asthma, 24.5% to 33.8% of patients with epilepsy, 28% of those with gastrointestinal diseases, 26.6% to 71% of those with chronic kidney diseases and 42.5% of patients with endocrine diseases had clinically significant anxiety.

Difficulties adjusting to changes necessitated by medical illnesses can predispose a person to developing adjustment disorders. In people diagnosed with adjustment disorder, about 93% have at least one psychosocial stressor in psychiatric facilities, and this includes a medical illness in 59% of such patients (O'Donnell et al., 2019). A meta-analysis done in 2011 among oncology patients found the prevalence of adjustment disorder was 15% to 19% while a research done in Japan showed the prevalence of adjustment disorder among patients with recurrent breast cancer was 35%.

Disorders that lead to chronic pain are linked to high levels of psychological distress. Viderman et al. (2023) states that pain is a common concern especially among patients with cancer, musculoskeletal disorders, pulmonary, neurological, cardiovascular, renal and liver diseases. When there is inadequate pain relief in such cases, it can lead to a person feeling demoralized, a worsening of the physical condition, reduced quality of life, and emotional distress. Chronic pain has been linked to anger, frustration, anxiety, depression, and can even lead to cognitive impairment.

According to Kim et al. (2019), chronic conditions lead to a cognitive decline due to the progression of the disease, advancing age of the patient, and comorbidities with other chronic illnesses. Conditions such as hypertension and diabetes lead to both functional and structural changes in the brain, leading to cognitive decline, with the probable mechanism being cerebral hypoperfusion. Uncontrolled hypertension, aging, and other lifestyle risks also increase the risk of a person getting a stroke. The decline in cognitive functioning associated with these chronic conditions usually impairs decision-making capacity, treatment adherence, leads to decline in functionality, and increase mortality.

In cancer patients, chemotherapy has been linked to cognitive impairment. Joly et al. (2015) states that the areas of cognitive functioning mainly affected by cancer treatment are concentration, memory, executive functioning, and information processing speed. The cognitive impairment is linked to neurotoxic nature of chemotherapy, leading to something known as "chemofog." Outside of or in addition to chemotherapy however, the cognitive impairment might be due to the cancer itself, advancing age, other comorbid illnesses, and the type of treatment modality used.

Some chronic medical illnesses affect a person's physical appearance, which can lead to struggles with body image and low self-esteem. For example, chronic skin diseases lead to poor body image and such people tend to think that they are flawed and tend to experience stigma and body shaming (Fidelis et al., 2025). A condition known as polycystic ovarian syndrome, which affects about 6% to 20% of reproductive age women, usually leads to obesity, hirsutism, and changes in the skin (Geller et al., 2025). This can lead to poor body image and a decline in self-esteem, which leads to psychological distress.

3 THE BIDIRECTIONAL RELATIONSHIP BETWEEN CHRONIC MEDICAL ILLNESSES AND MENTAL HEALTH

Studies show that there is a link between mental health conditions and physical illnesses. For example, people with schizophrenia have higher incidences of cancer, cardiovascular, and metabolic diseases than the general population, people with borderline personality disorder have high rates of gastrointestinal disorders, and people diagnosed with mood disorders have higher risks of having diabetes and cancer (Dragioti et al., 2023). Mood disorders, and especially depressive disorders, have been linked to worse outcomes in people with cardiovascular diseases, and bipolar disorder has been linked to increased risk of cardiovascular mortality in cardiovascular disease patients. This helps to reveal how mental illnesses can be linked to and worsen the prognosis of people with medical conditions.

People with chronic medical illnesses use various coping strategies, some adaptive while others are maladaptive. Examples of coping strategies used include trying to maintain normalcy by performing daily routines, medication adherence, prayer and meditation, social network expansion, while others use avoidance or become resigned to their

situation (Conduah et al., 2025). Adaptive coping strategies help to promote resilience while maladaptive coping mechanisms can worsen mental health challenges. For example, in people with chronic back pain, the use of passive coping mechanisms such as relinquishing control to external factors or social withdrawal has been linked to emotional distress, higher pain levels, decline in functionality, and fear of moving.

Mental illnesses can make it difficult for people with chronic medical illnesses to adhere to their treatment. According to Khan et al. (2024), adherence to treatment is one of the greatest problems in psychiatric illnesses, which leads to a treatment gap and an increase in burden for families and communities. The non-adherence is not just to psychiatric treatment but extends to medical treatment. The non-adherence creates a negative feedback loop that leads to a worsening of chronic illnesses which also leads to worsening of mental health.

4 HOW CHRONIC MEDICAL ILLNESSES COMPLICATE PSYCHOLOGICAL TREATMENT

Some medications used in the treatment of medical illnesses have side effects that can impair psychological treatment. Chemotherapy used in cancer treatment for example leads to a decline in cognitive functioning and "chemofog" (Joly et al., 2015). Such a situation would make it difficult to have psychotherapy sessions with such a patient. The decline in cognitive functioning would also make it difficult for the patient to adhere to psychological treatment.

According to Casagrande Tango (2003), some medication used in medical treatment can have psychiatric side effects, for example, drugs like corticosteroids, interferon-a, and levo-dopar mefloquine can lead to anxious, psychotic, and depressive syndromes in patients. The side effects occur through various mechanisms, for example, through modification of neurotransmitter levels, drug interactions, and impaired drug clearance due to the medical conditions. Such side effects make it difficult for a mental health practitioner to engage in psychological treatment with the patient.

Some chronic medical illnesses have severe symptoms to the extent that the patient lacks energy or the motivation to participate in psychological treatment. An example is conditions linked to chronic pain. Chronic pain usually increases stress levels, impairs sleep, and can lead to depression, anxiety, and other mental health conditions (American Psychiatric Association, 2020). When the pain is not well-controlled, such a patient would not be motivated to go through psychotherapy or follow up on treatment. In addition, things like inadequate sleep would drain the patient of energy to the extent that they would prefer to use the time they have to rest and try to get some sleep.

Frequent hospitalizations that are usually necessitated by chronic medical illnesses, going through medical procedures, and uncertainty regarding the course of the illness is usually traumatic to the patients, not only physically but also emotionally/mentally. Alzahrani (2021) states that complex health conditions usually require extensive surgical, medical, and nursing care, and that hospitalization is a stressful period that can lead to anxiety, uncertainties regarding the future, and depression. Hospitalization can worsen a patient's emotional reactions and interfere with their ability to adjust and cope. The emotional and physical toll that such patients experience can interfere with the process of psychological treatment.

5 INTEGRATED PATIENT CARE

It is important for health care providers to collaborate when offering service to patients with chronic medical illnesses and mental health conditions. Medical practitioners like doctors and nurses need to work hand in hand with mental health practitioners like psychiatrists and psychologists. There is a need for strong integration between mental health and other care services and we should understand that the management of mental health illnesses such as depression is not secondary to the management of other diseases (Fernandez, 2021). It is important to consider the emotional/mental health of patients, especially when dealing with patients with chronic medical illnesses and with comorbidities.

Integrated patient care helps to ensure that patients receive holistic care that addresses both their bodies and minds. Bringing in psychologists and other mental health practitioners ensures that the emotional wellbeing of patients is taken care of, as other medical practitioners usually concentrate on physical health and tend to ignore emotional health or do not have the expertise to deal with psychological distress. Psychological support for patients with chronic illnesses helps to address the social, emotional, and psychological problems that they are experiencing, which helps to contribute to comprehensive care, and this leads to better overall outcomes (Alkayri et al., 2024).

Collaboration among the different types of health care providers helps to ensure that the treatment plan of the patients is well coordinated. This helps to improve both the physical and mental/psychological aspects of the patient. For example, patients with cardiovascular diseases need to be supported to adopt healthy lifestyles, improve their self-efficacy, seek social support, and develop adaptive coping strategies (Smolderen et al., 2024). In such a situation, psychologists can help to diagnose and treat mental health illnesses, identify psychosocial stressors and help the

patients learn how to manage stress, help them develop healthy behaviors, and support them to live flourishing lives, even in the face of the chronic illnesses that they have. Collaboration means developing a multi-disciplinary team that includes other specialties like dietitians and social workers.

Additionally, patients with chronic medical illnesses need to be screened for mental health disorders. This helps to identify patients who require psychological treatment early enough and helps develop an integrated treatment plan. Fernandez (2021) states that there is a gap in health care because the emotional aspects of patients tend to be overlooked. It is important to destigmatize mental health conditions and view them like medical conditions in order to promote preventive approach and have more integrated care. Screening of patients for mental health conditions helps to ensure that both preventative and treatment measures are offered as appropriate.

6 PSYCHOLOGICAL TREATMENT APPROACHES FOR PATIENTS WITH CHRONIC MEDICAL ILLNESSES

People with chronic medical illnesses face unique challenges such as reduced levels of independence, decline in functionality, uncertainty regarding the progression of the disease, and strain in relationships, all of which predispose them to mental health illnesses like anxiety and depression. Scott et al. (2023) states that cognitive behavioral therapy (CBT) is a well-evidenced psychological treatment approach that helps to address unhelpful thought processes and maladaptive behavior patterns. For example, studies show that in patients with rheumatoid arthritis, cancer, and cardiac diseases, CBT is efficacious in reducing symptoms of psychiatric comorbidities.

CBT is a psychotherapy approach that helps people in identifying and challenging negative thoughts that negatively influence their emotions and behaviors and promotes a balanced thinking in order to help people cope well with stress (Nakao et al., 2021). When people are under stress, they tend to become pessimistic and unable to solve their problems. Living with chronic medical illnesses, with the associated comorbidities, financial strain, and other stressors that come with such illnesses is a stressful experience. Such patients can easily go down the downward spiral of negative thoughts that lead to negative emotions and maladaptive behaviors. Using CBT would help them identify and challenge the negative thought patterns they are having and help them adopt healthy coping strategies.

Behavioral activation is important for patients with chronic medical illnesses and with mental health conditions. Behavioral activation helps people increase their contact with things that are rewarding for them, become more active, and improve their overall quality of life (Medina-Jiménez et al., 2024). Behavioral activation is especially useful in treating depression and reducing social isolation. It is important for patients with chronic illnesses to remain active, but only to the extent that is comfortable for them and that does not pose a risk to their health. Encouraging them to do pleasurable activities and avoid isolating themselves is important. Social support is key because many people with chronic illnesses may not be as strong and may have lost a degree of independence. Attending support groups for people going through similar challenges can also be helpful to ensure they do not feel alone and they get to interact with other people.

Psychoeducation needs to be part of psychological treatment. This helps the patients to understand the nature of their illness, the associated comorbidities, how chronic medical illnesses and mental health issues are interrelated, importance of drug adherence, understanding side effects of drugs and reporting them to their doctors, importance of healthy diet and self-care, among others. According to Burke et al. (2024), psychoeducational interventions have been increasingly recognized because of their potential to facilitate adaption in those living with chronic illnesses. It helps provide information about the illness, management techniques specific to the illness, skills training regarding self-management and addressing psychosocial needs.

Patient activation is especially useful for people with chronic medical illnesses. Nusair et al. (2026) defines patient activation as a concept that helps to reflect on the patient's skills, knowledge, and confidence in the management of their health and in self-care. Patient activation is part of patient-centered care and helps the patient to adopt self-management behaviors such as attending appointments, assessing themselves for complications, exercising, using a balanced diet, and learn how to manage their emotions and manage the psychological consequences of the chronic medical condition and associated comorbidities. This approach helps to increase patient adherence to their medication, recognize adverse effects, and overall helps to reduce emergency hospital visits and hospitalizations.

Acceptance and commitment therapy (ACT) can be useful in helping people with chronic medical illnesses learn to accept their situation and start focusing on living a meaningful life. For example, in patients with chronic pain, ACT helps in reducing pain-related anxiety and reducing depression by helping the patients accept pain and pain-related thoughts and engage in meaningful activities instead of trying to fight against the pain (Pilevar et al., 2023). ACT creates psychological flexibility through commitment to action and behavioral change. When patients learn to accept their conditions, it helps to reduce psychological stress which leads to an improvement in their overall mental health.

Mindfulness-based stress reduction (MBSR) is another useful therapeutic approach. While initially designed for managing stress, MBSR is now used to treat illnesses such as anxiety, depression, hypertension, diabetes, chronic pain, skin disorders, cancer, and immune disorders (Niazi & Niazi, 2011). It has been shown to improve the condition of people with chronic illnesses and help them cope with their conditions in more effective ways. This approach uses mindful meditation to decrease suffering linked to psychosomatic, physical, and mental disorders. MBSR helps the patient adapt to treatment needs and manage challenging and stressful psychosocial issues related with chronic illnesses.

7 ADDRESSING BARRIERS TO PSYCHOLOGICAL TREATMENT FOR PEOPLE WITH CHRONIC MEDICAL ILLNESSES

There is still stigma surrounding mental health that can become a barrier to people with chronic medical illnesses seeking psychological treatment. According to Hajizadeh et al. (2024), mental health related stigma leads to delays in seeking help, limited health services access, beneath optimal treatment, and eventually poor treatment outcomes. One way to combat the stigma is by understanding cultural differences and how different cultures view mental health. Some cultures view mental health problems as a sign of weakness or as having spiritual causes. It is important for mental health practitioners to address such misconceptions about mental health and help patients with chronic medical illnesses to understand that mental health problems are just as serious as physical health challenges and that it is okay to seek psychological help.

Chronic medical illnesses come with great financial burdens to the patients and their families. The economic burden of chronic illnesses is profound, with prolonged treatment, loss of income, and erosion of family resources pushing many to poverty (Nieto & Saucedo-Delgado, 2025). Because of limited resources, some patients may choose to prioritize their physical health, which means their mental health needs go unaddressed. The importance of integrated patient care comes in handy and helps to bring in other professionals like social workers to help understand the challenges the patients are going through. The patients can also be encouraged to take up comprehensive insurance covers that can cater for all types of services they require. It is also important to involve the family and help them understand that it is key to support the patient in their journey with the chronic illness and mental health challenges. Psychologists and other health practitioners should also be at the frontline in championing for policy changes that ensure that patients have access to comprehensive health services, regardless of their socio-economic background.

8 CONCLUSION

Chronic medical illnesses are illnesses that last for at least one year, with many of them not having a cure. There is a bidirectional relationship between chronic medical illnesses and mental health conditions. People living with chronic medical illnesses are at increased risk of developing mental health disorders like depression and anxiety. On the other hand, mental health disorders can worsen the prognosis of chronic medical illnesses. Unfortunately however, many mental illnesses among people living with chronic medical illnesses remain undiagnosed and untreated.

There is need for integrated patient care and screening people with chronic medical illnesses for mental health problems. It is important to have a multidisciplinary team when managing people with chronic medical illnesses. Such a team should include medical doctors, mental health practitioners like psychiatrists and psychologists, social workers, dieticians, among others. This would help to ensure that the patients receive holistic care that includes caring for their bodies and minds.

Psychological treatment approaches that can be effective for people with chronic medical illnesses and mental health challenges include CBT, ACT, and MBSR. It is important to incorporate behavioral activation and psychoeducation into the treatment. Patient activation is also important to help patients build up confidence in self-management and following up treatment. Additionally, it is also important to identify barriers to psychological treatment for patients with chronic medical illnesses such as stigma and financial challenges and address them effectively.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of conflict of interest

The author declares no conflicts of interest.

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