

Mental health plays a crucial role in managing psoriatic disease, as individuals with this condition may encounter emotional challenges such as anxiety, depression, stigma, feelings of embarrassment or shame, and even thoughts or attempts of suicide. The mental health burden can be just as intense as the physical symptoms experienced by these individuals. People with psoriatic disease are at higher risk for developing depression and anxiety and are, therefore, more likely to have these mental health issues.^{1,2}

In recent years, mental health has received far greater attention and is increasingly prioritized in global health agendas on noncommunicable diseases, several of which are comorbidities of psoriatic disease. Thus, the psychological impact of psoriatic disease is increasingly seen as an essential aspect of the disease.

Mental health issues, stigma and discrimination

The relationship between psoriatic disease and wellbeing is complex and multi-faceted.³ Worsening mental health can lead to self-harm.⁴ Moreover, psoriatic disease, depression and anxiety are inflammatory conditions that cause chronic inflammation and influence each other.¹ Thus, psychological stress can worsen psoriatic disease and the other way around, while depression is an obstacle to adherence to treatment, perpetuating this vicious cycle.⁵

Depression and anxiety are the most common mental disorders worldwide.⁶ In Asia, a person living with psoriatic disease is more likely to experience anxiety and depression than someone without the condition.^{1,2} Inflammation is a common factor between psoriatic disease and depressive disorders.²

Suicidal ideation and attempts at suicide are far more common in people with psoriasis.⁴⁷ Suicidal ideation can include thoughts like not wanting to wake up the next day to escape pain inflicted by the condition.

In a survey from the Philippines, 27% of respondents with psoriasis reported experiencing suicidal thoughts – all of whom were also said to have depression and anxiety.8

Stress also plays a role. Stress causes flare-ups and

increased anxiety. In turns, flare-ups can cause stress. It may arise from social stigma, financial hardship, and worry about covering medical costs or maintaining employment, feeling unable to cope with life's usual demands.³

Physical symptoms of the disease – such as joint pain or skin itch –can be emotionally distressing, lead to poor sleeping patterns, fatigue, and negatively affect mental health.³

Cultural norms, including superstitions, discrimination, and social stigma, can lead to self-stigma, where a person feels self-conscious, embarrassed, or ashamed.^{3,9}

THE CHALLENGES

Mental health is misunderstood and stigmatized

Stigmatization of mental health disorders, including negative attitudes towards families caring for the mentally ill, persists in many Asian countries, particularly where conformity and fear of losing face are paramount.¹⁰

A lack of healthcare provider understanding of mental health issues and that psoriatic disease is a complex systemic disease with a range of psychological, social and physical impacts in the clinical setting can lead to inadequate detection, diagnosis, and treatment.¹¹

A person with psoriatic disease may not be aware of mental health signs and symptoms and how to ask for help ¹²

Inadequate clinical guidelines, pathways, and services

For a person to receive adequate and effective treatment and care, the right policies, practices, and support services must be available.

Mental health is not fully integrated into clinical guidelines and policies for psoriatic disease.¹⁴ In certain Asian countries, local guidelines for managing and treating





psoriatic disease are not in place. Even in countries with recommended mental health assessments for psoriatic disease patients, implementation may face obstacles such as high patient volumes and limited consultation time in clinical practice.¹⁴

Existing education and support services for people with psoriatic disease and their caregivers or family members may not be adequately designed to empower them to manage mental health issues related to the condition.¹⁵

PRIORITY ASKS

Healthcare providers: Identify and address mental health needs by screening patients, providing counseling, psychiatric treatment referrals, and integrating mental healthcare into treatment plans.

Individuals with psoriatic disease: Seek out mental healthcare and support by participating in support groups, talking to healthcare providers, exploring therapy options, and advocating for their mental health needs.

Advocacy organizations: Raise awareness, reduce stigma and discrimination, and advocate for increased access to mental healthcare and support for people with psoriatic disease.

Government and policymakers: Increase funding and policy support for integrated mental healthcare, while encouraging the formation of mental health professionals at all levels, including community-based professionals. Support public education campaigns and patient support groups to reduce stigma and raise awareness about the mental health impact of psoriatic disease.

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IFPA FORUM ASIA THEME BRIEFS

This background document has been produced to provide an overview of one of the four themes that will be explored at the IFPA Forum Asia 2023. The four themes prioritized by IFPA patient association members in Asia are Access to care, Addressing and managing comorbidities, Mental health, and the Social and familial impact of psoriatic disease.





IFPA

Founded in 1971, IFPA is the international federation of psoriatic disease associations. We are the psoriatic disease community. Our members represent over 60 million people living with psoriatic disease. Together, we advocate for a future where all people living with psoriatic disease enjoy good health and wellbeing, free from stigma and preventable disability and comorbidities.

PsorAsia

Founded in 2012, PsorAsia is a regional organization in the Asia Pacific for psoriatic disease associations. PsorAsia is the regional arm of IFPA, and they represent the interests of millions of people living with psoriatic disease in the region.