# Focus on Wellness to Increase Life Expectancy and Healthy Living of Individuals with Mental Health Problems

March 30, 2010

# Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Food and Drug Administration (FDA), or the U.S. Department of Health and Human Services.

# Archive

- This Training Teleconference is being recorded.
- The PowerPoint presentation, PDF version, audio recording of the teleconference, and written transcript will be posted to the SAMHSA 10x10 Campaign Web site *http://www.10x10.samhsa.gov* under the “10x10 Training” section.

# MOBILIZING TO ACHIEVE WELLNESS AND INCLUSION

Joseph Parks, M.D.
Chief Clinical Officer
Missouri Department of Mental Health

# Morbidity and Mortality in People with Severe Mental Illness

- Increased morbidity and mortality associated with serious mental illness (SMI)
- Largely due to preventable medical conditions:
  - metabolic disorders, cardiovascular disease, diabetes mellitus
  - modifiable risk factors (obesity, smoking)
  - epidemics within epidemics (e.g., diabetes, obesity
  - some psychiatric medications contribute to risk
- Established monitoring and treatment guidelines to lower risk are underutilized in SMI populations

# Mortality Associated with Mental Disorders: Mean Years of Potential Life Lost

| Year | AZ | MO | OK | RI | TX | UT |
|---|---|---|---|---|---|---|
| 1997 | | 26.3 | 25.1 | | 28.5 | |
| 1998 | | 27.3 | 25.1 | | 28.8 | 29.3 |
| 1999 | 32.2 | 26.8 | 26.3 | | 29.3 | 26.9 |
| 2000 | 31.8 | 27.9 | | 24.9 | | |

Compared with the general population, persons with major mental illness lose 25-30 years of normal life span

Lutterman, T., Ganju, V., Schacht, L., Monihan, K. et al. (2003). *Sixteen State Study on Mental Health Performance Measures, DHHS Publication No. (SMA) 03-3835*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
Colton, C.W., and Manderscheid, R.W. *Prev Chronic Dis.* http:*www.cdc.gov/pcd/issues/2006/apr/05_0180.htm*.

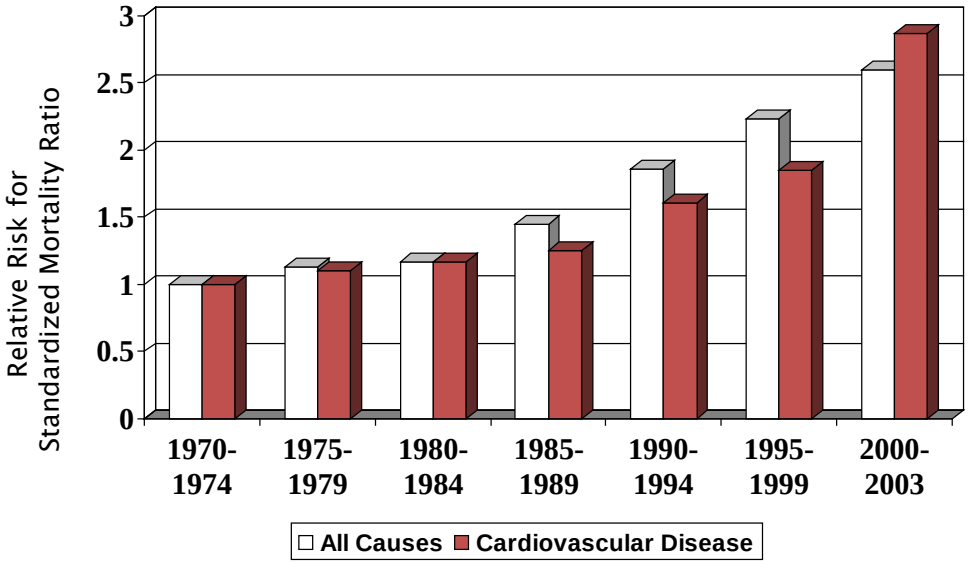
# Total YPLL by Primary Cause for Public Mental Health Patients with Mental Illness

| Primary cause of death (MO, OK, RI, TX, and UT ,1997–2000) | Total YPLL (Person-years lost) | Deaths (n) |
|---|---|---|
| **Heart disease** | 14,871.2 | 612 |
| Cancer | 5,389.9 | 241 |
| **Suicide** | 4,726.1 | 115 |
| Accidents, including vehicles | 3,467.0 | 98 |
| **Chronic respiratory** | 2,700.9 | 113 |
| **Diabetes** | 1,419.6 | 61 |
| Pneumonia/influenza | 1,254.2 | 67 |
| **Cerebrovascular disease** | 1,195.9 | 58 |
| All causes of death* | 47,812.2 | 1,829 |

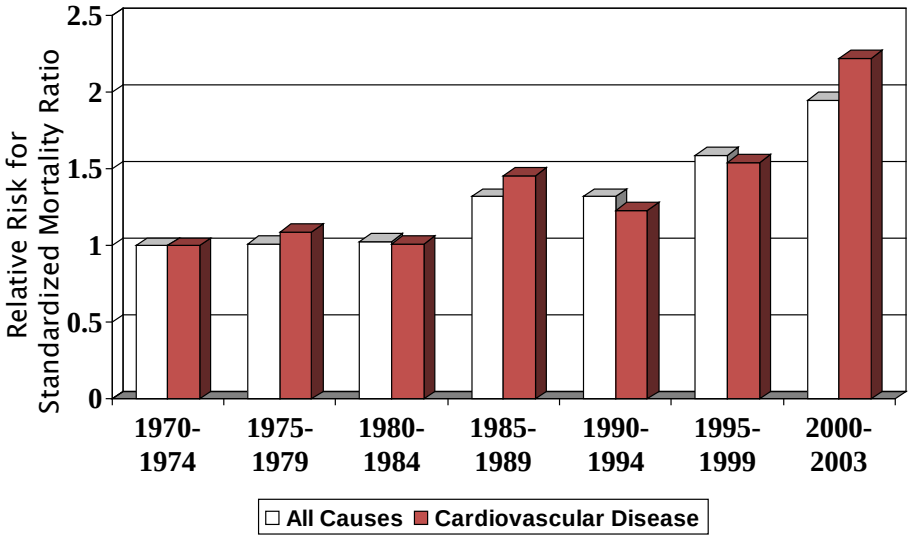
*Includes deaths from causes not listed; YPLL = years of potential life lost.
Unpublished results courtesy of C.W. Colton.

# Mortality Risk From All Causes and From Cardiovascular Disease Among Patients With Schizophrenia (1970-2003)

Men



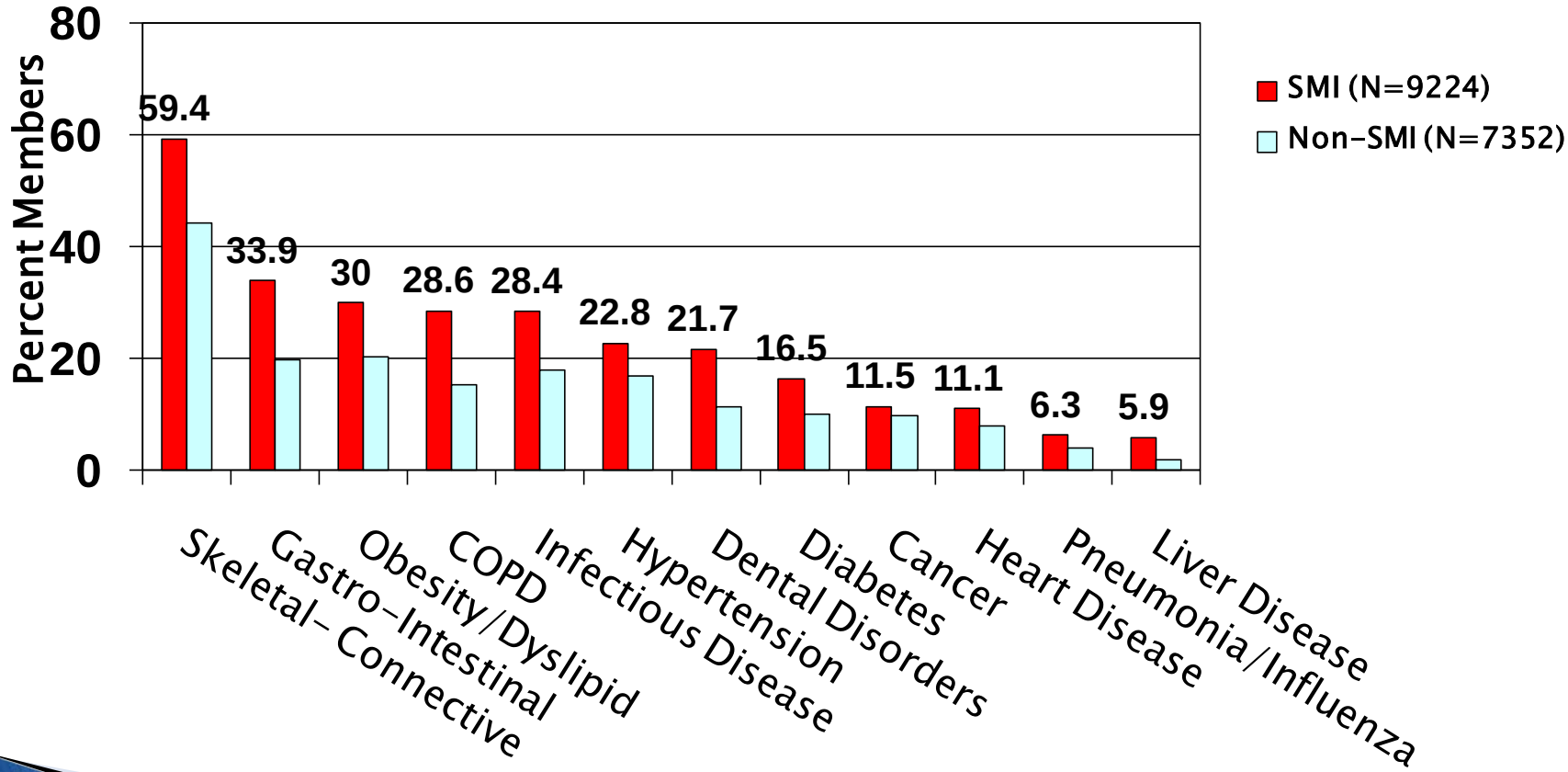

Women




Test for time trends of excess relative risks for SMRs were statistically significant ($P<0.001$) for all cause mortality and mortality due to cardiovascular disease.

Ösby, U. et al. *BMJ*. 2000;321:483–484, and unpublished data courtesy of Urban Osby.

# Maine Study Results: Comparison of Health Disorders Between SMI and Non-SMI Groups



# History

- 2003:
  - NRI report to SAMHSA
- 2006:
  - published in professional journal
  - NASMHPD Medical Director Council Report
- 2007:
  - *USA Today* front page
  - SAMHSA Wellness Summit

# Medical Directors Council Technical Papers

- 2005:
  - Integrating Behavioral Health and Primary Care
- 2006:
  - Mortality and Morbidity in Persons with SMI
  - Smoking Policy and Treatment in Psychiatric Facilities
- 2008:
  - Principles of Antipsychotic Prescribing
  - Obesity Reduction and Prevention Strategies for Persons with SMI
  - Measurement of Health Care Status for People with SMI

# Other Actions

- NASMHPD Toolkit on Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery
- NY requires metabolic screening in State-operated community services
- MO requires metabolic screening and adds Primary Care Nurses to CMHCs
- NJ surveys all mental health provider organizations on capacity to support wellness

# TAKING ACTION ON WELLNESS

- Margaret (Peggy) Swarbrick, Ph.D., O.T.R., C.P.R.P.

  Director, Institute for Wellness and Recovery Initiatives

  Collaborative Support Programs of New Jersey (CSP-NJ)

# High-Level Wellness

- Importance of mind/body/spirit connections, the need for satisfactions and valued purposes, and a view of health as more than non-illness
- Wellness is not the absence of disease, illness, and stress, but the presence of:
  - purpose in life
  - active involvement in satisfying work and play
  - joyful relationships
  - a healthy body and living environment
  - happiness

Dunn, H.L. (1961). *High-Level Wellness*. Arlington, VA: Beatty Press.
Dunn, H.L. (1977). What high level wellness means. *Health Values 1*(1), 9-16.

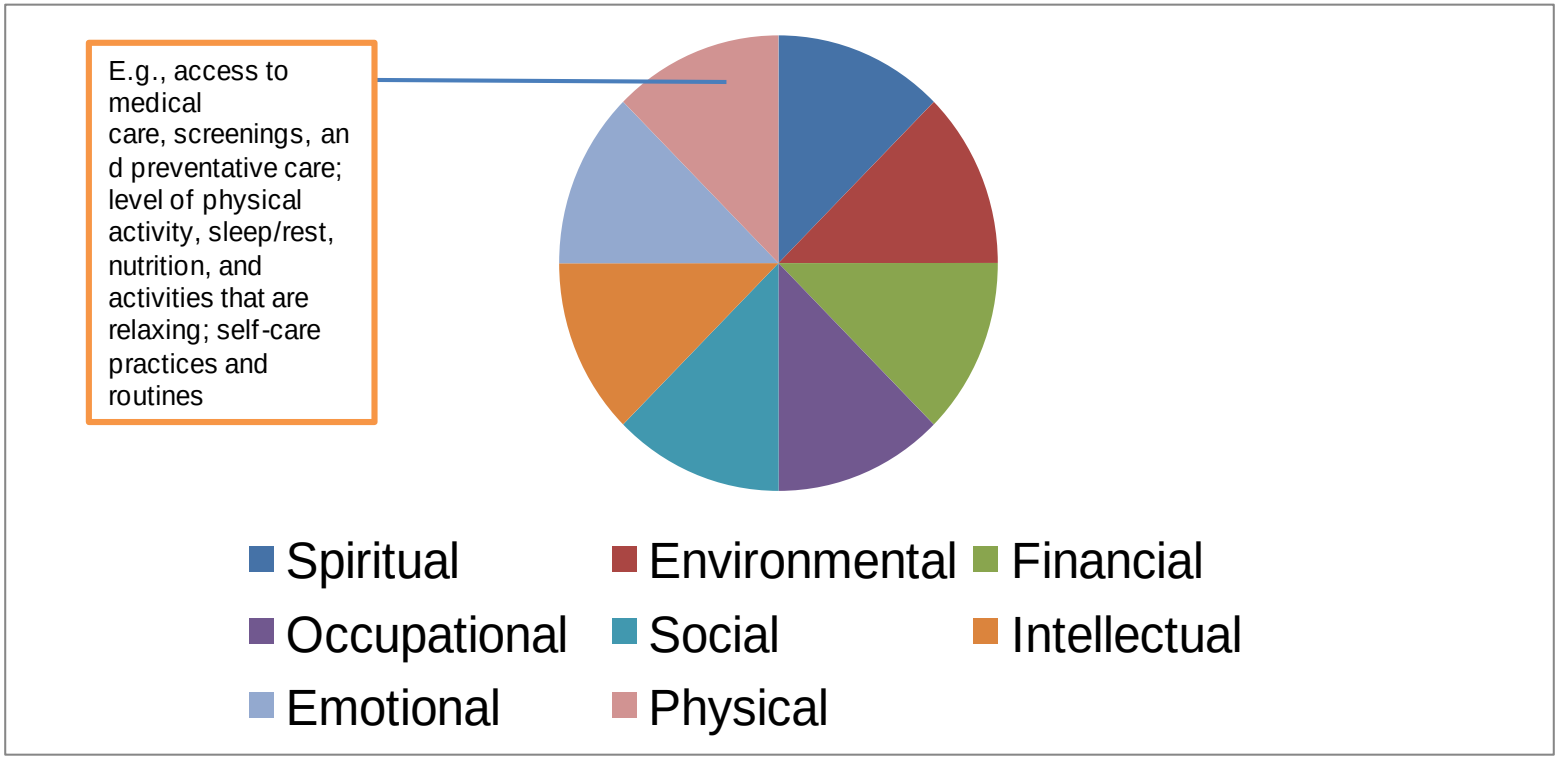
# Wellness

- Wellness is a conscious, deliberate process that requires awareness of and making choices for a more satisfying *lifestyle*.
- A *wellness lifestyle* includes a self-defined balance of health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships.

# Wellness

- Wellness is *self defined* because everyone has individual *needs and preferences*, and the *balance may vary from person to person*.
- Wellness is the process of creating and adapting patterns of behavior that lead to improved health in the wellness dimensions.

# Wellness Dimensions





Swarbrick, M. (March 1997). A wellness model for clients. *Mental Health Special Interest Section Quarterly,* 20 (1-4).

Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal, 29,*(4) 311- 314.

Swarbrick, M. (2009). A wellness and recovery model for state hospitals. *Occupational Therapy in Mental Health, (25*), 343-351.

# Wellness Dimensions

| | Strengths | Needs | Opportunities |
|---|---|---|---|
| Physical | | | |
| Social | | | |
| Spiritual | | | |
| Mental/Emotional | | | |
| Environmental | | | |
| Intellectual | | | |
| Occupational/ Leisure | | | |
| Financial | | | |

# Transformation Transfer Initiatives

- Peer-delivered models addressing wellness/health:
  - Georgia—Whole Health Initiative
  - Michigan—Based on the Stanford Lorig Model
  - New Jersey—Peer Wellness Coach Training

# Health and Wellness Screenings

- Metabolic syndrome screening for CSP-NJ community
  - collaborated with staff throughout the agency
  - conducted 10 screenings (approximately 160 people completed to date)
- Health fairs providing BMI, waist circumference, blood pressure, and HA1C3 testing as well as literature
- Screenings at 2009 Alternatives conference

# 2009 Annual Fall Festival “Staying Alive”

- Conducted metabolic syndrome screening
- Provided literature on metabolic syndrome, diabetes, smoking cessation, nutrition, exercise, and routine medical care to all attendees
- Provided a healthy diverse menu and healthy meal planning demonstrations
- Offered a variety of active recreational activities

# *Action-Doing…*

- What can we **CONTINUE** to do?
- What can we **STOP** doing?
- What can we **START** doing?

# What We Can Transform

| | CONTINUE | STOP | START |
|---|---|---|---|
| Policies, procedures, funding, and metrics | | | |
| Training and academic preparation | | | |
| Practice, behaviors, and attitudes | | | |

# You Can

- Examine how you define wellness
- Determine how you can impact policy, practice, funding, education, training, data collected, and how data is used to inform practice
- Examine your *personal and professional commitment—attitude, behavior, practice*

# SAMHSA 10X10 WELLNESS CAMPAIGN


- Lauren Spiro, M.A.
  Inclusion and Mental Health Recovery Manager
  Vanguard Communications

# SAMHSA's Response

- 10x10 Wellness Campaign to reduce early mortality of individuals with mental health problems by 10 years over the next 10 years
  - broad approach promoting social inclusion and wellness
- Partnership with the FDA Office of Women's Health (OWH)

# The Wellness Challenge

- People with mental health problems deserve to live as long and as healthy as other Americans
- The disparity in life expectancy between people with mental health problems and the general population is unacceptable:
  - the reasons people are dying before their time are largely preventable
  - the challenge we face exists within a fragmented system not designed to promote wellness

# The Wellness Challenge

- People with mental health problems are vulnerable to early mortality due to:
  - modifiable risk factors (obesity, smoking)
  - poverty, homelessness, unemployment, and social isolation
  - impact of medications
  - access to health care—getting into care and getting the right care
  - hopelessness/learned helplessness/trauma

# Vision and the Pledge for Wellness

*We envision*: a future in which people with mental health problems pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources

*We pledge*: to promote wellness for people with mental health problems by taking action to prevent and reduce early mortality by 10 years over the next 10 years

# CMHS/SAMHSA National Wellness Action Plan—Immediate Actions

- Effective Practices and Policies
  - centralized Web-based resource on wellness
  - grant program addressing early childhood wellness to demonstrate effective approaches
- Training and Education
  - practice guidelines and related info for providers
  - self-management info for consumers
- Data and Surveillance
  - analysis of existing data measures, gap analysis, and centralized data repository
  - Behavioral Risk Factor Surveillance System data collection and analysis

# CMHS/SAMHSA National Wellness Action Plan—Mid-term

- Effective Practices and Policies
  - collaborate with State systems and others to identify and implement effective integrated care strategies
  - promote consumer leadership
- Training and Education
  - self-management, shared decision-making, and person-centered planning tools
  - community prevention and social marketing efforts—Campaign for Mental Health Recovery
- Data and Surveillance
  - examine SAMHSA National Outcome Measures ability to address mortality

# CMHS/SAMHSA National Wellness Action Plan—Long-range

- Effective Practices and Policies
  - improve financing policies to promote wellness, recovery, and adoption of self-directed care
- Training and Education
  - engage and impact academic training curricula and accreditation bodies to include wellness approaches and standards
- Data and Surveillance
  - collaborate with Federal partners to develop mortality data reporting

# Campaign Overview

- Goal: Reduce early mortality of individuals with mental illnesses by 10 years over the next 10 years
- Objectives:
  - raise awareness of the early mortality rate of people with mental health problems
  - increase understanding of the causes and prevention of early mortality
  - motivate action to reduce early mortality (individual and public health perspective)

# Campaign Audiences

- Mental health providers
- Primary care providers
- Mental health consumer/survivors
- Consumer/survivor–run organizations

# Campaign Activities

- 12-member Steering Committee representing consumers, providers, and researchers
- Bimonthly training teleconferences
- Quarterly information updates
- Education materials
- Web site: *http://www.10x10.samhsa.gov*

# FDA OWH Campaign Role

- Free, award-winning health information:
  - focus group-tested
  - multiple languages
- Content for social media and educational activities
- Access to Web-based information at *http://www.fda.gov/womens*
- Training teleconference for health care providers serving special populations with chronic illness/conditions

# Resources

- Morbidity and Mortality in People with Serious Mental Illness: *http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf*
- NASMHPD Medical Directors Council: *http://www.nasmhpd.org/medical_director.cfm*
- Promoting Wellness on the Individual Level: *http://egov.oregon.gov/DHS/mentalhealth/wellness/promoting-wellness-spiro.pdf*

# Speaker Biographies

- **Joseph Parks, M.D.,** is the chief clinical officer for the Missouri Department of Mental Health and a clinical assistant professor of psychiatry at the Missouri Institute of Mental Health and University of Missouri. Dr. Parks practices psychiatry at a community health center and has authored or coauthored a number of original articles, monographs, technical papers, and reviews on implementation of evidence-based medicine, pharmacy utilization management, and behavioral treatment programs.

- **Margaret (Peggy) Swarbrick, Ph.D., O.T.R., C.P.R.P.,** is the director of the Institute for Wellness and Recovery Initiatives, CSP-NJ (a large statewide agency run by persons living with mental illness in collaboration with professionals) and assistant clinical professor, Department of Psychiatric Rehabilitation, School of Health Related Professions, University of Medicine and Dentistry of New Jersey. She has published on wellness and health issues, employment, and recovery.

- **Lauren Spiro, M.A.,** is the inclusion and mental health recovery manager for Vanguard Communications and the director of the National Coalition of Mental Health Consumer/Survivor Organizations. She co-founded two non-profit corporations and is passionate about her vision of an America where every individual is respected and included as a valued member of the community.

# For more information:

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# Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately 5 minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Thank you for your feedback and cooperation.

Written comments may be sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) 10x10 Wellness Campaign via e-mail at 10x10@samhsa.hhs.gov.