WORKING TOWARDS WELLNESS:
Addressing the physical health of people with serious mental illness

Allegheny HealthChoices, Inc.

FALL 2008

Inside this report, you will:

- *Recognize the enormous impact physical illnesses have on the lives of people with serious mental illness (SMI)*
- *Learn ways to start addressing the physical health of people with SMI*
- *Find out about additional resources*

FOR PEOPLE WITH SMI,

CHRONIC MEDICAL CONDITIONS HINDER RECOVERY AND SHORTEN LIVES

All across the United States and right here in Allegheny County, people with serious mental illness (SMI)* are dying at much younger ages than the general population. ***Recent research has found that on average, people with SMI die 25 years earlier than the general population.*** While people with SMI are more likely to die from suicide and accidents, the majority of people are dying, and dying at relatively young ages, from natural causes.

Over the last several decades, the gap in life expectancy for people with SMI has *increased* in comparison to the general population. People with SMI are more likely to have one, or several, chronic medical conditions such as heart disease, diabetes, lung disease, gastrointestinal disorders, and infectious diseases. Having these medical conditions increases their likelihood of premature death.

When compared to the general population, people with schizophrenia are:

- **2.7 times as likely to die from diabetes**
- **2.3 times as likely to die from cardiovascular disease**
- **3.2 times as likely to die from respiratory disease**
- **3.4 times as likely to die from infectious diseases**

- "Morbidity and Mortality in People with Serious Mental Illness" (www.www.nasmhpd.org)

This increased *morbidity* (illness) and *mortality* (death) have many causes. People with SMI are more likely to have risk factors like smoking and obesity, which lead to medical issues. Medications taken for their mental illness can increase these risk factors. Also, people with SMI are less likely to access health care and receive preventive or consistent medical treatment (see page 3).

Every day, people working in the mental health field see many of the risk factors that ultimately shorten people's lives. Often, because psychiatric treatment takes priority and coordinating medical care is difficult, a person's physical health does not receive the attention it needs. These coordination challenges, plus risk factors, result is an enor-

(Continued on page 2)

Articles:

Risk Factors and Impact on Physical Health	3
Making an Impact: Wellness is the Goal	4-5
Mobile Medications Team	6
Community Care's Efforts in Collaboration	6
Resources	7
Working toward Wellness: A Summary	8
About AHCI	8

MAKING AN IMPACT

Mental health and physical health are closely related. For people with SMI to be truly well, their physical health must be attended to, not just their mental health. People with SMI, their family members, providers across systems and policy makers all must work together to make an impact. Turn to pages 4-7 for a discussion of promising solutions.

* In this report, serious mental illness includes schizophrenia and related illnesses, bipolar disorder, and major depression.

(Continued from page 1)

mous loss of wellness and significantly shorter lives for people with serious mental illness.

Dr. Ken Thompson, a community psychiatrist from Pittsburgh who now is Associate Director of Medical Affairs at the Substance Abuse and Mental Health Services Administration (SAMHSA), describes the general ill health of people he worked with in the Hill District. "Obesity, bad oral health, smoking, hepatitis C, nutritional issues, access to care and extreme poverty all add up… the wake up call for me was the sheer number of people who died from natural causes in their 50s, including many of the consumer leaders in Allegheny County."

In a study of people with SMI in Massachusetts, 75% had at least one chronic medical condition, and 50% had two or more medical conditions.

"Usual" Care

Because behavioral health and physical health are two different systems, addressing physical health usually consists of recommending that people discuss issues with their primary care physicians (PCPs). "There is often worry that this is not that effective," says Dr. Wes Sowers, Medical Director for Allegheny County's Office of Behavioral Health.

It can be very difficult for behavioral health providers to make a connection to primary care physicians (PCPs) when they work in different locations. Everyone has tight schedules, and carving out time to connect, especially when coordination is not reimbursed, is difficult. Even monitoring blood work can be challenging.

"Clinicians are not intentionally doing a bad job," says Dr. James Schuster, Chief Medical Officer for Community Care Behavioral Health Organization. Coordination of care is difficult no matter what the specialties involved; where it works best is in a system where everyone sees the same chart and works from the same treatment plan.

Sometimes, behavioral health providers attempt to directly provide health and wellness services. The clinic where Dr. Thompson worked in the Hill District hired a physician's assistant to see people regularly. There were also efforts to engage people in exercise groups, and periodic attempts to discourage smoking. Dr. Thompson described these efforts as partly successful, but they "didn't fully grasp the complexity and how difficult it is to impact people's physical health."

Other services, such as mobile medications teams (see page 6) and Community Treatment Teams (CTTs) will employ nurses and devote additional resources to treatment, education, and coordination.

Despite these innovative services, the structure and funding of the health care system makes true integration of mental health and physical health care for people with SMI very difficult. These barriers include:

- Providers are often not reimbursed for coordinating with other systems
- Education and support services are not always reimbursed
- Financing for longer visits necessary to uncover and address physical health concerns is not available
- Providers do not have skills to diagnose or treat co-occurring physical and behavioral health disorders or to effectively coordinate services
- People with SMI do not always have access to physical health services
- Cultures and training between mental health/substance abuse providers and physical health providers are very different
- Sharing information is difficult due to confidentiality concerns and a lack of understanding between systems on the information needed

Given the enormity of the health issues and the variety of challenges, many different approaches to begin addressing overall wellness must be pursued (see pages 4-7).

The Challenge

Mental health providers face considerable challenges in trying to help improve the physical health care and ultimately the wellness of people with SMI.

Time constraints and lack of reimbursement for coordination efforts, inadequate provider training, and confidentiality concerns all play a role.

Some services like mobile medications teams and CTTs have a greater capacity to coordinate mental health and physical health care.

However, the system is still lacking in its ability to help people with SMI access physical health care and improve or maintain their health.

Table 1. Risk Factors and Impact on Physical Health

Personal habits increase risk of developing health problems...	• **Smoking:** 75% of people with mental illness or addictions smoke cigarettes (vs. 23% of the entire population). • **Poor nutrition and lack of exercise:** People with SMI have worse nutritional habits than the general population. Poverty, lack of knowledge, and a greater likelihood of living in group settings (and having less control over diet) contribute to poor nutrition and lack of exercise. • **Alcohol or drug abuse:** Between 40% and 70% of people with SMI have co-occurring alcohol or drug abuse disorders. Substance use disorders are a risk for many health conditions, including hepatitis and HIV.
People with SMI have greater vulnerability...	People with SMI have higher rates of: • Poverty • Homelessness • Unemployment • Histories of trauma • Incarceration • Isolation, lack of family or friend supports People with SMI may also have: • Symptoms that hinder communication and make a diagnosis of medical illness more difficult. • Symptoms that interfere with their understanding or trust in diagnosis or treatment. • Feelings of hopelessness, powerlessness or apathy (lack of feeling) that stop them from seeking medical attention or trying to improve their health.
Many psychiatric medications have physical health effects...	• Newer (second generation) antipsychotic drugs are associated with weight gain, diabetes, insulin resistance, the metabolic syndrome and dyslipidemia (see below for definitions). • Many people who take these drugs experience significant weight gain in the first few months of treatment which many continue through the first year. These drugs include clozapine, olanzapine, risperidone, quetiapine, aripiprazole, and ziprasidone. • Other medications like lithium can have long term effects on health (e.g. kidney and gastrointestinal issues).
People with SMI have less access to good medical care...	• People with SMI receive less *preventative* medical care and *primary* medical care. • People with SMI use more medical care in emergency rooms. • Lack of adequate insurance makes it difficult to find healthcare providers. • Health care funding and the separation of behavioral health from physical health prevent people from receiving integrated care and health education, support and family services.
These factors contribute to developing health conditions like...	• **Obesity:** Having a body mass index (BMI) in the obese range means having a high proportion of body fat • **High blood pressure (hypertension):** The more blood the heart pumps and the narrower the arteries, the higher the blood pressure • **Dyslipidemia:** unhealthy levels of the blood fats cholesterol and triglycerides • **Insulin resistance:** Insulin helps cells turn glucose (sugar) from food into energy. Insulin resistance occurs when the body doesn't use insulin correctly. This results in high blood glucose, or pre-diabetes. • **Metabolic syndrome** means having three or more of the following conditions: • Excess weight around the middle • High blood pressure • High blood glucose • High levels of the blood fat called triglycerides • Low levels of the "good" (HDL) cholesterol
Major causes of death as a result of health conditions, lifestyle, and poor medical care...	• **Cardiovascular (heart) disease** is a general term covering diseases of the heart and blood vessels. Most often, these diseases describe damage to the heart or blood vessels from hardening of the arteries, resulting in reduced blood flow. A **heart attack** is an injury to the heart caused by an interruption in blood supply. A **stroke** is when blood flow to the brain is interrupted or a blood vessel in the brain bursts. • **Respiratory and lung diseases** include chronic obstructed pulmonary disease (COPD), emphysema, and chronic bronchitis. Lungs are damaged, making it difficult to breathe and for the body to absorb enough oxygen. Lung cancer is often a complication. • **Diabetes:** Most people will develop Type 2 (adult onset) diabetes within 10 years of the first signs of insulin resistance if not addressed. When the body is not able to use insulin, glucose builds in the cells, affecting every system in the body. Diabetes is associated with long term complications including blindness, heart disease, stroke, kidney failure, amputations, and nerve damage.

Table 1 was adapted from "Morbidity and Mortality in People with Serious Mental Illness," a technical report authored by Barbara Mauer for the National Association of State Mental Health Program Directors (NASMHPD) available at www.nasmhpd.org. Medical definitions are summarized from www.themayoclinic.com.

MAKING AN IMPACT: WELLNESS IS THE GOAL

People with SMI, their family members, providers across systems, and policy makers all must work together to make an impact on the disparities in health between those with serious mental illness and those without.

What is Recovery? Empowering People with SMI

As a first step, our definition of recovery needs to be based on the ideal of achieving overall wellness and quality of life—not just the lack of symptoms of mental illness or addiction. People with SMI, family members, practitioners and policy makers need to adopt this philosophy.

Everyone Shares the Responsibility of Raising Awareness about Risk Factors

People at the highest risk of physical illnesses may be the least "tuned in" to their health, may not have active symptoms, and aren't going to their PCP or monitoring their health risks. Practitioners, family members and peers all have a responsibility to make sure people with SMI understand how some of their habits will lead to physical health problems.

"Smoking cessation may be the risk factor that is likely to have the greatest impact on decreasing mortality."

- NASMHPD Technical Report

Decreasing smoking could have the largest impact on improving the mortality rates for people with SMI. Many people still accept that people with mental illness will always smoke. From drop-in centers to hospitals, the risks of smoking should be discussed, people should be encouraged to quit, and resources to help people quit must be available (see page 7).

Small changes in diet and exercise habits can make a big difference. According to the American Diabetes Association (see page 7), losing 5-7% of body weight can prevent or delay the onset of diabetes. For a person who weighs 200 pounds, this is 10-15 pounds. A healthier diet and exercise can reduce the risk of developing diabetes by 58%.

"While awareness doesn't create change, it is a first step," says Dr. Sowers, Medical Director for Allegheny County's Office of Behavioral Health. "There is evidence showing that people are more willing to do something about their smoking or substance use if it's brought up than if it's not mentioned."

Losing 5-7% of body weight can prevent or delay the onset of diabetes. For a person who weighs 200 pounds, this is 10-15 pounds. A healthier diet and exercise can reduce the risk of developing diabetes by 58%.

- National Diabetes Information Clearinghouse

People with SMI Become Responsible for Their Own Health

Ultimately, says Dr. James Schuster, Medical Director for Community Care Behavioral Health, practitioners should be "giving people the tools they need to manage their own illness." Along with raising awareness, getting people involved in their own treatment encourages individuals to take responsibility for their health. Peer-run Decision Support Centers like those funded by Community Care are a model for empowering people to become responsible for their overall health (see page 6).

People in recovery can serve as role models for healthy lifestyle changes. In fact, we all can act as role models and encourage people we know with SMI to make healthy lifestyle changes.

Improving the Skills of Providers

Education

Behavioral health providers, particularly psychiatrists, must educate themselves and keep current on common health conditions and how they are managed. Providers, says Dr. Sowers, "should have some capacity to monitor blood pressure and body mass index (BMI)."

Identifying, treating and coordinating care for co-occurring mental and physical illnesses are often not a part of the core training for physicians. Advocacy to require these skills be part of training curriculums could help build the skills of the next generation of physicians.

Motivational interviewing (MI) is a very important skill to help people resolve their ambivalence and make changes in their lifestyle, from stopping substance abuse to quitting smoking or improving diet. Building MI skills in providers and peers can help support people in making lifestyle changes to decrease their risks of developing physical health problems.

> ***"Providers need to cooperate when we are trying to be proactive in our care and they also need to include us in the design of the new system to be created. As we say, 'Nothing about us without us.'"***
>
> - James Kindler, AHCI Recovery Specialist

Role of service coordinators and Community Treatment Teams (CTTs)

As the single point of accountability for each person they work with, service coordinators (case managers) and CTTs should be the liaisons between mental health and physical health services. Service coordinators and CTTs must attend to medical issues. They must raise these issues in team planning, and encourage the team to focus on wellness and health.

Increasing nursing staff

Registered nurses (RNs) have the knowledge and experience to monitor physical health issues, coordinate care, and educate people on health and wellness issues. Building nursing capacity in the mental health system would help those with chronic medical conditions, says Susan Quinn, a RN with WPIC's mobile medications team. Ideally, education and early intervention would help prevent people from developing illnesses.

Following treatment guidelines

Guidelines for monitoring people prescribed second-generation antipsychotics were published in 2004 (see resources on page 7). "There is no free lunch with any medication," says Dr. Schuster, and the risks and benefits of prescribing these drugs must be carefully balanced. Once they are prescribed, the effects on weight gain and other side effects should be very closely monitored.

Identifying "Star" PCPs

Both Dr. Sowers and Dr. Thompson recommend that the behavioral health system develop a network of PCPs who are interested and skilled in working with people with SMI. Insurance companies can play an important role in building a primary care network for people with SMI. Service coordinators and CTTs can also identify these "star" PCPs. When these doctors are identified, "lavish them with praise and ask if they can see more people," recommends Dr. Thompson. When several people are seeing the same PCP, it becomes easier for providers to coordinate treatment.

Addressing the System Barriers to Providing Coordinated Care

To really attack this problem, larger scale change at the state and federal level to improve the integration of behavioral and physical health treatment is necessary. There are three models for integrating treatment:*

1. **Embedding primary care services within public behavioral health programs:** the two services maintain separate administration, but are co-located.
2. **Unifying primary care and behavioral health programs:** the delivery, administration, and financing of care are combined. In this model, providers feel better diagnosis and treatment occurs. Collaboration and sharing of information is improved because providers are working in close proximity to each other. People have better access to treatment and education, and are less worried about information sharing between their providers.
3. **Improving collaboration between separate providers:** this is most common, and requires less fundamental change in the structure and financing of services. However, true collaboration is more difficult.

> ***Do you have an example of well-coordinated or co-located services to share? Contact AHCI to be featured in a future report.***

State and federal policy should include more and varied incentives to encourage these models of integrating treatment. For example, policies can include increasing payment rates to encourage collaboration, and creating incentives in provider contracts to embed or unify services.

* Adapted from "Get it Together: How to Integrate Physical and Mental Health Care for People with Serious Mental Illness," a publication of the Bazelon Center for Mental Health Law, available at www.bazelon.org.

MOBILE MEDICATIONS TEAMS: A MODEL OF COLLABORATION

Mobile medication teams include three nurses and a peer specialist, with the consultation of a pharmacist. The teams focus on both providing medications and teaching people how to manage their own medications. Nurses work very closely with PCPs, specialists, and psychiatrists and are an example of how strong collaboration and coordination across physical and behavioral health can help people with SMI.

Mobile med teams work with many people who have serious physical issues, including high blood pressure, diabetes, COPD and cancer. On a day-to-day basis, they are "on the front lines" checking blood pressure, glucose levels, and making sure blood tests are being done to monitor psychiatric medications. They talk with people about their medications, whether they are working, and discuss side effects. They accompany people to appointments with PCPs and other specialists.

"It's difficult for anyone to absorb everything the doctor is saying," says Susan Quinn, a registered nurse with the Western Psychiatric Institute and Clinic's (WPIC) mobile medications team. By being at the appointments, the nurses build relationships with other providers to make later communication and coordination easier. They also can help people follow the advice of their doctors.

Because of the complexity of many people's health and medication regimes, constant communication with doctors, monitoring, and education must occur. Increasing the availability of nursing care in the behavioral health system could greatly benefit those people with complex co-occurring physical health needs.

COMMUNITY CARE BEHAVIORAL HEALTH: COLLABORATION INITIATIVES

Community Care is responsible for the behavioral health services people enrolled in Medicaid receive in Allegheny County. Recognizing the importance of encouraging coordinated treatment for mental and physical health treatment, Community Care has developed several projects:

- Introduction of new services that include registered nurses. In addition to nursing staff on CTTs, Community Care has recently begun paying for mobile medications teams (see above) and enhanced clinical case management (ECCM). ECCM is a team-delivered, community-based mental health service. The team includes a clinical therapist, nurse, case manager, and peer specialist.
- Examination of billing records to see how many people who were prescribed antipsychotic medications received recommended labs to monitor blood glucose and lipid (fat) levels. Letters were sent to prescribers with their results and the recommended guidelines for lab tests.
- Examination of medical charts for different behavioral health services to measure coordination of care with primary care physicians. If evidence of coordination does not appear in at least 80% of records, providers are required to develop an improvement plan.
- For people discharged from Mayview State Hospital, Community Care has dedicated staff to coordinate care with providers and physical health managed care organizations.
- Funding for peer-run Decision Support Centers (DSCs), which include a peer-to-peer workshop on medications, case management training, and shared decision making around medications through the Common Ground software program.

  This program, intended for the person to complete before their appointment, introduces recovery and wellness and includes a survey on symptoms, functioning, and use of medication since their last appointment. People can use the survey report at their appointment. One DSC is in operation at Turtle Creek Valley MH/MR.

RESOURCES

These resources provide a starting point to improve the wellness of people with SMI through:

- **Improved empowerment of people with SMI**
- **Increased provider skill**
- **Greater understanding of how to prevent and treat physical health concerns**
- **System coordination and integration**

Resources for People with SMI

- **Wellness Recovery Action Plan (WRAP):** When developing an individual WRAP, people identify wellness tools and learn how to use them to achieve recovery and maintain wellness. Visit www.mentalhealthrecovery.com.
- **Hearts and Minds:** The National Alliance for the Mentally Ill (NAMI) has developed a video and resource booklet to raise awareness and provide information on diabetes, exercise, smoking, and diet (including recipes and a food diary). Visit www.nami.org.
- The **Vermont Recovery** site includes helpful links on quitting smoking, diet, exercise, and meditation. Visit www.vermontrecovery.com/health.html.

Resources on Integrating Care

- **National Council for Community Behavioral Healthcare :** Provides resources for providers on integrating mental health and primary care. Visit www.thenationalcouncil.org.
- **The National Association of State Mental Health Program Directors (NASMHPD)** has published reports on co-occurring physical illnesses and ways to integrate care. Visit www.nasmhpd.org.
- **The Bazelon Center for Mental Health Law** has published several reports on strategies to integrate care for people with SMI. Visit www.bazelon.org.
- **The Center for Psychiatric Rehabilitation** at Boston University provides helpful resources as part of the national effort to promote wellness for people with SMI. The initial goal is to decrease the gap in mortality rates for people with SMI to 10 years over the next decade (the 10 by 10 initiative). Visit www.bu.edu/cpr/resources/wellness-summit/index.html.

Resources on Specific Health Disorders

- **The American Diabetes Association** has resources on preventing and treating diabetes, including help with diet and exercise. Visit www.diabetes.org.
- **National Diabetes Information Clearinghouse:** Provides educational materials on diabetes. Visit http://diabetes.niddk.nih.gov/.
- **The American Heart Association** provides information, tools and resources about cardiovascular disease and stroke. Visit www.americanheart.org.
- **The American Lung Association** includes information about preventing and treating lung disease. Tools to help make informed choices about treatments are also available. Visit www.lungusa.org.

"Quit Smoking" Resources

- **Pennsylvania Free Quit Line: 1-800-QUIT NOW** offers counseling and assistance for people to quit smoking.
- **Smoking cessation programs** are listed at the Department of Health's web site, www.dsf.health.state.pa.us.

Clinician Tools

- **Motivational interviewing:** Visit www.ahci.org to read a recent report on MI. For resources and training information, visit www.motivationalinterview.org.
- **Treatment Guidelines for Antipsychotics:** Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes: http://care.diabetesjournals.org/cgi/reprint/27/2/596.pdf.

"Recovery is not just about the mental illness or addiction. Health is health. One big piece of the solution is to think holistically, and look at what constitutes healthy choices—this goes far beyond what people need for help with the symptoms of their mental illness."

- Dr. Wesley Sowers

WORKING TOWARDS WELLNESS: A SUMMARY

People with SMI cannot achieve true recovery if their physical health is ignored or considered a secondary concern. The statistics on the physical health of people with SMI are alarming: they die 25 years younger than the general population, and suffer from chronic medical conditions at high rates.

Everyone, from people with SMI, to mental health providers, physicians, family members, and policy makers, needs to play a role. Some resources to begin this effort can be found on page 7.

Recommendations include:

- Smoking cessation should become a priority for everyone (see page 4).
- Providers should work *with* people with SMI to develop tools to manage their own wellness (see page 4).
- Providers should receive additional training to identify and monitor physical health conditions (see pages 4-5).
- Barriers to effective integrated physical health and mental health services should be addressed at the policy level (see page 5).

Win a $75 gift card!

We are interested in hearing what you think of this report.

Go to https://www.surveymonkey.com/phreport or complete and return the printed copy of the survey (for people who receive the printed report).

All respondents will be entered to win a $75 VISA gift card.

One entry per person. Responses must be submitted by December 15, 2008.

FALL 2008

444 Liberty Avenue, Suite 240
Pittsburgh, PA 15222

Phone: 412-325-1100
Fax: 412-325-1111

E-mail: eheberlein@ahci.org
Web: www.ahci.org

OUR MISSION IS TO SUPPORT EQUITABLE ACCESS ACROSS ALL POPULATIONS TO QUALITY, HOLISTIC, COST-EFFECTIVE BEHAVIORAL HEALTH CARE.

AHCI works with counties, providers, advocacy groups, and individuals using mental health or substance abuse services. Through our full-time staff and network of consultants, we provide:

- Relevant financial and program data analysis and evaluation, at both the agency and system level, for quality improvement and planning purposes
- Project management services for new program development and strategic planning
- Training and technical assistance for providers in building their capacity to provide evidence-based, recovery-oriented services
- Educational opportunities for individuals with mental illness and/or substance abuse and their families
- Information systems consulting, including needs assessment, systems design, data warehousing solutions, information security and web development