



# The Key

## ASSISTANCE REPORT

### Focus on WELLNESS

## National Mental Health Consumers' Self-Help Clearinghouse

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On the road to recovery, consumers of mental health services are being encouraged to pay more attention to their physical wellness. A 2006 study funded by the National Association of State Mental Health Program Directors has shown a deeply disturbing finding: On average, people with mental illnesses die 25 years earlier than the general public. Though the same diseases are prevalent in the wider population, heart disease, cancer, stroke, lung disease and diabetes are occurring in greater numbers in the mental health community and often afflicting people with mental illnesses at a younger age.

"I believe this is a public health crisis. We're talking life and death here," says Paolo del Vecchio, associate director for consumer affairs at the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). "The number we are seeing was the average lifespan for the general population in the 1920s."

The connection between reduced lifespan and mental illness is by no means



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new. In an 1848 volume of the *American Journal of Insanity*, a doctor writes: "The lives of lunatics are much more precarious (and of more uncertain duration) than the lives of healthy persons; their constitutional vigor is less and they are more liable to sink under the influence of incidental disease."

Until recently, however, physical health was treated as a secondary consideration in the mental health system. "I was diagnosed in 1983 with pretty serious

bipolar disorder," says Marie Verna, a consumer and senior training and consultation specialist at the University of Medicine and Dentistry of New Jersey (UMDNJ)-University Behavioral HealthCare (UBHC). "I remember the day my psychiatrist called me and said, 'I want you to take this drug. We don't know why it works and we don't know what it will do to your kidneys or thyroid.'"

Yet physical wellness and mental wellness are deeply intertwined, and physi-

cal wellness is an important component of recovery. Peggy Swarbrick, Ph.D., OTR, CPRP, discovered early on that regular swimming helped her manage her mental illness. “In my mid-teens and 20s I had significant mental health problems, and regular exercise and self-care helped me regulate myself mentally and stay out of the hospital. As a result, I have been working on my personal wellness as part of recovery for many years.”

## THE WELLNESS GAP

The reasons people with mental illnesses often struggle with physical health problems are manifold. Many live below the poverty line, and poverty greatly impacts physical health. People who are poor have more limited access to adequate healthcare, medication, gyms, nutrition counsel and fresh, unprocessed foods. “The health problems we see among people with mental illness are really just a magnification of what the entire country is experiencing; but when you’re talking about people who are impoverished in terms of skills, finances and knowledge, it’s that much harder to change health behaviors,” says Dori Hutchinson, Sc.D., director of services at the Boston University Center for Psychiatric Rehabilitation.

## CHANGES YOU CAN MAKE

### Diet

- Reduce dietary fat such as cheese, red meat and butter.
- Eat more fruits and vegetables.
- Reduce portion size.
- Keep a food diary.

### Exercise

- Aim for 30 minutes a day, starting with a daily walk.

### Health

- Have your doctor monitor your cholesterol, glucose levels and blood pressure on a regular basis.

### Quit smoking

- Limit or eliminate alcohol and drug use.

Another risk factor is the overlap of co-occurring substance abuse. SAMHSA estimates that 4 million people in the U.S. have both a mental illness and a substance use disorder. The Robert Wood Johnson Smoking Cessation

*“The most important thing people can do is quit smoking, which is a key factor [in] people dying early.”*

Leadership Center states that 50 percent of people with serious mental illnesses are smokers – compared with 23 percent of society at large. Drug and alcohol abuse and smoking can lead to a number of cumulative health problems and can also exacerbate the cycle of poverty.

The healthcare system itself has contributed to the problem with a fragmented approach to treatment, difficult cost structures, inadequate case management and a lack of coverage for wellness programs like smoking cessation and weight loss. Research has also shown that the prejudice and discrimination against people with mental illnesses have been barriers to healthcare delivery: Some consumers have reported that their doctors don’t take their physical complaints seriously. Often physical side effects accompany psychiatric treatment. Drugs such as atypical antipsychotics, valproic acid and lithium, employed to treat serious mental illnesses, have been found to contribute to weight gain and other physical health problems.

Finally, mental healthcare environments have not traditionally emphasized physical health. In fact, hospitals and day treatment centers have been known to encourage a sedentary lifestyle, with few opportunities for exercise, a diet of unwholesome foods, and staff that reward patients with cigarette breaks and unhealthy snacks. “The traditional mental health practice model may be appropriate when some-

one is in an acute crisis, but it is a poor approach for long-term treatment and promoting personal responsibility for health,” writes Peggy Swarbrick.

## PREVENTIVE CARE

Wellness is an essential part of recovery, as wellness supports a person’s efforts to live and work in the community and develop meaningful relationships. An important aspect of physical wellness is its emphasis on preventive care. The good news is that many of the illnesses that affect people with mental illnesses can be controlled or prevented with lifestyle changes.

“The most important thing people can do is quit smoking, which is a key factor [in] people dying early,” says Paolo del Vecchio. Quitting smoking, whether through self-management or a program like the Smoking Cessation Leadership Center, can have immediate effects that contribute to long-term cardiovascular and pulmonary health.

Monitoring medication side effects, such as weight gain, and controlling hypertension and cholesterol levels through regular exercise, weight loss/maintenance and dietary changes such as reducing salt and alcohol consumption, may increase lifespan and overall quality of life.

Many people have found the Wellness Recovery Action Plan (WRAP), developed by Mary Ellen Copeland, to be useful in establishing positive habits. In WRAP, participants are asked to name their wellness tools, such as a favorite physical activity, and identify the positive feelings associated with these tools. “For me, one of them is walking. It calms me down and I often bring a small notebook on a walk so I can get my exercise but also work through whatever is on my mind,” says Carol Bailey Floyd, director of programs at Mental Health Recovery & WRAP. Floyd says it’s important to find the fun in wellness practices, which will inspire a desire to continue them.

WRAP also includes developing a crisis plan, which is a good idea for anyone concerned about wellness. “You fill out your doctors and medications and inter-

actions and you carry it with you so that, if something should happen to you, the information will be there," says Floyd.

Wellness is an ongoing process rather than a single cure. Attending to wellness on a daily basis requires informed decision making and the commitment to changing habits. Critical, too, is the individual's active role. "Physical wellness and mental wellness go hand in hand. Just as you can't sit on a couch and wait for an antidepressant to work, you can't just expect physical wellness to happen. But I've noticed that people who start to pay attention to their physical wellness often have better self-esteem and self-confidence as a result. It's a win-win," Floyd says.

*"There is a lot of grassroots advocacy among consumers as well as professionals to do something about these statistics."*

Rather than defining individuals by their illness as the traditional model does, wellness practices encourage people to take control of their health, working in collaboration with health-care providers. Swarbrick says that this approach can help engender a positive attitude and empower the individual to stay focused on healthful goals.

### **MAKING HEALTHY CHOICES**

After releasing its research on mental health consumers' mortality rates, SAMHSA convened a National Wellness Summit for People with Mental Illness in December 2007 and established a plan to increase the average lifespan by 10 years within 10 years. SAMHSA has begun a number of initiatives that will support health education, help integrate mental and physical healthcare, establish better data collection and create direct-to-consumer self-care materials.

National organizations like the Bazelon Center for Mental Health Law, NAMI,

Mental Health America and the National Council for Community Behavioral Healthcare have put physical wellness at the forefront of their priorities. These organizations acknowledge the need for a policy shift: ensuring that mental health consumers have access to high-quality and well-coordinated healthcare. "Right now there is a lot of grassroots advocacy among consumers as well as professionals to do something about these statistics," says Marie Verna.

In her role at UMDNJ-UBHC, Verna delivers training and consultation services to behavioral health organizations nationwide with curricula focusing on healthy eating and physical activity. The program, Solutions for Wellness (SFW), which was designed for people with mental illnesses, is copyrighted, published, distributed and made accessible by Eli Lilly and Company, which also sponsors the training program. *(To request the materials, contact UMDNJ-UBHC; see the Resources box for contact information.)* In turn, staff from the trained behavioral healthcare organizations use SFW materials to educate consumers on wellness. "Basically it starts with all the major assumptions of the consumer movement – that, with knowledge, a consumer can assess a situation and make healthy choices all the way around. But health – mental, physical and spiritual – has to start from the consumer," Verna says. She adds that she has heard reports of individuals losing 100 pounds, lowering glucose levels and no longer needing diabetes medication as a result of being involved in wellness programming.

At Boston University, a pilot educational program called Hope & Health ran four days a week for 16 weeks and included group sessions as well as one-on-one coaching on modifying dietary habits, introducing exercise, and developing skills to maintain these lifestyle changes. "If we can increase functional health we can improve people's chances of living well, working or going back to school, falling in love, participating in the community," says Dori Hutchinson. Participants were mental health consumers who also had metabolic syndrome, a confluence of health factors that add up to greater disease risk. Following the initial 16 weeks, the pro-

## **RESOURCES**

(If the links don't work, please type them into your Web browser.)

### **Center for Psychiatric Rehabilitation Wellness Resources**

<http://www.bu.edu/cpr/resources/wellness-summit/wellness-resources.html>

### **Developing a Recovery and Wellness Lifestyle: A Self-Help Guide**

<http://mentalhealth.samhsa.gov/publications/allpubs/SMA-3718/>

### **Simple Measures**

<http://www.simplemeasures.com>

### **Smoking Cessation Leadership Center**

<http://smokingcessationleadership.ucsf.edu/>

### **UMDNJ-University Behavioral HealthCare**

#### **Partners for Excellence in Psychiatry (PEP)**

#### **Neuroscience Treatment Team Partner Training and Consultation Program**

151 Centennial Avenue, Suite 1500  
Piscataway, NJ 08854

Phone: 1-888-888-8221

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Email: [ntp@cmhc.umnj.edu](mailto:ntp@cmhc.umnj.edu)

### **Wellness Recovery Action Plan (WRAP)**

<http://www.mentalhealthrecovery.com>

gram provided case management services for another 16 weeks to help people implement self-determined health care practices and newly learned skills.

At the Institute for Wellness and Recovery Initiatives of Collaborative Support Programs, Inc., of New Jersey, Peggy Swarbrick has also developed a wellness curriculum that is delivered by peer educators. It is offered at self-help centers and in state psychiatric hospitals. "People here are really excited to become educators themselves," Swarbrick says. "They realize that wellness is not just a fad but is here to stay."



The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at [www.cdsdirectory.org](http://www.cdsdirectory.org), is searchable by

location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

Apply online at [www.cdsdirectory.org/contact](http://www.cdsdirectory.org/contact), via fax at 215-636-6312, or by phone at 800-553-4KEY (4539). To receive an application by mail, write to [info@cdsdirectory.org](mailto:info@cdsdirectory.org) or NMHCSH Clearinghouse, 1211 Chestnut Street, Suite 1100, Philadelphia, PA 19107.

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**Focus on WELLNESS**

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