



## Chronic Physical Health Management for Individuals with Serious Mental Illness: Integrated Care, Evaluation & Interventions

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## CSS-SMI INITIATIVE

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).



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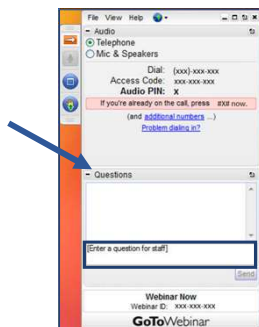
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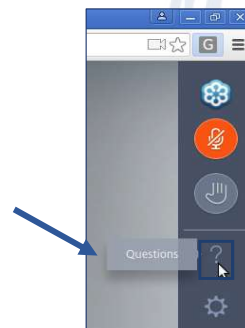
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## Disclosure

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## Learning Objectives

- Select physical health interventions to specifically address the needs of clinics and people with serious mental illness, including recovery and health-oriented models;
- Recognize needs for screening and ongoing health management among those with serious mental illness and health co-morbidities; and
- Promote health literacy and treatment adherence among this population.

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## High Rates of Morbidity & Mortality Among People with SMI

**Mortality:** People with SMI have 25 years life lost (YYL) than the GP  
*60% are due to preventable & treatable medical conditions*

**Morbidity:** More progressed illnesses among those with SMI vs. GP

1. Diabetes
2. Cardiovascular Diseases & effects
3. Liver Diseases (non-viral, cirrhosis, cancers)
4. Renal Diseases
5. Respiratory Conditions - COPD, consequences of smoking
6. Infectious diseases – HIV, Hepatitis B & C, TB

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## Wellness & Health Obstacles - Four Major Factors

**Individual Factors** e.g., limited education and knowledge about physical health, unemployment, low motivation for treatment, fearfulness, and incarceration

**Clinical Factors** e.g., association of psychotropic medication use with poor medical outcomes, side-effects

**Provider Factors** e.g., health care professionals' discomfort with patients with SMI, poor coordination with MH providers, and stigma

**System Factors** e.g., poor integration of physical, mental health systems, funding policies, and system fragmentation

Sokal et al., 2004; Cook et al., 2010

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## Successful, Evidence-Informed Health Interventions Specifically Designed for People with Serious Mental Illness

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## Health & Wellness in Community Mental Health Settings

- 1) Health Fairs & Screenings
- 2) WRAP for Wellness
- 3) Nutrition, Exercise & Wellness for Recovery (NEW-R)
- 4) Whole Health Action Management (WHAM)



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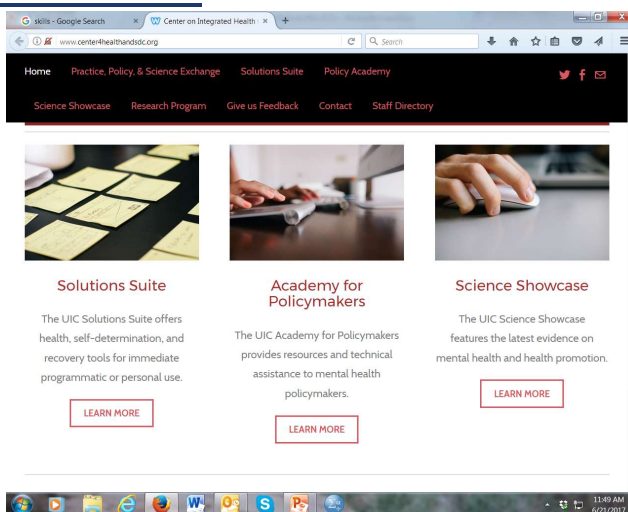
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## Health & Wellness Tools Designed for Individuals with SMI

<http://www.center4healthandsdc.org>



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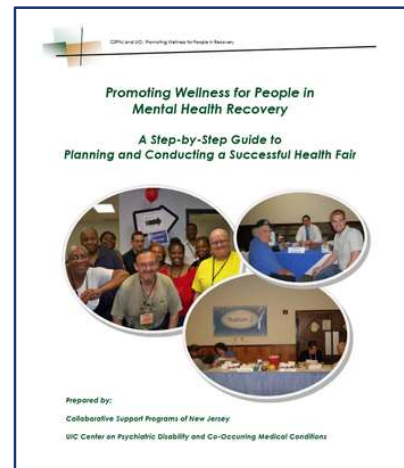
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**Tour the  
UIC Health  
Management  
Tools Online**

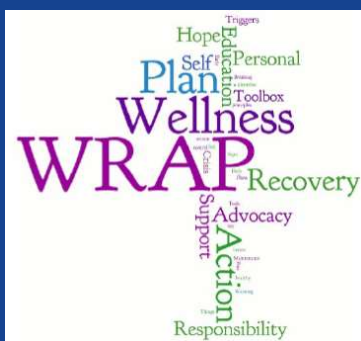
## Health Fairs & Screenings

- Can positively affect health beliefs & perceptions, including feelings of control over one's health (self-efficacy, health practices)
- Serves as a “cue to action” by engaging people in health promotion efforts – providers and people in recovery
- Evaluate health literacy related to risks, illness management
- Can promote to better linkage to collateral treatment and services, identify gaps in referral services
- Provides relevant epidemiologic-type data

<http://www.center4healthandsdc.org/health-fair-manual.html>



## WRAP for Wellness

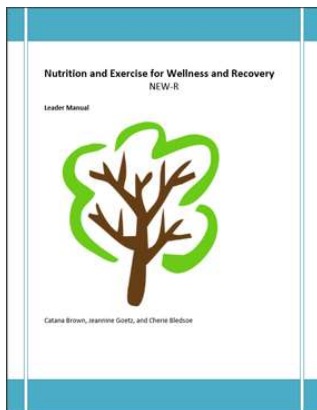


The Wellness Recovery Action Plan® (WRAP) - self-designed prevention and wellness process anyone can use to promote wellness and recovery.

Now used internationally by individuals with many different conditions, as well as providers and care systems to address numerous physical, mental health, and life issues.

<http://www.center4healthandsdc.org/action-planning.html>

## Nutrition, Exercise & Wellness for Recovery (NEW-R)



- **A weight loss program designed especially for people with SMI**
- **Increases nutritional knowledge & skills**
- **Encourages safe physical activity**
- Eight weeks, 90 minutes each week
- Group format for peer support & motivation through accountability
- Can be offered 1:1, but will lose critical ingredients
- Offer one session per week to allow practice
- Focus on achievable goals
- Set one overall goal OR one eating goal & one activity goal
- Value in planning daily activities, eating, & exercise
- Teaches intentionality for nutritious eating & exercise
- Offers eight, 20-25 minute exercise videos

<http://www.center4healthandsdc.org/new-r.html>

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## Example NEW-R Session - #3: Food Labels & Portion Control

In this session, participants learn:

- How to read a food label, especially the serving size
- How to use food labels to reduce calories & sodium/fat (activity to compare serving sizes)
- Portion control
  - Example tips: drink a glass of water or have a salad (lightly dressed) before dinner



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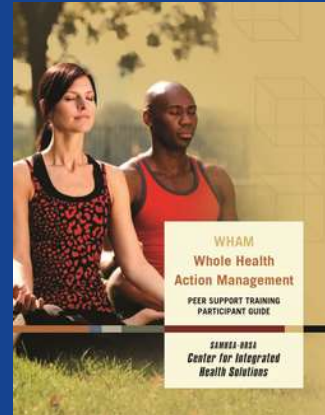


# Whole Health Action Management (WHAM)

**WHAM is delivered in weekly sessions where participants go through a structured group process to:**

- set health goals
- make weekly action plans they believe they can achieve
- commit to completing a daily log of activities towards their goal & action plans.

**Participants also receive weekly 1:1 peer support sessions.**



<http://www.center4healthandsdc.org/wham-training-guide.html>

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## Training the Workforce

The UIC Center offers a Solutions Suite of free integrated health & self-direction interventions, including WHAM

- Includes an overview of WHAM, a podcast on its value, & a how-to training webinar

**WHAM:** <https://www.center4healthandsdc.org/wham-training-guide.html>

National Council also offers WHAM training:

<https://www.thenationalcouncil.org/training-courses/whole-health-action-management/>

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## Some Key Ingredients of WHAM

Setting a whole health goal with

### IMPACT:

**I**mproves health quality

**M**easurable

**P**ositively stated

**A**chievable

**C**alls forth actions

**T**ime-limited

- Break goal into components achievable within 7 days
- Use confidence scale (0=none, 10=total), allowing participants to rate whether they can complete the step (and what to do if not)

### Sample Goals of WHAM Study Participants

- Eat 5 healthy meals this week
- Jog 20 minutes 2 times this week
- Do 20 jumping jacks 3 times this week
- Eat baked or boiled chicken 2 times this week
- Do physical therapy exercises with cold compresses, 2 times this week, 3 sets, 30 reps
- Eat 7 servings of fruits/vegetables this week
- Cook 2 healthy dinners this week

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## Extending Motivational Interviewing (MI)

- MI capitalizes on the readiness of individuals to change their behavior and enter treatment.
- Motivational incentives (contingency management), positive reinforcement to promote harm reduction, abstinence from substance use, promote medication adherence.
- Focus on helping individuals recognize, avoid, and cope with the situations in which they are most likely to engage in risky activities or not attend to health needs.

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## Foundational Models

# Cognitive-Behavioral Interventions



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### Behavioral Components

Focus on changing actions  
Techniques to stop unwanted behaviors

### Cognitive Components

Helps understand and change thinking patterns to  
react differently

### Motivational Interviewing

### Peer Interventions & Support

### Trauma-Informed Practices

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## Barriers to Personal Health Promotion & Awareness

- Like most Americans – denial!
- Stereotypes & stigma regarding certain illnesses (Obesity, STIs)
- Misinformation about health risks, complications of poor management
  - Technical material about risks can be complex [Health Literacy]
  - Secondary health conditions from poor treatment of primary one(s)
- Mental health symptoms
  - Some symptoms, medication side effects can impair concentration & information retention
  - Feelings of invulnerability
  - Difficulty understanding relevance of long-term consequences of health risks



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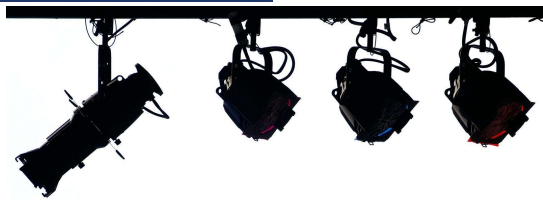
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## Building on Previous Wellness Study Findings



### A Spotlight on Health Literacy

#### Thresholds Health Literacy Center

- National Institute on Disability, Independent Living & Rehabilitation Research (NIDILRR, ACL # 90DPHF0001)
- Partnership with UIC CMHSRP, other academic centers, & community partners
- 5-year, longitudinal program of coordinated, interconnected projects
- Design, evaluate, & deploy research-informed health literacy materials for the target population and the workforce.

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## Addressing Health Literacy to Promote Health Management & Wellness

Project #1	Project #2	Project #3
Exploratory Longitudinal Study of Chronic Physical Health	Health Literacy for People with Psychiatric Disabilities & Workforce Providers	Advancing Sexual Health & Wellness

- Evidence-informed health literacy modules to support improved service provision and engagement with people with mental illness and co-occurring chronic physical health conditions.
- Develop, implement, & evaluate coordinated health literacy education with integrated components for risk assessment, health screening, goal setting, & health management.
- Coincide with established, national health initiatives to promote context of community integration.

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## Individuals with Serious Mental Illness in Public Mental Health Services

### N=15,000 Service Recipients

62% Male, 38% Female

56% African American, 38% Caucasian; 9% Latinx

51% some high school, HS graduate, or GED

Demonstrated challenges to reading, functional literacy

68% ages 37-66 years

23% Schizophrenia/17% Schizoaffective Disorder (combined = 40%)

23% Bipolar Disorder

20% Major Depressive Disorders

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## Health Determinants

Average Years Education = 12.4 years, lower range is 8<sup>th</sup> grade, upper is some college

- Reading Level is lower extreme, average = 6<sup>th</sup> grade

Verbally fluent, less functional literacy, cognitive impairments

Average 15 psychiatric hospitalizations, 7 physical health

78% no psychiatric admission in past 6 months

66% no physical health admission in past 6 months

Last PCP Visit – on average about 11 months

13% are working, most part-time

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## History & Treatment for Chronic Illnesses

Thresholds (2019). Do not cite or distribute without written permission. NIDILRR 90DPH-F0001

Co-Occurring Illnesses	Past Formal Diagnosis	In Medical Treatment Now	Real-Time Screening Outcomes
Respiratory Conditions	72%	61%	60% smoking 53% med – high nicotine
Hypertension	50%	92%	46% Pre-Hypertension 1, 2
High Cholesterol	47%	1 or both	25% Borderline/Elevated
Diabetes	37%	92%	53% pre-/diabetic
Arthritis	66%	57%	Average BMI = 38.1 Average Blood Pressure = 132/87 Average A1c = 5.9
GI/Liver/Kidney	44%	57%	
Past Cardiac	31%	40%	Average Cholesterol = 169 (HDL=44)

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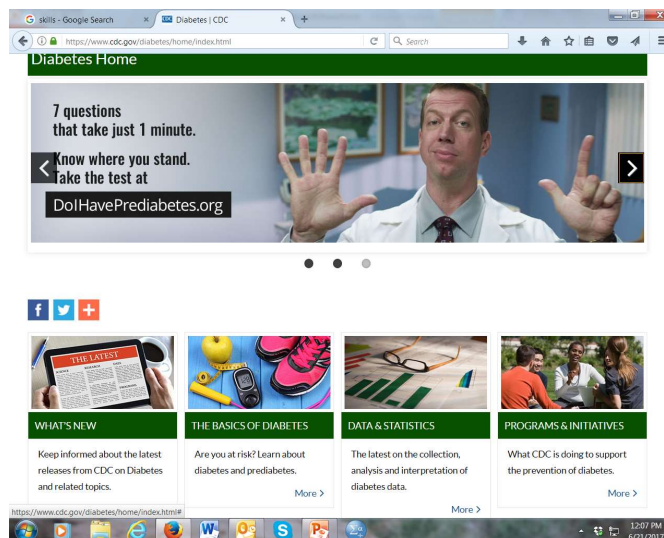


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## Health Education for “Non-Medical” Providers

### What do we know about health conditions?

- Review information on illnesses addressed with CMHCs at e.g., [www.cdc.gov](http://www.cdc.gov)
- Key wellness indicators
- Signs of Crisis



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## Tools from the Thresholds HLC



### Thresholds Health Literacy Center



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## Colorectal Cancer Screening and Prevention for Individuals with Serious Mental Illness

### Impact of Colorectal Cancer (CRC)

- ▲ 2nd leading cause of cancer-related deaths
- ▲ 3rd most diagnosed cancer
- ▲ 9% of people survive

### Trauma Informed Care and Gastrointestinal Health

Studies have provided information to help further understand the impact of trauma such as sexual abuse on gastrointestinal care, including colonoscopies.

The average person who has experienced trauma were more likely to report experiencing distress, discomfort and abdominal pain, as well as needing at least one care (Nicolai et al., 2014).

Higher risk of CRC in individuals with trauma, including those with PTSD, PTSD symptoms, and PTSD-related trauma.

### Strategies to Support CRC Screening Services

**Coverage for CRC Screening**  
While Medicare is federally mandated to cover colonoscopies, Medicaid is not.

This means individuals with public insurance do not qualify for an insured colonoscopy. They must wait up to 15 years after the recommended screening age.

Find ways to reduce the cost of a colonoscopy with Colonoscopylist.com

Everyone needs a colonoscopy by the age of 50.

### Reducing Retraumatization in CRC

Utilize the 4 R's to decrease the risk of re-traumatization.

1. Realizing the widespread impact of trauma
2. Recognizing signs and symptoms of trauma, including in patients and their families
3. Responding by fully integrating knowledge about trauma into policies, procedures, and practices
4. Actively seeking to resist re-traumatization

### Supporting Individuals Who Need Screening

If an individual feels they cannot handle the colonoscopy procedure, other options include:

- Fecal Immunochemical Test
- The Flexible Sigmoidoscopy
- Stool DNA
- Among other test options

Individuals should talk to their PCPs for other options, and to discuss their risk factors, and comfort levels.

## Alcohol Awareness for Individuals with Serious Mental Illness

### Alcohol Use Disorder (AUD) Effects:

- About 16 million people in the US live with AUD
- Individuals with Serious Mental Illness are 4 times as likely than the general population to have Alcohol Use Disorder
- Twice as many men than women
- Estimated 623,000 adolescents aged 12-17

Many medications used by people with mental illness can be dangerous, and even lethal when mixed with alcohol.



2. Have people annoyed you by criticizing your drinking?

Yes \_\_\_ No \_\_\_

3. Have you ever felt bad or guilty about your drinking?

Yes \_\_\_ No \_\_\_

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

Yes \_\_\_ No \_\_\_

Scoring: Responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Total: \_\_\_

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Thresholds Health Literacy Center, project funded by NIDDK/NIH, #P01DK090001

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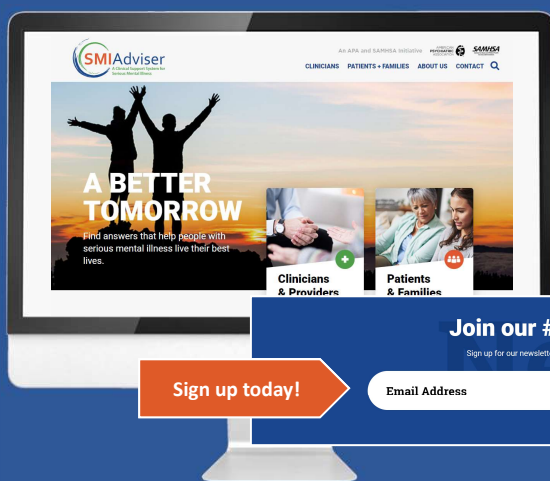
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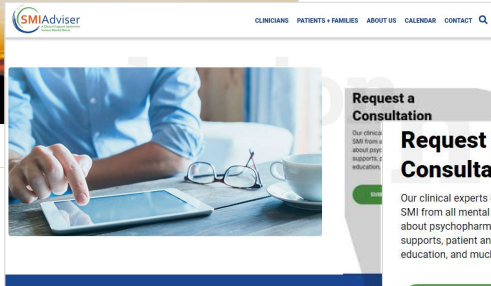
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## UPCOMING WEBINAR



**Karen Miotto, MD**  
University of California, Los Angeles

### Burnout and Beyond in Mental Health Professionals

June 14 | 12-1pm ET

Review studies about burnout in mental healthcare settings, identifies tools to evaluate burnout and workplace satisfaction, and reviews the research on organizational and individual strategies and collaborative solutions.

[SMIadviser.org/burnout-webinar](http://SMIadviser.org/burnout-webinar)

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## Citations

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