

# SUPPORTING WHOLE HEALTH FOR POPULATIONS WITH SMI: RESEARCH AND POLICY UPDATE

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Coalition on Whole Health

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# The Problem

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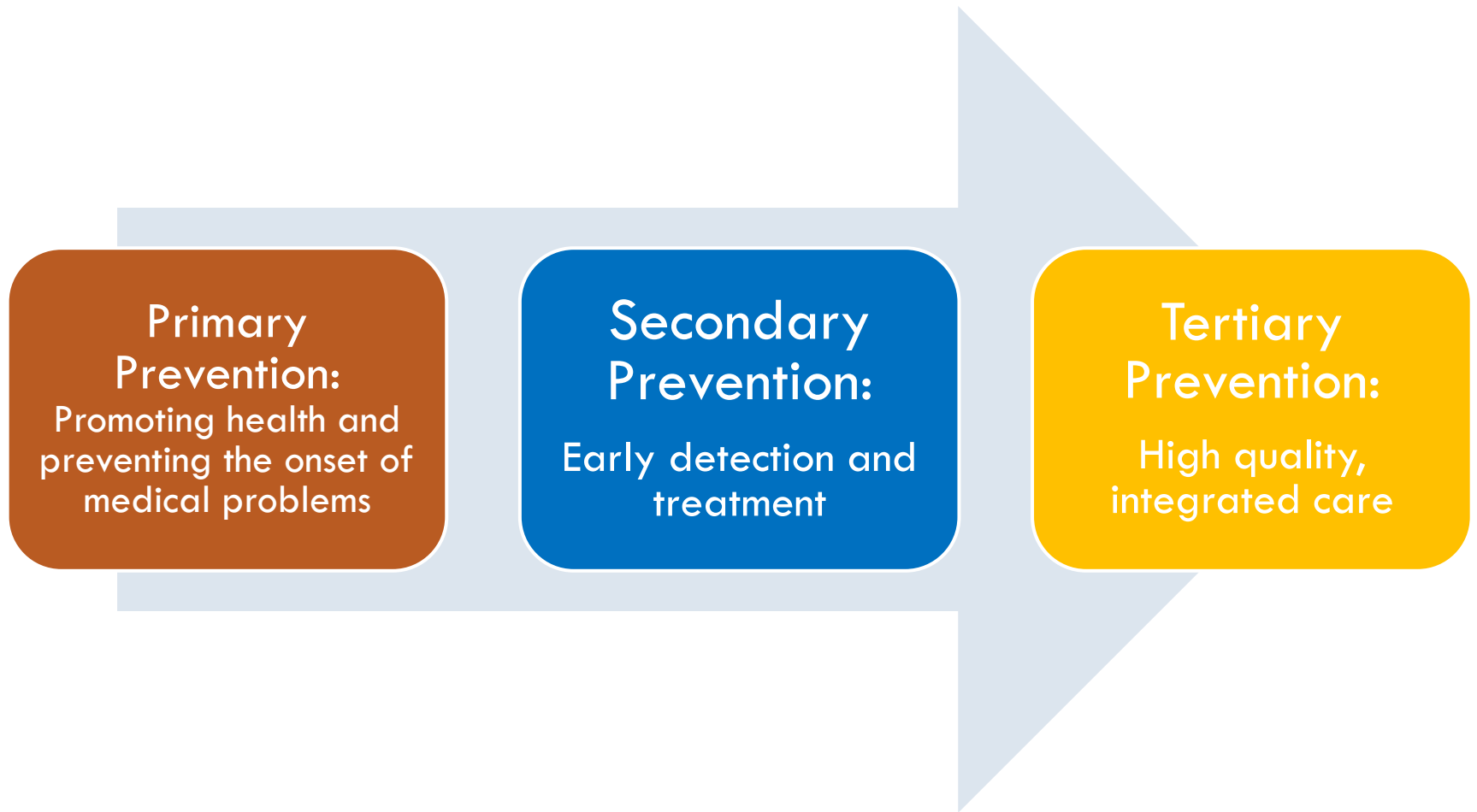


*JAMA Psychiatry*. 2015;72(4):334-341.  
eClinicalMedicine, 2023; 65

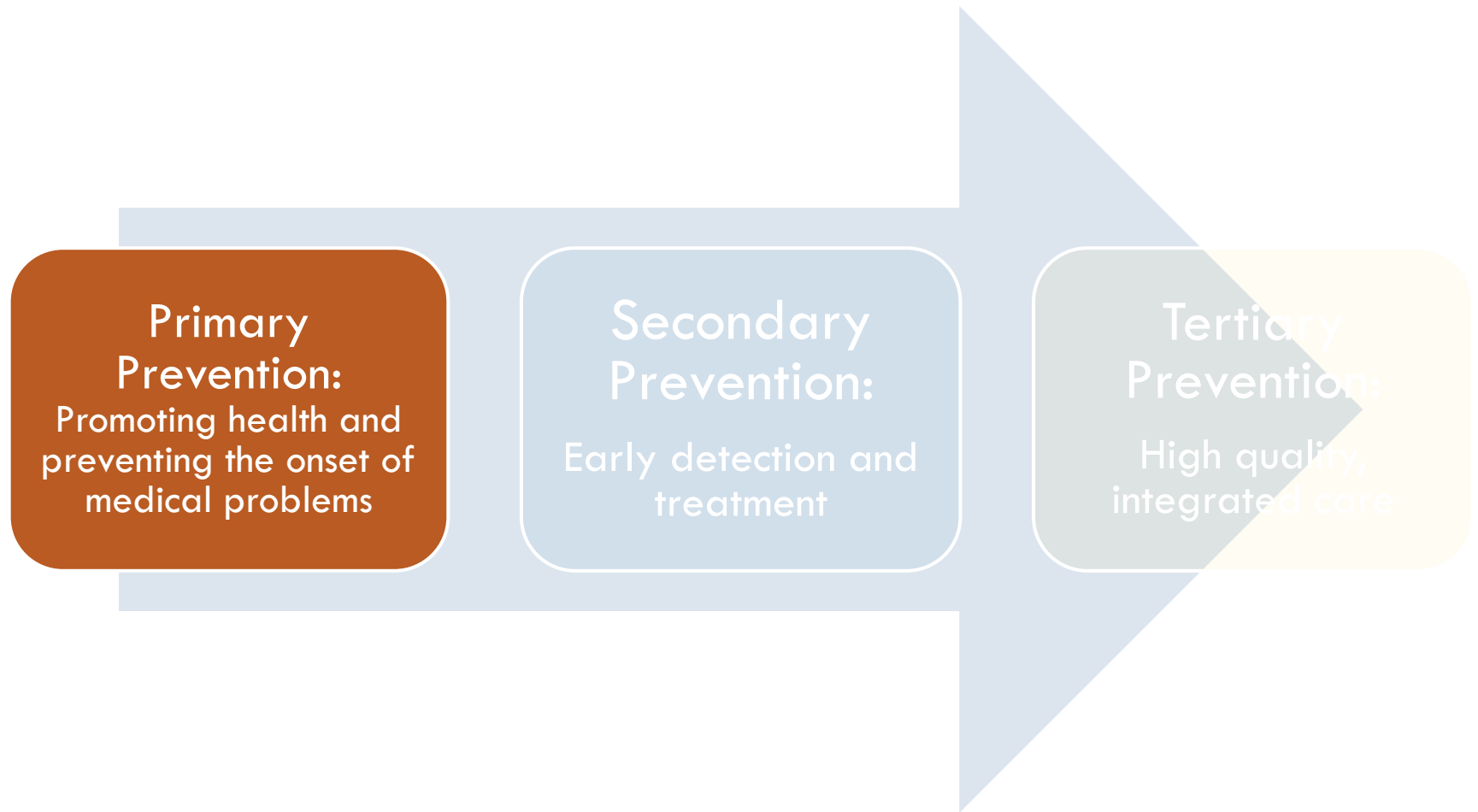
# A Longstanding Problem

- 1841: First documentation of excess mortality in London asylums
- 2006: NASMHPD Medical Directors Report
- 2010: SAMHSA's 10 by 10 campaign
- 2026 (in progress): NASMHPD Medical Directors follow up report

# A Public Health Approach



# Primary Prevention



# Physical Activity and Diet

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- Exercise improves depressive symptoms, cognition, quality of life, and cardiometabolic health<sup>1</sup>
- Interventions to improve diet and physical activity can promote weight loss in populations with SMI (STRIDE, Coach-to Fit)<sup>2,3</sup>
- GLP-1 agonists are effective in mitigating antipsychotic weight gain<sup>4</sup>

1. JAMA Psychiatry. 2026 Mar 4; 2. *Am J Psychiatry*. 2015;172(1):71-81.

3. JAMA Psychiatry. 2026 Feb 1;83(2):139-148. 4. *CNS spectrums* (2024): 1-7.

# Smoking

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- Varenicline, nicotine replacement, and bupropion can all be effective in promoting abstinence (EAGLES)<sup>1</sup>
- Behavioral+pharmacological smoking intervention successful in promotion abstinence (TRIUMPH)<sup>2</sup>

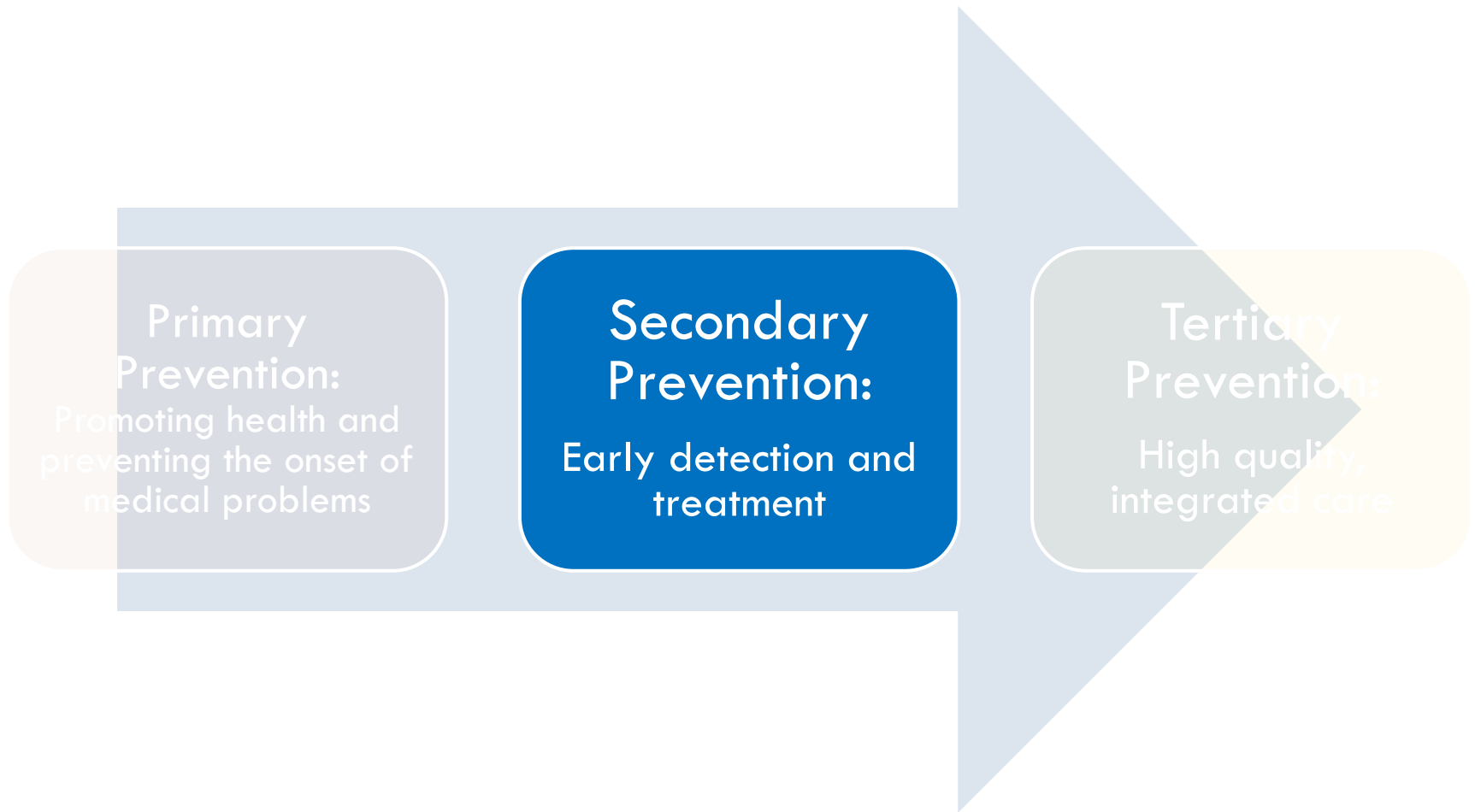
1. Lancet 2016 Jun 18;387(10037):2507-2

2. *JAMA psychiatry* 80.9 (2023): 895-904.

# The Causes of Causes

- Economic: Poverty, underinsurance, lack of housing, employment
- Social: Isolation, stigma may impair motivation to stay healthy and pose independent risk of mortality
- Community factors: Reduced access to healthy food, physical activity, and medical care

# Secondary Prevention



# Screening

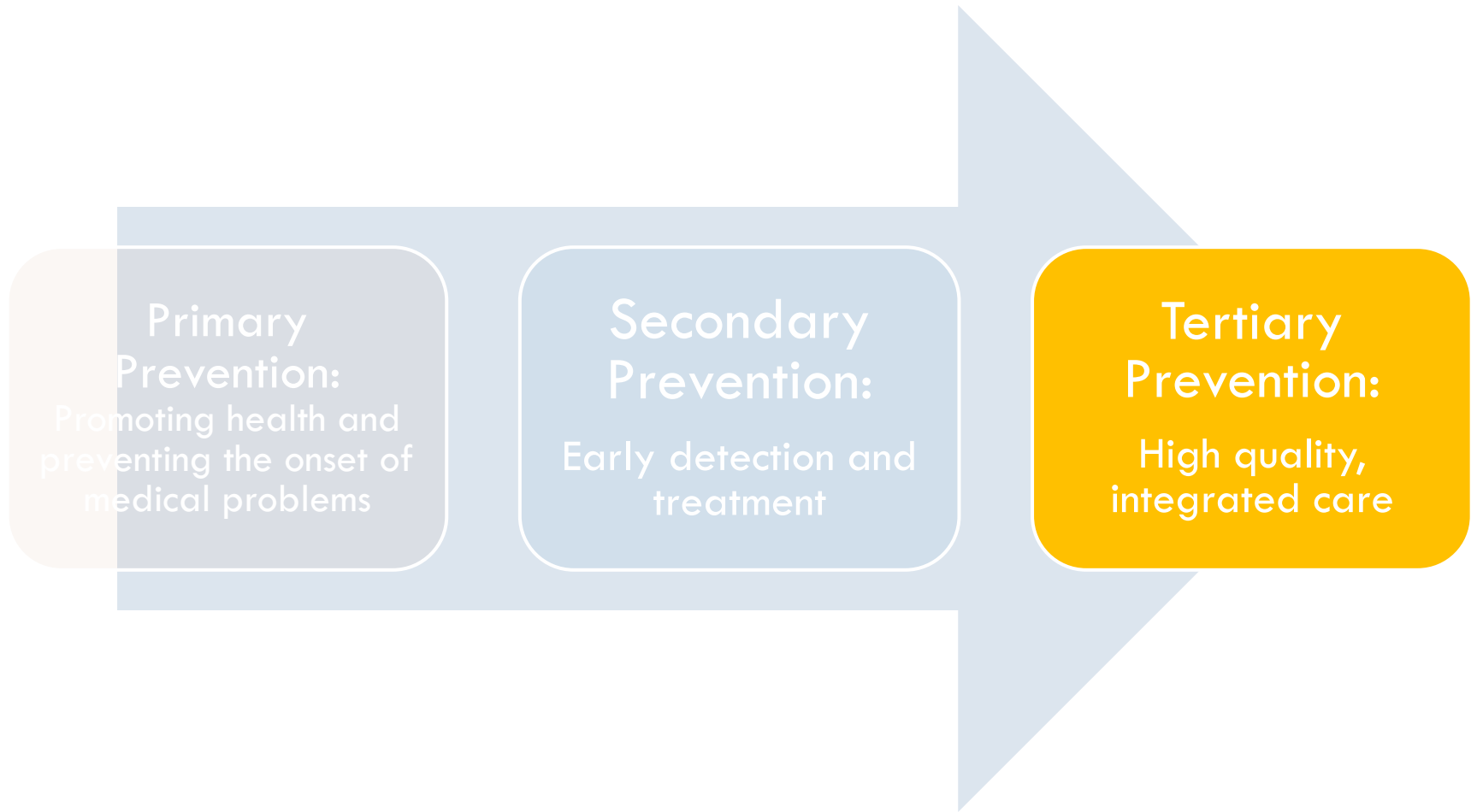
- Screening and immunization recommendations should mirror guidelines for general population. Will vary by age, risk factors.<sup>1</sup>
- Medical conditions to screen for include Cardiovascular disease (all those with SMI), Cancer (in indicated groups), STDs (in high-risk populations).

1. De Hert et al. BJP 2011;199:99-105

2. <https://www.uspreventiveservicestaskforce.org>

# Tertiary Prevention

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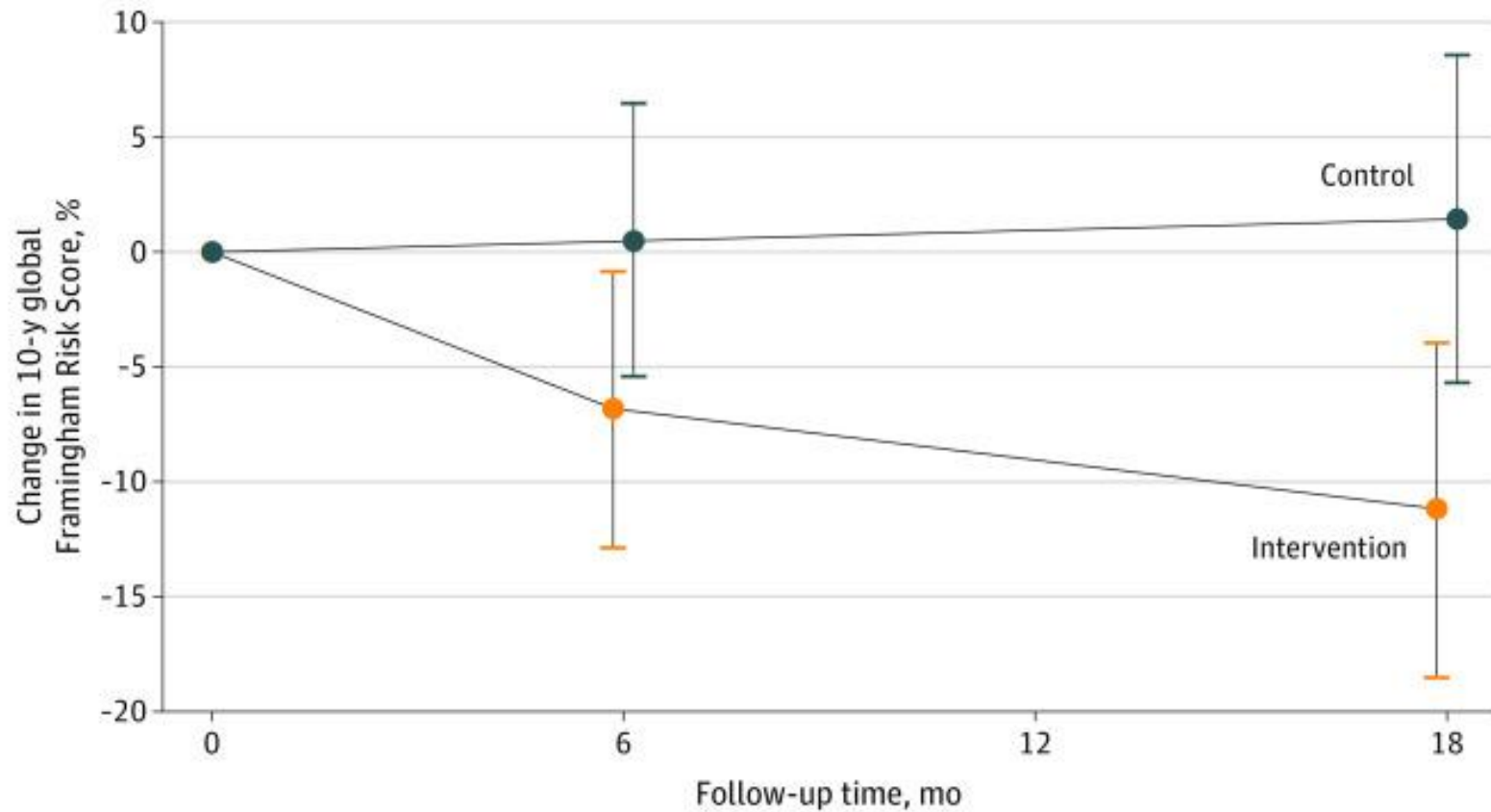
# Management of physical health conditions in adults with severe mental disorders

WHO GUIDELINES

*“Interventions developed for the general population geared at non-communicable diseases, infectious diseases or other health problems are likely as effective for persons with SMD but given the special needs of this population, interventions for SMD require tailoring.”*

World Health Organization  
November 2018

# Improving CVD risk in SMI



# Policy Challenges and Opportunities

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- Challenges: 2026 reconciliation bill and HHS budget include reductions in funding for Medicaid, primary care, and social safety net programs.
- Opportunities:
  - 58% CCBHCs now report providing integrated medical care (screening, care coordination or service linkages).<sup>1</sup>
  - CMS's Innovations in Behavioral Health (IBH) model will help test integrated models within Medicaid and Medicare for people with SMI, and/or SUDs.

1. E. B. Matthews and V. Stanhope Health Services Research 61, no. 1 (2026):
2. <https://www.cms.gov/priorities/innovation/innovation-models/ibh>

# Summary

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- The mortality gap is a common final pathway of a life lived with a serious mental illness
- Long-term, multimodal interventions are needed to address this long-term, multiply determined problem
- Addressing healthy behaviors and social factors may be as important as improving medical care for SMI