

The Role of the SMHA in Promoting Wellness and Recovery

NASMHPD Commissioners
Meeting
Winter 2006

Fundamental Principle

Wellness is one of the ultimate goals of, and an integral part of, Recovery.

New Freedom Commission goal 1- revised

Understanding that overall health is essential to mental health is fundamental for establishing a mental health system that treats physical illness with the same urgency as it treats mental illness

Why Should we be Concerned About Morbidity and Mortality?

Recent data from several states have found that **people with serious mental illness served by our public mental health systems die, on average, at least 25 years earlier than the general population.**

16 State Mortality Study

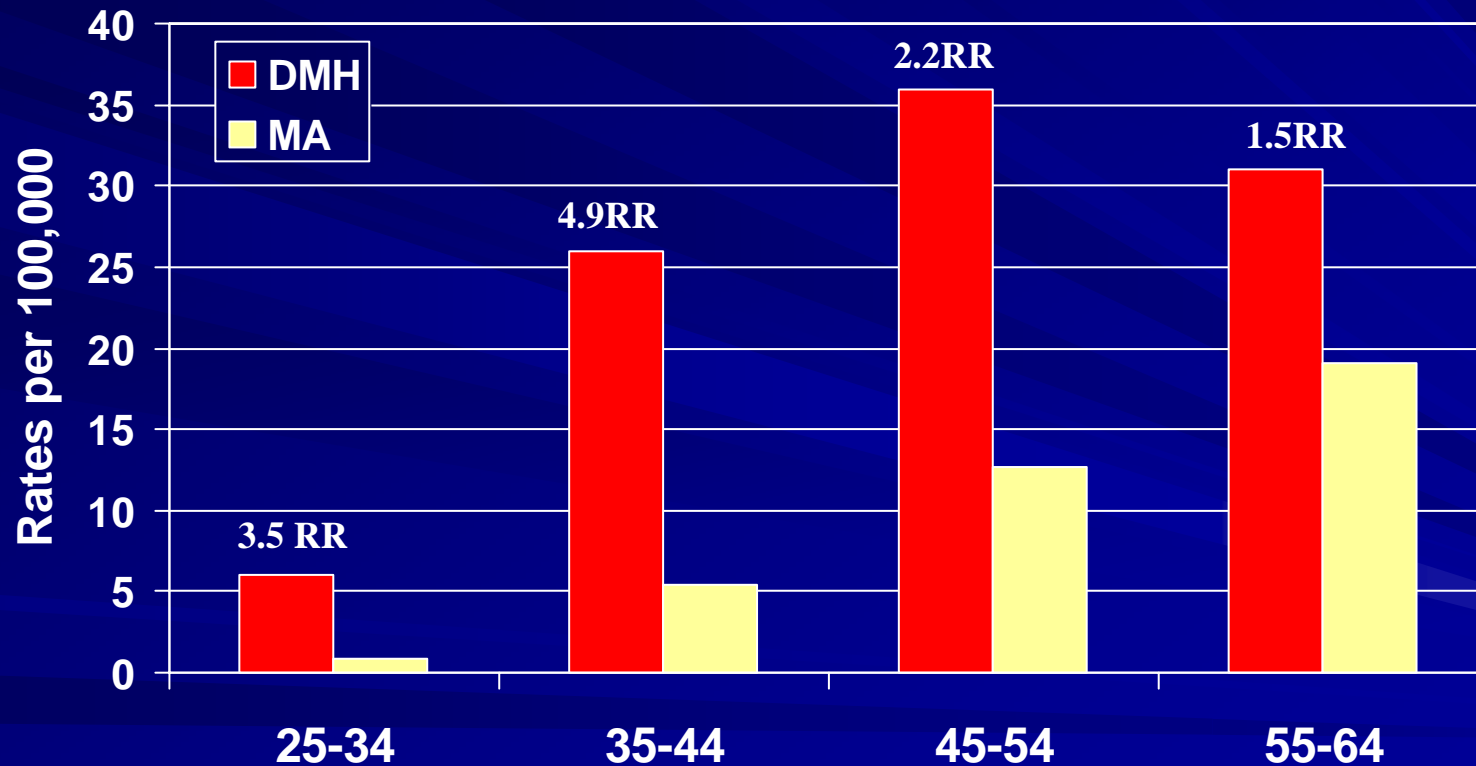
- 9 of 16 states submitted data
 - 8 of 16 had usable data
 - 7 states: both outpatient and inpatient
 - 1 state (VA) only inpatient
 - Age-adjusted Death Rate (AADR)

16 State Study Results: Years of Potential Life Lost

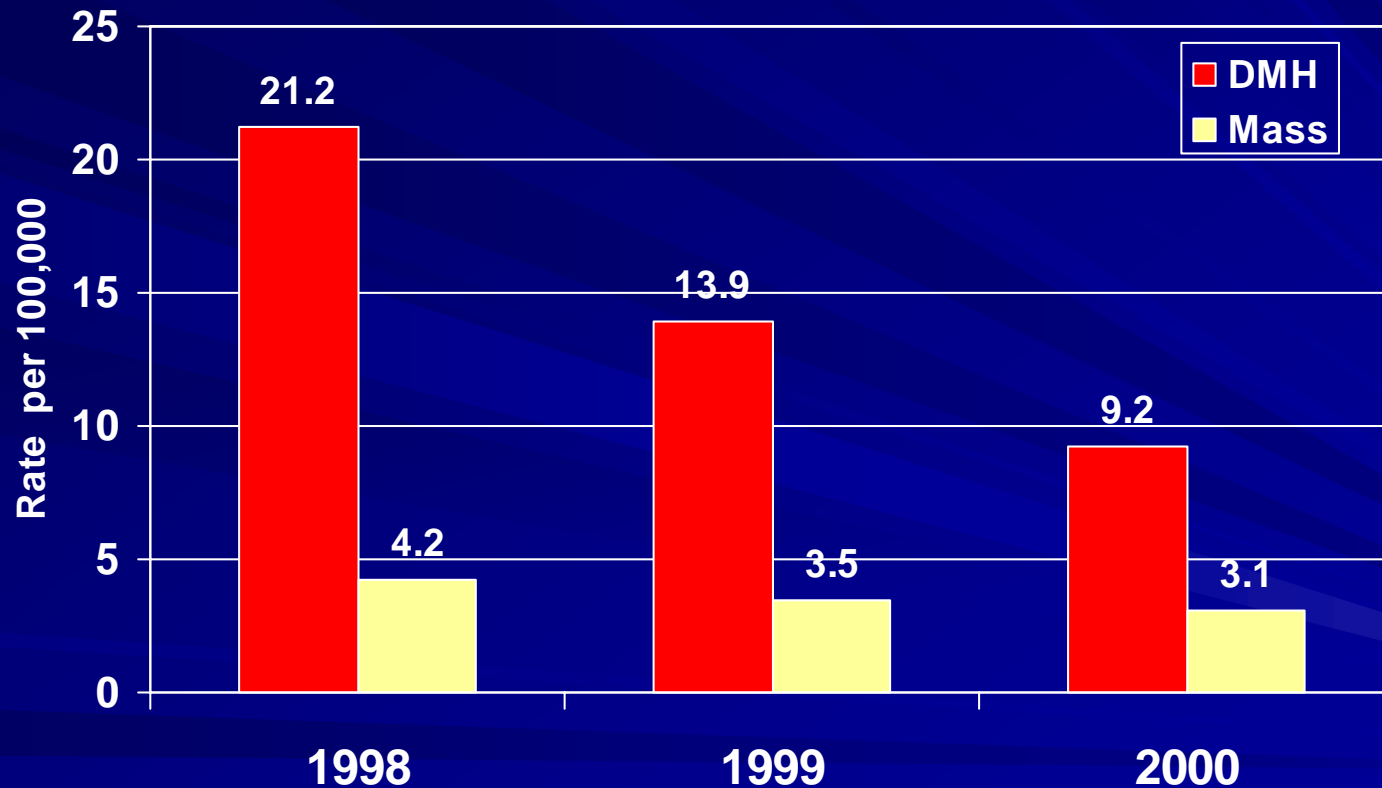
Year	AZ	MO	OK	RI	TX	UT	VA (IP only)
1997		26.3	25.1		28.5		
1998		27.3	25.1		28.8	29.3	15.5
1999	32.2	26.8	26.3		29.3	26.9	14.0
2000	31.8	27.9		24.9			13.5

- Previous research suggested that people with schizophrenia died 10 years *earlier than age-matched contemporaries*
- This data suggests that people with SMI are dying at least 25 years earlier

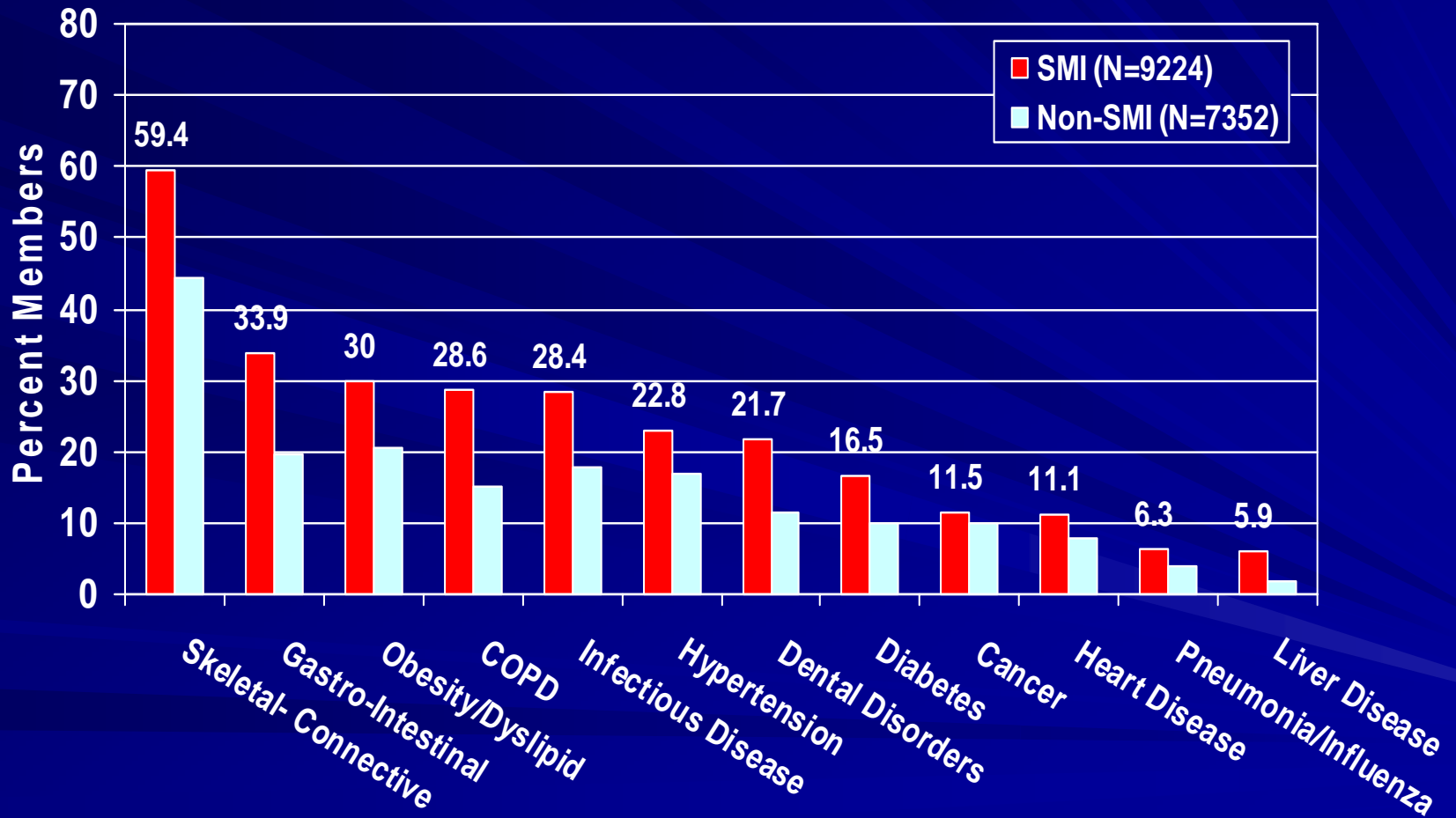
Massachusetts Study: Deaths from Heart Disease by Age Group/DMH Enrollees with SMI Compared to Massachusetts 1998-2000



Massachusetts Study: Mortality from Pneumonia/Influenza DMH clients, ages 25-64



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



Ohio Study: Leading Causes of Death (Median age at death = 46)

<u>Cause</u>	<u>%</u>
Diseases of heart	20.7
Intentional self-harm (suicide)	17.8
Accidents (unintentional injuries)	13.7
Malignant neoplasms (cancers)	7.2
Symptoms, signs, & abnormal clinical & laboratory findings, NEC	5.3
Chronic lower respiratory diseases	5.1
Diabetes mellitus	3.0
Pneumonia & Influenza	2.6
Cerebrovascular diseases	1.6
Assault (homicide)	1.6

Ohio Study

Standardized Mortality Ratios

<u>Cause</u>	<u>Overall</u>	
	<u>N</u>	<u>SMR</u>
All causes of death	608	3.2†
Intentional self-harm (suicide)	108	12.6†
Symptoms, signs, & abnormal clinical & laboratory findings, NEC	32	9.7†
Pneumonia & Influenza	16	6.6†
Chronic lower respiratory disease	31	5.5†
Accidents (unintentional injuries)	83	3.8†
Diseases of heart	126	3.4†
Diabetes mellitus	18	3.4†
Assault (homicide)	10	1.7
Cerebrovascular diseases	10	1.5
Malignant neoplasms (cancers)	44	0.9

† P<0.001

Ohio Study: Interval From Discharge to Death

<u>Characteristic</u>	<u>N</u>	<u>%</u>
0-31 days	75	12.3
1-6 months	99	16.3
6-12 months	112	18.4
1-2 years	149	24.5
2-3 years	87	14.3
3-4 years	66	10.9
4-5 years	20	3.3

Ohio Study: Conclusion

- A significant number of patients who died did so within relatively short time frames following their last hospitalization.
- 35% of patients died between one and twelve months following discharge, and 59% of the deaths had been recorded by the end of the second year.

What are the Causes of Morbidity and Mortality in People with Serious Mental Illness?

- *While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with schizophrenia are due to “natural causes”*
 - Cardiovascular disease
 - Diabetes
 - Respiratory diseases
 - Infectious diseases

Fundamental Principle

Recovery must incorporate a substantial focus on wellness

Wellness

American Heritage dictionary definition

- “the condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits”

Fundamental Principle

Recovery principles and approaches are necessary to achieve wellness.

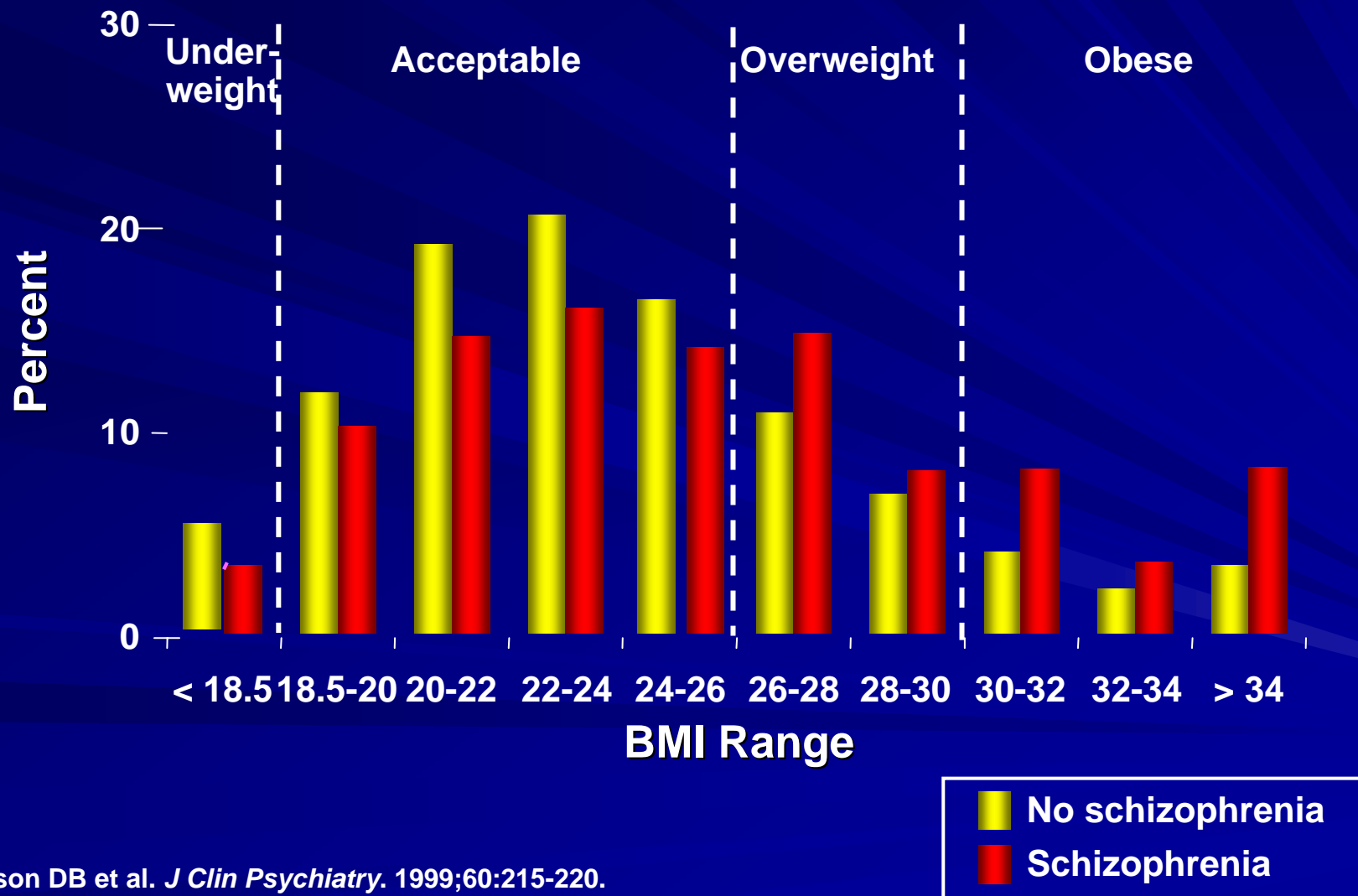
Wellness Model-Bill Hettler

- Wellness is an active process of becoming aware and making choices toward a more successful existence
- Wellness is a way of life we designed to achieve an optimal level of well being
- Wellness involves choice-we consider our options and select those in our best interest

Wellness Model-continued

- Wellness is the positive acceptance of oneself
- Wellness is the interaction of the body, mind, and spirit
- Success is determined by each individual to be their personal collection of accomplishments for their life

BMI Distributions for General Population and Those With Schizophrenia (1989)



Mental Disorders and Smoking

- Higher prevalence (56-88% for patients with schizophrenia) of cigarette smoking (overall U.S. prevalence 25%)
- More toxic exposure for patients who smoke (more cigarettes, larger portion consumed)
- Smoking is associated with increased insulin resistance
- Similar prevalence in bipolar disorder

George TP et al. Nicotine and tobacco use in schizophrenia. In: Meyer JM, Nasrallah HA, eds. Medical Illness and Schizophrenia. American Psychiatric Publishing, Inc. 2003; Ziedonis D, Williams JM, Smelson D. Am J Med Sci. 2003(Oct);326(4):223-330

Problem:

SMI and Reduced Use of Medical Services

- Fewer routine preventive services (Druss 2002)
- Worse diabetes care (Desai 2002, Frayne 2006)
- Lower rates of cardiovascular procedures (Druss 2000)

Recommendations

- Require, regulate, and lead to public behavioral healthcare system to ensure prevention, screening, and treatment of general health care issues
- Build adequate capacity to serve the physical health care needs of the SMI population

Recommendations

- The plan of care should address the whole person, including health status and wellness, to ensure that recovery goals are not impeded by the individual's early death or chronic medical illnesses
- Wherever possible deliver integrated behavioral health and primary care services code located in the same setting

Recommendations

- Provide smoking prevention and cessation interventions
- Provide obesity interventions to improve dietary habits and increase activity
- Instill hope to motivate persons with mental illness to healthy lifestyle changes

Recommendations

Wherever possible use
medications with fewer chronic
health risks

Resources

- 13th Technical Paper-Morbidity and Mortality in People with Serious Mental Illness
- 11th Technical Paper-Integrating Primary Care and Behavioral Healthcare
- 12th Technical Paper-Smoking Policy and Treatment in State Psychiatric Facilities
- 10th Technical Paper-Prevention approaches for state mental health authorities

Pending Projects

- Technical Paper on Suicide Prevention
- Smoke-free toolkit For State Psychiatric Facilities
- Mortality Policy Briefing
- Mortality Satellite Broadcasts

Future Options

- Technical Paper on Obesity
- Technical Paper on Smoking Cessation and Prevention in Community Public Mental Health Programs