



# Words of Wellness



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## MORBIDITY AND MORTALITY:

### A CASE FOR WELLNESS

By Peggy Swarbrick

A Crisis: Adults living with mental illnesses are becoming seriously ill and dying, even when while under the care of the mental health system.

Adults living with mental illness die 25 years younger than other Americans. This means that a man living with mental illness is likely to die by about age 53, compared with a man of the same age (who could be expected to live until age 78). Examination of the causes of death shows that about 15-20 years of the disparity can be attributed to chronic diseases, such as **heart and circulatory disorders, diabetes, or other long-term diseases**<sup>1</sup>. 60% of premature deaths are due to medical conditions such as cardiovascular, pulmonary and infectious diseases. Many people living with mental illness and substance abuse disorders are smokers. By some estimates, this group smokes 50% of cigarettes in this country. Smoking significantly contributes to people dying younger or having to live with chronic medical conditions that are quite costly to society and severely impact their quality of life.

These serious health problems are frequently caused or worsened by **controllable lifestyle factors** (physical activity, smoking, access to adequate healthcare and prevention services, diet and nutrition, and substance abuse). Other **modifiable risk factors** include alcohol consumption, unsafe sexual behavior, IV drug use, or residence in group living situations leading to exposure to various infectious diseases.

Other issues:

<sup>1</sup> Parks J, Svendsen D., Singer ., Fot, ME & Mauer B. (2006, October). *Morbidity and mortality in people with serious mental illness* [Technical Report]. Retrieved June 12, 2007 from

[http://www.nasmhpd.org/general\\_files/publications/med\\_directors\\_pubs/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf](http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf)

- Psychotropic medications may mask symptoms of medical illness and contribute to symptoms of medical illness and cause metabolic syndrome
- Polypharmacy – taking more than one psychotropic medication may be a risk factor for increased side-effects
- Lack of access to adequate quality healthcare and lack of coordination between mental health providers and general healthcare providers
- Many second-generation antipsychotics have specifically been highly associated with weight gain, diabetes, dyslipidemia, insulin resistance and metabolic syndrome

The lack of **physical wellness** is a serious **barrier** to participation in recovery, and leads to premature death and poorer quality of life. Despite the clear indications that general physical health is an obvious problem among the psychiatric population, very little information has been developed specifically to assist persons with major mental illness to address wellness concerns. There is a clear need to focus on the **integration of primary health care with mental health to facilitate pursuit of all goals and wellness promotion** as a viable rehabilitation focus. There is a clear need for each of us to assume a role in addressing these concerns within the mental health service delivery system. See box for some suggestions.

### **What are You Doing to Promote Wellness/ What is Your/Our Role?**

We would like a dialogue on what you are or think you can do. Please send your ideas and each month we want to highlight these in *Words of Wellness*.

- Prioritize the public health problem of mortality and morbidity and designate the population as a priority health disparity population.
- Tracking and monitoring (better surveillance).
- Establish clear guidelines for assessing and treating.

- Prescribers should be required to monitor the indicators of Metabolic Syndrome (MS)<sup>2</sup>.
- People should assume personal responsibility to get checked and monitored for MS.
- Agencies should be responsible for referring people to appropriate medical providers consistent with their ability to access health care, such as charity care, federally qualified clinics, Medicaid, Medicare. This is coordinated care in action!
- Help people learn to cook, shop and budget, etc. This should be actively taught through the actual practice. People are "grouped out." Too often/most often we attend groups but fail to assimilate what we have learned through application. (Mental health services seem to focus **on talk** rather than **action**.) Benjamin Franklin: "**Tell me and I forget. Teach me and I remember. Involve me and I learn.**"
- HOPE - preserve and foster it.
- Stop offering unhealthy food as a reward.
- Stop using smoking as a privilege earned.

### Other Resources

- The entire Psychiatric Rehabilitation Journal, Volume 29, No. 4 (Spring 2006), Special Issue on Health Promotion.
- Hutchinson DS, Gagne C, Bowers A., Russinova Z., Skrinar GS & Anthony, WA (2006). Framework for health promotion services and for people with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 29, 241-250.
- [www.nasmhpd.org/general\\_files/publications/med\\_directors\\_pubs/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf](http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf)
- [www.bu.edu/cpr/workshops/seminars2007/slides.html](http://www.bu.edu/cpr/workshops/seminars2007/slides.html)
- Mental Health Promotion in Primary Healthcare, National Institute for Mental health in England. Available at: [www.iimhl.com/IIMHLUpdates/MHP-TOOLKIT\\_FINAL-a.pdf](http://www.iimhl.com/IIMHLUpdates/MHP-TOOLKIT_FINAL-a.pdf)
- Richardson C, Faulkner G, McDevitt J, Skrinar GS, Hutchinson DS & Piette J. (2005). Integrating physical activity into mental health services for persons with serious mental illness. *Psychiatric Services*, 56 (3), 324-332.

<sup>2</sup> **Metabolic syndrome** is a combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes. It affects a large number of people, and prevalence increases with age.

- Swarbrick M (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29, 311-14.
- U.S. Department of Health and Human Services. (2005). The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities. U.S. Department of Health and Human Services, Office of the Surgeon General.
- Ussher M, Stanbury L, Cheeseman V & Faulkner G. (2007). Physical activity preferences and perceived barriers to activity among persons with severe mental illness in the United Kingdom. *Psychiatric Services*, 58 (3), 405-408.
- Weed, D. (1999). *Health Lifestyle Workbook for Consumers of Mental Health Services*. Fall River Health and Human Services Coalition, Inc., Massachusetts Health Research
- Tobacco-free living in Psychiatric Settings," available on the NASMHPD web site: [www.nasmhpd.org/general\\_files/publications/NA\\_SHPD\\_toolkitfinalupdated90707.pdf](http://www.nasmhpd.org/general_files/publications/NA_SHPD_toolkitfinalupdated90707.pdf).

### DO YOU HEAR WHAT YOUR DOCTOR SAYS?

A recent article<sup>3</sup> on reducing hospital re-admissions and emergency room visits following a hospital stay got quite a bit of press. The article focused on a Reengineering Discharge (RED) program designed to reduce hospitalization following a hospital discharge. The study was sponsored by the Agency for Healthcare Research and Quality<sup>2</sup>. According to the authors, patients who have a clear understanding of their after-hospital care instructions, including how to take their medicines and when to make follow-up appointments, were 30% less likely to be readmitted or visit the emergency room than patients who lack this information.

The RED study builds on years of observation and research that communication errors and problems among doctors, or between doctors and patients, are a common source of adverse outcomes in healthcare encounters. The following suggestions should help to avoid communication errors:

<sup>3</sup> Jack BW, Chetty VK, Anthony D, Greenwald JL, Sanchez GM, Johnson AE, Forsythe SR, O'Donnell JK, Paasche-Orlow MK, Manasseh C, Martin S & Culpepper L (2009). A reengineered hospital discharge program to decrease rehospitalization: a randomized trial. *Annals of Internal Medicine*; Feb 3;150(3):178-87.

<sup>2</sup> [www.ahrq.gov](http://www.ahrq.gov).

1. Take written notes during a healthcare encounter. Prepare lists of issues and questions in advance to serve as a basis for the consultation. Trusting one's memory is risky and problematic. Keep a notepad at your bedside during a hospital stay in order to jot down the results of frequent interactions with doctors and other health practitioners. Make sure that your medication list and overall "Personal Health Records" are current and available.
2. Ask questions to clarify any instructions you do not understand. Ask obvious questions that relate to things that happen in your life<sup>3</sup>. Get answers, if needed, to questions like:
  - Is the condition contagious?
  - How will I know if the treatment is working?
  - How long should I wait before concluding that the treatment is not working?
  - What are the common side effects of the medications that I should be aware of?
3. Be open and honest with the doctor. Many miscommunications and possible resultant medical harm occur because, for instance:
  - The patient is unable to use a medical appliance and does not communicate the need for assistance.
  - The doctor is not aware that the patient has not remained on a prescribed medicine and therefore the doctor falsely concludes that the medication is not effective (or not effective at the current dose).
  - The patient is financially unable to take a certain medication and does not communicate that with the doctor.
  - The patient is embarrassed by a sexual or otherwise intimate issue or side effect and therefore does not raise it with the doctor.
4. "Negotiate" any changes in treatment recommendations before leaving the doctor's office. If you will be unable to comply with a recommendation due to financial or other reasons<sup>4</sup>, get a workable alternative plan developed.
5. Consider taking someone with you to medical encounters. A relative or trusted friend can provide a "second set of ears" to capture information and help detect and deal with discrepancies. Obviously, this needs to be someone with whom you are comfortable sharing personal health information. Don't hesitate to ask that person to be present for discussions, but to step outside the room while examinations or treatments are being performed. Having someone with you may be especially important if your health condition results in confusion or impairment, if you have trouble hearing or seeing, or if you do not speak the same language as the doctor.
6. Insist that your primary doctor or practice receive correspondence from all of your healthcare encounters. The primary doctor is in the best position to coordinate your health information.
7. Make sure the various doctors communicate with one another. Sign the appropriate releases. Communicate your expectation of interaction with each of them. At visits with your primary doctor, verify that diagnostic and specialist reports have been received, **and have been looked at** by your doctor.
8. Review any written materials from the doctor before walking out the door. Get anything you are not clear on answered. Look for any conflicts between what you heard or wrote down and what you see on the doctor's instructions.
9. Do not assume that doctor knows everything relevant about you, your other conditions, or your other medications. Do not assume that prescription errors (dosages and other information) do not occur.
10. Ensure that your healthcare team is composed of people who value clear communication with you and are prepared to take steps to ensure that clarity. However, do not automatically assume this. Ask your health care team to:
  - "Translate" medical jargon into plain English.
  - Write down the name of a medication.
  - Contact a friend or family member for you if you are having trouble understanding something important.
  - Provide you with clear informational materials, in your native language, about conditions or treatments.
11. Practice a "healthy skepticism" regarding medical authority. Do some web research and contact the doctor if something you have been told does not conform to the information on

<sup>3</sup> Such as "can I breastfeed on this medication," "when may I go swimming," "must I really not drink at all on this med," or "is it OK to fly after this procedure?"

<sup>4</sup> Such as activities of living, learning, working, socializing, childcare, or driving.

trusted medical websites<sup>5</sup>. Make sure that the medication filled at the pharmacy matches what you are expecting.

## QUITTING OR CUTTING BACK SMOKING

*by A Current Non-Smoker*

There is an alarming connection between tobacco use and mental health. Native American Indians smoked a peace pipe, but unfortunately the meaning was misconstrued by the American public. Smoking campaigns became sensationalized and they showed beautiful people smoking and looking good.

Many smoking campaigns these days target low-income populations, and some newer cigarette ads advertise cigarettes that are using different flavors and herbs in the product in order to attract a new market. The inference is that these cigarettes are "healthier." The emotional components of tobacco use are far-ranging. There is a similarity with eating "comfort food." Food and cigarettes don't talk back to you and say negative things. And they don't make you feel bad---at least, not initially. Tobacco's detrimental physical effects on the body are well known, and there has been good success with smoking cessation products. Smoking cessation products generally fall into 3 categories:

- Nicotine replacement products such as gum, inhalers, and patches. These provide the drug nicotine, but not in as deadly a form as cigarettes, cigars, pipes, or chewing tobacco.
- Antidepressant medications, such as Bupropion (Wellbutrin, Zyban)
- Non-antidepressant addiction treatment medications, such as Varenicline (Chantix).

A major incentive to stop smoking should come from people who care about one another. Smoking is an addiction, and we should be helping one another to learn about the negative aspects of smoking and identifying ways to stop. It is important that we provide consumers of mental health services the same information and support with tobacco dependence as other individuals have received. Cutting down or quitting smoking can positive impact your physical health and improve your economic status saving the money you would have spent on cigarettes.

Here are two helpful approaches to quitting smoking:

- Cinnamon sticks: After a 20-year, two-pack a day

<sup>5</sup> Such as PubMed or WebMD.

habit, I met a woman who didn't want to kiss a smoker (which was good motivation!). Anyway, a good friend at the American Cancer Society gave me the tip I needed: Cinnamon sticks! They are the size of a cigarette and you can suck air through them. They have a little flavor. Most importantly, it gives your mouth and hands something to do, which I believe is part of the habit. The relationship with that girlfriend only lasted a few months, but I haven't taken one single drag off a cigarette in 17 years. Hopefully, this tip will help some of you.

- Put it off: Here is a sure-fire way to quit smoking, and there is no cost at all. Don't quit---put it off. This is something we do all the time with no trouble. When the craving hits, **put off smoking for one hour** on the first morning. Continue smoking as you have in the past for balance of the day. On the second day, **put off smoking for two hours**. Keep putting off smoking an hour more each day and you will come to dislike the taste of any type of tobacco.

## MINDFULNESS

*by John Garafano*

Empowerment is a concept used often in the mental health system,. Empowerment involves *understanding* that there are a range of options from which to make choices (in this case, choices about personal care) and *feeling the confidence* to choose an option that fits your values and needs. Complementary and Alternative Medicine (CAM) Practices are one of the options available to mental health service users in the search for empowerment. In a 2008 study in the United States<sup>4</sup>, it was estimated that 38% of all adult Americans use CAM practices. Although CAM practices are beginning to be researched more extensively, there is limited scientific evidence about their safety and effectiveness. I have used mindfulness, one of the CAM practices, and have found it to be a very important tool in my own personal wellness journey.

An alternative medical practice is used *in place* of traditional medical care, whereas a complementary medical practice is used *in addition* to traditional

<sup>4</sup> National Center for Complementary and Alternative Medicine (2008). The Use of Complimentary and Alternative Medicine in the United States. Retrieved on January 16, 2008 from [http://nccam.nih.gov/news/camstats/2007/camsurvey\\_fs1.htm](http://nccam.nih.gov/news/camstats/2007/camsurvey_fs1.htm)

medical treatments<sup>5</sup>. An example of an alternative medical practice is the use of exercise and herbal supplements in place of anti-depressant medication to treat a major depressive episode. An example of a complementary medical practice on the other hand would be the use of exercise (and/or possibly herbal supplements) in addition to the prescribed anti-depressant medication to manage a major depressive episode.

Mindfulness is a practice originally found in Eastern culture. Mindfulness is the process of intentionally bringing your awareness to the present moment by focusing on what you are thinking, feeling and doing<sup>6</sup>. Mindfulness Based Stress Reduction (MBSR) therapy, developed by Jon Kabat-Zinn, is a widely recognized form of mindfulness. Kabat-Zinn has written *Wherever You Go There You Are*, an excellent book that offers help to people seeking to reduce their stress levels through the use of Mindfulness-based Meditations<sup>7</sup>. Like Cognitive-Behavioral Stress Reduction therapy, MBSR therapy has been found effective in reducing perceived stress and depression. MBSR has also been found to increase energy level and reduce pain and binge eating<sup>8</sup>.

Mindfulness can be used by anyone wishing to manage a health condition or maintain personal balance. Mindfulness has helped me to deal with insomnia, stress, and anxiety. At night, I am often faced with racing thoughts ranging from random thoughts about the world and politics to thoughts of things I had not accomplished during the day and needed to accomplish the next day. The over-the-counter medications that I have taken leave me feeling groggy and exhausted. I

<sup>5</sup> National Center for Complementary and Alternative Medicine (2007). What is CAM? Retrieved on March 27<sup>th</sup>, 2009 from

<http://nccam.nih.gov/health/whatiscam/overview.htm>

<sup>6</sup> Mindfulness. (2009, March 16). In *Wikipedia, the free encyclopedia*. Retrieved on March 27<sup>th</sup>, 2009, from <http://en.wikipedia.org/wiki/Mindfulness>

<sup>7</sup> Center for Mindfulness in Medicine, Health Care, and Society. The Stress Reduction Program. Retrieved on March 27<sup>th</sup>, 2009, from [www.umassmed.edu/Content.aspx?id=41254&LinkId=entifier=id](http://www.umassmed.edu/Content.aspx?id=41254&LinkId=entifier=id)

<sup>8</sup> Smith BW, Shelley BM, Dalen J, Wiggins K, Tooley E & Bernard J (2008) A pilot study comparing the effects of mindfulness-based and cognitive-behavioral stress reduction. *The Journal of Alternative and Complementary Medicine*, 14(3), 251-258.

have decided that I did not want to use prescription-sleeping aids. Instead, I turned to mindfulness meditations. I found that when I use a couple of short breathing techniques and awareness exercises, I am able to fall asleep much faster than taking any of the sleeping medications. Mindfulness has also helped me deal with stress. I use mindfulness meditations whenever I feel my stress level starting to build up, usually when things pile up at work or at home. One of the best parts of mindfulness meditation for me is that it can be incorporated into my daily routines. I simply take a deep breath and notice, but not focus, on all of the stimuli around me and all of the sensations I feel within me.

The following exercise, which can be used at any time of the day, illustrates the mindfulness meditations. Take five minutes out of your day and sit quietly without talking. Notice all of the sounds in and outside. Take note of all of the colors that you see around you and shapes and textures. Breathe in all of the aromas in the room. Note your rate of breathing. Count how many seconds you are breathing in and out. Once you have finished, notice your level of stress. Has it reduced or stayed the same? Does your body feel less tense? Are you thinking clearer? Take note of any change you notice.

If you are considering a CAM practice, it may be wise to read available scientific research or other literature and consult with a healthcare professional. Many healthcare professionals are becoming more educated about CAM practices and the potential benefits and risks associated with these practices. Some healthcare professionals even offer CAM practices along with traditional medical treatments. Many healthcare insurance plans provide coverage for CAM practices and practitioners. The National Center for Complementary and Alternative Medicine has a thorough section on their web site that discusses how to safely select a practitioner and pay for these services<sup>9</sup>. Although more scientific research is needed on the safety and effectiveness of CAM practices as they relate to health conditions, many people including myself have benefited from these non-traditional practices.

<sup>9</sup> National Center for Complementary and Alternative Medicine (2007). Selecting a CAM Practitioner. Retrieved on March 30<sup>th</sup>, 2009 from <http://nccam.nih.gov/health/decisions/practitioner.htm>

## WORDS OF WELLNESS

As part of its broad array of services to foster wellness and recovery for individuals with disabilities, the Institute for Wellness and Recovery Initiatives at Collaborative Support Programs of New Jersey (CSPNJ) offers this monthly newsletter, Words of Wellness. This publication features valuable information and resources, including details about educational events, to help people to achieve and maintain wellness. The purpose of this newsletter is to bring useful information to all of our readers, whether pursuing recovery themselves, supporting recovery in clients or family members, helping to administer and change our mental health and related services system, or researching the field and educating future practitioners. Words of Wellness co-editors are Jay Yudof and Peggy Swarbrick. Free e-mail subscriptions are available from [nleditor@cspnj.org](mailto:nleditor@cspnj.org). We also welcome submissions.

## MAKE A "PLEDGE FOR WELLNESS"

In 2007 the Center for Mental Health Services' (CMHS) launched the National Wellness Summit for People with Mental Illness. The heart of this summit

is the "10 in 10" campaign, which strives to improve the life expectancy of individuals with serious mental illness (SMI) by 10 years and to achieve this goal within 10 years. Currently, individuals with SMI have a lifespan that averages 25 years less than the general population, due not only to SMI but also various comorbidities, such as diabetes and heart disease. At its summit, CMHS also introduced "The Pledge for Wellness," which includes the goal of the "10 in 10" campaign. All health and mental health provider organizations, individuals and government entities are strongly encouraged to make the pledge. To do so, visit

### SURGICAL SAFETY CHECKLIST

Regular viewers of the television series ER will recall a recent episode where a surgeon's insisted on the use of a surgical safety checklist preceding Dr. Carter's kidney transplant. This insistence averted a significant delay during the procedure. A recent study of practices relating to communications in healthcare highlighted the surgical safety checklist. The study was sponsored by the World Health Organization (WHO), conducted by the Harvard Medical School, and published in the New England Journal of Medicine. The study found that the use of a simple safety checklist in the operating room reduced the frequency of major complications and deaths following major surgical procedures by more than one third.

The surgical safety checklist and implementation manual are available on the WHO website at [www.who.int/patientsafety/safesurgery/ss\\_checklist/en/index.html](http://www.who.int/patientsafety/safesurgery/ss_checklist/en/index.html). The many benefits of the safety checklist are apparent:

- A safety checklist is reasonably understandable to an educated layperson and does not require extensive medical knowledge to comprehend its importance and value.
- A safety checklist is mostly a confirmation of what should be natural controls and therefore should not add significant time or cost to a procedure.
- A safety checklist can be adapted to many other risky activities, from cleaning the gutters to hitting the ski slopes.

The Surgical Safety Checklist also builds on a body of knowledge that casual safety checks work for many activities, but that memory is not a suitable substitute for written checks for true safety-critical activities, such as operating an aircraft.

[www.bu.edu/cpr/resources/wellness-summit/pledge.html](http://www.bu.edu/cpr/resources/wellness-summit/pledge.html).