

**Robert Lee Sutherland Seminar XV**  
**Hogg Foundation for Mental Health**

**Concurrent Session I: Eliminating the Early Mortality Gap**  
Summary Notes

**I. Anita Everett, MD: Premature Mortality in Persons with Enduring Mental Illness**

- Most important points
  - Everyone can do something at some level to make a difference
    - There are four main levels at which to intervene
      - Personal (1 on 1)
      - Administrative (advocacy skills, clinic)
      - State (funding)
      - National
- Problem: Persons with serious mental illness die an average of 20 to 25 years earlier than the general population
- National Center for Health Statistics, HHS, CDC/NCHS (2006)
  - US current life expectancy is 77.9 years.
    - All time record high, 17<sup>th</sup> internationally
  - Life expectancy and overall health is impacted by
    - Research
    - Health Care (medical care)
    - Health Literacy (community mental health centers can make most impact)
    - Public Health Initiatives (community mental health centers can make most impact)
- A lot of work to do in regards to lifespan
- All Cause Mortality, US – Mental health status doesn't change order of causes
  - 1. Cardiovascular
  - 2. Cancer
  - 3. Stroke
  - 4. Pulmonary Conditions
  - 5. Accidents
  - 6. Diabetes
- A figure was shown of the percentage of total deaths for the top five leading causes, all races, both sexes: 1980-2003
  - Of the five most common causes, cancer and particularly cardiovascular disease is very important
  - Infectious diseases had best gain
  - Since the 1980s cardiovascular disease management had made progress in proportion of deaths
- Risk Factors
  - There are modifiable and fixed risk factors
    - Smoking is a modifiable risk factor for most of the top causes of death and is one that can be prevented with smoking cessation programs
- Barriers to Ideal Health

- Systems Structure and Finance – lab, x-rays, primary care physicians located in different places
  - Insurance
  - Access
  - Complexity
- Professional
  - Stigma
  - Prognostic Pessimism – Doctors may not tell patient to quit smoking because they believe they will not do it due to other things (i.e., mental illness) they are dealing with
- Health Literacy – Many are health illiterate
  - Education/Access to Google
- Persons with enduring mental illness
  - More reliance on emergency care
  - Qualitative care
    - Cardiovascular
    - Diabetes
  - Consumers concerned about their care:
    - Not coordinated (mental health & primary care providers)
    - Not uninterested in their care – there is no legitimacy to the statement that consumers don't care about healthcare (Miller, Psychiatric Services, Aug 2003)
- Persons received less care
  - 88,000 >65 Medicare recipients admitted for heart attack
  - 5 indicators
    - Reperfusion
    - Aspirin
    - Beta-blockers
    - Angiotensin-converting enzyme inhibitors
    - Smoking cessation counseling
  - Presence of any mental illness = 19% increased chance death within first year
  - Adjusting for compliance with the five indicators reduced in difference in first year mort – bias against aggressive treatment to manage 1<sup>st</sup> heart attack
- Smoking
  - 80% quitters use no product/program
  - Individuals with mental illnesses have fewer quit attempts and possibly lower quit rates (Depression, Schizophrenia)
  - No clear support that sufficiently motivated individuals with mental illness do not respond to smoking cessation programs and products
- Support for Prognostic Pessimism?
  - There is NO support for Prognostic Pessimism!
  - Obesity
    - Obese individuals with severe mental illnesses can and do lose weight
  - Hypertension, Cholesterol
  - Diabetes
  - Activity

- Cancer Screening
- Accidents
- Access to Wellness Design – 6,000 patients, 4,500 are adults
  - Negotiate a wellness plan that is developed with a nurse practitioner that works on what person wants to work on
  - After developing a wellness plan there are interventions done (smoking cessation, nutrition, get in moving, diabetes, and hypertension), health oriented case management (help people get connected to community resources such as gym and healthy foods), and sick visits (try to work out with primary care)
  - Now have consumer is a peer support specialist and has started walk groups and other programs
- Summary
  - Problem – WE KNOW
  - Existing Barriers
  - Some solutions
    - Access to Wellness
    - Change top perspective

## II. Paolo del Vecchio ([paolo.delvecchio@samhsa.hhs.gov](mailto:paolo.delvecchio@samhsa.hhs.gov))

### “10 by 10”: The National Action Plan to Promote Wellness and Reduce Early Mortality

- The 10 by 10 Pledge
  - Designed to guide us to a goal to work towards
  - We envision a future in which people with mental illnesses pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources
  - We pledge to promote wellness for people with mental illnesses by taking action to prevent and reduce early mortality by 10 years over the next 10 year time period
  - Over 50 organizations signed on, including the National Alliance on Mental Illness, Mental Health America, community mental health centers, primary care organizations
- Center for Mental Health Services/SAMHSA National Wellness Action Plan
  - Immediate Actions
    - Effective Practices and Policies
      - Website–<http://www.bu.edu/cpr/resources.wellness-summit/index.html>
      - Project Launch addressing early childhood wellness to demonstrate effective approaches
      - Identify Mental Health Facility Performance Indicator for Health Assessments – taking vital signs, body mass index, weighing people when they come in, blood pressure, and do follow up after identifying issues
    - Training & Education
    - Data Surveillance
      - Analyze data to see if we are making a difference

- Need to track Behavioral Risk Factors Surveillance System data collection and analysis better to track health conditions
  - Mid-Term
    - Effective Practices and Policies
      - Collaborate with state systems
      - Partner with ACMHA (American College of Mental Health Administration) and others
      - Federal mental health steering group
        - 30 mental health agencies to see how we can coordinate better for integrated care
      - Partnering with other groups to provide better leadership
    - Training & Education
      - Develop, pilot, and disseminate self-management, shared decision-making and person-centered planning tools
      - Participate in community prevention and social marketing efforts - How can we do prevention if we don't know about trauma
    - Data and Surveillance
      - Examine SAMHSA National Outcome Measures ability to address mortality
  - Long Term
    - Effective Practices and Policies
      - Financing policies
    - Training & Education
      - Academic training curricula and accreditation bodies
    - Data and Surveillance
      - Collaborate with Federal Partners
- SAMHSA's stigma reduction center: [www.promoteacceptance.samhsa.gov](http://www.promoteacceptance.samhsa.gov)
- UPCOMING TELECONFERENCE: Addressing the challenges of medical providers in treating persons with mental health issues
  - Tuesday September 16, 2008
  - 2pm – 3:30pm Eastern Time
  - <http://www.stopstigma.samhsa.gov/teleconferences/default.aspx>
  - All trainings are archived on website

### **III. Peggy Swarbrick, PhD, OTR, CPRP ([pswarbrick@cspnj.org](mailto:pswarbrick@cspnj.org))**

**This presentation focuses on a peer run agency that addresses medical & health issues by focusing on overall wellness (physical, spiritual, emotional, social, etc.)**

- Collaborative Support Programs of New Jersey, Inc. (CSP-NJ)
  - A private not-for-profit organization directed, managed, and staffed through collaborative efforts of mental health consumers/survivors and non-consumers
  - Strives to provide individualized, flexible community-based services that promote responsibility, recovery, and wellness
- Issues of Concern

- Stigma and discrimination – HUGE barrier
- Patient role – help moving into other roles
- Isolation and loneliness – How much are we encouraging group participation; if we are not, how can such groups form?
- Inadequate living conditions – find ways to access decent, safe, affordable housing
- Poverty
- Poor physical health
- Unemployment and underemployment – Once you get category “disabled” you cannot see beyond that. Staying on disability you will get healthcare so some may not/or may be urged to go to work. However, this will be bad as they will not be able to use their skills and talents.
- Dimensions
  - Physical
  - Occupational
  - Environment
  - Spiritual
  - Mental/emotional
  - Social
  - Intellectual
  - Financial
- Institute for Wellness & Recovery Initiatives
  - Wellness Retreats – take people places and start talking about health and this has led to annual conference
  - Annual Wellness Conference
  - Wellness Education Center – Training, presentations, tech assistance to agencies
  - Peer Coaching Model – Try to help make behavioral change
  - Words of Wellness – Twice a month newsletter of tips and info
  - Doing a lot with WRAP – Daily maintenance plan
    - i. Focus on 1 or 2 or 3 things and ask what it is you can do well and track
- Community Enterprise Corporation
  - [www.comencorp.org](http://www.comencorp.org)