Healthy Minds and Bodies:

Providing Accessible Health Promotion Programs as Part of the Recovery Process

Annette Bradfield, RN(EC), MScN
Brenda Moore, RN, CPMHNC
Joanne Haddad, RN

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Overview of Presentation

To gain an understanding of the devastating health effects of poverty, mental illness, and problematic substance use.

To use interactive methods to explore best practice approaches to health promotion programming, using CMHA Ottawa as a clinical example.

To discuss a shift in the approach to our social and professional responsibility to build capacity and sustainability for improving health for people with mental illness.

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Why a Wellness Focus in a Mental Health Agency?

- Persons with mental illness and/or vulnerably housed experience poor physical & mental health outcomes
  - limited health care access
  - often considered "difficult to serve"
- Housing instability, chronic substance use, and cigarette smoking can exacerbate mental and physical health problems

CMHA Ottawa: **The View from Inside**

Mission: To offer opportunity and support for individuals with mental health issues so that they may achieve meaning and success and improve their level of functioning in the environment of their choice

We deliver recovery-focused, evidenced-based integrated services for people with a serious mental illness and complex needs

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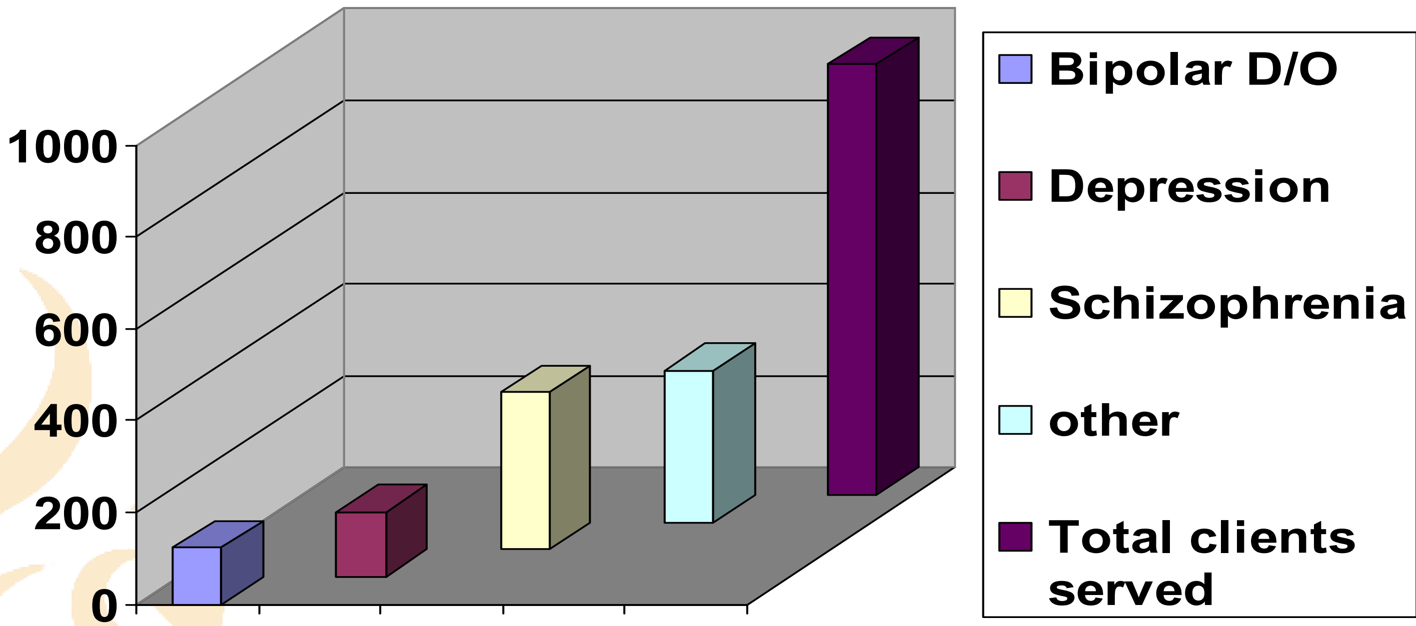
Population Served



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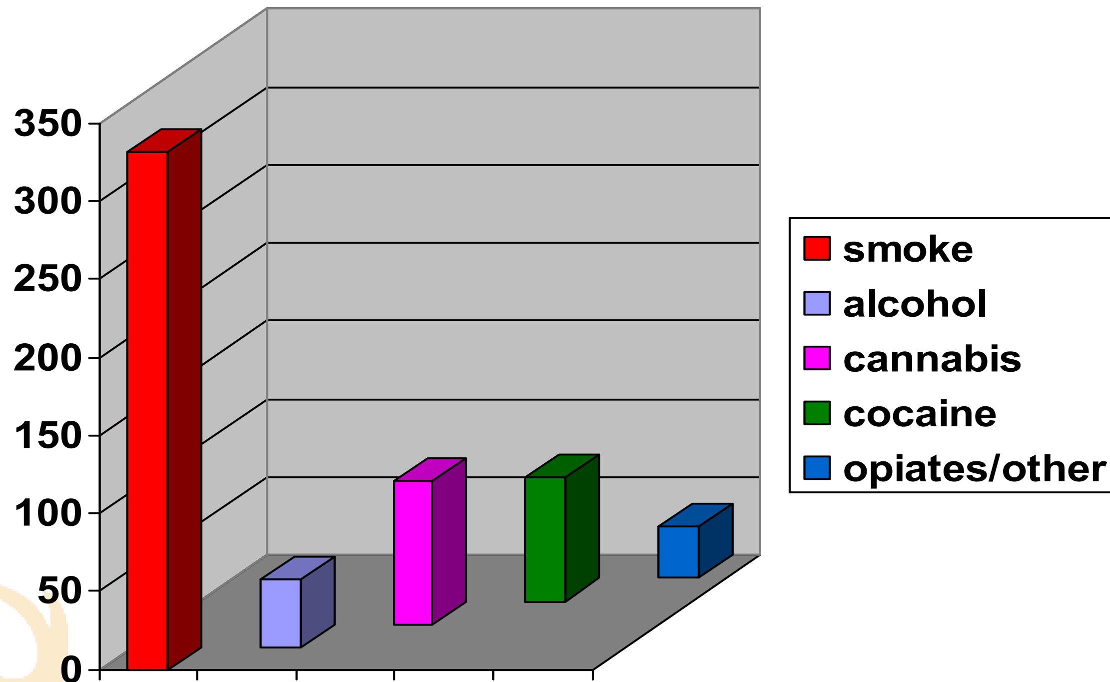
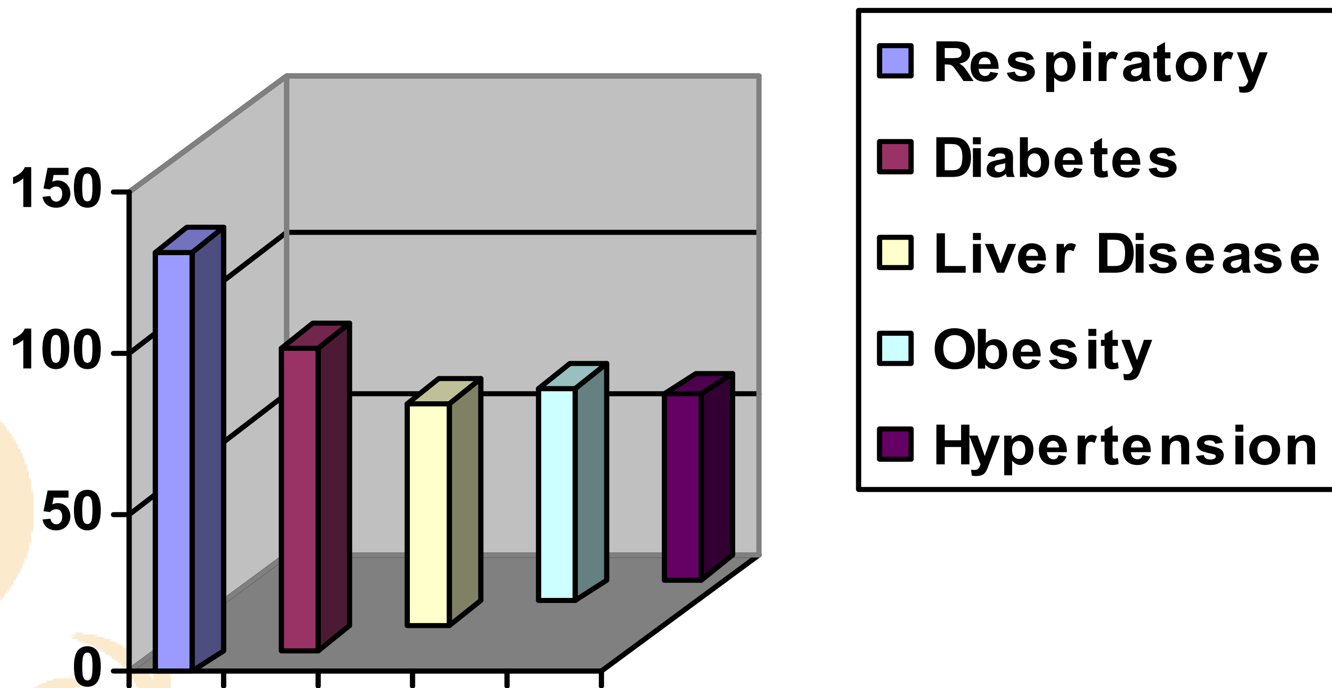
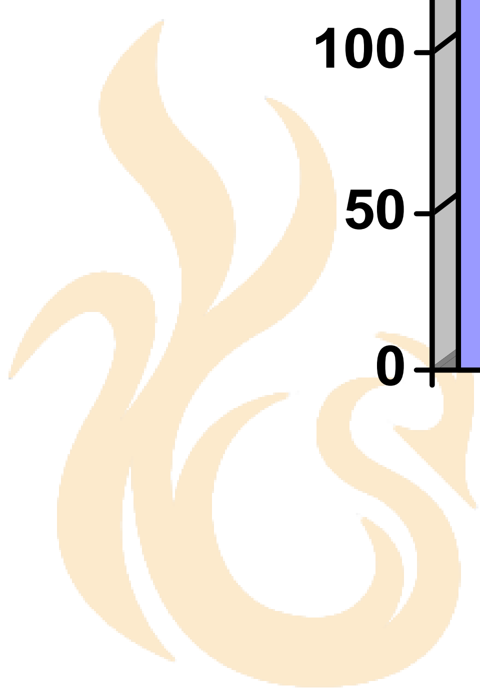
Addiction Disorders



Significant Axis 3





Integrated Treatment Approach at CMHA

- Intensive Case Management Services
  - Concurrent Disorders Treatment
  - Dialectical Behavior Therapy
  - Vocational Support, Peer Support, Recovery Education
  - Extended hours Support
  - Housing First
  - Physical & Mental Health Nursing
  - Psychiatrist Consultation
  - Dual Diagnosis Brokerage Service

Serious Mental Illness (SMI)

- Life expectancy reduced by 25%
- Higher risk of hypertension, respiratory illnesses, chronic infections
- Obesity 3.5 x higher
- Diabetes >2.5 x higher (25-33% undiagnosed)
- Cardiovascular disease 2 x higher
  - Women with depression are 80% more likely to have heart disease

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Metabolic Syndrome

- A multiplex risk factor for coronary heart disease (CHD), type 2 diabetes, fatty liver, and several cancers

- Arises from insulin resistance accompanying abnormal adipose deposition and function

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Metabolic Syndrome

At least 3 of the following 5 conditions:

Fasting glucose ≥ 5.6

(or receiving drug therapy for hyperglycemia)

Blood pressure ≥ 130/85 (or receiving drug therapy for hypertension)

Triglycerides ≥ 1.7 mmol/L

(or receiving drug therapy for hypertriglyceridemia)

HDL-C < 1.0 mmol/L in men or < **1.3** mmol/L in women

(or receiving drug therapy for reduced HDL-C)

Waist circumference ≥ **102** cm (40 in) in men or ≥ **88** cm (35 in) in women

Diagnostic Overshadowing

Physical symptoms misattributed to mental illness without sufficient assessment (Jones et al., 2008)

SMI less likely to receive screening, preventive care, and treatment (Druss et al., 2002)

Access to PHC is top unmet need for people with SMI (Bédard et al., 2007)

10 x 10 SAMHSA Wellness Campaign

People with mental and substance use disorders die decades earlier than the general population

- **mostly due to preventable medical conditions such as diabetes or cardiovascular, respiratory, or infectious diseases**

Mission is to reduce the impact of substance abuse and mental illness on America's communities

8 Strategic Initiatives eg: Broadening health coverage to increase access to appropriate high-quality care and to reduce disparities that currently exist

http://www.samhsa.gov/

Barriers to Health for SMI

- **Limited income**, therefore limited food choices and living environments
- **Stigmatization**, marginalization, access
- **Homelessness**, no ID, OHIP or address
- **PTSD** → Reluctance to have procedures
- **Fragmented services**: Psychiatrists, dietitians, physical activity programs usually not connected with PHC facility

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Health Promotion at CMHA

- **Healthy Communities Fund** from Ministry of Health Promotion 2009-2012
  - Staff: health promoter, dietician, recreation therapist
- Many community **partnerships** formed
  - Ottawa Inner City Health, Community Health Centres, Shelters, Ottawa Heart Institute
- Community Kitchen, physical activities, Good Food Box
- Wellness Festival (with donations)
- Special Events – fishing trips, picnics

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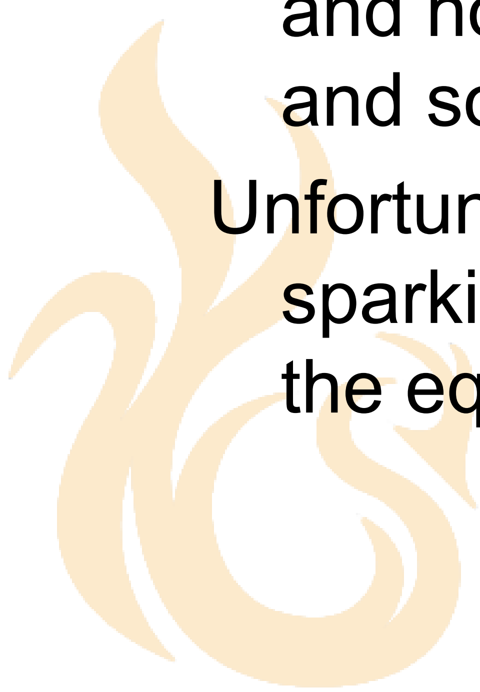
Wii

Wii:
How would you market?

You have purchased a Wii and TV knowing that this has been a successful strategy for people in supportive living, old age homes and hospitals to engage in physical activity and socialization.

Unfortunately, you are having difficulty sparking interest in staff and clients to use the equipment.



- What are the possible drawbacks to using this device?
- How do you market this device?
- What strategies can you use to engage staff interest?

Tobacco and SMI (serious mental illness)

75% of people with SMI smoke (Lawn, 2008)

40-50% of cigarettes smoked by people with SMI

One out of every two mentally ill smokers dies of tobacco-related illnesses (Els et al., 2008)

The tobacco industry has engaged in direct specific commercial marketing of cigarettes to homeless and mentally ill populations

(Apollonia & Malone, 2005)

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Tobacco and SMI

- People with SMI are half as likely to quit
- ¾ want to quit – same as general population
- Tailored Community-Based Program

  success rate similar to rates for other smokers, no untoward effects on mental illness

(Currie et al., 2008)

Smoking cessation interventions:

- do not endanger abstinence
  - (Currie, Nesbitt, Wood & Lawson, 2003)
- do not increase psychiatric symptoms
  - (Banham & Gilbody, 2010; Hall & Prochaska, 2009)

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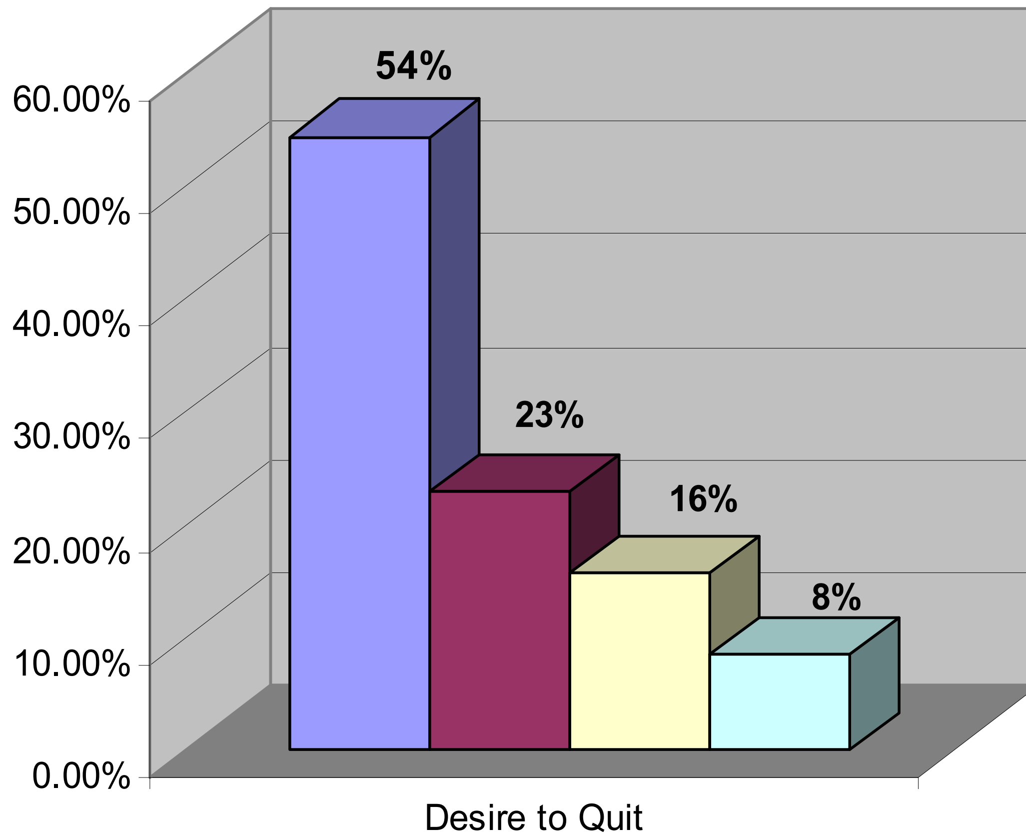
CMHA Direct Service - Smoking Survey
Desire to Quit
n=331
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
54%
23%
16%
8%
Desire to Quit
Do not want to quit in the next 6 months
Seriously considering quitting in the next 6 months
Interested in drastically reducing the number of cigarettes
Interested in quitting smoking/tobacco use in the next month, & any assistance I could get

CMHA Direct Service - Smoking Survey
Smoking Practices
n=331

Practice	Percent
share cigarettes	50%
smoke cigarettes remade from discarded cigarette butts and filters	25%
smoke cigarettes remade by others (not by the regular tobacco companies)	47%
smoke discarded cigarette butts	22%
block filter vents or tear off filters	9%

These practices increase the likelihood of ingesting infectious agents and toxins trapped in filters and tobacco remains.

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CMHA Smoking Cessation Groups

January – December 2010

Thinking About Quitting?

Presenting: Tobacco Freedom!

Ongoing **Stop SMOKING** Program!

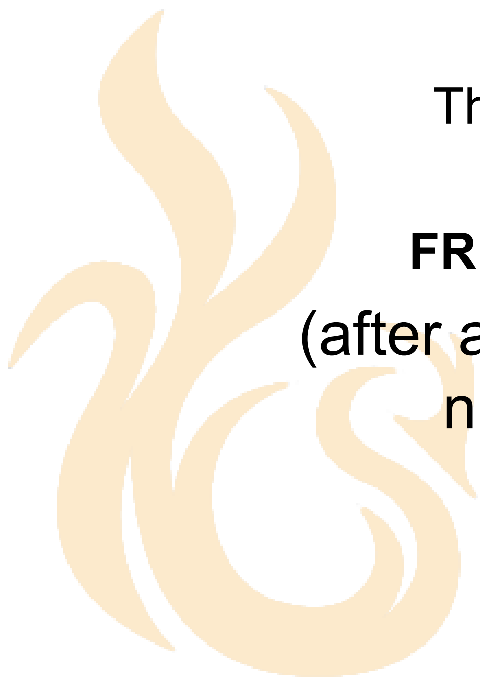
This **FREE** program will offer a session every week

Support for cutting back and preparing to quit

FREE nicotine patches available weekly if you qualify

(after an initial physical health assessment by our RN or nurse practitioner, with a note from your doctor)

FREE snacks and bus tickets



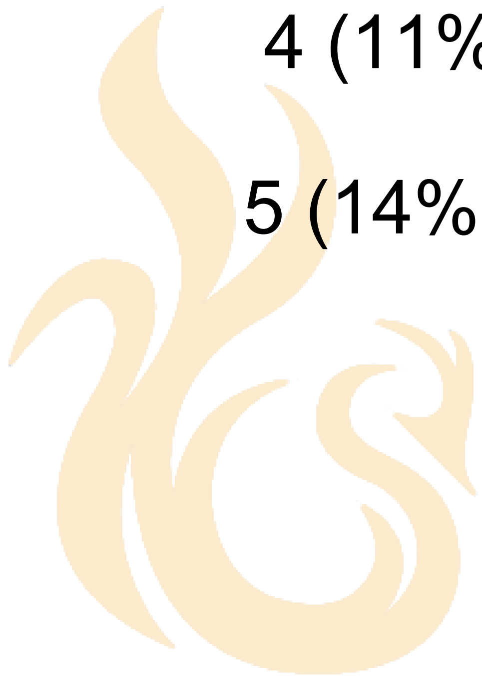
Follow-Up Assessment (n = 35)

14 (40%) decreased tobacco use

12 (34%) increased readiness to quit

4 (11%) quit smoking

5 (14%) no follow-up data



Smoking Cessation Program

What Worked Well:

Support group open-ended / Drop-in

Need long-term support

Participants offer possible solutions from their personal experience, **Peer Facilitator**

"what worked for me was…"

Motivational Interviewing

Listening for "change talk" and exploring beliefs and perceptions

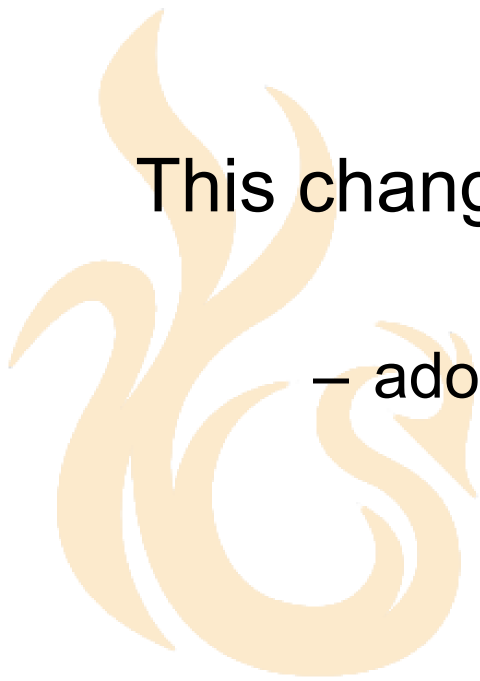
Change Talk

Consistent use of **Motivational Interviewing Strategies…**

– eg OARS (**O**pen ended questions, **A**ffirmations, **R**eflective listening, **S**ummaries);

– autonomy, empathy

…Are associated with increased levels of **Change Talk**



This change talk **predicts better outcomes** in:

– people who consume alcohol

– adolescents who are homeless & use drugs

– emergency room patients

(Moyers et al, Baer et al, Gaume et al)

Sustain Talk

Indicates the client is not willing to change.

They are happy with the status quo and there is a desire for the benefits of continued behaviour.

- I really like marijuana.
- I don’t see how I could check my blood sugars regularly.
- I need to smoke to be creative.
- I intend to keep smoking and no one can stop me.
- I don’t think I have to quit.

Change Talk

Speech that favors movement in the direction of change, specific to a particular target behaviour.

Occurs naturally when clients are ambivalent about change

- I think I could quit.
- I have to do something about my drinking.
- I am probably going to quit.
- I want to get my kids back, and I can't do that if I am using.
- I don't want to feel like this everyday.

Recognizing Change Talk

Drumming Exercise

"I love smoking cigarettes"

"I don't think I can eat more fruits and vegetables than I already am"

"I might be able to cut down a bit"

"I don't see how drinking 4 beers a day is a problem"

"I could probably take a walk after dinner"

Recognizing Change Talk

Drumming Exercise

"I need to get back some energy"

"It's such a hassle to prepare healthy meals"

"I'm sure I'd feel better if would stop eating junk food"

"I'm sick of smoking"

"I have my reasons for using crack from time to time"

Motivational Mountain
MI Hill
Preparatory Change Talk
Mobilizing Change Talk
(Pre-)
Contemplation
Preparation
Action

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Preparatory Change Talk DARN

D= DESIRE to change (want, like, wish . .)

A= ABILITY to change (can, could)

R= REASONS to change (if . . then)

N= NEED to change (need, have to, got to . .)

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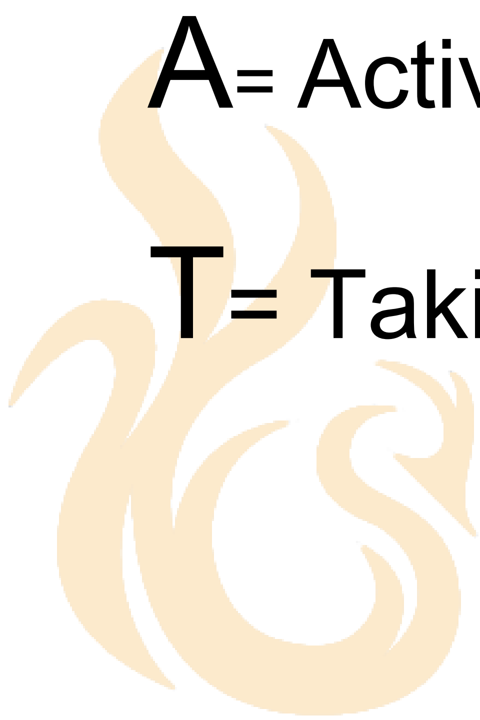
Implementing Change Talk
CAT

C= Committing= I will, I am

A= Activating= I plan to…

T= Taking Steps= I did…



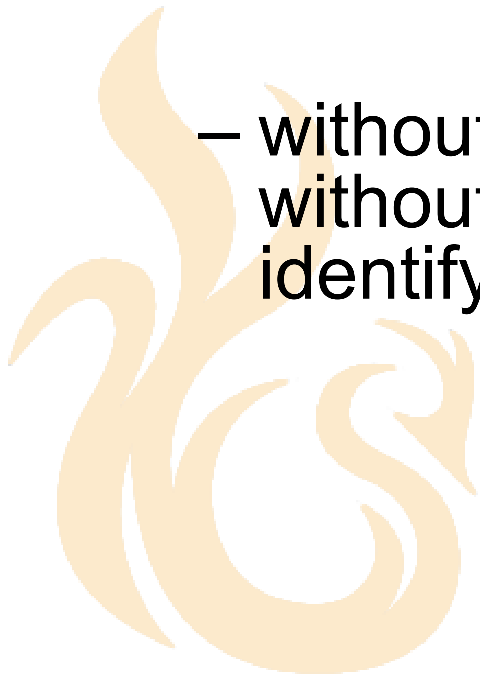
The Art of Facilitating Self-determination

Facilitate:

To make easy or easier, to actively encourage, promote and inspire…

– without interjecting any personal agenda and without any goal but empowering others to identify, pursue and achieve their own ends.

Stephen Pocklington



Resisting the Temptation to:

- Fix
- Save
- Advise
- Set each other straight

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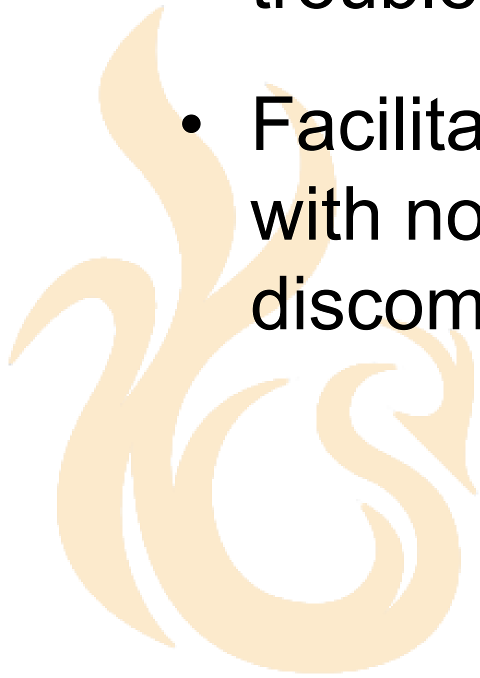
Sitting with Discomfort

- **Sitting with Discomfort** allows us to respect other people's choices, even when we are troubled by the choices that are being made
- Facilitating the other finding his/her own way with no agenda requires an ability to sit with discomfort



Where do we go from here?

A shift in policy and practice to an evidence-informed, multiple-risk factor, multiple-setting approach

- strengthens the **chronic disease prevention** agenda
- addresses both issues of **sustainability and capacity building**

New Initiatives

- In-house assessment and health promotion clinics
- Healthy food and cigarette policies
- New community partnerships
- Diabetes self-management programs tailored to SMI with Peer Supporters
- Integrate health promotion activities within DBT/ CBT to encourage consumers to take charge of their health (McIntosh, 2008)

Linking Health Promotion Activities to Recovery Within CMHA Ottawa

- **Recovery Education** for Clients and Staff
  – WRAP, Pathways to Recovery
  – Gaining Autonomy with Medication pilot
- Gradually increasing **peer support initiatives**
  – hiring Peer Greeters
  – Peer Recovery Educators
- Reviewing the **Peer Supporter training**
  – to reflect Intentional Peer Support (IPS)

- Review of delivery of **Open Minds/Esprit Ouvert**
  - to offer more positive overview of experiences of mental illness
- **Consumer Survivor Initiatives** (CSI)
  - Increasing collaboration with Ottawa area
- **100 Ways to Support Recovery**; A Guide for Mental Health Professionals (Mike Slade)
  - Review of document and plan for implementation

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Where do you go from here?

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Annette Bradfield, RN(EC), MScN
abradfield@cmhaottawa.ca

Brenda Moore RN, CPMHNC
bmoore@cmhaottawa.ca

Joanne Haddad, RN
jhaddad@cmhaottawa.ca