



**SAMHSA-HRSA
Center for Integrated
Health Solutions**

Working Towards a Healthy Weight – Programs and Strategies to Support Clients

PBHCI Monthly Webinar
December 19, 2014

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Mental Health Services
SAMHSA
www.integration.samhsa.gov



**SAMHSA-HRSA
Center for Integrated Health Solutions**

Audio and Control Panel Instructions



On the phone?
“Raise your hand” and we will open up your lines for you to ask your question to the group. **(Right)**



Using computer speakers?
Type into the question box and we will address your questions. **(Left)**

TEST Learn About Mental Illness-The Mental Health First Aid Action Plan
Webinar ID: 500-005-035
GoToWebinar™

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Mental Health Services
SAMHSA
www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Today's Presenters

Steve Bartels, MD, MS, Director, Centers for Health and Aging, Professor of Psychiatry, Community and Family Medicine, and TDI Geisel School of Medicine at Dartmouth

Nathan Gammill, FNP, Project Director, Making Healthy Choices, Postgraduate Center for Mental Health, NY

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MIND, BODY, AND SPIRIT

SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov



SAMHSA-HRSA
**Center for Integrated
Health Solutions**

Reversing Early Mortality Due To Obesity and Cardiovascular Risk Factors In Mental Illness: *What Works In Changing Health Behaviors?*

Steve Bartels MD, MS
Director, Centers for Health and Aging
Professor of Psychiatry, Community and Family Medicine, and TDI
Geisel School of Medicine at Dartmouth

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MIND, BODY, AND SPIRIT

SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Disclosures

Grant Funding:

- NIMH
- CDC
- HRSA
- Endowment for Health
- CMS

Consultant:

- Substance Abuse and Mental Health Administration

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES
SAMHSA
www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Overview

- Obesity risk factors and cardiovascular mortality
- Findings from the research literature physical activity and weight loss interventions for persons with mental illness
- What is more (and less) likely to work
- Recommendations

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES
SAMHSA
www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Determinants Of Health

Lifestyle 5X Health Care

Determinant	Percentage
Lifestyle	51%
Environment	19%
Human Biology	20%
Health Care	10%

World Health Organization, 1996

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MIND, BODY, AND SPIRIT

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Factors Affecting Premature Death in the Population:

Health Behaviors 4X Health Care

Factor	Percentage
Behavioral patterns	40%
Genetic predisposition	30%
Social circumstances	15%
Health care	10%
Environmental exposure	5%

Source: N Engl J Med. 2007 Sep 20;357(12):1221-8.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MIND, BODY, AND SPIRIT

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions



HOW WE GOT HERE.....

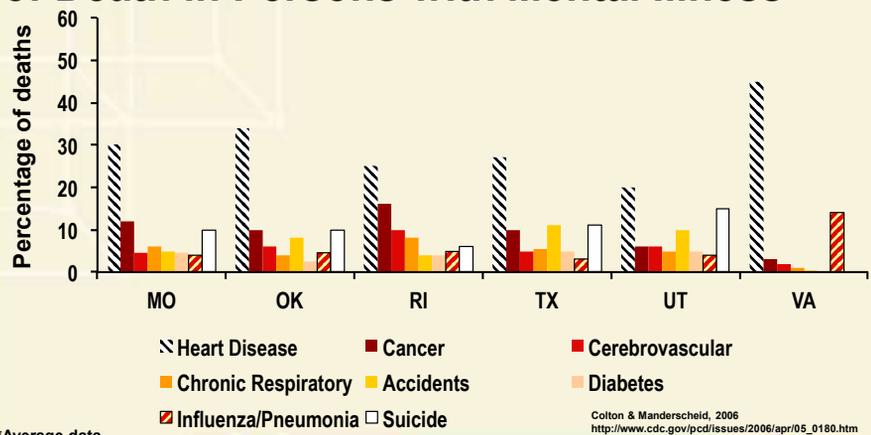
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
COMMUNITY RECOVERY CENTER



www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Cardiovascular Disease Is Primary Cause of Death in Persons with Mental Illness*



*Average data from 1996-2000.

Colton & Manderscheid, 2006
http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
COMMUNITY RECOVERY CENTER



www.integration.samhsa.gov

Cardiovascular Disease (CVD) Risk Factors

Modifiable Risk Factors	Estimated Prevalence and Relative Risk (RR)	
	Schizophrenia	Bipolar Disorder
Obesity	45–55%, 1.5-2X RR ¹	26% ⁵
Smoking	50–80%, 2-3X RR ²	55% ⁶
Diabetes	10–14%, 2X RR ³	10% ⁷
Hypertension	≥18% ⁴	15% ⁵
Dyslipidemia	Up to 5X RR ⁸	

1. Davidson S, et al. *Aust N Z J Psychiatry*. 2001;35:196-202. 2. Allison DB, et al. *J Clin Psychiatry*. 1999; 60:215-220.
 3. Dixon L, et al. *J Nerv Ment Dis*. 1999;187:496-502. 4. Herran A, et al. *Schizophr Res*. 2000;41:373-381.
 5. McElroy SL, et al. *J Clin Psychiatry*. 2002;63:207-213. 6. Uco A, et al. *Psychiatry Clin Neurosci*. 2004;58:434-437.
 7. Cassidy F, et al. *Am J Psychiatry*. 1999;156:1417-1420. 8. Allebeck. *Schizophr Bull*. 1999;15(1)81-89.

Selected Risk Factors Attributable to Premature Mortality Worldwide

Attributable Risk Factor	Percentage of Annual Deaths
High blood pressure	12.8%
Tobacco use	8.7%
High blood glucose	5.8%
Physical inactivity	5.5%
Overweight & obesity	4.8%
High cholesterol	4.5%
<i>Total</i>	42.1%

World Health Organization, 2009



SAMHSA-NRSA
Center for Integrated Health Solutions

What is the Effectiveness of Health Promotion Programs for Persons with Serious Mental Illness?

What works more?

What works less?



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
AND HEALTH SERVICES

SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Characteristics of Studies with Statistically Significant Results

- Duration \geq 24 weeks
- BOTH Education and Activity
- BOTH Diet & Exercise
- Manualized & intensive programs
- Ongoing Measurement and Feedback of Success (e.g., Monitoring Physical Activity, Nutrition Change, Weekly Weights)

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
AND HEALTH SERVICES

SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

ACHIEVE

Achieving Healthy Lifestyles in Psychiatric Rehabilitation

18-month intervention with group and individual weight-management sessions and group exercise sessions

Control – standard nutrition and physical-activity information at baseline

N=291 participants with SMI (58.1% schizophrenia or schizoaffective)

At 18 months -3.2 kg in intervention compared to control (p=0.002)

37.8% in intervention group lost $\geq 5\%$ body weight compared to 22.7% in control group (p=0.009)

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
COMMUNITY RESEARCH CENTER
Healthy Minds. Healthy Communities.

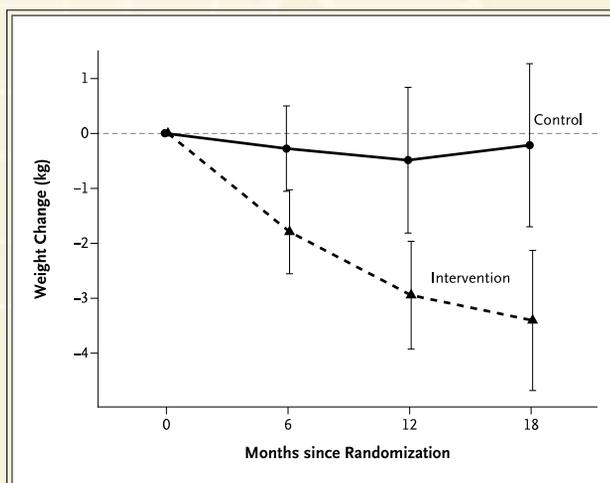
SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov

Daumit et al., NEJM 2013

SAMHSA-NRSA
Center for Integrated Health Solutions

Selected Results from ACHIEVE



Daumit et al., NEJM 2013

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
COMMUNITY RESEARCH CENTER
Healthy Minds. Healthy Communities.

SAMHSA
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

STRIDE

Designed to reduce weight and obesity-related risk in people with SMI taking antipsychotic medication

N=144 participants

6-month intervention included diet and weekly 2-hour group meetings with 20 minutes of exercise

Intervention group lost 3.9% (6-month) and 4.5% (12-month) of baseline weight on average

Other important outcomes:

- Decreased fasting glucose (p=0.01)
- Decreased hospitalizations over 12-month period (p=0.01)



NATIONAL COUNCIL
FOR THE BEHAVIORAL HEALTH
AND MENTAL HEALTH SERVICES



Green et al., Am J Psychiatry, 2014

www.integration.samhsa.gov



Lifestyle/Fitness Programs for Overweight Persons with Serious Mental Illness



SAMHSA-NRSA
Center for Integrated Health Solutions

In SHAPE: Major Components

- Health Mentors
(certified personal trainers)
- Individualized In SHAPE Plans
- Access to local fitness facilities
- Individual and group nutrition education
- Smoking cessation referrals
- Engagement of community partners

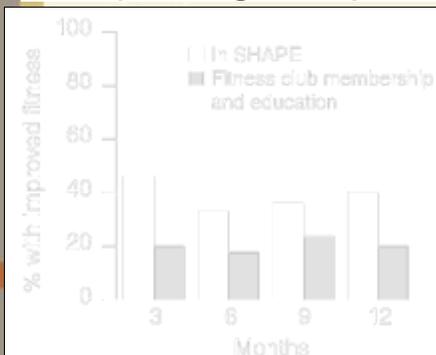


NATIONAL COUNCIL
ON BEHAVIORAL HEALTH
COMMUNITY REACHMENT TOOL



www.integration.samhsa.gov

1st RCT (n=133) :
At 12 months: 49% in
intervention group
achieved either
clinically significant
increased fitness (>50
m on 6MWT) or weight
loss (5% or greater)



Clinically Significant Improved Fitness and Weight Loss Among Overweight Persons With Serious Mental Illness

Stephen J. Bartels, M.D., M.S.,
Sarah L. Fenn, Ph.D.,
Kathy A. Archibrewer, Ph.D.,
Laura K. Barry, M.D.,
Katherine Jui, M.S.S.A.,
Rebecca S. Wolfe, M.S.,
Háryl Xie, Ph.D.,
Gregory McHugh, Ph.D.,
Stephanie Santoro, M.S.W.,
Gail E. Williams, B.A.,
John A. Naslund, M.P.H.,
Kim T. Mueser, Ph.D.

Objective: The objective of this study was to evaluate the effectiveness of a fitness health mentor program (In SHAPE) in improving physical fitness and weight loss among overweight and obese adults with serious mental illness. **Methods:** A randomized controlled trial was conducted with 133 persons with serious mental illness and a body mass index (BMI) ≥30 who were assigned either to the In SHAPE program (one year of weekly sessions with a fitness trainer plus a fitness club membership) or to one year of fitness club membership and education. Assessments were conducted at baseline and three, six, nine, and 12 months later. **Results:** Participants had a mean baseline weight of 222.6 (SD=68) pounds and a mean BMI of 35.2 (SD=8.2). At 12-month follow-up, In SHAPE (n=67) compared with fitness club membership and education (n=66) was associated with three times greater fitness club attendance, twice as much participation in physical exercise, greater engagement in structured physical activity, and improvement in diet. Twice the proportion of participants (49% versus 28%) achieved clinically significant improvement in cardiovascular fitness (≥50 m on the six-minute walk test). Weight loss and BMI did not differ between groups. Among In SHAPE participants, 49% achieved either clinically significant increased fitness or weight loss (5% or greater), and 43% achieved both clinically significant improved fitness and weight loss. **Conclusions:** The In SHAPE program achieved clinically significant reductions in cardiovascular risk for a substantial number of participants at 12 months. Although the intervention showed promise in improving fitness, applying weight loss requires additional intensive, well-organized dietary interventions. *Psychiatric Services* 64:729-730, 2013, doi:10.1176/appi.ps.201200081

Comorbid mental illness is the leading cause of the early onset (25- to 30-year-old) and chronic nature of serious mental illness (SMI). Lifestyle interventions aimed at increasing physical activity and healthy eating have been proposed to reduce cardiovascular risk by addressing high rates of obesity in this at-risk group. Unfortunately, the stigma has hindered disappointing results. Systemic reviews of over 20 studies evaluating community-based dietary and lifestyle interventions for these persons with serious mental illness have concluded that despite findings of statistically significant weight loss, all but two interventions (4 of 10) failed to achieve clinically significant mean weight loss of 5% of body weight or more (3-7). Numerous factors contribute to the lack of success of these lifestyle interventions in reducing meaningful weight loss, including variable levels of psychiatric medication, impact of psychiatric medication on psychiatric symptoms, motivation, difficulty affording healthy foods, and multiple access to safe, affordable, and supported options for physical activity.

Dr. Bartels is affiliated with the Department of Psychiatry and the Department of Community and Family Medicine at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850 (s.j.bartels@cornell.edu); Dr. Fenn and Dr. Archibrewer are with the Department of Psychiatry and Behavioral Science at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Barry is with the Department of Community and Family Medicine at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Jui is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Wolfe is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Xie is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. McHugh is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Santoro is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Williams is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Naslund is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850; Dr. Mueser is with the Department of Psychiatry at the Cornell School of Medicine at Stoneman, 40 Cameron Parkway, Suite 200, Ithaca, NY 14850.

2nd RCT (n=210) 51% achieved either **clinically significant increased fitness (>50 m on 6MWT) or weight loss (5% or greater)**

- In multiple routine care sites,
- In ethnically heterogeneous pop.
- With sustained outcomes



Article

Pragmatic Replication Trial of Health Promotion Coaching for Obesity in Serious Mental Illness and Maintenance of Outcomes

Stephen J. Bartels, M.D., M.P.H.
 Sarah L. Pratt, Ph.D.
 Kelly A. Ackermann, Ph.D.
 Laura K. Barr, M.D.
 John A. Hurland, M.P.H.
 Rosemarie Niles, M.S.
 David Xia, Ph.D.
 Gregory J. McHugh, Ph.D.
 Daniel E. Jensen, Ph.D.
 Ken Jac, M.S.S.A.
 James Feldman, M.D., M.P.H.
 Brian L. Dool, Ph.D.

Objective: For states targeting obesity, serious mental illness (SMI) has been recognized as a high-risk population, and more have been included in community, ethnic, or demographic subpopulation cohorts after intervention withdrawal. The authors sought to evaluate community health education dissemination of a professionally developed effectiveness study of the In SHAPE program in urban community mental health organizations serving an ethnically diverse population.

Methods: Persons with serious mental illness and a body mass index (BMI) ≥30 receiving services in three community mental health organizations were recruited and randomly assigned either to the 12-month InSHAPE program, which included interventions in a public library, church, and weekly meetings with a health promotion coach, or to the fitness club membership group. The primary outcome measures were weight and waist circumference. Sites are measured with the

Results: Participants (N=210) were ethnically diverse (68% were nonwhite), with a mean baseline BMI of 36.8 (SD=6.1). At 12 months, the In SHAPE group (n=104) had greater reduction in weight and improved fitness compared with the fitness club membership group (n=106). Primary outcomes were maintained at 18 months, specifically half of the InSHAPE group (51%) had 12 months and only a 10 months) achieved clinically significant cardiovascular risk reduction (a weight loss ≥5% or an increase of 100 meters) in the 6-month visit test.

Conclusions: This is the first replication study confirming the effectiveness of a health coaching intervention in achieving and sustaining clinically significant reductions in cardiovascular risk for overweight and obese persons with serious mental illness.

Am J Psychiatry 2014; 171: 481-488

Rates of obesity in persons with serious mental illness are nearly twice those in the general population (1-3), contributing to reduced life expectancy in this group largely as a result of cardiovascular disease (3-6). Persons with serious mental illness face numerous challenges in achieving and sustaining fitness and weight loss, including the stigmatized effects of psychiatric medications, the impact of symptoms on motivation, poor diet, difficulty affording healthy foods, physical inactivity, and inadequate access to safe, affordable, and supported options for physical exercise. Systematic reviews of health promotion interventions for persons with serious mental illness have identified a host of implementation factors supporting statistically significant weight loss (7, 8), yet the studies have reported clinically significant outcomes (9-12). None of these clinically significant trials has been replicated to determine whether similar outcomes are achieved when the intervention is provided by routine community mental health organizations serving ethnically diverse populations or whether improved outcomes are

repeated when the same intervention has been replicated.

The lack of replication studies in contemporary medicine has been highlighted as a major concern in systematic reviews as well as in the popular press (e.g., 13, 14). The lack of replicated results in medical research has been attributed to a variety of causes, such as "questionable research practices" consisting of exploiting multiple comparisons available to researchers and reporting only those that yield significant results (15) combined together with inadequate statistical power (16) and pervasive publication bias favoring novel findings over replication studies (17). In the psychological sciences, 14% of published findings remain the same replication, and among actual replication studies, only a little over 1% are successful (18).

In a previous randomized controlled trial in a general health center in New Haven, Conn., we demonstrated the effectiveness of In SHAPE (19). A 12-month program consisting of individual weekly meetings in the community with a health promotion coach, a fitness club (YMCA) membership, and two face-to-face sessions supported the persons

SAMHSA-NRSA
Center for Integrated Health Solutions

Fitness vs. "Fatness"
What if Weight Loss is Not Achieved?

Improved cardiorespiratory fitness vs. weight loss in cardiovascular and all-cause mortality: strongly associated with reduced risk...weight loss is not significant after adjusting for improved fitness.

Systematic review : all-cause mortality: ≥150 minutes moderate to vigorous physical activity/week = 86% reduced all cause mortality.

Mean increase in 6MWT _80 meters, clinically significant reduction in risk for cardiovascular and other chronic health conditions.

Lee et al., Circulation, 2011, Samitz et al., Int J of Epidemiol, 2011; Larsson & Reynisdottir, Physiotherapy Research International, 2008; Rasekaba et al., Intern Med J, 2009; Wise & Brown, Journal of Chronic Obstructive Pulmonary Disease, 2005

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
 www.integration.samhsa.gov

We Know What Works SAMHSA-HRSA Center for Integrated Health Solutions

Research Review of Health Promotion Programs / SAMHSA-HRSA

http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper

Making Integrated Care Work CONTACT US: 202.884.7457

SAMHSA-HRSA Center for Integrated Health Solutions eSolutions newsletter

About Us Integrated Care Models Workforce Financing Clinical Practice Operations & Administration Health & Wellness

Facebook Twitter LinkedIn Ask a Question Email

Home / Health & Wellness / Research Review of Health Promotion Programs

Million Hearts
Wellness Strategies
Tobacco Cessation
Co-occurring Chronic Conditions
WHAM
Consumer Engagement

RESEARCH REVIEW OF HEALTH PROMOTION PROGRAMS

Research Review of Health Promotion Programs for People with Serious Mental Illness

The SAMHSA-HRSA Center for Integrated Health Solutions engaged the Dartmouth Health Promotion Research Team, under the leadership of Steachon Borish, MD, MS, to conduct a comprehensive, systematic review of published research literature addressing non-pharmacological lifestyle interventions aimed at reducing obesity and improving fitness for people with serious mental illness who are at risk of myriad chronic conditions and premature death.

Summary of Findings

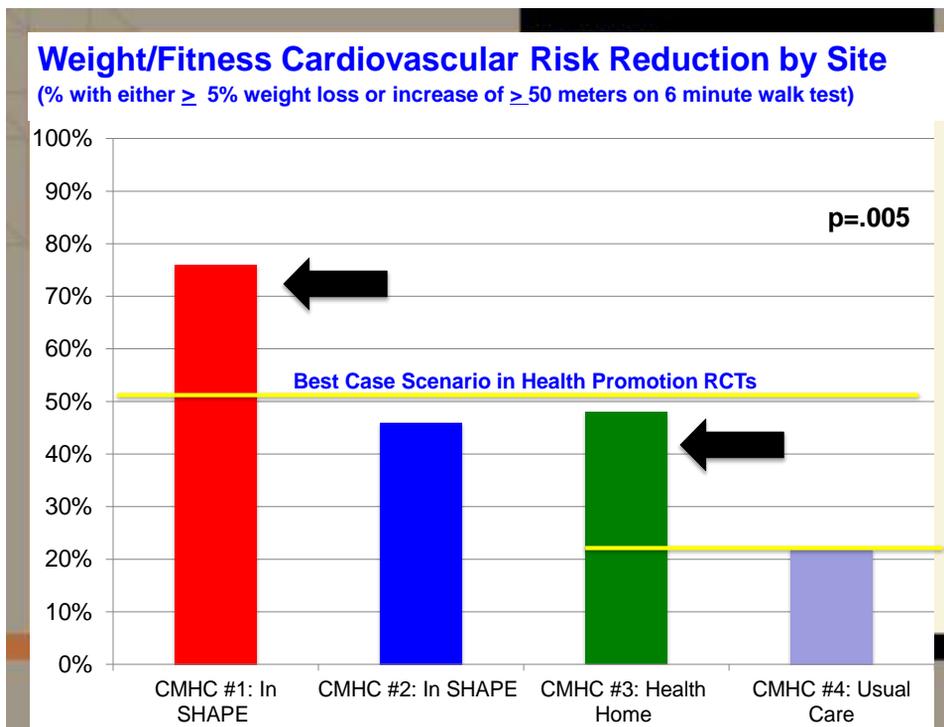
Current research demonstrates that lifestyle interventions inconsistently achieve clinically significant weight loss for overweight individuals with serious mental illness. When successful, these interventions result in clinically significant weight loss for only a minority of participants. To date, it is unknown why some individuals participating in lifestyle interventions achieve significant weight loss, and others do not. However, some program characteristics (e.g., program duration and design) seem to facilitate greater success than others do. It is important to note that improving cardiorespiratory fitness has substantial health benefits, independent of weight loss.

SAMHSA-HRSA Center for Integrated Health Solutions

Can Behavioral Health Organizations Change Health Behaviors? Rediscovering the Neck



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH SAMHSA



**SAMHSA-NRSA
Center for Integrated Health Solutions**

Site 1: Qualitative Component- Enhancing Effectiveness by Changing Organizational Culture

“It’s about having this entire team approach to reinforcing the goals of the client... All of a sudden they had the doctors saying, “How’s it going in In SHAPE?”

“Some of the clinical case managers have also played a role in monitoring the activity going on and jumping in if the person becomes less motivated or symptoms start to get in the way.”

“We’ve got to shape behavior and so we have an environment that at any point in time might be able to reinforce change in behavior. What better way than if you have this treatment team that at every point is saying, “hey, how’s it going in there? You did? That is excellent.... Reinforcing kind of this behavior change over time by various sources.”

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Site 3: Qualitative Component- Enhancing Health Home Wellness Outcomes through Integrated Health Promotion

“One of the things that we were doing prior to the grant was a walking group once a week... With the PBHCI grant we were able to do it multiple times a week. We were able to work with our peer support center and the YMCA actually allowed us to go three times a week and use their indoor track and what the peer support center did is that the provided transportation.

Among newly introduced wellness activities that were added to the implementation of a health home through the PBHCI program: Increased YMCA program, new nutrition class, Tai Chi and stretching classes, diabetes education program.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
AND HEALTH SERVICES
Quality • Value • Meaning • Innovation



www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Principles of Effective Weight Loss Health Promotion Programs for Persons with Mental Illness

What works?

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
AND HEALTH SERVICES
Quality • Value • Meaning • Innovation



www.integration.samhsa.gov

Recommendation:

1. **Most** likely to be effective:

- Longer duration (at least 6 months)
- Combine education and coached activity
- Include both nutrition and physical exercise
- Are evidence-based (proven effective by RCTs)

Recommendation:

2. *If weight loss is a primary goal:*

- The nutritional component is critical and is more likely to be successful if it incorporates active weight management
- Monitoring weight, changing diet and keeping track



Recommendation:



3. *If physical fitness is a primary goal:*

- (+) Activity based programs that provide active and intensive exercise and monitoring of physical activity
- (-) Programs solely providing education, encouragement, or support for engaging in physical activity.

Recommendation:

4. *Integration of Evidence-based Health Promotion as a Core Service:*



- Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of mental health services seeking to provide overall wellness and recovery for persons with SMI.

Recommendation:

5. *Pursuing Weight loss vs. Fitness*



- Aggressively pursue dietary reform and weight management but also support the value of physical activity in achieving fitness independent of obesity.

Recommendation:

6. *Selecting a Health Promotion Program for Implementation:*



- Evidence-based: supported by rigorous outcome research (preferably RCTs)
- Manualized with training and supervision
- Feasible: Demonstrated track record of successful implementation and likely sustainability



SAMHSA-NRSA
Center for Integrated Health Solutions

The Bottom Line

Both obesity and poor fitness are killers

Changing health behaviors is HARD work but essential to improving health and life expectancy

The best studies demonstrate modest results in reducing obesity but better results in improving fitness

What works better? Intensive manualized programs that combine coached physical activity and dietary change lasting at least 6 months (or more)

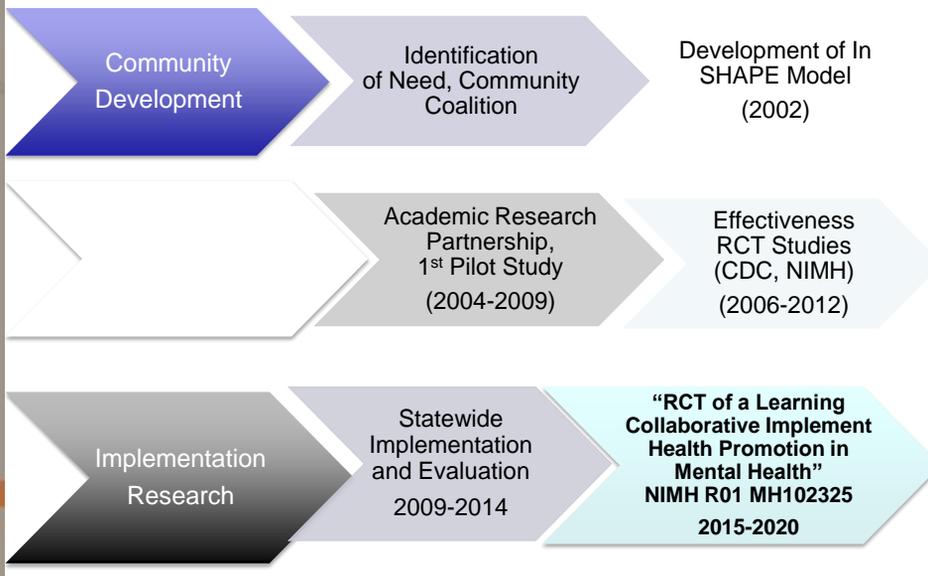
Clinically significant weight loss is likely to be achieved by some, but improved fitness by more.....and both are important for heart health





www.integration.samhsa.gov

The In SHAPE Health Promotion Program From Inception to Dissemination and Implementation



Just Funded by NIH: Study Evaluating How to Best Implement Health Promotion for Obesity (In SHAPE) in 48 Mental Health Organizations Across the Nation

In 2014, the National Institute of Mental Health funded Dr. Steve Bartels and Dartmouth College team to conduct a 4-year initiative to determine how to best implement evidence-based health promotion to decrease obesity and related comorbidities in persons with mental illness. Half of the participating organizations selected for this study will receive training and individual behavioral assistance for 12 months, and half will receive training and implementation support by participating in a learning collaborative for 18 months.

Benefits to Participating Organizations: The organizations selected to participate will receive, at no cost --

- Training in the In SHAPE Program
- Personal trainer certification reimbursement for one designated Health Mentor at a hospital or other MHA, SAMHSA, or ACOE facility
- Implementation support through expert technical assistance, and ongoing weekly Health Mentor supervision
- No need to send the Health Mentor to leading participant programs and program activities

For more information on In SHAPE:

- Visit www.kangas.com/in-shape
- Watch youtube.com/watch?v=EDy3kxat4k0&feature=youtu.be

Have additional questions or want more information? Contact Steve Bartels, Director of Public Policy, at MSH@TheNationalCouncil.org.

DARTMOUTH'S IN SHAPE IMPLEMENTATION STUDY
 Home | Research | Training & Development | Partners | Community to SHAPE Implementation Study

In SHAPE Implementation Study
 INTEGRATING HEALTH PROMOTION FOR OBESITY IN MENTAL HEALTH ORGANIZATIONS
 Download Frequently Asked Questions
 Watch a recording of our In SHAPE Informational Webinar
 Applications for the In SHAPE Implementation Study are now being accepted at this time.

The Problem: People with serious mental illness (SMI) in particular African American health organizations have a reduced life expectancy of 25-33 years compared to the general population. Obesity and tobacco use are major causes of this dramatic health disparity. Obesity rates are twice as prevalent among persons with SMI compared to those without SMI — among the highest, high-risk group of adults at risk for diabetes and cardiovascular disease.

The Project: Through a competitive application process, 48 mental health organizations from across the United States will be selected to implement In SHAPE within their organizations — a wellness program designed to improve the physical health of people with serious mental illness and participate in a research study to advance understanding of how to best address the physical health needs of individuals with serious mental illness.

<http://www.thenationalcouncil.org/training-courses/dartmouths-shape-implementation-study/>



Resources: Health promotion for persons with serious mental illness

**RESEARCH REVIEW OF HEALTH PROMOTION PROGRAMS:
Research Review of Health Promotion Programs for People with Serious Mental Illness**

Summary of Findings

Key Findings & Recommendations

APPROACH	EVIDENCE	RECOMMENDATION
Intervention that led to longer than 12-months of serious mental illness (SMI) recovery	Intervention that led to longer than 12-months of SMI recovery	Intervention that led to longer than 12-months of SMI recovery
Programs focused on mental health and wellness	Programs that combined mental health and wellness	Programs that combined mental health and wellness
Programs that included physical activity	Programs that included physical activity	Programs that included physical activity

HEALTH PROMOTION RESOURCE GUIDE

Choosing Evidence-Based Practices for Reducing Obesity and Improving Fitness for People with Serious Mental Illness

**SAMHSA-NRSA
Center for Integrated Health Solutions**

NATIONAL COUNCIL ON SAMHSA

SAMHSA resource: Research Review of Health Promotion Programs for People with Serious Mental Illness
<http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper>

SAMHSA resource: Health Promotion Resource Guide: Choosing Evidence-based Practices for Reducing Obesity and Improving Fitness for People with Serious Mental Illness



**SAMHSA-HRSA
Center for Integrated
Health Solutions**

Practical Weight Management

Strategies for Promoting, Securing, and Sustaining
Weight Loss in a SMI Population - 2014

Nathan Gammill, FNP
Project Director, Making Healthy Choices
Postgraduate Center for Mental Health, NY

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Mental Health, Making Connections

SAMHSA
Substance Abuse and Mental Health Services Administration

www.integration.samhsa.gov

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Project Overview

- **Project Goal:** to help PCMH consumers live healthier, more productive lives through Wellness programming that includes screening, linkage, group education, and goal-directed activities.
- **Model:** onsite Wellness programming; screening, and linkage with primary care in collaboration with a participating FQHC, the Ryan-Chelsea Clinton Community Health Center.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Mental Health, Making Connections

SAMHSA
Substance Abuse and Mental Health Services Administration

www.integration.samhsa.gov

MHC-Obesity Management Component

PCMH-MHC Procedural Workflow:

- Secure executive buy-in and interdepartmental integration.
- Provide an orientation to our program and services.
- All new admissions are screened for obesity:
 - The PHE calculates BMI during intake.
 - The NP does a health assessment, including PMH and pharmacotherapy.
 - Consumer is linked with appropriate MHC/Ryan Center services and given a program calendar and food/activity journal.

In-house Services

- The roster of MHC services includes groups, activities, and workshops.
- Nutrition, Weight Management, and Weight Watchers groups provide the conceptual underpinnings for our weight loss/weight management track.
- Biweekly healthy meal preparation classes are offered to provide practical ADL skills to reinforce didactic learning.
- Exercise activities, are offered daily in the gym, theater, or exercise room, including activities that leverage partnerships with outside vendors: Dhara Yoga (Jenna Ritter) and ETD (Eryc Taylor Dance).

Reassessment and Troubleshooting

- Per project protocol, six month and twelve month reassessments are conducted on all enrolled MHC consumers.
- Consumers who are interested in weekly monitoring can schedule individual consultations with the PHE/NP or alternatively, work with the Weight Watchers group.
- Excel is used to generate a consumer report card and track consumer progress.
- Journaling allows for troubleshooting.
- Our EMR, eClinicalWorks, can search structured data to generate a consumer list for targeted intervention.

Workout Room



SAMHSA-NRSA
Center for Integrated Health Solutions

Questions?

On the phone?
“Raise your hand” and we will open up your lines for you to ask your question to the group. **(Right)**



Using computer speakers?
Type into the question box and we will address your questions. **(Left)**



TEST Learn About Mental Illness-The Mental Health First Aid Action Plan
Webinar ID: 566-005-035
GoToWebinar™

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Thank You!

For more information:

Supporting Clients to Make Healthy Food Choices and Increase Physical Activity: A Provider Action Brief
http://www.integration.samhsa.gov/health-wellness/Healthy_Eating_Provider_Action_Brief.pdf

Health Promotion Resource Guide
http://www.integration.samhsa.gov/health-wellness/Health_Promotion_Guide.pdf

Why Weight? A Guide to Discussing Obesity & Health With Your Patients
(by the Strategies to Overcome and Prevent (STOP) Obesity Alliance)
<http://www.stopobesityalliance.org/research-and-policy/alliance-initiatives/health-care-providers/>

TEST Learn About Mental Illness-The Mental Health First Aid Action Plan
Webinar ID: 566-005-035
GoToWebinar™

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

www.integration.samhsa.gov

SAMHSA-NRSA
Center for Integrated Health Solutions

Please Join Us Next Month

Monitoring for Metabolic Syndrome

Friday, January 16, 2014

3:00 – 4:00 PM ET

Registration link forthcoming

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
COMMUNITY RESEARCH CENTER
Research, Practice, Policy, and Prevention

 **SAMHSA**
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

www.integration.samhsa.gov