

Promoting Wellness Clinical Guidelines

Developed in collaboration with Northeast Behavioral Health Partnership, Centennial Mental Health, North Range Behavioral Health, Larimer Center for Mental Health and the Member and Family Advisory Board

Rationale

Physical and mental health factors impact each other in numerous ways and are both important to consider in the treatment of overall wellness. The literature indicates four lifestyle behaviors related to increased life expectancy by 10 years or more: physical activity, a healthy diet that includes fruits and vegetables, abstinence from tobacco, and avoidance of excessive alcohol use. Mental health clinicians can empower clients and improve their well-being by engaging in collaborative decision making and motivational interventions to foster health behavior change.

1. GENERAL WELLNESS (applies to all health behaviors)

- **Provide education, resources, and referrals** for wellness, lifestyle changes, self-management
- **Collaborate** with medical provider where appropriate
- **Utilize brief therapeutic interventions** such as motivational interviewing, skill building, and problem solving. Examples of topics to consider:
 - Identify health risks and discuss consequences
 - Clarify health values and priorities to promote investment in behavior change
 - Identify and agree on short and long term measurable health goals
 - Provide relevant referrals to: counseling or support groups at the MHC or in the community, web based resources for more information on the health risks, telephone hotlines (e.g. smoking cessation), and medical providers
- **Follow-up** over the course of therapy: Has the client utilized referrals? Any changes in health behavior, health condition, or personal satisfaction with physical health over time?

2. OVERALL MEDICAL CARE

- **Assess:** Do you have a primary health care physician? Last time you saw your PCP? Last dental exam? Any health problems, injuries, hospitalizations? Current on immunizations?
- **Obtain a signed release to communicate with client's PCP.** Encourage disclosure of all medications, vitamins and supplements. If the client does not have a PCP, refer client to resources for obtaining regular health care, particularly if the client has multiple risk factors and/or chronic medical problems.
- **Encourage client to schedule an appointment with their PCP** if client has health risk factors and/or chronic medical problems and has not seen a PCP in over a year, and/or if they have health concerns that have arisen since their last PCP visit. Follow up with client, to see if they attended any scheduled appointments, the outcome of the appointment, and assess for any barriers to getting further medical treatment if needed.

3. PHYSICAL ACTIVITY

- **Assess:** Are you satisfied with your level of physical fitness? How many times a week do you exercise for at least 20 minutes (including walking, etc.)? Have you have tried an exercise program in the past and stopped? If so, what were the reasons why you stopped?
- **Provide resources** regarding the health benefits of physical activity including improved mental health: a greater sense of well being, increased self-esteem, decreased stress, and alleviated symptoms of depression and anxiety (See Wellness Resources for Clients).
- **Identify values, set goals, move forward:** review client's values related to physical fitness, work with client to determine mental and behavioral obstacles preventing physical activity,

determine specific goals and behavioral steps to move forward. If appropriate, assist client in starting an exercise program or incorporating physical activity into their daily routine, and encourage keeping a weekly exercise log. If overweight, encourage them to talk with a doctor, and begin gradually.

4. NUTRITION

- **Assess** client's diet, focusing on whether or not the client routinely eats fruits, vegetables, whole grains, and low fat dairy products.
- **Review barriers** to a healthier diet, e.g. finances, time constraints, preference, and explore options to improve diet.
- **Provide resources:** benefits of improved nutrition (See Wellness Resources for Clients).
- **Identify values, set goals, move forward:** review client values, priorities, motivation, and obstacles to healthy eating. Set goals and develop a behavioral plan towards overcoming obstacles, and provide resources such as support groups, online resources. Suggest asking PCP for nutritionist referral (See Wellness Resources for Clients).
- **Encourage use of support systems** (friends, co-workers, family, church, etc).

5. TOBACCO USE

- **Assess** frequency of tobacco use? Have you tried quitting? What has gotten in the way of quitting? Exposure to second hand smoke? Client's willingness and commitment to quitting?
- **Provide resources** regarding effects of smoking (See Wellness Resources for Clients)
- **Take action quickly while motivation is high.** Research shows that if treatment is delayed, motivation often decreases over time. Ambivalent clients could benefit from interventions designed to increase motivation.
- **Educate about treatment options** and arrive at mutually agreed upon treatment plan:
 - Telephone support
 - Counseling/Behavioral Therapy programs that involve problem solving/skills training, motivational interviewing and aversive smoking interventions. Relapse rates are especially high for people with mental health issues and most people try 5 times before quitting; they may need intensive support and follow-up on interventions.
 - Support groups as part of the treatment (support groups, cessation groups) and/or importance of families, partners, friends, coworker support.
 - Online resources for clients (See Wellness Resources for Clients)
- **Medication:** Refer to prescriber if client interested in prescription medication for smoking cessation; combine with counseling for greater benefit.

6. ALCOHOL USE

- **Assess** for all adults: frequency of alcohol use, quantity of alcohol per sitting and negative impact on functioning/social relationships. Screening instruments with evidence of validity for assessing misuse of alcohol include the CAGE, AUDIT, and ASSIST, although a positive score on these instruments does not necessarily indicate that the person meets full criteria for an alcohol abuse/dependence diagnosis.
- **Provide resources** regarding the physical and mental health consequences of alcohol abuse and dependence, including family/relationship conflicts.
- **Educate** about appropriate alcohol use, dangers of drinking when driving and during pregnancy, and alcohol/medication interactions (refer to prescriber for more information).

- **Educate about treatment options:** substance abuse treatment programs, motivational interviewing, behavioral therapy, community support groups, alcoholics anonymous (See Wellness Resources for Clients.)

References

- Carpenter, M.J., Hughes, J.R., Soloman, L.J., & Callas, P.W. (2004). Both smoking reduction with nicotine replacement therapy and motivational advice increase future cessation among smokers unmotivated to quit. *Journal of Consulting and Clinical Psychology*, 72(3), p 371-381. Found online at: <http://www.apa.org/journals/features/ccp723371.pdf>
- Cohn, T.A., & Sernyak, M.J. (2006). Metabolic monitoring for patients treated with antipsychotic medications. *Canadian Journal of Psychiatry*, 51 (8), p 492-501.
- deGroot, M., Anderson, R., Freedland, K. E., Clouse, R. E., & Lustman, P. J. (2001). Association of depression and diabetes complications: A meta-analysis. *Psychosomatic Medicine*, 63, p 619-630.
- Dembling, B.P., Chen, D.T., & Vachon, L. (1999). Life expectancy and causes of death in a population treated for serious mental illness. *Psychiatric Services*, 50 (8), p 1036-1042.
- Ford, D. E., Mead, L. A., Chang, P. P., Cooper-Patrick, L., Wang, N. Y., & Klag, M. J. (1998). Depression is a risk factor for coronary artery disease in men: The precursors study. *Archives of Internal Medicine*, 158, p 1422-1426.
- Guide to community preventive services: Systemic reviews and evidence based recommendations. (2003) Effectiveness of telephone counseling and support to help more tobacco users quit. Found online at: <http://www.thecommunityguide.org/tobacco/tobac-int-phone-support.pdf>
- Institute for Clinical Systems Improvement (ICSI). Primary prevention of chronic disease risk factors. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Mar. 60 Found online at: http://www.icsi.org/chronic_disease_risk_factors_primary_prevention_of_guideline_23506/chronic_disease_risk_factors_primary_prevention_of_guideline_23508.html
- Power, Kathryn; *Psychiatric Rehabilitation Journal*, Vol 29(4), Spr 2006. Special issue: The health promotion of people with psychiatric disabilities. p 239-240. [Editorial]
- President's New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America. Final Report. DHHS Pub. No SMA-03-3832. Rockville, MD: 2003. Found online at: <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>
http://www.mentalhealthcommission.gov/subcommittee/MHInterface_010803.doc
- World Health Organization: ASSIST (Alcohol, Smoking, and Substance Involvement Screening Test). Found online at: http://www.who.int/substance_abuse/activities/assist/en/index.html
- SAMHSA-SBIRT (Screening, Brief Intervention, and Referral to Treatment). Found online at:

http://sbirt.samhsa.gov/core_comp/screening.htm

Solutions for Wellness. Program developed by Eli Lilly

Wellness Resources for Clients

Nutrition

U.S. Food and Drug Administration

<http://www.cfsan.fda.gov>

Overall dietary guidelines-consumer brochure-USDA

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2005/2005DGConsumerBrochure.pdf>

Money saving tips for healthy eating

<http://www.health.gov/dietaryguidelines/dga2005/toolkit/Worksheets/saving.htm>

Interactive menu planner

<http://hp2010.nhlbihin.net/menuplanner/menu.cgi>

Healthy eating links-Mayo Clinic

<http://www.mayoclinic.com/health/food-and-nutrition/NU00617>

American Diabetes Association

<http://www.diabetes.org/food-and-fitness/>

Physical Fitness/Weight loss

Physical activity-Guidelines for adults-CDC, 1-800-CDC-INFO (232-4636)

<http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

Steps to healthy weight-CDC

http://www.cdc.gov/nccdphp/dnpa/healthyweight/losing_weight/getting_started.htm

Weight loss planning, NIH, Weight-control Information Network 1-877-946-4627

<http://win.niddk.nih.gov/publications/choosing.htm>

Tobacco Cessation

Call 1-800-QUIT-NOW (784-8669) for quit-lines in your area

Quitting smoking: why to quit and how to get help: National Cancer Institute

<http://www.cancer.gov/cancertopics/factsheet/Tobacco/cessation>

Help for smokers and tobacco users-US Dept of Health and Human Services

<http://www.ahrq.gov/consumer/tobacco/helpsmokers.htm>

Create a quit smoking plan

<http://www.mayoclinic.com/health/smoking-cessation/SK00055>

WebMD smoking cessation health center-interactive tool

<http://www.webmd.com/smoking-cessation/quitting-tobacco-use-overview>

Alcohol Abuse

Alcoholics Anonymous: Denver Central Office, 303-322-4440, Spanish, 303-433-2080
<http://www.aa.org/?Media=PlayFlash> or <http://www.coloradoaa.org/meetings.htm>

Wellness Resources for Clinicians

Nutrition

Nutrition toolkit-resources for clinicians and resources/handouts for clients
<http://www.health.gov/dietaryguidelines/dga2005/toolkit/default.htm#tools>

List of nutrition/health websites
<http://www.health.gov/dietaryguidelines/dga2005/toolkit/Worksheets/Websites.htm>

USDA-Food Guide Pyramid
<http://www.nal.usda.gov/fnic/Fpyr/pmap.htm>

Physical Fitness/Weight loss

Physical activity goals-tracking worksheet
<http://www.health.gov/dietaryguidelines/dga2005/toolkit/Worksheets/ActivityTracker.htm>

Physical activity-Guidelines for adults-CDC
<http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

Tobacco Cessation

Clinical Practice Guideline for Treating Tobacco Use and Dependence-Surgeon General
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

APA-Behavioral tools to help clients quit smoking
<http://www.apa.org/monitor/2008/11/smokers-quit.html>

Substance Abuse

SAMHSA-SBIRT (Screening, Brief Intervention, and Referral to Treatment)
<http://www.samhsa.gov/prevention/SBIRT/index.aspx>

CAGE-Four item alcohol use questionnaire
<http://www.hsc.wvu.edu/som/cmed/alcohol/alcoholism/alcoholism.htm>

Overview of Motivational Interviewing
<http://motivationalinterview.org/clinicians/clinicians.html>

Alcoholics Anonymous-Colorado (phone numbers by region to find meetings)
<http://www.coloradoaa.org/meetings.htm>

***Clinicians may also print helpful material for clients from the Resources for Clients page**