

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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HIGHLIGHTS...

The National Association of State Mental Health Program Directors is releasing a new report in October addressing obesity and overweight issues among persons with serious mental illness. NASMHPD hopes the report's recommendations at the national, state and local levels, will help improve the systems that provide care and treatment to the SMI population. See story, top of this page.

Vermont mental health advocates and psychiatrists last week issued a joint call for more complete disclosure of drug company fees to psychiatrists. The groups are calling for changes to a state law that bars certain information from being disclosed on the grounds that it would amount to drug companies' releasing "trade secrets." See story, bottom of this page.

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DISCOVER SOMETHING GREAT

NASMHPD to release obesity reduction report for people with SMI

New report on obesity epidemic to be released in October

The National Association of State Mental Health Program Directors (NASMHPD) is set to release a new report next month that addresses obesity and overweight issues, a public health crisis in the general population and one that affects people with serious mental illness (SMI) at two to three times the rate.

Approximately 65 percent of adults in the U.S. are either overweight or obese and projections are that this percentage could increase to 75 percent by 2015, according to NASMHPD. If nothing is done to impact this rate of growth, obesity will likely become the leading preventable cause of death.

Individuals with SMI constitute 6 to 8 percent of the U.S. population and during their lifetime they not only face the challenge of their mental illness, but are also affected by higher prevalence of physical health problems, prominently including overweight and obesity, noted NASMHPD.

The new report, *Obesity Reduction & Prevention Strategies for Individuals with Serious Mental Illness*, scheduled to be released on October 3rd, represents the 15th in a series of technical reports released by NASMHPD.

According to NASMHPD, a combination of factors associated with the mental disorder itself — e.g., poverty, reduced access to medical

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Vermont advocates, M.D.s seek full disclosure of drug company payments

In a show of unity that has not always been easy to achieve in the mental health profession, groups representing Vermont psychiatrists and mental health advocates last week issued a joint call for a more complete public disclosure of drug company payments to psychiatrists and other physicians in the state.

Vermont already has one of the toughest state laws requiring pharmaceutical marketers to disclose the consulting fees, travel expenses and other payments they issue to physicians (see *MHW*, July 21). But some exemptions in the law mean that Vermont citizens often cannot find out which physicians are the largest recipients of drug company money, and this omission also leaves policy-makers unable to answer the larger

question of whether physicians' relationships with the pharmaceutical industry have any influence on their prescribing practices.

Now the Vermont Psychiatric Association has joined the Vermont Association for Mental Health in calling for a completely transparent disclosure process — a development that the psychiatric body's president indicates would help answer the question of whether psychiatrists should eventually stop taking payments from drug companies altogether.

"The mere specter of any concern any patient would have that their physician's decision-making process was affected by marketing trends is unacceptable," Vermont

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NASMHPD from page 1 care and reduced utilization of appropriate care — as well as other environmental factors — e.g., ready access to calorie dense foods — can contribute to the increased body weight and adiposity in persons with SMI. Some psychiatric medications can also contribute to weight gain.

Earlier this month NASMHPD hosted the first of a series of presentations to psychiatrists, physicians, nurses and healthcare professionals involved in the care of persons with mental illness. The aim is for them to learn more about the epidemic of obesity among the general population and persons with SMI and to incorporate behavioral strategies for weight loss and obesity reduction into routine patient care.

‘Epidemic within an epidemic’

Calling the crisis “an epidemic within an epidemic,” NASMHPD hopes the new report will go a long way toward improving the systems that provide care and treatment to the SMI population. “This report can be viewed as a rallying call for more prevention and intervention strategies for people with SMI struggling with obesity issues,” Robert W. Glover, Ph.D., executive director of NASMHPD, told *MHW*. “We understand that obesity is one of the risk factors for people dying earlier than the general population.”

Glover added, “It’s not only affecting people with mental illness. Obesity and weight gain are epidemic across the U.S. population. We want to help inform people to make informed decisions to live healthier lives.”

Glover noted that in the past, mental health has been viewed as a separate entity and that it needs to

Other agencies would include the American Diabetes Association and the Centers for Disease Control.

NASMHPD developed this report through an information review, expert analyses, and extensive discussions at a technical report team meeting held in August 2007. Officials also gathered data and information from presentations and

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Robert W. Glover, Ph.D.

become a part of the overall public health system, he said. “We cannot solve all of these problems by ourselves. Mental health shouldn’t be left in this silo. We’ve got to be a part of the solution,” said Glover. “We’re deeply committed to the health and well being of the people we serve.”

He noted that NASMHPD needs to work alongside agencies and organizations they have not traditionally worked with to help reduce the obesity epidemic. “We need to be working together with the Association of State and Territorial Health Agency officers,” he said.

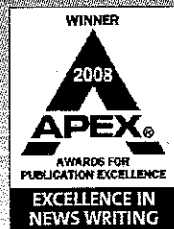
commentary from content experts and from published literature on obesity prevalence, incidence, and prevention literature.

The report makes specific recommendations that, when implemented, should substantially reduce the weight and improve the overall health of a population with SMI, according to NASMHPD (see page 3).

Focus on wellness

Two years ago, NASMHPD released its report, *Morbidity and Mortality in People with Serious Mental Illness*, which found that

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people with SMI die 25 years sooner than the general population (see *MHW*, Nov. 13, 2006).

"That report galvanized the whole field," Joseph Parks, M.D., chair of the NASMHPD Medical Directors Council and medical director for the Missouri Department of Mental Health. The morbidity report, which noted that people with SMI were dying in the early 50s as opposed to their mid-70s, also prompted a focus on general wellness among the SMI population, Parks said.

"People with SMI die at twice the rate of the general population and are obese at two to three times the rate," said Parks. "Eighty-three percent of the years to life lost to premature death were due to medical illness, most related to obesity," said Parks. "Only 17 percent were due to suicide and accidents."

Research has proven that people with mental illness, including schizophrenia, do care about their weight and they do want to try and lose the weight, Parks said. "We looked at randomized-controlled studies of weight loss with people with mental illness," he said. "Not only do they want to lose weight, they are willing to try and use interventions that will work with them," he said.

Medication issues

"Antidepressants, mood stabilizers, antipsychotic medications can all cause substantial weight gain," Parks said. There are medications that are more weight neutral, he indicated, noting that physicians should consider switching the patient's medications to something that would not cause weight gain, he said.

"We should be discussing more medication alternatives with the patient," said Parks. However, families may have concerns that a family member who has been prescribed medications for mental illness may be nervous about the potential to gain 30 pounds and subsequently may not want to take their medications, he noted.

NASMHPD report issues series of recommendations

The National Association of State Mental Health Program Directors (NASMHPD) is set to release its report, *Obesity Reduction & Prevention Strategies for Individuals with Serious Mental Illness*, on October 3 (see story, page 1). NASMHPD issued a series of recommendations at the national, state and local levels. Among the recommendations:

- Encourage research on obesity in people with serious mental illness (SMI)
- Implement national obesity surveillance/monitoring system for persons with SMI
- Create federal tax incentives, through the use of employer-sponsored pre-tax medical expense accounts, to encourage physical activity
- Include weight management interventions and appropriate laboratory tests as a reimbursable service in existing federal healthcare programs
- Create a memorandum of understanding with NASMHPD and the Substance Abuse and Mental Health Services Administration on U.S. Department of Agriculture nutritional counseling
- Collaborate with federal healthcare agencies on the development of a provider toolkit of best practices for the prevention and reduction of obesity in persons with SMI and actively support dissemination of this report in the toolkit through national meetings, web seminars, continuing education and other available venues
- Develop standards of care for mental health providers and work with state Medicaid agencies and other health insurers to ensure that persons with SMI and obesity have access to educational/behavioral, medication switching, medical and surgical treatment interventions
- Promote opportunities for healthcare providers, including peer specialists, to teach health lifestyles to families, individuals and older adults
- Establish linkages with public health programs and community-based programs in diabetes prevention and control, cardiovascular disease prevention, and healthy weight management

"We need to say to the patient, 'I want you to take this medication; however, you need to know about potential weight gain' and then discuss what they can do to prevent weight gain and alternative medication that cause less weight gain," said Parks. "Evidence shows that weight loss interventions work with people with mental illness."

The report's recommendations include the incorporation of weight loss programs geared to consumers with mental illness. Another recommendation suggests the use of psychiatric medications that won't

cause weight gain.

If a patient is extremely obese, the psychiatrist should consult the patient about bariatric surgery, also referred to as gastric bypass surgery, if other interventions to lose weight have failed, added Parks.

The CDC and SAMHSA (Substance Abuse and Mental Health Services Administration) need to track obesity as it relates to mental illness, he said. "People with mental illness who have weight issues should be viewed as a health disparity population," Parks said. "It should

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be a federal activity.”

While Medicare and Medicaid might pay for a glucose monitor to measure blood sugar, they will not pay for a scale, he said. They also do not cover nutrition counseling, weight loss interventions or exercise classes.

“Medical interventions are needed to address issues with medications that can cause obesity and that includes behavior and counseling treatments, medications for weight loss, and surgery,” Parks said. Mental

health clinics should also be screening consumers for high blood pressure, diabetes and high cholesterol, he added.

Glover cited the CATIE (Clinical Antipsychotic Trials of Intervention Effectiveness) study funding by the National Institute of Mental Health. The public health focused clinical trial compared the effectiveness of older and new antipsychotic medications used to treat schizophrenia.

He mentioned that of the population assessed during the CATIE study, about one-half had high cho-

lesterol and 88 percent had high blood lipids. Forty percent had hypertension. While researchers were not specifically tracking these conditions, many of them had not been treated for their respective conditions, Parks said. “This tells you that untreated medical illnesses are killing people with mental illness,” he added. •

The report, *Obesity Reduction & Prevention Strategies for Individuals with Serious Mental Illness*, will be available on the NASMHPD web site on Oct. 3rd at www.nasmhpd.org.

Initiative to help persons with MI in criminal justice system

The Council of State Governments Justice Center last week announced that four states have been selected to participate in a criminal justice and mental health initiative aimed at improving outcomes for people with mental illness involved in the criminal justice system.

The Chief Justice/Mental Health Leadership Initiative, now in its second year, is a partnership with

health, substance use and other related agencies, such as housing and juvenile justice.

Legislators and representatives from statewide organizations; sheriffs, judges, police officers, mental health case managers, probation officers, and consumer groups like the National Alliance on Mental Illness (NAMI) will also be represented.

Each task force will also partici-

State Governments Justice Center, told *MHW*.

Osher added, “The overall goal of the initiative is to use the experience and power of judicial leadership to address the overrepresentation of persons with mental illness in criminal settings.”

The program is proving successful, Osher said. He cited one of last year’s grantees, Sharon Keller, presiding judge of the Texas Court of Criminal Appeals and Justice Center board chair, who convened a state task force, which played a key role in enacting legislation that helped facilitate information-sharing among mental health and criminal justice agencies.

‘The overall goal of the initiative is to use the experience and power of judicial leadership to address the overrepresentation of persons with mental illness in criminal settings.’

Fred Osher, M.D.

Judges have ‘unique’ role

Judge Steve Leifman, co-chair of the Chief Justice/Mental Health Leadership Initiative and special advisor on criminal justice in mental health to the Supreme Court of Florida, said he has worked with a number of judges around the country who have been at the forefront of reform for people with mental illness.

They play a ‘unique’ role, he said, and are “neutral arbiters who can make a big difference in bringing key stakeholders together, like state attorneys, law enforcement and consumers” — all of whom “can come up with a comprehen-

the National GAINS Co-Occurring Disorders and Justice Center. Program officials selected four Supreme Court chief justices from Delaware, Idaho, New Hampshire and Wisconsin to participate in the national project.

The chief justices will convene task forces to examine ways to enhance how the criminal justice system addresses the needs of people with mental illnesses. The task force will include representatives from state corrections, mental

pate in a Justice Center-convened policy forum with their counterparts from other states. These task forces will receive support and technical assistance from the justice center and the National Gains Center.

The leadership of state Supreme Court chief justices is key in this effort, said program officials. “Chief justices are very respected individuals in the community with great convening power,” Fred Osher, M.D., director of Health Systems and Services Policy at the Council of