

4.11 PARAMETERS FOR LIFE STYLE COUNSELING OR HEALTHY LIVING PROGRAMS

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I. INTRODUCTION

- A. Adults with serious mental illnesses are at a higher risk for health complications including diabetes, obesity, and cardiovascular diseases.
- B. The causes of these problems may include heredity, lifestyle choices, access to healthcare, living situation, education, socio-economic status, and side effects from medications.
- C. Lifestyle changes are known to result in significant benefits for both physical and mental health including reduced depression, improved self-esteem, greater physical well-being, and increased social integration.

II. DEFINITION/PURPOSE

Healthy Living Program (HLP): A group or individual intervention whose purpose is to provide education and support that promote a healthy lifestyle.

III. ASSESSMENT

- A. Weight gain in individuals with serious mental illness validates the recommendation of interventions that promote healthy living strategies. Raising awareness and preventing medical complications include the choice of healthy eating patterns and engaging in regular physical activity.
- B. DMH Parameters for General Health-related Monitoring and Interventions in Adults recommends that individuals taking antipsychotic medication with symptoms of diabetes, hyperlipidemia, obesity or weight gain, receive lifestyle counseling or referral to a healthy living group.
- C. Whenever an individual is unable or unwilling to participate in a HLP Group, staff should offer individual counseling. Educational and skill building materials referenced below are applicable to group and individual uses.

IV. GROUP INTERVENTION

- A. A HLP group should meet weekly for at least 45 minutes. Regular participation should be encouraged but not required. Although the presentation may follow a predetermined format, each group meeting will be open to new members.
- B. Members may complete the series of topics at their own pace. Individuals should be encouraged to consult with a physical health care provider before beginning any changes in dietary or exercise habits.

V. HEALTHY LIVING PROGRAM TOPICS

- A. Essential topics include diet and nutrition, exercise, education about healthy lifestyle choices, relaxation and stress management, and weight management.
- B. Optional topics may include sleep hygiene, accessing and communicating with health care providers, health maintenance and disease prevention, smoking reduction or cessation, and education about dangers of substances and other addictive behaviors.

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VI. EQUIPMENT

Examples of items that are useful in the HLP include a scale, tape measure, clock or watch with second hand, food models, pedometers, other learning aids, incentives, and food samples. The resource section of this parameter provides additional hand out resources.

VII. INCENTIVES

Group leaders may provide Incentives to participate in a HLP as available. These may include healthy snacks, water bottles, certificates of participation and achievement, or participation in outings. Group leaders may enlist local groups such as National Alliance on Mental Illness (NAMI) as partners in providing incentives.

VIII. ROLE OF PEER STAFF

The role of peer staff may vary. Suggestions for peer staff or volunteers include:

1. Engage the client in between referral and the first attendance of group or individual session to answer questions and provide support;
2. Provide ongoing support and encouragement between HLP groups or individual sessions;
3. Provide a review of HLP information presented;
4. Model successful lifestyle change;
5. Assist in gathering data and self-monitoring activities;
6. Encourage participation in the program; and
7. Assist client to find and work with 'buddy' to provide mutual encouragement and support.

IX. MONITORING

- A. The HLP group leader or individual session provider may monitor attendance, satisfaction, and knowledge assessment.
- B. HLP participants may assess and monitor weight and BMI, food intake using food diary or amounts of exercise using a pedometer if desired as an educational and skill building exercise. is not required.

X. RESOURCES

1. [Academy of Nutrition and Dietetics](#) (Food, Health, Fitness, Seniors/Men/Women/Kids, Food Safety)
2. [United States Department of Agriculture \(USDA\)](#) (Printable Material and Handouts, Recipes, Healthy Weight)
3. [National Heart, Lung and Blood Institute](#) (Health Topics; Resources for consumers; Various Publications offered in other languages)
 - a. [28 Days Towards a Healthy Heart](#)
 - b. [A Week with the DASH Eating Plan](#)
 - c. [Advancing Women's Heart Health](#)
 - d. [Aim for a Healthy Weight](#)
 - e. [Aim for a Healthy Weight - Facts](#)
 - f. [Aim for a Healthy Weight: Maintaining a Healthy Weight on the Go](#)
 - g. [BMI Calculator](#)
4. [Center for Disease Control and Prevention Adult BMI calculator](#)
5. [CDC National Diabetes Prevention Program Coach and Participant Curricula and Handouts](#)

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(English and Spanish)

- a. The PreventT2 curriculum is based on the original 2002 DPP trial and follow-up studies. It promotes modest weight loss (5-7%) and increased physical activity through a 12 month lifestyle change program and also reflects new literature on self-efficacy, physical activity, and diet. There are 26 modules. In order to achieve CDC recognition, your program must complete at least 22 of these modules.
6. [National Institute of Diabetes and Digestive and Kidney Diseases \(Health Information\)](#)
7. U.S. Food & Drug Administration - Public Health Education – [Tobacco Products](#)
 - a. [Smokefree – Tools and Tips](#)
 - b. [Make a Plan](#)
 - c. [Smokefree Apps](#)
 - d. [Weight Management](#)
 - e. [Get Active](#)
 - f. [Handling Stress](#)
 - g. [Eat Healthy](#)
8. Have a Plant: Fruits and Veggies for Better Health <https://fruitsandveggies.org/> (fruit and veggie bingo, Pick your kitchen,, lettuce romaine calm)
9. Food Rooted in A Better Mood <https://fruitsandveggies.org/series/>

XI. RESEARCH

Alexandros Maragakis and Michael Vriesman, Serious Mental Illness, Principle-Based Stepped Care and Brief Psychotherapy for Integrated Care Settings, 10.1007/978-3-319-70539-2_33, (369-378), (2018).

Jia Huang, Cheng Mei Yuan, Xian Rong Xu, Yong Wang, Wu Hong, Zuo Wei Wang, You song Su, Ying Yan Hu, Lan Cao, Yu Wang, Jun Chen and Yi Ru Fang, The relationship between lifestyle factors and clinical symptoms of bipolar disorder patients in a Chinese population, *Psychiatry Research*, 10.1016/j.psychres.2018.04.059, **266**, (97-102), (2018).

Kate Bartlem, Jacqueline Bailey, Alexandra Metse, Ashley Asara, Paula Wye, Richard Clancy, John Wiggers and Jenny Bowman, Do mental health consumers want to improve their long-term disease risk behaviours? A survey of over 2000 psychiatric inpatients, *International Journal of Mental Health Nursing*, **27**, 3, (1032-1043), (2017).

Rebekah Carney and Joseph Firth, Health and Physical Activity Interventions Among People With Mental Illness, Exercise-Based Interventions for Mental Illness, 10.1016/B978-0-12-812605-9.00012-5, (217-242), (2018).

Sinead Hennessy and Angela M. Cocoman, What Is the Impact of Targeted Health Education for Mental Health Nurses in the Provision of Physical Health Care? An Integrated Literature Review, *Issues in Mental Health Nursing*, 10.1080/01612840.2018.1429509, **39**, 8, (700-706), (2018).

Trentham Furness, Jo-Ann Giandinoto, Emily Wordie-Thompson, Steve Woolley, Vesna Dempster and Kim Foster, Improving physical health outcomes for people with severe mental illness: A proof-of-concept study of nurse practitioner candidate practice, *International Journal of Mental Health Nursing*, **29**, 2, (266-277), (2019).