

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

4.11 PARAMETERS FOR HEALTHY LIVING PROGRAMS (HLP)

Revised January 2008

**I. INTRODUCTION:**

Adults with schizophrenia and other serious mental illness are at a higher risk for health problems including diabetes, obesity, and cardiovascular disease. The causes of these problems may include heritance, lifestyle choices, limited access to healthcare, living situation, education, economic status, and side effects from medications.

The knowledge of weight gain in individuals with serious mental illness and anyone receiving atypical antipsychotic or other psychotropic medication allows for the recommendation of interventions that may assist in raising awareness of and in preventing these and other medical consequences. Two important components of keeping one's weight within normal BMR ranges are widely known to be the choice of healthy foods and eating patterns and engaging in regular physical activity.

DMH Parameters for General Health-related Monitoring and Interventions in Adults (January, 2005) recommended that individuals taking an antipsychotic medication with symptoms of diabetes, hyperlipidemia, or obesity or weight gain, receive lifestyle counseling or referral to a healthy living group.

Lifestyle changes have been 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:** A healthy living program (HLP) is defined as a group or individual intervention whose purposes are to provide education introducing individuals to health lifestyle strategies and provide support to make changes that may promote a healthier lifestyle.

**III. INDIVIDUAL INTERVENTIONS:** Whenever an individual is unable or unwilling to participate in a HLP Group, individual counseling should be offered. Educational and skill building materials referenced below are applicable to group and individual uses.

**IV. STRUCTURE OF GROUP:** 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. 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:** Essential topics include diet and nutrition, exercise, education about healthy lifestyle choices, relaxation and stress management, and weight management. Optional topics may include sleep hygiene, accessing and communicating with health care providers, health maintenance and STD prevention, smoking reduction or cessation, and education about dangers of substances and other addictive behaviors.
- VI. **EQUIPMENT:** The following list is an example of items that can be introduced in a HLP: scale, tape measure, clock or watch with second hand, food models, pedometers, other learning aids, incentives, and food samples.
- VII. **INCENTIVES:** Incentives to participate in a HLP may be provided as available. These include some or all of the following: healthy snacks, water bottles, certificates of participation and achievement, outings. Local groups such as NAMI could be enlisted as partners in providing incentives.
- VIII. **ROLE OF PEER STAFF:** The role of peer staff may include the following;
- A. Engage the individual between referral and the first attendance of group or individual session to answer questions and provide support.
  - B. Provide ongoing support and encouragement to between HLP groups or individual sessions.
  - C. Provide a review of HLP information presented,
  - D. Model successful lifestyle change,
  - E. Assist in gathering data and self-monitoring activities,
  - F. Encourage participation in the program and
  - G. Assist client to find and work with ‘buddy’ in and out of group or individual session to provide mutual encouragement and support.
- IX. **MONITORING:** Attendance, satisfaction, knowledge assessment may be monitored by the HLP group leader or individual session provider. Weight and BMI, food intake using food diary or amounts of exercise using a pedometer may be assessed and monitored by HLP participants if desired as an educational and skill building exercise but is not required.

## APPENDIX- INTERNET RESOURCES

1. American Dietetic Association  
[http://www.eatright.org/Public/NutritionInformation/92\\_11722.cfm](http://www.eatright.org/Public/NutritionInformation/92_11722.cfm)
2. Food and Nutrition Information Center, National Agricultural Library, USDA, DHHS  
[www.nutrition.gov](http://www.nutrition.gov)
3. NAMI Hearts and Minds  
[http://www.nami.org/Template.cfm?Section=Hearts\\_and\\_Minds&Template=/ContentManagement/ContentDisplay.cfm&ContentID=13960&MicrositeID=0](http://www.nami.org/Template.cfm?Section=Hearts_and_Minds&Template=/ContentManagement/ContentDisplay.cfm&ContentID=13960&MicrositeID=0)
4. National Heart, Lung and Blood Institute  
Multi-cultural Information  
[http://www.nhlbi.nih.gov/health/pubs/pub\\_slct.htm](http://www.nhlbi.nih.gov/health/pubs/pub_slct.htm)  
  
BMI calculator  
<http://nhlbisupport.com/bmi/>
5. National Institute of Diabetes and Digestive and Kidney Disorders  
<http://diabetes.nidk.nih.gov/index.htm> - English  
<http://diabetes.niddk.nih.gov/spanish/index.asp> - Spanish  
  
The Diabetes Prevention Program's Lifestyle Change Program  
[http://www.bsc.gwu.edu/dpp/lifestyle/dpp\\_part.html](http://www.bsc.gwu.edu/dpp/lifestyle/dpp_part.html)
6. Partnership for Recovery: (\*Note the following three are copyrighted materials)  
'Strategies for Effective Education'\*  
<http://www.recovery.bz/Effective%20Ed%20Strategies030908.pdf>  
  
'Structured Group Therapy'\*  
<http://www.recovery.bz/StructuredGroupTherapy050205.pdf>  
  
'How to Use Pre and Post Knowledge Assessments'\*  
<http://www.recovery.bz/HowtoUsePrePostKA.pdf>
7. Shape Up America  
[www.shapeup.org](http://www.shapeup.org)
8. Solutions in Wellness/Neuroscience Treatment Team Partners  
<http://www.partners4excellence.org>
9. SAMHSA Self Help Booklets  
Recovery (includes Wellness topics)  
<http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA-3718/default.asp>

- Wellness <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA-3720/default.asp>
10. United States Department of Agriculture  
<http://www.mypyramid.gov>  
  
Center for Nutrition Policy and Promotion  
[www.usda.cnpp](http://www.usda.cnpp)
  11. U.S. Food & Drug Administration  
<http://www.fda.gov/opacom/low/englow.html> - English  
<http://www.fda.gov/opacom/low/spanlow.html> - Spanish
  12. 5 to 9 A Day; National Cancer Institute; National Institute for Health  
<http://www.5aday.gov/>
  13. ‘Wellness Program for Patients with Severe Mental Illness’ Enhancing Quality and Utilization in Psychosis (EQUIP), Department of Veterans Affairs  
<http://www.mirecc.org/equip-frames.html>
  14. Wellness Reproductions  
<http://www.wellness-resources.com/default.asp?pid=1>