



National Alliance on Mental Illness

The Voice

The Newsletter of NAMI Southwestern Pennsylvania

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NAMI Addresses Issues of Disparity in Longevity

Those with Serious Mental Illness Now Die 25 Years Earlier than the General Population

Nearly six million people are served by the public mental health system each year, and one in five Americans will be diagnosed with a mental illness at some point in their lifetime. It has been known for several years that those with serious mental illness die younger than the general population, a critical public

health problem that, until very recently, has been poorly recognized and rarely addressed. Recent studies are now documenting how serious this problem is, and authors of those studies are providing recommendations to make system-wide improvements on the national level that will have a positive impact on longevity. In addition, NAMI Southwestern Pennsylvania (SWPA) is taking steps to address this problem at the local level.

death among those who are served through state mental health authorities. It also asserts that stakeholders in the behavioral health system must embrace two key principles: overall health is essential to mental health, and recovery includes wellness.

“When NAMI’s Board of Directors learned of this study and the actions that need to be taken to make improvements, our response was immediate,” says Jon Lloyd, MD, a retired surgeon, family member and member of the NAMI SWPA Board of Directors. “NAMI is always responsive to opportunities that address the different dimensions people with serious mental illness face, from stigma and the lack of coordination between the physical and mental health systems to this identified disparity in longevity. We believe that NAMI has a role in this process, working from the ‘ground up’ to identify and solve issues while others work from the ‘top down’ to correct similar areas needing improvement.”

A working group of the NAMI SWPA Board is in the preliminary stages of analyzing the results of the study and preparing recommendations to bring to the entire Board. Through NAMI, the working group — which includes Lloyd, Jack Cahalane and

continued on page 7

In This Issue...

From the Desk of the Executive Director,	2
News Around The Region	3
NAMI Conference Wrap Up	5
In The Spotlight: David King, Interviewer, C/FST Armstrong County	9
NAMI Southwestern PA Additions ..	10
NAMI Support Groups	11
NAMI Southwestern PA Membership Form	12

A technical report was published in October 2006 by the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council (www.nasmhpd.org). The report, *Morbidity and Mortality in People with Serious Mental Illness*, documents that people with serious mental illness are now dying 25 years earlier than the general population, and that these death rates have actually increased in recent years.

The report reviews the causes of excess illness and death for those with serious mental illness and provides recommendations and solutions on national and state levels, as well as for provider agencies and clinicians, in addition to consumers, families and communities. The report also presents a roadmap for strategic approaches to reduce excess illness and premature

Disparity in Longevity *continued from page one*

Mim Schwartz — hopes to provide education and advocacy to consumers and family members, education for providers, and a mechanism for consumer feedback. In the coming months, the working group anticipates a call-to-action for members to voluntarily share with the Board their personal experiences regarding the coordination of physical and mental health care, as well as available, helpful resources to improve overall health.

These are some of the findings documented in the report:

- Excess illness and death in those with serious mental illness are largely due to conditions that can be modified (changed) – smoking, obesity/poor nutrition, substance abuse, lack of exercise. Inadequate access to medical care is another significant factor.
- Rates of mortality from natural causes, such as cardiovascular disease, diabetes and respiratory and infectious disease, are several times higher for those with serious mental illness compared to the general population.
- This population is at significantly higher risk due to higher rates of homelessness, trauma, unemployment, poverty, incarceration and social isolation.
- Symptoms of serious mental illness often have a negative impact on people seeking care or following prescribed treatments, while symptoms of mental illness may also mask the symptoms of physical illnesses.
- Medication prescribed to treat serious mental illness may contribute to physical illnesses, and the prescribed treatment for many mental illnesses requires a variety of different medications.

“As a family member and advocate, I believe the disparities between

treatments for mental illnesses and physical disease are very alarming,” says Schwartz, who is a NAMI SWPA Board member and Family-to-Family instructor. “We may think we have found evidence-based, quality care for complicated brain dysfunction, coupled with state-of-the-art psychiatric care, but our loved ones still struggle to have their medical issues adequately addressed.

“Many times physicians are not comfortable considering the negative impact of psychiatric implications on physical health,” Schwartz’s continues. “In turn, psychiatrists may not consider the whole person when evaluating their patients to recognize and be able to recommend appropriate medical interventions. Now is the time for NAMI to address this issue, to give those with mental illness and their families many years of better mental and physical health.”

The report focuses recommendations and solutions on the following major

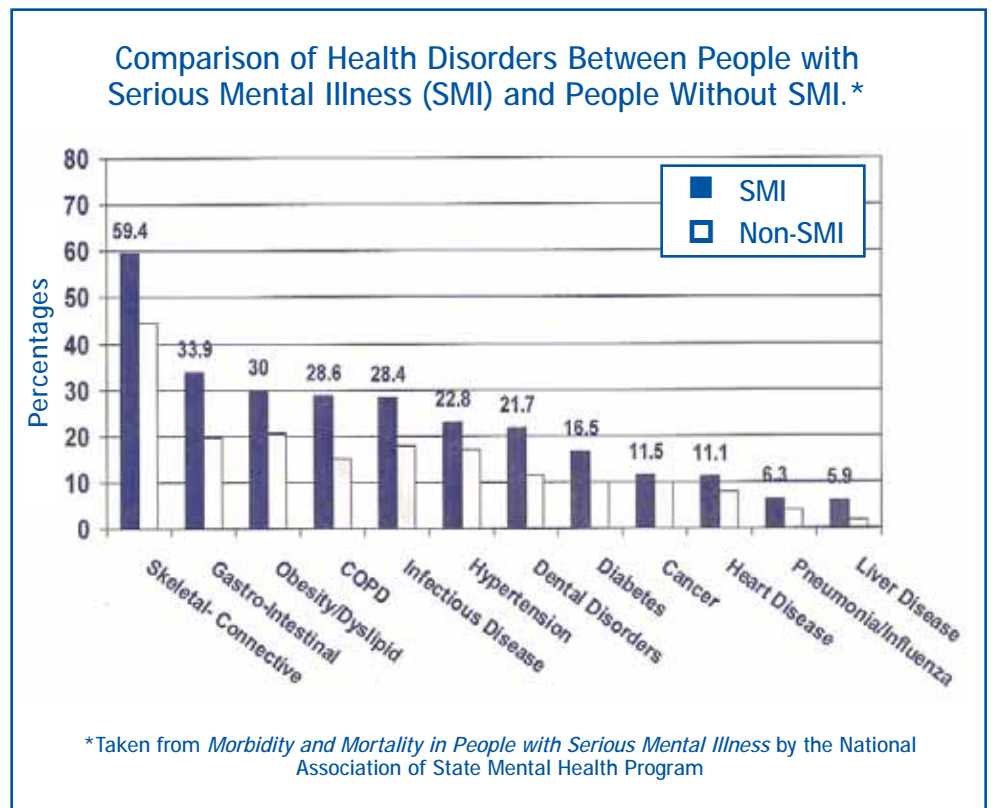
actions to effectively address the identified findings:

1. Prioritize the public health problem of morbidity and mortality, and designate those with serious mental illness as a priority health disparities population.
2. Track and monitor morbidity and mortality in populations served by the public mental health system.
3. Implement established standards of care for prevention, screening, assessment and treatment.
4. Improve access and integration with physical health care services.

“My impression is that southwestern Pennsylvania has a significant amount of resources available to mental health consumers and their family members,” Lloyd continues. “NAMI is one excellent example of a source that provides invaluable information, advocacy, education and support.”

Another source is The Governor’s Chronic Care Commission, which is actively working to create a better way

continued on page 8



to meet the needs of the chronically ill and to coordinate physical and mental healthcare. Southwestern Pennsylvania is generously represented on the commission by professionals who have been actively involved in improving the healthcare system. Their work is adding to the regional resources that are available for providing better ways of coordinating care for individuals with serious mental health problems.

“Unfortunately, many of the wonderful resources that exist in our area go underutilized because the awareness just isn’t there,” Lloyd continues. “The vision of the working group is to create a community atmosphere where our rich local resources are more broadly appreciated and used, replacing the perception of scarcity with the reality of abundance. We need to find a way to inventory all of the high quality resources in our region, and then develop a coordinated system of care where those resources can be accessed more readily.”

As the report explicitly states, overall health is essential to mental health,

and recovery must include wellness. In adopting these principles, local stakeholders, including NAMI, are working to champion the development of a more integrated physical and behavioral health system to better encourage individualized care that is focused on wellness and recovery.

“Providers are just beginning to become aware of the increased medical burden that accompanies mental illness, and they are moving in the direction of providing care for the whole person rather than segmenting behavioral and physical health,” reports Jack Cahalane, PhD, MPH, Chief of Adult Mood and Anxiety Disorders at Western Psychiatric Institute and Clinic of UPMC and a NAMI SWPA Board member. “Behavioral health providers have to challenge themselves to develop a new paradigm that views their role more broadly – not just narrowly focusing on the mental health component and assuming it is someone else’s responsibility to provide for physical health needs.”

“This integration is beginning to take place,” Cahalane continues, “as behavioral health providers track weight, blood pressure, thyroid levels,

lipid profile and glucose levels, among others, as a component of treatment. Consumers should ask for this monitoring as part of their recovery plan. Tracking such things as Body Mass Index (BMI) and the potential to develop metabolic syndrome, in addition to proving education about nutrition, exercise and smoking cessation – among other lifestyle changes that encourage wellness – will be second nature in the treatment relationship in the near future.”

By researching available data and reporting the results with accompanying recommendations and solutions, national, state and local advocates throughout the system are working diligently to correct the problem of excess illness and premature death. Their efforts will help to improve the physical and behavioral health systems in communities in southwestern Pennsylvania and across the nation.

More information on the initiative being undertaken by NAMI SWPA’s Board of Directors, including how you may participate, will be featured in upcoming issues of the newsletter. For a copy of the report, visit www.namiswa.org.

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