



National Alliance on Mental Illness

# The Voice

The Newsletter of NAMI Southwestern Pennsylvania

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## Targeting Overall Health and Wellness

*NAMI Southwestern Pennsylvania Researches Methods to "Buy Back" 25 Years of Life*

Two hundred years ago, people were lucky to live to the age of 30. Today, more and more Americans celebrate their 90th birthdays. In the 1950s, only about one percent of the population lived to their 80s. That number is anticipated to jump to more than 10 percent within the next 20 years. Thanks to the relentless pursuit of more effective methods to prevent, detect and treat illness and disease in recent decades, life expectancy for most Americans continues to increase. It has been an

American birthright that each generation would live longer than the last. For example, the lifespan of the average American rose from 61 years in 1933 to 78 years in 2005. Unfortunately, these dramatic improvements in lifespan do not apply to those with serious mental illness (SMI).

According to the technical report *Morbidity and Mortality in People with Serious Mental Illness\**, people with SMI are now dying 25 years earlier than the general population, and these death rates have even increased in recent years.

The report, documents that more than 60 percent of premature deaths among people with SMI are due to preventable medical conditions such as cardiovascular disease, diabetes, and respiratory and infectious diseases. Other modifiable risk factors impacting mortality that are more prevalent for those with SMI include smoking, poor nutrition, lack of exercise, unsafe sexual behaviors, alcohol abuse and IV drug use. The report documents two crucial guiding principles that all stakeholders must embrace to change this staggering disparity in longevity:

- Overall health is essential to mental health.
- Recovery includes wellness.

A working group of the NAMI Southwestern Pennsylvania (SWPA) board is analyzing the results of the study and providing recommendations to the NAMI board. This group hopes to increase awareness in the professional community of the reasons for this 25-year disparity to encourage changes that will help to close the gap. People with SMI must have their physical needs addressed to achieve recovery. Access to health care is one critical issue, but another problem is that health indicators are not being monitored, and people with SMI are not being educated and encouraged to change risky habits and lifestyles.

“All types of people can have significant control of their own life span,” explains Jon Lloyd, MD, a retired surgeon, family member and member of the NAMI SWPA board of directors. “For example, more than 90 percent of a person’s height is directly related to genetics, yet only about six percent of life expectancy is hereditary.”

Lloyd continues, “The problem for those with SMI is that the coordination of care between the physical and behavioral health systems is seriously lacking, leading to ineffective treatment methods that contribute to decrease life expectancy.”

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One of the methods by which NAMI plans to encourage changes in the coordination of care is to take an inventory of available resources throughout our region that promote health and prevent disease. The organization also plans to work in collaboration with area health plans, insurers and the Governor's Chronic Care Commission to identify methods that better meet the needs of the chronically ill, and to promote better coordination of physical and mental health care.

Today, people with SMI and their families can begin to encourage recovery and lengthen their lives by making positive, healthy lifestyle changes such as quitting smoking, decreasing alcohol consumption, exercising and eating more nutritious foods. Being prepared with questions and information before each doctor's appointment can make a positive difference. And learning how to advocate for yourself or for a loved one also empowers people to positively impact their health and ultimately, their life span.

"NAMI Southwestern Pa. is looking for ways to improve access and integration of the physical and behavioral health systems and to encourage the development of standards of

care for prevention, screening, assessment and treatment," says Lloyd.

According to Dr. Jack Cahalane, Chief of Adult Mood and Anxiety Disorders at Western Psychiatric Institute and Clinic of UPMC, sometimes individuals don't take a first step because they perceive positive health behaviors like changing diet, exercise or quitting smoking as an all or nothing proposition. Cahalane, who is a member of the NAMI SWPA board of directors, says, "Sometimes individuals are so discouraged by their lack of progress or feel they have so far to go they feel discouraged and don't try. Even small changes are important and will have positive effects in adding years of life."

Cahalane says the reduction of smoking can have very positive effects on health. He cites a large study done in Denmark that shows reducing the number of cigarettes from 20 per day to 10 per day can decrease the risk of lung cancer by 27 percent.

"The same is true with not-so-perfect but realistic goals with diet and exercise," says Cahalane. "While you might have an ambitious goal, make sure you have steps along the way and think of relapse as part of recovery—not a new idea for most of us, but we don't translate it into health behaviors."

Cahalane points out that people usually have to try to quit smoking many times before they quit. He refers to the words of Mark Twain: "Quitting smoking is easy, I've done it a thousand times."

Dr. Lloyd and the board's working group will continue to explore health and recovery efforts. "By encouraging more individualized physical and mental health care that is focused on wellness and recovery," Lloyd states, "we can lessen this shocking 25-year disparity in life expectancy that we are now experiencing." ●

*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 or to read the first article in the series (Volume 14, Issue 2), visit [www.namiswa.org](http://www.namiswa.org).*

\* Report published in October 2006 by the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council ([www.nasmhpd.org](http://www.nasmhpd.org)).

See page 9 for specific causes for the 25-years disparity in life expectancy.

## What is metabolic syndrome?

This term is being used more and more frequently to describe health conditions that have a negative impact on recovery and life expectancy for those with Serious Mental Illness.

The five defining characteristics of metabolic syndrome include:

- High blood pressure
- High blood glucose
- High levels of triglycerides (blood fat)
  - Increased waist circumference
- Low levels of HDL (good) cholesterol

Metabolic syndrome predisposes you to a number of serious medical conditions such as cardiovascular disease and diabetes and even cancer. It is like a chain of events. A lifestyle that does not include exercise and healthy eating puts you at higher risk of metabolic syndrome and that puts you at risk for a variety of diseases which ultimately reduces your life span.