Mental Health Practitioner Discussion Guide

Purpose of this guide

As a primary support for people with mental illness, mental health practitioners are ideally placed to make people with mental illness aware of metabolic syndrome, encourage healthy behaviour and help them to understand the importance of attending monitoring sessions with their doctor.

This discussion guide offers practical tools and guidance to assist mental health practitioners and all others who work closely with people with mental illness in discussing metabolic syndrome and physical health with these individuals, and deciding treatment strategies.

Goals of discussion

1. Share experiences of advising people with mental illness on physical health matters.
2. Develop awareness of how to listen attentively to people with mental illness and assist them in developing their own healthy living plans.
3. Provide tools to facilitate and encourage these individuals to take more responsibility for their own health.
4. Provide a best practice checklist for discussing metabolic syndrome with people with mental illness.

Structure of discussion

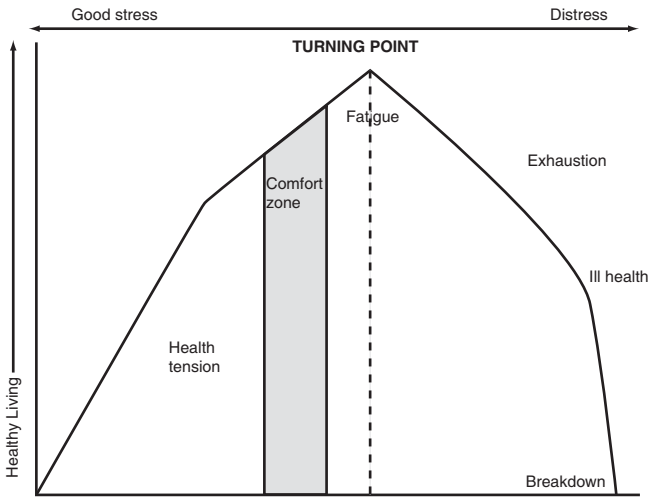
After reading each section, it is recommended that you discuss how the tools and suggestions in this guide could be implemented most effectively in day-to-day practice with people with mental illness.

Guidance and tools

(1) Healthy living curve

The following diagram can help people with mental illness identify their mental and emotional ability to pursue healthy living and create a shared set of expectations for any healthy living plan. Individuals should be asked where they are on the curve during

an initial discussion session, and may choose to monitor where they are on the curve on a daily basis, and use this information to adjust their behaviour accordingly (increase or decrease healthy activities).



Adapted from: Nixon, P. G. F. (1976) The human function curve. Practitioner 217: 765-769; 935-944

(2) Identifying unhealthy behaviour

People with mental illness should reach their own conclusions about the effects of their lifestyle. Ask them to identify what unhealthy behaviours they might have, and the effects of these behaviours in the past.

They may have strong opinions about health habits and believe that healthy behaviours are too difficult, not helpful or even harmful to them. Avoid directly challenging their health beliefs, or lecturing about their lifestyle choices. Instead, try to remain neutral and understand the person's point of view. Encourage people with mental illness to develop a new perspective on past experiences and avoid self-blame.

The following table can help them see the link been their behaviour, their health and their sense of well-being.

Behaviour	**Specific behaviour**	**How this makes me feel (physically and mentally)**
Eat a lot of ready meals, fast food or junk food		
Eat a lot of fried, greasy or rich food		
Eat very large meals and snacks		
Do not eat proper meals		
Do not move much; spend most of the day sitting or lying down		
Do not do regular physical activity (e.g. walk, cycle, dance)		
Smoke regularly		

(3) Healthy living pros and cons

People with mental illness need to explore the advantages and perceived disadvantages of healthy behaviour from their own point of view. If they come to believe that healthy behaviour will improve their life or help them gain better control over their lives and thereby pursue their goals, they will become motivated to make healthy choices. Common goals for people with mental illness include decreasing symptoms of mental illness, increasing independent living, and improving relationships.

The table on the following page asks people to list the advantages and disadvantages of different health strategies from their point of view. It helps practitioners identify what healthy behaviours individuals have tried, and whether or not they were helpful.

Practitioners should avoid rushing through this questionnaire, using probe questions to help people come up with as many pros and cons as possible. These could be functional or goal-oriented. For example, practitioners can ask questions such as:

- "You mentioned that you often feel hungry on your medication. Would 'might feel hungry' belong under the 'con' column for eating small portions?"
- "Remember when you told me you had a blackout last time you drank too much? Would 'helps me stay in control' belong under the 'pro' column for drinking less alcohol?"
- "You said you had difficulty staying in touch with friends. Would 'can do with a friend' belong in the 'pro' column for getting more exercise?"

(3) Table: Healthy living pros and cons

Strategy	I have tried this strategy before	Pros	Cons
Develop ways of coping with triggers for unhealthy behaviour			
Switch to healthier foods			
Cook foods in a healthier way myself			
Eat smaller portion sizes			
Get more physical activity			
Quit / cut down on smoking			
Drink less alcohol			
Join self-help group / get professional counselling			
Seek out supportive relationships			
Change medication			
Additional medication to manage risk factors			

(4) Healthy living plan

Work with people with mental illness to make a personal plan for a healthier lifestyle. Understand that particularly if individuals are depressed or experiencing negative symptoms of schizophrenia, they may find it hard to imagine that healthy behaviours could be helpful. In these situations, encourage them to keep an open mind, and give healthy behaviours a try “just to see what happens”.

Help them find simple ways to incorporate healthy behaviour into their daily routine. For example, they could eat the foods they like, but in proportion and prepared in a healthy way. Regular moderate exercise, such as brisk walking, cycling, dancing or swimming is ideal, but simply incorporating more activity into everyday life is a positive step.

Use the table on the following page to help them develop a healthy living plan which:

- Sets reasonable expectations - does not try to do too much or too little.
- Includes activities that are meaningful to the person.
- Makes the most of supportive relationships.
- Avoids situations where people might criticize them.
- Suits their talents and strengths.

(4) Table (part 1): Healthy living plan

Health Strategy	**Ideas to consider**	**I would like to try this strategy or develop it further**
Develop ways of coping with triggers for unhealthy behaviour	• Get input on triggers from supportive people • Keep a food diary to learn about eating habits and triggers • Avoid situations and people which trigger unhealthy behaviour • Decrease stress (relaxation exercises etc.) • Call a friend to help when you are tempted • Do something which occupies your hands or takes you away from the fridge (e.g. crossword puzzle, go for a walk)	
Switch to healthier foods	• Cut out / cut down on fast food, sweets and junk food • Schedule regular, healthy snacks • Write a list of food substitutes • Eat more fruit and vegetables • Read the labels on foods • Write a grocery shopping list and stick to it • Don't shop for food when hungry	
Cook foods in a healthier way myself	• Avoid frying • Try baking, boiling, poaching or grilling food • Add spices instead of salt • Dip foods in sauce and gravy instead of pouring over food • Restrict use of butter, oil and fats • Trim or drain fat from meat • Cut down on ready meals	
Eat smaller portion sizes	• Learn what a normal portion size looks like • Eat small meals regularly, rather than a few big meals • Eat more bulky, low-calorie foods • Drink a glass of water before eating	
Get more physical activity	• Make exercise part of routine; walk to the local shop or post office • Use the stairs instead of the lift or escalator • Get off transport a stop early and then walk • Put on some music and dance to it • Take up a physical hobby like cycling, dancing or brisk walking • Invite friends to join you in physical activity	
Quit / cut down on smoking	• Use nicotine patches or gum • Keep busy to take your mind off smoking • Get support and reminders from family and friends • Throw away all ashtrays, lighters, tobacco • Stay active; exercise can boost your morale • Join a stop-smoking group • Avoid places you used to smoke / buy cigarettes • Avoid other smokers • Use money you used to spend on tobacco to buy yourself a treat	

(4) Table (part 2): Healthy living plan

Health Strategy	Ideas to Consider	I would like to try this strategy or develop it further
Drink less alcohol	• Avoid people and situations which are likely to involve alcohol • Invite friends and family who drink alcohol to join you in a healthy living programme • Don't keep alcohol in the house • Take up a hobby to do in the time you would normally have a drink	
Join self-help group / get professional counselling	• Peer support groups • Psychosocial clubhouses • Weight or substance abuse support groups • Individual counselling (nutritionist etc.) • Wellness programmes in community clinics	
Seek out supportive relationships	• Ask people to join you in healthy activities (e.g. go for a walk, go dancing) • Ask someone to accompany you on grocery shopping • Work with others to identify triggers for unhealthy behaviour • Ask others to help locate resources for healthy living (e.g. good recipe book) • Talk to a supportive person when you feel tempted to be unhealthy	
Change medication	• Review pros and cons of current medication with a supportive person • Discuss medication with my psychiatrist or psychiatric nurse	
Additional medication to manage risk factors	• Find out about medications available to treat symptoms of metabolic disease • Discuss medication with my doctor and psychiatrist	
Other:		

(5) Implementing a healthy living plan

Once a person with mental illness has developed their healthy living plan, talk them through the potential obstacles and help identify ways these could be removed or changed so they become less of a problem. In particular, if healthy behaviours were not helpful in the past, explore how they could get a better outcome in the future.

Develop strategies for incorporating healthy behaviour into their daily routine. This may mean finding ways of reminding them to make healthy choices, or simplifying their lifestyle plan to make healthy living easier to fit into their routine.

It may be helpful to think about steps in a person's healthy living plan as homework. For example, they could keep track of daily hassles and triggers for unhealthy behaviour for a week, pick out specific activities and plan when they could do them, or practise a new behaviour such as going for a walk. Follow-up discussion could focus on overcoming any obstacles encountered, and role-play for practising healthy strategies or approaching others for support.

The following examples illustrate how you might encourage and support a healthy living plan:

- If a person with mental illness wants to attend yoga classes, you could help them investigate where and when classes are offered. If they are apprehensive about talking to the yoga instructor or fellow students, you could help them role-play how they might respond to questions and keep the conversation going.
- If an individual chooses to try talking to someone else when they feel down and want to binge on unhealthy food, you could help choose whom the person could talk to and role-play how they might approach the person to ask for support.

(6) Supportive people

Family members, friends and other health professionals can be an excellent source of insight and support for people with mental illness. They can assist in the following ways:

- Offer observations about an individual's unhealthy and healthy behaviours, and what hassles and life events affected their decisions.
- Offer emotional support in changing unhealthy habits.
- Help put healthy strategies into action e.g. join an individual on a daily walk, accompany them during grocery shopping, or locate resources for healthy living such as a good recipe book or route for a walk.
- Professionals can offer advice on diet, nutrition, or substance abuse (smoking, alcohol, drugs).

The following table may be used by people with mental illness to help identify potential sources of support in fulfilling their healthy living plan.

Source of support	**Could support me**	**Not a possible support**
Family		
Friends		
Husband / wife (or boyfriend / girlfriend)		
Co-workers		
Members of religious / spiritual group		
Other people with mental illness		
Mental health practitioners		
Community wellness staff		
Peer support programme or self-help group		
Dietician / nutritionist		
Physical trainer / teacher for physical hobby		
Other		

(7) Self-monitoring

A medical professional should carefully monitor metabolic syndrome risk factors (obesity, insulin resistance, high blood pressure and raised lipid profiles) in people with mental illness. Individuals should also be encouraged to monitor their own health, as outlined in the table below.

Symptom	How to monitor	When to monitor
Obesity	• Tell the doctor if you have to do up your belt on a different notch • Weigh yourself and tell your doctor if your weight changes by more than 3-5 kg (6.5-11 lbs).	Every week
Blood sugar	• Tell the doctor if you become increasingly thirsty or need to urinate frequently.	Every month

(8) Medication review table

Antipsychotic medications have different side effect profiles and may be associated with weight gain and diabetes. Medication should be reviewed for people with mental illness who have one or more features of metabolic syndrome (obesity, insulin resistance, high blood pressure and raised lipid profiles). The table below summarises the metabolic side effects of common second generation antipsychotics.

Decisions about medication selection or switch must take into consideration an individual's overall needs, including efficacy in managing symptoms, side effects and in some cases cost and availability. People with mental illness are experts about their symptoms and what makes them feel better or worse. Along with their family / caregiver where appropriate, they should be as involved as possible in these decisions.

(8) Table: Medication review table

Second generation antipsychotics and metabolic abnormalities**

Drug	Weight gain	Risk for diabetes	Worsening lipid profile
Clozapine	+++	+	+
Olanzapine	+++	+	+
Risperidone	++	D	D
Quetiapine	++	D	D
Aripiprazole*	+/-	-	-
Ziprasidone*	+/-	-	-

+ = increase effect; - = no effect; D = discrepant results. *Newer drugs with limited long-term data.

** Taken from Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes consensus statement, *Diabetes Care* 2004;27(2):596-601

Best practice checklist

The following checklist summarises the suggested best practice in working with people with mental illness to ensure physical health.

Practice	Complete
Discuss a person's ability to take responsibility for their own physical health and create shared expectations for healthy living	
Identify unhealthy behaviours and how these affect well-being	
Explore pros and cons of healthy behaviours as they relate to functional and personal goals	
Help an individual develop a personal healthy living plan	
Identify obstacles to healthy living and discuss ways to overcome or avoid these	
Encourage and support execution of a healthy living plan	
Identify sources of support for an individual and encourage them to seek help	
Encourage self-monitoring of physical health	
Review medication (as necessary)	
Maintain contact with family and caregivers about an individual's physical health	
Maintain contact with an individual's primary care practitioner regarding physical monitoring, medication review and success of behavioural change strategies	

Review questions

At the end of this discussion, your workshop moderator may use either open-ended questions or a multiple-choice questionnaire to assess how beneficial the session and materials have been for you.

Let them know what worked, what could have been improved, and what might be beneficial. This will help them improve the information and guidance they offer to other mental health practitioners in the future.

Mental Health Consumer and Family Discussion Guide

Purpose of this guide

This discussion guide offers practical tools and guidance to assist people with mental illness, their families and caregivers in developing a healthy living plan and discussing metabolic syndrome with physicians and mental health practitioners.

Goals of discussion

1. Explain how to develop a healthy living plan, and how to talk to physicians and mental health practitioners about metabolic syndrome.
2. Empower you/your relative to take responsibility for physical health and develop a healthy living plan.
3. Provide tools to facilitate and enable you/your relative to become more involved in decisions about mental and physical health.
4. Provide a checklist of suggested activities to ensure physical health and help prevent metabolic syndrome.

Structure of discussion

After reading each section, it is recommended that you discuss how the tools and suggestions in this guide could be implemented to improve you/your relative's physical health, and how they could facilitate discussions about metabolic syndrome with physicians and mental health practitioners.

It may be helpful to talk about your experiences and work out how this information could be used to fill in the tables. It may also help to role-play talking to doctors and asking others for assistance in maintaining healthy living.

Guidance and tools

(1) Asking your doctor for physical health monitoring

You have a right to good healthcare, so if your doctor does not talk to you about metabolic syndrome and arrange regular monitoring of your weight, blood sugar, blood pressure and the levels of fats in your blood, then be your own best champion and ask for it.

Your doctor may talk about metabolic syndrome using medical terms that are unfamiliar to you. The following table shows terms your doctor may use to describe metabolic risk factors and the recommended maximum time since they were last measured.[1] If it has been longer than the recommended time since one or more of these factors were measured for you, ask for a test to be carried out as soon as possible.

Metabolic risk factor	**Other names**	**Maximum recommended time between measurements**
Weight	Body Mass Index (BMI)	1 - 3 months
Blood sugar	Glucose tolerance, insulin resistance	4 months – 1 year
Blood pressure	- -	6 weeks - every visit to the doctor
Fats in your blood	Lipid profile, cholesterol levels, triglyceride levels	6 months – 2 years

[1]Marder S.R., Essock S.M., Miller A.L., et al. Physical Health Monitoring of Patients with Schizophrenia. American Journal of Psychiatry, 2004; 161(8):1334-1349.

(2) Talking to your doctor

When you talk to your doctor, it helps to have a clear idea of what you want to ask and what background your doctor might need. When talking about metabolic syndrome, your doctor may need to know your family medical history, the brand and generic names of your medication/s and details of your lifestyle habits including:

- What you might eat and drink on a normal day
- How much alcohol you drink in an average week
- How much you smoke (cigarettes / tobacco) in an average week
- How much exercise you get in an average week that leaves you slightly out of breath (time spent exercising)

Also decide what information your doctor does not need to know, and avoid talking about these things as they could cause confusion. When talking to your doctor:

- Stick to the point; be clear and brief
- Express any feelings or fears in a responsible, controlled manner
- If you are afraid or nervous, ask for what you want anyway
- Expect a positive response
- Listen, and if you do not understand, ask questions for clarification

You may have struggled with troubling emotional or psychological symptoms and find it difficult to speak up for yourself. If you feel unsure of yourself or have difficulty clarifying your concerns, it may help to write down what you plan to say before visiting the doctor or have someone go with you for support during your visit. Alternatively, you may want to use the following checklist of questions.

Question	**Answered**
Am I at risk of metabolic syndrome?	
What is my Body Mass Index, glucose tolerance, blood pressure and lipid profile?	
When was the last time these were measured?	
Are these results in the healthy, normal range?	
When will they next be measured?	
Does my medication (for mental illness) possibly contribute to metabolic syndrome?	
Will my medication be changed, or will I need additional medication to control metabolic syndrome risk factors?	
How important is it for me to try to live a healthier lifestyle?	
Is professional assistance available to help me live a healthier lifestyle?	

(3) Self-monitoring

A medical professional should carefully monitor your risk of metabolic syndrome, but it is recommended that you monitor your own health as well. Keep your doctor informed of the health indicators outlined below.

Symptom	How to monitor	When to monitor
Weight	• Tell your doctor if you have to do up your belt on a different notch (or) • Weigh yourself and tell your doctor if your weight changes by more than 3-5 kg (6.5-11 lbs).	Every week
Blood sugar	• Tell your doctor if you become increasingly thirsty or need to urinate frequently.	Every month

(4) Identifying unhealthy behaviour

Your lifestyle can strongly affect your health and sense of well-being, so it is important to ask yourself what unhealthy behaviours you could change, what changes you have tried in the past, and whether you maintained those changes for as long as required. If you are like most people, you may have difficulty changing unhealthy habits and find there is more you can do to improve your physical health.

The following table can help you identify any unhealthy behaviours you have, and where you could focus attention to improve your health.

Behaviour	**Specific behaviour & how I tried to change (if applicable)**	**Was change successful?**
Eat a lot of ready meals, fast food or junk food		
Eat a lot of fried, greasy or rich food		
Eat very large meals and snacks		
Do not eat proper meals		
Do not move much; spend most of the day sitting or lying down		
Do not do regular physical activity (e.g. walk, cycle, dance)		
Smoke regularly		

(5) Identifying personal goals

When developing a healthy living plan, many people find incorporating personal goals can help ensure success. However, experiencing psychiatric symptoms can take up a great deal of your time and energy. Sometimes this can make it difficult to participate in activities or even figure out what you would like to do.

It may be helpful to take some time to review what is important to you as an individual, what you want to accomplish and what you want your life to be like. Think about which areas of life you feel most/least satisfied with, and what you would like to change. You might want to do this with the help of someone supportive who knows you well.

Once you have identified areas in your life that you would like to improve, set goals for yourself in one

or two of these areas and combine pursuing your goals with healthy activities. For example, if you would like to change your job or do some work you could schedule a regular half hour walk to the store to buy a newspaper with job advertisements. Alternatively, if you want to build relationships, you could try inviting a friend to join you in healthy activities, such as exercise or cooking healthy meals.

The table on the following page can help you plan healthy activities that relate to your personal goals.

(5) Table: Identifying personal goals

Area of my life	I am not satisfied	I am moderately satisfied	I am very satisfied	Healthy activities I can combine with improving this area
Friendships / relationships				
Meaningful work (paid or unpaid)				
Enjoyable activities (e.g. hobbies, sport, classes)				
Living situation				
Belonging to a community				
Expressing creativity				
Education				
Other area:				

(6) Healthy living plan

A healthy living strategy can be combined with pursuit of personal goals, but you probably will need to develop general healthy behaviours as well. Even if past efforts to be healthy were less successful than you hoped, do not be hard on yourself. Decide on some easy goals and plan step-by-step how you can achieve them.

If there is a peer support programme or self-help group for people with mental illness in your community, perhaps at a mental health clinic, think about getting involved. Often, these programmes offer opportunities for nutrition education and recreational activities, and can provide good support for your efforts to improve and maintain your physical health.

Look for simple ways to incorporate healthy behaviour into your daily routine. Try eating the foods you like, but in proportion and prepared in a healthy way. Regular moderate exercise, such as brisk walking, cycling, dancing or swimming is ideal, but simply incorporating more activity into everyday life is a positive step. The table on the following page can help you develop your own plan for healthy living which:

- Sets reasonable expectations - does not try to do too much or too little.
- Includes activities that are meaningful to you.
- Makes the most of supportive relationships.
- Avoids situations where people might criticize you.
- Suits your talents and strengths.

(6) Table (part 1): Healthy living plan

Health strategy	Ideas to consider	I would like to try this strategy or develop it further
Develop ways of coping with triggers for unhealthy behaviour	• Get input on triggers from supportive people • Keep a food diary to learn about eating habits and triggers • Avoid situations and people which trigger unhealthy behaviour • Decrease stress (relaxation exercises etc.) • Call a friend to help when you are tempted • Do something which occupies your hands or takes you away from the fridge (e.g. crossword puzzle, go for a walk)	
Switch to healthier foods	• Cut out / cut down on fast food, sweets and junk food • Schedule regular, healthy snacks • Write a list of healthy substitutes for unhealthy food choices • Eat more fruit and vegetables • Read the labels on foods • Write a grocery shopping list and stick to it • Don't shop for food when hungry	
Cook foods in a healthier way myself	• Avoid frying • Try baking, boiling, poaching or grilling food • Add spices instead of salt • Dip foods in sauce and gravy instead of pouring over food • Restrict use of butter, oil and fats • Trim or drain fat from meat • Cut down on ready meals	
Eat smaller portion sizes	• Learn what a normal portion size looks like • Eat small meals regularly, rather than a few big meals • Eat more bulky, low-calorie foods • Drink a glass of water before eating	
Get more physical activity	• Make exercise part of daily routine; walk to the local shop or post office • Use the stairs instead of the lift or escalator • Get off transport a stop early and then walk • Put on some music and dance to it • Take up a physical hobby like cycling, dancing or brisk walking • Invite friends to join you in physical activity	
Quit / cut down on smoking	• Use nicotine patches or gum • Keep busy to take your mind off smoking • Get support and reminders from family and friends • Throw away all ashtrays, lighters, tobacco • Stay active; exercise can boost your morale • Join a stop-smoking group • Avoid places you used to smoke / buy cigarettes • Avoid other smokers • Use the money you used to spend on tobacco to buy yourself a treat	

(6) Table (part 2): Healthy living plan

Health strategy	Ideas to consider	I would like to try this strategy or develop it further
Drink less alcohol	• Avoid people and situations which are likely to involve alcohol • Invite friends and family who drink alcohol to join you in a healthy living programme • Don't keep alcohol in the house • Take up a hobby to do during the time you would normally go for a drink	
Join self-help group / get professional counselling	• Peer support groups • Psychosocial clubhouses • Weight or substance abuse support groups • Individual counselling (nutritionist etc.) • Wellness programmes in community clinics	
Seek out supportive relationships	• Ask people to join you in healthy activities (e.g. go for a walk, go dancing) • Ask someone to accompany you on grocery shopping • Work with others to identify triggers for unhealthy behaviour • Ask others to help locate resources for healthy living (e.g. good recipe book) • Talk to a supportive person when you feel tempted to be unhealthy	
Change medication (for mental illness)	• Review pros and cons of current medication with a supportive person • Discuss medication with my psychiatrist or psychiatric nurse	
Additional medication to manage risk factors	• Find out about medications available to treat symptoms of metabolic disease • Discuss medication with my doctor and psychiatrist	
Other:		

(7) Getting support for a healthy living plan

To make healthy changes easier and more enjoyable, enlist the help of a supportive person, such as a friend, family member or caregiver. Work with them to make your own plan for a healthier lifestyle.

Friends and family can help identify situations which tempt you to make unhealthy choices and suggest ways of coping, or avoiding those situations. They can also remind you to make healthy choices or participate in healthy activities with you, such as grocery shopping or going for a walk, and offer emotional support.

The table on the following page can help you identify potential sources of support in implementing your healthy living plan.

(7) Table: Getting support for a healthy living plan

Source of support	Could support me	Not a possible support
Family		
Friends		
Husband / wife (or boyfriend / girlfriend)		
Co-workers		
Members of religious / spiritual group		
Others with mental illness		
Mental health practitioners		
Community wellness staff		
Peer support programme or self-help group		
Dietician / nutritionist		
Physical trainer / teacher for physical hobby		
Other		

(8) Medication review

Medications for people with mental illness have different side effects and may be associated with weight gain and raised blood sugar – two features of metabolic syndrome. If you have one or more features of metabolic syndrome, your doctor might decide to review your mental health medication to protect your physical health.

Decisions about mental health medication take into consideration your overall needs, including symptom management and side effects. Your doctor is an expert about medication, and you are an expert about your experience of mental illness and what makes you feel better or worse. You need to be very active in making decisions about medication and decide what side effects you can tolerate and what risks you are willing to accept.

Learn as much as you can about the potential benefits and side effects of medication you have been prescribed, and ask your doctor for clarification on anything you do not understand. The following checklist can help you talk to your doctor about switching medication.

Question	Answered
Why do I need to change mental health medication / take additional physical health medication?	
How will the new medication benefit me? What will it help me with?	
Will the new medication benefit me in the same way as my current medication?	
How long does it take for the new medication to work? How long before I feel some of the benefits?	
What side effects might I get? Are there any side effects from long-term use?	
What can be done if I get side effects?	
Will I need blood tests to make sure I have the right level of the new medication in my bloodstream?	
What if the new medication doesn't work for me?	

Suggested activities checklist

The following checklist summarises suggested activities to ensure your physical health and help prevent metabolic syndrome.

Activity	Complete
Talk to your doctor about metabolic syndrome (plan what you want to say or ask)	
If you are not receiving regular monitoring for your weight, blood sugar, blood pressure and the levels of fats in your blood, then ask for it	
Ask your doctor whether you may need a medication switch or additional medication to control metabolic risk factors, and be part of this decision-making process	
Monitor your own weight and symptoms of raised blood sugar	
Identify any unhealthy behaviours you have and where you could focus change	
Identify personal goals and how you can make healthy activities part of your plan to achieve those goals	
Develop a personal healthy living plan	
Enlist the help of supportive people to help you implement your healthy living plan	

Review questions

At the end of this discussion, your workshop moderator may use either open-ended questions or a multiple-choice questionnaire to assess how beneficial the session and materials have been for you.

Let them know what worked, what could have been improved, and what might be beneficial. This will help them improve the information and guidance they offer to other people like you in the future.

Primary Care Practitioner Discussion Guide

Purpose of this guide

Primary care practitioners are ideally placed to monitor metabolic risk factors as they are trained in physical health care, are well equipped with appropriate resources, and often oversee an individual's complete health programme whilst maintaining long term relationships with people with mental illness and their families.

This discussion guide offers practical tools and guidance to assist primary care practitioners in monitoring risk factors for metabolic syndrome and involving people with mental illness, their families and caregivers in physical health monitoring.

Goals of discussion

1. Explore the importance of physical health monitoring in people with mental illness, and how and when monitoring should take place.
2. Develop awareness of key considerations when working with people with mental illness.
3. Provide tools to facilitate best practice in recording and sharing important information regarding the mental and physical health of people with mental illness.
4. Provide a best practice checklist for working with people with mental illness.

Structure of discussion

After reading each section, it is recommended that you discuss how the tools and suggestions in this guide could be implemented most effectively in day-to-day practice with people with mental illness.

Guidance and tools

(1) Monitoring metabolic syndrome risk factors

Metabolic syndrome risk factors need to be carefully monitored in people with mental illness. These risk factors are: obesity, insulin resistance, high blood pressure and raised lipid profiles.

Monitoring should take place during regular physical check-ups. Make sure your patients who also have a mental illness have regular appointments for this purpose.

The monitoring guidelines on the following page were developed by a group of 22 psychiatric and other medical experts during a consensus meeting in 2002,[1] and are based on research evidence.

[1]Marder S.R., Essock S.M., Miller A.L., et al. Physical Health Monitoring of Patients with Schizophrenia. American Journal of Psychiatry, 2004; 161(8):1334-1349.

(1) Table: Monitoring metabolic syndrome risk factors

Symptom	How to monitor	When to monitor
Obesity	Measure by Body Mass Index (BMI). BMI is a person's weight in kilograms divided by their height in meters squared (kg/m²) • BMI of 18.5 to 24.9 is normal. • BMI of 25 to 29.9 is overweight. • BMI of 30 or higher is obese.	• When an individual starts or changes to a new medication for their mental illness. • Every month for six months after a mental health medication start or change. • At all other times, once every three months, or once a month if the individual is overweight.
Insulin resistance	A fasting blood glucose test taken 8 to 10 hours after eating. Laboratory results show milligrams of glucose per decilitre of blood. • 100 mg/dl to 125 mg/dl: prediabetes requiring follow-up • 126 mg/dl: abnormal requiring further assessment • More than 200 mg/dl: possible diabetes Alternatively, a haemoglobin A1C test certified by the National Glycohaemoglobin Standardization Program, can be taken and interpreted in an office. • Haemoglobin A1C more than 6.1%: possible diabetes Symptoms of diabetes should also be monitored, including weight change, increase in thirst and the need to urinate frequently.	• When an individual starts or changes to a new medication for their mental illness. • Every four months for individuals who are gaining weight. • If an individual shows symptoms of diabetes. • Four months after a mental health medication start or change for individuals with main risk factors for diabetes, and then once a year. • Main risk factors for diabetes are: • Family history of diabetes • BMI of 25 or higher • Waist circumference of 35 inches (89 cm) or more for women / 40 inches (102 cm) or more for men
Blood pressure	Standard method. • ~ 120/80 mmHg: normal • ~ 160/100 mmHg: high blood pressure needing treatment • 140/80 mmHg: target following treatment for high blood pressure	• Usually during every visit. • If an individual has high blood pressure, once every six weeks.
Lipid profile	Laboratory results from a blood sample show total cholesterol, HDL-cholesterol,LD-cholesterol and triglycerides in milligrams per decilitre of blood. • LDL 100 – 129mg/dl: normal • LDL level greater than 130 mg/dl: diet changes needed, and possibly cholesterol lowering medication	• During a first visit or if never checked. • If LDL-cholesterol is normal then every two years. • If the LDL-cholesterol is greater than 130mg/dl then once every six months.

(2) Encouraging self-monitoring

Physical health monitoring of people with mental illness is very important, but not the whole solution to improve physical well-being in this group. Involving people with mental illness and their families / caregivers can help get the most out of monitoring and may motivate individuals to make healthy lifestyle choices.

Encourage people with mental illness to take responsibility for their own weight and general physical health by informing you of changes as indicated below.

Symptom	How to monitor	When to monitor
Obesity	• An individual should inform you if they have to do up their belt on a different notch (or) • An individual should inform you if their weight changes by more than 3-5 kg (6.5-11 lbs).	Every week
Blood sugar	• An individual should inform you if they become increasingly thirsty or need to urinate frequently.	Every month

(3) Encouraging healthy behaviour

Monitoring sessions are an opportunity to promote healthy behaviours, such as healthy diet, not smoking and getting regular exercise. You may wish to further encourage healthy behaviour by referring individuals to a specialist in diet and nutrition, helping them find information on healthy eating, or referring them for professional assistance for substance abuse.

The following table suggests some options you might recommend or prescribe to help a person with mental illness change unhealthy habits.

Health Strategy	Recommendations to consider
Healthy eating	• Weight loss self-help group • One-on-one counselling • Community wellness centre • Professional dietician / nutritionist • A healthy recipe book
Increase physical activity	• Local physical trainer or gym • Community sports centre • Local sports facilities e.g. park, running track, yoga centre
Quit / cut down on smoking	• Stop-smoking self-help group • One-on-one counselling • Nicotine patches or gum • Alternative remedies (hypnotherapy, acupuncture)
Drink less alcohol	• Alcohol self-help group • Professional counselling

(4) Considerations for people with mental illness

Every person with a mental illness has a unique history and needs. If you do not know an individual well already, ask them about their mental health history.

Include specific questions about unusual behaviours you should watch out for, triggers for unusual behaviour and how you can help them remain calm during their visits with you. Also ask about other health specialists they currently visit that are not known to you.

Try to understand the point of view of people with mental illness, and keep a stable and mature attitude when working with these individuals.

- Use non-medical terminology to avoid confusion.
- Give enough time for questions and clarification of information.
- Explain clearly what you are doing, and why you are doing it.
- Be predictable and consistent.
- Reduce stress and tension, and avoid over-stimulation.

The checklist below summarises these points and may help you maintain best practice when working with people with mental illness.

Knowledge area	**Summary**
Mental health history	
Personal stressors / triggers	
Unusual behaviours to watch out for	
Contact details for other health specialists seen by the individual: [Contact 1]	
[Contact 2]	
[Contact 3]	

(5) Involving families and caregivers

The social circumstances of people with mental illness can significantly affect their ability to attend monitoring sessions and impact on their lifestyle behaviours. Their living situation, family involvement, sources and amount of money and relationships with others are all important.

Families and caregivers can be very helpful both in explaining individual characteristics and making sure individuals attend appointments and follow your advice - things which otherwise can be very difficult. Build a familiar and trusting relationship, keeping families and caregivers informed of monitoring results and any advice you give an individual on healthy behaviours.

The following table may aid discussions with individuals about supportive people in their lives who may be appropriate to involve in their healthcare. Contact details can be listed in the box to the right.

Source of support	**Contact**
Family	
Friends	
Husband / wife (or boyfriend / girlfriend)	
Co-worker	
Member of religious / spiritual group	
Peer support programme or self-help group	
Other	

(6) Working with mental health specialists

Many people with mental illness require a variety of treatments, often from several different medical and mental health experts. Sharing an accurate history of past and current treatments, and an individual's response to them, is very important to ensure other specialists support behaviour change and make appropriate decisions about medication.

It is also important to remain informed about significant changes to an individual's mental health status or treatment regime.

The following table can help ensure regular communication.

Date of last visit:		
Practice	**Date last completed**	**Specialist/s contacted**
Share information about significant changes in physical health		
Share information about attendance at monitoring sessions (what monitored, frequency, any problems with non-attendance)		
Share monitoring results		
Share information about treatment plans and health recommendations		
Receive information about an individual's mental health status and treatment regime		

Best practice checklist

The following checklist summarises the suggested best practice in working with people with mental illness.

Practice	**Complete**
Monitor obesity, insulin resistance, high blood pressure and raised lipid profiles	
Encourage people with mental illness to monitor their own weight and symptoms of raised blood sugar	
Promote healthy behaviours and consider prescribing / recommending support for behavioural change	
Learn about mental health history, triggers, and other health specialists seen by an individual	
Keep a mature and stable attitude when working with people with mental illness	
Build and maintain relationships with an individual's family / caregiver	
Regularly update other health professionals seen by the individual regarding his/her physical health status	

Review questions

At the end of this discussion, your workshop moderator may use either open-ended questions or a multiple-choice questionnaire to assess how beneficial the session and materials have been for you.

Let them know what worked, what could have been improved, and what might be beneficial. This will help them improve the information and guidance they offer to other primary care practitioners in the future.