Communication and 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 their point of view, 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.

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.

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.

Document and track health monitoring and keep other specialists seen by the individual up to date. Include information on monitoring results, assessments, treatment plans and progress notes.

The World Federation for Mental Health has members in over 100 countries on six continents and is an accredited consultant to the United Nations and several of its specialised agencies. For more information visit www.wfmh.org.

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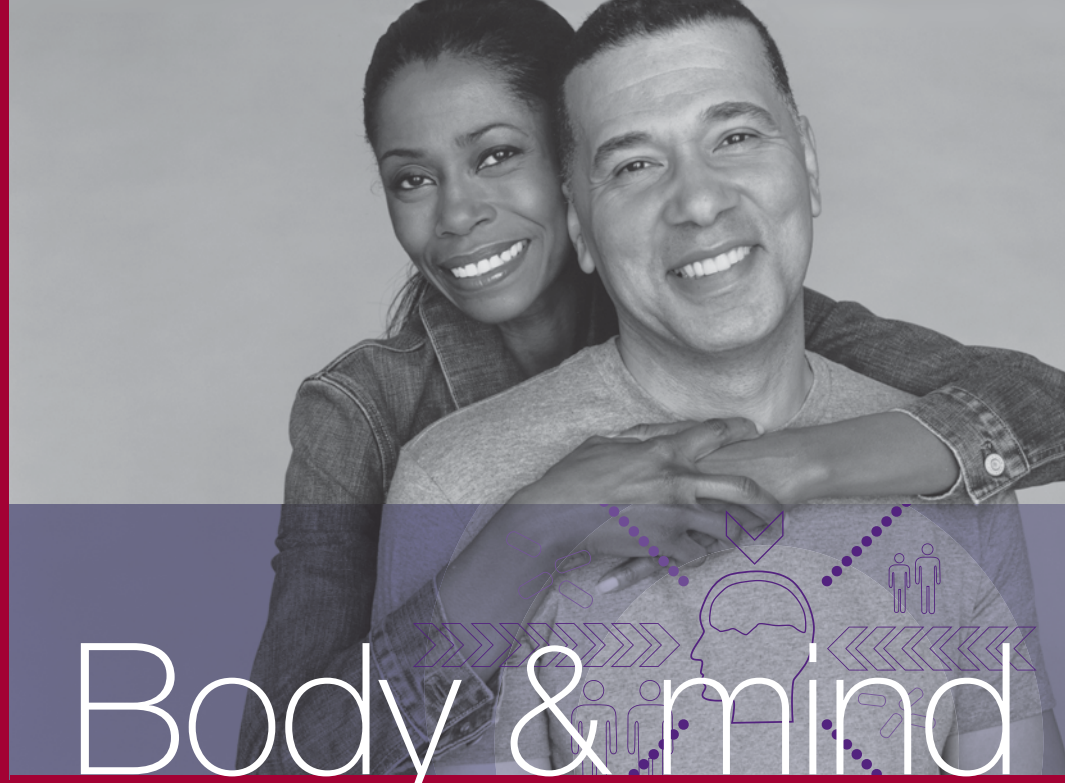

Body & mind

Metabolic Syndrome and Mental Health
Information for Primary Care Practitioners

To ensure the physical well-being of people experiencing mental illness there needs to be meaningful collaboration between all those involved including health professionals, family or friends who are caregivers and the individuals concerned.

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What is metabolic syndrome?

Metabolic syndrome is a group of risk factors for cardiovascular disease, including obesity, hypertension, impaired glucose tolerance and dyslipidemia. Metabolic syndrome may result from genetic factors, side effects of medication and unhealthy lifestyle choices which are often the result of social and emotional impacts of mental illness.

Recent research shows people with mental illness have an increased risk of cardiovascular morbidity and mortality, so metabolic syndrome is a particular concern in these individuals.

Managing risk: metabolic syndrome

Monitoring of metabolic risk factors is vital to avoid the development of metabolic syndrome. Primary care practitioners are ideally placed to implement monitoring 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.

Working together

To improve physical well-being of people with mental illness, monitoring should be combined with promotion of healthy behaviours, such as healthy diet, not smoking and getting regular exercise.

You may wish to refer individuals to a specialist in diet and nutrition, help them find information on healthy eating, or refer them for professional assistance for substance abuse.

Encourage people with mental illness to take responsibility for their own weight, through regular weighing or noticing which notch they use to do up their belt. If individuals and their families / caregivers are involved in the monitoring process, they are more likely to be motivated to make healthy lifestyle choices.

What should I monitor?

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

How and when should I monitor?

Monitoring should take place during regular physical check-ups. If you have a patient who also has a mental illness, make sure they have regular appointments for this purpose.

The following monitoring guidelines 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.

Symptom	How to monitor	When to monitor
Obesity	Measure Body Mass Index (BMI). BMI is a person's weight in kilograms divided by their height in meters squared (kg/m^2) • 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	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 monitoring. • ~ 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, LDL-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.