A Community-Based Initiative to Promote Health Literacy Among Individuals with Serious Mental Illnesses

Lisa A. Razzano, PhD, CPRP Nicole J. Pashka, MS, CRC, CPRP, LCPC



THRES OLDS

IHA's 18th Annual Health Literacy Conference "Understanding Emerging Trends from a Health Literacy Perspective" This presentation is supported by the Thresholds Health Literacy Center, 90DPHF0001 and the UIC Center on Integrated Health Care & Self-Directed Recovery, 90RT5038.The views and ideas expressed herein do not reflect the policy or position of any Federal Agency or private corporation.

Presenters have no additional disclosures.



UNIVERSITY OF ILLINOIS AT CHICAGO





Learning Objectives

- 1. Describe results from a survey regarding health literacy among those with serious mental illnesses (SMI);
- 2. Discuss strategies to implement and evaluate the impact of health literacy materials on illness management;
- 3. Implement evidence-informed tools specific to the needs of the target population.

Session Summary

This session summarizes factors in health literacy relevant to individuals with serious mental illnesses, including major depression, bipolar disorder, and schizophrenia. In particular, individuals with serious mental illnesses experience disparate rates of chronic physical illnesses including cardiovascular, respiratory, metabolic, and infectious diseases. Presenters will review and discuss a major community-based health literacy initiative specifically aimed to address chronic physical health conditions among those with psychiatric illnesses, results of a longitudinal survey, including self-management and other health practices, and methods to implement and sustain these services within integrated community mental health settings. Strategies to improve workforce competencies also will be described.

Thresholds Health Literacy Center



High Rates of Morbidity & Mortality Among People with Mental Illness

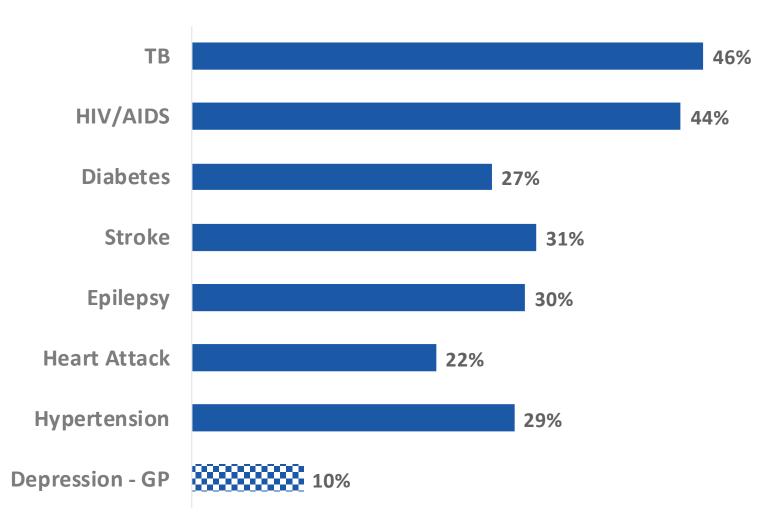
Mortality: People with SMI have 25 years life lost (YYL) than the GP

60% are due to preventable & treatable medical conditions

Morbidity: More progressed illnesses among those with mental health disorders than GP

- 1. Diabetes
- 2. Cardiovascular Diseases & effects
- 3. Liver Diseases (non-viral, cirrhosis, cancers)
- 4. Renal Diseases
- 5. Respiratory Conditions COPD, consequences of smoking
- 6. Infectious diseases HIV, Hepatitis B & C, TB

MH + COMORBIDITY COMMON AROUND THE GLOBE



World Health Organizatior

The most common mental health comorbidity among chronic physical illnesses worldwide?

Depression

Individuals with Serious Mental Illness in Public Mental Health Services

N=11,000 Service Recipients

62% Male, 38% Female
56% African American, 38% Caucasian; 9% Latinx
51% some high school, HS graduate, or GED Challenges to reading, functional literacy
68% ages 37-66 years

23% Schizophrenia/17% Schizoaffective Disorder (40%)
23% Bipolar Disorder
20% Major Depressive Disorders

History & Treatment for Chronic Illnesses

Co-Occurring Illnesses	Formal Diagnosis	Medical Treatments	Real-Time Screening
Respiratory Conditions	72%	61%	60% smoking 53% med – high nicotine
Hypertension	50%	92%	46% Pre-Hypertension 1, 2
High Cholesterol	47%	1 or both	25% Borderline/Elevated
Diabetes	37%	92%	53% pre-/diabetic
Arthritis	66%	57%	Average BMI = 38.1 Average Blood Pressure = 132/87
GI/Liver/Kidney	44%	57%	Average Biood Pressure = 132/87 Average A1c = 5.9 Average Cholesterol = 169 (HDL=44)
⁸ Past Cardiac	31%	40%	

Thresholds (2019). Do not cite or distribute without written permission. NIDILRR 90DPHF0001

General Health Goals	
Weight Loss	43%
Improving Exercise	18%
Reducing Smoking	16%
Improving Nutrition/Food	9%
Improving Diabetes/A1c	3%
Improving Blood Pressure	3%
Improving Cholesterol	3%
Improving Kidney Health	3%

Thresholds (2019). Do not cite or distribute without written permission. NIDILRR 90DPHF0001

Barriers to Personal Health Promotion & Awareness



- Like many people denial, anxiety, depression
- Stereotypes, stigma about illnesses (obesity, STIs)
- Misinformation about health risks
- Technical health materials
- Complex management, Insurance LImitations

Mental Health

- Symptoms impair concentration & information retention
- Difficulty understanding relevance of long-term consequences
- Lack of preventative screening for health risks
- Limitations in functional literacy, health literacy
- Progressive complications of poor management
- Secondary health conditions from poor management of primary one(s)

8th grade reading level

← → C ≜ Secure

ss://www.cdc.gov/diabetes/managing/health.html	\$
Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™	
CDC A-Z INDEX V	
Diabetes Home	
Diabetes Home CDC > Diabetes Home > Living with Diabetes > Stav Healthy	
What's New in Diabetes Stay Healthy	
Basics + f y +	
Data & Statistics +	
Programs & Initiatives + It's very important for you to take your diabetes medicines exactly as directed. Not taking medications correctly may lower the level of glucose and cause the insulin your body to go up. The medicines then become less effective when taken. Some people report not feeling well as a reason for stopping their	
Living with Diabetes - medication or not taking it as prescribed. Tell your doctor if your medicines are making you sick. He or she may be able to help you deal with side effects so	
Education and Support	
Eat Well!	
Get Active! Yhat routine medical examinations and tests are needed for people with diabetes?	
Be Prepared! Your doctors should-	
Prevent Complications • Measure your blood pressure at every visit.	
Check your feet for sores at every visit, and give a thorough foot exam at least once a year.	
Give you a hemoglobin A1C test at least twice a year to determine what your average blood glucose level was for the past 2 to 3 months. Test your urine and blood to check your kidney function at least once a year.	
Sick Days • Test your blood lipids (fats)—total cholesterol; LDL, or low-density lipoprotein ("bad" cholesterol); HDL, or high-density lipoprotein ("good" cholesterol); and triglycerides at least once a year.	

"It's very important for you to take your diabetes medicines exactly as directed. Not taking medications correctly may lower the level of glucose and cause the insulin your body to go up. The medicines then become less effective when taken. Some people report not feeling well as a reason for stopping their medication or not taking it as prescribed. Tell your doctor if your medicines are making you sick. He or she may be able to help you deal with side effects so you can feel better. Don't just stop taking your medicines, because your health depends on it. This section provides information about staying healthy with your diabetes."

Case Consult: Diana

Health & Living with Bipolar Disorder Based on True Events

Meet Diana:

48 y/o African American, Identifies as Female

Presented to the ER with complaints of back pain, difficulty breathing, & sweating.

After examination, it is determined that Diana had a mild heart attack.

Diana will be admitted to the hospital. Resident on-call embarks on a work up to determine other health risks and complete a full health history. The Case of Diana: Presenting with Chest Pain Diana is unemployed, insured with public entitlements.

Current weight = 233 pounds, BMI 35+

Using insulin for diabetes; diagnosed when she was 31 years old.

She reports being a smoker since she was 16 years old.

In addition to using insulin, Diana says she takes mood stabilizers and Latuda for her mental health, disclosing to you she has bipolar disorder. The Case of Diana: History & Physical