

CIHS ISSUE BRIEF

HEALTH PROMOTION PROGRAMS FOR PEOPLE WITH SERIOUS MENTAL ILLNESS

The SAMHSA-HRSA Center for Integrated Health Solutions engaged the Dartmouth Health Promotion Research Team, under the leadership of Stephen Bartels, MD, MS, to conduct a comprehensive, systematic review of published research literature addressing non-pharmacological lifestyle interventions aimed at reducing obesity and improving fitness for people with serious mental illness who are at risk of myriad chronic conditions and premature death.

Summary of Findings

Current research demonstrates that lifestyle interventions inconsistently achieve clinically significant weight loss for overweight individuals with serious mental illness. When successful, these interventions result in clinically significant weight loss for only a minority of participants. To date, it is unknown why some individuals participating in lifestyle interventions achieve significant weight loss, and others do not. However, some program characteristics (e.g., program duration and design) seem to facilitate greater success than others do. *It is important to note that improving cardiorespiratory fitness has substantial health benefits, independent of weight loss.*

Key Findings / Recommendations

KEY FINDING	EVIDENCE	RECOMMENDATION
Interventions that last longer than 3 months are superior to those of shorter duration. Longer duration is associated with greater overall weight change, and shorter duration programs reported little or no change.	Interventions lasting longer than 3 months were 39% more likely to report statistically significant weight loss (89% versus 64%).	Implementing longer programs will likely heed greater success. Based on comparison data, the intensive phase of programs should last at least 6 months or more, followed by maintenance or 'booster' sessions.
Programs focused on non-specific wellness education are <i>not</i> successful in achieving results. Programs that combine education and activity-based approaches are more successful at achieving weight loss.	Programs that combine education and activity-based approaches are 34% more likely to report statistically significant weight loss than programs that provide education alone (75% versus 56%).	Education alone will not achieve substantive lifestyle and health behavior change. Wellness education programs result in very modest or no substantive weight loss or fitness outcomes. By implementing programs that consist of guided active participation in weight management activities and physical exercise will improve the likelihood of positive outcomes.
Programs that incorporate both nutrition education and exercise are more likely to incite weight loss than programs that focus on nutrition alone.	81% of the studies with significant body weight findings incorporated both exercise and nutrition into their interventions. The remaining three studies with significant weight change results focused on nutrition only.	To achieve weight loss among participants, incorporating both nutrition education and active weight management (i.e., weight monitoring; food diaries) will more likely achieve positive outcomes than focusing exclusively on nutrition education. To address participants' physical fitness, activity-based programs that provide active, intensive exercise and fitness measurement (e.g., 6-minute walk test, standardized physical activity monitoring) will more likely achieve positive outcomes than programs that provide only education, encouragement, or support for physical activity.

The Findings' Relevancy

People with serious mental illnesses are at risk of premature death, largely due to complications from untreated, preventable chronic illnesses like obesity, hypertension, diabetes, and cardiovascular disease, which are aggravated by limited health choices associated with poverty, including poor nutrition, lack of exercise, and smoking. Obesity and sedentary behavior are major risk factors for cardiovascular disease, diabetes, and reduced life expectancy. Over 42% of adults with serious mental illness are obese, fewer than 20% of people with schizophrenia engage in regular moderate exercise, and people with schizophrenia consume fewer fruits and vegetables and more calories and saturated fats than the general population.

A limited but growing number of mental health settings provide services that actively engage consumers in integrated health promotion. Many integrated primary and behavioral health settings are now aiming to address this, including community health and behavioral health organizations participating in SAMHSA's [Primary and Behavioral Health Care Integration Program](#).

Weight loss and fitness interventions improve health outcomes and longevity, and a mere 5% weight loss for overweight or obese individuals is considered clinically significant and results in reduced risk factors for metabolic disorders and cardiovascular disease. In addition, improving cardiorespiratory fitness by just one metabolic equivalent per day is associated with a 10-17% reduced mortality risk, independent of weight loss.

Optimum health and recovery are possible.

Additional Information

For more on health and wellness, visit www.integration.samhsa.gov/health-wellness.

Access the [Health Promotion Programs for People with Serious Mental Illness: What Works?](#)