

Promoting Physical Health in Mental Health Patients

Mental health patients are often affected with medical conditions that can impact their quality of life. Patient education and awareness is one way in which medical complications can be prevented or delayed. In this paper we will discuss common medical problems in the mental health population, and promoting patient education to help with awareness and encourage patients to be an active part of managing their health. We will also review the Institute for Healthcare Improvement (IHI) model for improving care and apply it to a plan for promoting awareness using the Plan Do Study Act (PDSA) process.

Common Medical Problems in the Mental Health Population

It is reported that one in four adults living in the United States have a mental illness and many of these patients are described as having poor physical health (Martin, 2016). Many suffer from obesity, diabetes, cardiac disease, and other health conditions. Weight gain which can lead to obesity and other health complications is a side effect of many psychotropic drugs. Correll, (2015), reports that upward to 72% of patient taking antipsychotics can have a weight gain greater than 7% of their normal weight. The risk for diabetes doubles in patients with mental health and the onset of diabetes can be seen 10-20 years earlier than in those that do not have a mental illness or taking psychotropic medications; antipsychotic in particular can have a direct effect by causing insulin resistance or an indirect affect by causing weight gain (Correll, 2015). Cardiovascular disorders such as torsades de pointes, ventricular tachycardia, and QTc prolongation are reported and the chances of sudden cardiac death becomes two to four times as much than those without mental illness or those not taking psychotropic medications (Correll, 2015). Liver and kidney disease, pneumonia, and risk for seizure are other disorders that are more prevalent in the mental illness population than in other populations (Correll, 2015).

Promoting Patient Education

Mental health affects physical health and vice versa. Barriers exist in integrating the treatment of physical and psychosocial healthcare. In some cases, the mental illness can promote early physical illness either as a result of the medication(s), poor insight into health, or the inability to recognize and understand the important actions needed to prevent or decrease exacerbation of physical illness. It is also reported that physical health is being neglected by mental health professionals (Martin, 2016). Many providers are focused on overwhelming psychiatric symptoms and unintentionally overlook physical symptoms (Martin 2016).

Another barrier is the lack of patient education. Stenberg (2016), reports changing the rate of morbidity and mortality in the mental health population should start with patient empowerment through education and actively involving the patient in their care. It is also important to link patients to other health professionals that can serve their current needs.

Health Promotion Program

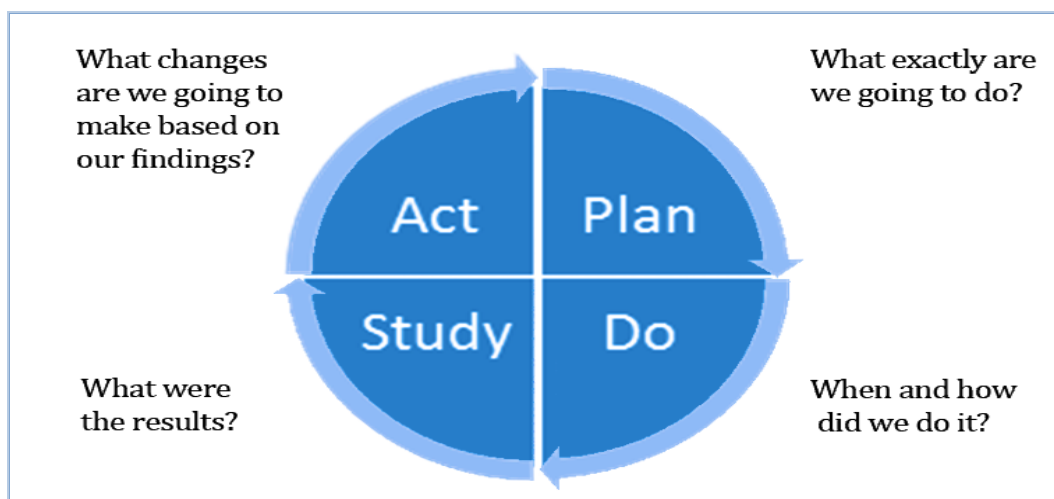
The health promotion program being tested for the purpose of this paper will utilized educational handouts that will be provided to the patient at the arrival of their clinic visit, unlike the usual process of handing out educational materials at the end of the visit. To have effective patient education, there needs to be the opportunity to ask questions, communicate with the patient about his needs, and clarify expectations (Stenberg, 2016). Utilizing the Model for Improvement, the Plan Do Study Act (PDSA) test plan will be applied. The PDSA provides an organized study approach that ask: what are you trying to accomplish, how will you know that a change is an improvement, and how can you modify the plan to result in an improvement (IHI, 2020).

The study here is that physical examinations must become part of usual mental healthcare to help identify threats to physical wellbeing and improve health outcomes for mental health patients. Martin (2016), recommends performing a physical assessment during the mental health exam after which patients should be referred to their primary care providers and follow-up care.

Conclusion

Patient education and health promotion by mental health providers and referrals to primary care providers can help reduce physical illness in mental health patients. A proactive approach by making the patient aware of potential complications and providing them with the knowledge to prevent or delay complications will be more effective than a reactive approach. Trying to manage these complications after they have already acquired illnesses such as diabetes, obesity, cardiac disease, kidney disease, liver disease, or other illnesses is what we want to avoid if possible.

Summary of the PDSA is that patients, through education and collaboration with the mental health provider will identify how often patients should see their primary provider. Patient will also discuss preventative measure that can be taken such as yearly EKGs, blood pressure monitoring, lab work yearly or more often if needed, learning about BMI, discussing healthy eating habits, participating in an appropriate exercise technique, managing diabetes, and discussing with their providers concerns the patient may have that will help them live a healthier lifestyle.

**Plan:**

Question:

- Does providing educational handouts help patients to be more informed and help prevent medical complications common in mental health patients.?

Prediction: Patients will gain knowledge on actions they can take to prevent medical complications such as DM, obesity, or cardiac complications

- Develop a plan to test the change. (Who? What? When? Where?)

The handouts will be given out starting on April 1 -14, 2020 and will be given to all patients that come into the clinic.

- Identify what data you will need to collect.
 - # of Patients that found the handout to be helpful
 - # of Patients that now have PCP appts.
 - # of Patients that have or plan to have and EKG
 - # of Patients requesting additional info on BMI, exercising or eating healthy?

List your action steps along with person(s) responsible and time line:

- Provider will take 1 week to create handouts with information on how often patients should see their PCP, get labs drawn, have an EKG, participate in exercise, and eating healthy
- Front desk clerk will provide handouts to all patients up check-in and ask them to read through it while waiting to be seen by provider & to save questions for the provider.
- Provider will briefly discuss information contained in handout during visit with each patient.
- Provider will document in note the patient's response to handout topics on last PCP visit, EKG and lab work performed, eating, and exercise habits.
- Provider will create an Outcome Worksheet to manually track the following info:
 - Which patient found handout helpful
 - Which patient have or plan to make and appt. with PCP
 - Which patient have an exercise routine or want info on exercise
 - Which patient want info or a referral to a nutritionist
 - Last EKG performed

<p>Do:</p> <ul style="list-style-type: none"> • For a 2 wk. period, all patients will be given an educational handout at check-in. • They will be asked to read the handout and think about how they could help us to help them improve their physical health. • The provider will review the handout with the patient at this visit and answer questions or make referral as necessary. • Provider will ask if handout was helpful • Provider will track the patient's response using the Outcome worksheet 	<p>Describe what actually happened when you ran the test:</p> <p>We would like the handout and info session with the provider to educate mental health patients on some of the health complications common in this population and prompt them to want to be more health conscientious.</p> <p>We would like the handout and info session with the provider to encourage patients ask question about diet, exercise, and to make appointments to see their PCP, get EKG and lab testing done if needed.</p>
<p>Study & Analyze data:</p> <ul style="list-style-type: none"> • Data will be analyzed to see what percentage of patients thought educational handout was helpful • What number of patients will see PCP and get suggested EKG, BP checks and labs done regularly • What number of patients will inquire about diet and exercise. • How much time did this new process add onto the appt. <p>Summary: Prediction: This new process will increase the amount of time needed during the appt. to review the handout, answer questions and make referrals if needed.</p> <p>Prediction: Some patient may still have no interest in participating in the initiative</p>	<p>Describe the measured results and how they compared to the predictions:</p> <ul style="list-style-type: none"> • Outcome to start is that no less than 25% of the patient in the first 2wk. period report the handout being helpful • Outcome is that 25% of the patients in this test make a PCP appt and get an EKG if needed • Outcome is that all patient in test know that BMI before leaving the appt. • Outcome is that 25% show and interest in learning about diet and exercise
<p>Act:</p> <ul style="list-style-type: none"> • Allow extra time for those needing help reading the educational handout. • Expand the trial to 4 wks. to get a better idea analysis of the impact on patient's health and time provider will need to complete 	<p>Describe what modifications to the plan will be made for the next cycle from what you learned:</p> <ul style="list-style-type: none"> • Development of an electronic Outcome Worksheet to more efficiently track data collected from the study. seen, • Modifications will have to be made for those that may need help reading. • Increase appt times by 10-15 minutes.

References

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