

Prevention Strategies

The scope of chronic disease in persons with serious mental illness requires primary prevention strategies to reduce morbidity and mortality in this population. Modifiable risk factors for chronic disease should be discussed with clients such as the importance of a healthy diet and regular exercise. In fact, a whole health treatment and recovery plan is particularly important for this population because of the stress and unpredictability of living with mental illness, coupled with the side effects of certain psychotherapeutic medications that can lead to chronic disease (e.g., weight gain, metabolic syndrome).

We can help clients develop healthier behavior and habits through education. However, educational efforts should be sensitive to the cognitive challenges and impairment common among people with mental illness. Remember that your clients can become easily overwhelmed with too much information and thus give up on developing healthier habits. Thus, it is recommended that health education should: 1) be simple; 2) focus on one health issue at a time; and 3) be repetitive (reviewed at each appointment as needed to reinforce learning).

Table 16. Suggested Educational Tools and Strategies

Area of concern	Suggested Educational Tools and Strategies
Diet	<p>Healthy eating behavior</p> <ul style="list-style-type: none"> ◆ Stop drinking soft drinks with sugar and artificial sweeteners ◆ Increase healthy food items (fruits, vegetables, fish) ◆ Make healthy snack choices ◆ Control portion size ◆ Consume 4-6 small meals ◆ Eat more slowly ◆ Drink 6 -8 glasses of water per day <p>Educational</p> <ul style="list-style-type: none"> ◆ Learn the types of foods that are healthy to eat. ◆ Learn the difference between physical hunger and emotional eating.
Exercise	<p>Physical activity</p> <ul style="list-style-type: none"> ◆ Increase physical activity such as moderate intensity walking. ◆ Reduce sedentary behaviors (TV watching, video/computer games, etc.). ◆ Treat/reduce sedation and extrapyramidal effects of medications.

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Table 16. Prevention Strategies to Reduce Morbidity and Mortality (continued)

Area of concern	Suggested Educational Tools and Strategies
Tobacco Cessation	<p>Add tobacco use disorder to problem list and treatment plan</p> <ul style="list-style-type: none"> ◆ Assess level of use and motivation to quit ◆ Set short-term goals <ul style="list-style-type: none"> ◇ Increase motivation to quit ◇ Bring awareness to the consequences of tobacco use ◇ Attend a smoking cessation group ◆ Set long-term goals <ul style="list-style-type: none"> ◇ Move client toward preparation to quit ◇ Make a 24-hour quit attempt ◇ Quit smoking (abstinence) ◆ Use nicotine replacement (e.g., patch, gum, lozenge), medication (bupropion, varenicline) ◆ Longer treatment is often needed in this population than the standard 12 weeks
Stress Management	<p>Develop a personalized approach to stress management</p> <ul style="list-style-type: none"> ◆ Identify stressors and triggers ◆ Meditation and relaxation exercises ◆ Learn ways to constructively express emotions (e.g., journaling, drawing) ◆ Develop hobbies/do things that are enjoyable ◆ Daily exercise ◆ Eat well ◆ Avoid alcohol and drugs ◆ Reach out to others and build a support network
Sleep Hygiene	<p>Promote good sleep habits</p> <ul style="list-style-type: none"> ◆ Establish a relaxing bedtime routine ◆ Maintain a regular sleep schedule (go to bed and wake up at the same time each day) ◆ Avoid alcohol, nicotine, and other substances that interfere with sleep ◆ Have a quiet, cool, and comfortable bedroom ◆ Exercise each day. Avoid rigorous exercise before bed. ◆ Avoid naps during the day ◆ Do not read or watch TV in bed