

OTs Walk with NAMI: Walking for Health Protocol

The collective goal of this planned community project, ***OTs Walk with NAMI***, is to promote walking programs in clubhouses, outpatient psychiatric centers, and other mental health settings in NYC to promote physical health, foster wellness, and combat the negative effects of chronic mental illness.

To increase awareness for mental health and well-being, OTs Walk with NAMI encourages the occupational therapy community – students, faculty, practitioners, researchers – to participate in advocacy events such as the annual National Alliance on Mental Illness – New York City Metro Chapter’s **NAMIWalks NYC**.

Originally prepared by Suzanne White, Eileen LaMourie, Mary Donohue, and Diane Tewfik, 2008

Updated by Chloe Dela Santa (Class of 2026), Cydney Trim (Class of 2026), Kristin O'Regan (Class of 2025), Henry Hanif MA, OTR/L & Efekona Nuwere, Ed.D., MPH, OTR/L, 2024-2025

BACKGROUND

Serious mental illness (SMI), which includes conditions such as schizophrenia, bipolar disorder, and major depressive disorder, affects millions of individuals worldwide. In New York City, approximately 239,000 adults are diagnosed with SMI, making up about 4% of the adult population. Despite increased awareness, stigma remains a significant barrier to accessing care, engaging in social and community activities, and achieving overall well-being. Many individuals with SMI face discrimination in employment, healthcare, and housing, further exacerbating their isolation and health disparities. Addressing the holistic needs of this population requires interventions that support both mental and physical health while promoting community integration.

Furthermore, Individuals with SMI experience significantly higher rates of physical health conditions compared to the general population. Some of the most prevalent concerns include:

- **Metabolic Syndrome:** A cluster of conditions including obesity, insulin resistance, hypertension, and dyslipidemia, often exacerbated by the side effects of psychotropic medications.

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- **Cardiovascular Disease:** People with SMI are at a higher risk of developing heart disease, contributing to a reduced life expectancy of 10-25 years compared to those without SMI.
- **Obesity and Decreased Functional Capacity:** The combination of sedentary lifestyles, medication-induced weight gain, and limited access to fitness resources leads to obesity and reduced physical endurance. This negatively impacts daily functioning and overall quality of life.

Given these increased health risks, interventions that promote physical activity are critical in mitigating the long-term consequences of SMI and improving health outcomes.

IMPLICATION FOR OCCUPATIONAL THERAPY

Occupational therapists (OTs) and occupational therapy assistants (OTAs) are uniquely positioned to address both the physical and mental health needs of individuals with SMI through evidence-based interventions. OTs and OTAs collaborate to utilize a holistic approach that considers the client's daily routines, motivation, and environmental factors to facilitate engagement in meaningful activities.

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- **Health Promotion and Lifestyle Modification:** OTs can implement wellness programs that integrate exercise, nutritional guidance, and behavioral strategies to encourage sustained participation in physical activities.
- **Mobility and Walking Programs:** Walking programs in community settings provide an accessible and low-cost intervention that improves cardiovascular health, weight management, and overall endurance while fostering social connection and community reintegration.
- **Enhancing Participation in Daily Activities:** By embedding physical activity into daily routines, OTs help individuals develop sustainable habits that contribute to improved health and well-being.
- **Addressing Barriers to Engagement:** OTs work to identify and modify environmental, social, and psychological barriers that may prevent individuals from engaging in physical activity, such as fear of stigma, lack of resources, or low motivation.
- **Advocacy and Community Partnerships:** OTs and OTs can collaborate with community advocacy groups to lend their expertise

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and support initiatives that promote education, equity, accessibility, inclusion, and improved health outcomes for individuals with SMI.

EVIDENCE

This group protocol is designed promote physical health and wellbeing through intervention strategies specifically designed for consumers with chronic mental illness. Research supports participation in walking and moderate exercise to improve health outcomes among those with severe and persistent mental illness. A recent meta-regression analysis of randomized control trials of the effectiveness of exercise as an intervention in managing depression found that it may be efficacious in reducing symptoms in the short term (Noetel, et al., 2024). A clinical trial of the effects of exercise on people with schizophrenia yielded significant reduction in body fat compared to a control group, greater aerobic fitness, and fewer psychiatric symptoms than controls (Sentissi, et al. 2023). Finally, a pilot study (McDevitt et al., 2005) of a 12-week group-based walking program for adults with serious and persistent mental illness resulted in improved mood and psychosocial functioning, and results concurred with established CVD risk-reduction benefits (CDC, 2024). The evidence, from a number of studies, is that efforts at weight control and

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engagement in physical exercise are an effective physical and mental health intervention for this population (Zhang, et al., 2024).



PROTOCOL

All clients should be encouraged to see an MD for a general physical prior to starting the Walking for Health Group. Check with Psychiatrist, RN or Nurse Practitioner. Some clients may need MD clearance due to specific health conditions.

Long term Goals:

1. Increase the amount and frequency of walking in order to promote physical and mental health.
2. Increase engagement in mental health recovery and advocacy

Short term Goals:

1. Client will monitor factors for health:
 - a. Waist measurement once a month
 - b. Mood once daily
 - c. Blood pressure 3x a week
 - d. Weight once a week
 - e. Fasting glucose level at least once a week with a CGM.
2. Identify and use motivational strategies for consumer engagement in walking program

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3. Record weekly steps and walking time, using pedometer and personal log or journal
4. Socialize while walking with others
5. Gain knowledge of NAMI and its advocacy role for client rights and recovery
6. Participate in NAMI Walk

Exclusionary Criteria:

Clients whose participation is contraindicated by an acute medical, cognitive, social, or behavioral need.

Safety considerations:

1. Be attentive to walking pace and the physical temperature of clients.
Some medications may deregulate body temperature—don't go too fast or speed up. A consistent steady pace is best for preventing and reversing metabolic syndrome.
2. Is the client wearing too much or not enough clothing?
3. Be mindful of clients and sun exposure (Do they need to wear a hat? Sunscreen, pushing too hard, and overdressing?)
4. Hypothermia (Do they need to wear a hat? Do they have adequate clothing?)

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5. Be aware of the state of clients' shoes: check for good, cushioned soles and arch supports, and skin breakdown during post-walk sessions.

Session Plans	
Session 1: Introduction	<ul style="list-style-type: none">• Introduce overall goal (with NAMI speaker if possible).• Discuss the importance of exercise.• Show <i>OTs Walk With NAMI</i> video or PowerPoint: <i>A Recipe for Health and Wellness</i>.• Discuss metabolic syndrome and other evidence of the importance of exercise for consumers of mental health services.• Discuss exercise as a mood elevator.• Discuss motivation for change.• Administer <i>Are YOU ready to WALK</i> quiz.• Administer <i>OTs Walk With NAMI</i> pretest (if you are interested in outcomes data)

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Session 2: Measuring for Success	<ul style="list-style-type: none">• Introduce and give out logs, if you are using them• Take all measurements of clients and record in both leaders' records and clients' logs.• Make Walking for Health Group Chart, and display in a central location.• Build motivation by exploring desire to achieve goals.• Hand out pedometers/activity trackers or help set up smart devices. Educate on use.
Ongoing Sessions: Start Walking!	<p>Total Group Time: 1 hour</p> <ul style="list-style-type: none">• Rate pre-walk mood on <i>Mood Scale</i> 5 min. before AND after: gentle stretches while seated, to promote body awareness and group cohesiveness.• 20 min. walking• Rate post-walk mood on <i>Mood Scale</i>

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| | <ul style="list-style-type: none">• Client records/monitors weekly steps from pedometer/activity tracker/smart device in logs and on Walking for Health Group Chart.• Therapist should keep their own records of this information.• Provide motivation at an identified level. |
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Keep walking and recording measurements!

The overall wellness goal for the non-sedentary general population is 10,000 steps/day. For the general public with a sedentary to moderate activity level, the target activity level is 5000 steps/day. **For those with severe and persistent mental illness, the target activity level for this intervention is 2000—3000 steps/day total.**

Keep a slow and consistent pace (unlike interval training, the best pace is not progressive speed). The ideal plan for a group walking program of this type to prevent and reverse the effects of metabolic syndrome: 5x week for 30 min. per session for 12-weeks (and beyond).

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<p><u>Characteristics of a safe and desirable location for walk:</u></p> <ul style="list-style-type: none">• No stairs (can cause problems for those with asthma, knee issues, heart issues)<ul style="list-style-type: none">• Smooth surface (level)• Available rest stops• Regulated, easy pace• Walk a circuit if possible (it is better to repeat part of the route: walk from A to B 3x as opposed to one long loop).	
<p>Session:</p> <p>Week Prior to</p> <p>NAMI Walk</p>	<ul style="list-style-type: none">• Re-record all measurements taken initially (Session 2) and compare results.• Organize clients for NAMI Walk: provide directions, group meeting location at• Walk start site, transportation options, sunscreen lotion, hats etc.• Get feedback on the walking program: what worked and what didn't work?• Optional: Administer OTs WALK With NAMI posttest)

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	<ul style="list-style-type: none">• Develop plan to sustain post-NAMI Walk.
Final Session: Participate in NAMI Walk.	<ul style="list-style-type: none">• Have fun, be proud, WALK to support recovery and advocacy for people with mental illness.

Outcomes:

The consumer will:

1. Describe the importance of exercise (walking) to promote physical and mental health
2. Record information
 - a. Record at the beginning and the end of the group program
 - i. Waist measurement
 - ii. Mood
 - iii. Blood pressure (optional)
 - iv. Weight (optional)
 - b. Record at the end of each group session
 - i. Record and/or express change in mood, anxiety, or anger

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- ii. Record time walked and number of steps from the pedometer and in log
- 3. Take Are YOU ready to WALK quiz and identify present stage of change
 - a. Use motivational strategies for engagement in walking program at an identified level.
- 4. Communicate with and respond more comfortably to others
- 5. Acknowledge and support own and others' efforts for recovery by obtaining knowledge of NAMI and its advocacy role for client rights and recovery, and/or participate in NAMI Walk.

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References:

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.).

American Journal of Occupational Therapy, 56, 74 (Suppl. 2), 7412410010.

Centers for Disease Control and Prevention (2024). Obesity Strategies: What Can Be Done.

www.cdc.gov/obesity/strategies/obesity-strategies-what-can-be-done.html.

Dobrowolski, P., Prejbisz, A., Kuryłowicz, A., Baska, A., Burchardt, P., Chlebus, K., ... & Bogdański, P. (2022). Metabolic syndrome—A new definition and management guidelines. *Arterial Hypertension*, 26(3), 99-121.

Kim, M., Lee, Y., & Kang, H. (2023). Effects of Exercise on Positive Symptoms, Negative Symptoms, and Depression in Patients with Schizophrenia: A Systematic Review and Meta-Analysis. *International journal of environmental research and public health*, 20(4), 3719. <https://doi.org/10.3390/ijerph20043719>

Lemieux, I., & Després, J. P. (2020). Metabolic syndrome: past, present and future. *Nutrients*, 12(11), 3501.

Martinelli, T. F., Nagelhout, G. E., Bellaert, L., Best, D., Vanderplasschen, W., & van de Mheen, D. (2020). Comparing three stages of addiction recovery: long-term recovery and its relation to housing problems, crime, occupation situation, and substance use. *Drugs : Education, Prevention & Policy*, 27(5), 387–396. <https://doi.org/10.1080/09687637.2020.1779182>

McDevitt, J., Wilbur, J., Kogan, J., & Briller, J. (2005). A Walking Program for Outpatients in Psychiatric Rehabilitation: Pilot Study. *Biological Research For Nursing*, 7, 87— 97.

NAMI-NYC Metro, (2024). From <https://naminycmetro.org/>

Noetel, M., Sanders, T., Gallardo-Gómez, D., Taylor, P., del Pozo Cruz, B., Van Den Hoek, D., ... & Lonsdale, C. (2024). Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials. *bmj*, 384.

Sentissi, O., Zosso, G., Cogordon, A., & Chillà, C. (2023). The effects of a group-based intervention through physical activities and dietary changes in young patients with severe psychiatric disorders: a pilot study. *Frontiers in Sports and Active Living*, 5, 1197925.

Zhang, Z., Giordani, B., & Chen, W. (2024). Impact of a Multi-Component Physical Activity Intervention on Psychological Well-Being in Older Adults: A Pilot Study. *SAGE Open*, 14(3), 21582440241266105.,