

February 10, 2008

## **OTs Walk With NAMI: Walking for Health Protocol**

### **Rationale:**

The collective goal of this planned community project, OTs Walk With NAMI, is to promote walking programs in clubhouses and outpatient psychiatric centers in the city in order to foster wellness, combat the negative effects of chronic illness, support and promote mental health awareness by preparation for the second annual NAMI--NYC Metro Walk on May 10, 2008. In order to clarify the need for the participation of OTs on behalf of those with mental illness, a brief overview of mental illness in America, and metabolic syndrome, is necessary.

Metabolic syndrome is a complex medical condition associated with abdominal obesity, abnormalities in glucose, lipid, and cholesterol metabolism, and elevated blood pressure that increases risk of cardiovascular disease (CVD) and type 2 diabetes (Grundy et al., 2004). It is widely believed that professionals treating those with mental illness who are taking atypical antipsychotic medication should encourage their clients to engage in weight control activities.

In the Summer 2007 newsletter of NAMI-NYC Metro, Executive Director Wendy Brennan references a recent article in the journal *Preventing Chronic Disease*, which states: “Compared with other populations, people with mental illness have a higher prevalence of cardiovascular risk factors, including smoking, overweight and obesity, lack of moderate exercise, harmful levels of alcohol consumption, excessive salt intake, and poor diet... The statistics regarding mortality rates for people diagnosed with serious mental illnesses... illuminate the very critical nature of this issue.” The newsletter article goes on to quote experts who say that, “solutions are likely to be found through coordinating good care for chronic physical disabilities and good mental health care that lead to independence and hope. The

concept of recovery encompasses both of these. Consumers can and should provide leadership for this endeavor. They have great insight into how current care systems can be improved.” This issue of the newsletter is focused on the relationship between physical health and mental health, and what can be done to contribute to greater wellness and increased and sustained recovery. In terms of OT interest and commitment to wellness for clients with chronic mental illness, this community practice project is egalitarian, and fits well into the concept of occupational justice: in helping to affirm, promote, and believe in equal political, economic, social, and civil rights for all people.

**Evidence:**

Occupational therapy is committed to the process of wellness for all consumers. Wellness is defined as a process of moving towards, awareness of, and satisfaction from engagement in activities that move the whole person towards fitness, positive nutrition, positive relationships, stress management, clear life purpose, consistent belief system, commitment to self care, and environmental sensitivities/comfort. Wellness is a dynamic way of life that involves action, values, and attitudes that support or improve both health and quality of life. One of the *Occupational Therapy Practice Framework: Domain and Process (Framework)* strategies for intervention is to Prevent (disability prevention). Prevention in this intervention approach is designed to address clients with or without a disability who are *at risk* for occupational performance problems. It is intended to prevent the occurrence or evolution of barriers to performance in context. The Walking for Health protocol is designed to address these concepts of wellness, with intervention strategies specifically designed for consumers with chronic mental illness.

Regarding research supporting the effectiveness of walking and moderate exercise in improving health in 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 (Lawlor & Hopker, 2001). A clinical trial of the effects of exercise on people with schizophrenia (Beebe et al., 2005) yielded significant reduction in body fat compared to a control group, greater aerobic fitness, and fewer psychiatric symptoms than controls. 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, 2007). The evidence, from a number of studies, is that efforts at weight control and engagement in physical exercise are an effective physical and mental health intervention for this population.

**Long term Goal:**

1. Promote physical and mental health by walking
2. Engage in mental health recovery and advocacy

**Short term Goal:**

1. Monitor factors for health:
  - Waist measurement
  - Mood
  - Blood pressure (optional)
  - Weight (optional)
  - Fasting glucose levels (optional)

2. Identify and use motivational strategies for consumer engagement in walking program
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:**

Consumers whose participation is contraindicated by a skilled medical professional.

**Safety considerations:**

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.

Is client wearing too much or not enough clothing?

Be mindful of clients and sun exposure (do they need to wear a hat? sunscreen?), pushing too hard, and overdressing

Hypothermia (do they need to wear a hat? do they have adequate clothing?)

Water (for those on lithium particularly)

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

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

### **Session Plans:**

#### **Session 1: Introduction**

Introduce overall goal (with NAMI speaker if possible).

Discuss importance of exercise.

Show DVD *OTs Walk With NAMI* or PowerPoint *A Recipe for Health and Wellness*.

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 *Are YOU ready to WALK* quiz.

Administer *OTs Walk With NAMI* pretest (if you are interested in outcomes data)

#### **Session 2: Measuring for Success**

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. Teach use.

**Ongoing Sessions: Start Walking!**

**Structure:**

Total Group Time: 1 hour

Rate pre-walk mood on *Mood Scale*

5 min. before AND after: gentle stretches while seated, to promote body awareness and group cohesiveness.

20 min. walking

Rate post-walk mood on *Mood Scale*

Client records weekly steps from pedometer in logs and on Walking for Health Group Chart. Therapist keep own records of this information.

Provide motivation at identified level.

**Keep walking and recording measurements.**

**Note:** *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.*

*The goal is to modify how the body uses carbohydrates and fats. 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: 5-x week for 30 min. per session for 12--weeks (and beyond).*

**Characteristics of a safe and desirable location for walk:**

- No stairs (can cause problems for those with asthma, knee issues, heart issues)
- 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).

**Session:           Week Prior to NAMI Walk**

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 walking program: what worked and what didn't work?

(administer OTs WALK With NAMI posttest).

Plan to sustain post-NAMI Walk.

**Final Session: Participate in NAMI Walk.**

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  
Waist measurement  
Mood  
Blood pressure (optional)  
Weight (optional)
  - B. Record at the end of each group session  
Record and/or express change in mood, anxiety, or anger  
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  
Use motivational strategies for engagement in walking program at 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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