

Health and Nutrition Disparities of People with Serious Mental Illness and Associated Opportunities for Dietetic Students and Professionals

By Cynthia Johnson, BS, BA

A dietetic student or professional may wonder what avenues exist in behavioral health nutrition in serving people with Serious Mental Illness (SMI) in the community. Recent research into the area reveals that it may require creating opportunities in the system when it comes to food and nutrition among people with SMIs. It's been determined that people with a SMI have a lifespan decreased by 25 years compared to people without SMI, with average age of death at 53 (1). They also have diet-related health issues such as obesity, diabetes, hypertension and cardiovascular disease in disproportionately higher numbers than the general population. It has been described as "an epidemic within an epidemic" (1).

Currently, most people with a SMI do not have regular check-ups with a primary physician due to various barriers related to their SMI. Some of the contributing factors to their chronic illnesses other than diet are lack of physical activity, smoking, weight gain from psychotropic medications and lack of access to health care services (2).

Several organizations have advocated for a standard among community healthcare providers that integrates behavioral and primary care health, and subsequently the Primary and Behavioral Healthcare Integrated Project was created in 2009 (3). It federally funds community centers integrating primary and behavioral health, with the goal of preventing and treating many of the preventable common chronic illnesses, currently with 100 grantees (4). A recent Substance Abuse and Mental Health Services Administration (SAMHSA) Semi-Annual Reporting Template (7-12/2012) details how grantees spend the funds (5).

The report summaries detail the planned wellness, cooking and nutrition education classes and how they will be provided. These classes and programs are currently being run by other health professionals and students, or non-professionals, with no mention of dietitians or dietetic students.

Additionally, many people with SMI live in board and care homes, otherwise known as Adult Residential Facilities (ARF), dependent on operators and staff to buy and prepare their food. The licensing and certification of these homes is at the discretion of each state, with some states not requiring licensing. The homes range from single-family tract housing with a handful of residents, to apartment buildings housing 50 or more. There is an application process to becoming licensed, but no particular requirements from a nutritional standpoint for homes with less than 50 residents.

For homes with more than 50 residents, the requirement is to have a consultation with a nutritionist, dietitian or home economist for batch cooking safety. This was confirmed by the Community Care Licensing Division Program Analyst for Sacramento, CA, Amanda Blesi (5,6). According to Blesi, the California licensing application requirement for nutrition (and other states) is for the applicant to submit a menu consisting of 3 meals and 2 snacks with their application packet, which is then reviewed by her. Blesi also does the on-site inspections. She does not have a background in nutrition, and relies on "whatever the guidelines from the Food Pyramid are" and looks for food "adequacy" in the kitchen when doing home inspections and application menu review. The inspections are not scheduled, although the facilities are given a 3-month window of when they will occur. Blesi explained that there is no other oversight or criteria as far as nutrition for Adult

Student's Corner.....

Residential Facilities (ARF). No nutrition education classes are offered to owners, operators or staff, nor required of them in menu planning (6).

A walk-through of several board and care homes in California from a nutritional perspective ranges from somewhat disappointing to dismal, with some bright spots. Depending on the motivation and knowledge of the owner/operator, there are many opportunities to not just make nutrition “adequate,” but rather offer a solid foundation of wholesome, healthy and beneficial forms of nutrition for recovery and health. Considering the effect food has on mood, behavior and overall health, this seems even more important for people with SMI. It is worth noting that some owner/operators plant gardens for their residents, and this would have a therapeutic benefit as well as nutritional.

Although facilities are not allowed to have locked refrigerators, it is a practice that is used. Blesi explained that owner/operators can obtain waivers in certain instances to be able to lock the refrigerators adding, “in cases like pica.” Plain hot dogs and peanut butter and jelly sandwiches are a common menu item. Blesi confirmed a high frequency of noticing hot dogs on her inspections (6).

It's clear that a higher standard of nutrition could be afforded people with SMIs in our communities. It seems that is not the current reality, but rather a possibility. As future dietetics and nutrition professionals with an interest in behavioral health in nutrition, we may need to be proactive in creating a place for ourselves at the table in advocating for and meeting the special needs of this underserved and vulnerable population.

About the Author: Cynthia Johnson is a dietetic intern in Sacramento, CA. She can be contacted at sandycyn@yahoo.com

REFERENCES

1. Parks, J, Svendsen, D, Singer, P, et al. National Association of State Mental Health Program Directors Report: *Morbidity and Mortality in People with Serious Mental Illness*, 2006, 4
<http://theempowermentcenter.net/Articles/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf>
2. The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; FY 2012 Grant Request for Applications (RFA), Accessed 7/30/13.
http://www.samhsa.gov/grants/2012/sm_12_008.aspx
3. SAMHSA-HRSA Center for Integrated Health Solutions website, SAMHSA PBHCI Program,
<http://www.integration.samhsa.gov/about-us/pbhci>, Accessed 8/1/13.
4. Health and Human Services, SAMHSA Semi-Annual PPHF Reporting Template pdf, www.hhs.gov/open/recordsandreports/prevention/samsha-pphf-semi-annual-reporting-july-dec-2012.pdf, Accessed 7/30/13.
5. Department of Social Services, Online California Code of Regulations, *Title 22, Div 6, Chap 6 - Adult Residential Facilities, updated 12/2/09*,
<http://www.dss.cahwnet.gov/ord/PG295.htm>, Accessed 7/28/13.
6. Phone Interview, Amanda Blesi, Licensing Program Analyst, Department of Social Services Community Care Licensing Division Title 22, Sacramento Local Unit, 7/30/13.

