



Editorial

Health Promotion for mentally ill patients - start now!

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Mentally ill patients in Scandinavia have a shorter life expectancy than the background population by approximately 15 years. Their high pre-mortality is predominantly caused by life-style related non-communicable diseases (1). This is probably a general issue for mentally ill patients all over the world. Nevertheless most of this pre-mortality is preventable by health promotion interventions.

The patients

Smoking is wide-spread among mentally ill patients, and high-quality smoking cessation intervention programs as well as smoke-free wards are seldom in psychiatric settings. A Swedish study has shown that about 70% of adult alcohol or drug dependent patients are daily smokers (2), which stands in contrast to the overall 13% smokers among people over 15 years old in Sweden (3). The heavy smoking alone can explain between 5-10 years of the reduced life expectancy. Thus, there seems to be a large and unused potential for health promotion in mental illness.

The staff

Experience from the wards and clinics shows that not only do the mentally ill patients often smoke, the staff, expected to help the patients giving up smoking, also have a high smoking rate them-selves and have reservations about the importance of smoke-free policies (4). In general, the staff members' lack of competence on smoking cessation intervention and their own smoking are important explanations of their neglect of recognising smoking as a risk factor. As a further result of their smoking, the staff also tend to overlook other lifestyle-related risk factors; such as overweight and high alcohol consumption (5). Therefore, in order to reach out to the

mentally ill patients and their relatives, it is important to meet the staff's need for training to improve their competences and health promotion intervention to improve their health.

The culture

Along with the well-developed and evidence-based mental care in Scandinavia, a parallel culture for smoking and other unhealthy life-styles co-exist in many psychiatric hospitals and clinics of mental illness. Earlier, in this unhealthy culture, cigarettes were handed out as a reward or a payoff to different behaviors, such as taking the medicine or keeping calm for a period. Another example of previous practice was the joined smoking between therapist and patient in order to create a positive atmosphere for intervention.

Today, these actions are no longer acceptable, but interesting myths still exist in relation to changing lifestyles for mentally ill patients. The myths claim that 'changing has no effect', 'it is not possible for mentally ill patients to change lifestyle', and 'it is very dangerous for them to stop smoking and drinking, and to start exercising and eating healthy'. Thus, the myths support the survival of the unhealthy culture.

Inspiration for tackling the serious myths could be obtained from the Swedish surgeons, who began the movement of 'Smoke-free Operations' a few years ago. They discussed similar myths in scientific and public forums. Now they have carefully replaced the myths by evidence, new staff competences and patient preferences. All important elements, when you start a change of approach and actions in your setting (6).



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Consequences

Overall, the major actions taken against tobacco during the last decades have not been offered to the large group of mentally ill patients; this in spite of their high prevalence of smoking and other unhealthy life-styles. Similar to the neglect of the need for smoking cessation intervention, other health promotion activities are also rarely offered to patients with a mental illness. Thus, hazardous alcohol drinking, overweight, malnutrition and physical activity are seldom addressed, in spite of the fact that they all add seriously to the disease burden most often responsible for shortened life expectancy (7). Continuous neglect of need for better health gain for mentally ill patients has tremendous consequences, as it causes development and aggravation of co-morbidity, especially from non-communicable diseases and high pre-mortality.

Evidence leaves no room for questioning the fact, that giving up smoking and other unhealthy life-styles improves health, delays the development and progression of non-communicable diseases and reduces pre-mortality. There are no valid arguments for stating that mentally ill patients should not be offered the same effective health promotion programmes as somatic patients. They have the same rights, and not surprisingly, they care for their health in the same way as any other patient (2). Because of their major health issues, mentally ill patients should have even better access to health promotion activities than other patient groups with minor health challenges, but unfortunately this is not the case today.

Get started

Much evidence has been collected on health promotion among mentally ill patients, and the results call for immediate implementation. In addition, clinical guidelines and several good examples exist on best practice for integrating smoking cessation and other health promotion activities in real life. More research is on its way in the nearest future from several research groups, evaluating the effect of new programs in high-quality randomized designs, often including qualitative interviews of patients and staff.

It will be a challenge to change the heavy smoking culture and unhealthy lifestyle tradition – however, it is possible and worth doing, to improve the health gain for these patients. Changing this culture and replacing it with health promotion interventions aimed at patients, relatives and staff, necessitates good leadership and a comprehensive health promotion policy. When formulating the policy, special focus on teaching and training of staff and careful information of patients and relatives is required (8).

It is important to carefully follow-up the effect of the implementation among the patients and the staff – and thereby secure the quality and the effect of health promotion interventions for the mentally ill patients.

In conclusion

Mentally ill patients are in great need for health promotion and should be offered the same activities and interventions as any other patient group. So please, start now!

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