



Consumer Quality Initiatives, Inc.

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Wellness Focus Group Report

INTRODUCTION

The Massachusetts Department of Mental Health (DMH) contracted with CQI to conduct a series of focus groups with adult and youth mental health consumers and family members across the state to help inform their Unified Behavioral Health planning process.

One area of interest for DMH is wellness. This report presents common themes that arose from a focus group with adult consumers on the topic of wellness and their experiences with the mental health system.

EXECUTIVE SUMMARY

- “Wellness” for our participants represents a holistic approach to achieving both physical and mental well-being. It includes alternative treatments, exercise, nutrition, and information about medications.
- Participants felt that the system’s “psychiatric philosophy” did not promote the achievement of wellness. They were concerned with narrow MassHealth coverage, a lack of guidance on psychotropic medications, and not enough DMH-sponsored wellness activities.
- Participants were very much in favor of consumer education on wellness, more group wellness/exercise activities, and more information about such activities.

FOCUS GROUP PARTICIPANTS

There were a total of seven participants in this focus group held at the DMH Arlington site office on April 27, 2006. All were white/Caucasian. Four were female and three were male. Three worked for DMH, two as peer advocates.

THEMES

Defining Wellness

Participants believed that “wellness” represents a holistic approach to achieving both physical and mental well-being. It also means doing the things that help to achieve well-being, such as exercise, eating properly, good health care, good dental care, alternative treatments, good housing, and valid information and advice about medications.

Participants generally felt that neither they nor their fellow consumers had enough support to achieve wellness, as discussed below.

MassHealth Coverage

Some participants wanted greater access to alternative treatments, such as acupuncture and meditation, as well as good dental care and eyeglasses. They expressed frustration that insurance companies and MassHealth often did not cover these services and items.

Promoting a Philosophy of Wellness

Participants were concerned that the system and providers have a “psychiatric philosophy,” which focuses on mental illness to the exclusion of physical health. They wanted more emphasis on wellness throughout the system, with administrators, staff and consumers discussing it on a day to day basis. Some wanted opportunities to discuss their spirituality with staff without judgment being passed.

Psychiatric Medications

In addition, participants felt that it is important for psychiatrists and other staff to provide consumers with valid and complete information about medication risks and side effects, and to explore with them ways to ameliorate those risks. For example, weight gain and diabetes are especially prominent with some of the newer, more often used atypical antipsychotics (e.g., Zyprexa, Clozaril)¹. Participants felt psychiatrists prescribing these medications should discuss with patients the importance of nutrition, weight, and exercise programs, consider alternative medication/treatments, and perhaps refer them to a diabetes specialist. They also said that there should be peer support groups about dealing with the side effects of medications.

DMH Sponsored Group Activities

Many participants reported personally experiencing wellness, having participated in exercise and nutrition groups at clubhouses and day programs. Participants in general were concerned that there were not enough such activities at programs.

Participants particularly liked the idea of group wellness activities, including those at programs. Wellness activities mentioned were exercise groups, relaxation groups, smoking cessation assistance, nutrition groups, DMH-sponsored recreational activities (e.g., trips to parks for walks and overnight camping trips), physical outdoor activities and dual diagnosis groups. They seemed to prefer the idea of group activities over individual activities.

With regard to exercise and nutrition, several participants said that many other consumers did not believe that exercise or nutrition would work. They felt that consumers might exercise if they were provided with better information about the benefits of exercise and if the groups were free

¹ See Cohen D, Stolk RP, Grobbee DE et al (April 2006). Hyperglycemia and Diabetes in Patients with Schizophrenia or Schizoaffective Disorders. *Diabetes Care*, 29(4): 786 – 791. Leslie DL, Rosenheck RA (September 2004). Incidence of Newly Diagnosed Diabetes Attributable to Atypical Antipsychotic Medications *Am J Psychiatry*, 161(9): 1709 – 1711. Llorente MD, Urrutia V (2006). Psychiatric Disorders, and the Metabolic Effects of Antipsychotic Medications. *Clinical Diabetes*, 24:18-24,

or offered at a reduced rate. DMH could perhaps promote that by developing a cooperative relationship with YMCAs.

Information

Participants also felt that consumers should be helped to obtain information about where to go for wellness activities, especially dual diagnosis groups. They suggested a newsletter or computer linkages to resources about healthy activities and better communication between the different groups that offer these activities. Some felt that DMH consumer advocates could help consumers, including those who are not DMH clients, to access wellness services.

Transportation

Transportation is a key issue, especially concerning doctor's appointments and dual diagnosis groups.

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