

# HELP Makes SENSE: A Health Literacy Intervention for People with an Enduring and Severe Psychotic Disorder with High Levels of Cardiometabolic Risk

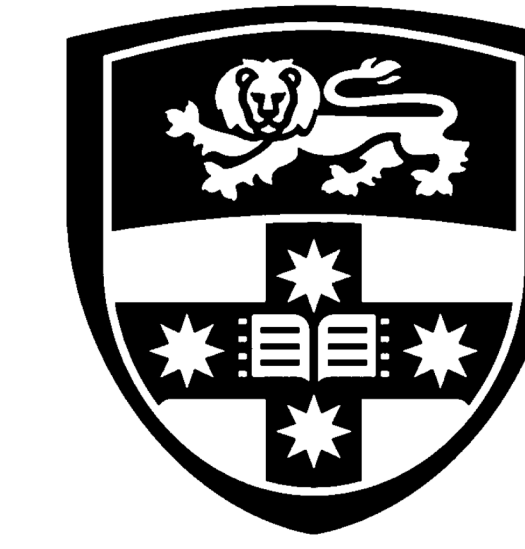


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## Abstract

**Background:** Global research regarding the prevalence of health literacy (HL) levels among people with enduring psychotic disorders is scarce. HL interventions for this high risk population are needed to support and empower mental health consumers to self-manage cardiometabolic multimorbidity (MM). **Aims:** This pilot study examined the efficacy and feasibility of delivering the Health Education Literacy Program (HELP), a structured six topic cardiometabolic HL intervention for individuals with an enduring and severe psychotic disorder. **Methods:** The HELP was piloted across two community mental health care settings. Individuals with a diagnosed psychotic disorder aged 18 to 65 attending the community mental health service were approached and asked if they would like to participate in the HELP study. Informed consent was obtained and anonymity assured. Quantitative measures for the pre-post pilot study were assessed using the following forms of evaluation: (1) Health Literacy Questionnaire (HLQ); (2) HELP evaluation form; and (3) Phone interviews were conducted at 3 and 6 months follow-up. **Results:** The sample comprised of 43 community mental health consumers (main diagnoses: 67% schizophrenia, 7% schizoaffective and 26% bipolar). The majority of the participants had low levels of education and were unemployed. One participant had private health insurance. The participants reported that the HELP improved their HL knowledge and skills regarding cardiometabolic health conditions and risk factors. Participants reported that they learnt something new about cardiometabolic risk factors (CMRF) and the effects of the SENSE acronym (sleep, exercise, nutrition, substance use and ethanol) lifestyle risk factors on their health. **Conclusions:** People living with an enduring and severe psychotic disorder are an appropriate target group for HL interventions, they are concerned about their health and want to improve it. HL interventions can assist mental health consumers to develop their cardiometabolic health knowledge and skills, to self-manage their health. HL needs to become an integrated, integral component of mental health services quality improvement initiatives to achieve optimal health outcomes for this high risk vulnerable population.

## Background

- Global research regarding the extent of health literacy (HL) levels among people with enduring psychotic disorders is scarce. Currently, HL interventions in mental health treatment settings for cardiometabolic health are to our knowledge close to non-existent.
- The limited research that exists on HL in mental illnesses has primarily investigated depression and symptoms of depression [1]. In Australia, a pilot study compared HL in people with schizophrenia to a group with depression. Good HL was reported in both groups. As expected HL was associated with higher levels of educational attainment and cognitive function [2].
- Premature mortality due to cardiometabolic illnesses may lead to 30 years of life lost. This parlous state could be significantly reduced through the modification of biomedical and behavioural risk factors [3].
- Increased morbidity and mortality in this population is largely due to treatable medical conditions that are caused by modifiable risk factors which include: (1) High levels of cigarette smoking; (2) Obesity; (3) Physical inactivity, sedentary lifestyle and prolonged daily sitting rates; (4) A poor diet that is high in sugar and saturated fat; (5) Excessive substance use; and (6) Inadequate access to medical care [4].
- A number of factors account for the inequality in life expectancy and the excess rates of multiple chronic diseases in this population [5]. The self-management of cardiometabolic risk factors (CMRF) is of key relevance, as inadequate individual HL knowledge and skills impact on a person's ability to self-manage their CMRF and chronic diseases, leading to poor health outcomes.
- Early intervention and improving individual HL regarding CMRF in this vulnerable population, may help improve cardiometabolic health outcomes and reduce premature death, through patient engagement, education, empowerment, and self-management of CMRF [1].

## Aims

- This pilot study aimed to examine the feasibility of the Health Education Literacy Program (HELP) in people living with a enduring and severe psychotic disorder.
- Qualitative feedback from the participants enrolled in the HELP study are presented in this poster.

## References

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## Methods

- The HELP was implemented in two different community mental health care settings in Sydney, Australia.
- Participants were mainly recruited through opportunistic sampling, by promoting the study to participants at all of the study sites verbally. Informed consent was obtained and anonymity assured.
- The HELP is a structured six topic cardiometabolic HL intervention, specifically designed for people living with a psychotic disorder, see Figure 1. The final six HELP topics were revised through multiple focus groups to refine each topic.

Figure 1. HELP Intervention

Week	Topic
1	Lifestyle Risk Factors (1) Non-modifiable risk factors (GAS): Genetics, Age and Sex. (2) Modifiable risk factors (SENSE): Sleep, Exercise, Nutrition, Substance use and Ethanol.
2	GP Wallet Prompt Card
3	High Blood Pressure
4	High Cholesterol
5	Type 2 Diabetes Mellitus (T2DM)
6	Metabolic Syndrome

- Each session involved discussion and education about the cardiometabolic health topic, plus a discussion on the SENSE acronym modifiable lifestyle risk factors.
- Quantitative measures of feasibility for the HELP intervention were assessed using the following forms of evaluation: (1) Health Literacy Questionnaire (HLQ), (2) HELP evaluation form, and (3) Phone interviews were conducted at 3 and 6 months follow-up, see Figure 2.

Figure 2. HELP Study Process

1	Participant enrolled in HELP study.
2	Baseline data collected (Pre-test HLQ)
3	Start the HELP intervention (complete all 6 topics)
4	Final data collected (Post-test HLQ)
5	Follow-up phone interviews (3 and 6 months)

## Results

- The sample comprised of 43 community mental health consumers (main diagnoses: 67% schizophrenia, 7% schizoaffective and 26% bipolar).
- Qualitative feedback from the HELP participants reported that they did improve their HL knowledge and skills regarding cardiometabolic health conditions and CMRF.
- Participants reported that they learnt something new about the SENSE acronym modifiable lifestyle risk factors. One participant drew a cartoon script, highlighting how the HELP benefitted them, see Figure 3.

Figure 3. HELP Participant Cartoon Script



- Most of the participants gave positive feedback regarding the HELP and reported that the content of the program was excellent.
- Our study found that focusing on enhancing HL, lifestyle behavioral change and self-efficacy is a beneficial strategy for adults living with a psychotic disorder.
- Participants reported that they enjoyed and benefited from discussing their physical health concerns in the HELP, as described below:

"The relaxing, open and frank discussions during the HELP sessions which I have found fun and beneficial."

"They don't tell you about the weight gain when you start these medications or the side effects."

HELP Participant Testimonial

## Conclusions

- Individuals living with a psychotic disorder are interested in participating in HL interventions to improve their health.
- Implementing and embedding HL interventions in this population is feasible and should be considered as a therapeutic intervention in conjunction with their overall treatment plan.
- Educating, supporting and empowering this population to understand cardiometabolic health conditions and CMRF, may assist to reduce the health disparities that currently exist in this disadvantaged high risk population.

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