

## Five Year Target

Within the next five years any young person developing psychosis should expect their risks for future physical health complications (particularly obesity, premature cardiovascular disease and diabetes) to be equivalent to their peers from a similar background who have not experienced psychosis when assessed two years after initial diagnosis:

1. 90% of people experiencing a first episode of psychosis and their families or supporters are satisfied that they made treatment choices informed by an understanding of their risks of future obesity, cardiovascular disease and diabetes
2. Within a month of starting treatment 90% of people experiencing a first episode of psychosis have a documented assessment which includes risks for future obesity, cardiovascular disease and diabetes:
  - Body mass index and/or waist circumference, blood glucose and lipid profile, blood pressure, smoking status and relevant family history
  - Results are shared between professionals involved in the care (e.g. primary and specialist practitioners)
3. All people experiencing a first episode of psychosis can expect that where medicines are used to treat their psychosis, these are regularly reviewed according to recommended prescribing standards that minimize the development of the complications of obesity, cardiovascular disease and diabetes
4. 75% of people experiencing a first episode of psychosis gain no more than 7% of their pre-illness weight in the two years after initiating antipsychotic treatment<sup>1</sup>
5. 75% of people experiencing a first episode of psychosis maintain blood glucose, lipid profile and blood pressure within the normal range in the two years after initiating antipsychotic treatment
6. Physical health inequalities diminish so that two years after the onset of psychosis:
  - 90% receive health promotion advice on healthy eating, tobacco and substance use, sexual health, dental care, and the benefits of avoiding physical inactivity
  - Fewer than 30% smoke tobacco
  - More than 50% engage in age-appropriate physical activity e.g. at least 150 minutes per week of moderate intensity.

<sup>1</sup>For those under the age of 16 years, weight change is more appropriately monitored from growth charts e.g. Body Mass Index for Age which incorporate a change in BMI Z-scores.



## Background to the Declaration

The impetus for the HeAL statement arose from an international working group iphYs (international physical health in youth stream) which evolved at the International Early Psychosis Association conference in Amsterdam (2010). It was consolidated at subsequent iphYs meetings in Sydney (2011, 2013) and San Francisco (2012) with groups consisting of clinicians, consumers, family members, and researchers from over eleven countries.

### Contributors to the HeAL statement included:

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### We are particularly grateful to:

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- New South Wales Health for their support, and for funding the iphYs meetings in Sydney and San Francisco.

### In special memory of the late Helen Lester:

for her enthusiasm for forming iphYs, her contribution to the HeAL statement, and her dedication to improving the lives of people and families affected by mental illness.

## For further information about how you may support and endorse this international consensus statement please contact:

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The HeAL consensus statement (plus appended list of endorsing organisations) and bibliography can be downloaded from: [www.iphys.org.au](http://www.iphys.org.au)

# Healthy Active Lives (HeAL)



## Keeping the Body in Mind in Youth with Psychosis

### Imagine a world where...

- Young people experiencing psychosis have the same life expectancy and expectations of life as their peers who have not experienced psychosis
- Young people experiencing psychosis, their family and supporters know how to, and are consistently supported to, maintain physical health and minimize risks associated with their treatment
- Concerns expressed by young people experiencing psychosis, their family and supporters, about the adverse effects from the medicines used to treat psychosis are respected and inform treatment decisions
- Healthcare professionals and their organisations work cohesively in a united effort to protect and maintain the physical health of young people experiencing psychosis
- Healthy active lives are promoted routinely from the start of treatment, focusing on healthy nutrition and diet, physical and purposeful activity, and reduced tobacco use.



## Introduction

**Compared to the general population, young people experiencing psychosis are more likely to die prematurely from cardiovascular disease, metabolic disorders such as obesity and diabetes mellitus, chronic obstructive pulmonary disease, certain cancers, and infectious illnesses.**

Though not usually life threatening, conditions such as sexual dysfunction, osteoporosis and dental decay are also more likely and can be distressing and socially isolating.

The combination of high rates of smoking, weight gain and adverse changes to metabolic regulation explain why cardiovascular diseases are now the single most common cause of premature death, more common than suicide. Disturbances can be explained by adverse effects caused by treatments, by the nature of psychotic illness, by social adversities and some by simply inadequate or discriminatory health care. Strikingly, many of these changes emerge early in the course of psychosis, providing new opportunities to tackle these issues in a preventative way. The *Early Psychosis Declaration* (Bertolote & McGorry, 2005) highlighted the importance of providing help and treatment in the critical early phase. Extending these aims to encompass physical health is the purpose of the Healthy Active Lives (HeAL) statement, reflecting an international consensus on a set of key principles, processes and standards.

Achieving HeAL's aspirations will require a commitment for change in the way we work together with young people who experience psychosis and their families and supporters, to empower them to enjoy healthy active lives as an essential part of their process of recovery.

## Young people say...

Mental health systems must provide young people with the tools needed to recover both our mental and physical health, thereby empowering us to take enduring responsibility for our own well-being. We want education and support to maintain good physical health along our road through recovery, especially in the areas of nutrition, smoking cessation and physical activity. to feel good as well.

*“Mental and physical supports are critical to allowing us as young people with mental ill health to live it with joy, passion and enthusiasm, instead of merely existing.”*

*“Improving my physical health has improved my mental health, which then improved my physical health even more. So I think the two are definitely tied.”*

*“And it's only been as I've gotten older where it's like, you know, not only do I want to look good, I want to feel good as well.”*

## The Challenge

Compared to peers who have not experienced psychosis, young people with psychosis face a number of preventable health inequalities:

- A lifespan shortened by about 15-20 years
- Two to three times the likelihood of developing cardiovascular disease, making it the single biggest cause of premature, preventable death (more so than suicide)
- Two to three times the likelihood of experiencing metabolic complications (metabolic syndrome) by the age of 40, and therefore much greater risk of developing cardiometabolic disorders
- Two to three times the likelihood of developing type 2 diabetes during their lifetime
- Three to four times the likelihood of being a smoker (59% are already smoking tobacco regularly at the time of first diagnosis of psychosis)
- Significant weight gain and metabolic changes within weeks of starting antipsychotic treatment:
  - Most antipsychotic medications can cause weight gain
  - About half will gain more than 7% of their initial body weight in the first year of treatment (depending on the medication chosen)
- Loss of self-esteem, lower quality of life and added stigma and social exclusion as a consequence of weight gain and poor physical health

However, many receive no intervention for these preventable causes of health inequalities:

- Inconsistent and often inadequate monitoring of cardiometabolic risk factors, and under-treatment of risk factors even when they are apparent to health provider.

## Our Goals

- Combat the stigma, discrimination and prejudice that prevent young people experiencing psychosis from leading healthy active lives
- Actively confront the perception that poor physical health is inevitable by encouraging professional attitudes that engender hope and optimism that young people experiencing psychosis can achieve healthy active lives
- Strengthen the process of supported decision making by young people, in collaboration with their families, to enable them take responsibility for their treatment choices
- Ensure that positive physical health outcomes, such as smoking cessation, regular physical activity, healthy diet and prevention of weight gain are as equally valued as mental health outcomes in achieving recovery
- Encourage specialist and primary care practitioners to collaborate to reduce the risks of young people experiencing psychosis developing obesity, cardiovascular disease and diabetes
- Ensure that if risk factors develop or progress, access to effective physical healthcare is at least on a par with peers who have not experienced psychosis
- Advocate for the development and collection of personal accounts of service users, describing their path to physical wellbeing
- Prioritize research that builds the evidence base for effective ways to prevent weight gain, cardiovascular disease and diabetes.

## Key Principles

As a young person experiencing a first episode of psychosis, I have a number of rights:

- I should not lose the physical health I possess as a consequence of my mental illness, or my care and treatment
- I have a right to a healthy active life
- I have similar expectations of good physical health and health care as my peers who have not experienced psychosis
- I, my family and my supporters, are respected, informed and helped to take responsibility for treatment decisions affecting my physical health
- I am not discriminated against or disadvantaged in my physical health care because of my mental health difficulties
- I expect both positive physical and mental health outcomes of my care to be equally valued and supported
- From the start of my treatment, and as a fundamental component of my health care, I am helped to minimize my risks of developing obesity, cardiovascular disease and diabetes.

## Processes to enable this

- Value the experience of those using services and involve them in the design, refinement and quality assurance of the services they use
- Routinely and consistently monitor and document risk factors for developing obesity, cardiovascular disease and diabetes from the time of diagnosis of psychosis

- Minimize adverse physical health complications from medications used to treat psychosis:
  - Offer low dose regimens, avoid polypharmacy, consider switching to lower-risk antipsychotics
  - Provide lifestyle interventions and, if necessary, evidence-based pharmacological interventions to prevent weight gain (e.g. metformin)
  - Review ongoing medication requirements, including lowering doses or a cautious trial without antipsychotic medications where appropriate
- Provide evidence-based interventions to address adverse cardiometabolic risks, in partnership with primary care and, when required, specialist physical healthcare
- Address social determinants that contribute to poor physical health; for example poor housing conditions, unemployment, lack of cooking skills and limited budget for food and exercise programmes
- Demonstrate how services can give equal priority to physical health and mental health through audit and professional development
- Build incentives and support for community-based organisations to provide physical health promotion, and offer targeted early interventions, to assist young people to achieve the goal of healthy active lives
- Build implementation programmes and conduct research for physical health improvement that include innovative recovery-focused approaches derived from service user and care-giver perspectives.