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), when assessed two years after initial diagnosis, to be equivalent to their peers from a similar background who have not experienced psychosis.

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 for 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 two years after the onset of psychosis:
   - 98% 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 physical activity

4. 75% of people experiencing a first episode of psychosis gain no more than 7% of their pre-illness weight two years after initiating antipsychotic treatment

5. 75% of people experiencing a first episode of psychosis maintain blood glucose, lipid profile and blood pressure within the normal range two years after initiating antipsychotic treatment

6. Physical health inequalities diminish so that two years after initiating antipsychotic treatment:
   - 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 for future obesity, cardiovascular disease and diabetes

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 11 countries.

Contributors to the HeAL statement included:
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In special memory of the late Helen Lester:
for her enthusiasm for forming iphYS, her contribution to the HeAL statement, and 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 and bibliography can be downloaded from:
www.iphys.org.au

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
• Health care 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

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.
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, the conditions such as sexual dysfunction, osteoporosis and dental caries are also more likely and can be disturbing and socially isolating. The combination of high rates of smoking, weight gain and adverse changes to metabolic regulation cause many of these conditions which are very common in the young people who experience psychosis face a number of preventable health inequalities:

- A lifespan shortened by about 15-20 years
- Two to three times the likelihood of having cardiovascular disease, making it the single biggest cause of an early, preventable death (more so than suicide)
- Two to three times the likelihood of having metabolic complications (metabolic syndrome) by the age of 40, and therefore much greater risk of developing cardiovascular complications
- Two to three times the likelihood of having type 2 diabetes over 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 the added stigma and social exclusion as a consequence of weight gain and poor physical health
- Many, yet no intervention for these preventable causes of health inequalities:
  - Insufficient and often inadequate monitoring of cardiovascular risk factors, and under-treatment of risk factors even when they are apparent to health provider.

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 responsibility for our 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.

**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 help them take responsibility for their treatment choices
- Ensure that positive physical health outcomes, such as smoking cessation, regular physical activity, a healthy diet and prevention of weight gain are as equally valued as mental health outcomes when assessing 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 worsen, access to effective physical health care 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, including their path to physical wellbeing
- Prioritize research that builds the evidence base for effective ways to prevent obesity, 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 as does my peers who have not experienced psychosis
- I, my family and my supporters, are respectfully 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 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 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 provide treatment for risk factors for developing obesity, cardiovascular disease and diabetes

**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.**

**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.**

*Providing evidence-based interventions to address adverse cardiometabolic risks, in partnership with primary care and, when required, specialist physical healthcare providers to 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 carer giver perspectives

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**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 having cardiovascular disease, making it the single biggest cause of an early, preventable death (more so than suicide)
- Two to three times the likelihood of having metabolic complications (metabolic syndrome) by the age of 40, and therefore much greater risk of developing cardiovascular complications
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