OLD BEFORE THEIR TIME

An Inter-Professional Brief to Address Physical Function Challenges in People Aging with Serious Mental Health Conditions

Northeast and Caribbean (HHS Region 2)
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Old Before Their Time: An Inter-Professional Brief to Address Physical Function Challenges in People Aging with Serious Mental Health Conditions

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Abstract

People aging with serious mental health conditions often experience a decline in physical health and multiple health problems at a younger age than the general population. These challenges can impact everyday activities like walking, climbing stairs, and carrying groceries. However, there are ways to support and improve physical functioning in people with serious mental health conditions.
This report examines the intersection of physical health, mental health, and physical functioning as people with serious mental health conditions age. It offers specific recommendations for behavioral health providers, primary care providers, and physical and occupational therapy providers. It also highlights the vital role peer support specialists, friends, and family members can play in promoting health and physical functioning and preventing declines in these areas.

A comprehensive, person-centered approach that combines medical care, rehabilitation services, and social support is essential for helping individuals with serious mental health conditions maintain their physical functioning, independence, and quality of life as they age. This holistic strategy is essential for promoting optimal physical functioning, preventing premature health challenges, and supporting overall well-being in this vulnerable population.

Intended Audience

This brief report is targeted to healthcare providers and supporters of people aging with serious mental health conditions. Behavioral Health providers include mental health and substance use professionals such as social workers, case managers, counselors, psychologists, and addiction specialists, among others. Primary Care providers are professionals who offer medical care in healthcare settings and include roles such as nurse, nurse practitioner, physician assistant, and physician. Physical Therapy providers are professionals who include licensed physical therapists and physical therapist assistants. Occupational Therapy providers are professionals who have completed doctoral, master, bachelor, or associate's degrees in occupational therapy. Lastly, Peer Supporters are persons with lived experiences of serious mental health conditions with additional training or certificates to support and advocate for people aging with serious mental health conditions.

Regardless of specialty, all healthcare providers and supporters can work together to address and improve the physical functioning of people aging with serious mental health conditions. This report highlights strategies for improving physical functioning based on the unique roles, responsibilities, and relationships of care providers and supporters. A person-centered, whole-person approach is needed to support physical functioning using a variety of diverse interactions, interventions, and services.

INTRODUCTION

Old Before Their Time: An Inter-Professional Brief to Address Physical Function Challenges in People Aging with Serious Mental Health Conditions

Introduction

People aging with lifelong serious mental health conditions (e.g., schizophrenia, bipolar disorder, and major depression) often experience multiple health problems, which lead to challenges with movement, like walking or bending, over decades younger than other groups. These significant co-morbid health conditions include health problems such as cardio-metabolic disorders, obesity, and breathing issues (Firth et al., 2019). Studies suggest that middle-aged and older adults with serious mental health conditions have worsened physical functioning as compared to the general population (Browne et al., 2023; Zechner et al., 2022). This accelerated aging in physical functioning impacts mobility, strength, and overall physical health. Difficulty with physical functioning not only makes it hard to perform everyday activities but also hinders the ability to engage in meaningful activities and fully participate in community life (Zechner et al., 2022). Further, these physical functioning problems often result in premature nursing home placement and excessive health care costs (Bartels et al., 2018).
Physical functioning directly impacts one's quality of life and wellness. Physical functioning refers to the ability to perform physical activities and tasks in daily life. It includes a range of abilities like mobility, strength, endurance, balance, and flexibility (Painter et al., 1999). There is a need for targeted interventions and regular assessments to address these premature physical declines to improve the health and quality of life for this population (Zechner & Anderson, 2023). Behavioral and physical health providers, peer support, friends, and family can support and help prevent problems with physical functioning, thereby increasing health and quality of life.

This brief will provide an overview of the physical functioning of people aging with serious mental health conditions and offer tailored recommendations behavioral and physical health providers and supporters can use to address physical functioning declines.

Goals:

1. Provide an overview of the health and wellness of people aging with behavioral health conditions.
2. Describe the need for an inter-professional approach to address physical functioning.
3. Describe physical functioning differences between people with and without behavioral health conditions.
4. Identify implications of accelerated physical functioning impairments for people aging with serious mental health conditions.
5. Recommend changes to address physical functional limitations in diverse settings, including a) behavioral health programs, b) primary care services, c) physical therapy interventions, d) occupational therapy interventions, and e) peer support, friends, and family engagements.

GOAL 1

Overview of the Health and Wellness of People Aging with Behavioral Health Conditions

Who are "people aging with behavioral health conditions"?

People aging with behavioral health conditions are individuals who have been diagnosed with serious mental health conditions such as schizophrenia, bipolar disorder, and major depression. They may also have substance use disorders. This population faces significant disability related to their behavioral health and has often been involved in community behavioral health services for decades. While there are varying definitions of aging and older adulthood in the literature, for the purposes of this report, aging will be defined as 40 years old and older, considering the likelihood that individuals with serious mental health conditions experience physical aging approximately twenty to thirty years ahead of their chronological age (Browne et al., 2023; Jeste et al., 2011; Zechner et al., 2022).

Physical health conditions

People with serious mental health conditions often develop other health issues at higher rates than the general population. These problems can affect many body systems, including the heart, lungs, and digestive system (Momen et al., 2020).

Over time, the rate of health issues increases at a faster pace compared to individuals of the same age and gender without a mental health condition (Momen, et al., 2020). People with serious mental health conditions are also more likely to utilize substances, which can further impact physical health (Firth et al., 2019). Physical health problems and functional limitations can start in young adulthood (i.e., 21-30) for people with serious mental health conditions due to weight gain, medication side effects, and lifestyle (Naslund et al., 2017).

Common health issues include:

- Weight gain and obesity
- High blood pressure
- Heart problems
- Diabetes

Cardio-metabolic disorders such as weight gain, obesity, and hypertension are common in people with mental health conditions (Brunette et al., 2021; Naslund et al., 2017). These disorders are also linked to premature aging and physical frailty (Graham & Ngyuen, 2022).

Physical limitations

The impact of health issues can include difficulties with mobility, balance, and coordination, which can lead to an increased risk of falls and reduced ability to perform daily activities, especially as a person ages.

As they age, people with mental health conditions may experience:

- Difficulty moving around
- Problems with balance and coordination
- Increased risk of falling
- Trouble doing daily activities
- Muscle weakness and tiredness
- Chronic pain

People aging with mental health conditions commonly experience muscle weakness, fatigue, and chronic pain, which affect their physical abilities (Brobakken et al., 2022; Brooks et al., 2019). They have a higher rate of obesity, with people with schizophrenia 2.8 to 3.5 times and those with mood disorders 1.2 to 1.5 times more likely to be obese (DeHert, et al., 2011). Obesity increases the risk of metabolic syndrome and diabetes, which are more prevalent in this group (Penninx & Lange, 2018). They also have a higher rate of cardiovascular disease compared to other groups, which is a leading cause of mortality (Walker et al., 2015). Additionally, these conditions lead to reduced physical endurance and overall health. Many people with serious mental health conditions show signs of accelerated aging earlier, resulting in earlier onset of age-related physical functional limitations such as joint stiffness, reduced flexibility, and decreased strength. Depressive symptoms can also impact motivation for physical activity, directly affecting physical functioning (Zechner & Gill, 2016).

Factors contributing to health problems

Physical health and functioning are influenced by a complex interplay of health behaviors, access to health care, health conditions, and medications. Lifestyle factors, such as sedentary behavior, high smoking rates, and low motivation for exercise, further contribute to worsened physical functioning (Brunette et al., 2021; Stubbs et al., 2015; Zechner & Gill, 2016).

Several factors contribute to worse health for this group:

- Long-term use of medications affecting metabolism and muscles
- Limited preventative care
- Unhealthy behaviors (e.g., smoking, substance use, poor diet, lack of exercise)

(DeHert et al., 2011; Naslund et al., 2017; Brunette et al., 2021; Stubbs et al., 2015; Zechner & Gill, 2016)

Life Expectancy

People with serious mental health conditions often have shorter lives than people without mental health conditions. They live about 10 years less than others their age and may live with chronic health conditions that cause physical limitations for longer periods of time (Seabury et al., 2019). For example, they are 85% more likely to die from heart disease (Correll et al., 2017) than the general population.

Other common causes of early death include:

- Suicide
- Lung diseases
- Heart diseases
- Cancer

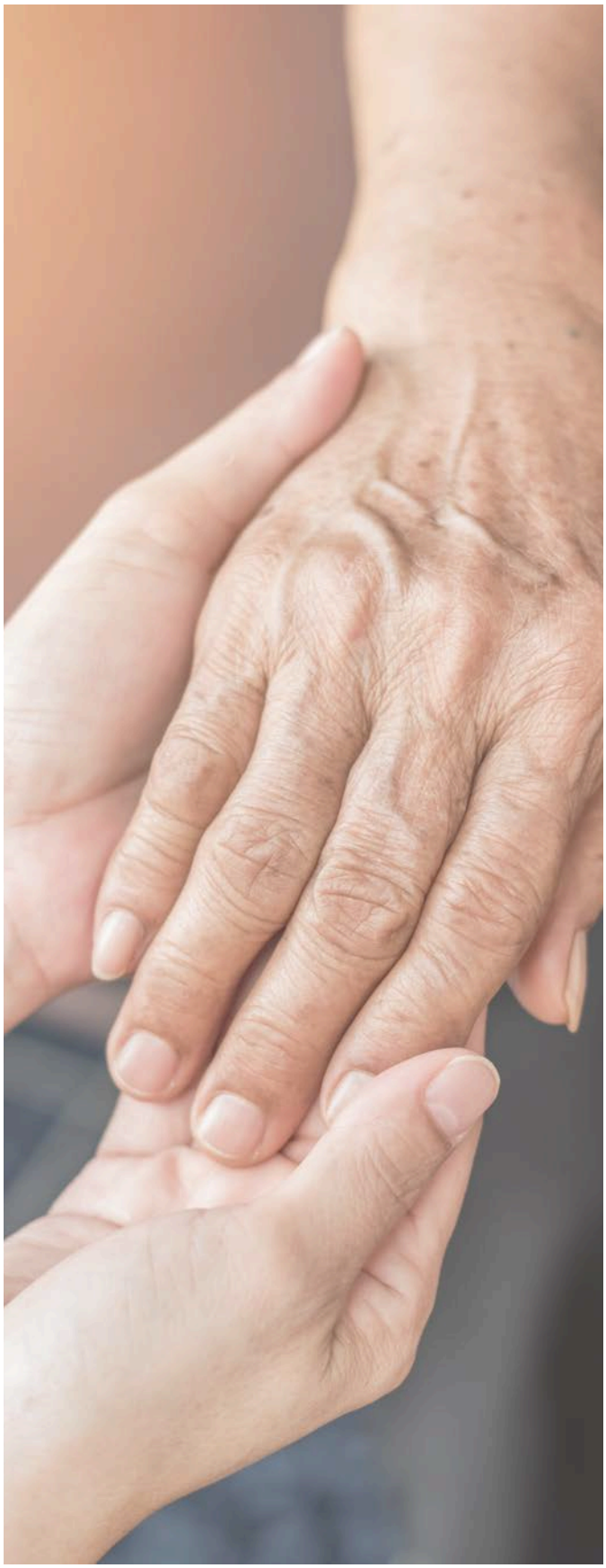
(Firth et al., 2019; Das-Munshi et al., 2017)

Healthcare Services

The current healthcare approach for people aging with serious mental health conditions often focuses on treating immediate health problems, but it may not do enough to prevent the cascade of physical disabilities, functional decline, and early death that disproportionally affects this group of people (Compton et al., 2020; Walker & Druss, 2018). For decades, many individuals have been caught in a system of behavioral health services that has been inadequate to address the complex relationship between their mental health challenges and deteriorating physical well-being.

Physical functioning & aging

Health problems, access to care, and lifestyle behaviors can lead to reduced physical health and functioning (Firth et al., 2019; Stefancic et al., 2021). Premature physical functional aging is common in individuals with serious mental health conditions due to social factors, long-term use of psychotropic medications, and the high likelihood of coexisting physical problems (Zechner et al., 2022). Social determinants of health factors like poverty, lack of housing, unemployment, and limited education worsen health disparities and lead to restricted access to resources for addressing health problems (Walker & Druss, 2018). Substance use can also exacerbate physical functioning issues in people with serious mental health conditions, causing further limitations. All of these health issues can worsen conditions over time, such as muscle weakness, fatigue, and cardiovascular problems, while also increasing the risk of injuries, falls, and other health issues, further limiting their ability to carry out daily activities (Barak et al., 2023; Jeste et al., 2011).



GOAL
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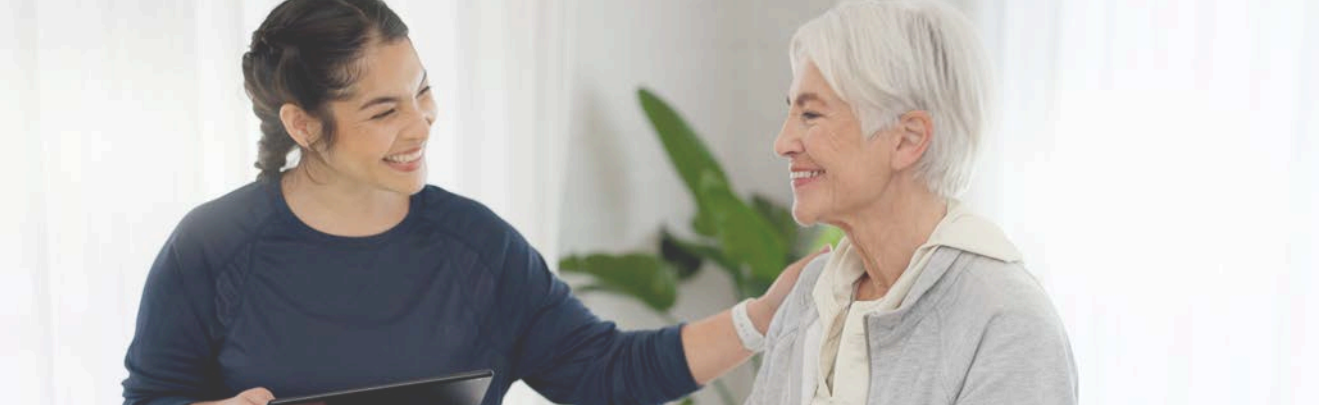

Need for an Inter-Professional Approach to Address Physical Functioning

An inter-professional approach using coordinated care strategies can effectively address and prevent physical functioning decline in people aging with serious mental health conditions. This approach includes the specialized knowledge and skills of occupational therapists (OTs) and physical therapists (PTs) with the expertise of primary care providers, mental health professionals, and peer supporters.

Primary care providers often identify physical health concerns, while behavioral health providers focus on emotional, social, intellectual, and other wellness dimensions. The expertise of OTs and PTs is essential; without it, there is a risk of under-treatment of physical functioning problems, leading to further deterioration of health and quality of life. These specialists play a vital role in assessing and designing specific interventions based on individual needs to enhance physical functioning and enable engagement in meaningful activities.

Peer supporters, friends, and family can also significantly assist with ongoing physical activity routines, helping to manage and prevent further decline. Adopting an interprofessional approach and leveraging the combined expertise of OTs, PTs, peer supporters, friends and family, and healthcare teams can significantly improve the physical functioning and overall quality of life for individuals with serious mental health conditions across all ages.

GOAL
3

Physical Functioning Differences between People with and without Behavioral Health Conditions

Understanding physical functioning is important when studying older adults' health. It helps predict future health outcomes and the need for healthcare. For people with serious mental health conditions, understanding physical functioning is especially important because it can reveal patterns of premature aging and guide interventions. Research consistently shows significant differences in physical functioning between people with and without serious mental health conditions. For example, a study found that people with serious mental health conditions have physical functioning levels similar to people 20-30 years older, indicating a concerning pattern of accelerated decline. Changes in physical functioning in people with serious mental health conditions are complex and interconnected. Cardiovascular fitness, muscular strength, endurance, flexibility, and balance are often compromised, leading to limitations in daily activities, an increased risk of falls, and restricted mobility.

Frailty contributes to poor physical functioning and is an aging-related syndrome characterized by “exhaustion, weakness, slow walking speed, and low levels of physical activity” (Graham & Nguyen, 2022, p. 955). It is associated with functional and cognitive decline and a greater risk for adverse health outcomes, including falls, hospitalization, disability, and death. The causes of frailty and reduced physical functioning are complex and may include side effects of medications, poly-pharmacy, sedentary behavior, poor nutrition, chronic stress, and limited access to healthcare and physical activity resources (Katsimpris et al., 2019). The prevalence of frailty in individuals with serious mental health conditions ranges between 10.2% and 89.7%, and is higher than the general population (Pearson et al., 2022)

GOAL
4

Implications of Accelerated Physical Functioning Impairments for People Aging with Serious Mental Health Conditions

Impact of accelerated aging on physical function

Assessing physical functioning abilities is crucial when studying aging populations, as it helps to understand overall health status, quality of life, and the ability to maintain independence. Problems with physical functioning begins with worsening cardiovascular fitness, and reduced exercise tolerance (Browne et al., 2023; Kheradmand et al., 2024; Vancampfort, 2017; Zechner et al., 2022). In addition, muscular strength and endurance are often diminished in people aging with serious mental health conditions, which creates limitations in daily activities (Browne et al., 2023; Kheradmand et al., 2024; Vancampfort et al., 2016; Zechner et al., 2022). Finally, flexibility and balance impairments are also common in people aging with serious mental health conditions, increasing the risk of falls and further restricting mobility (Perez-Cruzado et al., 2018; Zechner et al., 2022).

Physical functioning is crucial for daily life and independence. People aging with serious mental health conditions often show:

- Physical functioning levels 20-30 years older than their age[1]
- Impaired cardiovascular fitness[2]
- Reduced muscle strength and endurance[3]
- Balance and flexibility issues[4]
- Higher risk of frailty[5]

1Zechner et al., 2022; 2Browne et al., 2023; Kheradmand et al., 2024; Vancampfort, 2017; 3Browne et al., 2023; Vancampfort et al., 2016; 4Perez-Cruzado et al., 2018; Zechner et al., 2022; 5Pearson et al., 2022

The causes of physical functioning issues may include medication side effects, sedentary behavior, poor nutrition, chronic stress, and limited healthcare access (Zechner, Swarbrick, et al., 2022). The accelerated declines in physical function and progression towards frailty in this population pose significant challenges, leading to declining health and increased care needs.

Psychosocial impact of reduced physical functioning

Physical functioning limitations can impact a person's quality of life and wellness in multiple areas, including living, learning, socializing, and working. These issues can reduce independence, increase the risk of institutionalization, and prevent integration into the community.

Reduced physical functioning impacts emotional well-being. People aging with serious mental health conditions may experience difficult emotions during physical functioning challenges, such as grief, shame, and frustration, which can impact motivation and personal goal attainment. Additionally, distress and stress from managing reduced physical functioning may worsen existing psychiatric symptoms, leading to challenges with mental health recovery, sense of self, and perception of meaning and purpose (Daley et al., 2013).

Additionally, people aging with serious mental health conditions may be challenged to experience positive attitudes about the aging process, particularly if they have significant physical functioning limitations at younger ages (Zechner, Swarbrick, et al., 2022).

Experiencing reduced physical functioning may impact social connectedness and engagement if a person feels embarrassed about their functioning and withdraws from friends or activities that require a certain level of physical ability (e.g., walking, bowling, or taking the train). This can place a person at greater risk for social isolation and deepen feelings of loneliness.

GOAL
5

Recommended Changes to Address Physical Functional Limitations in Diverse Health Specialties

Behavioral Health

Behavioral health services (e.g., outpatient, inpatient, housing, and employment services) play an integral part in promoting physical functioning for people aging with serious mental health conditions. Behavioral health providers can support physical functioning by asking their service participants about their ability to perform activities of daily living (ADLs) and their physical health, as well as utilizing best practices of integrated care and interprofessional education.

Recommendations include:

- **Ask about ADLs and Physical Health**
  Behavioral health programs often focus on person-centered care and increasing community integration. This relies on the ability to perform ADLs. Encouraging and supporting ADLs is a key component of psychiatric rehabilitation and mental health recovery (Krupa et al., 2009). Mental health providers can gauge a person's strengths and weaknesses in terms of physical functioning by asking the person what they can and cannot do. Some limitations may be permanent, but others may be improved with increased physical activity, physical therapy, or occupational therapy (Stubbs et al., 2018; Zhang et al., 2020).

- **Provide Integrated Care**

Combining physical and behavioral healthcare services improves health outcomes, which can improve physical functioning and prevent physical functioning decline. There are additional benefits of increased access to health care and decreased stigma among healthcare providers (Prom et al., 2020).

- **Interprofessional Education**

Behavioral health providers can educate physical health care providers about working with people with serious mental health conditions to improve their engagement in services and lifestyle behavior change. Providing current and future healthcare providers with educational information and hands-on experience (e.g., service-learning opportunities) can reduce stigma, improve comfort and skills in working with people aging with mental health conditions, and raise awareness of the benefits of providing individualized services to this population (Karyczak et al., 2020; Zechner et al., 2021).

Primary Care

Primary care providers such as physicians, physician assistants, and nurse practitioners can offer assessment, evaluation, referrals, and treatment to address physical functioning in people aging with serious mental health conditions. Due to the complex health challenges experienced by this population, they often require and utilize extensive health resources such as emergency room visits and hospitalizations and may be less likely to use primary care providers (Bartels et al., 2018). Therefore, despite the significant needs, this group is less likely to receive the medical monitoring, care, and treatment needed (Bartels et al., 2018). Primary care providers can make a significant difference in the physical functioning and quality of life for people aging with serious mental health conditions by promoting physical functioning and addressing risks for physical frailty.

Healthcare providers should also be mindful of the influence they have on people with mental health conditions. Health providers offer unique and valuable support for physical functioning – more so than friends and family members. For example, regarding physical activities, health providers offer more information and are less critical of the person's ability to engage in physical activity than others in a person's life (Karyczak, 2024).

Recommendations include:

- **Screening and Preventive Care**

Primary care providers should implement comprehensive and regular screening protocols for people aging with serious mental health conditions, including cardio-metabolic, physical activity, and sedentary behavior assessments to evaluate overall physical health.

Comprehensive assessments such as the Medicare-recommended profile may be helpful to understand daily functional ability. For high-risk individuals, particularly those with movement disorders or on multiple medications, it is essential to evaluate frailty status using tools like the Frailty Index (Rockwood & Mitnitski, 2007) or utilize an assessment protocol consistent with the Medicare Wellness Visit recommendations. Follow-up screenings are suggested, given significant changes (e.g., medications and health status). Timely referrals and interventions may potentially reduce the risk of accelerated physical functioning decline.

- **Diagnosis and Treatment**

Primary care providers diagnose and treat health conditions that impact physical functioning and the ability to perform physical activity (Planner et al., 2014). They provide education to patients regarding the management of health conditions that impact physical functioning (e.g., diabetes, hypertension, cancer, and weight loss).

- **Health Interventions**

Provide interventions that impact physical functioning, such as exercise prescriptions, smoking cessation plans, and nicotine replacement medications (Planner et al., 2014). Make referrals to physical therapy, occupational therapy, and community-based exercise. Encourage structured activities that promote aerobic endurance and strength training activities (e.g., walking and lifting weights or programs at the YMCA, Senior Centers, or community centers).

- **Safety Clearances**

Clear people for exercise based on their current health status. Recommend starting slow and seeking guidance from an exercise professional. Tailor your suggestions based on the health issues of the person.

Physical Therapy

Physical therapists are equipped with the education and training to address the physical challenges and accelerated aging processes observed in people with serious mental health conditions (World Physiotherapy, 2019). They have expertise in optimizing physical function across the lifespan and can play a crucial role in mitigating the risks associated with premature functional decline and frailty in this population (Probst & Skjaerven, 2017; Tsai et al., 2018).

By focusing on improving and maintaining physical function, physical therapists can contribute significantly to enhancing the quality of life, promoting independence, and potentially reducing healthcare utilization for people aging with serious mental health conditions. Early and ongoing physical therapy interventions may help slow the accelerated aging process observed in this population, promoting healthier aging trajectories and reducing the burden of physical health disparities.

Recommendations include:

- **Conduct Comprehensive Physical Functioning Evaluations**

Cardiovascular fitness, or endurance, muscular strength, flexibility, balance, and functional mobility assessments can help identify early signs of physical decline and frailty, allowing for targeted interventions to be implemented before significant functional loss occurs (Institute for Quality and Efficiency in Health Care, 2006).

- **Recommend Physical Activities and Write Exercise Prescriptions**

Physical activity can counteract the effects of sedentary behavior and some medication side effects, potentially reducing the risk of falls, obesity, and cardiometabolic disorders.

Physical therapists can recommend physical activities that account for an individual's impairments and limitations and are acceptable to them. When needed, exercise prescriptions can be written to address specific structural impairments, such as muscle weakness or joint stiffness, so that individuals can improve their capacity for physical activity and activities of daily living.

- **Falls Prevention**

Physical therapists can help reduce the incidence of falls and their associated complications by assessing fall risk factors and implementing evidence-based interventions such as balance training, gait retraining, and environmental modifications.

- **Address Pain**

Physical functioning, pain, and mental health are intertwined. Through education on pain science, implementation of graded activity programs, and use of manual therapy techniques, physical therapists can help manage musculoskeletal pain that may contribute to sedentary behavior and functional decline.

- **Collaborate with Other Healthcare Professionals**

Collaboration is essential to providing comprehensive care for people aging with serious mental health conditions. Physical therapists can work alongside psychiatrists, psychologists, social workers, counselors, occupational therapists, peer supporters, family, friends, and other members of the healthcare team to develop integrated treatment plans that address both physical and mental health needs.

Occupational Therapy

Occupational therapists are integral in creating personalized interventions that address the specific physical functioning challenges of people aging with serious mental health conditions. They focus on more than just general physical activity; their approach is tailored to each person's unique needs, ensuring the interventions are both effective and sustainable (Padilla, 2011). Occupational therapists can support physical functioning by focusing on the daily life activities that physical limitations may impact (Gutman & Schindler, 2022).

Recommendations include:

- **Develop Personalized Interventions**

Occupational therapists can assess an individual's ability to perform tasks such as dressing, bathing, and cooking and provide adaptive strategies or assistive devices to enhance independence (Gutman & Schindler, 2022). They develop exercise programs (e.g., Personalized Physical Activity Program) specifically designed to improve strength, flexibility, and endurance, which are crucial for maintaining physical functioning. They may include resistance training to build muscle strength, particularly in areas weakened due to inactivity or medication side effects. They can teach and reinforce simple stretching routines to enhance flexibility and joint mobility for individuals experiencing stiffness or reduced range of motion.

- **Support for Activities of Daily Living**

Occupational therapists assess and assist with tasks such as dressing, bathing, and cooking, providing adaptive strategies and devices to enhance independence.

- **Teach Energy Conservation Techniques**

People aging with serious mental health conditions often experience fatigue. Occupational therapists can teach pacing strategies or planning activities that allow for rest breaks to avoid overexertion. Additionally, occupational therapists can help individuals prioritize tasks to reserve their energy for the most important activities and suggest modifications to reduce the physical demands of daily tasks, such as using adaptive tools or rearranging the environment to minimize the need for excessive movement can support energy conservation.

- **Support Development of Structured Daily Routines**

Occupational therapists can assist in creating a plan that incorporates physical activity, rest, and engagement in meaningful occupations [e.g., sleep, ADLs, instrumental ADLS (IADLS), health management, and leisure], helping to maintain balance and prevent overexertion. This can include creating and sustaining a walking routine to improve endurance (Swarbrick et al., 2018).

- **Simplify Complex Tasks into Manageable Steps**

Occupational therapists can break down large tasks into smaller steps, making it easier for individuals to complete them independently.

- **Recommend Environmental Modifications**

Changing a person’s surroundings, such as rearranging furniture to create safer, more accessible spaces that reduce the risk of falls and other accidents, can improve an individual's ability to perform daily activities without unnecessary strain or risk.

Peer Supporters, Friends, and Family

Supporters of people aging with serious mental health conditions may include peer support specialists, friends, and family members. This type of non-medical support is extremely important to help a person stay motivated, hopeful, and engaged in activities that prevent physical functioning impairments. Peer supporters have lived experience with mental health challenges and can provide valuable support with motivation and engagement in daily activities. Friends and social acquaintances also play a pivotal role in promoting physical functioning. Family members may live with a person aging with serious mental health conditions or offer support externally.

Recommendations include:

- **Encourage Engagement**

Encourage engagement in physical activity routines This can be as simple as offering words of encouragement when a task is challenging. Or it could mean actively participating in lifestyle actions such as physical activity, healthy eating, and weight loss with the person who is aging with mental health conditions to promote healthy physical functioning.

- **Help Setting Short-Term Meaningful Physical Functioning Goals**

Supporters can ask people aging with mental health conditions what is important to them and think about the goals that could help them improve functioning (e.g., walking farther, ability to take steps). They can also assist with goal setting and follow through on actions.

- **Offer Emotional and Practical Support**

Supporters can provide emotional and practical support, especially when individuals do not feel motivated to pursue their physical activity routines and wellness plans. This could mean offering encouraging words, offering to walk with someone, or driving the person to the gym.

- **Facilitate Communication**

Peers, friends, and family can help people aging with serious mental health conditions communicate with health and behavioral healthcare providers and enhance understanding among the individual and the interprofessional team.

- **Advocate for Services**

Supporters can advocate for services and interventions that improve physical functioning, such as physical and occupational therapy and ongoing primary care to address pain or functioning changes.

- **Being Mindful not to Inhibit or Criticize**

Supporters should be encouraging and resist criticism of someone who is working on a health-related goal. Any critique could reduce motivation and confidence in the person's ability to complete their goal.

Summary

Physical functioning is a critical component of quality of life and wellness for people aging with serious mental health conditions. The complex intersection of multiple challenges faced by this population, such as inadequate housing, limited social support, and reduced access to resources, further impacts poor physical functioning.

To address these issues, an interprofessional and comprehensive approach, including behavioral health providers, primary care providers, physical therapists, occupational therapists, peer supporters, friends, and family, is essential.

Key Action Points

- Raise awareness about the physical functioning needs of people aging with serious mental health conditions among healthcare providers, behavioral health and community organizations, families, supporters, and policymakers.
- Expand collaboration between mental health, primary care, physical and occupational therapy professionals, peer supporters, friends, and family.
- Implement regular screenings for physical functioning changes, especially after medication adjustments or health status changes.
- Encourage healthy behaviors through motivational approaches tailored to the individuals' needs and preferences
- Identify and mitigate risks to physical functioning, like medication effects, co-occurring health conditions, substance use, and housing issues.
- Advocate for and implement specialized rehabilitation services and explore billing codes to ensure access to these services.
- Encourage research initiatives to develop, implement, and evaluate person-centered physical functioning interventions that address both physical and mental health needs.

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