



Ruth Lowndes: "There is a group of people out there that needs our attention."

# Double dilemma

## Doctoral student Ruth Lowndes investigates why group home residents with mental illnesses have sky-rocketing rates of diabetes

By Lucianna Ciccocioppo

It was a case of too many familiar faces greeting nurse Ruth Lowndes, MN OT5, PhD (C), when she started working in the diabetes clinic at Southlake Regional Health Centre in Newmarket, Ont. These were not neighbours or family members, but people with mental illnesses living in group homes. She recognized many because Lowndes was once a group home owner and operator in Island Grove, Ont., on the shores of Lake Simcoe. As the coordinator for the Quality of Life Program, and a group homes social convenor, she got to know many residents in York region and surrounding areas.

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"I noticed a high rate of diabetes in this particular population," says Lowndes. But it was a group that was sometimes not discernible from the general population attending the clinic, and the health-care providers were not always aware they were group home residents living with mental illnesses. Since Type 2 diabetes, the most common type, is largely preventable with lifestyle modifications, she started wondering if this population was taking and implementing their healthy living messages, such as more exercise and healthier diets, back home.

"If someone is living with schizophrenia, or other mental illnesses, are these messages reaching them?" says Lowndes. Probably not, since about 50 percent of group home residents with mental illnesses go on to develop diabetes, compared to about eight percent in the general Canadian population. She started checking some charts and saw diabetes rates for this population were not improving, their weight was climbing, and increasingly they ended up on medications and insulin. "Once people with diabetes are on insulin, their treatment regime becomes more difficult to manage," says Lowndes, putting them at risk for kidney disease, blindness, lower limb amputations, heart disease, stroke and neuropathy.

This population is especially at risk, since the majority is on atypical anti-psychotic medications, which are known to cause diabetes, Lowndes explains. Mood disorders and schizophrenia also genetically put people at risk. The third factor is the group home setting, says Lowndes. Her current doctoral research the Bloomberg Faculty of Nursing looks at the social organization of diabetes care in the group home setting, and hopefully, her findings will shed some light on how to improve the outcomes for this population.

It's a problem many homeowners are trying to address, as they care for anywhere from one to 80 residents under tight operating budgets. They don't know where to turn. Many homes are located in rural areas, but trying to cultivate and maintain a garden of homegrown fruits and vegetables as healthy diet alternatives is time-consuming and difficult when caring for this population, says Lowndes. Transportation with accompanying staff to weekly clinics, supportive community involvement or medical visits must be factored in budgets, same for using gym facilities. "Paying for a staff member to go with residents, and paying for someone to remain behind in the home is a big issue; it would probably be a necessity in a lot of cases, but is it possible budget-wise?" she says.

Lowndes speaks passionately about her research "because it involves a vulnerable group. You can't stop prescribing the anti-psychotic medications because they have been extremely effective in helping people with mental illnesses function in society and in community settings. But I feel like we need to be doing more for these people. We need to increase awareness about these group homes and the people living in them. There is a group of people out there that needs our attention."

Says Lowndes: "The type of diabetes education we offer is geared toward self-care. So we assume people will take responsibility to monitor glucose levels, take their own insulin, make healthy food choices and exercise for at least 30 minutes each day," she says. "There's no real focus on people with mental illnesses. In the diabetes guidelines, that population is essentially not there."

It took a nurse to start the research project rolling. "I thought this was an area that could really use a nurse, to educate people about this issue. I never thought it would bring my two worlds together." ❦