Table 1: Mental and physical health outcomes among TTIM pilot participants						
Variable	**Baseline Mean (SD)**	**12 Weeks Mean (SD)**	**16 Weeks Mean (SD)**	**|t|**	**Df**	**p value ***
SMI Symptoms						
MADRS	23.25 (10.62)	12.9 (9.7)	12.08 (7.01)	2.97	11	0.01
BPRS	37.00 (12.05)	30.4 (10.3)	31.50 (12.46)	1.24	11	0.24
CGI	4.20 (0.42)	3.80 (1.03)	3.45 (0.69)	3.11	11	0.01
Functional Status GAF	52.25 (5.45)	59.45 (7.82)	62.58 (7.33)	3.53	11	0.01
Role Impairment SDS	5.83 (3.04)	3.92 (2.60)	3.42 (3.14)	2.14	11	0.06
General Health Status**						
SF12 MCS (mental health)	32.38 (12.68)	37.44 (14.19)	34.61 (11.83)	0.74	11	0.24
SF12 PCS (physical health)	32.84 (10.04)	36.74 (15.89)	37.84 (10.35)	2.18	11	0.05
DM Outcomes						
BMI	36.01 (8.06)	N/A	36.02 (7.53)	0.03	11	0.99
HbA_1c	8.00 (2.41)	N/A	7.68 (2.00)	1.09	11	0.30

***Two-tailed t-test**
**** Self-reported SF-12**
MADRS= Montgomery Asberg Depression Rating Scale
BPRS= Brief Psychiatric Rating Scale
CGI= Clinical Global Impression
GAF= Global Assessment of Functioning
SDS=Sheehan Disability Scale
BMI= Body Mass Index
HbA_1c = Glycosylated Hemoglobin: Values >6 abnormal

Appendix 1: On-line supplement to Best Practices Column.

Topics, constructs and health behaviors covered in the Targeted Training in Illness Management (TTIM) weekly sessions.		
Session	Topic(s)	Constructs/ Practices**
1	Orientation and introductions, Emphasize ground rules, Establishment of a therapeutic relationship, Discuss facts and misconceptions about SMI, An introduction to DM	SMK, DK, SS
2	The challenge of having both SMI and DM, Stigma of SMI and strategies to cope with stigma, Relationship of SMI symptoms and functioning in response to stress and DM, An introduction to personal goal-setting	SMK, DK, SE, OE, SR, SS
3	Personal SMI profile (what does worsening illness look like for you), Triggers of SMI relapse, Personal action plan for coping with SMI relapse	SMK, SE, OE
4	Diabetes complications and benefits of change, Blood sugar monitoring, Symptoms of high/low	DK, SE
5	Problem-solving skills and the IDEA approach (Identify the problem, Define possible solutions, Evaluate the solutions, Act on the best solution), Talking with your medical and your mental health care providers, Role play of communication with care providers	SE, OE, SS, A
6	Nutrition for best physical and emotional health, Reading labels	SMK, DK, N
7	Replacing unhealthy sugar and fat, Substance use and its effects on SMI and on DM, Problem-solving to feed your body healthfully	SMK, DK, SE, N
8	Effects of exercise on physical and emotional health, The importance of daily routine and good sleep habits	SMK, DK, E, SR, A
9	Medications and psychological treatments for SMI, A personal care plan to take care of the mind & body	SMK, SE, OE, A
10	Social supports and using your available supports, Types of physical activity and your community	SE, OE, E, SS
11	Taking care of your feet, Staying on track with medication treatments	DK, SE, OE, A
12	Illness management as a life-style, Acknowledgement of group progress, Setting the stage for ongoing Illness management and recovery (Step 2)	SE, OE, SS

**Primary constructs addressed in session: SMI Knowledge (SMK), DM Knowledge (DK), Self-Efficacy (SE), Outcome Expectancy (OE). All sessions address interaction between teachers and learners

Primary Health Practices addressed: Nutrition (N), Exercise (E), Adherence with medications (A), Stress Reduction (SR), Social Support Seeking (SS)

Peer Educator Training: Two Peer Educators were enrolled and trained.

The Peer Educator training included a 2-day interactive and detailed discussion of mental health,

DM, and relevant health topics covered in the TTIM sessions in addition to activities Peer

Educators would be expected to have within the context of the group sessions such as supportive listening, group leading/co-leading, assistance with help-seeking pathways, crisis management and communication skills/communication with family members and peers. Training included modeling and role play formats whenever possible to emphasize the real-world, pragmatic nature of the TTIM sessions. The Nurse Educator was involved in the intensives in order to enhance Peer Educator comfort in the TTIM process and allow for better coordination of the intervention delivery. Following completion of the intensive training, Peer Educators began attending the TTIM sessions first as facilitators, then as co-leaders. At the conclusion of the study, the investigators conducted a "de-briefing" session with the Peer Educators and the Nurse Educator to monitor perceived effectiveness of the TTIM intervention, comfort-level and acceptability of TTIM, and suggestions for future modifications.

References

1. Barnett AH, Mackin P, Chaudhry I, et al: Minimizing metabolic and cardiovascular risk in schizophrenia: diabetes, obesity and dyslipidaemia. Journal of psychopharmacology (Oxford, England) 21:357-373, 2007
2. Mental Health America 2008. Retrieved March 1, 2008. Available from www.mentalhealthamerica.net.
3. Norris, S.L., Engelau, M.M., & Venkat Narayan, K.M. Effectiveness of self management training in type 2 diabetes: A systematic review of randomized controlled trials. *Diabetes Care,* 24, 561-87. 2001
4. Druss, B.G. & von Esenwein, S.A. Improving general medical care for persons with mental and addictive disorders: a systematic review. *General Hospital Psychiatry*, 28(2), 145-153. 2006
5. Faulkner G, Cohn TA: Pharmacologic and nonpharmacologic strategies for weight gain and metabolic disturbance in patients treated with antipsychotic medications. Canadian journal of psychiatry.Revue canadienne de psychiatrie 51:502-511, 2006
6. Lee SJ, Choi EJ, Kwon JS: A naturalistic multicenter trial of a 12-week weight management program for overweight and obese patients with schizophrenia or schizoaffective disorder. The Journal of clinical psychiatry 69:555-562, 2008
7. Jean-Baptiste M, Tek C, Liskov E, et al: A pilot study of a weight management program with food provision in schizophrenia. Schizophrenia research 96:198-205, 2007

8. McKibbin CL, Patterson TL, Norman G, et al: A lifestyle intervention for older schizophrenia patients with diabetes mellitus: a randomized controlled trial. Schizophrenia research 86:36-44, 2006

9. Chinman, M.J., Rosenheck, R., Lam. J.A. & Davidson, L. (2000). Comparing consumer and non-consumer provided case-management services for homeless persons with serious mental illness. *The Journal of Nervous and Mental Dis*orders, 188(7), 446-453.

10. Bauer MS, McBride L: The Life Goals Program: Structured Group Psychotherapy for Bipolar Disorder. New York, N.Y., Springer Publishing Company, 2003