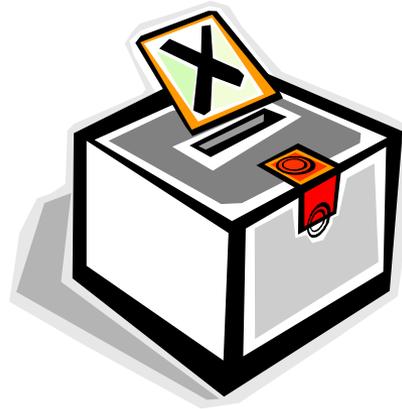


The Whole Person Supporting Real Health in Those You Serve

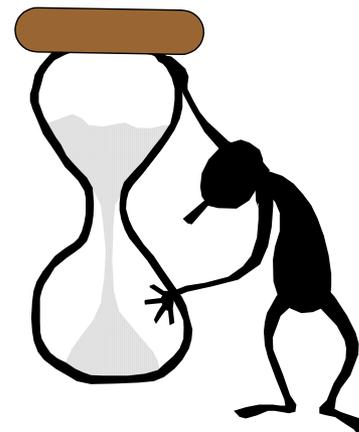
Dr. Gina Lasky
Gina B. Lasky Consulting
ASPIN -Training-Planning-Facilitation
April 10, 2013

Polling Question # 1



How many of you have concerns or are skeptical about integrated care/whole person care as a model ?

Polling Question #2



What is your concern/skepticism?

- A. Behavioral health will be left behind or be second tier.
- B. The model doesn't work for SMI populations.
- C. Not your interest–Would prefer to remain in specialty behavioral health work.
- D. All of the Above
- E. Other

Introduction



What Sold Me On Integrated Care

- ▶ Power of whole person care
- ▶ Best for SMI populations
- ▶ Behavioral health focus
- ▶ Behavioral health providers' expanded roles
- ▶ Collaboration and team based care





Goals

- ▶ Increase excitement about whole person care
- ▶ Leave you thinking about how to change your practice
- ▶ Provide a brief review of important “vitals” of whole person care
- ▶ Introduction in how to work with primary care settings

Context for Whole Person Care

Why does physical health matter?



Healthcare Humor



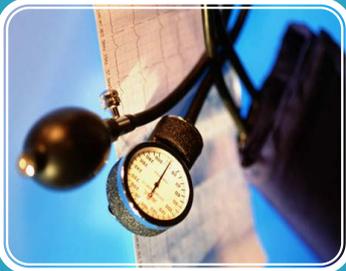
Silos in Care have Resulted in Dire Outcomes

- ▶ High Rates of Co-morbidity of Physical Health and Behavioral Health Disorders. Tend to worsen each other



- ▶ SMI population is dying 25 years earlier due in part to lack of care or poor quality care

Physical Illness and SMI



75% of individuals with Schizophrenia have significant rates of

- diabetes, high blood pressure, respiratory, heart and/or bowel problems

Beyond these Chronic Illnesses

- 93% have vision problems
- 78% hearing problems
- 60% dental problems

20% of adults discharged from inpatient psychiatric settings had chronic illnesses

- HIV, brain trauma, cerebral palsy and heart disease

Impact of Psychiatric Medications

- ▶ Associated with health problems including obesity, high cholesterol, changes to blood sugar, impacts on major organs



- ▶ Atypical antipsychotic medications can exacerbate any predisposition to illness including diabetes or cardiovascular disease
 - Metabolic Syndrome

SUD and Physical Illness



- **8 Medical Disorders:** Diabetes, heart disease, hypertension, asthma, gastrointestinal disorders, skin infections, malignant neoplasms, and acute respiratory disorders.

RESULTS

- Patients with a psychotic disorder and co-occurring SUD had the highest odds for **five** of the eight disorders (heart disease, asthma, gastrointestinal, skin infections, and acute respiratory).
- Patients without a psychotic disorder who were treated for SUD had a higher risk for **all** the disorders except hypertension.

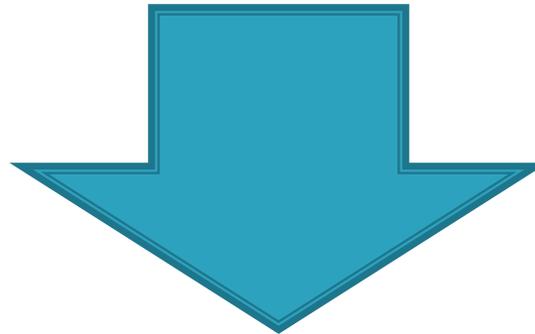
Other Contributors to Chronic Illness

- ▶ Poor nutrition 
- ▶ Generally reduced education about physical care
- ▶ Lack of resources for healthy foods
- ▶ High rates of smoking
- ▶ High rates of co-occurring substance use
- ▶ Inactive lifestyle
- ▶ Difficulty accessing healthcare



Why Does Physical Health Matter?

- ▶ Whole person care for SMI population has produced excellent results in Access, Continuity, and Coordination of Care



- ▶ Better Outcomes–Reduced Health Disparities¹

Selected Research Findings¹

Access

- ▶ Improved access by reducing barriers to availability of integrated care with primary care or improved access to specialist care (Druss 2001, Harrison-Read 2002, PRISM-E, van Orden 2009).
- ▶ Improved access to outpatient services, rehab services, and an increase the number of people receiving follow-up, case management and review of their medication (Byng 2004, Gilmer 2010, Rosenheck 2003)
- ▶ Increased ability to target high priority groups through tailored programs linked with relevant services (e.g. cultural groups, age-based services, homelessness) (Asanow 2009, Gilmer 2010, Rosenheck 2003)
- ▶ Reduced impact of perceived stigma on help seeking for mental health problems (PRISM-E, Gavin 2008)

Stigma

- ▶ Reduced unmet need for treatment (PRISM-E (73% of participants)) Improved cultural appropriateness of service (IMPACT, PRISM-E)

Selected Research Findings¹

Outcomes: Clinical, Functional, Social

- ▶ Evidence of **improved clinical outcomes (psychiatric)** (Bauer 2006, Bertelsen 2008, Bower 2006, Fuller 2009, Gilbody 2006, Simon 2006, PRISM-E (6 mths only), IMPACT, PROSPECT, RESPECT-D, CALM)
- ▶ Evidence of **improved clinical outcomes (physical and medical)** (Druss 2001, IMPACT)
- ▶ Evidence of **reduced hospitalisation** for mental health problem (Bauer 2009)
- ▶ Evidence of improved social functioning and/or quality of life (Bauer 2009, Gilmer 2010, Rosenheck 2003, IMPACT)
- ▶ Greater **satisfaction** with care (Asarnow 2009 (6 months), Bauer 2009, Gilmer 2010, Rosenheck 2003, PRISM-E, IMPACT, RESPECT-D)
- ▶ Increased ability of consumers to **manage their own care** (IMPACT)
- ▶ Reduced or equal client costs (Bauer 2006, Bower 2006, Druss 2001, Katon 2002, van Orden 2009)

Selected Research Findings¹

Cost

- ▶ Increased health care costs of initial set-up (first 12 months) balanced against cost savings in following year (Katon 2002, Katon 2006, Simon 2007)
- ▶ **Reduced in-patient costs** (Bauer 2009, Byng 2004, Druss 2001)
- ▶ Cost-offset effects on non-mental health-related ambulatory care services (IMPACT)
- ▶ **Reduction in costs to other systems** (e.g. justice) (Gilmer 2010, Rosenheck 2003)

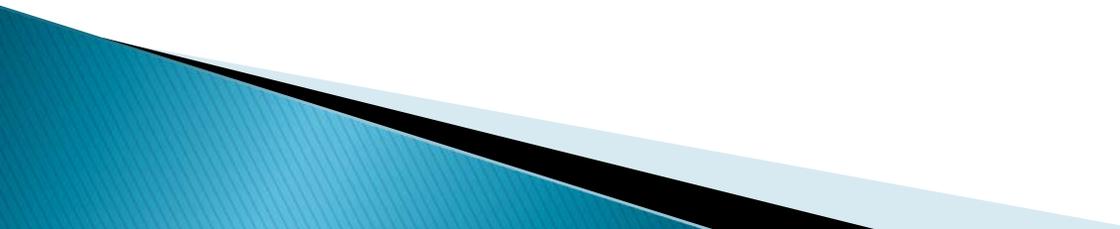
Collaborative Care Terms

- ▶ Integrated Care: Behavioral Health embedded within Primary Care
- ▶ Reverse Integration: Primary Care Embedded within Behavioral Health
- ▶ Co-Located Care



Polling Question

What Best Describes your Degree/Position?

- A. LCSW/LPC/Other Licensed BH Provider
 - B. Case Manager/Care Advocate
 - C. Psychiatrist
 - D. RN
 - E. Primary Care Provider
 - F. Peer Specialist
 - G. Other
- 

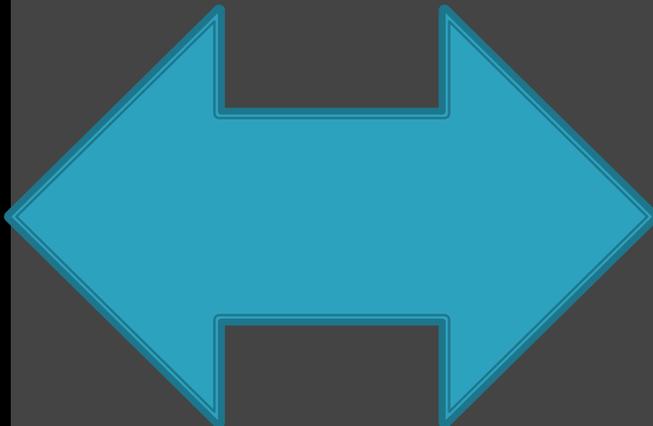
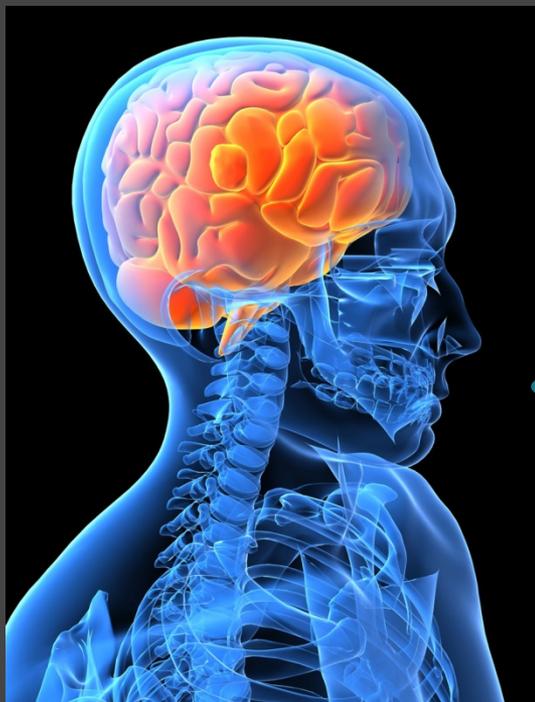
Polling Question

- ▶ **What setting are you working within?**
 - a. Behavioral Health–Community mental health setting
 - b. SUD specific treatment program
 - c. Primary Care
 - d. Integrated site (BH within Primary Care or Reverse Integration)
 - e. Inpatient Setting
 - f. Other

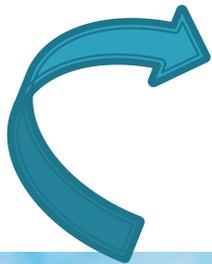
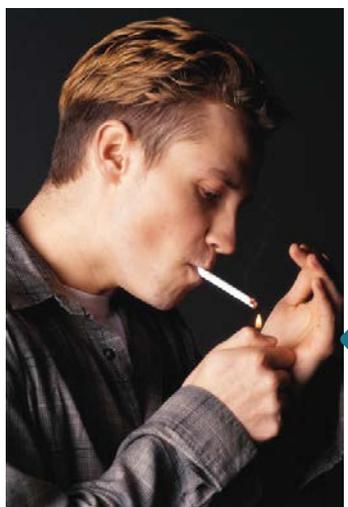
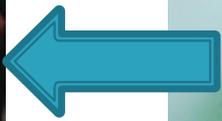
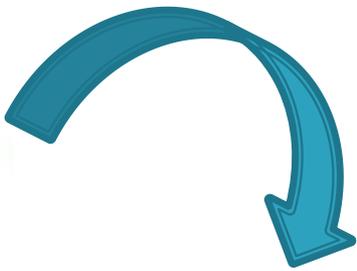
Common Physical Health Issues

Important “Vitals” for All Providers





Whole Person Vitals »»



BODY MASS INDEX



$$\frac{\text{WEIGHT (Pounds)}}{\text{HEIGHT (Inches)}} = \text{BMI}$$

- ▶ Fairly reliable indicator of body fatness
- ▶ Can indicate need for further assessment of body weight and health
- ▶ <http://www.in.gov/isdh/20195.htm>

Interpreting BMI for ADULTS

BMI	Weight Status
Below 18.5	Underweight
18.5–24.9	Normal
25.0–29.9	Overweight
30.0 and Above	Obese

BMI for CHILDREN



Percentile Range

Weight Status

Less than 5th Percentile

Underweight

5th Percentile to Less than 85th

Healthy Weight

85th Percentile to Less than 95th

Overweight

Equal to or greater than 95th Percentile

Obese

Calculating BMI for Children/Adolescents

- ▶ <http://apps.nccd.cdc.gov/dnpabmi/>



Blood Pressure for Adults

SYSTOLIC
DIASTOLIC

Pressure	Interpretation
Systolic: less than 120mmHg Diastolic: less than 80mmHg	Normal
Systolic: 120–139mmHg Diastolic: 80–89mmHG	At Risk (pre-hypertensive)
Systolic: 140mmHG or higher Diastolic: 90mmHg or higher	High

DIABETES



Type 1 – Not enough Insulin

Type 2 – Insulin Resistant

Gestational – glucose intolerance during pregnancy

Other Types – genetic conditions, surgery, drugs, malnutrition, infections, and other illness

- ▶ Excess weight
- ▶ Psychiatric Meds
- ▶ Other Medications
- ▶ Cortisone – Steroids

TYPES

RISK FACTORS

RANGE

STATUS

4.5%–6%

Normal

6.5% or higher

Diabetes Diagnosis

5.7%–6.4%

Pre-Diabetes

7% or less

Treatment Target

Basics of A1C Levels

Consequences of Elevated Sugar

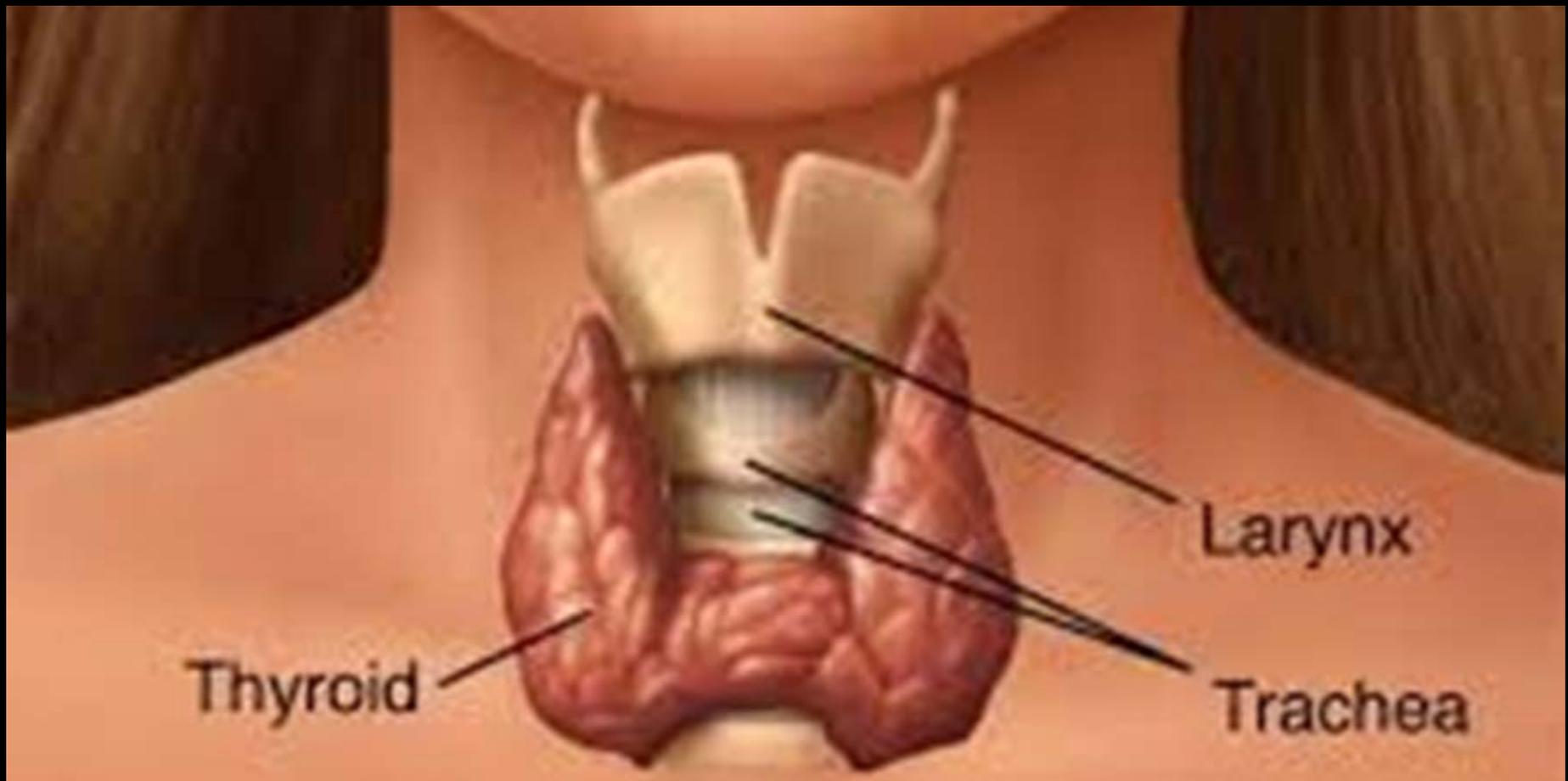
- ▶ Kidney Failure
- ▶ Blindness
- ▶ Amputations
- ▶ Heart Attacks
- ▶ Nerve Pain/Dysfunction

Symptoms of Elevated Sugar

- ▶ Drinking more water than usual
- ▶ Increased urination
- ▶ Weight Loss

Symptoms to Know





Thyroid Gland >>

Mayo Foundation for Medical Education and Research

THYROID

Hypothyroid

- Slowed metabolism
- Tired, sluggish, weak
- Depression
- Excessive sleep
- Dry skin
- COLD
- Memory issues, trouble concentrating
- Constipation
- Modest weight gain
- Muscle aches

Hyperthyroid

- ▶ Increased metabolism
- ▶ Nervous, moody
- ▶ Elevated mood
- ▶ Fast or irregular pulse
- ▶ Trouble breathing even when resting
- ▶ HOT
- ▶ Diarrhea
- ▶ Weight Loss
- ▶ Irregular menstrual cycles

Important BH Vitals

- Depression– PHQ–9 (10 or above and #9)
- Substance Use (AUDIT, CRAFFT)
- Trauma/Post–Traumatic Disorder
- Anxiety (GAD–7)



PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

+ +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

PC-PTSD

Instructions:

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?

YES / NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES / NO

3. Were constantly on guard, watchful, or easily startled?

YES / NO

4. Felt numb or detached from others, activities, or your surroundings?

YES / NO

- ▶ Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

CRIES-13

Name: Date:

						<i>Office use only</i>		
						In	Av	Ar
1.	Do you think about it even when you don't mean to?	[]	[]	[]	[]			
2.	Do you try to remove it from your memory	[]	[]	[]	[]			
3.	Do you have difficulties paying attention or concentrating	[]	[]	[]	[]			
4.	Do you have waves of strong feelings about it	[]	[]	[]	[]			
5.	Do you startle more easily or feel more nervous than you did before it happened?	[]	[]	[]	[]			
6.	Do you stay away from reminders of it (e.g. places or situations)	[]	[]	[]	[]			
7.	Do you try not talk about it	[]	[]	[]	[]			
8.	Do pictures about it pop into your mind?	[]	[]	[]	[]			
9.	Do other things keep making you think about it?	[]	[]	[]	[]			
10.	Do you try not to think about it?	[]	[]	[]	[]			
11.	Do you get easily irritable	[]	[]	[]	[]			
12.	Are you alert and watchful even when there is no obvious need to be?	[]	[]	[]	[]			
13.	Do you have sleep problems?	[]	[]	[]	[]			

How are we doing?



"I'm afraid you've had a paradigm shift."

Changing YOUR Practice

Perspective on Your Skills



Be Present



READINESS TO CHANGE



How to Assist in CHANGE



- Take Interest
- Concern
- Values
- ASK WHY



- LISTEN
- W.A.I.T.–
Listen=
Inform
- Empathy



- Explore
- Use Excitement
- What are fears?
- Be Creative

RESIST the Righting Reflex

- ▶ Ambivalence is normal and important
- ▶ Don't Lecture
- ▶ We resist persuasion "It's not that bad...I feel fine." "I know I should exercise, BUT..."

Informing Vs. Guiding:

- ▶ Informing: "Your best option is to take these tablets."
- ▶ Guiding: "Changing your diet would make sense medically, but how does that feel for you?"



Listen for Change Talk

Desire to Change: “I wish” “I want” “I like the idea.”

Ability to Change: “I could probably take a walk every morning.” “I think I can come next week for group.” “I might be able to cut out soda at lunch.”

Reasons for Change: “I’m sure I’d feel better if I exercised.” “This pain keeps me from gardening, which I love.”

Listen for Change Talk

Need to Change: “I must get some sleep.” “I’ve got to get back to work.”

Commitment to Change: “I will try getting out of bed when I first wake up.” “I promised my friend we would walk twice this week.” “I plan to try those exercises.”

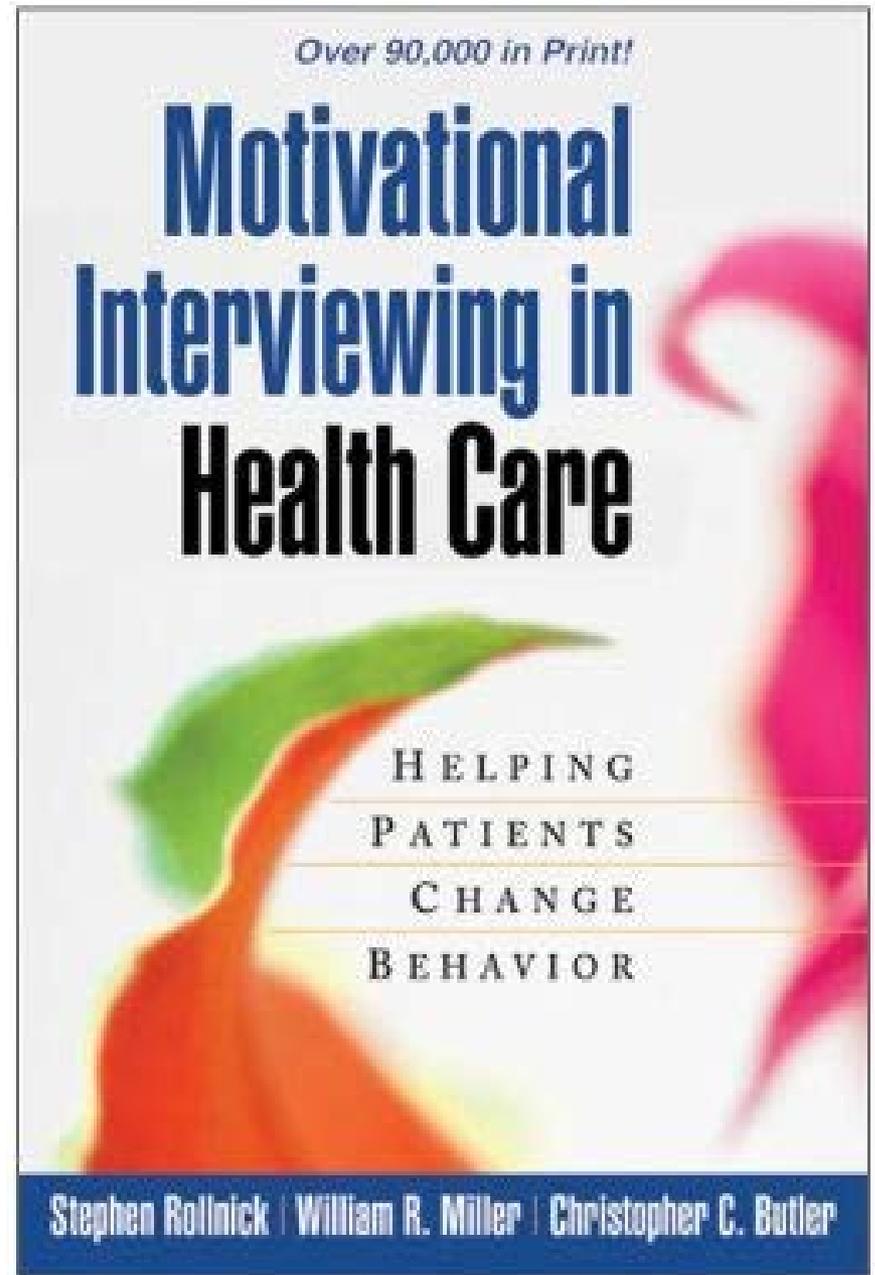
Commitment at lower level: “I will think about what you said.” “I’ll consider cutting down on sugar.” “I hope I can learn to manage my pain.”

Great Resource

Easy to read

Useful examples of techniques

Reviews real conversations



Experts in Behavior Change



Whole Person Tool Kit

Brief Interventions WORK

Behavior Activation

Distraction Skills

Mindfulness

Relaxation Training

Applied DBT Skills

CBT Triangle

5A's– Ask, Advise, Assess, Assist and Arrange



Behavior Activation



- ▶ cBt–changing behavior = changes in cognition & emotion
- ▶ Tangible “prescription” to improve
- ▶ Fast and still empathic and while building rapport in 10–15 minutes
- ▶ Increases engagement
- ▶ Manual:

<http://web.utk.edu/~dhopko/BATDmanual.pdf>

Few Examples of BEHAVIORAL ACTIVATION



MD's Changing Practice

Behavioral Health Knowledge

- ▶ Trauma
- ▶ Emotion Regulation
Vs. Mood
- ▶ Boundaries

Process of Care

- ▶ Time for Case Review
- ▶ No I in TEAM
- ▶ Don't have to do it alone
- ▶ Focus on Skills

Communication with Primary Care

Different Cadence of Care

Be Brief and Direct –30 Seconds

Be Prepared

Offer your skill

Keep it up! Don't get discouraged



Importance of Peers

- ▶ Groups
- ▶ Within the team, can help keep focus on whole person
- ▶ Encouraging individuals to “keep at” change and to model change
- ▶ Attend appointments with individuals and provide support and communication between providers
- ▶ Getting Active!



Wellness Activities



Training Resources

- ▶ **Smoking cessation–**
http://www.tcln.org/bea/docs/Quit_MHToolkit.pdf
- ▶ **IMPACT Model–**<http://impact-uw.org/training/web.html>
- ▶ **Behavioral Activation–Manual**
<http://web.utk.edu/~dhopko/BATDmanual.pdf>
- ▶ **SBIRT– Screening, Brief Intervention and Referral to Treatment.**
<http://www.samhsa.gov/prevention/sbirt/>



Whole Person Care in Action

Brief Case Presentations

Just for Fun



"They do say results will vary."

Case Presentation #1

- ▶ 17 year old male who was referred for treatment due to repeated episodes of Pancreatitis due to alcohol use
- ▶ History of Trauma
- ▶ Specialists warning of death
- ▶ Use of Motivational Interviewing
- ▶ Is reduction of use enough?



Case Presentation #2



- ▶ 30 year old woman
- ▶ Symptoms: rapid speech, racing thoughts, and elevated affect. She reported difficulty with sleep and an inability to work.
- ▶ No previous history of mental illness.
- ▶ “Something was wrong.”
- ▶ Diagnosed with Bipolar Disorder, most recent episode Manic.
- ▶ Seen for 6 months with only minimal improvement.

Crisis and Whole Person Care

- ▶ Being more aware of physical issues in BH crisis is vital
 - ▶ Reduce inpatient hospitalization
 - ▶ Improved Outcomes
- 

Questions / Discussion

Reactions, Thoughts, Concerns



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