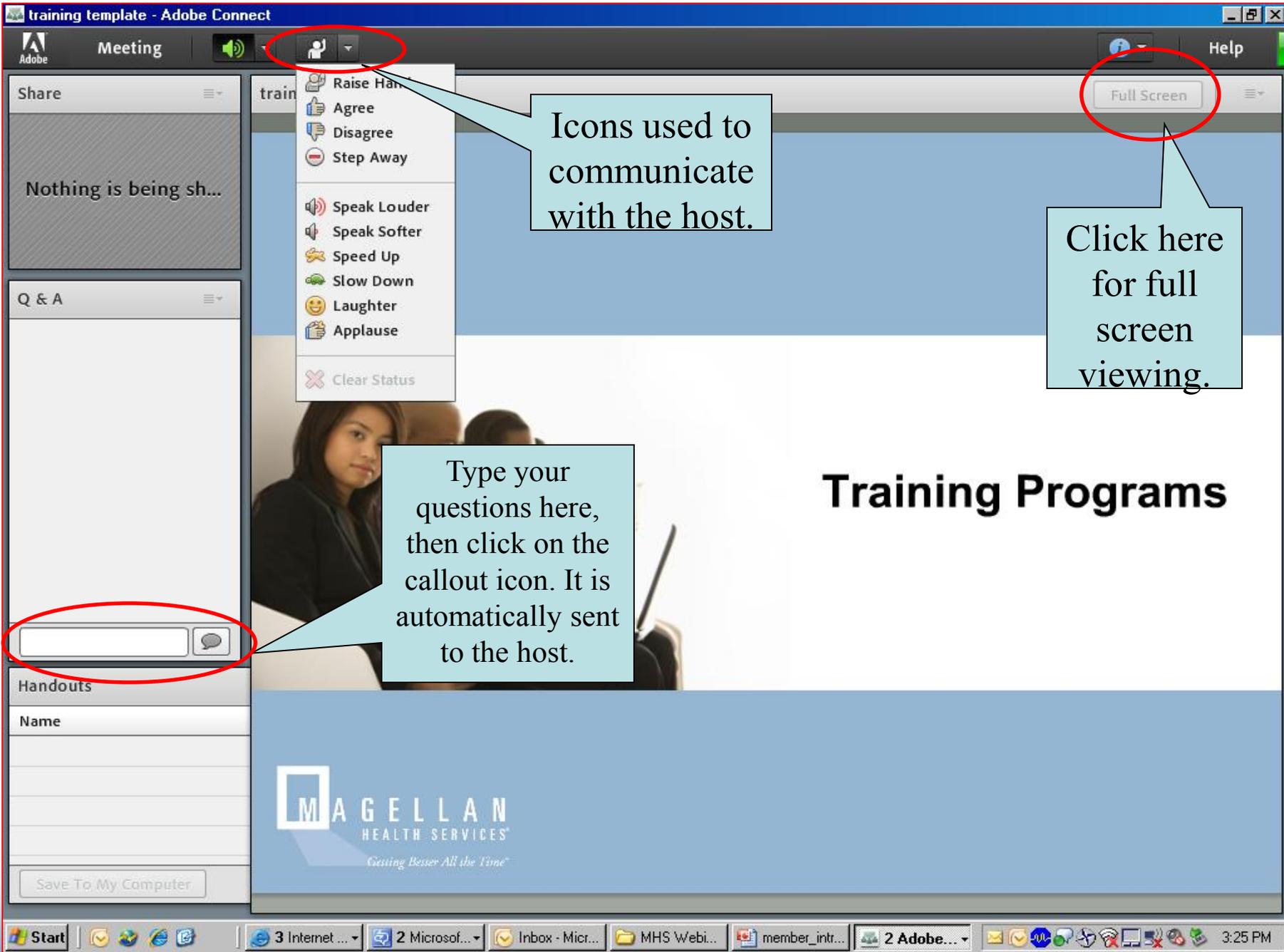




Whole Health, Wellness, and the Emerging Role of Peers

Tom Lane, CRPS
National Director, Consumer and Recovery Services
Magellan Health Services





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Training Programs



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- Mr. Lane has no relevant financial relationship commercial interest that could be reasonably construed as a conflict of interest.

Learning Objectives:

At the end of this exercise, the participant will be able to:

1. Identify the number one cause of death among people living with serious mental illness.
2. Identify at least 3 key functions of effective peer support of a peer diabetes self-management project
3. Describe at least 3 elements of the Peer Support Whole Health approach
4. Identify the 5 Keys to Success of the Peer Support Whole Health approach
5. Understand the Eight Dimensions of Wellness

About the Presenter:

Tom Lane, CRPS is the national Director, Consumer and Recovery Services for Magellan's Public Sector Division provides leadership and guidance in promoting the concepts of recovery and resilience throughout Magellan Behavioral Health Services systems of care, in addition to providing technical assistance and training to Magellan staff. Currently, he is leading Magellan's Peer Support Whole Health initiative. Prior to joining Magellan, he worked as Vice President of Recovery Supports and Forensic Services for New Horizons of the Treasure Coast, a community mental health center in Florida. He has 13 years experience developing and implementing peer-operated programs, services, and supports in the community and within publicly funded provider settings, including inpatient and state hospital settings. He contributed to *Principled Leadership in Mental Health Systems and Programs*, authored by Dr. Bill Anthony and Ms. Kevin Huckshorn, published in 2008 by the Boston University's Center for Psychiatric Rehabilitation. Tom has provided technical assistance and training around recovery, reducing seclusion and restraint, and social inclusion at the state and national levels.

Outline

1.

- Co-morbidity and Early Death

2.

- Chronic Disease Self-Management

3.

- Projects Grounded in Peer Support

4.

- Mental Health, Wellness, and Roles for Peers

5.

- Magellan's Peer Support Whole Health Project

6.

- Future Implications

Co-morbidity and Early Death

“We are all faced with a series of great opportunities brilliantly disguised as impossible situations.”

Charles R. Swindoll



Average U.S. Life Expectancy

78.5 Years

National Vital Statistics Report (NVSR) Volume 60, Number 3), 2012

A Public Health Crisis!

People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population.

NASMHPD

Morbidity and Mortality in People
with Serious Mental Illness

October 2006

The Facts

The average life expectancy for men living with a serious mental illness is **53 years!**

For women, it's **59 years!**

WHY ARE WE DYING?

- Number one cause:
 - Cardiovascular Disease
- Other causes:
 - Metabolic Syndrome
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetes

Why? What's Going On?

- Cardiac events alone account for more deaths than suicide.
- Patient factors: amotivation, fearfulness, social instability, unemployment, incarceration
- Provider factors: attitude and comfort level with SMI population, coordination of care, and stigma
- System factors: fragmentation between mental health and general health care; funding

NASMHPD

Morbidity and Mortality in People
with Serious Mental Illness

October 2006

Why Are We Vulnerable?

- Homelessness
- Victimization / trauma
- Unemployment
- Poverty
- Incarceration
- Social isolation

NASMHPD

Morbidity and Mortality in People
with Serious Mental Illness

October 2006

MODIFIABLE Factors That Place Us At High Risk...

Higher rates of modifiable risk factors

- Smoking
- Alcohol consumption
- Poor nutrition / obesity
- Lack of exercise
- “Unsafe” sexual behavior
- IV drug use
- Residence in group care facilities and homeless shelters (Exposure to TB and other infectious diseases as well as less opportunity to modify individual nutritional practices)

NASMHPD

Morbidity and Mortality in People
with Serious Mental Illness

October 2006

Smoking...

- Higher prevalence (56-88% for patients with schizophrenia) of cigarette smoking (overall U.S. prevalence 25%)
- More toxic exposure for patients who smoke (more cigarettes, larger portion consumed)
- Smoking is associated with increased insulin resistance
- Similar prevalence in bipolar disorder

George TP et al. Nicotine and tobacco use in schizophrenia. In: Meyer JM, Nasrallah HA, eds. Medical Illness and Schizophrenia. American Psychiatric Publishing, Inc. 2003; Ziedonis D, Williams JM, Smelson D. Am J Med Sci. 2003(Oct);326(4):223-330

More Facts About Smoking...

- Rates of smoking are 2-4 times higher among people with psychiatric disorders and substance use disorders.
- 60% of current smokers report a past or current history (ever history) of a mental health diagnosis sometime in their lifetime.
(Kalman D, Morissette SB, George TP. 2005)
- Nearly 41% of current smokers report having a mental health diagnosis in the last month.
- Among current smokers, the most common *ever history of mental health* diagnoses are:
 - Alcohol abuse
 - Major depression
 - Substance abuse
 - Anxiety disorders: simple phobias and social phobias.

(Lasser K, Wesely BJ, Woolhandler S, *et. al.*2000)

Smoking: Psychological Factors

- Smokers with many psychiatric disorders report that smoking reduces their psychiatric symptoms. These smokers are more likely to have higher nicotine dependence levels, have a current history of depression, ADHD, or alcohol dependence.

Smoking and Trauma

- Recent studies have linked a history of grief and PTSD with increased substance use including smoking. In some studies, smokers were found to be more likely to have a history of childhood trauma, which may link to adult depression.
- Therefore, the initial trauma rather than the later depression could be the risk factor for nicotine dependence.

Chronic Disease Self-Management

We Are Responsible For Our Own Health

“In health there is freedom.
Health is the first of all
liberties”

Henri Frederic Amiel



A Model for Tertiary Prevention

- The goal is not to cure, but to improve quality of life
- The site of (self) care is the community
- By definition – Patient-centered and participatory
- Focus is on equipping people with the skills they need to live their lives well in the face of chronic illness

But What Is Self-Management, Exactly?

Self management is the tasks we must undertake to live with one or more chronic health conditions!

We must deal with the emotional impact of living with one or more chronic health conditions.

Sometimes we are the only source of critical information!

The Stanford Model

- Programs built on structured patient and professional needs assessments
- Use a public health model
- Peer-led small groups
- Do not require literacy
- Evaluated in randomized trials for long term outcomes
- Appear to be robust across cultural, ethnic, and racial groups

Current Stanford CDM Programs

- Arthritis Self-Management (English/Spanish)
- Chronic Disease Self-Management
(English/Spanish) + 16 language translations
- Diabetes Self-Management (English/Spanish)
- Positive Self-Management (HIV/Aids) (English / Spanish)
- Internet Self-Management Programs:
 - Arthritis Self-Management
 - Chronic Disease Self-Management
 - Pain Self-Management
 - Diabetes Self-Management
 - Caregiver Program

Stanford Chronic Disease Self-Management

- Small groups 10-16 people
- People with different diseases in same group
- 2 ½ hours a week for 6 weeks
- Peer facilitated
- Content: symptom management, exercise, nutrition, problem solving, communications, advanced directives
- Process: self-efficacy, action planning, problem solving, sharing

Stanford CDSM Program Outcomes

- 6-Month & 1 year Improvements in:
- Health Status Measures
- Health Behaviors
- Self-Efficacy
- Health Care Utilization

Projects Grounded in Peer Support Real World Examples

“They say that time changes things, but you actually have to change them yourself.”

Andy Warhol



Peer Support Whole Health and Resiliency

- This model was created in consultation with the Benson-Henry Institute for Mind-Body Medicine (MGH) and Stanford University by Appalachian Consulting Group (ACG) and the Georgian Mental Health Consumer Network under a SAMHSA/NASMHPD grant.
- Developed specifically for people living with psychiatric disabilities
- More later about Magellan's initiative...

Wellness Recovery Action Planning

- Developed by Mary Ellen Copeland
- Recognized as an evidence-based practice in 2010
- Helps people identify and understand personal “wellness tools”
- Helps people apply key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) in their day-to-day lives
- Helps people in creating an advance directive that guides the involvement of family members or supporters when he or she can no longer take appropriate actions on his or her own behalf
- Help each participant develop an individualized post - crisis plan to promote a return to wellness
- WRAP also has been used with people coping with other health issues (e.g., arthritis, diabetes) and life issues (e.g., decision-making, interpersonal relationships) as well as with military personnel and veterans.

Peer Support & Self-Management for Diabetes in International Settings

- Peers can provide effective support for sustained self-management.
- In these studies, peers included people living with diabetes as well as those closely familiar with its management.
- Key functions of effective peer support include:
 - assistance in daily management,
 - social and emotional support,
 - linkage to clinical care,
 - and ongoing availability of support

Fisher, E.B., Boothroyd, R.I., Coufal, M.M., Baumann, L.C., Mbanya, J.C., Rotheram-Borus, M.J., Sanquanprasit, B, and Tanasugarn, C. *Peer Support For Self-Management Of Diabetes Improved Outcomes In International Settings*. Health Affairs, 31, no.1 (2012):130-139

Peer for Progress Projects: Common Elements

Individual project teams developed interventions to:

- meet needs of local populations
- Leverage strengths of project settings
- Take advantage of local health organizations

Peer for Progress provided:

- Information on resources and methods
- Technical assistance through period reviews

Networking and knowledge exchange among the four projects was encouraged to improve their overall quality.

Assistance in Daily Management

Cameroon

- Mainly pragmatic group meetings and frequent individual contacts encourage focus on barriers, personal targets

South Africa

- Group sessions
- Automated text messages prompt daily management
- Buddies exchange suggestions in text messages

Assistance in Daily Management

Thailand

- Individual and group formal and informal meetings to teach and discuss specific behavior for diabetes self management

Uganda

- Group and individual meetings
- Regular phone calls address self management

Social and Emotional Support

Cameroon

- In individual meetings, participants discuss personal problems not able to be discussed in group meetings or with providers

South Africa

- Buddies' text messages frequently include social and emotional support

Social and Emotional Support

Thailand

- Home visits are conducted by volunteers and occasionally other peers

Uganda

- Frequent phone and face-to-face contact among participants provides social and emotional support

Linkage to Clinical Care

Cameroon

- Peer supporters are trained not to be clinicians but to serve as a motivational link between participants and clinical care
- Peer supporters refer and accompany participants to clinical care when indicated

South Africa

- Participants are recruited through health clinics and encouraged through group meetings to avail themselves of regular care as needed

Linkage to Clinical Care

Thailand

- Volunteers are extensions of health centers
- Health centers participate in project activities and provide technical advice, along with community and provincial hospitals

Uganda

- Prepaid phone network among participants includes health center staff; participants are encouraged to call a nurse with questions

Ongoing Availability of Support

Cameroon

- Model was developed to be continued indefinitely, with group meetings held in convenient locations, peer supporters receiving only modest honoraria

South Africa

- Pairing up participants provides ongoing structure for support
- All participants have continued to attend weekly group meetings

Ongoing Availability of Support

Thailand

- Health system focuses on continuity of care for chronic disease
- Continued technical and financial support comes from government, health staff

Uganda

- Pairs and trios of participants are ongoing structure for support
- Phone and face-to-face support are sustainable if funds are provided for phone expenses

Key Functions + Flexibility = Success in Different Settings

- Cameroon and Uganda – peer supporters in diabetes clinics (provider settings)
- South Africa – community organizations outside the field of health
- Thailand – volunteer services integrated into the health care system
- Rural and urban settings
- Key functions described earlier were consistent

Canadian Mental Health Association

Diabetes and Mental Health Peer Support Project

Project Goals

- Increase the skills of mental health peer support workers in providing support for the prevention and self-management of diabetes in the high-risk population of people living with a serious mental illness
- Increase awareness in the diabetes community of the role mental health peer support workers can play in prevention and self-management support

The Foundation: Being Diabetes-informed

A peer supporter who is diabetes-informed:

- understands basic facts about diabetes
 - has access to diabetes education resources
 - is aware of diabetes services and specialists in their community
 - has experience supporting peers to connect with the diabetes sector.
- These tenets can be applied to other chronic conditions
 - A trained peer can provide peer support without necessarily living with the same chronic health condition
 - This is a core aspect of peers providing support for whole health for individuals based on self-determined goals designed to improve health outcomes

Mental Health, Wellness, and the Role of Peers

The World is Changing...

“Thinking is easy, acting is difficult, and to put one’s thoughts into action is the most difficult thing in the world.”

Johann Wolfgang
von Goethe



A Snapshot

- Our mental, physical, emotional, and spiritual health are connected
- Increased coordination and integration between primary care, mental health, and adjunct health care providers, including advocacy organizations, is critical to improving health outcomes
- People can and do recovery from psychiatric disabilities, but the average life expectancy for a man is only 53 years, and only 59 years for a woman because of co-morbid conditions!
- The roles of peers in supporting, promoting, and sustaining improved health is changing

The Shift from Stabilization and Maintenance to Recovery

- People cannot recover: Before circa 1980 dominating MH system belief was people with serious mental illness could not recover; expectation was stabilization and maintenance in supervised environments; beliefs still exist in programs not recovery focused
- People can and do recover: Circa 1980 lived experiences of consumers began to shift beliefs; writings of consumers like Judi Chamberlain and longitudinal research of Dr. Courtney Harding documented recovery experiences; Dr. William Anthony, Director, Center for Psychiatric Rehabilitation, focused on “what’s strong” rather than “what’s wrong” and recovery gained national foothold
- System support of recovery: In 2003 President’s New Freedom Commission Report on Mental Health opened with: “We envision a time when everyone diagnosed with a mental illness will recover,” but acknowledged current mental health system not focused on recovery; called for system transformation

Whole Health, Peer Support, and Wellness

- Recovery involves whole person: In 2006 National Association of State Mental Health Program Directors' report unveils that people served by public mental health die, on average, 25 years earlier than general population sparking shift to whole health in recovery
- Transforming mental health services through peer support: In 2009, the first Pillars of Peer Support Services Summit was held at the Carter Center. The Summit brought together states providing training and certification for peer providers working in mental health systems to examine the multiple levels of state support necessary for a strong and vital peer workforce able to engage in states' efforts at system transformation, including recent innovations in Whole Health.
- Recovery to Whole Health and Wellness: SAMHSA's 10 x 10 Campaign creates a National Wellness Action Plan to promote wellness and reduce early mortality by 10 years over the next 10 years.

Peer Support

- Peer Support is an evidence-based practice
- Built on shared experiences
- Provided in consumer-run organizations, self-help groups in the community, and through provider agencies
- CMS has issued guidelines
- Magellan e-courses on Peer Support & Recovery
 - www.magellanhealth.com/training
- Peer Support Whole Health and Wellness Coaching provide new opportunities to equip peer to make a difference in a larger context of improving health outcomes and quality of life

Expanding Roles for Peers: Peer Support Whole Health

Peer Support Whole Health – A health self-management approach

- Values are consistent with peer support for mental health recovery
- Looks comprehensively at a person's health life-style
- Is a strength-based and focuses on a person's strengths, interests and natural supports;
- Stresses creating new health life-style habits and disciplines through self-determined strategies and choices
- Provides peer support delivered by peer specialists trained to promote self-directed whole health.

Wellness: A Larger Construct

What contributes to personal
wellness?

What do you need to be well?

Aspects of Wellness

- Wellness is a conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle.

Johnson,1986; Swarbrick, 1997

- Wellness is the process of creating and adapting patterns of behavior that lead to improved health in the wellness dimensions and heightened life satisfaction

Johnson,1986

- A wellness lifestyle includes a balance of health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships

Swarbrick, 1997

Eight Dimensions of Wellness

Adapted from Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29,(4) 311- 314.



Expanding Roles for Peers: Wellness Coaches

Wellness Coaching – Focus on collaboration

- The coach doesn't offer advice; they help individuals brainstorm ideas and develop steps they can achieve.
- The coach helps the person to find his/her own solutions, by asking facilitative questions that promote better self-understanding.
- They then collaborate on an accountability plan to ensure follow-through. The “coachee” receives assistance in developing a plan to achieve his or her goal.
- The coach also helps establish supports to motivate the accomplishment of the steps.

(Swarbrick, M., Murphy, A.A., Zechner, M., Spagnolo, A.B., and Gill, K.J., 2011)

Principles of Health Promotion for People with Serious Psychiatric Disabilities

1. Health and access to health care are universal rights of all people.
2. Health promotion recognizes the potential for health and wellness for people with psychiatric disabilities.
3. Active participation of people with serious psychiatric disabilities in health promotion activities is ideal.
4. Health education is the cornerstone of health promotion for people with psychiatric disabilities.

Principles of Health Promotion for People with Serious Psychiatric Disabilities

5. Health promotion for people with psychiatric disabilities addresses the health characteristics of environments where people live, learn, and work.
6. Health promotion is holistic and eclectic in its use of many strategies and pathways.
7. Health promotion addresses each individual's resource needs.
8. Health promotion interventions must address differences in people's readiness for change.

Magellan's Peer Support Whole Health and Resiliency Project

A Multi-Year Effort

“When you change the things you look at, the things you look at change.”

Wayne Dyer



PSWH&R is Built on 3 Beliefs

- 1. People cannot be forced to change their unhealthy lifestyle habits.** People volunteer to take part in the training. Participants acknowledge that they have health issues that they are thinking about.
- 2. People are more likely to create a healthier lifestyle when they focus on their interests, strengths, supports and what they see as possible.** Therefore, the training helps people focus on what they want to create in their lives, not on what they need to change.
- 3. People find it easier to create new habits than to change or stop old habits.** Therefore, the training focuses on creating new habits or disciplines each week. It also monitors how well individuals are doing and accepting support from their peers.

PSWH&R Training

PSWH&R training is also built on a Person Centered Planning (PCP) process that focuses on ten health lifestyle domains

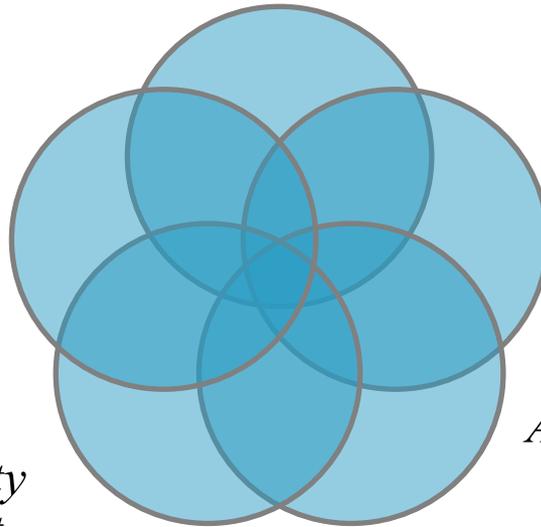
- Healthy Eating
- Physical Activity
- Restful Sleep
- Stress Management
- Service to Others
- Support Network
- Optimism based on Positive Expectations
- Cognitive Skills to avoid Negative Thinking
- Meaning and Purpose
- Spirituality

PSWH – 5 Keys to Success

*A Person-Centered Goal that uses
the IMPACT process to be written
into a treatment plan*

*Weekly Peer
Support Whole
Health Group*

*A Weekly Action
Plan that uses a
confidence scale*



*Peer
Accountability
and Support*

*A Daily/Weekly
Personal Log*

IMPACT!

- Does it Improve the quality of my health and resiliency?
- Is it Measurable in terms of knowing if I have accomplished it?
- Is it Positively stated as something new I want in my life?
- Is it Achievable for me in my present situation and with my current abilities?
- Does it Call forth actions that I can do to create healthy behaviors?
- Is it Time limited in terms of when I will begin and when I plan to accomplish it?

Magellan's multi-site PSWH Initiative

- Started in 2009
- Approximately 400 certified peer specialists have been trained in PSWH by Appalachian Consulting Group
 - Maricopa County, AZ
 - Bucks, Delaware, and Montgomery counties, PA
 - Iowa
 - Florida

Partnerships, Planning, Process

- Partnerships with state entities (e.g. Office of Consumer Affairs), county officials, peer-run organizations, and Appalachian Consulting Group
- Extensive coordination to determine dates, location, invitations, support team, etc.
- ACG training team consists of two expert trainers
- Training provided at no cost to participants
- ACG trainers' expenses and training materials paid for by Magellan
- Class size capped at 35

Phase II: Expansion and Resources

- 2012 partnership with ACG will provide updated 2-day Peer Support Whole Health and Resiliency training
- Develop & roll out PSWH&R program tailored for Louisiana
- e-Newsletter focused on PSWH&R and Wellness
- Toolkit
- Revised voluntary survey to measure outcomes

Future Implications

Where Can We Go From Here?

“The future depends on what
you do today.”

Mahatma Gandhi



Peer Supporter Training Needs

- In order to change the trajectory of the current public health crisis facing people living with psychiatric disabilities relevant to co-morbidity and early death, there is an urgent need to make peer supporters ‘wellness-informed’
- This includes peer supporters in all settings; volunteer self-help groups, community peer-run organizations, provider settings, managed care programs and projects
- Foundational trainings have been developed, both within a mental health construct and beyond

Peer Supporter Training Needs

- Core elements have surfaced, and core competencies are still emerging
- Current certification curricula must become wellness-informed
- Peer supporters need to be equipped to put health promotion principles into practice

Peer-driven Improved Health Outcomes

- Supporting integration of peers equipped to provide whole health supports and peer wellness coaching will have a positive impact on the health of people living with psychiatric disabilities
- The principles undergirding peer services in these areas will continue to emphasize self-direction, self-determination, and person-centered approaches to how services, supports, and health care in general are provided
- Health promotion developed inclusively with peers will emerge as a cornerstone of moving wellness forward

Growth in Technology

- Personal tools will help people measure, track, and improve their health. Devices are already in use (FitBit, Withings).
- Integrated care will leverage mobile devices and web technology
- The use of social media will expand in the areas of:
 - Peer Support – on-demand access to online communities focused on health and wellness
 - Health Promotion – health education and health literacy opportunities will continue grow

For Providers and Systems

- Shift from treatment planning to wellness planning
- Shift to services and supports that support self-determined goals related to wellness
- Greater attention to outcomes related to wellness dimensions
- Broader opportunities for people with lived experiences who are wellness-informed, particularly in integrated settings

Web Resources and Contact Information

- Stanford Univ. CDSM - <http://patienteducation.stanford.edu/programs/>
- WRAP – The Copeland Center www.copelandcenter.com
- Peers for Progress - <http://www.peersforprogress.org/>
- Magellan Peer Support e-Courses – www.magellanhealth.com/training

Contact information for Tom Lane

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Questions & Answers

CE Post Test and Course Evaluation

- Use the Q&A pod to type your questions for Mr. Lane. We will attempt to get to as many questions as possible.
- Post webinar course evaluation and post test link – <http://www.surveymonkey.com/s/3F6H2W7>
- For those seeking CE credits – post-test and course evaluation needs to be completed no later than 9:00 pm, Eastern, today.

Save the Date!

June 28th, 2:00 – 3:30 PM, Eastern

Children's Resiliency Initiative

with

Mark Brown and Teri Barela

Look for details in the upcoming announcement!