



COUNCIL ON SOCIAL WORK EDUCATION

NATIONALCOUNCIL
FOR BEHAVIORAL HEALTH



MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

Whole Health Self Management

Presenter:

Anthony Salerno Ph.D

**Senior Consultant: National Council
Poverty Policy and Practice Scholar**

**McSilver Institute for Poverty Policy and Research
New York University**

**National Council and Council of Social Work Education
Project on Social Work Field Placements in Integrated Care
Funded by the New York Community Trust**

Agenda

- > What is health self management (HSM)? Why is it important?
- > The Whole Health Perspective
- > Role of Social Work in Health Self-Management
- > Characteristics of Effective Self-Management Approaches
 - » What research has to say about what works and what doesn't
- > HSM: Wellness
- > HSM: Culture
- > HSM: Special challenges related to medication
- > Whole Health Resources
- > Core Competencies
- > Taste of effective group work

What is Health Self-management?

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

Activating and ***involving*** clients in
managing enduring health related
problems.

Why is Self-Management Important?



Knowledgeable and skillful providers, offering the latest treatments, are rendered ineffectual without the day to day efforts of actively involved clients.

(non-adherence, lack of a partnership)



Why Important: People with SMI...



- > Smoke more
- > Eat less nutritious food
- > Have high BMI levels (obesity)
- > Exercise less
- > See physicians and other healthcare providers less
- > Are more likely to underuse, overuse or misuse medication
- > Are prescribed antipsychotic drugs that have been linked to increased incidence of obesity, diabetes and hyperlipidemia in patients with SMI.
- > Die earlier



- > “People with serious mental illnesses (SMI) are at risk of premature death, largely due to cardiovascular and metabolic disorders associated with obesity, sedentary lifestyle, and smoking. Until very recently, mental health services have neglected prevention and health promotion as a core service need for people with SMI”

Steve Bartel M.D.
Dartmouth Medical Center

Whole Health Wellness Perspective





Health Self Management: What we can do?

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

> We assist people to.....

learn the **skills**, gain the **knowledge** and utilize **supports and resources** to make informed decisions and successfully self manage health problems in partnership with healthcare providers.



What do people need to self manage serious and persisting health care conditions?*

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- > Skills, knowledge and support to:
 - » Identify, define and solve problems
 - » Make informed decisions
 - » Participate in a healthcare partnership with providers
 - » Know and use treatment and support resources
 - » Plan and take action
 - » Recognizing one's preferences, skill level and supports in deciding the most practical and personally acceptable actions to take.

*Lorig, K.R., Holman, H.R. Self-Management Education: History, Definition, Outcomes and Mechanisms. *Annals of Behavioral Medicine*. 2003, 26(1): 1-7



Components of Self-Management

Living with a chronic physical and behavioral health condition requires patient self-management in three key areas:

Medical Management

Using treatment effectively to manage the behavioral and physical health condition

Lifestyle Management

Make lifestyle changes to support overall health

Emotional Management

Cope effectively with the emotional consequences of having a serious behavioral and/or physical health condition

What do people have to self-manage?



- » The **health care condition** itself
 - » Understanding, engaging and adherence to the treatment process: medications, progress monitoring, diagnostic tests, Treatment involvement and shared partnership

- » The **emotional responses and consequences** associated with a serious and persisting mental health, substance use and physical health condition
 - » Anxiety, frustration, anger, depression, shame, resentment

- » **Lifestyle changes** that supports health and prevents/reduces illness and impairment
 - » Changes related people, places, things and activities

*Lorig, K.R., Holman, H.R. Self-Management Education: History, Definition, Outcomes and Mechanisms. *Annals of Behavioral Medicine*. 2003, 26(1): 1-7

Characteristics of wellness and healthcare services that are more likely to engage and involve clients

- » Health limitations, weaknesses, unhealthy behaviors, deficits are framed as areas of opportunities for improvement that the consumer may decide to address.
- » Emphasis on identifying the involvement in health promotion activities and personally valued goals.
- » Non-prescriptive approach that doesn't use scare tactics and avoids lecturing
- » Wellness topics include information that is clearly and simply presented and honestly engages consumers to consider the pros and cons of current health related behavior
- » In group settings, the size of the group enables opportunities to personalize the information (Optimally group size is 10 or less)

Service Delivery: focused on improving health behaviors and overall wellness including prevention

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

USA MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org



Main Point: The goal of wellness and health promoting self management services is to assist individuals to apply the information learned and the strategies developed in his/her day to day lifestyle.

Think about?

- » Do our services offer opportunities to ACQUIRE and APPLY knowledge in the context of the consumer's day to day experience?
- » How are the menu of services determined?
- » Is there a system in place for consumers to identify and shape the service menu?
- » How do consumers access services?
- » Is there a systematic way to determine consumers response to services and make changes accordingly?



Characteristics of wellness and healthcare services that are more likely to engage consumers

- » Positive focus of the services (goals to achieve rather than the problem to solve)
- » Create opportunities for consumers to identify and share strengths throughout all encounters (what's strong vs what's wrong)
- » Integrate wellness and health promoting behavior as part of the routine discussions across all services and encounters
- » Service delivery that is easily accessible, involving, fun, non-pressured, non-judgmental, not embarrassing and builds confidence and social support

Characteristics of wellness and healthcare services that work

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

Label and focus the work on the positive gains associated with the program rather than the negative losses

For example:

Alternatives to labeling a health related theme centered group such as a smoking cessation group

- Breathing easy
- Looking smart and feeling good
- Saving money-saving health

Characteristics of wellness and healthcare services that are more likely to engage consumers

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org



- » Assists consumers to make a specific plan and take action to make progress towards personally meaningful health goals
- » Assist consumers to monitor progress and identify barriers. (Nothing is more reinforcing than success, even small gains make a difference)



Common Elements across evidence based health self management programs

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

USA MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- > **Intensity:** The program is of sufficient duration and frequency
- > **Comprehensiveness:** combines exercise and nutrition
- > **Action Oriented:** Educational programs followed by practice in real world settings
- > **Structured and focused:** use of curricula, protocols or guides
- > **Data supported:** establishes baseline and personal monitoring of progress overtime
- > **Individualized support:** use of mentors, coaches and individualized plans that align with the person's cultural and community realities



Characteristics of health self-management services that are more likely to engage consumers



- > Build in action steps that are practical in light of the consumers financial resources, age, gender, cultural values and overall health
- > Building in social supports may be very helpful (e.g., engage family/friends, peer buddy system) that aligns with consumer preferences
- > Health promoting activities that are fun, intrinsically rewarding, non-pressured (may be helpful to avoid the common tendency to present information in the form of a lecture full of “shoulds” “musts” and “ought to’s”).

Common programs that focus on health self-management: Health promotion, illness prevention and overall healthy living

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- » Nutrition and healthy eating
- » Exercise and movement
- » Healthy lifestyle behaviors (avoid dangerous and risky behaviors that undermine health such as substance use including alcohol, drugs and tobacco)
- » Disease/illness management



COUNCIL ON SOCIAL WORK EDUCATION

Self-Management: Wellness

What the research tells us*

- > **Program format:** Health promotion programs of longer duration (3 or more months), combining a manualized education- and activity-based approach, and incorporating both nutrition and physical exercise, are likely to be the most effective in reducing weight and improving physical fitness, psychological symptoms, and overall health.
- > **What doesn't work:** Programs with briefer duration; general wellness, health promotion or education-only programs; non-intensive, unstructured, or non-manualized interventions; and programs limited to nutrition only or exercise only.
- > **Weight management:** the nutritional component is critical and incorporates active weight management (i.e., participant and program monitoring of weight and food diaries), as opposed to nutrition education alone.

* The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College

What the Research says



- > **Physical fitness:** If physical fitness is a primary goal, activity-based programs that provide intensive exercise and measurement of fitness (e.g., 6-minute walk test or standardized physical activity monitoring) are more likely to be successful, in contrast to programs solely providing education, encouragement, or support for engaging in physical activity.
- > **Integrated services:** Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of services seeking to provide overall wellness and recovery for persons with SMI.
- > **Measurement and monitoring:** Lifestyle behaviors (nutrition, physical activity, tobacco use), physical fitness, and weight outcomes as well as evidence-based program fidelity should be objectively and reliably measured and monitored both as a component of providing effective health promotion programming *and* as core indicator of quality mental health services.

Health Self-Management: Cultural Factors



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

***“We don’t see things as
they are,
we see them as we are.”***

--Anais Nin



COUNCIL ON SOCIAL WORK EDUCATION

Healthcare disparities and access to engaging in health promotion services

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org



> The challenges and opportunities:

- » Language barriers
- » Disparities among ethnic/racial groups (especially how ethnicity and race correlate with poverty, being uninsured, unhealthy lifestyles and poorer access to quality care)
- » Effects of disabilities on patients' health care experiences
- » Dissatisfying previous experience with healthcare
- » Office of Minority Health has developed a set of Cultural Competency Curriculum Modules that aim to equip providers with cultural and linguistic competencies to help promote patient-centered care (HHS, 2011).

<https://www.thinkculturalhealth.hhs.gov/>



COUNCIL ON SOCIAL WORK EDUCATION



Health Self-Management: The Challenge of Using Medication in a Way That Works

What is Medication Self- Management?

- > Applying the person centered approach to assist people to:
 - » make informed decisions about medication
 - » use medication in a way that maximizes benefit and minimizes harm
 - » avoid the underuse, overuse and misuse of medication

Ineffective Use of Medication: (examples of non-adherence)

- > Not filling or re-filling a prescription
- > omitting a dose(s)
- > taking a dose at the wrong time
- > over dosing
- > discontinuing without consult with healthcare provider
- > Making up for missed doses by taking the missed doses all at once
- > taking a medication prescribed for someone else
- > taking a dose with prohibited foods, liquids, street drugs or other medications

Medication Non-adherence: Scope of the Problem

- > Approximately 125,000 people with treatable ailments die each year in the USA because they do not take their medication properly.
- > 14 to 21% of patients never fill their original prescriptions.
- > Sixty percent of all patients cannot identify their own medications.
- > Thirty to 50% of all patients ignore or otherwise compromise instructions concerning their medication.
- > Approximately one fourth of all nursing home admissions are related to improper self-administration of medicine.

More facts...



- > 12 to 20% of patients take other people's medicines.
- > Overall, 50% to 70% of patients do not properly take prescribed medication. The rate of noncompliance is even higher in patients with chronic illnesses
- > 65% overall self-discontinuation rate for antidepressants

Medication Compliance Research: Still So Far to Go

Albert I. Wertheimer, Thomas M. Santella *Journal of Applied Research
in Clinical and Experimental Therapeutics* 2003; 3(3): 254-261.

When medical practitioners are unaware of adherence problems....

they will likely...

- » increase prescription dosage.
- » change medications assuming the previous one was ineffective
- » Add another medication

What the Literature Says About Medication Non-Adherence: Barriers and Scope of the problem

Barriers to the effective use of medication

- > **Complexity:** *“There are so many pills, I can’t keep them straight!”*
- > **Cost:** *“I can’t afford my medicine so I will only take half a pill today.”*
- > **Difficulty remembering:** *“I forget to take them.”*
- > **Lack of understanding:** *“Why do I need them?”*
- > **Not feeling sick:** *“I feel fine. I don’t need them.”*

Barriers to the effective use of medication

- > **Side effects:** *“The yellow pills make me feel sick.”*
- > **Embarrassment/Stigma:** *“I don’t want my friends to know.”*
- > **Depression:** *“I don’t care...What’s the point?”*
- > **Health literacy:** *“I can’t understand these instructions!”*
- > **Belief systems:** *“My friend took Zyprexa and told me it turns you into a zombie”*

Culture and wellness programming: Main points

- > Cultural and religious factors influence the preferences, values, beliefs and expectations of people
- > One's beliefs, values and expectations influence choices and preferences related to a host of wellness related activities and services:
 - » Food preparation and traditions
 - » Attitudes about substance use including tobacco
 - » Comfort with various activities involving body movement (meditation, yoga, dance, exercise)
 - » Experience with and expectations of healthcare providers
 - » Attitudes about weight and exercise
 - » Access to wellness supporting people, places and things

Culture and wellness: Effective approaches

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

USA MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- > Maintain an asking stance (avoid making assumptions based on racial or ethnic affiliation)
- > Build in opportunities for clients to share their perspective and shape the wellness services
 - » Clients will tell you what works and what doesn't

Health Self-Management Resources

Whole Health Self-Management

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

USA MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- > There are a number of curriculum based programs designed to inform, engage and involve individuals in gaining the knowledge, developing the skills and implementing actions to support self management of mental, emotional, physical and social health.
- > Some programs cover numerous topics related to mental, physical health and substance use.
- > Others focus on a specific illness or chronic health condition or high risk behavior such as tobacco use.



Self-Management Behavioral and Physical Health Resources

- > Illness Management and Recovery (Mueser and Gingerich 2001, 2010) <http://store.samhsa.gov/product/Illness-Management-and-Recovery-Evidence-Based-Practices-EBP-KIT/SMA09-4463>
- > Wellness Self Management (Salerno, Margolies and Cleek, 2007)_ Wellness Self-Management Plus (Salerno et al 2009) www.practiceinnovations.org
- > Wellness Recovery Action Planning (Mary Ellen Copeland) <http://www.mentalhealthrecovery.com/>
- > Team Solutions and Solution for Wellness (Lilly) <http://www.treatmentteam.com/Pages/index.aspx>

Wellness Curriculum Resources

- > Diabetes education materials <http://clinicians.org/our-issues/acu-diabetes-patient-education-series/>
- > Tobacco cessation toolkit:
<http://www.integration.samhsa.gov/resource/tobacco-cessation-for-persons-with-mental-illnesses-a-toolkit-for-mental-health-providers>
- > Behavioral Health and Wellness Program: University of Colorado Denver (Chad Morris)
<http://www.bhwellness.org/resources-2/for-providers/>

> WHAM (Whole Health Action Management)

» A training program and peer support group model developed by the SAMHSA-HRSA Center for Integrated Health Solutions to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders.

<http://www.integration.samhsa.gov/health-wellness/wham>

> **Stanford Patient Education Research Center (variety of chronic conditions)** <http://patienteducation.stanford.edu/>

Poll Question: What best describes your behavioral health programs experience providing wellness related services?

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org



- A. Great deal of experience
- B. Moderate experience
- C. Some experience
- D. Little/no experience



Poll Question: to what extent does your field placement offer wellness, health promotion, disease self management services?

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- A. Many programs related to health self management
- B. Some programs
- C. Very little
- D. Not sure



Poll question: To what extent have you as a student been involved in one or more health self management services



- A. More than one type of service
- B. One service
- C. Not yet



Please type into the chat box the type of health self-management service you are currently providing or will likely be providing before the end of the year.

- > Wellness programs
- > Smoking cessation
- > Disease management
- > Curriculum based program that addresses physical health in addition to substance use and/or mental health
- > Exercise/nutrition individual or group counseling
- > Movement focused activities (walking groups, exercise room)
- > Other

Poll Question: Are you currently or will in the near future co-lead a group related to health self management?

- A. Yes, currently co-leading a health self management related group
- B. Yes, will be co-leading in the near future
- C. No, not yet and nothing planned in the near future
- D. Just not sure

Core Competencies: Connecting and Motivation

- > Connects topic to members' goals and values
- > Asks open-ended questions
- > Empathic responding
- > Emphasizes the benefits of learning the topic area
- > Makes inspiring comments that promote strengths and wellness
- > Expresses appreciation for participants' efforts
- > Non-judgmental

Connecting and Motivational Approaches

- > Help person see how learning information and skills is related to achieving personal goals
- > Demonstrate understanding via empathic responding
- > Share perspective in a non-judgmental manner
- > Merge perspectives by emphasizing common ground and shared goals
- > Convey hope, belief, and confidence that person can make desired changes and accomplish goals
- > Help person explore costs and benefits of maintaining the status quo vs. costs and benefits of change

Core Competencies: Educational Teaching Techniques

- > Interactive teaching, not lecturing
- > Asking questions to review information and check comprehension
- > Using a variety of methods to present the handout material, such as summarizing the key points, giving examples, taking turns reading aloud, or asking people to read on their own
- > Adopting participants' language to facilitate comprehension of material
- > Multi-sensory learning approaches (see, speak, write, hear, do)

Core Competencies: Cognitive-Behavioral Techniques

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

USA MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- > Explore and examine beliefs that are self-defeating
- > Provide information to orient and motivate learning
- > Models behavior via demonstrations and/or self disclosure
- > Provides specific feedback to participants
- > Provides positive reinforcing comments to participants
- > Self-assigned “Homework”



Core Competencies: Cognitive-Behavioral Strategies

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org

- > Shaping
- > Modeling
- > Role playing
- > Cognitive restructuring
- > Programming practice opportunities
- > Reinforcement



COUNCIL ON SOCIAL WORK EDUCATION

Conducting Purposeful and Effective Health Self- Management Groups is Challenging

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

MENTAL HEALTH FIRST AID

www.TheNationalCouncil.org



Typical Dilemmas

- > The Meandering Group
- > The Monopolized Group
- > Individual Therapy with an audience Group
- > Multiple individual therapy with an audience Group
- > The “pulling teeth” group OR group leader does most of the talking Group
- > The “lecture/sermon” oriented group
- > The “I just hope to survive this group” Group
- > The “ filler group” I don’t care what we talk about because we need to “fill in” the time



COUNCIL ON SOCIAL WORK EDUCATION



Thank you and best of luck!

