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IHA Health Literacy 2020

Improving Health Literacy and Health Care Outcomes at Valleywise Health First Episode Center

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Objectives

- Understand how health literacy and education play a role in improving access to care and decreasing stigma in
 - Brain health
 - First episode of psychosis
- Understand how coordinated specialty care teams change the typical treatment model to be
 - More recovery focused
 - Less stigmatized
 - More educational
- Learn the principles of treatment for first episode psychosis
 - Education
 - Recovery
 - Person centered care
 - Shared decision making
- Provide resources for further first episode of psychosis education



Eliminating Stigma and Focusing on Brain Health





Eliminating Stigma and Focusing on Brain Health



Brain Health

Brain Health Conditions

- Brain health should be concern for every person who has other people in their lives, just like physical health care
 - Band-Aid to a friend with a cut
 - Feverish student to the nurses office
 - Sign the cast of a friend with a broken arm
- Goal is to have similar tools to respond to a young adult experiencing brain health concerns in the same way

Brain Health Conditions

- You have a unique opportunity to initiate and impact steps towards recovery, hope, and fulfilling life experience for a young adult in crisis
- To change the reputations of illnesses like psychosis
- To reduce the stigma of chronic brain health concerns

What is a Brain Health Condition?

- Medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning
- Can affect anyone regardless of age, race, ethnicity, gender, socioeconomic status, education level, religion, or sexual orientation
- Many, **MOST**, can and do recover



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How you can help...

USA
MENTAL HEALTH FIRST AID

INSTRUCTOR LOGIN SUBSCRIBE

TAKE A COURSE BE AN INSTRUCTOR BE THE DIFFERENCE ABOUT NEWS

THE WALL STREET JOURNAL.

The Wall Street Journal calls Mental Health First Aid a fast-growing program that trains people to understand and respond to people in distress.

READ MORE.

PHOTO: TAYLOR GLASSOCK

The screenshot shows a man in a light blue shirt and glasses smiling and gesturing with his hands. Behind him is a whiteboard with handwritten notes: "Make your own voice", "Cell phones ☺", "Listen!", and "Confidentiality". The website header includes a blue navigation bar with the USA logo and "MENTAL HEALTH FIRST AID" text. To the right are links for "INSTRUCTOR LOGIN" and "SUBSCRIBE". Below the navigation bar are links for "TAKE A COURSE", "BE AN INSTRUCTOR", "BE THE DIFFERENCE", "ABOUT", and "NEWS". A quote from "THE WALL STREET JOURNAL." is overlaid on the image, stating that the program trains people to understand and respond to people in distress. A "READ MORE." link is provided below the quote. The photo credit "PHOTO: TAYLOR GLASSOCK" is in the bottom left corner.

Get Involved and Make a Difference

COURSES
Let's make Mental Health First Aid as common as CPR.

INSTRUCTORS
Instructors are the backbone of the movement.

NEWSLETTER
Because we can all be more aware and more informed. VOLUNTEER

The three cards are arranged horizontally. The first card, titled "COURSES", features a blue background with a photo of a group of people and the text "Let's make Mental Health First Aid as common as CPR." The second card, titled "INSTRUCTORS", has a yellow background with a photo of a woman presenting and the text "Instructors are the backbone of the movement." The third card, titled "NEWSLETTER", has a blue background with a photo of a woman and the text "Because we can all be more aware and more informed." The word "VOLUNTEER" is partially visible on the right side of the third card.

2 important factors that contribute to development of psychotic disorders:

- Genetics/Heredity
 - Common in families
 - Genetic Vulnerability
 - No “schizophrenia gene”
- Stress/Trauma
 - Abuse, extreme violence, significant loss, serious threats to harm or safety
 - Many forms of stressors – highly variable
 - Many stressors of adolescence (positive and negative) – makes this an especially vulnerable time

5 characteristic symptoms of psychotic disorders

- Positive (does not refer to good – rather presence)
- Negative (does not refer to bad – rather absence)
- Disorganized speech, thoughts, or behavior
- Cognitive impairments
- Affective symptoms

How Do Symptoms Appear in Daily Life?

- Decline in Academic or Work Performance
- Unusual Behavior
- Disruptions in Interpersonal Relationships
- Decline in Caring for Self
- Increased Social Isolation
- Increased Substance Use
- Impairment in Concentration and Attention

How to react if someone you know is experiencing psychosis:

- Knowledge is helpful to support, assist in a crisis to better understand what is being experienced and perceived by the individual
- Symptoms are REAL and GENUINE
- If you are perceived as not believing, it will disrupt your therapeutic relationship and you will appear untrustworthy
- Empathize!

National Institute of Mental Health White Paper on First Episode Psychosis



- **Unique challenges** to family members and clinical providers, may include:
 - Irrational behavior
 - Aggression against self or others,
 - Difficulties communicating and relating
 - Conflicts with authority figures
- Impaired **awareness** of illness may be an additional complicating factor
- Research studies conclude that **early intervention** services for psychosis can **improve symptoms and restore adaptive functioning** in a manner superior to standard care
- Offers **real hope** for clinical and functional recovery

Young person diagnosed with cancer:

- **Serious illness and serious response from health care providers**
- Recognize the need to act quickly
- Family receives assistance and comprehensive care
- Now a healthy teen

Psychosis should be treated similar, but currently:

- **Serious, but rarely receives a serious response**
- Don't get care until very sick and hospitalized
- Follow up care is simply a prescription and a recommendation to find a psychiatrist
- Families get little to no information
- Results are predictably poor

HIGHER DEATH RATE AMONG YOUTH WITH FIRST EPISODE PSYCHOSIS

- **Mortality rate at least 24 times greater** than the same age group in the general population, in the 12 months after the initial psychosis diagnosis
- **“These findings show the importance of tracking mortality in individuals with mental illness,”** said Schoenbaum. **“Health systems do this in other areas of medicine, such as cancer and cardiology, but not for mental illness. Of course, we also need to learn how these young people are losing their lives.”**
- Surprisingly low rates of medical oversight and only modest involvement with psychosocial treatment providers
- **“In the meantime, this study is a wake-up call telling us that young people experiencing psychosis need intensive, integrated clinical and psychosocial supports.”**

How is psychosis treated?

- Validated treatments – coordinated specialty care
 - Education about diagnosis, symptoms, expectations, for person and their family/support network
 - Therapy
 - Supported Education/Employment
 - Medications
 - Person centered care
 - Shared decision making
 - Collaborative, highly recovery oriented environment
 - Highly collaborative with primary care
-
- Ultimate goal is to **enhance access to care for youth** in need of mental health services - to change many lives!

Health Literacy & FEP

Health Literacy

- Improving mental health literacy in at-risk populations may represent an effective pragmatic strategy to help prevent or facilitate earlier intervention in psychosis
- Health literacy may improve insight, medication adherence, quality of life, and when they may need to seek professional help

Overall health literacy in patients with First Episode Psychosis is low

- Greater knowledge of psychosis and attribution of symptoms to mental illness were associated with increased likelihood of professional help seeking
- Overall, it appears caregivers have greater health literacy when compared to the patients themselves

Health Literacy and FEP Research Outcomes

- A better quality of life and social functioning in patients receiving such interventions ([Addington et al 2003b](#)).
- A decrease in the use hallucinogens, cannabis and alcohol in heavy users ([Addington et al 2001](#))
- Improvements in depression ([Addington et al 2003a](#)).
- Only 10% of people with schizophrenia were able to understand their diagnosis from their first interview with the psychiatrist
 - A second explanation from the doctor was required in 53% of the cases.
 - Symptom awareness deficits are common in schizophrenia and have been associated with poor treatment compliance ([Davis et al 2004](#)).

Health Literacy and FEP Research Outcomes

- Individuals with severe negative symptoms tend to have the poorest insight ([Amador et al 1994](#); [Collins et al 1997](#); [Carroll et al 1999](#)).
- Impaired insight is an important factor contributing to poor treatment response and outcome
- Compliance with medication is associated with the level of insight
- People with poor insight, particularly those who displayed a lack of awareness of the consequences of the illness, were found to be more socially isolated and to have poorer psychosocial functioning

First Episode Center

Overview of First Episode Center Work

- We are **changing the landscape** of stigma by using recovery language to address brain health conditions
- The brain is an **organ** - just like others in the body
- First episode psychosis or **“brain attack”** should be treated just like the first episode of a heart attack, with the same intensity, vigor, and compassion
- We focus on **talking openly about brain health and psychosis**, as well as **educating** the person, natural supports, and the community at large

Overview of First Episode Center Work

- We encourage **equality** between physical and brain health
- We **teach compassion** for brain health issues and **removing the stigma** from seeking treatment
- We **choose empowerment** over shame to help our young folks get back on track after their first episode of psychosis

Evidence Based Treatment Model - Components

- Coordinated Specialty Care (CSC)
 - Assertive case management
 - Individual or group psychotherapy
 - Supported employment and education services
 - Family education and support
 - Low doses of select antipsychotic agents

FIRST EPISODE CENTER TEAM



Supervisor
Shasa
Jackson,



Psychiatrist
Aris Mosley, MD

Medical Assistant
Keren Popoca-
Saucedo



Team Specialist
Derek Santa
Cruz



Team
Specialist
Yolanda
Johnson



Team
Specialist
David Heffron



Education
and
Employment
Specialist



Recovery
Coach
Ari Blechner



Registrar
Sonia Salazar



Program
Assistant
Christina
Chavez



Registered
Nurse
Mireya Herrera



Evidence Based Treatment Model - Principles

- Geared toward youth
- **Bridge existing gaps** between child, adolescent, and adult programs
- **Collaborative, recovery-oriented approach** with person and their supports
- **Shared decision making** as a means for addressing the unique needs, preferences, and recovery goals
- **Collaborative treatment** planning is a respectful and effective means for positive therapeutic alliance and maintaining engagement
- **Highly coordinated** with primary medical care

Core Staff Competencies

- Recovery
- Person centered care
- Shared decision making
- Team based approaches
- Developmental issues specific to
 - Adolescents and young adults
 - People experiencing a first episode of psychosis
- Family dynamics
- Youth, young adult and family engagement
- Recognizing and addressing substance use

Recovery Language

- First Episode Center NOT clinic
- We see people NOT patients
- Brain health NOT mental or behavioral health
- Our staff's titles reflect recovery
 - Recovery Coach NOT therapist
 - Team Specialist NOT case manager
 - Supported Education and Employment Specialist NOT Rehab Specialist
- Use first names
 - "Aris Mosley, the physician on the team" NOT Doctor Mosley
- We ask what's good first NOT what's wrong

Recovery Environment

- Bright colors
- Youth friendly
- Inviting
- Warm
- Offer drinks and snacks
- Everyone is greeted warmly by everyone who goes through the lobby
- People are introduced to others
- Computer lab
- WIFI
- Phone chargers
- Ear buds
- Clothing Closet



Recovery Environment



Recovery Environment



Recovery Spirit

Celebrate

- Birthdays
- Anniversaries
- Accomplishments

Graduation

Educational Endeavors

- Ready to Vroom!
- All About the Benjamins
- Wellness Recovery Action Plan (WRAP)
- Money Matters
- Reading! Math! History! Science! Oh My!
- How to Make Friends
- How to Talk to Chicks

Recovery Spirit

Family Involvement

- Family Night
- Hearing Voices
- Meet and Greet
- NAMI Events: Meetings, NAMIWALK

Community Involvement

- Volunteer activities
- Sporting Events
- Arts and Cultural Events
- Fun Friday Events

Health Activities

- Working Out: Basketball, Zumba, Yoga, Kickball, Gym, Mixfit
- Brain Health, Psychosis, Mood, and Anxiety education
- Nutrition Education
- Smoking Cessation
- Substance Education
- Insomnia Education
- Feeling Pretty

Key Educational and Clinical Practices

Educate! Educate! Educate!

- Ask what folks know and understand about what is going on with them
- Many times what is happening has been described to them in a non-recovery based fashion that impairs the ability to want to see care
 - Ex: court ordered mental health treatment
 - Ex: you have a chronic disease that will need medications forever and you should probably stop working and going to school
 - Ex: traditional thought of what schizophrenia looks like versus what it can look like with early intervention
- Provide empathy – no one asked to experience psychosis, it's a medical condition that occurred and deserves empathy, just like any other medical condition
- Talk about excess dopamine in the brain causing the psychosis and the strategies to decrease dopamine with medications

Person Centered Care

- Way of **thinking** and **doing** things that sees the people using health and social services as equal partners in
 - Planning
 - Developing
 - Monitoring care



to make sure it meets their needs

- Importance of recognizing the person's health problems as **they see them**
- **Use their words!**
- Care is better when it recognizes **what person's problems** are rather than what the **diagnosis** is
- Recognizing strengths, talents, and what's good!!!

Person Centered Care

- Communication skills are a fundamental component of the approach to care that is characterized by
 - **continuous healing relationships**
 - shared understanding
 - emotional support
 - trust
 - **patient enablement and activation**
 - informed choices
- The literature is replete with evidence that communication patterns, both verbal and nonverbal, make a difference, as measured by whether
 - **people are more knowledgeable**
 - **more willing to adhere to recommendations**
 - **more “satisfied” with their care**

Shared Decision Making

- **Central value** shaping interactions between the clinician and individual
- Clinicians provide **detailed explanations of risks and benefits** of all appropriate, available medications, including side effects and serious medical risks
- Help person **identify and articulate their concerns**
- Provide **educational materials** for person and caregivers
- **Decisions made JOINTLY**
- Use a decision aid “Decision Balance Worksheet” to clarify values
- Pat Deegan’s **Common Ground** decision support software

What is Shared Decision-Making?

The best kind of informed consent process

A model of decision making in which a provider and individual receiving care move from initial preference to informed preferences through a process of supported deliberation

It acknowledges:

- 2 experts in the room

It can help to clarify an individual's values and preferences for decision-making

How To:

Choices talk

- Making sure that people know that reasonable options exist

Options talk

- Provide more detailed information on options

Decision talk

- Considering preferences and deciding what's best

Encourage participants to involve family members in the decision-making process

Outcomes

Recovery Is Different For Each Person And Can Vary Depending On Many Factors

- Everyone can and will recover to lead a full and meaningful life.
- We want to support **recovery**, including:
 - Movement toward important personal **life goals**
 - **Engaging in connections in the community**, including school, work, social activities, hobbies, volunteer work, and fun
 - **Improved relationships** with family, friends, and any other significant supports
 - **Reduction in experiences and roadblocks** that prevent pursuing life goals
 - Feeling more **hopeful about the future**

FEC Outcomes

- Improved quality of life
- Reduction of symptoms and duration of untreated psychosis (DUP)
- Reduction in hospitalizations and lengths of stay
- Reduction in utilization of emergency, legal, and crisis services
- Increase in desired independent daily living skills
- Increase in education and employment
- Increased family and support network involvement
- Decrease dependence on public assistance – social security disability, housing assistance, food stamps
- Decreased stigma in the community
- Earlier identification of symptoms and connection to treatment versus being referred for treatment when hospitalized or arrested

First Episode Center In Avondale Is Trying To Catch Psychosis Early

By **Bret Jaspers**

Published: Tuesday, April 24, 2018 - 8:45am

Updated: Tuesday, April 24, 2018 - 7:30pm

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 [Download mp3](#) (6.63 MB)



Bret.Jaspers/K.177

Resources

Contact Information

First Episode Center

950 East Van Buren Street

Avondale, AZ 85323

623.344.6860 main

623.344.68611 fax

firstepisodereferrals@mihs.org

<https://valleywisehealth.org/services/behavioral-health/adolescent-and-young-adult-psychosis/>



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What is Early and First-Episode Psychosis?

July 2016



Pschosis temporarily interferes with the brain's ability to make out reality and causes



Know the Signs

These warning signs may signal early psychosis:

- Hearing, seeing, tasting or believing things that others don't
- Suspiciousness or extreme uneasiness with others
- Persistent, unusual thoughts or beliefs
- Strong and inappropriate emotions or no emotions at all
- Withdrawing from family or friends
- A sudden decline in self-care
- Trouble thinking clearly or concentrating

Early Psychosis And Psychosis

Overview

Treatment

Support

Discuss

Most people think of psychosis as a break with reality. In a way it is. Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. These disruptions are often experienced as seeing, hearing and believing things that aren't real or having strange, persistent thoughts, behaviors and emotions. While everyone's experience is different, most people say psychosis is frightening and confusing.

Psychosis is a symptom, not an illness, and it is more common than you may think. In the U.S., approximately 100,000 young people experience psychosis each year. As many as three in 100 people will have an episode at some point in their lives.

Early or first-episode psychosis (FEP) refers to when a person first shows signs of beginning to lose contact with reality. Acting quickly to connect a person with the right treatment during early psychosis or FEP can be life-changing and radically alter that person's future. Don't wait to take the first step and prepare yourself with information by reviewing these tip sheets:

[What is Early and First-Episode Psychosis?](#)

[Early Psychosis: What's Going on and What Can You Do?](#)

[Encouraging People to Seek Help for Early Psychosis](#)

[Early Intervention: Tips for School Staff and Coaches](#)

ONTRACK NY PROGRAM



About OnTrackNY

OnTrackNY is an intensive treatment program for adolescents and young adults who have had unusual thoughts and behaviors, or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships. Programs are located throughout New York State.

OnTrackNY teams provide services to all referred individuals meeting clinical admission criteria, without wait lists and regardless of their insurance status or ability to pay.

On Track New York Voices of Recovery

Ryan – Turning Points

- <https://vimeopro.com/user23094934/voices-of-recovery/video/85740602>



RESOURCES

LINKS:

- ▶ <http://navigateconsultants.org/>
- ▶ www.ontrackny.org
- ▶ www.strong365.org
- ▶ www.michiganminds.org
- ▶ <https://marylandeip.com/>
- ▶ <http://www.fs-inc.org/services/programs/ontrack-maryland>
- ▶ https://www.hopkinsmedicine.org/psychiatry/bayview/medical_services/child_adolescent/early_psychosis.html

PUBLICATIONS:

- ▶ [The Complete Family Guide to Schizophrenia](#), Kim Mueser, PhD and Susan Gingerich, MSW, 2006
- ▶ [I Am Not Sick, I Don't Need Help](#), Xavier Amador, PhD, 2007

NATIONAL RESOURCES

- Active Minds
- Alcoholics Anonymous
- American Foundation for Suicide Prevention
- American Psychiatric Association
- American Psychological Association
- Hearing Voices Network
- Marijuana Anonymous
- Mental Health America
- Mentalhealth.gov
- Narcotics Anonymous
- NAMI
- National Federation of Families for Children's Mental Health
- National Institute of Mental Health
- National Resource for Hispanic Mental Health
- National Suicide Prevention Lifeline
- OK2TALK
- SMART Recovery
- StrengthofUs
- SAMHSA
- Suicide Prevention Resource Center
- TeenMentalHealth
- World Health Organization

HEALTH LITERACY RESEARCH LINKS

- <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305018>
-
- <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700400>
-
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2655084/>

