



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



BEHAVIORAL HEALTH WORLD SERIES

Webinars

InSHAPE: Health MENTORS creating health and community ENGAGEMENT

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Compelling Issues

- > People diagnosed with a serious mental illness STILL have a decades shorter life span due to comorbid health risks: i.e., diabetes, cardiovascular disorders, high blood pressure, respiratory and pulmonary diseases, etc.
- > They smoke 44% of cigarettes sold in U.S.
- > Lifespan gap likely greater for those with cooccurring substance abuse issues.

Slide 2

K1

Ken, 3/8/2011



Wellness

A health concept and paradigm that

- > Goes beyond keeping people out of hospital, managing symptoms, and traditional illness paradigms
- > Helps us understand what makes people healthy
- > Serves as a vehicle for mental health systems change
- > Acts as a tool to attack lifespan and social exclusion issues



Wellness

- > Focuses on the key factors that create and maintain good health:
 - Physical fitness activities
 - Nutrition and healthy eating
 - Access to primary healthcare
 - Full social inclusion
 - Following the principles for personal recovery: i.e., self-determination, self-management

- > Focuses on overall health status and emphasizes individual control and responsibility for one's own health and well-being.



InSHAPE Values and Beliefs System

In SHAPE is about Recovery

Personal Recovery Principles

- > Self-determination (i.e., choice)
- > Self-directed and self-managed care (each individual creates and is in charge of their Health Plan)
- > Each person takes responsibility for themselves
- > Each person creates their own greater identity apart from their mental illness diagnosis
- > Each person defines for their life plan and works to build a life in their community



InSHAPE Values and Beliefs System

- > In SHAPE health plans are completely individualized and defined by each participant
- > Social inclusion and community engagement
 - Build toward citizenship
 - Find ways for participants to engage in community activities/events
 - Community also becomes engaged with participants
- > Integration of health/mental health/substance use care
- > Primary medical and mental health providers work closely to eliminate barriers to create ready access to their respective services



InSHAPE: Primary Components

- > Health Mentors (certified personal trainers)
- > Physical fitness activities
- > Nutrition/Healthy eating
- > Smoking cessation
- > Plans: Individualized, self-directed and self-managed
- > Ready access to primary healthcare and coordinated with InSHAPE and mental health services
- > Community engagement and social inclusion with community partners and other community organizations
- > Research and evaluation



InSHAPE Partners

- > YMCA
- > Keene State College: Dept. of Health Sciences and Nutrition
- > MoCo Dance and Creative Arts
- > Granite State Monarchs (peer organization)
- > Wyman Way Co-op (peer small business organization)
- > Cheshire Medical Center/Dartmouth Hitchcock Clinic – Keene
- > Univ. of NH County Extension Service (nutritionist services)



Other Community Partners

- > Local Best Western Motel
- > 5 Private Fitness Centers
- > Franklin Pierce College: physical education facilities
- > Ted's Sports: a local retail sporting goods business
- > Community gardens



Research, Replication & Implementation

- > 2003 Pilot Project funded by New Hampshire Endowment for Health
- > 2004-2008 Robert Wood Johnson Foundation –Local Initiative Funding Partners funding
- > Research Replication:
 - Centers for Disease Control (Atlanta, GA): Concord, NH 2006-2008
 - National Institute of MH: Boston, MA 2007-2012
 - CDC: Manchester, New Hampshire 2009-2011
 - NIH: All Ten NH CMHCs implement science study from 2009-2014



Other Replication

- > Flint, Lapeer, Sanilac and St. Clair, Michigan
- > Providence, Rhode Island
- > Pittsburgh, PA



Health Mentors

- > Core personnel
- > Trained fitness personnel: all are certified personal trainers
- > Conduct health status assessments
- > Support participants in goal-setting process and development of their individual In SHAPE plans
- > Initially work with participants on an individual basis for up to 3 times per week (eventually tapers off based on individual circumstances)



Health Mentors

- > Educate each participant in fitness, healthy eating, smoking cessation support
- > Demonstrate proper use of any equipment and monitor safety of participants
- > Accompany most participants in wide variety of fitness activities
- > Generally responsible for 25 participants, may increase number as frequency of meetings with individuals becomes less
- > Engage with multiple community and program partners



Health Mentors

- > May lead classes in other organizations that interest program participants and open to members of these other organizations.
- > May provide personal trainer consults to members of YMCA and fitness centers which have our participants as members.
- > Have connections with mental health team and nurses of primary care physicians.
- > Receive basic training in mental health issues, sufficient to know when to seek assistance and to refer to case managers, etc. (if not already has a background in mental health).



Healthy Eating and Good Nutrition

- > Why are most persons with a serious mental illness not eating better?
 - Access, education, cost
- > How do we deal with this in In-SHAPE?
 - Healthy eating is an essential and required goal
 - Community partners
 - Education
 - Food selection
 - Cooking
 - Train health mentors
 - Create simple, easy to use manual



Key Tasks

- > Challenge local communities to expand and broaden responsibility for public health and well-being
- > Create new partnerships and alliances with health, education, housing, government, business and industry, and recreation sectors for broadest integration and opportunities.

Look beyond the usual potential players



Companion Factors

Communities need to confront the social determinants of health, which contribute to poor health status

- > Poverty, discrimination and social exclusion
- > Lack of access to societal resources: health, education, recreation, etc.
- > Crisis level in unemployment: 70%-80%
- > Housing: deplorable, segregated, unsafe
- > Social isolation



Key Tasks

Challenge for the Individual

- > Become educated
- > Empower oneself through personal responsibility
- > Engage
- > Advocate and lead others

Challenge for the “Provider”

- > Educator
- > Consultant
- > Facilitator
- > Community leader and catalyst for change



Participant Vignettes

- > Profile 1 (male): Doing well, participates in walk group twice a week; eats fruit 5 days/week; not missed appointment in 6 weeks; works part-time, but wants more hours as he begins to feel more fit.
- > Profile 2 (male): 49 years, 5'9" @ 240 lbs, wants to be able to tie own shoes and to get back to work: changing diet by eating more veggies, lowered cholesterol, drinking water weekly, now routinely carries water bottle; reports increased energy level; walks several times daily.
- > Profile 3 (woman): Joined swim group; numerous appointments monthly; needs structure and gets it here.



What Participants Say

- > “I had a friend who was in her late 40’s when she died. I don’t want that to happen to me.”
- > “I am learning to run and climb... even though I have braces. Physical activity makes me feel so much better.”
- > “I want my body to be like a cat — sleek-like, and able to put my leg way up.”



More Participant Comments

- > “...It has been years since I put on a bathing suit and now I go swimming every week.”
- > “It gave me a chance to quit smoking. It seems like my body wanted the exercise more than the cigarettes. My mother said that I am a different person.”
- > “I’d rather go to the gym than to the doctor.”



The Challenge and the Hope

> The Challenge

Courage in the face of the struggle to create a life.

- Lisa

- Joanne

> The Hope

“I am more than my diagnosis.”

- Luke

- Phil



Vision

- > The lifespan gap for individuals with a serious mental illness is eliminated.
- > Social inclusion policies and strategies are established at national, state and community levels
 - Local communities embrace and implement full social inclusion action plans
 - Elimination of discrimination and stigma of mental illness
 - Full citizenship becomes attainable
- > Equal access to employment opportunities, decent and affordable housing, and quality healthcare become realities.



Resources

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- > National Association of State Mental Health Program Directors, “2006 Report: Morbidity and Mortality of People with Serious Mental Illness,” July 2006, Arlington, VA
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- > SAMHSA/CMS, Free to Choose: Transforming Behavioral Health Care to Self-Direction, 2005, U.S. Department of Health and Human Services, DHHS Publication No. SMA-05-3982
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