



## *SAMHSA-HRSA Center for Integrated Health Solutions*

# **Disease Self management programs for Mental health consumers: Emerging roles for peers**

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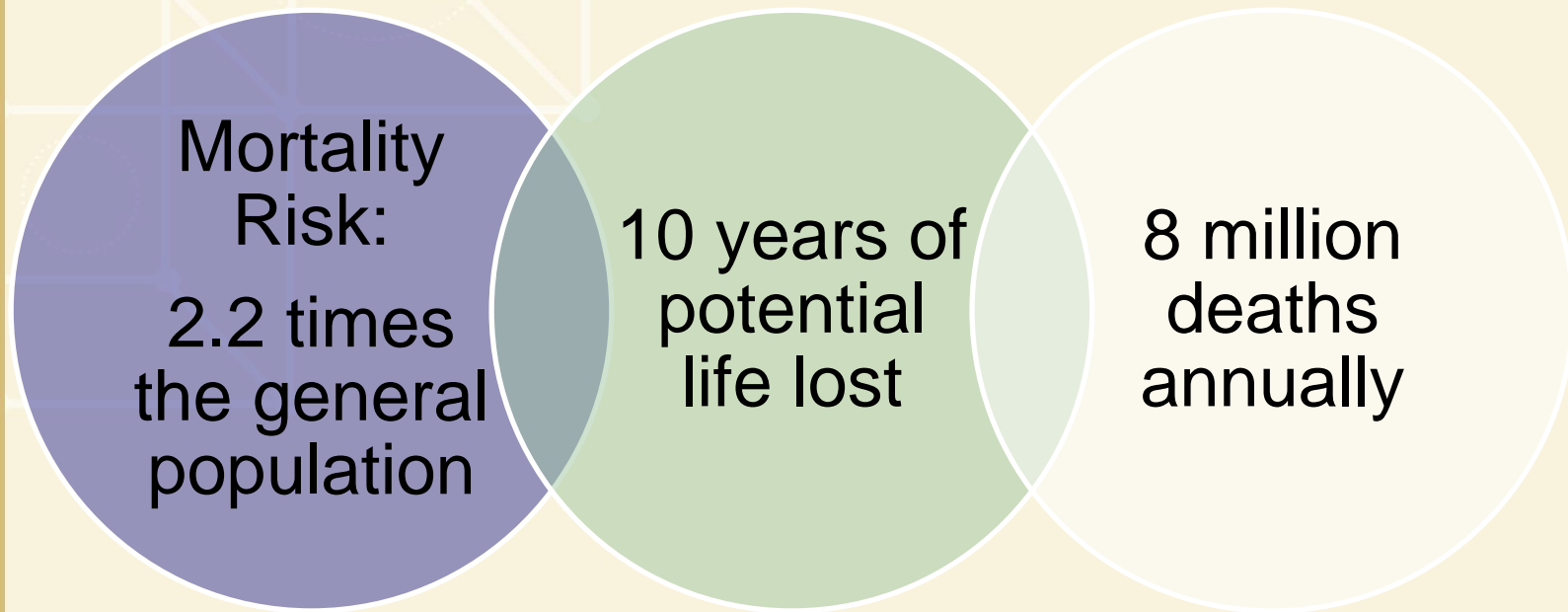
Emory University

March 4, 2015

# Overview

- The problem of importance of physical health in MH Consumers
- The importance of self management
- The role of peers

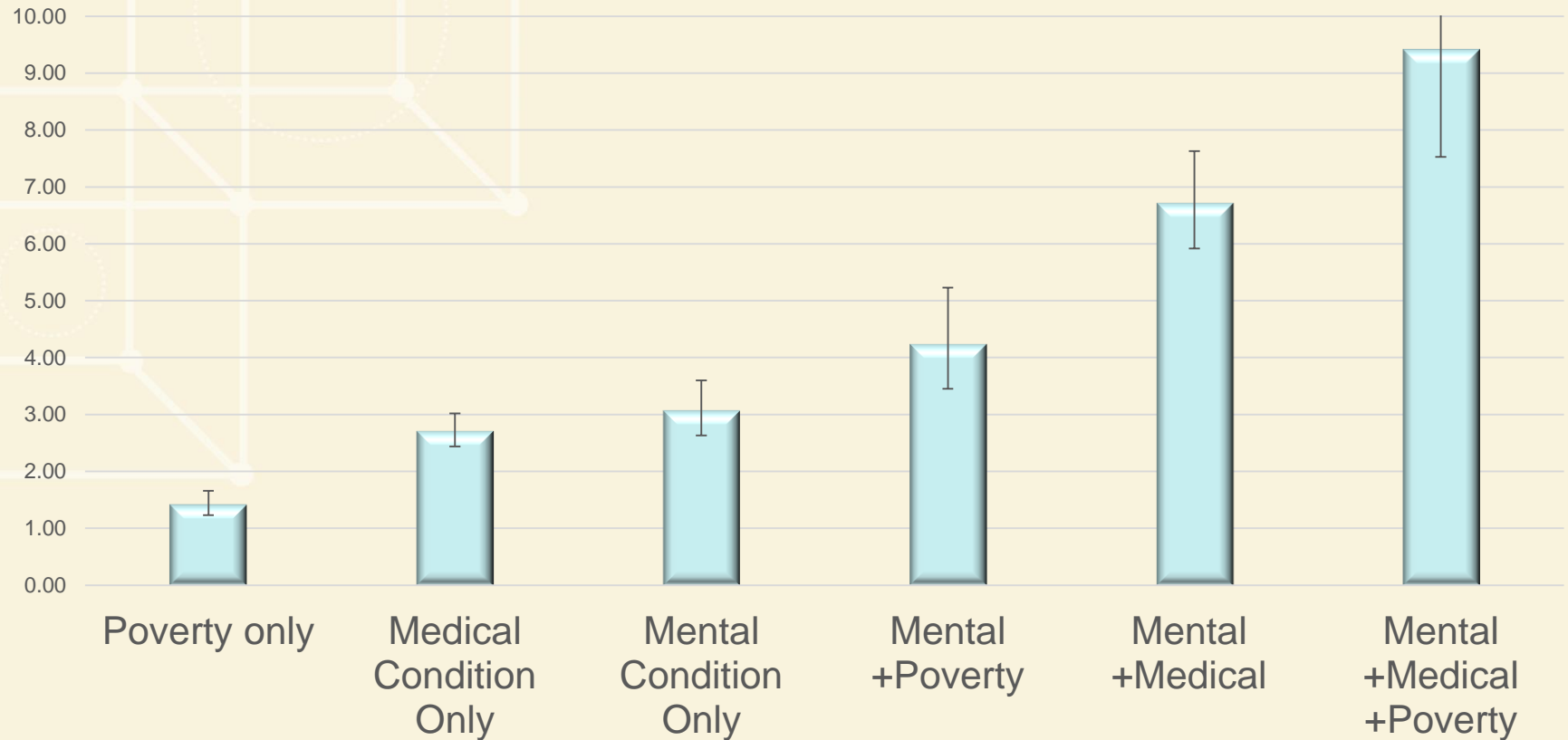
# Mental Illness and Mortality



Walker, E.R., McGee, R.E., Druss, B.G. (2015). Mortality in mental disorders and global burden of disease implications: A systematic review and meta-analysis. *JAMA Psychiatry*. Epub, doi:10.1001/jamapsychiatry.2014.2502

# A Broader View of Comorbidity

Increased Risk of Poor Health



Walker, E.R. & Druss, B.G. (Under review).

# Why Self Management?

“Patients are in control. No matter what we as health professionals do or say, patients are in control of these important self-management decisions. When patients leave the clinic or office, they can and do veto recommendations a health professional makes.”

Glasgow. Diabetes care 1999; 22: 288:1775-9.

## Frank and Ernest





# Self Management of Medical Conditions In Mental Health Consumers

- Self-management programs have been demonstrated to improve health and self-management in MH Consumers
- Most of these have been conducted with professionals rather than peers

Gen Hosp Psychiatry. 2014;36(3):233-44.  
Psychiatr Serv. 2014 Jul 15

# Peers as Providers of Care

## Consumer-providers of care for adult clients of statutory mental health services (Review)

Pitt V, Lowe D, Hill S, Pricitor M, Hetrick SE, Ryan R, Berends L





## HARP (Health and Recovery Peer) Program

- Pilot study 2006-9 adapted the Chronic Disease Self-Management Program (CDSMP), to be delivered by and for MH consumers
- Current study (2011-) multisite trial underway
- 6 group sessions diet and exercise training, specific disease management techniques.

1. Funded by NIMH R34MH078583\  
2. Lorig K et al. Med Care. 2001 Nov;39(11):1217-23.

# Overall Structure

- **Session One: Overview, Introduction to Action Planning**  
• *Coaching session: Becoming a self-manager, developing a PHR*
- **Session Two: Introduction to Physical Activity and Exercise: Coaching session: Understanding your chronic illnesses**
- **Session Three: Breathing, Relaxation**  
• *Coaching session: Relaxation and dealing with stress*
- **Session Four: Healthier Eating, Advance Directives**  
• *Coaching session: Better diet and exercise on a .limited budget*
- **Session Five: Medication Use, Making Informed Decisions**  
• *Coaching Session: Communication Skills*
- **Session Six: Working with Your Health Care Provider**  
• *Coaching Session: Summary and plans for the future*

# Action Plan

- Something YOU want to do
- Reasonable
- Behavior-specific
- Answer the questions:
  - What?
  - How much?
  - When?
  - How often?
- Confidence level of 7 or more

# HARP Pilot Study Outcomes

		HARP (n=41)	UC (n=39)	group*time		
				P	T	ES
Physical Component Summary of SF-36	BL	36.9	37.0	.252	1.16	.30
	6mos	42.9	40.0			
Patient Activation	BL	48.3	47.6	.030	2.21	.56
	6mos	52.0	44.9			
>1 Primary Care Visit	BL	58.5%	61.1%	.046	2.03	.51
	6mos	68.4%	51.9%			
Medication Adherence	BL	1.5	1.5	.220	1.24	.31

# HARP 2.0

- Multisite study in greater Atlanta region
- Seeking to blend the strengths of the CDSMP with certified peer specialist training and expertise

# Modifications --Clinical Factors

- Reinforcement: Meetings between sessions with peer leader to reinforce key messages
- Health literacy: Simplified health and disease-specific materials for the population
- Recovery-focus: Mental health advance directives



# Modifications --Social Factors

- Social support: Use a buddy system to enhance support network outside of groups, added a section on finding support and reducing isolation

Income: Added a section on eating healthy and physical activity on a budget

# Modifications –Recovery Factors

- Holistic care: Added a section on mind-body health interactions, added a section on physical activity
- CPS training: Incorporated more sharing of information and positive reinforcement

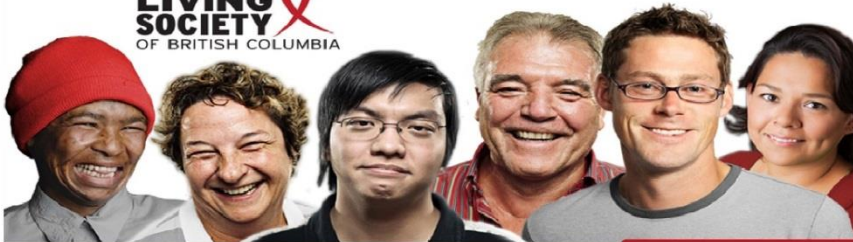
## Peer Navigator Program

Interim Evaluation Report

April 1, 2011 to May 31, 2012



**POSITIVE  
LIVING  
SOCIETY**  
OF BRITISH COLUMBIA



# Learning from Other Fields



# Group or 1 to 1 meetings?

- 1 on 1 offers more personalized work, more scheduling flexibility
- Group offers social reinforcement and clinical efficiency
- Hybrid may be ideal

# Separate or integrated?

- Most programs focus on improving self-management outside of the health system
- How can peers best be integrated into multidisciplinary teams in CMHCs or CHCs?

Swarbrick MA. Psychiatr Serv. 2013 Aug 1;64(8):723-6. doi: 10.1176/appi.ps.201300144.



# Medical vs. Recovery Orientation?

- Medical approaches emphasize minimizing medical symptoms, providers typically take a neutral therapeutic posture
- Peer approaches emphasize health as a part of recovery, sharing of personal narratives is part of what makes these work.



# What are the Training and Supervision Needs?

- How much medical knowledge is needed to serve as a wellness coach?
- What sorts of supervision are needed?

# Moving Beyond Task Shifting



# Summary

- Opportunity for peers to help address whole health of MH consumers and to fill gaps in the MH workforce
- Still questions about best way for them to be trained and to practice
- The MH field can learn from, and help lead, the rest of medicine in defining these emerging roles for peers



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **The Role of Peers**

Larry Fricks

Deputy Director

SAMHSA-HRSA Center for Integrated Health Solutions

# **Poll question: What best describes the role of peer providers promoting CDSM in your program?**

- A) We currently have peer providers promoting CDSM
- B) We are in the process of hiring peer providers to promote CDSM
- C) We expect to hire peer providers to promote CDSM in the next 3 months
- D) We do not plan to hire peer providers



# Medicaid Peer Services Billing

2007 CMS guidelines proclaim “Peer support services are an evidence-based mental health model of care” with following 3 key criteria for Medicaid billing:

- Supervision by mental health professional as defined by state
- Care-coordination of peer services in an individualized plan of care
- Completion of state approved training and certification with ongoing continuing education

# Gifts Peer Providers Bring

- Lived experience of illness impact and recovery
- Hope role models: “I am the evidence of recovery!”
- Empathy: grateful for recovery and desire to support others
- Trust essential to recovery, especially trauma
- Focus on what’s strong rather than what’s wrong
- Activation of self-management
- On-going support

# Tips for Supporting a Strong Peer Workforce

- Program readiness training on peer provider role and how to promote culture of strength-based, holistic self-management
- Financial sustainability by ensuring peer services meet criteria for funding like Medicaid billing and managed care reinvestment
- Address potential boundary issues like peers employed where once received, or continue to receive, services, and dual roles as peer and provider

# Tips for Supporting a Strong Peer Workforce, Cont.

- Peer providers formal training teaching competencies to implement holistic self-management skills
- Clear job descriptions
- Supervisors trained on role of peer providers and how to support them
- Peer providers create personal self-management tools like a **Wellness Recovery Action Plan (WRAP)** to promote ongoing recovery and whole health

# What is WHAM

Designed for behavioral health peer workforce by SAMHSA-HRSA Center for Integrated Health Solutions, **Whole Health Action Management (WHAM)** training is a Peer-led intervention to activate whole health self-management to create and sustain new health behaviors in Community Mental Health Centers, Federally Qualified Health Centers, Health Homes, and Veterans Administration programs.

# WHAM 5 Keys to Success

- A person-centered goal focused on 10 science-based whole health and resiliency factors
- A weekly action plan that breaks the goal into small, achievable successes
- A daily/weekly personal log
- One-to-one peer support
- A weekly WHAM peer support group



## **WHAM** 10 Science-based health and resiliency factors:

- Stress management
- Healthy eating
- Physical activity
- Restful sleep
- Service to others
- Support network
- Optimism based on positive expectations
- Cognitive skills to avoid negative thinking
- Spiritual beliefs and practices

# Self-Management Skills

- Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors.
- Write an achievable whole health goal using the IMPACT process and weekly action plans.
- Participate in peer one-to-one and peer support groups to create new whole health habits.
- Elicit the relaxation response to manage stress.

## **Self-Management Skills, Cont.**

- Engage in cognitive skills to avoid negative thinking.
- Know basic whole health prevention screenings and how to prepare for them.
- Use shared-decision-making skills for more engaging meetings with doctors.

# IMPACT

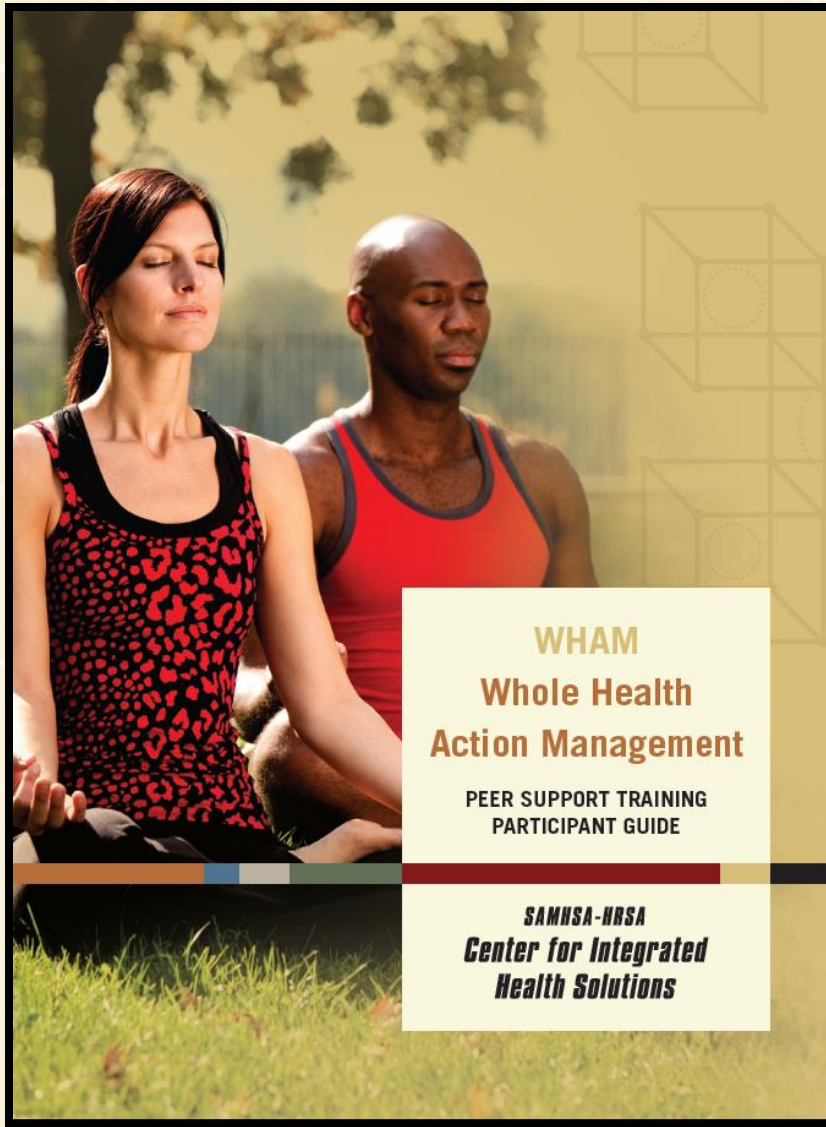
## Criteria Questions for Goals

- I** - Does it Improve the quality of my health and resiliency?
- M** - Is it Measurable in terms of my supporter knowing if I have accomplished it?
- P** - Is it Positively stated as something new I want in my life?
- A** - Is it Achievable for me in my present situation and with my current abilities?
- C** - Does it Call forth actions that I can take on a regular basis to begin to create healthy habits?
- T** - Is it Time limited in terms of when I will begin and when I plan to accomplish it?

# Peer Whole Health and Wellness Billing

- CMS approves GA whole health and wellness billing
- Billing code: H0025
- Rate: 15 minute units ranging from \$15.34 to \$24.36 depending on peer provider experience/education and location of services

**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



**WHAM**  
**Whole Health**  
**Action Management**

PEER SUPPORT TRAINING  
PARTICIPANT GUIDE

**SAMHSA-HRSA**  
**Center for Integrated**  
**Health Solutions**

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



# Next Steps:

The next webinar will be: