Intro to Behavioral Health for CHWs in HCH Programs

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About your presenter

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He is the VP of Behavioral Health Services for Community Health Connections and manages a service of psychologists, psychiatrists, social workers, CHWs, nurses, counselors, and support staff.

He is the Director of Behavioral Science for the Fitchburg Family Medicine Residency Program, which trains physicians who want to become family physicians.

He has a small clinical practice at the health center where he sees patients experiencing a variety of life problems, including homelessness.

Objectives for this webinar

The learner will:

- Understand the terms behavioral health, mental health, substance abuse disorder, and co-occurring disorder
- Understand the roles of different professions in the care of people with behavioral health problems
- Understand some basic approaches to working with people experiencing mental health problems
- Understand three challenges facing people experiencing homelessness and mental health problems

What does Behavioral Health mean?

Behavioral Health or BH refers to a wide range of topics including:

- Mental health
- Overuse of substances
- Behaviors affecting overall health and well-being

Why should CHWs learn about BH?

- Behavioral Health issues affect everyone since everyone's actions and behaviors affect their own health
- Many people are affected by mental health problems
- Substance abuse and dependence affect many millions of people in the US and around the world
- Awareness and sensitivity to mental health and substance abuse problems will allow for more successful interactions
- Improving health behaviors in the community will result in healthier communities
- People experiencing homelessness are particularly vulnerable to mental illness and substance overuse and have a more difficult time incorporating healthy behaviors into their lives

Homelessness and BH

Community Health Workers who interact with persons experiencing homelessness need to be especially sensitive to and open to learning about behavioral health issues

People experiencing homelessness should be expected to have one or more behavioral health issues that need attention.

Going back to our definition of what is included in the term Behavioral Health…

Behavioral Health or BH refers to a wide range of topics including:

- Mental health
- Overuse of substances
- Behaviors affecting overall health and well-being

Mental Health Basics - Treaters

The terms "mental health" or "mental health disorder" are often reserved for a set of conditions or disorders traditionally treated by mental health professionals:

- Psychiatrists and psychiatric nurses
- Clinical social workers
- Psychologists
- Mental Health Counselors

Mental Health Basics: Psychiatric Treaters

In the medical field, the specialty that deals specifically with mental health disorders is psychiatry

Psychiatric medical providers include:

Psychiatrists (graduated from medical school and finished a 3 or 4 year residency in psychiatry)

Clinical psychiatric nurses (trained as RNs, then received additional training to become Nurse Practitioners or Clinical Specialist nurses)

Psychiatric providers (or primary care providers) are the treaters who prescribed medications (psychologists can prescribe medications in a few settings and locations).

Mental Health Basics: Primary Care Medical Treaters

Any medical provider that is a primary care provider also must understand how to assess and treat or refer for treatment people experiencing mental health issues

Primary care providers include: family physicians, pediatricians, some internists (internal medicine)

Primary care providers are usually more accessible than psychiatrists

They can feel they are the sole caregiver for patients who are very complex in terms of their medical and psychological needs

A key goal is to have the primary care provider become knowledgeable about the client's life circumstances, which will affect how the person can follow the advice of the PCP (e.g. medication compliance, leg elevation, wound care)

Mental Health Basics: Psychological Treaters

Psychologists, clinical social workers, mental health counselors, and at times psychiatrists provide psychological services - talk therapy to help patients think and act more constructively

Psychological treaters include:

Psychologists (received a doctorate in psychology)

Clinical social workers (received a masters degree in social work with additional training to be clinical social workers)

Mental Health Counselors (received a masters in counseling)

Major Mental Illness

The term 'major mental illness' usually refers to a serious psychiatric disorder

Major Depression
Bipolar Disorder
Schizophrenia and other thought disorders
Post Traumatic Stress Disorder
Borderline Personality Disorder

The National Alliance on Mental Illness is a key resource and has fact sheets on each of these disorders in language which is easily shared with consumers www.nami.org

See also the site for the National Institute of Mental Health

www.nimh.nih.gov

Major Depression

This is a snapshot of what major depression can look like, it's not a guide for diagnosis:

- Down, depressed mood
- Hopeless
- Hard to do anything
- Doesn't enjoy anything
- Recurrent thoughts of death or suicide
- Not functioning at his or her normal level
- Nothing matters
- Feelings of anger or loss

Moderate or severe depression should be treated with therapy and a medication evaluation. If there is suicidality, the person should be evaluated by a mental health professional.

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001941/

Bipolar Disorder

Again, this is a snapshot of what the manic phase of Bipolar Disorder can look like, it's not a guide for diagnosis:

Manic phase:

- Distractible
- Little need for sleep
- Poor judgement
- Anger outbursts, very upset or agitated
- Reckless behavior and lack of self control
- Elevated mood
  - Hypertalkative/hyperactivity
  - racing thoughts
  - very high opinion of self
- Very involved in activities
- Usually, there is also a depressed or mixed phase

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001924/

Schizophrenia and thought disorders

- First signs can be:
  - Irritability, trouble concentrating, and trouble sleeping
- Later signs can be:
  - Bizarre behaviors
  - Hearing or seeing things that aren't really there
  - Firmly held beliefs that are not real (delusions)
  - Isolation
  - Thoughts that jump from topic to topic
  - No visible sign of emotion
- Paranoid type
  - Anger or arguing
  - False beliefs that someone is trying to harm you or loved ones
  - Anxiety
- Disorganized type
  - Childlike behavior
  - Difficulty explaining thoughts, no expressed emotion

Post Traumatic Stress Disorder - 1

PTSD is an anxiety disorder that can happen to anyone at any age after experiencing or seeing a traumatic event that involved the threat of injury or death

Symptoms of *Reliving; Avoiding; Arousal*

- Reliving
  - Flashbacks or recurring upsetting memories of the event
  - Recurring nightmares of the event
  - Uncomfortable reaction to situations that remind of the event
- Avoiding
  - Emotional numbing
  - Emotional detachment
  - Not being able to remember important aspects of the trauma
  - Avoiding situations that remind the person of the trauma
  - Feeling like one has no future

Post Traumatic Stress Disorder - 2

- Arousal
  - Difficulty concentrating
  - Startle response
  - Having an exaggerated response to things that are startling
  - Hypervigilance (being very aware of surroundings)
  - Feeling angry or irritable
  - Trouble falling or staying asleep
- Associated problems
  - Depression
  - Substance overuse

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001923/

Borderline Personality Disorder

- Long term pattern of unstable or turbulent emotions
- Difficult inner experiences often cause them to take impulsive actions and have chaotic relationships
- Linked with disrupted upbringing
  - Abandonment
  - Chaos at home
  - Sexual abuse
- Results in many hospitalizations
- Additional symptoms
  - Fear of being abandoned
  - Feelings of emptiness and boredom
  - Frequent displays of inappropriate anger
  - Impulsiveness with money, substances, eating or sex
  - Intolerance of being alone
  - Repeated crises with self injury

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001931/

Behavioral Health: Substance Overuse

Even though people experiencing severe mental illness often have substance overuse problems and people with severe substance dependence often have mental health problems, these two areas of behavioral health have traditionally been treated separately

It is now considered a best practice to treat both substance overuse and mental health problems with an understanding that these two types of problems are inter-related

The presence of both a serious mental health problem and a serious substance abuse problem is known as a "co-occurring disorder" or COD

Substance Overuse Basics

Substance overuse is often treated through a separate system of care than are mental health problems

It is important for a CHW to learn the local systems so that they can be a resource for direct care providers who often do not know the local resources (this is less of a problem in HCH programs than for primary care in general)

Substance Overuse Basics - Mortality

Substance overuse issues can be divided into those that require immediate medical attention and those that do not

Substance overuse can prompt a life-threatening emergency and is a leading cause of death

CHW's may be the first to notice someone who is in a medical crisis and need to know how to access emergency care

Substance Abuse and Mortality

Leading causes of death in US due to modifiable behavioral risk factors (Actual Causes of Death in US, 2000. JAMA 2204 Mar 10)

Tobacco	*435,000 deaths*
Poor diet and inactivity	365,000
Alcohol	*85,000*
Microbial agents	75,000
Toxic agents	55,000
Motor vehicle crashes	43,000
Firearms	29,000
Sexual behaviors	20,000
Illicit drug use	*17,000*

Substance Abuse
Non-Professional Treatment

"Anonymous" 12 step programs

Alcoholics/Narcotics Anonymous
Al-Anon/Nar-Anon

Abstinence-based, spiritually-oriented programs, very effective for some

Self-help, reading, watching videos

Often this is appealing to patients but can fail to provide the necessary social support and feedback

Professional treatment of substance abuse - Levels of care

Detox

A brief, medically-managed treatment to reduce the risk of medical complications arising from detoxification from certain drugs. Traditionally, this has been done in-patient under direct medical supervision.

Rehab

A phase of treatment, often after detox or when detox is not medically necessary, now used to stabilize patients preparing them for ongoing substance abuse treatment

Outpatient treatment

Can be voluntary or court-ordered. Motivational interviewing is a currently favored counseling approach.

Professional treatment of substance abuse and dependence: Physicians

Some medicinal treatments for substance abuse/dependence

- Nicotine replacement
- Treatment for opioid dependence
  - Methadone
  - Suboxone
- Medicinal treatment for alcohol dependence
  - Naltrexone (Trexan)
  - Acamprosate (Campral)
  - Disulphiram (Antabuse)

Professional treaters of substance abuse: Non-physician professionals

Treaters using non-medicinal therapies:

- Psychologists
- Substance abuse counselors
- Mental Health counselors
- Social workers
- Smoking cessation counselors

All treaters need to devise and implement a treatment plan that includes addressing any mental health issues, substance overuse issues, and foreseeable barriers to achieving goals

Approaches to treatment

- Engagement
  - Building appropriate levels of trust
  - Knowing how to assist the client to obtain the best care
  - Maintaining appropriate boundaries
- Assessment
  - What problems in addition to finding appropriate housing will need to be addressed and by whom?
  - What is the readiness for change (Stage of Change)?
- Care and treatment
  - Maintaining advocacy for the client during treatment and determining what supports are needed

Other key relationships to assess

Other people who often are key participants in the care of people who overuse substances or have mental health problems:

- Criminal justice and public safety officers
- Housing officials
- Family members

Substance Abuse Treatment

Motivational Interviewing (MI)

Principles
- Express empathy
- Support self-efficacy
- "Roll with resistance"
- Develop discrepancy

Techniques
- Ask open ended questions
- Affirm client strengths
- Reflect back to the client what you are hearing
- Give summaries of what you are hearing

For more background on MI, look at www.motivationalinterview.org

What about the overall health of our homeless clients?

So far we have focused on mental health and substance overuse issues. Both of these are major health concerns and can overwhelm other aspects of a person's well being.

But going back to the working definition of Behavioral Health...

Going back to our definition of what is included in the term Behavioral Health…

Behavioral Health or BH refers to a wide range of topics such as:

- Mental health
- Overuse of substances
- *Behaviors affecting overall health and well-being*

And going back to the Year 2000 Cause of Death list…

"Lifestyle" or "health behaviors" account for a very large percentage of deaths on this list.

Leading causes of death in US due to modifiable behavioral risk factors
(Actual Causes of Death in US, 2000. JAMA 2204 Mar 10)

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Sexual behaviors	*20,000*
Illicit drug use	17,000

Homelessness and Mortality – People are Dying on the Streets

Street homelessness is deadly

Dr. Jim O'Connell of Boston Health Care for the Homeless has demonstrated a strikingly increased mortality rate for people experiencing street homelessness

This is not due primarily to exposure (hypothermia) and the increased mortality rates are more evident among younger persons experiencing homelessness

People living with AIDS, street youth, mentally ill veterans, and those who live on the street chronically are most at risk for dying

Working to get people off the streets and into shelter is life saving work

(O'Connell, J. 2005. Premature mortality in homeless populations: A review of the literature)

Outreach: Engagement and Relationships

- Relationships with clients need to be 'ok'
- 'OK' means that the relationships are:
  - Not exploitative in any way
  - Designed to be helpful to the client
  - Not overly intrusive to the client
  - Not overly burdensome to the CHW or caregiver
  - Respectful of the dignity of the client
  - Respectful of rules and guidelines of the professions and institutions

Barriers to Care

As in every area of life, being homeless presents barriers to seeking and maintaining behavioral health care, as well as barriers to adopting healthy lifestyle habits

- Hard to remember appointments
- Hard to get somewhere reliably
- Hard to trust that you will be welcomed
- Hard for anyone to do much of anything if depressed, harder without the support and structure that we who have housing and family take for granted
- If substance overuse is present, everything is harder and there are often institutional barriers to care

Barriers to Care - It's just hard

Being homeless presents barriers to seeking and maintaining behavioral health care, as well as barriers to adopting healthy lifestyle habits

- Hard to get a shower and a person may not want to talk with a professional if they don't feel good about their appearance or hygiene
- Hard to keep telling your story over and over
- Hard to organize the prescriptions
- Hard for anyone to do much of anything if they hear voices or have periods of extreme agitation
- It's hard to have traumatic events happen to you and to those around you over and over.

It is hard. What to do?

- Be pleasant and respectful
- Be patient
- Keep trying
- Wait for the moment when change is possible
- Try to understand just how hard it is

A few more terms, controversies, and abbreviations to look into…

1. Adherence versus compliance
2. Benzodiazepine
3. CHC/FQHC
4. CMS
5. Co-occurring Disorder (COD)
6. The Council = NHCHC
7. Dual Diagnosis
8. Family Medicine
9. Harm reduction versus abstinence
10. HCH
11. HHS
12. HRSA
13. Opioid/opiate
14. Substance Abuse Disorder
15. Substance Dependence Disorder with or without physiological dependence