A schema for promoting health within a mental health setting including practical goals

Promoting Health and Mental Health – An Integrated Vision

2013

The worlds of health and mental health have been largely separate thus far, but things seem to be changing. Health care systems are concerned that many people with mental illnesses refuse to go to a mental health clinic but would agree to take medications and other treatment within a health care setting. Indeed as psychiatric medication rates skyrocket, more and more of them are being prescribed by non-psychiatrists in health care settings and they want our help. Also, health care costs and outcomes tend to be poor for people with unaddressed mental health issues. It's been repeatedly shown that "collocating" mental health services within health settings more than pay for themselves in reduced health care costs.

Mental health systems are concerned that people with severe mental illnesses have very poor access to ongoing and effective utilization of health care services and are dying 20 to 25 years earlier as a result. Mental health care systems are increasingly using our case managers and consumer staff to help advocate for people with serious mental illnesses within the health care system and to help them navigate and effectively use health care services, creating "supported health care" services. In addition, some mental health programs have induced primary health care providers, often nurse practitioners, to "reverse collate" providing health care services within the mental health care system.

Further evaluation of poor health care outcomes for people with serious mental illnesses show that the vast majority of the early deaths are related to poorly treated cardiac risk factors – smoking, obesity, hypertension, Type 2 diabetes, hyperlipidemia, and lack of exercise. The direct treatment of these conditions, often using "chronic illness management" techniques is helpful and worth supporting and too often unavailable to people with serious mental illnesses. It seems likely to me that, if the research studies weren't also siloed separating health and mental health risk factors, we would add depression to this list of risk factors.

In addition to treating these risk factors, we'd like to facilitate behavioral changes that would directly impact these "secondary illnesses". Unfortunately, despite lots of efforts, both health and mental health systems have had very limited success in changing these behaviors, whether the person has a mental illness or not. I suspect that unless the services being offered in both systems move from the prevalent illness-based, confrontational education and "nagging" efforts, coordination between two ineffective systems is unlikely to help.

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Both systems do have other approaches that use more of a strengths-based approach to health behavior change. There are health promotion efforts targeting healthy behaviors like keeping physically and mentally active, eating a healthy diet, increasing social connections, doing things that give your life meaning and purpose, and having a regular spiritual / mindfulness practice whether you have health risk factors or not. The recovery movement within the mental health system promotes self-responsibility, self-reliance, and community integration to help people build resilience and "graduate" from mental health services and move on with their lives even if they have chronic mental conditions. The factors we tend to promote to help people grow and recover include having a supportive social and family network, keeping physically active, giving back to others, building psychological mindedness and self-help coping skills, finding meaningful roles in life, and making spiritual connections. Clearly the two sets of factors heavily overlap. In essence, the recovery-based mental health practices that promote graduation are also the practices that promote healthy living.

It seems likely that if we were better at promoting healthy lives, we'd have less people with health risk factors in need of treatment and less people in need of life-long mental health services, problems which are overwhelming both of our systems. But what really is effective in promoting health? And are medical and/or mental health professionals the best people to fund to implement health promotion?

I'm proposing an integrated health and mental health promotion effort that has two major goals: 1) Active, empowerment based promotion of healthy behaviors and 2) Harm reduction services for emerging and existing risk factors and "secondary illnesses".

Here's a bare outline of the process for pursuing each goal:

1) Active, empowerment based promotion of healthy behaviors

1) Create a personal narrative – story of a life – building self-awareness

2) Build an individualized, "patient-driven" hopeful vision for the future - possibilities and goals – from their perspective

3) Connect their goals with increased healthy behaviors

4) Build sense of self as driver of one's own life, author of one's own story – self-efficacy, self-responsibility, self-reliance – not passive victim

5) Support community based web of relationships and build "social capital"– family, friends, peers, service to others by "giving back"

6) Enhance meaning in life – intellectually, emotionally, spiritually

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2) Harm reduction services for emerging and existing risk factors and "secondary illnesses"

1) Community and individual educational about risk factors

2) Ongoing screening for risk factors

3) Motivational interviewing / stages of change efforts to involve people in active treatment of their personal risk factors

4) Accessible "harm reduction" acute treatment of risk factors linked with engagement in ongoing care

5) "Supported" ongoing care, building skills to self-manage risk factors

6) Developing skills, supports, and plan of ongoing self-managed care, including crisis interventions and plans for dying with dignity

I believe that these can be effective strategies. I believe that health and mental health care professionals can transform ourselves enough to implement these plans. There are already significant efforts in these directions to build upon, but we'd have to change a lot too.