Patient/Family Centered Care in Mental Health

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March 2008
Project GREAT
(Georgia Recovery-Based Educational Approach to Treatment)

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GEORGIA'S HEALTH SCIENCES UNIVERSITY
Funding for Project GREAT

- GA Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)
- Federal HRSA, Bureau of Health Professions
The Power of Personal Stories
“Patient/Family Centered Care”

Comes from the initiative of health care institutions responding to family concerns

Started with pediatrics
What is “Patient/Family Centered Care”?

- An approach to healthcare delivery that emphasizes partnerships and collaboration between and among healthcare providers, patients and their families
Patient- and Family-Centered Principles

1. People are treated with respect and dignity.

2. Health care providers communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
3. Individuals and families build on their strengths through participation in experiences that enhance control and independence.

4. **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.
Patient/Family Centered Care acknowledges:

1. Vital role families play in ensuring health, social, emotional, and where appropriate, developmental support is essential part of care
2. Need to empower patients and families in decision making
Patient/Family Centered Care acknowledges:

3. Importance of **respect** for **patients** and their **choices**
4. **Involvement** of **patients in all aspects of planning**, delivery, and evaluation of health services is key
The Bottom Line

- The patient’s experience of care is as important as the technical quality in obtaining best outcomes.
Patient/ Family Centered Care
MCG Health ad campaign, 2008

“Just what the doctor and the patient ordered.”
“Side effects include trust, respect, and dignity.”
“You have a problem. Shouldn’t you have a say?”
Is there a place for Patient/Family Centered Care in mental health?

Are we talking about “lunatics running the asylum”???
A traditional view: “The mentally ill cannot contribute to their care.”
A more contemporary view:
The Rise of the Support Group
“Recovery” in mental health

Comes from a social movement of adults who have received care

Started with substance abuse
“Recovery” has become a rallying cry of a civil rights movement in mental health

- Mental Health Consumer / Survivor / Ex-Patient / Ex-Inmate Movement (“C/S/X”)
  - Borrowed idea of being ‘in recovery’ from addiction self-help community, suggesting that even when mental illness is long-term, a person can—and has the right to—reclaim life outside of institutional settings.
President’s New Freedom Commission (2003) and Federal Action Agenda (2005) highlighted a national agenda to transform the mental health system to a consumer friendly and Recovery oriented model of care, envisioning a future where everyone can recover.
What does “Recovery” mean to you?

And what does it have to do with Patient/Family Centered Care?
“Recovery” in medicine traditionally has meant reduction or elimination of symptoms.

- WHO Pilot Study and other Longitudinal Outcome Research on mental illness demonstrated that partial to full recovery (in the traditional sense) is just as common, if not more so, than a chronic, downward, or deteriorating course and enduring disability.
Recovery *from* vs. Recovery *in*

- Recovery *from* refers to eradicating the symptoms and ameliorating the deficits caused by serious mental illnesses.
- Recovery *in* refers to learning how to live a safe, dignified, full, and self-determined life in the face of the enduring disability which may, at times, be associated with serious mental illnesses.
A Definition of Recovery

“Recovery is the process of gaining control over one’s life – and the direction that one wants that life to go – on the other side of a psychiatric diagnosis and all of the losses that are usually associated with that diagnosis.”

Appalachian Consulting Group, 2006
The Essence of the Recovery Model of Mental Health Care

- Hope
- Self-Determination - Choice
- Self-Efficacy – I can do it.
- Support
What is ‘revolutionary’ about Recovery?

- Minimizing illness is not the same as maximizing the opportunity for a meaningful life

- Recovery-oriented care requires role shifts for both the person with the illness/disability and the provider of services

- Must broaden focus of care beyond the illness itself – effects of stigma are equally (if not more) damaging than the illness itself
Health care as a collaborative enterprise

- In recovery-oriented care, it is neither that the doctor is the sole expert nor is it solely self-help.
- It is a partnership, more like midwifery than surgery, but perhaps characterized best in the words of The Home Depot...
You can do it.

We can help.
Common Concerns

- Recovery is not possible for my patients. They’re too sick.

- This stuff doesn’t apply to my patients. They’re too high functioning.
Common Concerns

- I don’t have time for this.
- Is this on the test?
A Common Assumption

Underlying most of these concerns is the belief that recovery is something practitioners need to be doing for their patients.

But what if recovery is something patients do for themselves?
If: *recovery* is what the person with the mental illness does,

Then: *recovery-oriented care* is what health care practitioners can offer in support of the person’s own efforts to enter into and pursue recovery.
“New Competencies” to Develop

- For people with mental illness, learning how to live with, manage and have a whole life despite the illness.

- For practitioners, learning how to enhance people’s access to opportunities to “live, work, learn, and participate fully in the community” and offering the supports needed for them to take advantage of these opportunities.
Introducing a new partner in the care team
A Certified Peer Specialist (CPS) offers a living example of one who has survived and entered into a journey of recovery.
A “Peer Specialist” or “Peer Support Specialist”:

- Manages his or her own life with mental illness
- Provides mental health services to others with mental illness (peers)
The peer specialist:

- May have been disabled by any psychiatric diagnosis including the most severe
- May also be in recovery from co-occurring substance abuse
- May experience continuing symptoms of mental illness
The Peer Specialist’s Role

- Part of a multidisciplinary team
- Does not treat symptoms
- Offers role modeling and teaching about Recovery
The Georgia Certified Peer Specialist (CPS) Program

- High school diploma or GED required
- Competitive admissions process
- Two-week training
- Certification exam
- Continuing education
2007 Georgia Mental Health Consumer Survey:

What helped you most?

Top three responses out of 1100 surveys:

- 1. Medication (753)
- 2. Friend/Talking (318)
- 3. Peer Support (304)
To wrap up, let’s briefly shift our terminology from the “Recovery” model back to....
“Patient/Family Centered Care”

Patient and Family Advisors meet with MCG Faculty and Staff
MCG has many Advisory Councils representing various departments.

MCG’s Department of Psychiatry and Health Behavior has two Advisory Councils: One for adults and one for kids.
Sample accomplishments of the Behavioral Health Advisors, 8/06-2/08

- Expanded inpatient visiting hours
- Designed user-friendly new information cards for inpatients
- Consulted on building renovations
Sample accomplishments of the Behavioral Health Advisors, 8/06-2/08

- Negotiated policy change to allow patients to self-disclose about their care in connection with MCG
- Participate on faculty committees
- Reviewed fee payment policy
Quiz time
How could this slogan apply to mental health?

“Just what the doctor and the patient ordered.”
How about this slogan?

“Side effects include trust, respect, and dignity.”
And this slogan?

• “You have a problem. Shouldn’t you have a say?”
“You can do it. We can help.”
References

References

- Reisner, AD. (2005). The common factors, empirically validated treatments, and recovery models of therapeutic change. The Psychological Record, 55, 377-399.