Focus on the Family: Using Person and Family Centered Care for Mental Health

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This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Learning Objectives

- Learn about person and family centered care.
- Learn about shared decision making.
- Understand the value of providing the person and the family with information about their condition and the treatment options available.
- Understand models of engaging individuals and their family in the treatment process, including peer education and support.
• Less than 50% of people with a mental health diagnosis receive treatment

• 1/3 of individuals with SMI who seek mental health services drop out of treatment

Models of care that can make a difference

• Coordinated Specialty Care (CSC)
• Assertive Community Treatment (ACT)
• Open Dialogues – Finland
• Head Space – Australia
• NAMI peer led education and support programs
What is person centered care?
Aspects of person centered care

- Respect people’s values and putting the person at the center of care
- Taking into account people’s preferences and expressed needs
- Coordinating and integrating care
- Working together to make sure there is good communication, information and education
- Making sure people are physically comfortable and safe
- Emotional support
- Involving family and friends
- Making sure there is continuity between and within services
- Making sure people have access to appropriate care when they need it
Why is person centered care important

• Improves the quality of the services available
• Helps people get the care they need when they need it
• Empowers people to be more active in advocating for themselves and the services they need
• Offering care in a more person centered way can improve outcomes
Components of PCC that can impact outcomes

• Getting to know the patient as a person and recognizing their individuality and strengths
• Viewing the person as an expert about their own health and care
• Sharing power and responsibility
• Taking a holistic approach to assessing the person’s needs and providing care
• Including families
• Making sure that services are accessible, flexible and easy to navigate
Components of PCC that can impact outcomes

- Considering the person’s whole experience of care with an eye toward coordination and continuity
- Ensuring that the physical, cultural and psychosocial environment of services supports person-centered care
- Ensuring that staff are supportive, well trained in communication and striving to put people at the center of their own care
Changing assumptions: Systems of Care Framework

- Based on strengths and needs across life domains
- Determined through shared decision making process with the person and the family
- Flexible and continuous
- Community-based
- Planned in collaboration with all systems involved with the person
- Culturally competent
- Least restrictive and least intrusive as possible
How the onset of psychosis affects the person & family

Emerging Symptoms

Increasing Stress and Isolation

Changes to Performance and Behavior

Feedback Loops (Fear, negative attributions, conflict, consequences, role pressure, grief)

Thompson et al. (2018).
Common experiences entering treatment

- Being blamed when struggling to do your best
- Trying what worked before but it doesn’t work now
- Conflict in support systems
- Grief
- Fear
- Suicidality
Shared decision making . . . .

- is NOT tokenism or decoration
- IS serious commitment at both individual, family and organization levels
- IS genuine
Engaging families

- “Family” should be identified by the person
- Tendency to exclude families
  - The person is an adult
  - Family conflict is frequently present
  - Practitioners frequently align with families
- Families are a core long term resource
Engaging

• Reach out
• Listen
• Meet people where they are
• Intentionally address power imbalances
• Connect the dots between what the person wants/needs and opportunities
• Communicate their importance
• Ask for continual feedback
Potential barriers to engagement

• Inability or unwillingness to use creative and innovative approaches
• Deficits-based rather than strengths-based orientation
• Inability to work effectively within and across diverse cultures
• Rigid adherence to program rules and regulations
• Lack of respect for individuals and families
• Inability to convey a sense of hope for recovery and achieving life goals
Stages of engagement

- Prior to entering treatment
- Entry into treatment
- Assessment and treatment planning
- Ongoing care planning
- Programmatic planning and improvement
- Evaluation
- Oversight
- System development/leadership
ENGAGEMENT
A New Standard for Mental Health Care

NAMI
National Alliance on Mental Illness

SAMHSA
Substance Abuse and Mental Health Services Administration
NAMI’s 12 Principles of Engagement

• Prioritize engagement at all levels (training, payment, measurement, etc.)
• Communicate hope
• Share information and decision making
• Treat people with respect and dignity
• Use a strengths-based approach

www.nami.org/engagement
NAMI’s 12 Principles of Engagement

• Shape services and supports around life goals and interests
• Take risks and be adaptable to meet individuals where they are
• Provide opportunities for individuals to include family and other close supporters as essential partners

www.nami.org/engagement
NAMI’s 12 Principles of Engagement

• Recognize the role of the community, culture, faith, sexual orientation and gender identity, age, language and economic status in recovery

• Provide robust, meaningful peer and family involvement in system design, clinical care and provider education and training

• Promote collaboration among a wide range of systems and providers, including primary care, emergency services, law enforcement, housing providers and others

www.nami.org/engagement
Last but not least . . . .

- Add peer support services for individuals and families as an essential element of mental health care

www.nami.org/engagement
What does NAMI do?

National Alliance on Mental Illness

EDUCATION  SUPPORT  ADVOCACY  AWARENESS
Sustaining POSITIVE Outcomes

- Improved coping
- Reduced family stress
- Increased knowledge
- Increased help-seeking behaviors
- Empowerment
- Improved problem solving skills
- Changed attitudes toward mental health
New collaboration with the American Psychiatric Association

SMIAdviser
A Clinical Support System for Serious Mental Illness
I have been working at the hospital for 20 years, and this is one of the best programs I have been through for staff. We have worked hard over the years to create a more humanistic and compassionate culture. This program will definitely help us in that direction.
What is NAMI Provider?

• Five-session, 15 hour program for healthcare staff who work with individuals and families affected by mental illness

• Sessions organized into short lectures, discussions and group exercises

• Presented by a trained 3-person team:
  1. Family member
  2. Person in recovery
  3. Health care professional who is also a family member or person in recovery
NAMI Provider program goals

- Introduce health care staff to the emotional stages people affected by mental illness experience on the way to recovery
- Help staff gain a fresh understanding of and empathy for their patients’ lived experience, especially during treatment
- Promote collaboration between clients, families and providers to achieve the best level of recovery possible

*It’s all about Engagement*
Additional resources
More Resources

- SAMHSA Shared Decision-Making Tools
  https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making

- Shared Decision-Making in Mental Health Care

- Administration for Community Living
  Person Centered Planning
  https://acl.gov/programs/consumer-control/person-centered-planning