

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

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Location of
presentation



SAMHSA
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Disclaimer Slide

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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

Source: Kreyenbuhl, J., Nossel, I.R. and Dixon, L.B. *Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: a review of the literature*. Schizophrenia Bulletin, vol. 35 no. 4 pp. 696-703 (2009)

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

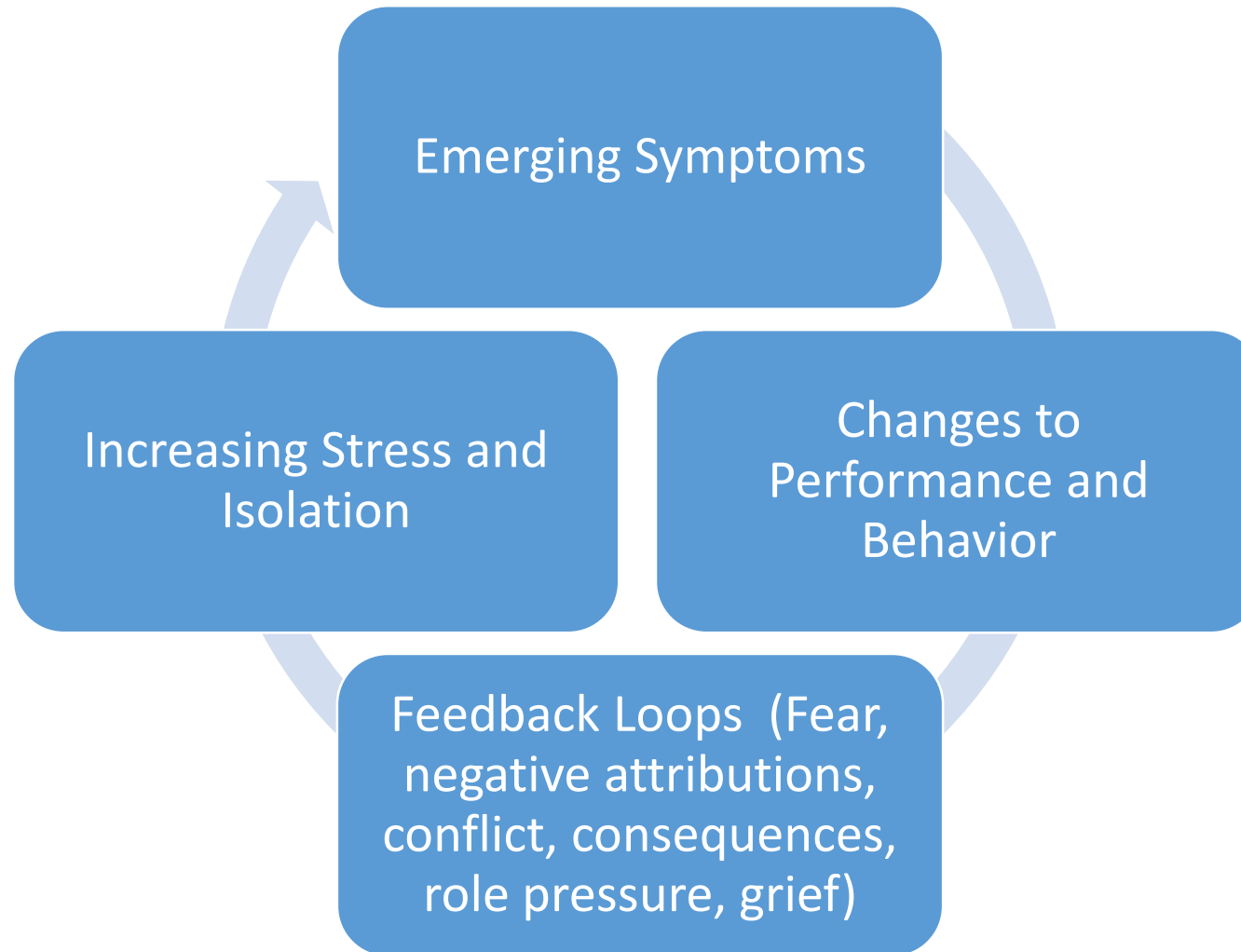
Components of PCC that can impact outcomes

- 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



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'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

NAMI's 12 Principles of 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

Improved problem solving skills

Increased knowledge

Increased help-seeking behaviors

Changed attitudes toward mental health

Empowerment

New collaboration with the American Psychiatric Association





NAMI Provider

National Alliance on 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

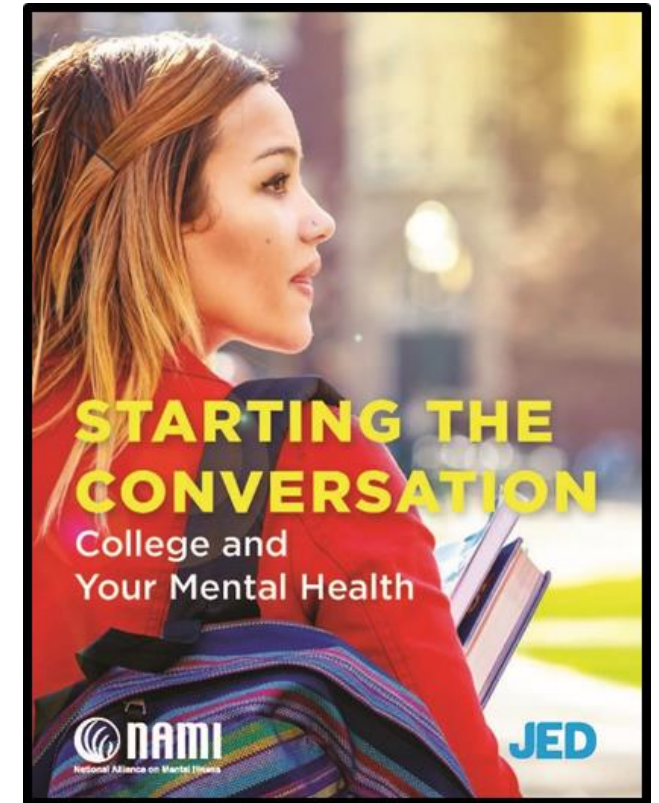
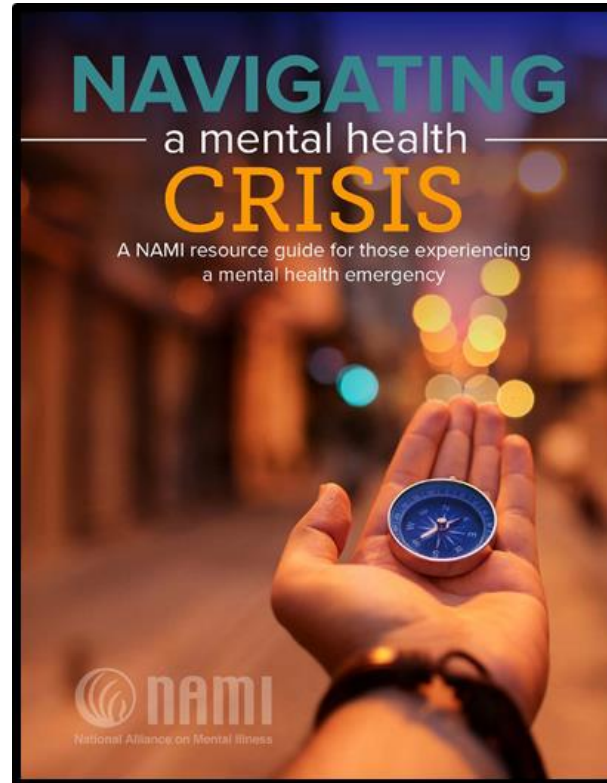
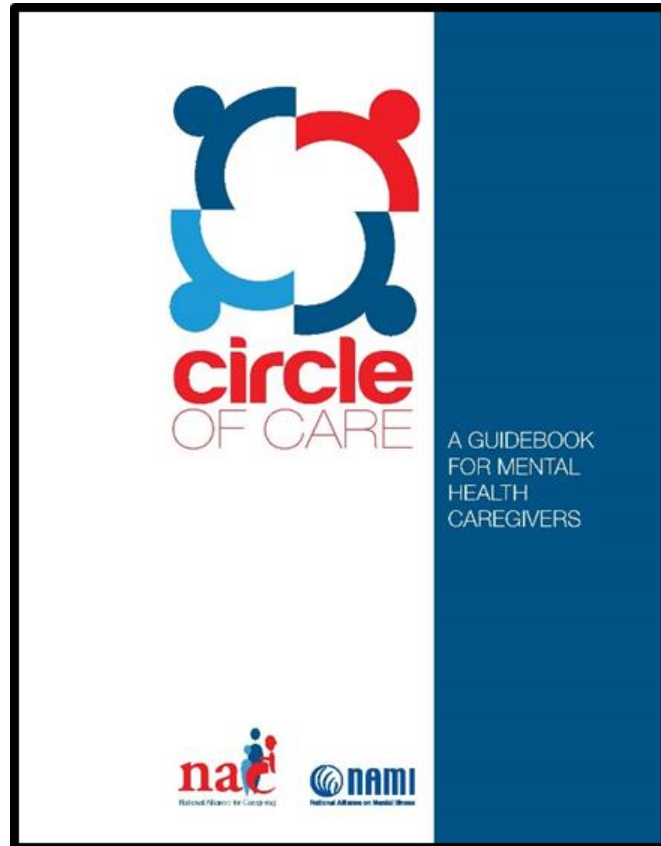
- Introduce health care staff to the emotional stages people affected by mental illness experience on the way to recovery
- Help staff gain a fresh understanding of and empathy for their patients' lived experience, especially during treatment
- Promote collaboration between clients, families and providers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

It's all about Engagement

Collaborative Care



Additional resources



More Resources

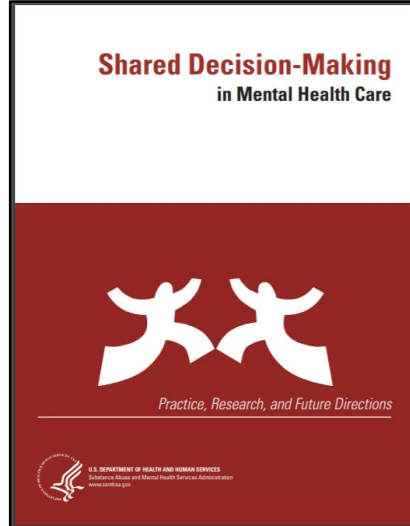
- **SAMHSA Shared Decision-Making Tools**
<https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>
- **Shared Decision-Making in Mental Health Care**
<https://store.samhsa.gov/system/files/sma09-4371.pdf>
- **Administration for Community Living**
Person Centered Planning
<https://acl.gov/programs/consumer-control/person-centered-planning>



BRSS TACS
Bringing Recovery Supports to Scale
TECHNICAL ASSISTANCE CENTER STRATEGY

Shared Decision-Making Tools

Shared decision-making tools help people in treatment and recovery work together with their providers to make the best plan for their needs and situation.



Shared Decision-Making
in Mental Health Care

Practice, Research, and Future Directions

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



