Strategies That Promote Consumer Driven Care

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A View on Building a Partnership Between the Psychiatric Treatment Team and Consumer in the Establishment of Recovery Driven Treatment
Challenging the Glass Ceiling!

- Power is composed of Knowledge, Influence and Attitude

- Strive to Create an Equal Playing Field.

- The Ingredients of Hope; Communicate to the Consumer
- Your experience of mental health issues is not a test of willpower, nor are you being punished.
- This moment is part of your life journey.
- This journey holds great potential and can teach you more about yourself.
- No journey is not without challenges.
- You will be asked to make important decisions with our support when you are ready.
A journey of hope continued

- Refer to an exacerbation of a consumer’s illness as a “bump” in the road, assure them the bridge is still intact and they’ll have the means to travel safely.

- Offer as many choices as possible and appropriate.
When you are asked a question or comment, stop writing, look the other person in the eyes, listen, and repeat what you heard. *(If I understood you correctly, you are asking…)*
The same may be asked of the consumer. *(Would you kindly tell me what you heard me say?)*
Hope and How You can foster Its Growth

- Realize for many consumers accepting their mental illness and creating their journey is an existential process, they are challenged to integrate this experience and its meaning into their belief system. They are often asking the BIG questions about both the here and now and their future.
If you don’t feel equipped to entertain those BIG questions then arrange for spiritual support or consultation and include that person and their expertise in your treatment meetings; incorporate this information into the treatment plan.
More on Belief Systems

- It is not your job to change the consumers belief system or religious principles, however, this may occur as a part of their recovery and your support.
- Be aware of your own core beliefs to avoid projecting them on the consumer.
- There is a way of challenging old beliefs by offering new information.
- **Awareness** is the key.
Mental Health Consumer Rights and Responsibilities

1. You have the right to understand your insurance benefits and coverage in a language you can understand.

You have the responsibility to read information from your insurance provider and are encouraged to ask your caseworker/social worker to help if you have questions or concerns.
2. You have the **right** to know what professional care and services and treatment options are available to you and which are not. You may ask for background information on your treatment team: training, job experience, and credentials, you may ask for a different team member if you are having conflicts after a genuine attempt to mediate the conflict.

*You have the **responsibility** to review your treatment plan and team recommendations and speak directly to someone on the team if you don’t agree with the way things are going or want to suggest changes.*
3. You have the **right** to appeal a decision made by your insurance provider if you feel you are entitled to be covered for a service and have been denied. You have the right to file a grievance with a service provider/professional if you believe you have been mistreated or mislead. You have the right in either case to receive a copy of due process procedures for either situation. **You have the responsibility to follow the protocol outlined in either situation.**
Our goal is to establish a collaborative relationship between the “experts” and the consumer.

Consumers want to be treated with respect, listened to, talked to and included in the treatment planning and decisions.

The first tool of intervention is verbal
Collaboration between professional providers and consumers

- Practitioners have underscored the need for consumer input and collaboration between consumers and providers provide the best outcomes for both short term and long term recovery objectives.
  - Referring to the “Expert Consensus Guidelines on the Treatment of Behavioral Emergencies:
    - Following verbal interventions and establishing a collaborative approach, medication is the next intervention tool.
Collaborative Approaches continued

- The use of oral medication is next with the respect for the consumer’s presenting issues, their past experience of particular meds, and preferences. (haldol vs. benzodiapines)
- Realize that one-fifth of behavioral emergencies are the result of not having more routine mental health care.
Medications

- Almost half of the consumers interviewed were not opposed to medication and saw their merits.
- Although many were opposed to forced medication and living with the side effects.
- The consumer board were very interested in the development of alternatives to the emergency rooms during a crisis.
- They wanted more use of Advanced Directives.
- They also saw the merits in the increase use of peer support.
General Recommendation

- Consumers requested a more humanistic and holistic response to their emergent behavioral crisis.
Transformation of the Mental Health System

- Institute of Medicine’s Improving the Quality of Health Care for Mental and Substance-Use Conditions (2005)
“You keep talking about getting me in the ‘driver’s seat’ of my treatment and my life... when half the time I’m not even in the damn car!” (woman in recovery on her experiences of treatment planning)
Strategies

- Continuity
- Person Centered Treatment Planning
- Advance Directives
Continuity

- A staff/consumer relationship built on trust, competence, respect, partnering and collaboration is viewed as the type of relationship that supports recovery.
- People do not want to tell their story over and over. They want to move on together with helpful providers.
- Recovery happens without staff. When staff are part of recovery it is generally because a relationship has been formed.
In a transformed mental health system, a diagnosis of a serious mental illness or a serious emotional disturbance will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. ... The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system. The plan will include treatment, supports, and other assistance to enable consumers to better integrate into their communities; it will allow consumers to realize improved mental health and quality of life.

Treatment Planning

- Nearly every consumer of mental health services...expressed the need to fully participate in his or her plan for recovery.

Barriers

- Belief that treatment planning is not relevant to treatment and is done only to meet regulatory requirements
Barriers

- Residual Stereotypes
  - Impaired decision making
  - Dangerousness
  - Notion that drug use is solely volitional
  - Coercion and the resulting stigma

From Study to Action: A Strategic Plan for Transformation of Mental Health Care  Daniels, A.S., Adams, N., 2006
Stigma $\rightarrow$ ↓self esteem $\rightarrow$ ↓self efficacy $\rightarrow$ ↓ability to manage chronic illness $\rightarrow$ ↓health outcomes and recovery

IOM, 2005
Remedies

IOM, 2005

- Combat stigma and support decision-making at the site of care. Improved tolerance for “bad” decisions.
- Involve consumers in design, administration, and delivery of care.
- Provide decision-making support to consumers, including peer support and advance directives.
- Support illness self-management programs and practices. Educate consumers and families.
- Make transparent your policies for determining decision-making capacity and dangerousness.
- Preserve patient decision-making in instances of coercion.
Treatment Planning

- There are a lot of expectations on the part of both providers and consumers but little clarity about exactly what to do and how to do it and what it will look like when done right.
Treatment Planning

- Must be recovery focused
- Must be holistic and go beyond managing symptoms
- Must be based on a partnering relationship and shared decision making
- Must be based on an assessment of consumer strength and available supports
Treatment Planning

- Must include strategies for empowerment, resilience and self-reliance
- Must include interventions that are consistent with the consumer’s readiness to acknowledge problems and make changes
- Must promote consumer defined outcomes
Treatment Planning

- Must be written in the consumer’s own words whenever possible
- Must be culturally competent
- Must integrate treatment of mental, physical and substance use disorders
- Must be subject to revision
- Must “belong” to the consumer
Psychiatric Advance Directives

- A legal document written by a consumer, while competent, that expresses the consumer’s wishes regarding psychiatric treatment in the event she or he loses the capacity to make informed decisions about psychiatric treatment.
Psychiatric Advance Directives

- **Instruction Directives**: provide specific instructions regarding treatment by the person who drafted them.

- **Proxy Directives**: Give a specified person the power to make decisions regarding psychiatric treatment on behalf of a consumer if the consumer loses the capacity to make decisions.

- Often include both
Psychiatric Advance Directives

- All states have statutes authorizing advance directives for health care in general.
- Some states exclude psychiatric care from these.
- Some states specifically authorize psychiatric advance directives.
- Unclear how they will be legally enforced.
Psychiatric Advance Directives

- 25 states specifically authorize psychiatric advance directives

- Iowa does not
Psychiatric Advance Directives

Potential Benefits

- Empower consumers to assume control over treatment decisions
- Enhance communication about treatment preferences between consumer, family and treatment provider
- Facilitate appropriate and timely treatment before a crisis develops
- Reduce involuntary treatment
Psychiatric Advance Directives

- Concerns
  - Could be used to avoid all treatment
  - Difficult to determine when to use the advance directive—determining “capacity”
  - May be “revoked” during an episode of illness
Conclusions

- Relationship built on respect, optimism, mutual responsibility and mutual decision making is essential.
- Treatment planning is more than paper work. It allows for communication of consumer identified goals, mutually agreed upon strategies and meaningful outcomes.
- Psychiatric advance directives may enhance consumer driven care.