



Prevention and Holistic Approaches to Wellness: A Fresh Perspective on Mental Health Recovery

DECEMBER 7, 2010



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Archive

- This training teleconference is being recorded.
- The PowerPoint presentation, PDF version of the PowerPoint, audio recording of the teleconference, and the written transcript will be posted to the SAMHSA 10x10 Campaign Web site at <http://www.10x10.samhsa.gov> under the “10x10 Training” section.

Questions and Answers

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing “*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.



Overview of Complementary and Alternative Medicine

Prachi Patel

Public Affairs Specialist

National Center for

Complementary and

Alternative Medicine (NCCAM)

National Institutes of Health

National Institutes of Health



- The world's largest supporter of biomedical research
- A component of the Federal Government
- Composed of 27 Institutes and Centers
- Employs about 25,000 people
- Invests over \$31 billion in research throughout the U.S. and in 80 countries

What Is Complementary and Alternative Medicine (CAM)?



- Medical and health care practices outside the realm of conventional medicine, which are yet to be validated using scientific methods
- Complementary: *together with* conventional practices
- Alternative: *in place of* conventional practices

NCCAM's Mission

- Explore complementary and alternative healing practices *using rigorous scientific methods* and develop the evidence base for safety and efficacy of CAM approaches
- Support the development of trained researchers
- Disseminate authoritative information to the public and professionals



Demographics and Costs of CAM, 2007

- Approximately 40 percent of the American public uses some form of CAM
- Widespread in all demographic groups
- Women > men
- West > Midwest > Northeast > South
- Greater use in people with higher education levels
- Largely paid for out of pocket
- Costs—approximately \$34 billion—1 percent of health care expenditures and 10 percent of out of pocket costs

Common CAM Practices

Numbers in Percentages

- Natural Products 17.7
- Deep breathing 12.7
- Meditation 9.4
- Chiropractic/Osteo 8.6
- Massage 8.3
- Yoga 6.1
- Progressive relaxation 2.9
- Guided imagery 2.2

Barnes et al., *CDC National Health Statistics Report #12*, 2008.

Types of CAM Studied

- Natural products
- Manipulative and body-based practices
- Mind-body medicine



Natural product research at NCCAM

St. John's Wort (SJW)

- **Ineffective for Major Depression**
 - Goal: Evaluate the efficacy and safety of SJW for major depression of moderate severity
 - Study Design: Large, multi-site clinical trial (SJW, sertraline, placebo)
 - Results: Ineffective

Journal of the American Medical Association, 2002.

Ginkgo Biloba for Preventing Cognitive Decline in Older Adults

- Objective: To determine whether ginkgo biloba slows the rates of cognitive decline in older adults
- Design: A randomized, double-blind, placebo-controlled clinical trial of 3,069 participants aged 72–96 years; median follow-up of 6.1 years
- Intervention: Twice-daily dose of 120-mg extract of ginkgo (n=1545) or placebo (n=1524)
- Conclusion: Compared with placebo, the use of ginkgo did not result in less cognitive decline in older adults with normal cognition or with mild cognitive impairment

Snitz, B.E. et al. (2009). *Journal of the American Medical Association*, Vol. 302, pp. 2663-2670.

Manipulative and Body-Based Practices Research



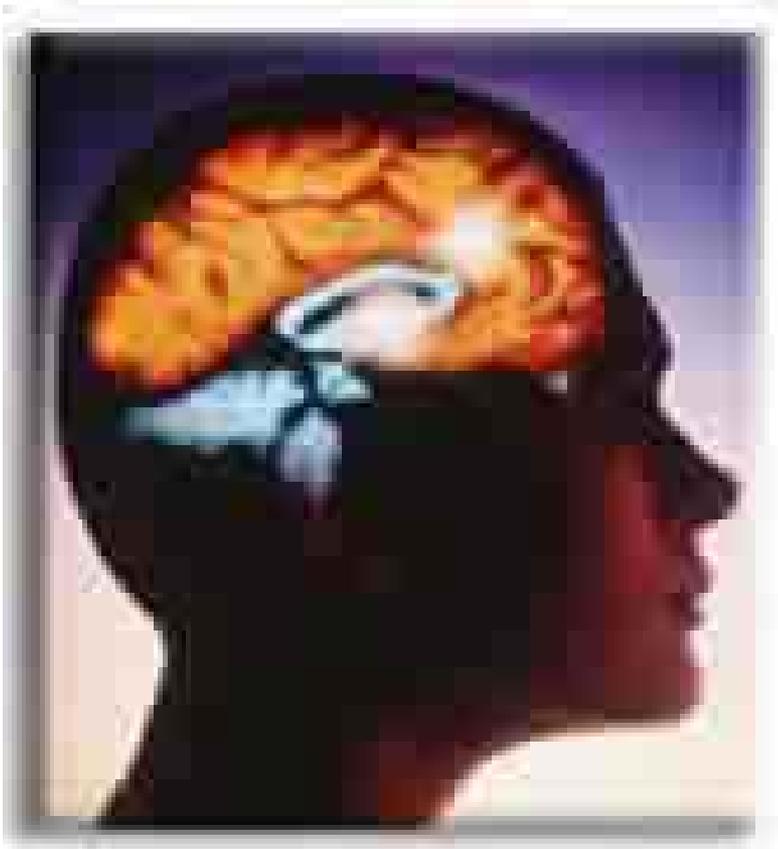
- Massage
- Chiropractic

Massage Research



- Providing massage therapy for people with advanced cancer
 - Massage versus simple touch therapy
 - Multi-site study at 15 hospices with 380 participants with moderate-to-severe pain
 - Randomly assigned to get six, 30-minute treatments over 2 weeks
 - Both groups showed significant improvement in pain relief, physical and emotional distress, and quality of life

Mind-Body Research



- Uses techniques to enhance the mind's capacity to affect bodily function and promote health

Research on Mind and Body CAM Approaches

Long-term yoga and women's stress

- Stress affects everyone. This study evaluated how Hatha yoga may be beneficial to women.
- This study involved 25 yoga "experts" and 25 novices.
- The researchers assessed participants' cardiovascular, inflammatory, and endocrine responses before and after they took part in three activities: yoga practice, slow walking on a treadmill, and watching a video.
- Experts had lower heart rates in response to stress events than novices. Yoga also boosted mood in both groups, while the other two interventions (walking, video) did not.

Research on Mind and Body CAM Approaches

Health benefits of Tai Chi and Qi Gong

- Researchers analyzed 77 articles reporting the results of 66 randomized controlled trials with 6,410 participants of tai chi and qi gong.
- Current research suggests that the strongest and most consistent evidence of tai chi or qi gong health benefits is for bone health, cardiopulmonary fitness, balance and factors associated with preventing falls, and quality of life.

Resources

- NCCAM Web site:
<http://nccam.nih.gov>
- Clearinghouse: 1-888-644-6226
- NCCAM Clinical Digest—monthly e-newsletter with evidence-based information
- NCCAM Update—monthly e-bulletin
- Outreach via mass media, Web chats, teleconferences, town hall meetings
- Exhibits
- Integrative Medicine Research lecture series

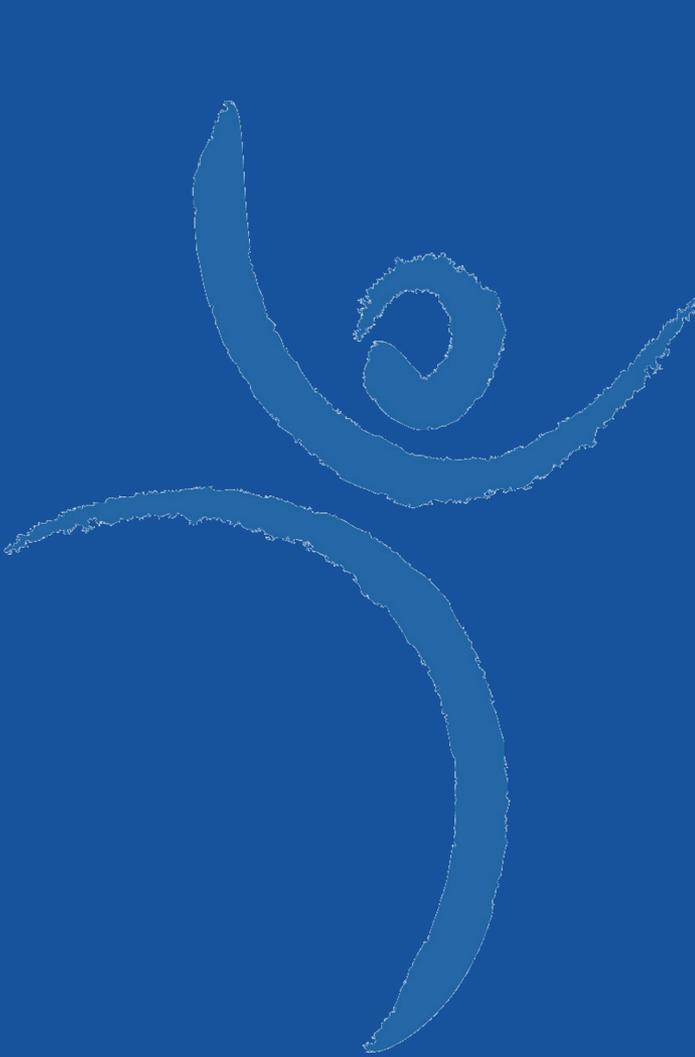


Resources

- **Cochrane Collaboration**
 - Produces and disseminates systematic reviews of health care interventions
 - <http://www.cochrane.org>
- **CAM on PubMed**
 - Provides CAM citations
 - <http://nccam.nih.gov/research/camonpubmed>
- **The International Bibliographic Information on Dietary Supplements (IBIDS)**
 - Provides access to bibliographic citations and abstracts from published, international, and scientific literature on dietary supplements.
 - http://ods.od.nih.gov/Health_Information/IBIDS.aspx

Citations

- Barnes P.M., Bloom B., and Nahin, R. (2008). *CDC National Health Statistics Report #12. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007.*
- Hypericum Depression Trial Study Group. (2002). Effect of *Hypericum perforatum* (St. John's wort) in major depressive disorder: a randomized, controlled trial. *Journal of the American Medical Association.* Vol. 287. No. 14, pp. 1807–1814.



Key Contributive Factors to Positive Health Status

Ken Jue
Senior Executive
Monadnock Family Services
Keene, New Hampshire

Compelling Issues

- **People diagnosed with a serious mental illness:**
 - have a decades shorter lifespan due to co-morbid health risks, i.e., diabetes, cardiovascular disorders, high blood pressure, respiratory and pulmonary diseases, etc.
 - also smoke nearly 50 percent of cigarettes sold in U.S.
- **Lifespan gap is likely greater for those with dual substance abuse issues**

Companion Factors

- Social determinants of health: factors that lead to poor health status
 - Poverty, discrimination and social exclusion
 - Lack of access to societal resources: health, education, recreation, etc.
 - Crisis level in unemployment: 70 to 80 percent
 - Housing: deplorable, segregated, unsafe
 - Social isolation
 - Trauma

The Challenge and the Hope

- The Challenge: Courage in the face of the struggle to create a life.
 - Joanne
 - Leena
- The Hope: “I am more than my diagnosis.”
 - Luke
 - Phil

Wellness

- A health concept and paradigm that:
 - Goes beyond what keeps people out of the hospital and managing symptoms and the traditional illness paradigm
 - Helps us understand what makes people healthy
 - Serves as a vehicle for mental health systems change
 - Can be used to attack the issues of shortened lifespans and social exclusion

Wellness

- Broaden treatment paradigm to a health paradigm
 - Key contributors to creating and maintaining good health
 - Physical fitness
 - Nutrition and healthy eating
 - Routine access to healthcare
 - Full social inclusion
 - Principles for personal recovery: self-determination, self-management
- Focus upon overall health status and emphasize individual control and responsibility for own health and well-being

Vehicles for Healthcare System Change

- Wellness and integrated health and mental health care initiatives can be vehicles that:
 - Eliminate barriers that support uncoordinated silos in health care system.
 - Advance a coordinated, collaborative health care system.
 - Generate individualized health and wellness plans emphasizing personal control and responsibility.
 - Take advantage of opportunity to re-invent a health system seeing the whole person and their environment.

Key Tasks

- Challenge local communities to expand and broaden their responsibility for public health and well-being
 - Create new partnerships and alliances, including health, education, housing, government, business and industry, and recreation sectors for broadest integration and identification of services and opportunities, i.e., look beyond the usual potential players
 - Communities confront the social determinants of health

Key Tasks

- **Challenge for the Individual**
 - Become educated
 - Empower oneself through personal responsibility
 - Engage and lead others
- **Challenge for the “Provider”**
 - Educator
 - Consultant
 - Facilitator
 - Community leader and catalyst for change

Resources

- Amnesty International. (2009). *Mental Health and Your Human Rights: a brief guide*, Amnesty International Ireland, Ballast House, Dublin, Ireland.
- Behavioral Healthcare Tomorrow. (1996). *Uniting Mind & Body*, Tiburon, CA, Vol. 5, No. 5, October 1996, pp. 25–72, 77–79.
- Daniels, A.S., Adams, N. (2006). *From Study to Action: A Strategic Plan for Transformation of Mental Health Care*, February 2006, available at <http://www.healthcarechange.org>.

Resources

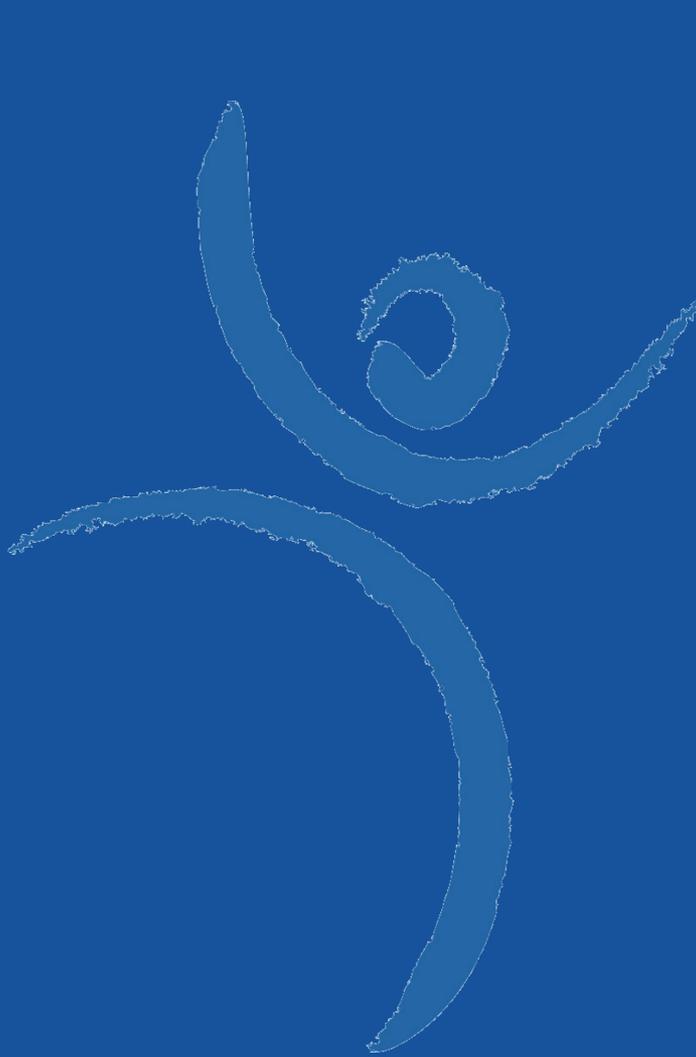
- Duckworth, K. (2010). *NAMI Hearts & Mind, a Roadmap to Wellness for Individuals Living with Mental Illness*, NAMI, Arlington, VA.
- Drucker, P. (1998). “The Discipline of Innovation,” *Leader to Leader*, Jossey-Bass, San Francisco, CA.
- Jue, K. (2007). “Leadership Through Community Engagement,” *The National Council Magazine*, Vol. 1, p. 10, National Council for Community Behavioral Healthcare. Washington, DC.
- Jue, K. (2009). “InSHAPE: Promoting Wellness, Saving Lives,” *The National Council Magazine*, Issue 2, pp. 54-55. National Council for Community Behavioral Healthcare. Washington, DC.

Resources

- McKenzie, K. and Harpham, T., eds. (2006). *Social Capital and Mental Health*, Jessica Kingsley Publishers, London, UK and Philadelphia, PA.
- National Association of State Mental Health Program Directors. (2006). “2006 Report: Morbidity and Mortality of People with Serious Mental Illness.”
- The National Council Magazine. (2009). “A Two-Way Street: Behavioral Health and Primary Care Collaboration.” Winter 2009. National Council for Community Behavioral Healthcare. Washington, DC.

Resources

- SAMHSA/CMS. (2005). *Free to Choose: Transforming Behavioral Health Care to Self-Direction*, U.S. Department of Health and Human Services, DHHS Publication No. SMA-05-3982.
- Silver, H. (2008). "From Stigma to Inclusion: Implications of the EU Approach for American with Mental Disabilities," (PowerPoint presentation) Brown University & Institute for Advanced Study, Conference on "Social Inclusion and the Transformation of Mental Health Services: Transatlantic Perspective," University of Pittsburgh, EU Center of Excellence, School of Medicine, Western Psychiatric Institute, June 13.



Spotlight on a Peer Wellness Initiative

Sherry Jenkins Tucker, M.A.,
ITE, CPS

Executive Director

Georgia Mental Health
Consumer Network

Peer Support and Wellness Center

- Trauma-informed environment
- Run by certified peer specialists (CPS)
- Focus is on self-directed mind, body, spirit wellness
- Our motto: We are About Wellness, Not Illness



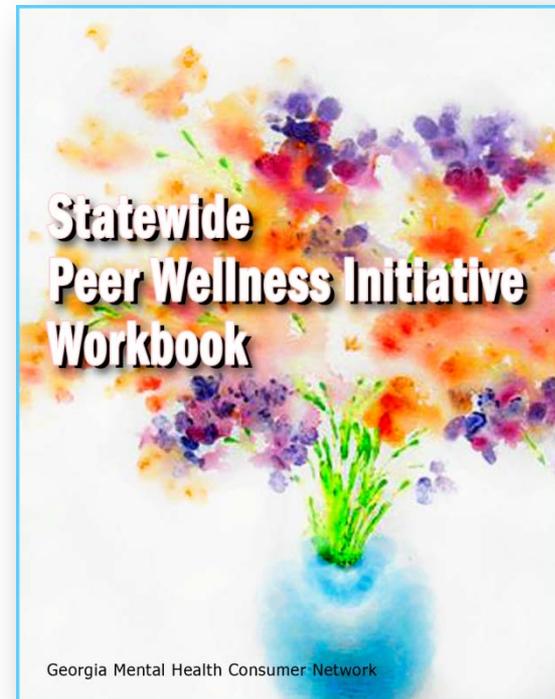
Peer Support and Wellness Center

- Three respite beds
- Daily wellness activities
- 24/7 Warm Line
- Trained peer workforce
 - CPSs
 - Intentional Peer Support



Statewide Peer Wellness Initiative

- Mind, body, spirit, and wellness training offered to peers including, CPSs statewide
- Funded by a Center for Mental Health Services (CMHS) statewide consumer networking grant



Statewide Peer Wellness Initiative

- Invite peers to sign-on to SAMHSA's 10x10 Campaign
- Reorient peers to Wellness Recovery Action Plan (WRAP)
- Focus on Wellness Toolbox

Statewide Peer Wellness Initiative

- **Wellness Tools**
 - Benson-Henry Institute (BHI) relaxation response
 - Healthy diet
 - Exercise
 - Positive imaging
 - Smoking cessation

Statewide Peer Wellness Initiative

- Action Planning
- Self Advocacy for Whole Health
- Psychiatric Advance Directives

Statewide Peer Wellness Initiative

- **Peer Support Whole Health Training**
 - Trained 10 percent of the CPS Workforce
 - Focus on peer-supported whole health goal setting and support
 - Medicaid reimbursable service

Peer Support Resiliency Project

- Develop and build consumer-controlled resiliency training programs for adults with mental health and addictive disease diagnoses
- Will be offered to peers and CPSs statewide
- Funded by a CMHS statewide consumer networking grant

Peer Support Resiliency Project

- **Training Focus**

- Principles of social support and networking
- BHI Mind Body Medicine relaxation response
- Altruism
- Cognitive skills and positive psychology
- Wellness practices

Peer Support Resiliency Project

- Pilot study
- Statewide training for peers including CPSs
- Trainers training for CPSs

Resources

- Wellness Recovery Action Plan
 - <http://www.mentalhealthrecovery.com>
- Benson Henry Institute for Mind Body Medicine
 - <http://www.mgh.harvard.edu/bhi>
- Collaborative Support Programs of New Jersey
 - <http://www.cspnj.org>

Vision

What is your vision?

NCCAM's Vision



- Facilitate integration of effective CAM strategies and conventional medicine into
 - Comprehensive health care that is based on the best science available
 - Health care that:
 - Recognizes the importance of compassion and caring
 - Encourages people to actively participate in choices to enhance their resilience, prevent illness, and improve the quality of their lives

Ken Jue's Vision

- The lifespan gap for individuals with a serious mental illness is eliminated.
- Social inclusion policies and strategies are established at national, State, and community levels.
 - Local communities embrace and implement full social inclusion action plans
 - Elimination of discrimination and stigma of mental illness
- Equal access to employment opportunity, decent and affordable housing and quality health care become realities.

Sherry Jenkins Tucker's Vision

- I see a world in which consumers of state mental health services out-live the general population by 25 years.

Contact Information

Prachi Patel

Public Affairs Specialist

National Center for Complementary and Alternative Medicine, National Institutes of Health

patelp2@mail.nih.gov

301-594-1030

Kenneth Jue

Sr. Executive

Monadnock Family Services

Keene, NH 03431

kjue@mfs.org or ken@kenjue.com

603-313-5722

Sherry Jenkins Tucker, M.A., ITE, CPS

Executive Director

Georgia Mental Health Consumer Network

246 Sycamore St., Suite 260

Decatur, GA 30030

sjtucker@gmhcn.org

<http://www.gmhcn.org>

404-687-9487

Speaker Biography

Prachi Patel is a public affairs specialist at the National Center for Complementary and Alternative Medicine at the National Institutes of Health. Patel focuses on creating educational campaigns and conducting outreach—both to providers and consumers—with the ultimate goal of disseminating authoritative information to NCCAM’s audiences. Patel’s work at NCCAM includes conducting and supporting research, training researchers, and providing information about complementary and alternative healing practices in the context of rigorous science.

Patel is also the exhibits manager at NCCAM and, as such, facilitates the organization’s presence at as many as 20 meetings a year that are attended by providers, researchers, and consumers of conventional and complementary and alternative medicine. She is also a member of the speakers’ bureau, a position that allows NCCAM to engage various segments of the community to contribute tailored information on CAMs. Prior to joining NCCAM, Patel was a communications specialist for NIH’s Office of Extramural Research. Her interest in health care-related communications existed prior to NIH, when she was a communications associate at the American Urological Association.

Patel holds a Bachelor of Science degree in mass communications with a concentration in public relations from Boston University.

Speaker Biography

Ken Jue is the senior executive at Monadnock Family Services in Keene, NH. After attending too many funerals of clients who had died prematurely due to chronic health issues, Jue—then CEO at Monadnock Family Services (MFS)—initiated In SHAPE, a motivational health promotion and physical fitness program for adults with serious mental illnesses. In this innovative program, participants are empowered, through education and guidance, to assume responsibility for their own lifestyles.

Jue recently retired after more than 30 years in various leadership roles at MFS, a nonprofit agency that offers a vast array of mental health, substance abuse, community, and family services to people with serious mental illness in southwestern New Hampshire. He continues to serve as the organization's senior executive to advance MFS fundraising efforts and to promote the replication and formal research of the MFS In SHAPE consumer health and wellness initiative.

Jue, who holds a bachelor's degree from Trinity College in Hartford, Conn., and a master of science in social administration from Case Western Reserve University in Cleveland, Ohio, has received numerous accolades throughout his career. The In SHAPE program, in particular, was recognized with the 2010 Case in Point Platinum Award for Wellness and Prevention from Dorland Health Resources and the 2008 Excellence in Innovation Award by the National Council for Community Behavioral Healthcare. He was also awarded an Honorary Doctor of Humane Letters from Keene State College (NH) and Citizen of the Year 2000 from the Greater Keene Chamber of Commerce (NH).

Speaker Biography

Sherry Jenkins Tucker is executive director of the Georgia Mental Health Consumer Network, Inc. In addition to her extensive experience with the consumer/survivor movement, Tucker—who is a self-identified consumer of mental health services—has a strong background with WRAP facilitation, Leadership Academy training, peer workforce development, advocacy, and mind/body/spirit wellness. She is a certified peer specialist and holds the credential of “I’m the Evidence,” or ITE (I’m the evidence that recovery works).

The Georgia-based Peer Support Whole Health (PSWH) is a program that helps people with mental health problems examine their lifestyles from a perspective of strength and supports them as they re-establish new healthy lifestyle habits and disciplines. PSWH recently received funding from the National Association of State Mental Health Program Directors (NASMHPD) to transform its trained peer workforce to promote holistic recovery in an effort to offset the premature death of public sector mental health consumers. This exciting new role clarifies how peer specialists promote self-directed resiliency and whole health.

Tucker, who has both a bachelor of arts and a master of arts from West Virginia University, received the 2010 Isaiah Uliss Advocate Award from the United States Psychiatric Rehabilitation Association (USPRA) and the 2009 Clifford W. Beers Award by Mental Health America.

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Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately five minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Thank you for your feedback and cooperation.

Written comments may be sent to the Substance Abuse and Mental Health Services Administration 10x10 Wellness Campaign via e-mail at 10x10@samhsa.hhs.gov.