

IIMHL - 2015

Philadelphia

Inherent in every community is the wisdom to solve its own problems.

Department of Behavioural Health and Intellectual disAbility (DBHIDS)



“Transforming services to fully adopt and apply a recovery orientation was critical. I’d say 80% of this work is conceptual; it’s about how we look at people.

If I don’t believe this person can recover, no amount of [additional] resources can change that.”

Arthur C. Evans, Commissioner, DBHIDS

Department of Behavioural Health and Intellectual disAbility (DBHIDS)

KEYWORDS:

- **Single Commissioner** – policy, strategy / planning, commissioning of services
- **Transformation** – an overt statement of intent (a decade of transformation)
- **Trauma Informed** – practice and development
- **Mental Health Literacy** – public health / community engagement; a priority
- **Recovery** – a core and cohesive concept that connects and engages and normalises people's experience of challenges in life

In Brief

- Philadelphia - one of the highest homicide and poverty rates in the U.S. (Since 2001: 4,400 people murdered; more than 20,000 people shot.)
- DBHIDS - reconstituted from 3 city agencies. is responsible for policy and strategic development; the sole purchaser of mental health, disability, alcohol and addiction services across Philadelphia
- Rather than making incremental changes, in 2005 DBHIDS overtly embarked upon a “decade of transformation”; Utilising the Sanctuary Model, Trauma Focused CBT models, and Public Health models to inform change, service development and delivery
- “Our goal isn’t just symptom reduction. It’s recovery, and since people recover in a community, we also need a continuum of recovery support services like housing, education, social support, and employment.”
- Engagement, partnering, supporting community capability / capacity... mental health literacy initiatives led these endeavours. “Mental Health First Aid” is a flagship programme

A Trauma Informed Approach

- A fundamental element guiding policy, strategy, service contracting, development and provision (ie. not just a “practice model”)
- DBHIDS elected to pursue a transformational strategy combining a public health model with trauma informed individual care / support
- A strong emphasis upon the value of education (people [re]-learning, [re]-creating, [re]-discovering)
- Development of peer support; developing their recovery narrative
- Mental health literacy a cornerstone strategy
- Recovery as a common experience and informant / influencer of a life journey – experienced by many (most?) people

DBHIDS Response To Trauma

Public Education

- Mental health First Aid
- Outreach to community, partners and media

Early Identification and Screening

- Community screening
- On-line screening
- Training
- Support
- Supervision

Early Identification /Secondary Prevention

- Child and Family Traumatic Stress Intervention
- Development of peer support roles
- Training
- Support
- Supervision

Trauma Informed Organisations and Services

- Sanctuary Model training
- Change management
- Support
- Supervision

Trauma-focused Treatment

- Trauma focused Cognitive Behavioural Therapy and Prolonged Exposure (PE)
- Peer support
- Support
- Supervision

Trauma Informed Support For Recovery

- Collaboration with community agencies, social services, peer and community partners.

Five Truisms

1. **Population Health:** healing individuals is good; healing communities is better
2. **Moving Upstream:** prevention is more efficient than treatment
3. **Broader Range of Responses:** there are many ways to intervene to improve health status
4. **Health Promotion:** health is more than the absence of symptoms
5. **Beyond The Treatment Black Box:** our professions are being redefined

Building Mental Health Literacy

- Began a “decade of transformation” in 2005
- Mayoral “Call To Action”:
 - “How is DBHIDS assessing for the behavioural health needs of all Philadelphians, not just those already in treatment?”
 - National Depression Screening Day – first large scale in-person screening event. 400 Philadelphians participate on the day
- Healthy Minds Philly established (inc. website)
 - Became umbrella for both screenings and Mental Health First Aid
 - Award one of the “Top 10 Screening Site in the Nation”

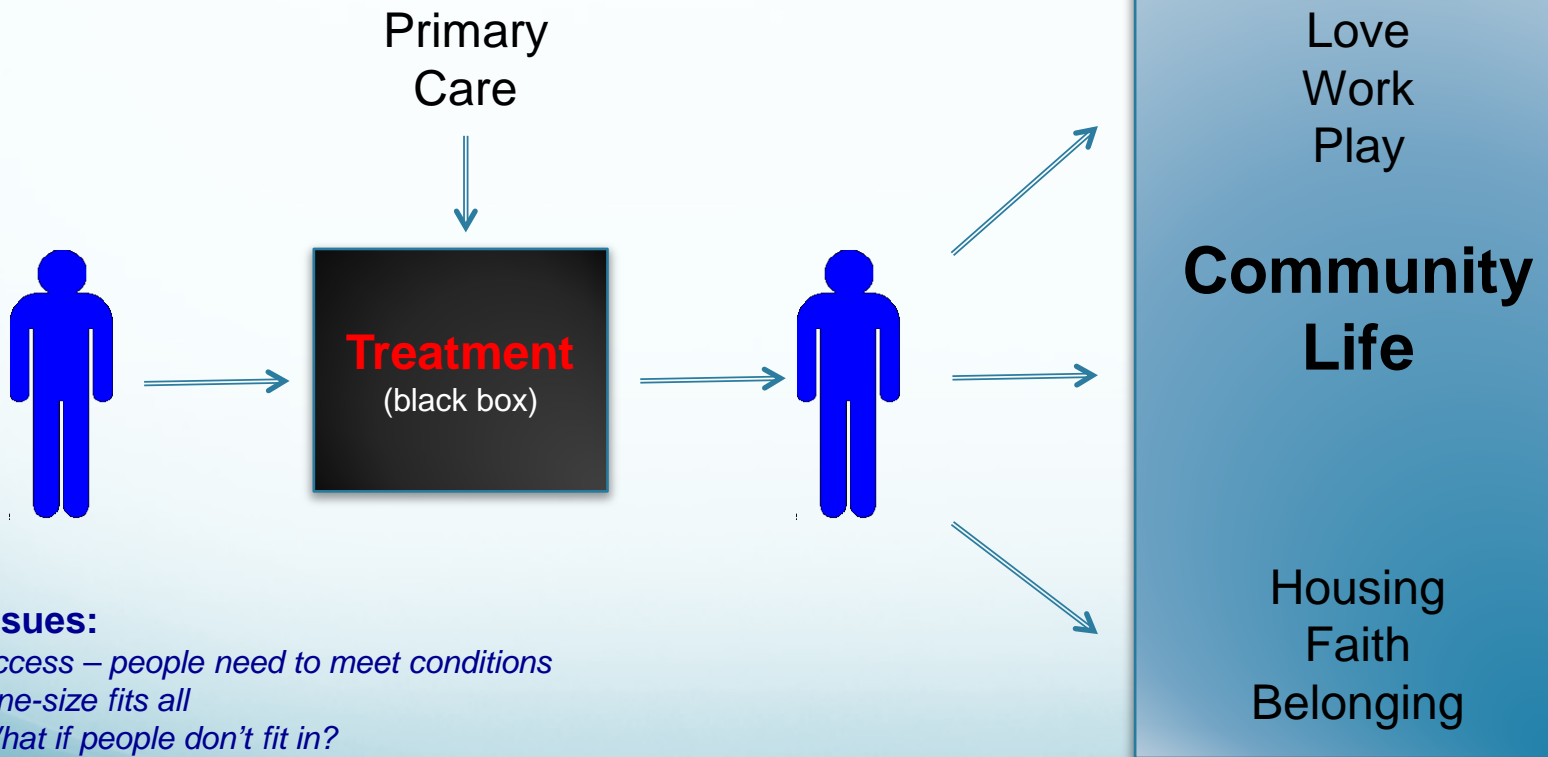
How To Support Population Health

(a DBHIDS perspective)

- Address social determinants of health
- Focus on long term outcomes
- Target “health” as the goal – not symptom reduction
- Invest in partnerships
- Encourage / invest in creativity and innovation
- Utilise data driven approaches
- Develop / utilise systemic, cross-sector strategies

Transforming Care and Support

Our traditional model of mental health care.



Issues:

- Access – people need to meet conditions*
- One-size fits all*
- What if people don't fit in?*
- Driven by diagnostic categories*
- A passive model*
- Assumes that people leave "well" / better*
- You need more than one "box" to meet needs*

"We were identifying and then treating chronic illness with an acute-disease model."

Arthur C. Evans, Commissioner, DBHIDS

Trauma Informed Practice

Traditional Paradigm	Trauma Informed Paradigm
Begin with “what’s wrong with you?” in order to assess, diagnose then treat, to reduce symptoms and manage illness	Begin with “what’s happening for you?” or even “What’s happened to you?” in order to engage, understand, then support to [re]discover/[re]create a life with personal meaning and purpose
People can be sick, ill or bad	People can hurt and suffer
People can change lifestyle, negative behaviours and stop destructive behaviours if they only had the motivation	People need support, trust and safety to improve their lifestyle and decrease unhelpful behaviours
Service focus on individual illness / dysfunction / pathology	Focus on understanding the individual as a citizen / community member, social determinants of well-being, and recovery / dis-covery of a life worth living
Manage or eliminate negative / destructive behaviours	Provide support and opportunities for people to heal from trauma
Reliance upon professional clinicians / dedicated expertise to treat / respond to illness / poor health	Support self-help, the development of peer / community resource through mental health literacy, mental health first aid programmes, and community engagement
Staff should come to work everyday at their best and perform to the expectations of leadership	Leadership needs to create strong organisational culture to combat trauma and stress associated with work and supporting traumatized people
System[s] of care should be created to minimise short term costs and contain poor life styles / destructive behaviours	System[s] of care invested in healing trauma, saving money over the long term
Hospital / medical centres provide the most appropriate context to treat the symptoms of mental illness	Communities are an invaluable resource that can mitigate, contribute to or alleviate trauma, and support recovery, in partnership with the mental health response
Mental illness is typically a disease of the mind with a strong biological basis shaped by a genetic predisposition	There are diverse and inter-related contributors to the experience of poor health and well-being that may be commonly linked to and influenced by life experiences, social determinants / community well-being – as well as biological factors.

Building Mental Health Literacy

- **Recovery Walk**

- Began in 2005 – around 130 participants
- 25,000 participants in 2015
 - Philadelphia population = 1.4 million people
- Begins beside Delaware River; 80-90 information stalls set up. Walk takes approx. 2 hours
- Emphasis upon people who can identify with the “recovery community” (not specific issues / interests)
- Mayor of Philadelphia an enthusiastic participant – openly acknowledges his own (continuing) journey of recovery



Ambassadors for Recovery

PRO-ACT Recovery Walks! 2015



Recoverywalks

www.recoverywalks.org

@Recoverywalks

Saturday, September 19, 2015

www.RecoveryWalks.org

PRO-ACT Recovery Walks! 2015

Great Plaza, Penn's Landing, Philadelphia

Registration 7:00 am; Walk 9:00 am, followed by post-walk Stage Program

**Start Your Team NOW and
Register free at www.RecoveryWalks.org**

The goals of the Walk are to eradicate discriminating public policies; increase awareness of the benefits of recovery; honor providers of treatment and recovery services; mobilize the recovery community to work toward increased funding for research, quality treatment and recovery support services; provide hope that people do recover; honor those who haven't survived this chronic disorder; and raise funds for PRO-ACT's prevention, advocacy, and recovery support services that benefit the entire community.

Recovery Walks! is an important PRO-ACT fundraiser

Please donate to Recovery Walks! so that we can continue to expand our services to the growing number of individuals and families who wish to access and sustain long-term recovery

**To donate to the Walk, go to
www.RecoveryWalks.org**

Our website has all the information you need to register, form a team, earn an official t-shirt; sign up for the Honor Guard, donate to the event or a walker, create rally signs, or sponsor the event. Join 23,000 others who support recovery for this joyous celebration on September 19 (you don't have to be in recovery to walk).



Ambassadors for Recovery

PRO-ACT is Hosted by
The Council of Southeast Pennsylvania, Inc.
252 West Swamp Road, Unit 12
Doylestown, PA 19901
Phone: 215-343-6944
Fax: 215-348-5377
24-Hour Recovery Support Line: 1-800-221-4333



Recovery Walk



Building Mental Health Literacy

- **Community Art Programme**

- Porchlight Programme – a partnership between Mural Arts and DBHIDS
- A publicly engaged community art-making process (Inclusive of people in recovery) the programme exemplifies the idea that public art can be uplifting within a community and provide a human connection, which is at the heart of wellness in the city.
- Can public art promote public health?
 - An articulated Porchlight theory of change led this development.
 - Six murals were included in a formal evaluation conducted by Yale School of Medicine.
 - The evaluation strongly suggests the answer is “yes!”

Building Mental Health Literacy



Building Mental Health Literacy

- **Stephen Klein Wellness Centre**
 - A recently opened 28,000sq. ft.
 - Includes general practice, pharmacy, child care, dentist, counseling, legal advice, advocacy, showers/washing machines, gymnasium...
 - Provides a health home for homeless men, women, and children, and residents in an area where half of the people live in poverty and almost a third in extreme poverty.
 - Programmes / Classes (offered weekly)
 - Nutrition Classes
 - Heart Healthy Class
 - Coffee and Conversation
 - Survivors of Domestic and Intimate Partner Violence
 - Experiencing Grief

Building Mental Health Literacy

- The **Stephen Klein Wellness Centre** provides services to people of all ages, with and without health insurance; these services include:
 - Primary medical care
 - Behavioral health care
 - Dental care (*Summer 2015*)
 - Pharmacy (*Spring/Summer 2015*)
 - Phlebotomy (blood draws)
 - Wellness classes (nutrition/cooking, exercise, stress reduction are examples)
 - Mobile nurse street outreach services
 - YMCA-operated fitness facility (adjacent)
 - Physical therapy
 - Legal clinic
 - Child care
 - Emergency food pantry
 - Shower for clients/patients who are homeless; washing machine and dryer
 - Referrals to specialty care
 - Assistance with applying for health insurance

Stephen Klein Wellness Centre



Building Mental Health Literacy

- **The Bridge Way School** is Philadelphia's first recovery high school.
 - They are accredited by the Pennsylvania Department of Education, supported by DBHIDS, and provide a challenging academic program for students in grades 9 – 12 in an environment that requires and supports sobriety utilising 12-step principles.
 - It is a day school (ie. not residential)
- To access The Bridge Way School you must:
 - have at least 30 days of sobriety
 - Be actively working a recovery programme
 - looking for a strong college-preparatory programme that recognises individual learning styles

Building Mental Health Literacy

- Recovery High School
 - Providing an academic education is the paramount objective of The Bridge Way School.
 - Time during the school day is set aside for the development of tools and strategies for maintaining sobriety aimed at helping students succeed on a life-long road to recovery as they continue to live, work, and play in their communities
- The Clinical Director, and qualified / experienced counselors:
 - facilitate daily group support meetings.
 - offer strategies for building the resilience to bounce back from the disappointments and stressors of everyday life that can trigger relapse.
 - meet with our teaching staff routinely to provide updates on our students.
 - provide on-site crisis counseling and referrals for long-term individual and family therapy when needed.

Recovery High School



Building Mental Health Literacy

- **Screening tool – “a check up from the neck up”**
 - “You keep tabs on your blood pressure, weight, cholesterol, and blood sugar levels. How about your emotional well-being?”
 - Emotional well-being can be checked in a number of different ways through a free, quick and anonymous, on-line screening.
 - Community events happen throughout the year where in-person screenings take place – people welcome anytime!
 - In-person screening “kiosks” - like blood pressure machines! – are being set up where a person can choose to take a screening “in person” in the community.
 - The screenings *are not* a diagnostic tool – though could be used (for example) by people using ipads while waiting to see a doctor

Mental Health Screening



TAKE A SCREENING

ARTICLES

PRIVACY POLICY

ESPAÑOL

How are you feeling?

Check it out at:
<http://healthymindsphilly.org/screening>

You keep tabs on your blood pressure, weight, and cholesterol. How about your emotional well-being? You can check it out right here, anytime. This tool is completely anonymous. In a few minutes, you will learn whether or not you might be experiencing behavioral health challenges. Once you've finished the screening, visit HealthyMindsPhilly.org for additional resources.

PHILADELPHIA DBHIDS

TAKE A SCREENING

Why should I take a screening?

Mental Health Literacy

- Peer support – not hindered by adherence to a model; it is based on “what’s needed”.
 - Peer staff are both integral and integrated within teams
 - Part of crisis responses / transition points in people’s recovery
- Personal Advocacy Skills
 - Eg. Develop your own recovery narrative
 - Why do we share our stories?
 - How do we develop a way to tell our stories?
 - How do we decide what parts of our stories to tell?
 - Understanding time management and audience

The Sanctuary Model

- The Sanctuary Model is an evidenced-supported, trauma informed philosophy of care, and whole system organisational culture change
 - A Sanctuary programme should be a strong, resilient, tolerant, caring, knowledge-seeking, cohesive and nonviolent community where...
 - ...staff are thriving, people trust each other to do the right thing, and clients are making progress in their own recovery, within the context of a safe and connected community
- Sanctuary is based on an understanding of trauma and how it affects individual clients as well as whole systems or organisations

The Sanctuary Model

- It is based on 4 pillars:

1. Trauma theory

- learned helplessness, vicarious trauma, parallel process, collective disturbance, traumatic re-enactment, trauma and the effects on the body

2. SELF Model

- **S**afety – physical, psychological, social and moral
- **E**motion – management
- **L**oss – abuse, neglect, separation, getting stuck, change / transition
- **F**uture – how can things be better; discovering hope

3. Sanctuary Tools

- Community meetings, engagement, safety plans, self care plans, team meetings, workshops, groups...

4. Seven Commitments....

The Sanctuary Model

THE SEVEN COMMITMENTS

NONVIOLENCE

Safety = physical, psychological, social, moral.

EMOTIONAL INTELLIGENCE

Human behaviour makes sense. Emotional intelligence moves us to understand the relationship between negative experiences and emotions/behaviours.

SOCIAL LEARNING

Mistakes happen and we must learn from them. Social learning promotes collaborative thinking and problem solving.

OPEN COMMUNICATION

Information is the flow of life. Communication creates a community that tolerates expression of emotions and explores issues.

SOCIAL RESPONSIBILITY

There is power in groups and safety in numbers. Social responsibility focuses on building communities where people feel a sense of responsibility.

DEMOCRACY

Complex problems require complex responses; active participation and empowerment reduces complexity.

GROWTH AND CHANGE

All change means loss. Human intention can change the future. Set achievable goals that challenge / break unhelpful patterns of behaving / understanding.

7 Strategies For Making Change

- Conceptual clarity
- Consensus building (shared vision)
- Building infrastructure for change
- Calculated risk taking
- Build momentum
- Use leverage
- Conceptual clarity (connecting the dots)

Our Challenges in New Zealand

- Do we have:
 - the infrastructure
 - the need / desire
 - capacity
 - capability
 - leadership

...to implement similar transformational change?
- What do we have?
- What more is needed?