inSocialWork Podcast Series

Episode 108 - Dr. John Brekke, Anthony Fulginiti, and Rohini Pahwa: "For Them, With Them, By Them": A Peer Health Navigator Intervention for Persons with Serious Mental Illness

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Peter Sobota. Thanks for downloading more than 300000 of our podcasts. We'd love it if you took a minute to tell us what you like or don't like about them and what you'd like to see us do next. If you're an educator and you are using our podcasts and your courses please let us know how. I know some of you are as I've seen them on course syllabi out there. So let us know. Go to our Web site at www.socialwork.buffalo.edu forward slash podcast and click the Contact Us button. We'd be thrilled to hear from you bright blue skies. Variations of light due to different angles from the sun and a cooling sense of the changes to come. I can't begin to tell you what living on one of the Great Lakes looks like in a western New York fall. In this episode our guest John Brekke Anthony Fulginiti and Rohini Pahwa discuss their research into a peer health navigator intervention to improve the health of people with serious mental illness. Citing disturbing mortality rates among their target population. Our guests discuss the response to the realization that the SMI population dies more often from diseases that are both preventable and treatable.

[00:01:52] Our guests describe their peer navigator intervention a comprehensive engagement and self-management approach that reflects a for them with them and by them spirit to the health care of persons with serious mental illness. Our guests outline the unique aspects of their intervention. The findings of their most recent clinical trial the role of quote doctors with a heart in the success of this approach as well as the benefits from the peer navigators themselves. John Brekke Ph.D. is professor and associate dean of research and Francis Harkon Professor of Social Work at the University of Southern California's School of Social Work. Rohini Pahwa M.A. LSW is a Ph.D. candidate and Anthony Fulginiti MSW is a Ph.D. student both at the USC School of Social Work. Our guests were interviewed by telephone by Tony Guzman director of online programs and I might add a member of our Podcast team here at the University at Buffalo School of Social Work. Hello I'm Tony Guzman director of online programs at the University of Buffalo School of Social Work. Here with me to talk about reducing health disparities for people with serious mental illness a peer health navigation intervention is Dr. John Brekke. Anthony Fulginiti MSW and Ph.D. student and Rohini Pahwa MSW and Ph.D. candidate from the USC School of Social Work thank you very much for joining us here today. As I read through the manuscript that you sent me I got to say that one of the first sobering facts that hit me was the fact that people living with serious mental illness in the U.S. by an average 25 years earlier than the general population and that just hits straight at the heart if you will for anybody in social work.

[00:03:53] So I was wondering with that and with the research could you give me a bit of a in a nutshell what your research is about. That's a nice introduction to this whole area because that's where our concern began was around mortality rates for the seriously mentally ill. And it's not just that they're dying 25 years earlier it's they're dying from things from diseases and disorders that are most generally preventable treatable for which there are no treatments that can be effective. So that's the second part of this. The third part of this is that we have a population of people who have lost their connection with the health care system in many cases. So our intervention is designed to help them reengage with the health care system. This is Anthony Fulginiti. And when we think about it when we think about these preventive medical conditions we're thinking about things that I think most people would cast off as very normal conditions that most people didn't also suffer from

were things that may be relatively mild or suffer from things like diabetes high cholesterol cardiovascular problems. And I think something that is life threatening particularly when treatment is the latest something like cancer diagnosis and this really translates into that shocking statistic that you mentioned earlier and the fact that the mortality rates are two to three times that of the general population. Could you summarize what exactly is the peer health navigation intervention that you have modeled here. Well we've started to describe it as a comprehensive health care engagement and self-management intervention. And if we break those terms down the reason we call it comprehensive is because we're trying to link people with preventive care primary care and specialty medical care.

[00:05:48] It involves health care engagement because many of our people with serious mental illness have had either such adverse experiences with the health care system that they started going or when they do go they go to emergency rooms or urgent care clinics to receive routine care. And so we're trying to reengage them with the primary care system efficient and productive way. And the last thing in terms of self-management is that we're trying to teach people skills to manage their own health care. And we do that in a particular way that we might talk about later. But those are the key ingredients in terms of engagement with the health care system self-management and being comprehensive. And I think I would like to reiterate that says management policy. That's the whole because the goal of this intervention is to teach people who have mental illness help them and gain confidence skills and tools to learn strategies to navigate this very complicated system eventually. And then there was one phrase that caught my attention in your research. For them with them and buy them so that it seemed as if the pier was there at the first taps. Coaching them by doing it for them and modeling how to behave in certain situations then doing it with them so that they're there alongside them if you will almost as a guide on the side and then buy them. In other words for the patient themselves with a serious mental illness actually doing it on their own and really getting to that self care which seems so key to your intervention you're absolutely right. And I think you're actually the main one behind this entire intervention. That's exactly it.

[00:07:38] So here navigator exactly teaches them how to navigate the system that is with them when they try and do it on their own and then eventually takes a step back when they do it on their own. And it's a resource that they can always fall back about but I do see the majority of them look in their own right. So one of the things we tried to do was take the early cognitive behavioral terms like modeling coaching invading and turn them into terms and ideas that peers paraprofessionals couldn't relate to. Well when you say modeling coaching invading to a mental health professional many professionals will understand what that means but it translates into for them with them by them. And that seems to be a Rule Breaker lexicon that people both peers and paraprofessionals and professionals relate to very well. And so outside of that what are other unique aspects of this intervention. One of the first is that we are training peers. We want people that have lived experience with mental illness to be the health navigators and we found that this has some really nice features for people with serious mental illness. That's one unique aspect of this although we have trained professionals and professionals in this intervention. So that's one very unique aspect of it. There are some other health care models around that train people in specific disease models like how to care for diabetes how to care for high cholesterol or how to care for cardiac problems. But we use a more generic approach of connecting people with the health care system.

[00:09:24] And I would figure that that peer assistance actually because they've experienced it themselves it really allows them to tie nicely with the patient that suffers from a serious mental illness and so they can almost have a trust bond relatively early on in the process. I would suspect wouldn't that be true. Definitely. And again once again I entirely agree with that. I think most of the times people have that sense of having walked in the shoes of the people that are helping. I think it really does. Just from informal reports and conversations with peers and individuals the serious of this that there is sort of a rapport that is developed very early on I think really does help facilitate

the process. And I think that speaks to another very unique aspect of this intervention is that when we started developing this from almost like a drowning boy. So in-process behind this was very sad actually very enlightening. So we went and talked to a lot of service providers both at the physical health side and the mentee her side. We interviewed a lot of administrators. We interviewed a lot of public health nurses. We interviewed a lot of psychiatric nurses. We had a focus group. We the consumers. So we got information from multiple sources before we actually got down to what this intervention should look like. So we tried to build the intervention based on the experiences of a number of stakeholders and consumers in both health care and mental health care system. What have you seen as some of the benefits of the intervention itself.

[00:11:01] We just finished a very small randomized clinical trial of the intervention by very small army 24 people that we randomized to receive either immediate health navigation or on a wait list who then received health navigations six months later. So we randomized these 24 people to those two conditions immediate health care navigation for a six month delayed health care navigation. And we've just been analyzing those results and we're finding some very nice things that in terms of the locus of care when people express their preference for where they'd like to get health care. We see a significant move away from using the emergency room and to using outpatient primary care. So one of the goals of this intervention is to move people into the primary health care system and away from the Emergency and urgent care system. Many folks with serious mental illness don't have a connection to a primary care provider so when they are really sick they will go to the emergency room or to an Urgent Care clinic for situations that can be far better handled by a primary care physician in an outpatient setting. So that's one of the outcomes we're seeing here. We're actually seeing an increase in the number of outpatient care visits and our treatment grew. And we're also seeing some nice changes in their health status. So there are a total number of self reported health problems go down as well as the bodily pain associated with health conditions is going down in our trade group compared to our untreated group. So we're seeing some nice outcomes in terms of the locus of care whether getting here improvements in their self reported health status and the number of problems are having. And also interesting improvements and the kind of prescribed medications they're getting from their doctors.

[00:13:13] So we've been very encouraged by those findings from this small randomized trial. I think I'd also like to add all these numbers we also saw some story some anecdotal changes that is so why we were doing this intervention. We could see changes in specific individuals. For example there was this one individual who was working for navigators who had trouble with his foot and it was so bad that he would go to the E.R. with the problem that the thought and then the doctors to prescribe medication and then the person would never go back. The problem has escalated so much that the doctors are recommending amputation but then the navigator came into the picture. Hexter busing not only received services them connected to a primary care provider. It showed that the person renting for a follow up got specific issue that he needed and actually he was able to stay save the site. He had so many examples like that and I was thinking that's an excellent illustration of what happens when people don't have an opportunity to have the continuity of care associated with primary care physician because I think emergency room visits are they do serve a purpose it's just not usually in preventive care. You're seeing these discrete episodes where people come to the emergency room in their signalized which I think in many ways is what we look to in a virgin's you do their transition back into the community but without appropriate follow up it really ceases to be preventive care. You start having recurrences of things that I think oftentimes can be targeted and resolved in advance before they develop into the serious medical issues.

[00:14:50] Yeah and the only other thing I'd like to add to those great examples is that this individual that was about to lose his foot it was really a failure both of engaging him with a physician who could follow his case over time but also it was a failure of follow up care and treatment inherence. And so one of the skills that the navigator taught this individual was to

understand and create a very simple system for him to be able to follow doctor's instructions for how to care for himself. And so the health navigator came up with some very concrete and practical ways to help this individual learn how to actively participate in their own follow up here. Now as I read through your research one thing that also stood out to me and I was not a candidate beforehand was the fact that some of the difficulties and where this intervention model seems to really help is the fact that because primary care services are usually under managed care and for serious mental illness that's on a whole separate pay scale if you will or different in terms of insurance coverage. So it just creates a whole mess it seems for when somebody needs to get treated and if they were going to the primary care. So it all seems as if your model also helps preferrable to learn how to navigate through actual just insurance and payment. It's a bit of cover the medical care. Is that correct. We were told early on that the only way an intervention like this would work is if we could find what the public health services called doctors with a heart. And what that means is two things.

[00:16:37] One is that they will take Medicaid because certain doctors won't even take Medicaid patients and two we had to find doctors who were open to working with the seriously mentally ill with a health navigator. And what we found is that a lot of those incredibly complicated system problems get handled when you've got a health navigator who's able to help both a doctor and a patient learn how to communicate teach the patient how to communicate and help with some of these complicated system issues that arise. Another question of a separate topic in terms of who you've actually have right now in your study age group wise. Are they all that told us do you have a mix of adults and teenagers and or youth. What's the population ages right now. We've done it predominantly with adults in our current research. In fact everyone in the randomized trial we did. I think the age range is 47. That's the average age is 47. Right. And that probably that ranges from about 38 to 55. So we are dealing in this first study with adults and they have a very ethnically diverse segment also predominantly minority groups actually doing it at a public mental health agency which serves the greater Los Angeles area. The other piece of that is that all of our folks are living on SSI which really puts them into a poverty category and they're all dealing with a serious mental illness and they tend to be in service programs that are for the lowest functioning clients so we're dealing with a very very challenging population in that regard. It just makes me wonder being where we are right now is very close to the elections with the affordability care act.

[00:18:47] How does that interact or delve into your study. Does it have any relationship. Well I'll tell you one thing that could have a really nice impact on the overall health of the seriously mentally ill will be the expansion of the third really qualified health care clinics have Kuwait sees. These are safety net clinics that are getting special attention as medical homes for people with disabilities whether those are physical or mental and who are also on SSI or SSD. So these clinics have a feature within the Affordable Care Act that could be very helpful to this population. Excellent. And then what. Feedback responses have you got it from the navigator's and the participants in your study. After we just finished interviewing five of our peer health navigators we've trained both peers and professionals but we just got through interviewing five of them and ask them questions about how this helped them in their personal lives whether they liked it as a job and the health navigators take tremendous personal exuberance. They feel very strongly that they're committing to the health of their consumers and they see this as a way of gaining greater self-esteem greater job satisfaction. So those interviews were really quite positive. And I think even from the people we navigated it was amazing just a human element to it. Can they encourage a lot of people. So after we're done they don't treat post interviews. We actually sat with a lot of people and talked about all they've accomplished and they were amazed at the number of things they've done and how far they have come.

[00:20:37] A lot of people have not just made changes to their physical health care and the amount of services they can now go and get from a doctor. But even in terms of their own personal life. We saw one person who was actually serious mental illness also having some very serious comorbid

health concerns very serious hygiene issues was actually after a year or so when we met with him. Seemed like a changed man. He was dressed well. Came showering and was actually talking about how he now has a girlfriend. So it's not just these numbers it's the actual change in people's lives that we are seeing. Couldn't agree more and I think that most times we think of something that might be designated as a health care health management type of intervention. People mostly tend to expect that you're going to see outcomes restricted within the range of health care outcomes. I think of course that's the goal. Oftentimes you see these changes really diffused throughout the year individuals like where you see things like relationship changing or mental health genes. And I think when we start thinking of sort of natural intersection between the mind of the body you can go both ways and I think that by really targeting something like health care you can see those changes in other areas of life. So then what do you see as the future direction of this intervention model. Well we're doing two things right now.

[00:21:58] Obviously we had a very small randomised trial of this model and we are now looking to take it to scale and have a much larger randomized trial of its effectiveness hoping to get somewhere between 100 and a hundred and forty people in a study that will allow us to have a much more rigorous test of its effectiveness. So that's one thing. The second thing is we were just funded to do another project one of the things that we all learned here was that we can train health navigators we can train peers to be health navigators but agencies have to be prepared to accept this and integrate and infuse this intervention. So in addition to doing a larger randomised trial we're also now engaged a few agencies to help us develop a manual for agencies to use to prepare them to implement and sustain this intervention because we can train a lot health navigators and they can show up at an agency and if that agency is not ready for this intervention it's not likely to succeed even if people are trained very well. So that's another frontier that we're tackling and a third is getting training protocols together. We've been doing a fair amount of training of peers and paraprofessionals in this intervention. So we're trying to prepare a training manual as well. So those are three ways that we're pushing this forward. The only other thing I'd mention is that we've seen that the primary care providers themselves really like having a health navigator involved and they've been very receptive to our health navigators and we see our providers engaging with our clients in a very different way. Once a health navigator gets involved and once the client themselves begins to build their skills in how to be in essence a better participant in their own healthcare we see that the doctors get more engaged and less frightened and more willing to work with our population. Excellent.

[00:24:12] Well I want to thank you all. This has been really incredible time to be able to discuss this issue. It is no pun intended a very serious matter. It's just been a pleasure to have this opportunity to speak with all of you. Thank you so much. Thanks for the time you've been listening to John Brekke, Anthony Fulginiti and Rohini Pahwa discuss peer health navigator intervention and living proof. Hi I'm Nancy Smyth professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programmes and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.