inSocialWork Podcast Series

Episode 23 - Bruce Nisbet, LMSW: Empowerment and Recovery: The Impact of George W. Bush's "President's New Freedom Commission on Mental Health"

[00:00:08] Welcome to living proof A podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. Celebrating 75 years of excellence in social work education. 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 Adjoa Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcast you can now rate and write a review of each episode of living proof to rate or write a review of a podcast. Just go to our Web site at www.socialwork.buffalo.edu/podcast and click on that create your own review button. We look forward to hearing from you. Today's podcast features a conversation with Bruce Nesbit is president and CEO of spectrum Human Services a private non-profit community health organization in western New York. Spectrum provides treatment and rehabilitation of psychiatric disability psychological problems and substance related disorders with programs for adults adolescents and children. Mr. Nesbit is also a research associate at the Buffalo Center for Social Research at the University at Buffalo and on the advisory committee of the Buffalo State School of Social Work. In addition he serves on the editorial boards of the journals of evidence based social work and best practices in mental health as well as numerous advisory boards.

[00:01:52] Mr. Nisbett spoke with Catherine Dulmus associate professor and director of the Buffalo Center for Social Research about the impact of former President George W. Bush's New Freedom Commission on current mental health practice. My name is Catherine Dulmus and I'm pleased to have Bruce Nisbet president of the spectrum Human Services here today. Hi Bruce. Good morning. Thank you for agreeing to join us to this podcast recently. This podcast series aired an interview that I did with that Michael Hogan New York State Commissioner of mental health for he discussed the president's new Freedom Commission report that he chaired in 2003. In this interview he spoke about two key concepts recovery and resilience for persons with serious mental illness and your experience in community mental health. As both the president and CEO of spectrum Human Services here in Buffalo as well as your involvement about the state and national level in relation to policy. However the Commission's report and the current practice. Well I think it's had a major insignificant impact as I have listened to Dr. Hogan's podcast and I've had an opportunity to talk with him on several occasions as he pointed out. He felt that one of the key effects of the commission report that he chaired and came out in 2003 was to give the advocates for consumer mental health an affirmation that recovery was real I think up till that time. There certainly has been for a very long time consumer advocacy around working with both providers as well as systems of mental health to affirm that recovery is an important and real part of every consumers life has serious mental illness.

[00:03:44] So I think that with his report consumers gained a great ally at an official level to affirm that those who provide mental health services both at the system level as well as as a provider level needed to take recovery seriously. And so I think that out of that report consumers gain great momentum and a lot of additional leverage to begin to work to impact on the delivery system for mental health. And I think that we have seen that in the interval in between certainly a great deceleration of changes and as Dr. Hogan talked about transformation of mental health delivery systems to reflect a much more recovery orientation to not only the delivery of the services but the content of the services. For example here in New York state within the last two years New York has implemented a model for service delivery that's called prose which is personalized oriented recovery services. It is a Medicaid rehabilitation option support service and it is designed to provide for individuals with serious mental illness essentially learning and teaching environment to help

them regain functioning in nature life domains whether it be in terms of social skills coverage in terms of the ability to return to work coverage in terms of really regaining some of the losses that serious mental illness can inflict on individuals who are struggling with that and that could take program is a specific and tangible major change in the delivery of services within the state. And it's one that is in the process of being implemented in virtually every county of New York State as it rolls forward.

[00:05:39] I think even more so though the whole consumer movement has really had a profound effect on service delivery from a top down kind of approach starting as a federal and state levels down to agency levels moving from a top down to more of a bottom up approach to valuing and involving consumers in key decision making not only at the individual level but in terms of design of programs improvement programs to provide an example in your agency how this occurred. Well on several levels we have a consumer advisory council who represents a cross-section of all 8000 consumers that we work with over the course of a year. This council meets every other week. It provides ongoing feedback from consumers to management in terms of financially where we're doing well. But feedback in terms of areas that might need improvement they actually conduct on an annual basis. Consumer satisfaction survey across all of our programs and typically get that somewhere between a thousand to fifteen hundred questionnaires and they tabulate and look for trends and themes both in terms of where consumers have high levels of satisfaction but also areas where we can improve and I meet with them on a regular basis. Invite them to bring their findings to the board of directors in a formal way and then we develop a plan of action to act on recommendations they make in terms of improvements across programs in the agency. And that's been extraordinarily valuable forum and feedback to the agency in terms of continual quality improvement but also reflecting the fact that consumers are empowered to have a voice in helping to shape and deliver services. We also involve consumers in our strategic planning for the agency and they're at the table and represented and have a strong equal voice. And we also have consumers on our board of directors so that again they are helping to shape direction and policy for the agency.

[00:07:53] So these are ways in which consumers have become involved that are becoming more and more the norm across the country rather than the exception if you went back 10 15 years that truly would be an exceptional set of circumstances for consumers to be involved in. But today it is really becoming the norm when you look at here in New York at the county level or state level and also at the national level. U.S. consumers who represent our advocates in terms of consumers with serious mental illness at the table in terms of giving direct input and direct involvement in helping to shape delivery systems. And that's a phenomenon that has now existed for all that many years. It's really been I think promoted and stirred over the last 8 10 years. The commission report was certainly one of those vehicles to help to solidify the legitimacy of that kind of involvement in that kind of empowerment to be able to take it all to how consumer involvement at the various levels within the organization and across other organizations have actually enhanced services for persons of service. Well let me see if I can give you some tangible examples. First of all we operate a prose program and the program has within it on a daily basis a number of groups that are part of the experience for consumers in terms of promoting their recovery. The content of these groups is really shaped by the consumers. It is what they believe are and see as from a large menu as those types of skills that they need to acquire or require that the content of these groups will help support them regaining.

[00:09:46] So rather than a program model of where essentially we're looking to fit consumers into an existing set of services the actual services being provided within the model are really being driven by the individual recovery needs of the consumers that are that are participating. And so those groups change regularly as it needs to to reflect what are some of the priorities and needs of those consumers. In fact within that model the planning is called the individual recovery plan and there the consumer is really driving the content and driving the goals in a very direct way. Years

ago I think there was much more of a the practitioner knows best kind of approach and the consumer had to struggle to have their voice heard in terms of helping to actually shape the content that an individual plant let alone defining what are the array of groups or services that might be most helpful to them today. That's really reversed. You look and see not only in New York state level but on a national level programs that are being developed and implemented have very strong consumer Stamp's about what the content is and how that's going to meet their needs. And it's not being so much driven by the agencies or by the state but by consumer groups advocating for the type of programming they feel are the most helpful thanks except this is very empowering for consumers to really take charge and drive their personal recovery.

[00:11:25] Well it absolutely has been and it's been legitimized by commission report and 2003 certainly that was another strong recommendation under that commission that consumers be empowered to have a clear voice in terms of looking to direct their own treatment direct their own services in terms of matching up the needs in fact that continues to be a strong emphasis by the consumer advocacy groups of going one step further and that is for those who are on Medicaid to give them essentially the additional empowerment of what would be of the decision making on how their dollars bailable for treatment are spent and to be the one who actually is sort of directing those dollars to agencies and when they feel that they're not getting the service that they want and want to change to a different provider much more control over that. So I think those are those are elements that have come out of it. The whole recovery movement recently I was at a national conference and I heard one of the presenters say something that I thought was so connected to what really is at the core of recovery and that is it's much more important to know the person than it is to know their diagnosis. And I think that really the whole recovery movement the whole person centered empowerment is much about the fact that for too many years in the past many providers of services were more concerned about the medical diagnosis than they were about getting to know who the individual was as a person. And I think that a lot of the energy of the consumer movement has been to say you need to see us as individuals see us as a person and need to allow us to pursue what we think are the important aspects of our hopes and dreams. And you know I think social work has embraced that as a value in its practice and the education of social workers.

[00:13:29] I think for the most part social work has certainly been at the forefront of looking to engage and empower consumers whether it be in terms of community organization or whether it be as an individual practitioner but still in my own experience there have been individuals social workers included who have had difficulty in what is really the new paradigm of power sharing they have been in their practice and particularly those who have been in practice for many years have come up initially in an environment where it really was more of a top down medical model. They and the psychiatrists dictated what was the appropriate treatment and the consumer was expected to be quote compliant with that treatment and if they weren't they were deemed to be non-compliant. And that was a consumer problem. It wasn't anything to do with how responsive the services were to the needs of the individual client out the client. The consumer was viewed as resistant in that sector. Absolutely. There were a lot of different labels and yet for most of us we would not tolerate going to our primary care physician and simply being told this is what you have to do and you're expected to do it now and you don't really even need to question why. Or. And I'm not all that concerned about what your preferences are if that approach was taken with us by a primary care physician. We probably would be changing positions very quickly because it wouldn't be exactly a person centered in terms of reflecting the fact that we're a person not just a medical diagnosis. So I think that those those kinds of issues though are gradually subsiding.

[00:15:20] I think that the environment is giving messages across the country that person centered planning planning that focuses on what are the goals and hopes and dreams of individuals and to the extent that public Medicaid can help to support the recovery of individuals so that they can pursue those hopes and dreams I think has really become mainstream. It's the fabric of how states and

providers are looking at developing and contributing on services. And I think it's the right thing to do from a workforce development perspective when you think to some of the challenges that you see with families related to this transformation of the mental health system. What are some of the strategies that you've taken as an agency to start to address the skills that that voice may need to have in order to be able to approach their work with consumers for recovery. Person centered perspective. Well we've been very actively involved in the last five years of doing ongoing training with our staff in person centered planning. There is a curriculum that's been developed by a consortium of six counties here in the western part of the state and that curriculum really is founded on the recovery principles and person centered planning principles. But it's done in a way where in fact it's broken down into specific strategies for providers and practitioners to use. So and we have invested in several of our staff becoming trainers in person centered planning and going through certification to do so and so for all new staff who are at the practitioner level and for those who are even in the support roles they all have been exposed to curriculum and training as part of their orientation and ongoing supervision in person centered planning. We also about four years ago recognizing that how important the recovery was.

[00:17:29] We developed in partnership with several other local agencies took the lead on this in developing a recovery standards manual that really took what were the 12 core principles of recovery and broke them down into specific strategies for working with individuals and providing options for individuals around areas of empowerment in a variety of areas. And that manual we have published and has gotten some very positive feedback. In fact I had sent a copy to Dr Hogan about a year or so ago and he wrote back himself that it was one of the best he'd seen in terms of recovery standards manual. We were very pleased to get that kind of affirmation and we use that as again one of our foundations for training and is part and parcel of the ongoing fabric of saying we're an agency that has not only embraced the principles of recovery but we actively promote them in both the frontline delivery service but also how we organize our our programs and our thinking. And we look to recruit and select individuals who show a willingness to embrace working with consumers as a person and bring that to their candidacy to work with us. If the individual candidate seems to be someone who is much more about themselves than they are the consumer then we would not select them as that. As a candidate for working with us I think they're increasingly would find it difficult to find employment in working with seriously mentally ill populations because that's really becoming the standard we apply both in recruitment and training.

[00:19:19] Really the norm not the exception says they think about the presidents debt commission report that Dr. houting chaired and how it's really impacting the process of transforming the mental health system in relation to service delivery for persons with serious illness. Where we have yet to call it how well I see I see continued gaps between what is the public policy at a state or national level. And the financing that's needed in order to truly support an array of recovery oriented services in a manner that really provides the resources necessary to do it with excellence. There's beginning's on there. I mention this program in New York State prose and I think that that's an excellent beginning. There's efforts in New York to do restructuring of outpatient clinic services to be more recovery community based. And again that's a beginning. Typically financing for programs and new programs are already programs are underfunded. To give you a specific tangible example Dr Hogan speaks to and he's absolutely correct that there needs to be a better integration of physical and mental health among behavioral health clinics that with individuals with serious mental illness having an average life span of 25 years less than an individual without that there needs to be a strong emphasis on the integration physical mental health. He speaks to that it would be he would like to see primary care physicians or nurse practitioners embedded within behavioral health clinics and vice versa. In terms of behavioral health practitioners working with primary care to have a better integration. And I think we all absolutely would support that. But here in New York for example there is no method of financing that kind of treatment arrangement that is currently workable and supportable by agencies. So public policy is really supporting and urging. This is not

only at the state level but at the national level.

[00:21:38] Integration of physical mental health but public health financing and mental health financing have not yet caught up to supporting that with the dollars necessary to really make it happen in a broad based kind of way. Samsa just came out here in 2009 with a RFP for grants to try and promote the integration of physical and mental health within community mental health centers. They're offering up to nine grants nationally to support demonstration programs. That's a good beginning but it's also reflective of the fact this how difficult it is to get public financing to match up with public housing. So we have a long ways to go that in lieu of that. Our practitioners do an awful lot of connecting with primary care physicians are behavioral health practitioners connecting with the primary care physician so the individuals we work with and looking to coordinate what we're doing both in terms of medication management and medication coordination but also in terms of encouraging and supporting individuals dealing with but are often very serious physical health issues. Not only the cardiovascular that Dr. Hogan talked about but those that would relate to some of the side effects of psychotropics absolutely make individuals vulnerable to major weight gain and to diabetes and in other adverse side effects that the whole quality of life from the medication for the individual's mental state is often vastly improve their quality of life physically is often very depressed because of the sinusitis which certainly impacts the consumer's personal recovery plans. Absolutely. We strongly encourage every consumer to set goals that would include improving their physical health as well as their mental health and ultimately the consumer certainly gets to decide on that.

[00:23:51] But most consumers are certainly invested in wanting to look at that side of life and hence we offer wellness groups and wellness management groups. Variety of other programming options that we offer but then also look as I mentioned earlier to develop strong communication coordination with primary care physicians. Even though we're not embedded in each other's actual physical location there's a lot we can do to help coordinate that same person at the transformation that Dr. Howkins spoke and that is certainly taking place. We have a little bit further to go. There are some gaps that you had mentioned but certainly the Recovery approach took working persons the serious illness is front and center. And it sounds very to me as a customer educator and a previous customer practitioner who worked with a person with a serious mental illness. I can hear and see the transformation and I have a sense of help per person so serious that a homicide a different way that I hope that they no doubt feel less allow. Well I think that I think hope is in fact it's not only applicable to the transformation in the delivery system but as was Dr. Hogan spoke to when he talks about his definition of recovery. The third leg of that is really instilling hope for a consumer level. And I think that he said we talked about the fact on moving outcomes and I think that here with him not only a state local state and national level I think there is a great deal of hope that we're moving in the right direction. We certainly have significant ways to go but the momentum is I think there and it's only going to grow.

[00:25:43] And I think that's the right thing for consumers it's the right thing for providers and it's the right thing for an effective national and local delivery system for quality mental health services. Thank you so much for joining us today. You've been listening to Bruce Nesbit president and CEO of spectrum Human Services discuss the impact of former President George W. Bush's New Freedom commission on current mental health practice. To hear more about the new freedom commission check out our interview with Dr. Michael Hogan commissioner of mental health New York State. Thanks for listening and turning again next time Cormoran lectures and conversations on social work practice and research. Hi I'm Nancy Smyth Professor and dean at the University and Public School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community. For more information about who we are our history our programs and what we do. We invite you to visit our Web site at www.socialwork.buffalo.edu. at UB we are living proof that social work makes a difference in

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