Enhancing Motivation for Mental Health and Substance Use Treatment and Support

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I do not have any conflicts of interest to disclose and I do not intend to discuss off label use of any drug or treatment during this discussion.
Objectives

• Describe common symptoms of mental health conditions often experienced by people at risk of and/or living with HIV
• Describe ways to make meaningful connections with clients exhibiting specific mental health symptoms
• List three techniques to calm and focus yourself and your clients
• Identify symptom management strategies and support options that non-mental health clinicians can use to effectively engage with clients that present with behavioral health symptoms
Barriers to Mental Health Care in Rural Areas

Available?
- Chronic mental health professional shortage so providers less likely to be available

Accessible?
- Residents less informed about behavioral health options
- Residents less likely to have insurance coverage for mental health care
- Prohibitive travel distance and time

Acceptable?
- Negative attitudes and bias towards mental health
- Limited anonymity

APA, 2017
Shortage of Mental Health Providers

- Over 60% of rural Americans live in mental health shortage areas.
- More than 90% of all psychologists and psychiatrists, and 80% of social workers work exclusively in metropolitan areas.
- More than 65% of Americans in rural areas receive mental health care through their primary health care provider.
- For most in rural areas, law enforcement is the first responder to a mental health crisis.

Hyde, 2013
Accessibility

• Higher rate of non-insured
  – Non-elderly rural residents in non-Medicaid expansion states are nearly twice as likely to be uninsured as those in expansion states

• Long distance travel to access mental health services

• 53% of rural residents lack access to higher speed internet access

Impact of Negative Mental Health Attitudes

- Substance misuse more likely to co-occur with a mental health condition
- Less likely to seek treatment for mental health and/or substance use
- Higher incidence of suicide

Gray, 2011
Barriers to HIV Care in Rural Areas

Available?
- HIV professional shortage so providers less likely to be available

Accessible?
- Residents less informed about HIV treatment options
- Residents less likely to have insurance coverage
- Prohibitive travel distance and time

Acceptable?
- Negative HIV related bias and negative attitudes
- Limited anonymity

APA, 2017
Shortage of HIV Specialists

- First generation of HIV care specialists retiring and not being replaced at the same rate
- Projected shortage of HIV clinicians likely to grow and compromise primary care and infectious disease specialist availability
- Shortages also extend to related practitioners: dentists, registered nurses, social workers, physician assistants and pharmacists

*Gatty, 2016; HRSA, 2011*
Rural HIV Access Issues

- Transportation most problematic barrier to care in 9 studies
- Affordability and/or lack of insurance
- Care coverage even less available in states without Medicaid expansion or state-subsidized insurance programs

Pellowski, 2013
Impact of Negative HIV Attitudes on Rural Residents

- Less likely to get HIV tested
- More likely to internalize negative HIV attitudes
- More likely to be tested in non-rural areas
- More likely to be diagnosed with AIDS for initial HIV diagnosis
- Less likely to be retained in care
- Less likely to be virally suppressed

HRSA, 2017
MENTAL HEALTH AND HIV IN RURAL AMERICA
Most Common HIV-Related Mental Health Conditions

- Voice feels loud in my head.
- Panic button
- Covering ears
- Illustration of a person with a loud voice inside the head
• Mental health and substance use treatment commonly unmet needs in PLWHIV/AIDS
• Substance misuse and substance use disorders associated with HIV transmission due to sexual risk and injection drug use partners sharing injection equipment
• Substance misuse and HIV together create obstacles to continuity of care and maintenance of treatment

Meyer, et al., 2013; Campbell, Tross, & Calsyn, 2013
HIV and Mental Health Barriers to Care

- Same availability, access and acceptability barriers to care in different settings
- Intersectional and multi-faceted barriers to care require integrated solutions
- Few programs train mental health and HIV professionals to work competently in rural areas

_CDC, 2015_
In three months, the rate of new HIV cases rose from fewer than 5 cases to 135 cases

- Majority of cases were linked to injection drug equipment sharing partners using oxymorphone
- Local multi-generational family intravenous drug use with multiple community members injecting together
- County ranks consistently among lowest in state for health indicators and life expectancy

CDC, 2015
Biggest Mental Health Client Connection Challenges

What are the MH & SU symptoms & behaviors that make it more difficult for you to connect with clients that exhibit them and why?
MAKING MEANINGFUL CONNECTIONS
“I walk in vulnerable and if I feel judged, my defenses go up and I don’t know if I can talk to that person and may just say what they want to hear.”

“If they stay in that professional mode, all neutral, no personality, I have no sense of who they are and I can’t connect with them.”

“Don’t answer the phone and start another conversation while I’m in crisis with you. At least let me know you have to take the call and will still be there for me.”
Maslow’s Hierarchy

- Physical Needs
- Safety
- Belonging
- Self-Esteem
- Self-Actualization
Maslow’s Hierarchy

- Physical Needs
- Safety
- Self-Esteem
- Self-Actualization
- BELONGING
Being excluded from a group triggers activity in the same regions of the brain associated with physical pain

2003 Lieberman & Eisenberger
CONNECT → BRIEF INTERVENTION → LINK TO CARE
Entering the Client’s World

Intent vs. Impact

Your world → Client’s world

Connection & Empathy

Hot Zone
Increases emotional awareness by:

• Helping to assess comfort levels
• Linking your comfort level to your physical reactions, which signals you when to calm yourself
• Establishing a zone of where you do your best work
Calm & focus yourself so that you can do that for others.

Take a 3 second pause before speaking.
Calm & Focus the Client

• Calm others by:
  – Empathically acknowledging & naming distress signs we see in the client
  – Suggesting client take a few slow, deep breaths before saying more
  – Asking what you might do to make the client more comfortable
  – Asking open ended clarifying questions
  – Being empathic & building a connection

• Focus others by helping to prioritize needs
Enhancing Motivation for MH & SU Treatment
Readiness for Change

Importance

Capability

Support
## Assess and Enhance Motivation

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>Pre-Contemplation</td>
<td>Raise the issue &amp; share observations</td>
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<tr>
<td>Contemplation</td>
<td>Discuss pros &amp; cons</td>
</tr>
<tr>
<td>Preparation</td>
<td>Goal setting &amp; problem solving</td>
</tr>
<tr>
<td>Action</td>
<td>Support &amp; encourage</td>
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<tr>
<td>Maintenance</td>
<td>Integrate sustainability measures and supports</td>
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<tr>
<td></td>
<td>Institutionalize collaboration</td>
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<tr>
<td>Termination</td>
<td>Be honest, reasonable &amp; kind</td>
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<td></td>
<td>Create positive closure</td>
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Enhancing Motivation

- Think of a client with mental health symptoms that you’d like to motivate to obtain mental health treatment or enhanced support (group, drop-in center, peer support, etc.)
- What stage of change is that person in?
- What actions can you take to enhance motivation?
Non-Clinical Evidence Based Treatment & Support Best Practices
Best Practices

• Cross train non-clinical mental health providers and others
• Reduce mental health stigma
• Integrate mental health services and supports into different community based settings
• Telehealth
• Utilize trained peer support specialists
• Leverage informal support networks
Recognizing Mental Health Symptoms

**Screening Tools**
- Substance Abuse and Mental Illness Symptoms Screener (SAMISS)
- Patient Health Questionnaire-9 (PHQ-9)

**Screening Guidelines**
- Make it routine
- Clarify its purpose and benefits
- Ensure confidentiality of results
- Remain nonjudgmental
Mental Health First Aid

• Evidence-based, standardized, psychology-education program, 8-hours duration, developed to empower members of the public to approach, support, and refer individuals in distress to appropriate resources

• Teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders in your community

• Improves participants’ knowledge, attitudes, and behaviors related to mental illness and mental health

• For more information, go to: https://www.mentalhealthfirstaid.org/cs/faq/
Bias and Negative Attitude Reduction Strategies

• Address in own staff and organization as well as in the community
• Respond to needs of socially marginalized populations
• Use media to show HIV and mental health issues have a human face
• Involve people with lived experience in service delivery
• Use culturally proficient community engagement strategies

*Pulerwitz, Michaelis, Weiss, Brown, & Mahehdra, 2010*
Integrate Mental Health into Other Settings

- Mental health clinicians out-stationed in schools, health clinics, churches, social service agencies, homeless shelters, etc.
- Use of mental health interns
- Mental health clinicians as consultants to non-clinical service providers
Telehealth

Benefits
• Addresses travel challenges
• Access to treatment/specialty care
• Offers more privacy
• Video telehealth patient satisfaction comparable to in-person sessions
• Providers can have access to professional development trainings

Challenges
• Lack of internet access
• May have high up-front costs
• Lack of reimbursement
• Provider reluctance—costs, security, technical problems
• Legal concerns
Peer Support: Research Findings

- Recognized as evidence-based practice by Centers for Medicare and Medicaid Services in 2007
- Resulted in:
  - Less inpatient use
  - More community engagement
  - Better treatment engagement
  - Greater life quality and satisfaction
  - Greater hopefulness
  - Better social functioning
  - Fewer problems and needs

Chinman, Henze & Sweeney, 2013
What Peer Supporters Can Do

- Share personal recovery stories and act as role models
- Encourage self-management and engagement in care and social activities
- Advocate on behalf of client
- Connect clients with needed services and supports
- Serve as mentor or recovery coach

Resources for Integrated Care, 2015
What Next?

• What are your top 2 key takeaways and how will you apply them when you return to work?
Whatever the Situation Remember to:

• Consult with your supervisor & other staff
• Consider clients’ cultural contexts
• Follow agency/program protocols for confidentiality and clients who may be a danger to self or others
• Know when and how to refer for assessment and treatment
• Follow-up on any referrals or other actions taken to assist clients
“You know in those first few minutes if that person is WITH you in the room.”

“They reassured me they were going to be there for me, that they would follow-up and that I would need to meet them halfway and take some steps myself to help myself. That helped ME access a solution.”

“You go back to the providers you’re most comfortable with.”
Questions / Answers
Thank You

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