Whole Health for Mental Health
Day 2 Morning

Where We’ve Been

- Defining Whole Mental Health
- Mission, Aspirations, Purpose
- Interconnections
- Thinking and Cognition
- Emotions (Part 1)
- Implementation: Your Own Life

Where We’re Going

- Emotions: Tony and Depression
- Behaviors and Choices
- Peace and Ease: Stress
- Implementation in Your Practice
- Lunch
- Peace and Ease: Trauma and PTSD
- Vitality and Wholeness
- Q&A
- Implementation at your facility and beyond

11. Aspects of Mental Health: Emotions
Tony and Emotions:

- I am irritable with my family.
- I feel sad a lot of the time.
- In 2003, I was told I have depression.
- Things aren't fun anymore.

What else would you like to know?

Whole Health and Depression

- The PHI can help you get a sense of someone's emotional well-being.
- ALL of the areas of the circle are relevant.

Depression Facts

- >1 in 10 US Adults have it
  - 10% are ages 18-25
  - 7% of American adults have one episode yearly
  - 25% prevalence in chronic disease groups
- Only 60% treated with meds have significant response
  - Others have adverse effects or residual sx.
**Depression Etiology**

- Gut
- Genes
- Neuroplasticity
- Trauma and kindling

Schneider & Wissink, Depression, in Rakel (ed) Integrative Medicine, Philadelphia: Saunders, 2018.

**Comorbidities**

- Symptoms for nearly every disease category studied are worse
  - Linked to diabetes, metabolic syndrome, RA, asthma, MS, chronic pain, psoriasis and many more
- Connection to CVD
  - Heart risk factors, depression
  - Obese people have 55% more depression
  - Depression increases obesity risk 88%
- 1.15 relative risk of cancer


**Neurotransmitter Control Room**

- Poor synthesis
- Increased breakdown
- Increased pump uptake
... and the question becomes, “Why?”

Whole Health for Mental Health  
Day 2 Morning

**Depression and Inflammation**

- **Inflammation**
  - 47% of depressed people have increased inflammatory markers
    - E.g., indoleamine 2,3 deoxygenate slows tryptophan metabolism
    - Increases kynurenine
    - Dysregulates glutamate, lowers nurotrophic factors
    - HPA axis also dysregulated

_Schneider & Wissink, Depression, in Rakel (ed) Integrative Medicine, Philadelphia: Sanders, 2018._

**Omega 6 Pathway**
- Gamma Linolenic Acid (GLA)
- Arachidonic Acid (AA)

**Omega 3 Pathway**
- Eicosapentaenoic Acid (EPA)
- Docosahexaenoic Acid (DHA)

**Small Group Activity**

It is clear Tony has depression.  
In addition to medications and psychotherapy, 
What might you suggest?
Depression: Around the Circle

What are you already doing/recommending?

What have you heard of that you would like to learn more about?

“Me”: Depression is Individualized

Depression takes many forms
- Array of DSM dx
- Different onset, symptoms, time course, etiology
- Unique circumstances may trigger
- Therapeutic relationship matters too
- People have strong feelings about different therapies

Food & Drink to Prevent Depression

- 2018 systematic review/meta-analysis
  - Many (not all) studies clearly found benefit of a healthy diet for prevention
  - Data from nearly 2 million people
  - OR for depression for any high-quality diet was 0.64-0.78
  - OR for low inflammatory index was 0.81
  - Dose response was linear
  - NNB to prevent 1 case of depression was 47

Whole Health for Mental Health
Day 2 Morning

Whole Health Ed Website, Depression Overview, https://wholehealth.wisc.edu/overviews/depression/

Food & Drink to Prevent Depression, Molendijk et al, J Affective Disord, 2018;226:346-54.
Food & Drink: What to Eat

• 2016 review: What dietary elements prevent depression?
  – Fruits and vegetables
  – Olive oil
  – Tree nuts
  – Fish
  – Whole grains


Food & Drink: What to Cut Back

• Same review: Good to remove
  – Meats (other than seafood)
  – Commercial baked goods
  – Trans fats
  – Sugar (desserts, beverages)
  • Worth a trial of going off sugar for a week
• Also, fast food
• And alcohol


Omega 3’s: In Summary

• Essential polyunsaturated fatty acids (body can’t just make them)
• Main types are DHA and EPA
• Can get from coldwater fish, other food sources
• They decrease inflammation
  – Omega-6’s tend to increase it
  – Same pathways as many anti-inflammatory medications
• They also seem to stabilize cell membranes

Omega 3’s for Depression

“Emerging translational evidence over the past 3 decades suggests that habitual dietary omega-3 PUFAs insufficiency, particularly during perinatal development, may represent a modifiable risk factor for mood disorders.”

- Especially as an adjunctive therapy (not alone)
- DHA for structure, EFA for function

Essential Fatty Acids and Mood: Reviews

Cochrane, 2015: 26 studies; 1,478 people
- Small to modest benefit in sx for depression in general, but not clear that it is clinically meaningful

2016 review: 13 studies; 1,233 people
- “...beneficial overall effect of O-3 supplementation in major depressive disorder patients, especially for:
  - Higher EPA doses
  - People taking anti depressants

The Potential for Nutrition to Reduce Depression, Suicide, and Impulsive Aggression

The Potential for Military Diets to Reduce Depression, Suicide, and Impulsive Aggression: A Review of Current Evidence for Omega-3 and Omega-6 Fatty Acids

*The article recommends that a rotation of the essential fatty acid composition (administration of the essential fatty acid composition simultaneously increases force efficacy and reduction of military psychiatric diseases and omega-3 PUFAs reduces mental stress of combat soldiers for up to 6 months, reducing mortality and suicide risk and may help reduce military psychiatric disorders and exercise-related performance enhancements. Information from authors and studies as cited.*
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Day 2 Morning

What About Specific Nutrients?

- **B Vitamins**
  - Deficiencies can lead to depression
    - E.g., folate and B12, thiamine, niacin, B6
- **Multivitamin Supplements**
  - Reduced perceived stress, and improved mood in people without depression
  - Not helpful with depression
- **Vitamin D** – 8-14% risk if deficiency
  - Study that eliminated flawed research showed benefit
- **Tryptophan intake matters in population studies**


Dietary Proteins

Methionine

Homocysteine

B12, Folate

SAMe* S-adenosylmethionine

Tryptophan

Niacin (B3)

5-HTP 5-hydroxytryptophan

S-Adenosylmethionine

Light Level

Serotonin

Methyl Groups

Amino Acids, Serotonin, and SAMe

*D-Adenosylmethionine for SAMe and depression is unclear. It affects serotonin, Amino Acids, Dopamine, and Norepinephrine.

Dietary Proteins

Phenylalanine

Tyrosine

Iron, B2

Tryptophan

Dopamine

Crapsper B1 C

Norepinephrine

Epinephrine

Amino Acids, Dopamine, and Norepinephrine
Depression: Working Your Body

• Good research in this area - >1,000 studies
• Cochrane review, 2013 – moderately more effective, equivalent to counseling and/or meds
• Small overall effect if you focus on the most robust trials
• Aerobic and anaerobic
• Intense is better, and total time is key, not number of weekly sessions

Also has an important preventative effect!


Working the Body

• Why does it help?
  – Adult neurogenesis hypothesis
    • Hippocampus grows 2-6% in elders after 6 mo’s
  – Exercise increases plasma tryptophan
  – May also alter inflammatory markers


Yoga and Depression

• Moderate benefit in short-term studies
• 2017 review of 7 trials, n=240
• Comparable to other forms of exercise
• Positive effects beyond placebo
  – …But methodology an issue

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Day 2 Morning

**Tai Chi and Depression**
- 2014 review
  - 37 RCTs and 5 quasi-experimental trials
  - Beneficial effects
  - But methodology an issue

![Heart Brain](image)


**Personal Development: Gratitude**
- Improves overall health and energy
- More happiness, pride, and hope
- More social connections
- Less loneliness
- Reduced anxiety, depression, and substance abuse
- Better body image
- More likely to perform acts of kindness, being generous, cooperating
- Better sleep

![Gratitude Changes Everything](image)


People tend to mimic the person they feel gratitude toward. They also 'pay forward' the good deed.

**Gratitude Practice**

*Gratitude is not only the greatest of virtues, But the parent of all others*

-Marcus Tullius Cicero

![Sunflower](image)
Whole Health for Mental Health
Day 2 Morning

Power of the Mind: Meditation

2016 summary of 52 trials and reviews:
- Meditation decreases depression symptom severity
- Reduces relapse rate as well
- Reduces rumination and reactivity
- Activates areas of brain linked to feelings of enhanced wellbeing
- Cultivates self-compassion
- Alters relationship to negative thoughts
- Safe, portable, cost-effective

Mindfulness Based Cognitive Therapy

- MBCT is most commonly studied mindfulness-based group intervention for depression
- Meta-analysis: 21% reduction in average risk of new MDD episode by 12 months
- Reduced relapse rate more than TAU (66% vs 36%)
- Reduced relapse more when added to meds (47% vs 60%)
- Comparable to medications in one large trial (2 year follow up) but more studies needed
- Comparable to CBT
- Telehealth approaches show promise

Depression: Other Self-Care Circles

- Healthy spiritual communities can help
- Forgiveness therapy may help
- Spiritual practices can foster happiness
- Warm temperature exposures help
- Phototherapy helps (even beyond SAD)
- Nature time may help
- Less isolation helps
- Animal assisted therapy
- Sleep deprivation therapy only helps short-term
- Poor sleep doubles depression risk
- Volunteering
- Financial stability
- Education

Schneider & Wissink, Depression, in Rakel (ed) Integrative Medicine, Philadelphia: Saunders, 2018.
Whole Health for Mental Health
Day 2 Morning

CIH and Depression

- 10-30% of people with depression use complementary approaches
  - 20-50% for people with bipolar disorder
  - Dietary supplements are most commonly used
- People who use CIH are more likely to have depression than general population
- Many people take meds and use other approaches at the same time


Mind-Body: Psychotherapies

- Always worth consideration (2/3 of people say it is helpful), and...
- 2018 Cochrane review, 6 trials, n=698
  - Moderately good evidence for treatment resistant depression along with “usual care”
- Which one to use?

“Cognitive therapy teaches you to step in and use your prefrontal cortex instead of letting your emotions run away with you.”
- Anthes, Nature, 11/13/14

Smith et al, Cochrane, 2018;CD004046.

Acupuncture

- 2018 Cochrane review
  - 64 trials, 7,104 participants
  - May result in moderate improvement vs usual or no treatment
  - Small improvement relative to sham

Smith et al, Cochrane, 2018;CD004046.
Depression: Dietary Supplements

Some Examples

- St. John’s Wort
- S-adenosyl methionine (SAMe)
- 5-HTP and L-Tryptophan
- Inositol (B8, an isomer of glucose)
- NADH
- Phenylalanine, tyrosine
- DHEA
- Saffron
- Lavender

It is important to honor scope of practice here. And you need to be up on these supplements before you try them yourself, too.

St. John’s Wort

*Hypericum Perforatum*

- Used by Hippocrates
- Yellow flower, bright red juice
- Not just another SSRI
  - Binds GABA, adenosine, benzo, MAO receptors
  - Serotonin, norepinephrine, and dopamine inhibition
  - Affects levels of chemical signal molecules (LT’s, IL’s, Nitric oxide)
- Hyperforin and Hypericum best known components

[https://naturalmedicines.therapeuticresearch.com/](https://naturalmedicines.therapeuticresearch.com/)
**St. John’s Wort: Research**

Natural Database (Summarizes all available research – accessible via VA library)

- More effective than placebo
- Likely as effective as tricyclics and SSRIs
- In major depressive disorder: improves mood, anxiety and somatic symptoms, and decreases insomnia
  - A few recent studies less clear
- Short-term response in 65-100%
- Long-term response in 60-69%
- Most studies <12 weeks

[https://naturalmedicines.therapeuticresearch.com/](https://naturalmedicines.therapeuticresearch.com/)

**St. John’s Wort: Practice Pointers**

- Dosed as either fluid or dry extract of flowers
  - 100-300 mg TID
  - Titrate up after two weeks.
- Side effects similar to SSRIs, including hypomania, but more tolerable in general
- Monitor as you would with an SSRI
- Taper as you would an SSRI

[https://naturalmedicines.therapeuticresearch.com/](https://naturalmedicines.therapeuticresearch.com/)

**St. John’s Wort: Interactions**

If any one ever asks which herb interacts most with medications, this is it

- Cytochrome p450 3A4 induction
- Effects of:
  - Cyclosporine and tacrolimus
  - OCP’s
  - Fexofenadine
  - Protease inhibitors
  - Digoxin
- Up the effects of:
  - Alprazolam
  - Phenobarbital and phenytoin, possibly
  - Maybe statins
  - Warfarin
  - Clopidogrel
  - Possibly narcotics
  ...and others.

[https://naturalmedicines.therapeuticresearch.com/](https://naturalmedicines.therapeuticresearch.com/)
**S-Adenosyl-L-Methionine (SAMe)**

- Amino acid derivative - ATP activates methionine to create it
- Levels decrease with age
- Role in >100 reactions (transmethylation), membrane fluidity, neurotransmitter function
- Decreases if B12 or folate are deficient
- A prescription drug in Europe

---

**SAMe: Practice Pointers**

- Multiple small trials indicate benefit for major depression
- Can use while waiting for other drugs to kick in
- Side effects almost unheard of. Small risk of hypomania
- Also comparable to NSAIDs for osteoarthritis treatment
- $60+ a month
- Dose is 200-800 mg BID
- Wide variation in product quality

---

**Depression: Professional Care**

- Various options show promise:
  - Acupuncture
  - Music therapy shows promise
  - Biofield therapies - mixed results
- Supplements:
  - 5-HTP
  - St John’s Wort
  - SAMe
  - Saffron
- Address other health problems:
  - Thyroid
  - Sleep apnea
  - Chronic pain
  - Substance use

---

Schneider & Wissink, Depression, in Rakel (ed) Integrative Medicine, Philadelphia: Saunders, 2018.
What do you think? Lots to consider...

- Nutrition?
- Activity?
- Mind-Body?
- Acupuncture?
- Manage comorbidities?
- Other options?

Thank You! Questions?

12. Behaviors and Choices I: Healthy Patterns

Whole Health for Mental Health
Whole Health for Mental Health
Day 2 Morning

Aspects of Mental Health

- Thinking and Cognition
- Emotions
- **Behaviors and Choices**
- Peace and Ease
- Vitality and Wholeness

*Fully 95% of our behavior, feeling, and response is habitual.*

- Maxwell Maltz

---

A Spectrum

**Degree of Suffering**

Good Habits: Adherence/Compliance  
Bad Habits: Addiction

Engagement  
Apathy  
Addiction

**Level of Choice**

---

As clinicians, how do we encourage positive behaviors and choices?
Whole Health for Mental Health
Day 2 Morning

How Do We Support Positive Behaviors and Choices?

- Discussion of values (MAP)
- Individualizing Care
- Motivational Interviewing
- Role Modeling
- OTHERS?

MAP

- We’ll talk about the power of meaning and purpose in life in Module 20
- Just keep asking “The Big Questions!”

Motivational Interviewing

“...a directive, client-centered counseling style for working collaboratively with clients to enact a behavior change.”

But does it work? Yes!

Some Examples:

- **Pain**: 7 studies, 962 people: Small to moderate effect size for adherence to plan
- **Primary Care**: Review of 33 studies; 18 with positive effects
- **Anxiety**: Enhances effects of CBT (12 studies)
- **Smoking**: Cochrane says it “may assist” (RR of quitting 3.49 with PCP; 1.25 with counselors), and better than usual care

References:

- Alperstein et al, J Pain, 2016;17(4):393‐403.
Motivational Interviewing: How Does It Work?

Taps into 3 necessary conditions for change (hypotheses)
1. Technical proficiency of clinician
2. Relational – good empathy (not as much research)
3. Conflict Resolution – working with ambivalence

Magill et al, Curr Opin Psychol; 2019;30:1-5.

Role Modeling

• Clinicians’ behaviors matter in their own right, AND...
• You preach what you practice
  – That is, you mention behaviors to your Veterans that you perform
• They practice what you preach
  – E.g., the ‘apple and helmet’ study
  – They follow your lead


Impact of Professional Fulfillment

• Higher professional fulfillment for a clinician is linked to more patient adherence
  – Includes taking medications, exercise, and food choices

• Clinicians who have higher job satisfaction receive higher patient satisfaction ratings

Photo: Familycircle.com
Photo: tobaccofreelife.org
Motivation is what gets you started.
Habit is what keeps you going.
- Jim Ryun

Video: Habits

https://www.youtube.com/watch?v=wQLHwSphu-M

Habits and the Circle
How can positive habits in each area impact mental health?
Whole Health for Mental Health
Day 2 Morning

---

**Work With a NEW Partner**

1. Choose someone to go first
2. Share a time when you or a patient successfully started a “good” habit or broke a “bad” habit
3. What made the success possible?

After a few minutes, we’ll have you switch.

---

**How Long to Create a New Habit?**

- A. 21 days
- B. 66 days
- C. Depends on the habit
- D. Depends on the person

---

How Oreos are “...just as addictive as cocaine – at least for lab rats. And like most humans, rats go for the middle first.”

---

How Long to Create a New Habit?

- A. 21 days
- B. 66 days
- C. Depends on the habit
- D. Depends on the person

---

“21 days to form a habit” is inaccurate
Suggested in 1950s by plastic surgeon, Maxwell Maltz, as a minimum
Based on time to adjust to cosmetic surgery or stop feeling phantom limbs

---
Whole Health for Mental Health
Day 2 Morning

How Long to Create a New Habit?

- 96 undergrads
- Followed for 12 weeks
- They chose eating, drinking or activity goals
- Completed self-report habit index each day
- Study tested for and confirmed an asymptotic pattern
- Time to habit: 18-254 days
- Depended on what habit, frequency of behavior, person
- Missing a day not a problem

Behaviors and Mental Health

How do habits and reward-seeking behaviors arise in different mental health conditions?

Examples:
1. PTSD: Trigger ➔ Traumatic re-experiencing ➔ Avoidance Behavior ➔ Reward = reduced anxiety and distress.
   - Habit: Isolating and disengaging
2. OCD: Internal anxiety/belief system ➔ behavioral compulsion ➔ relief of anxiety.
   - Habituation compulsions
3. Eating disorder: Emotional distress ➔ binge eating ➔ dopamine boost
   - Binge eating disorder
Values Conflicts

• We all value our health.
• And, how often do we do something unhealthy because we have a more immediate value?
  – (E.g., unhealthy eating, not enough sleep, missed exercising, etc.)

To Be Continued...
13. The Power of Biofeedback and Guided Imagery

Mind-Body: Biofeedback

Making unconscious or involuntary physiologic processes perceptible to the senses in order to manipulate them by conscious control

Using equipment to track
- Heart rate (ECG)
- Heart rate variability
- Breathing
- Skin electricity
- Brain waves (EEG)
- Temperature

Biofeedback Efficacy

Efficacious
- Anxiety
- ADD
- Female urinary incontinence
- Headache in adults
- Hypertension
- TMJ
- Male urinary incontinence

Probably Efficacious
- Substance abuse
- Insomnia
- Traumatic brain injury
- Epilepsy
- Arthritis
- Chronic pain
- Fecal elimination problems
- Pediatric migraines
- Vulvar vestibulitis
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Day 2 Morning

### Mind-Body: Guided Imagery

What is it?
- Focus on images
- Use all your senses
- You might follow a path to a “safe place...”
- Or talk to a wisdom figures (e.g., your subconscious mind)...
- Or generate images related to your symptoms...
- The goal is to gain new insights

### Guided Imagery: Benefits

Examples of Benefits
- Relaxation response
- Helps with depression, anxiety, coping
- Lowers cortisol level (a stress hormone)
- Improves immune system function
- Helps cholesterol, blood pressure, heart & breathing rates
- Supports digestive function

### Guided Imagery Experience
Clinical Hypnosis

- Used for centuries
- Invokes a state of concentration and focus (trance)
- Not like stage hypnosis!
- Patient always in control
- Uses imagery, symbols, and suggestions
- Changes thoughts, perceptions, feelings, behaviors
- Sessions can be recorded and repeated

Clinical Hypnosis - Uses

- Stress
- Depression
- Pain (perception)
- Trauma
- Sleep issues
- Allergies, asthma
- Labor
- Skin problems
- Gut issues (e.g., IBS)
- Weight problems
- Sexual problems

Thank You!

Any Questions?
14. Our Behaviors and Choices II: Unhealthy Patterns

Define “Addiction”
Addiction: Key Points

• Addiction is a chronic disease
  – There are acute injuries
  – There are exacerbations
  – Multi-organ system complications
  – Comorbidities
  – Affects all aspects of a person's life
  – Screening is essential
  – Look for root causes
• Addiction is multi-dimensional (biological, social, ties to choices and past experience)
• It is not addressed as well as it could be
• Stigma is a significant problem

Rate of Substance Use Disorder in Veterans

From Substance Abuse and Mental Health Services Administration (SAMHSA.gov)

Substance Use in VA

• 25% of Veterans smoke, 74% have ever smoked
• 46% of those with PTSD also have SUD
• 20% with alcohol abuse have MDD too
• VA screens for alcohol and tobacco yearly and at new patient visits
• Key is not just identifying the problem. How does it link to all the aspects of a person’s life?
Whole Health for Mental Health
Day 2 Morning

How SUD affects Whole Health

Addiction and the Green Circles

Addictions & The Brain

Outcomes in many pathways:
- Less sensitivity to non-drug rewards
- Weakened self-regulation, self-direction
- Increased stress sensitivity
- Altered executive function and memory

Dopamine receptors and addiction:

- <1% of neurons in the brain are dopaminergic
- The “feel-good” neurotransmitter
- Tied to rewards – anything from foraging to gambling, sex, and social connection
- Biases memory toward events that are motivational
- Certain substances push it into overdrive
Addictions: Where Dopamine Is

- Addictive drugs enhance midbrain dopamine function, esp in the nucleus accumbens
  - Nicotine affects several areas, including nucleus accumbens
  - Alcohol enhances GABA receptors and slows firing in the Substantia nigra (SNc)
  - Opiates cause a release in the striatum
  - Cocaine and amphetamines bind transporters all over, including nucleus accumbens


Back to the Microbiome

- Review of 12 studies of eating disorders, alcohol, and substance use
- Dysbiosis was "... correlated with alcohol use disorder-related symptoms, i.e. craving, depression and anxiety."
- Manipulation may change cocaine-related behaviors in mice
- Eating disorder symptoms are triggered by peptide hormone signals from microbiome
- Overall, preliminary but supportive evidence of a role


Tony and Behaviors, Habits, Addiction

- I drink a lot – it is the only thing that calms me down
- I buy MS Contin from a buddy of mine
- Many family members have substance use problems
- I used to smoke, but stopped
- I smoke pot, but that is no big deal, right?

What else would you like to know?
### Substance Use Disorders and Self-Care

**What are your thoughts? What might be most helpful for Tony?**

- Taking care to individuals is key.
- Mind-body approaches, including psychotherapies, help.
- Spirituality, as in 12-step programs, can be key.
- Utilizing positive support systems.
- Exercise doesn’t reduce alcohol consumption.
- There are a number of mindful awareness options to consider.
- Working with triggers is key.
- Recovery requires goal-setting and an overall Personal Development “stance”.
- Caution about malnutrition, low BMI. SUD and overeating have much in common.
- All aspects of lifestyle can be affected by and, in turn, can affect recovery.

### The Recovery Model and Ties to Whole Health

<table>
<thead>
<tr>
<th>Medical Model</th>
<th>Recovery Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is the expert.</td>
<td>There are two experts. Veterans are experts on their lives and preferences.</td>
</tr>
<tr>
<td>Provider dictates treatment, decides treatment goals.</td>
<td>Veterans’ valued life goals drive treatment and goals.</td>
</tr>
<tr>
<td>Focus is on problems and weaknesses.</td>
<td>Focus is on strengths and resilience.</td>
</tr>
<tr>
<td>Focuses on diagnostic labeling and negative symptoms – pathologizing lens.</td>
<td>Focuses on positive identity separate from illness, normal human needs, holistic view.</td>
</tr>
<tr>
<td>Can lead to stigma, self-stigma and the “why try syndrome.”</td>
<td>Supports empowerment and engagement. Better therapeutic relationships and clinical outcomes.</td>
</tr>
<tr>
<td>Mental health problems seen as chronic.</td>
<td>Recovery (with hard work) to have a good quality of life is probable, even for the most severe challenges. Realistic hope.</td>
</tr>
<tr>
<td>Cookie cutter, one type fits all. Veteran must conform to the care and the system.</td>
<td>Individualized Veteran-centered care that meets them where they are.</td>
</tr>
</tbody>
</table>
Whole Health for Mental Health
Day 2 Morning

Around the Circle: Addictions

SOMEONE ONCE TOLD ME, "I HEARD YOU QUIT."
I SMILED AND SAID, "I DIDN'T QUIT ANYTHING, I CHANGED EVERYTHING."

Substance Use and Professional Care

Psychotherapies
Mindfulness approaches

Avoid inciting factors
Reduce risk

Supplements:
• Kudzu
• Cytisine
• Milk thistle

Address comorbidities
• Depression
• Anxiety
• Trauma

Transcranial stimulation
EMG biofeedback

Screening and Brief Intervention

• Screening more accurate than provider judgment alone
• Time-limited advice by clinicians are time-efficient and cost-effective
  – More research for alcohol than illicit drugs

Whole Health for Mental Health
Day 2 Morning

**Motivational Interviewing and Addiction**

- 2017 review of all articles for past 10 years
- 34/144 articles selected, including 6 Cochrane reviews
- Typically more effective than no treatment
- Comparable to other active treatments

“This review supports use of motivationally enhancing interventions across addictive behaviors, with strongest evidence supporting use in alcohol and tobacco, with brief interventions showing strong efficacy.”

- Strong support for marijuana use, some for gambling
- Insufficient data: Methamphetamine and opiates

**Medications and Addiction: Many Options**

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Dose/Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naltrexone</td>
<td>50-150 mg/day</td>
</tr>
<tr>
<td>Acamprosate</td>
<td>1.0-2.0 g/day</td>
</tr>
<tr>
<td>Disulfiram</td>
<td>2-3 g/day</td>
</tr>
<tr>
<td>Topiramate</td>
<td>100-400 mg/day</td>
</tr>
<tr>
<td>Varenicline</td>
<td>1-3 mg/day</td>
</tr>
<tr>
<td>Naloxone</td>
<td>0.4-2.0 mg/day</td>
</tr>
</tbody>
</table>

2017 Meta-analysis of 34 RCT’s: Nearly all studies found superior treatment outcomes

Moderate to large effect sizes for overall substance use, cigarette smoking, cravings and stress (Pain and emotional states too)

2013 review of 24 studies: Reduces use of alcohol, cocaine, amphetamines, marijuana, cigarettes, and opiates

**Mindfulness-Based Interventions and Addiction**

- 2017 review of all articles for past 10 years
- 34/144 articles selected, including 6 Cochrane reviews
- Typically more effective than no treatment
- Comparable to other active treatments

“...MBIs reduce substance misuse and craving by modulating cognitive, affective, and psychophysiological process integral to self-regulation and reward processing”

Examples:
- MBRP: Mindfulness-Based Relapse Prevention
- MORE: Mindfulness-Oriented Recovery Enhancement
- Mindfulness Training for Smokers
Clinical Hypnosis and Addiction

- 2010 Cochrane Review – no indication for smoking
- Not more effective for smoking than group relaxation
- Limited research for other SUDs
- Marketing outpaces research...

Biofeedback and Addiction

Some promising small studies

1. 2018 review: 5 sessions didn’t help smokers
2. 2018 study: 48 people
   - Alcohol abstinence higher after 1 year in those who did HRV biofeedback
3. 20 opiate-dependent people:
   - Improvement of somatic sx, depression, overall health score, reduction of cravings

Acupuncture

- National Acupuncture Detox Assn (NADA) protocol
  - Created 1985, by Dr. M Smith
  - Used in 250 hospitals Variable results
  - 2017 study – combining it with usual treatment improves quality of life, energy, employment likelihood
    - Alcohol at 3, 6 months
    - Smoking at 6 months
  - 2016 review – variable research; use as an adjunct
Whole Health for Mental Health
Day 2 Morning

Acupuncture

- 2016 Systematic Review: Need more research
  - Some points lead to physiological changes
- 2017 Nellis AFB Retrospective Study:
  - 172 people followed for a year
  - At least 4 treatments
  - Decreased opioid prescription numbers
  - Better symptom control and function
  - Also lowered use of other drugs

Dietary Supplements - Herbals

- Kudzu
- Cytisine
- St. John’s Wort
- Iboga

Opioid Abuse: Treat the Suffering

Whole Health for Pain Course Highlights:
- Pain Self-Management
- Mind-Body Approaches
- Spinal Manipulation Therapy
- Acupuncture
- Dietary Interventions
- Physical Activity
- ...and More

Whole Health Education Library: https://wholehealth.wisc.edu/overviews/chronic-pain/
Community: 12-Step Programs

Alcoholics Anonymous

- Based on principles of Christian evangelical Oxford Group
- In 1935, they helped Bill W, a NY stockbroker, quit
- He helped Dr. Bob quit
- They founded AA together in Akron, Ohio
- No affiliation with or funding from any group
- Now over 114,000 groups, 170 countries, 2 million people
- Model for other programs
- Looks at whole person

12-Step Programs and Spirit and Soul

- Half of people seeking SUD treatment do so at groups like this
- AA has 6 of 12 steps that refer to God and Higher Power – kept very general
- 2016 general (not systematic review) (Dermatis): Long-term sobriety linked to reports of:
  - Feeling God’s presence daily; gratitude may be key
  - Belief in universality of Higher Power
  - Connecting to/sponsoring others, perhaps tied to “universal spirit linking all humanity”
- Church attendance frequency was not directly correlated
- 14 studies (Tusa): 3 not supportive or relationship of spirituality and abstinence

12-Step Programs: Efficacy

- 2006 Cochrane: 8 studies, no clear benefit for AA
- 2018 meta-analytic review, 22 studies, 8000+ dual diagnosis patients:
  - Significant and positive association with AA exposure and abstinence
  - Same effect at 6, 12 months follow up
- NA supports post-residential outcomes
- Attendance frequency matters to a point
- Service of others matters (Family, Friends, Coworkers)
Whole Health for Mental Health
Day 2 Morning

Tony: What’s the Plan?

- Gather into small groups
- 5 minutes to discuss priorities for Tony with his habits
- Will ask you to share what you came up with

What do you think?

Questions?

Time for a Break
Aspects of Mental Health

• Thinking and Cognition
• Emotions
• Behaviors and Choices
• Peace and Ease
• Vitality and Wholeness

*If you want peace of mind, stop fighting with your thoughts.*

-Anonymous

Peace and Ease Objectives

Enhance whole health knowledge about:

• Trauma and Stress
• Anxiety and PTSD

Apply knowledge by:

• Conducting PHI
• Breath Practice
What do you do to find peace and ease?

Discuss with a Partner

Pathos and Pόnos
Homeostasis

Sέλγες!
The definition: The state manifested by a specific syndrome which consists of all the nonspecifically-induced changes within a biological system. —Sέλγες

• Stress is not “Events”
• Distress vs. Eustress OR Ease vs. Dis-ease
Stress: The General Adaptation Syndrome

Occurs in space (the triad):
1. Adrenal enlargement
2. Lymphatic tissue atrophy
3. Bleeding, deep ulcers in the stomach and duodenum

Occurs over time
1. Alarm Reaction
2. Stage of Resistance
3. Stage of Exhaustion


It is not stress that kills us, it is our reaction to it.

The Stress Response

External Conditioning:
- Diet, Climate, other concurrent experiences

Internal Conditioning:
- Heredity, Previous experiences

Tolerable Stress

Toxic Stress

Video: Fight or Flight or Freeze

An Impala “Shakes Out” Stress
https://www.youtube.com/watch?v=Ox7Uj2pw-80
Polyvagal Theory

When fight/flight/freeze is wrong
• Most common mental illness in the US
  – 19% of Americans had any anxiety disorder in the past year
  – 31% have an anxiety disorder sometime
    • GAD: 7 million
    • Social anxiety: 15 million
    • PTSD: 8 million
  – Only 37% get treatment

Images: Amazon.com, (Add Source)
Anxiety and Comorbidities

- People with anxiety are:
  - 3-5 times more likely to go to the doctor
  - 6 times more likely to have an inpatient psychiatric stay


Whole Health Library Tool, “Anxiety”
https://wholehealth.wisc.edu/overview/power‐of‐the‐mind/

Anxiety PHP’s: You Tell Us!

Refer to page 15 of your course manual for Melissa’s PHI.

At your table, answer the following:
1. What would you want to ask Melissa to help her set a goal/make a change?
2. What is your top Self-Care suggestion for her?
3. What is your top Professional care rec?
   Take 10 minutes to do this

We will discuss ideas at the end of the exercise.

Anxiety and Nutrition

- Caffeine may need to be stopped (sorry!)
  - Long-term use linked to anxiety and depression in some people
- Alcohol can decrease serotonin and catecholamines
- Ensure adequate B vitamins
  - B6
  - Folic acid (B9)
- Omega-3 fatty acids – indirect evidence

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Day 2 Morning

**Anxiety and Working Your Body**

- Reduces anxiety signs and symptoms
- Aerobic has larger effect, but all forms helpful
- Effective at 12 minutes minimum most days for 10 weeks
  - Max benefit 40 minutes/session
- Benefits long lasting. Over a year, even with less intense routines by then

**Why?**

- Norepi, dopamine, serotonin levels
- Endorphins
- Confidence and independence


---

**Two 2017 Yoga Meta-Analyses**

<table>
<thead>
<tr>
<th>Study 1: 8 RCTs with 319 participants</th>
<th>Study 2: 42 studies with 2,944 participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small, short-term effects on anxiety ratings (SMD = -0.43)</td>
<td>Mix of postures and breathing (pranayama)</td>
</tr>
</tbody>
</table>

- No effects in those with actual DSM dx of an anxiety disorder
- Good safety profile
- Possible selection bias, no methodology bias


---

**Anxiety and Tai Chi – verdict still out?**

- 2014 review of 37 studies:
  - Poor methodology
  - All showed potential benefit
- Another 2014 review
  - 12 of 17 articles showed benefit
  - Not great studies (many not RCTs)

Anxiety ↔ Recharge

- GAD, PTSD, OCD, panic disorder all have links to poor sleep
- Treating sleep with CBT-I = moderate effect on anxiety symptoms
- In GAD:
  - ↑ time falling asleep
  - ↓ time asleep
  - ↑ awakenings
  - ↑ stage 4
- More sleep disorders


Anxiety: Other Self-Care Circles

- Marital satisfaction and anxiety affect each other
- Anxiety can lead to social avoidance
- Level of social support can affect psychotherapy outcomes
- Vacations help a little
- Taking breaks through the day may help

Whole Health Library Anxiety Overview, https://wholehealth.wisc.edu/tools/anxiety/

Anxiety: More Self-Care Circles

- Religion and spirituality interventions decrease stress and reduce anxiety symptoms
- Consider existential aspect of their lives (e.g., fear of dying)
- Warm temperature exposures help
- Phototherapy helps
- Nature time may help
- Media facts may help
- Education and financial security can help
Professional Care: Anxiety & Acupuncture

• 2018 review
• 13 trials
  – 8 whole body
  – 4 auricula
  – 1 electroacupuncture
• All favorable
• In those with sham controls, actual points did better
• Most just used 2-3 specific points (not personalized)

“Overall, there is good scientific evidence encouraging acupuncture therapy to treat anxiety disorders as it yields effective outcomes, with fewer side effects than conventional treatment.”


Anxiety and Acupressure

• 2015 review of 7 trials, meta-analysis of 5
• All with positive effect on rating scales—medium effect size
• Varied results for physiologic indicators
• Low risk of bias
• Mostly emergency and hospital settings, pre-procedure
• Very safe


Dietary Supplements: Kava

• Used in Fiji
• Considered safe in Europe; some liver concerns
• “Possibly effective” – favorable results when used >5 weeks vs oxazepam, buspirone
• Kava lactones likely work similar to benzodiazepines
• Affect limbic system – esp amygdala and hippocampus

https://naturalmedicines.therapeuticresearch.com
Dietary Supplements: Valerian

- Used in Europe >1000 years
- Mostly used for insomnia.
- Natural Medicines: Insufficient evidence
- Often combined with St. John's wort
- Takes 2 weeks or more to kick in – is NOT an immediate effect
- Adverse effects are rare – occasional HA and GI issues

https://naturalmedicines.therapeuticresearch.com

Cannabinoids

- 2017 review
  - Most studies short term
  - Poor evidence
  - Many side effects
    - Can cause psychosis in susceptible people
- Anxiogenic, though does not cause anxiety disorders

Turna et al, Depress Anxiety. 2017;34:1006–1017.

Professional Care: Anxiety and Mind-Body Work

Psychotherapies

- Cognitive-behavioral therapy is the first-line psychological treatment for anxiety disorders and yields response rates of 46–77% (Katzman et al., 2014)
- Psychodymanic psychotherapy also shows benefit, among others

Whole Health Library Anxiety Overview, https://wholehealth.wisc.edu/tools/anxiety/
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Day 2 Morning

Professional Care: Anxiety and Mind-Body Work

Biofeedback and Meditation
• 2014 review of 63 biofeedback mental health studies
  – 43 studied anxiety
  – Many flaws, generally positive
  – “Accessible and efficient approach”
• 2016 review: Meditation great for PTSD, less data for anxiety

Anxiety: Other Professional Care Options

Supplements (limited data)
• Theanine
• Lysine
• Passionflower
• Tryptophan
• Skullcap

Address other health problems:
• Thyroid
• Vitamin deficiencies
• Chronic pain
• Substance use
• Pheochromocytoma

Research not supportive of homeopathy

Aromatherapy may help
• Positive psychology can help with emotional resilience
• Creative pursuits and music may help

How Meditation and Stress Affect Us

Mindful Awareness-Breathing Practice...

- Can change heart rate variability
- Enhances body awareness
- Expands your “Window of Tolerance”
- Decreases mortality
- Improves blood pressure,
- Moderate benefit, chronic low back pain
- Better post-op function and quality of life in lung cancer, possible benefit in asthma

Let’s Do Some Relaxing!

Heart-Rhythm Patterns

Let's Do Some Relaxing!

- Work on slowly dropping breathing rate
- Goal – 5ish breaths per minute

Your Turn:
Teaching a
Mind-Body Skill
**Whole Health for Mental Health**  
**Day 2 Morning**

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**1:2 ratio breath**

- In: 3-4 counts
- Out: 6-8 counts

- *If you note any discomfort, try to simply watch it without getting caught up in it.*
- *Can stop any time.*
- *Use caution if you have breathing problems.*

---

**The Power of Breathwork**

Intentionally changing your breathing pattern can account for 40% or more of the variance in your feelings of fear, anger, sadness, or joy.


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To Be Continued...
16. Implementation Part II: Your Practice

Whole Health for Mental Health

Implementation: Where Are We Headed?

Tony is now exploring Whole Health

A LOT is going on here...

- Invasive Thoughts
  - ADHD
  - Dementia Risk
  - Smoking
  - Opiates
  - Alcohol Use
  - Past Traumas (MST)
  - PTSD
  - Suicide Risk

How can his entire team (including you) support Tony and his family?
Whole Health: Building on Current Programs

- This isn’t the “flavor of the day”
- Many programs already promote elements of WH
  - HPDP and Healthy Living Messages
  - MI and Teach
  - Planetree
  - Recovery Model
  - PCMHI
  - PTSD, Substance Use, and Suicide Initiatives
- What else are you doing that aligns?

If I have seen further than others, it is by standing upon the shoulders of giants.
- Isaac Newton

Community Passport, p. 311

Small acts, when multiplied by millions of people, can transform the world.
- Howard Zinn
“Me” is possible because of “We”

- People don’t exist in a vacuum. Whole Health can only occur in community.
  - Loved ones, social circle
  - Whole Health team
  - Organizations and groups (VFW, DAV, support groups, etc.)
  - Neighborhood
  - Online Communities
  - Hospital/facilities
  - Health Care system
  - Nation
  - Ecosystem

Online Resources

Note: We will move through these pretty fast. You will have access to all this online!

Websites: 1. VA Patient Centered Care

http://www.va.gov/patientcenteredcare/

External site (no firewall)
OPCC&CT resources for Veterans & family members)
Whole Health Veteran Handouts

~60 handouts related to the Circle

https://www.va.gov/PATIENTCENTEREDCARE/veteran-handouts/index.asp

2. OPCC&CT SharePoint Hub

- Internal – OPCC&CT SharePoint Hub
  https://vaww.infoshare.va.gov/sites/OPCC/Pages/Default.aspx

- Education page on SharePoint
  https://vaww.infoshare.va.gov/sites/OPCC/Education/SitePages/Home.aspx
3. Whole Health Education Website

http://wholehealth.wisc.edu

Whole Health Library Website

• Has resources for clinicians and Veterans
• Will be changing this fiscal year – more web-friendly
• Over 200 different resources
• Materials from all the OPCC&CT clinical courses
Whole Health Education Website

http://wholehealth.wisc.edu

WHOLE HEALTH EDUCATION
Whole Health for Mental Health
Day 2 Morning

Whole Health Education Website

http://wholehealth.wisc.edu

IMPLEMENTING WHOLE HEALTH

Whole Health has gained rapidly because of government efforts to allocate funds and reform health care, and because providers increasingly support the approach. Whole Health is simple and cost-effective. It recognizes that a person’s physical health is connected to their social, emotional, and overall well-being. Whole Health involves a comprehensive approach to care that focuses on the patient’s needs.

- Implementing Whole Health in Your Own Life:视频软技能
- Implementing Whole Health in Your Practice
- Using A Whole Health Walk Sheet
- Ask All The Right Questions
- From The Patient’s Perspective
- Implementing Whole Health: Patient and Team Perspectives
Whole Health for Mental Health
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Whole Health Education Website
http://wholehealth.wisc.edu

Professional Care
The professional care overview complements self-care and integrative health concepts with specific approaches to specific conditions. The intent is to present information that patients can understand and use. It is not intended to replace the expertise of medical professionals. However, it is designed to help patients work with their health care providers by providing information about various conditions and strategies for prevention and management. This information can be used to support self-care and integrative health practices, as well as decisions made with medical professionals. It is important to consult with a healthcare provider for accurate diagnosis and treatment of health conditions.

Whole Health Education

Whole Health focuses on what matters most to you, empowering you through self-awareness and self-care, recognizing the fundamental importance of whole health care, and the importance of relationships, nutrition, and the many other factors that contribute to a healthy life. Whole health is defined as:

Whole health encompasses all aspects of well-being, including physical, mental, emotional, social, and spiritual health. It recognizes the interconnectedness of all these aspects and the impact of each on overall health and well-being. Whole health is a holistic approach to health that goes beyond the treatment of disease and promotes the maintenance of optimal health and well-being.

Whole Health Tools

Whole Health Tools provide additional resources that you can use at any time. They cover additional topics and approaches to wellness. Tools can be a helpful way to explore different aspects of health and well-being. They may help you identify areas for improvement, set goals, and track progress. Tools are designed to be useful resources for personal health and wellness.

List of Tools

A
- Achieving a Healthy Weight
- Acupuncture and Traditional Chinese Medicine
- ...
Whole Health Education Website

http://wholehealth.wisc.edu

Other National Resources

• COP Calls/VA Pulse
  • Whole Health Clinical COP call- 1st Thursday of month, 2 pm EST
    https://www.infoshare.va.gov/sites/OPCC/COP/WholeHealth-ContinueTheConversation/SitePages/Home.aspx
  • VA Pulse- Integrative Health Community
    https://www.vapulse.net/groups/integrative-health-community
  • Email: vhaopcctintegrativehealth@va.gov
  • FIT Consultant/IH engagements
Whole Health for Mental Health
Day 2 Morning

VA Pulse – Whole Health Community

1. OPCC&CT in general [https://www.vapulse.net/community/focus-areas/opcc]
2. Integrative Health [https://www.vapulse.net/groups/integrative-health-community]
3. Acupuncture and BFA [https://www.vapulse.net/groups/va-bfa-community]
4. Others

VA Pulse

• Online course available to all clinicians
• CEU credits - physicians, nurses, pharmacists
• Free to a limited number of VA clinicians
• Please sign up only if you can complete entire course – you have 11 months
• Learn more at
  • [https://vaww.infoshare.va.gov/sites/OPCC/Education/SitePages/Home.aspx]
  • [https://nciph.org/curriculum.html]

National Center for Integrative Primary Health Care

• Online course available to all clinicians
• CEU credits - physicians, nurses, pharmacists
• Free to a limited number of VA clinicians
• Please sign up only if you can complete entire course – you have 11 months
• Learn more at
  • [https://vaww.infoshare.va.gov/sites/OPCC/Education/SitePages/Home.aspx]
  • [https://nciph.org/curriculum.html]
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National Center for Integrative Primary Health Care

Nearly 32 hours of material

1. Introduction to Interprofessional (IP) Integrative Health in Primary Care
2. Prevention and Lifestyle Behavior Change Through IP Collaborative Practice
3. IP Healthcare Wellbeing
4. Addressing Primary Care Patients Through an IP/Integrative Lens
5. Collaborative IP Integrative Interventions
6. IP Practice in Community Settings and Systems at Large

Whole Health Education SharePoint

Welcome To Whole Health Education

VA Integrative Health Coordinating Center
Whole Health for Mental Health  
Day 2 Morning  

**CIH and Standard Medical Benefits**

3 Steps to provide guidance and regulatory change

1. CIH Memo
   - Supports CIH implementation and will initiate vetting process for CIH services through the VEC and Integrative Health Coordinating Center (IHCC)
   - Signed by VEC Co-Chairs May 3rd, 2016
   - Signed by Dr. Shulkin (USH) on May 24th, 2016

2. CIH Directive
   - LIST II: Generally Considered Safe
     - Requires common knowledge, throughout the expert scientific community
       - Both internal and external to VHA
       - Reasonable certainty that it is not harmful under the conditions of intended use
     - Optional for inclusion in VA facility, depending on capability (staff/space) at sites

**List II Approaches**

- Healing Touch
- Acupressure
- Alexander Technique
- Reflexology
- Reiki
- Therapeutic Touch
- Emotional Freedom Technique
- Animal-assisted Therapy (under recreational therapy)
- Aromatherapy+
- Biofield Therapies
- Rolfing
- Somatic Experiencing
- Zero Balancing

Can be found here:
Whole Health for Mental Health
Day 2 Morning

CIH and Standard Medical Benefits

3. Regulatory Change

• Regulation incorporated into Benefits Handbook
• More lengthy process, but permanent outcomes
• Now all sites are mandated to provide the CIH approaches featured in List One

Ongoing Efforts

• Office of Community Care
• Telehealth
• Volunteer Services
• Position Descriptions
  — Acupuncturist, GS-9/13
  — Whole Health Program Manager, GS-11
  — Health Coach, GS-7/9
  — Whole Health Partner Supervisor, GS-8
  — Whole Health Program Assistant, GS-7
  — Whole Health Partner, GS-6
  — Yoga Instructor GS-6
  — Tai Chi/Qi Gong Instructor, GS-6

Connect!

• IHCC Email
  vhaopccitintegrationhealth@va.gov
• FIT CIH Specialty Team Email
  VHAOPCCCTCISpecialtyTeam@va.gov
• IHCC SharePoint
  http://www.infoshare.va.gov/sites/OPCC/Lists/IHCC-home.aspx
• VA Pulse IH Community
  https://www.vapulse.net/groups/integrative-health-community
• FIT SharePoint Page
  http://www.infoshare.va.gov/sites/OPCC/SitePages/FIT-programs.aspx
Local Resources

Whole Health Takes a Village

• No one clinician can be responsible for it all
• Whole Health adds support for clinical care – peer partners, coaches, CIH providers, and many others.
• The PHP will grow and shift over time.
• It should not take more time. This should not be another item on the ‘to do’ list.
• It won’t always be possible to do this the way you would ideally like to

And... You keep doing the best you can, and that is a lot.

What Makes a Team Successful?

What was the best team you have ever been on? Why?
A few tips from the literature

- Shared mission and passion
- Coordination, cooperation, communication
- Experienced, adaptable, and diverse members
- Break down siloes, handle conflict
- Clear roles, inclusive, democratic
- Strong, collaborative leadership
- Safety to make mistakes
- ...and more research is needed!


More tips from the literature

- A high‐performing team needs 5 things:
  1. Shared goals that everyone can articulate
  2. Clear roles
     - Function, responsibility, accountability
  3. Mutual trust
     - No punishments
     - Safe to admit errors or ask questions or try new things

Smith et al, Implementing Optimal Team‐Based Care, National Academy of Medicine, Sept 2018.

More tips from the literature

- A high‐performing team needs 5 things:
  4. Effective communication
     - Constantly refining skills
     - Bidirectional
  5. Measurable processes and outcomes
     - How do you know the team is effective?
     - Feedback give frequently

Smith et al, Implementing Optimal Team‐Based Care, National Academy of Medicine, Sept 2018.
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Thinking About Roles:
A Small Group Exercise

- In a moment, we will have you move to join other people with similar professional roles
  - Psychologists
  - Nurses
  - Social workers
  - Providers
  - OT/PT/RTs
  - Etc.
- Keep your group at ≤10 people (split up if needed)

Thinking About Roles:
A Panel Discussion

- Choose a representative for our panel discussion
- Discuss:
  1. How can someone in your role best serve on a Whole Health Team?
  2. What do you bring that others may not?
  3. How does scope of practice tie in?

Thinking About Roles:
A Panel Discussion

- Representatives from each group, please come up to the front
- We will ask you a series of questions
- We promise not to score you!