



Thinking Outside the Square

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People with long term conditions

Healthcare Professionals

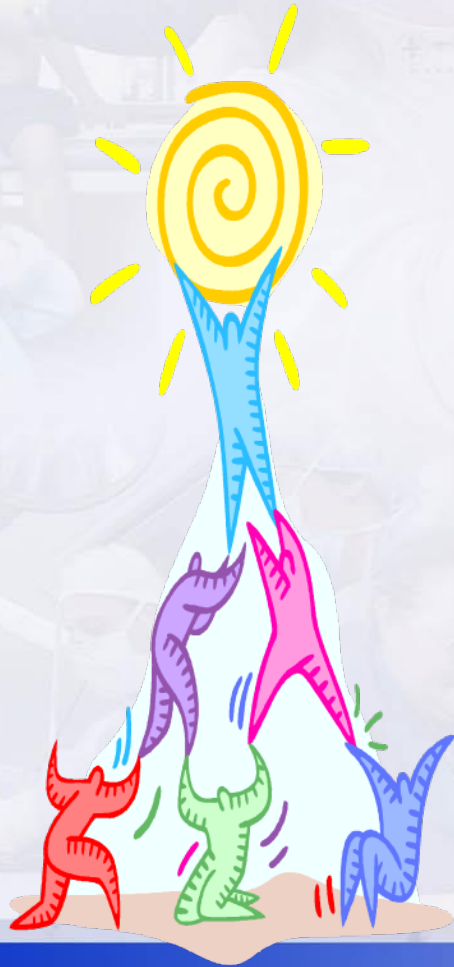


Three “outside the square” initiatives



- Community Living Service
- > \$10K p.p. annual savings on clinical care
- Greatest impact for Maaori

Three “outside the square” initiatives



- Peer Support
- Formative evaluation positive
- Diverse workforce

Three “outside the square” initiatives



- Recovery Education*:
- Powerful impact on wellbeing
- Cost effective

**Recovery Opportunity Centre, Phoenix,
Arizona*

Common features: inspiring and motivating

- Meaning/purpose
- Hope
- Choices
- Control of decisions

Recommendations

- Research what inspires and motivates us to get well
- Pilot programmes to coach people in self management
 - Coached by people with long term conditions
 - Delivered on “Health Campuses”

Discussion

Relevance in other areas?

Examples of related innovations

Thinking Outside the Square

Sue Hallwright

People make their own healthcare decisions. Good or bad, right or wrong – people make their own healthcare decisions. What can we do so that people use the advice they get from healthcare professionals wisely and make GOOD healthcare decisions?

We need to think innovatively about this if we are to deal with the issues facing us: significant growth in long-term conditions, a shortage of trained healthcare professionals and persisting significant health disparities.

So the thesis is that – faced with a shortage of healthcare professionals - we could reduce the demand for healthcare professionals' time by enabling people with long-term conditions to make good decisions and stay healthier, and in so doing make a scarce resource go further. One way to achieve this would be to find people who are managing their long-term condition well, and enable them to coach others to do the same. Perhaps the education sector could assist in this.

So is it really possible to decrease demand on healthcare professional time by doing innovative things that do not rely on the professional workforce?

Several years ago in Counties Manukau we set up a new service delivered by people who were not healthcare professionals. People with long-term mental health conditions were supported to live full lives in the community, often moving into their own houses for the first time in years.

The amazing thing about this change in circumstances was that people suddenly became more well than they had been in years, often from the moment that they realized the possibilities available to them.

We have thoroughly evaluated this initiative and identified that on average after engaging with these services, people use less clinical care to the value of \$10,500 per person per year. Think of how much clinical time and resource this frees up for other people. Furthermore, there is good evidence that the gains were greatest for Maaori.

On this basis, yes it is possible to decrease demand on healthcare professional time through developing innovative services, and there is a real chance that this could also help address health disparities.

So is it possible for people who are managing their own long-term conditions to play a part in supporting others to stay well?

Over the last couple of years we have had peer support specialists working in our mental health services in Counties Manukau. These are people with long-term mental health problems who are managing their health well. It is not the same as the expert patient – in

There is, however, no empirical evidence that these are the critical elements in motivating people to be well.

On this basis it is time that we put some effort and resource into finding out from people who have recovered, particularly those from populations with poor health outcomes, what inspired and motivated them to get well again. Then we can use this information as a basis for piloting programmes to coach people in self-management, using people with lived experience of long-term conditions and involving the education sector in developing classes to support people to make their own GOOD healthcare decisions.

Workshop Discussion

Participants shared information about other similar initiatives. In general, other initiatives focused on self-management skills rather than addressing the motivational aspects of self management. One example related to a self-management programme for diabetes (utilizing text messages and email, along with home monitoring) in Hawaii.

An important point raised was that of family members who have a specific role in managing the health of others - most commonly women (mothers, wives, daughters) – and it was suggested that it may be good to look at programmes that might reach these people (and not just those who themselves experience long-term conditions).

The findings regarding the impact on peoples' wellbeing of the awakening of hope were interesting in relation to Maaori health concepts.

Workshop participants were generally supportive of the concepts of peer coaching for self-management and involvement of the education sector, and of the need to foster motivation among people with long-term conditions to get and stay well.

Recommendations

General

Some recommendations proposed related to improving health over the next 20 years, but were not specifically related to the issues of motivation and supporting people to make their own good healthcare decisions. Examples of these recommendations were:

- Legislation for things that would improve population health (e.g. fluoride).
- Putting resources out to empower communities to improve their own health.
- Working across agencies (e.g. education, housing)
- Consistent communication of simple health messages utilizing the media and internet
- Information about where to get help and what has worked for other people
- Addressing “institutional prejudice” – e.g. people believing long-term conditions are a barrier to employment

fact the peers delivering these services describe themselves as “expert in not being the expert”. They maintain that people are the experts in living their own lives, and need to be supported to tap their own expertise in managing their health problems. So our peer support specialists act as “recovery coaches”. They do not provide information about treatment or illnesses, but engender hope, inspire and motivate people to recover, bring forth their strengths and support them to use advice from healthcare professionals well.

Right now in Counties Manukau we have 35 peers employed in these roles both within multidisciplinary teams and in stand-alone services. 85 people have graduated from the 72 hour training. This workforce is far more ethnically diverse than our professional workforce.

Preliminary findings suggest this is having a very positive impact on peoples’ wellbeing and is highly valued by professional staff and by people with long-term conditions, although it has not yet been formally evaluated. It appears likely that this will also free up clinician’s time and assist us in our endeavours to address disparities.

So yes, it is possible for people to support one another to stay well.

Interestingly, many of the graduates describe their training as the single most important factor in assisting them to recover and stay well. One of the powerful influences on their health is said to be the sense of meaning, of purpose, they derive from the training.

So what about a role for the education sector in developing up peoples’ ability to stay well?

In Phoenix Arizona, a healthcare provider, Recovery Innovations, has partnered with a tertiary education provider to develop a recovery education centre, which delivers classes to people with long-term mental health conditions. Many of the trainers have their own experience of mental illness although the singular pre-requisite for teachers is that they are inspiring educators. They do not teach about illnesses or treatments but support people to learn about themselves, the things that help them to stay well, the way that they can use their healthcare professionals well. Some of the classes attract educational credits and have prompted people who have left school early to take up other studies.

Indications are that these classes are highly cost effective, so yes – the education sector could have a role in developing up peoples’ ability to stay well.

When I look at these initiatives trying to find the common features that result in improved wellbeing and hence reduced demand for healthcare professional time, it is my thinking that people become motivated to stay well when their life has a meaning or purpose, when they feel they have some choices and are in control of the decisions, and when they have hope – that is to say they believe they can get better. The sense of “belonging” with others who have “been there” is also a powerful wellness motivator. It is interesting that the things that appear to motivate people to maintain their wellbeing are similar to those that are motivate people to follow good leaders.

Specific Recommendations

Other recommendations related more closely to the workshop topic, as follows:

- research what it is that motivates people with long-term conditions to get, and stay, well
- pilot programmes that encourage and motivate people to manage their long-term conditions well (recognize that what the patient knows complements what the healthcare professional knows)
- develop the practice-based evidence about what it is that the patient wants and needs and what works best for them
- strengthen existing patient support groups/organisations
- train people with experience of long-term conditions (or key family members responsible for family health) to coach others
- create health-education partnerships to provide classes that encourage and motivate people to manage their long-term conditions (or those of their family members) well
- make information about self-management readily available using the internet
- use the media to share success stories in self-management