

**Robert Lee Sutherland Seminar XV  
Hogg Foundation for Mental Health**

**Wellness Promotion Initiatives**

Summary Notes

I. Paolo del Vecchio

A. Cycle of early mortality-how can we as a community prevent and stop early mortality by promoting wellness

1. Talk about integrating body and mind but other aspects as well
  - a. Definition from National Wellness Institute: social, emotional, intellectual, spiritual, physical and occupational needs in a way that is enjoyable and beneficial to community
    - different aspects of self not treated as separate components
    - wellness is self-directed
2. Consumer: well-informed, knowing the research, on the right doses of medication - important responsibility that shouldn't be solely in hands of doctor
  - my body, my life so I should be responsible for it
3. What are some of the causes of early mortality?
  - a. High rates of co-morbid physical illnesses
  - b. Importance of factors of homelessness, social isolation, incarceration
    - i. Most important factor around wellness is housing status
  - c. Have to look at holistic aspects of lives
  - d. Impact of medications-weight gain due to medications
    - i. So important to partner with consumers regarding medications
  - e. Having access to quality healthcare is key
  - f. Issues of stigma in primary care settings
  - g. Consumers have 1/3 more obesity/smoking rates and heavier drinking rates -more unlikely to not have access to healthcare
4. SAMHSA's 10 by 10 Pledge-pledge to promote wellness for people with mental illnesses by taking action to prevent and reduce early mortality by 10 years over the next 10 years
  - recovery has to be nurtured and tended to
  - dealing with mental illness is not easy but giving purpose in life makes life the miracle it is

II. Peggy Swarbrick

- A. Peer delivered and consumer operated organization
- B. Health promotion and wellness by creation of services
- C. Collaborative Support Programs of New Jersey, Inc
  1. Collaborative effort-consumers and non-consumers
  2. Principles of personal responsibility wellness and recovery
  3. Work with adults with mental health issues and more and more with other special needs

4. Agency shares vision of hope/healing promoted by choice, freedom inclusion and de-stigmatization
  - a. Stigma is a huge barrier to people getting access to services
  - b. Greatest resource is people working through their own recovery
  - c. Issues of concern: stigma/poverty/poor physical health/unemployment and underemployment
    - board is comprised of people in recovery
    - poor, live with mental illness, receiving services but keep organization focused on what the issues are
5. Started drop in peer run centers and then looked to decent affordable housing
  - a. Advocated, organized, strong model of supportive housing, peer delivered services connected to housing
  - b. Financial dimension of wellness-financial stability and building assets
  - c. Create service models that challenge status quo
  - d. Recovery-actively self managing a health condition while reclaiming, gaining and maintaining a positive sense of self, roles and life beyond the condition
6. Wellness-conscious, deliberate process that requires that a person become aware of and make choices for a more satisfying lifestyle
  - a. Helping people to assume personal responsibility to define a lifestyle that promotes their well being
  - b. Meaningful productive activity as defined by the person-particularly sleep and rest
  - c. Wellness: physical, occupational, environment, spiritual, mental/emotional, social, intellectual, financial
  - d. Safety and affordable housing-connected to support services, provide services for 370 people/available 24/7
  - e. Operate 22 peer-run self help centers around NJ
  - f. Money management-asset building

### III. Peabody

- A. Quest for integrated care at this site for the last 15 years
  1. Detroit is now the poorest city over 250k in the US
  2. 3500 registered patients-typical population is seriously mentally ill,
  3. Most common diagnosis is schizophrenia, second is bipolar
    - a. Population is unemployed, victimized, diabetic, overweight
- B. Healthcare Team (building phase)-integration is process, not an end result
  1. Primary care provider (PCP), psychiatrist, nurses, registered pharmacist, case managers and clinical counselors, drivers, peer supports
    - a. Past co-location and into collaborative integrated healthcare
    - b. Rate of admissions per thousand members is significantly less during time period
    - c. More office visits, opened up access and the end result was that other more costly things went way down
    - d. Pharmacy costs considerably down

C. Constructed a place to their design-playing with the geography and making it work for you is critical

1. When initiatives failed, cut them
2. Set up weekly staff meetings
3. Recruited and cross-trained registered nurses
4. Banned pharmaceutical reps and use of sample medications
5. Targeted health initiatives such as undiagnosed heart disease, diabetes, hypertension, pap smears, obesity