

# Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

**Behavioral Health Integration and Trauma Informed Care:  
Promoting Wellness for Future Generations**



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*Mobilizing Partnerships to Promote Wellness*



# House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk



# Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

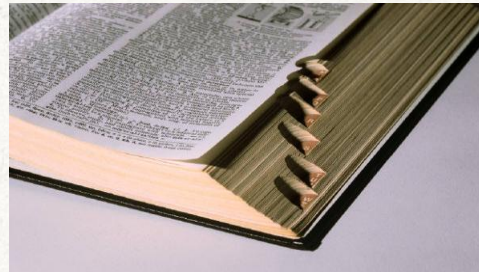


## Topics For Today



- Behavioral Health Integration: A Story About Connecting The Dots of Information
- Factors that contribute to the development of mental health problems in Indian Country.
- Medical conditions most likely to have a co-morbid Mental Health Diagnoses.
- Multidisciplinary care and the importance of facilitating access to MH care.

# Behavioral Health Integration Defined



- Behavioral Health services integrated into general healthcare at a primary care level & primary care being made available in Behavioral Health clinics.
- But, . . . Why?

# Why Integrate Services?

- By 2020, behavioral health disorders will surpass all physical diseases worldwide as a major cause of disability.
- Half of all lifetime cases of mental illnesses begin by age 14 and three-fourths by age 24.
- Over 33,300 Americans die every year as a result of suicide, which amounts to approximately one every 16 minutes.
- CDC's Public Health Surveillance Program Office estimated the cost of mental illness at approximately \$300 billion *in 2002*.
- American Indians have the lowest life expectancy of any population in this hemisphere next to Haitians.

# Why Integrate Services?

- 10-20% of general population will seek primary care for a mental health problem
- Mental Health prevalence studies show:
  - PHQ9 Data (Patient Health Questionnaire):
    - Reported average of 26% of patients had psychiatric disorders while another 13% have significant functional impairment
  - Patients with chronic medical illnesses are 2-3x more likely to suffer from depression



## More Reasons Why, . . .seriously?

- 2/3 of primary care patients with psychiatric diagnoses have significant medical/physical illness
- People with persistent Mental Illness are dying 25 years earlier than the rest of the population.
- Between 50-70% of depressed persons first seek help from a PC provider



## More Reasons, . . .and it's not for job security



- ❖ “Most people who complete suicide had contact with a health professional within a year of death, and approximately 40 percent of these contacts were within one month of their death depending on age.
- ❖ Many people die by overdose on the prescription medications provided them at these visits.”
- ❖ Practitioners are too busy to conduct lengthy suicide risk assessment interviews.
- ❖ Screening for suicide potential is possible.

Source: Luoma, Martin and Pearson, Am. J. Psychiatry, 2002

# Yes, . . . more reasons

- Recognition & treatment of MH problems in primary care must get better
- Stigma and lack of education interfere with patient follow through with MH referrals
- Health Care Utilization \$\$\$ (more than 300 Billion, remember?)
- **The Bar Needs to Be Raised, . . .**
  - Prevention must be effective,
  - In order to Protect humanity and tradition,
  - With the goal of Promoting wellness for ALL future generations of children in Indian Country

# Thought the last page was it, right?

- Mental illness has an enormous social impact
- Mental and physical health are interconnected
  - Remember “Cortisol”
- There’s a huge treatment gap for mental illness
- BH integration enhances access for BH healthcare
- Integration promotes respect for human rights
- Integration increases wellness & promotes multidisciplinary collaboration
- Integration is affordable and less than 300Billion 

“What do we live for, if not to make life less difficult for each other?”

~George Eliot





# **Public Health**

Prevent. Promote. Protect.

- **Public Health: Where the rubber of Healthcare meets the road of Life**
- **Where Behavioral Health and Primary Care Unite**
- **Where The Focus Is Not To Cure The Individual But, To Heal The Collective**

# Factors Contributing to Mental & Medical Problems in Indian Country

- Historical Trauma
- Trauma Response
- Intergenerational Transmission of Trauma Response
- Loss of Traditional Life-Style
- Rise of ACE's



# Trauma: Bridging the Gap Between The Past and The Present

- **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives (re-experience/avoid/ arousal ~ **American Psychological Association**)
- **Historical Trauma**, for American Indians, is the result of hundreds of years of genocide, ethnic cleansing, and forced acculturation.
- **'H' Trauma Response** refers to the silence, humiliation, shame, guilt, confusion, helplessness, hopelessness, avoidance, depression, sleep disturbance, control issues, anxiety, eating disorders, anger, and many other Sxs that result after significant personal traumas.
- **Intergenerational Trauma Response** refers to the impact that historical traumas continue to have on subsequent generations of a given population as a result of Trauma Response and learned behaviors, . . .
- **Adverse Childhood Experiences** refers to 10 common traumatic experiences that Native Children are believed to be exposed to more regularly than children of other ethnicities.
- **Trauma Informed Care** is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. (caring and being a decent human)

# ... HT Related Mental Health Problems in Indian Country



- Impact on Individuals

- Alienation from culture and tradition
- Alienation from collective community
- Loss of responsibility to others (tribal/communal)
- Loss of a spiritual compass (stripped of hope: moral/ethical)
- Breakdown of values and practices that maintained personal integrity and the pride of being part of the collective Tribe
- Over time, prejudicial, hate-based stereotypes took hold and are the Ongoing story of historical trauma of shame. (cultural pride)



# Socio-Developmental Effects of Historical Trauma

- Deafening Silence: The Initial Response of Victims
  - Tried to hide helplessness and sense of defeat
  - Masking humiliation
  - Ignoring sense of shame
    - Talking about shame was/is more shameful: forbidden
  - Survivor guilt
  - Avoidance practiced out of justifiable fear (Isolation on the Rez)
- Silence: a way of protecting ones self from re-experiencing trauma and a way to protect younger generations from the past
  - Unintended Outcomes
    - Elders and parents also stop talking/teaching tradition
    - Elders and parents model depressive and traumatized coping skills
    - Concept of Isomorphism fuels Intergenerational Transmission



# Intergenerational Transmission

## ■ Isomorphism Defined

- The replication of behavioral patterns learned early in life

## ■ Poor Attachment

- Resulting most often in emotional dysregulation
  - Pseudo-personality disorders or Real personality disorders?
  - Leads to persistent relief seeking behavior (Etoh, drugs, R/X meds )
    - Real and imagined medical conditions emerge confounding primary care diagnostics
  - Many diagnoses mirrored
    - ADHD, Bipolar Disorder, Complicated Grief, chronic pain, Post partum depression.....
    - Medications can lead to negative outcomes



## • Depression Spikes/ Cultural Paranoia appears to be culturally normal?

- A real and extremely complex presentation
  - Mainstream diagnosis and treatment is ineffective or short-lived
  - Relief lends to treatment non-compliance (Feeling better than others is good enough)
- Primary concern is: The psychosocial landscape normalizes complex symptom sets

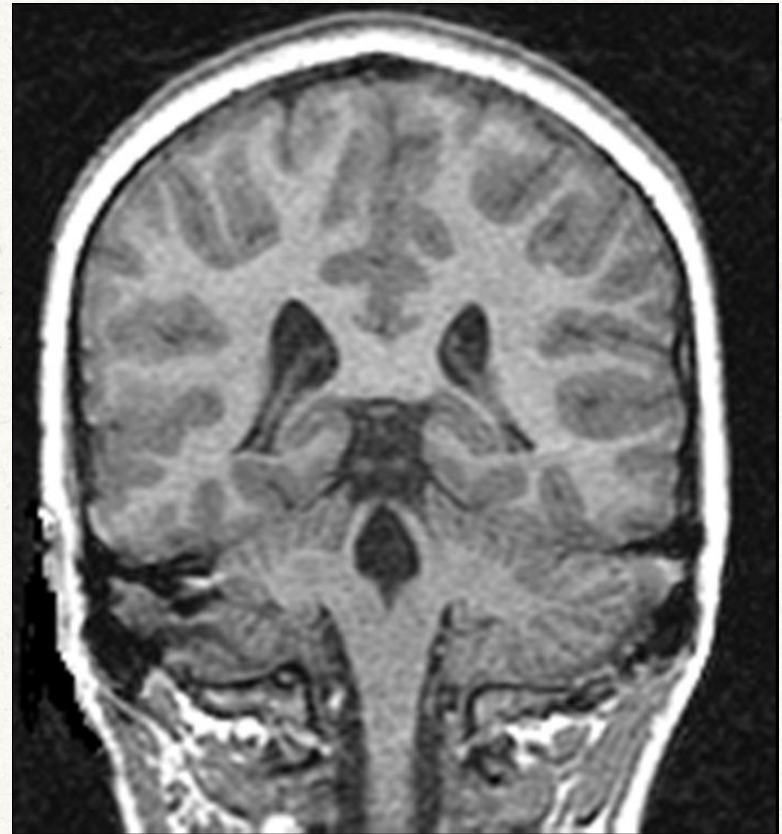
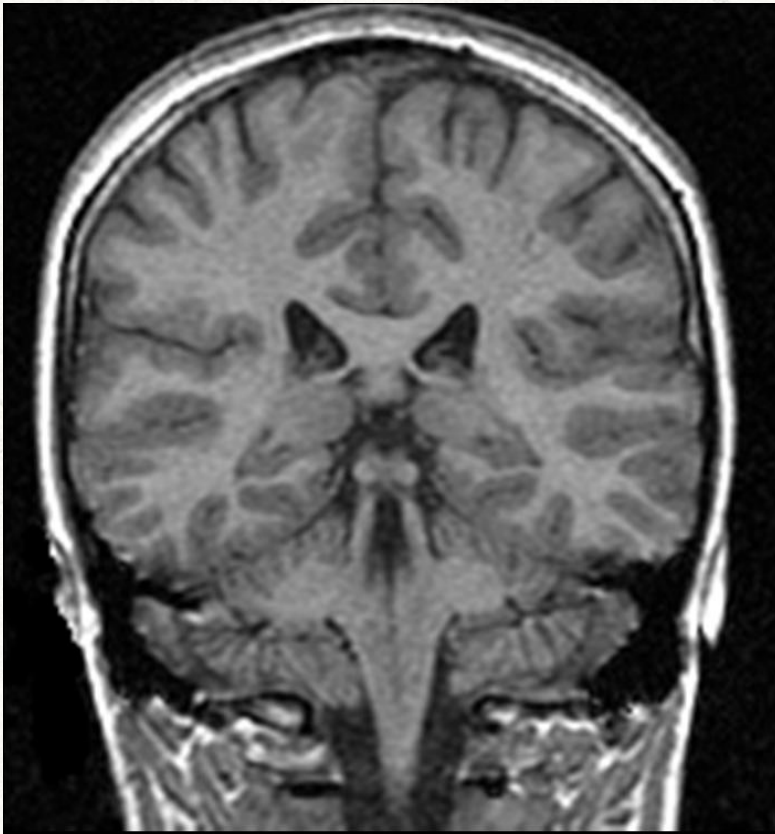
## ■ Insecure-Disorganized Parenting Style

- 1+ generations of emotionally inconsistent or unavailable parents with:
  - Significant levels of unconscious anger
    - Misinterpretation of external cues
  - Harsh, frightening, aggressive parental reactions
  - Age-inappropriate expectations of children
  - Minimal emotional validation of children

# Bridging the Gaps: Past & Present, . . . Mind & Body



# What Does Trauma Do To The Brain?



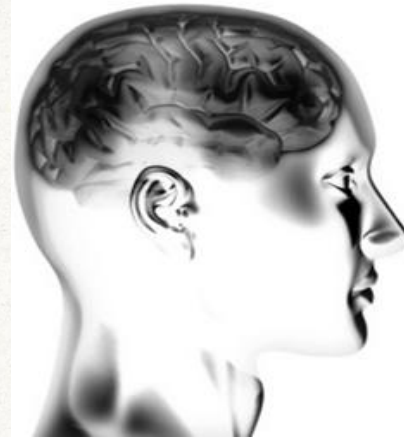
# Impact of Stress

- Fight or Flight responses initiate secretion of Cortisol and other Neurochemicals
  - Prolonged F-F states maintain elevated 'C' levels
- Contributes to variety of stress-related changes in the body
- Traumatized groups maintain elevated levels of stress for prolonged periods –
- Prior to age 18, this **can alter trajectory of normal development**

# Impact of Prolonged, Elevated Levels of Cortisol

(As caused by chronic stress)

- Impaired cognitive function
- Blood sugar imbalances (eg., Hyperglycemia & Diabetes)
- Lowered immunity and inflammation response
- Elevated blood pressure
- Suppressed thyroid function
- Decrease in muscle tissue
- Slowed wound healing
- Increased abdominal fat (Obesity)
- Increased levels of bad cholesterol
- Destabilizes Mood
- And more, . . .

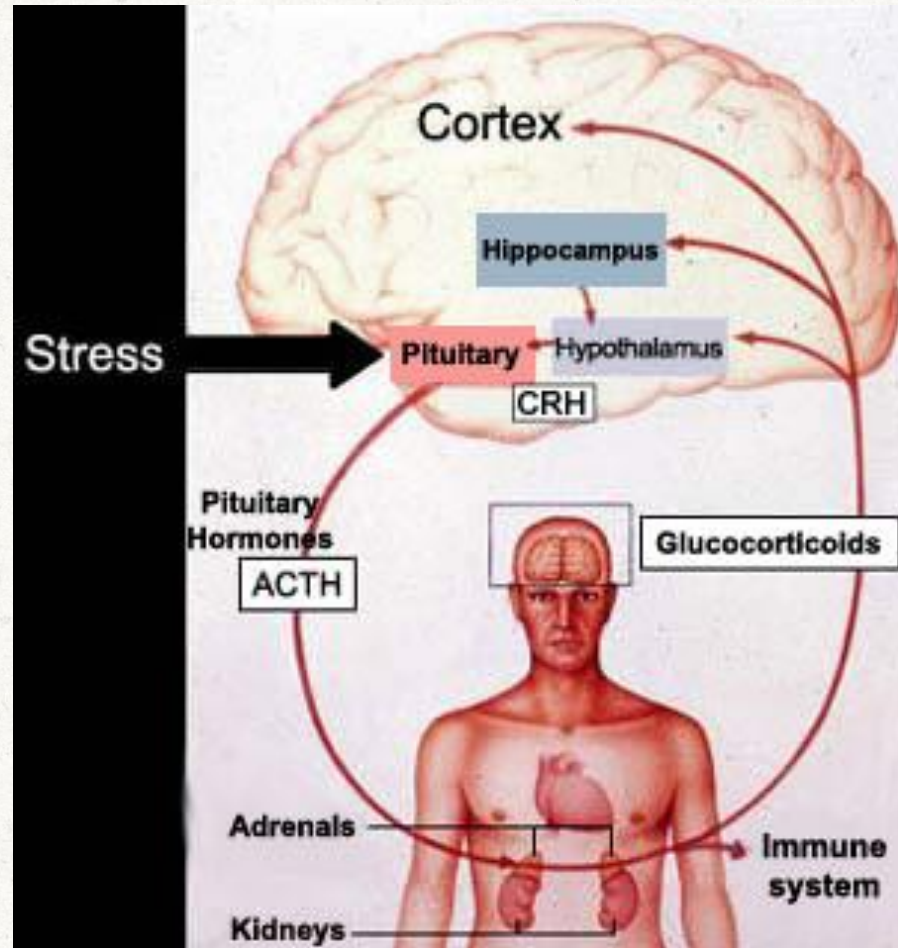


# • The Hypothalamic-Pituitary-Adrenal Axis

Corticotropin-releasing hormone (CRH) → Adrenocorticotropic hormone (ACTH) → Glucocorticoid hormones (cortisol in humans)

– Controls:

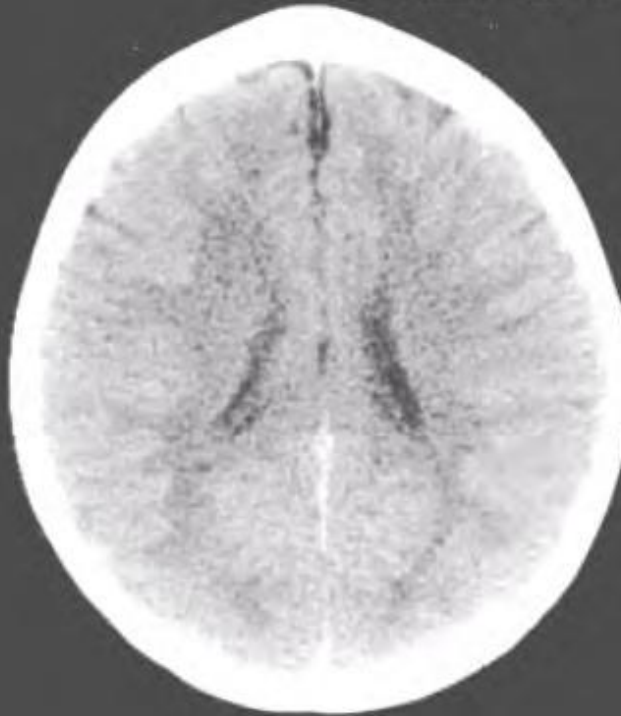
- Growth
- Reproduction
- Metabolism
- Blood Pressure
- Water Conservation
- Lactation
- Child Birth
- Responses to Stress
- And More, . . .



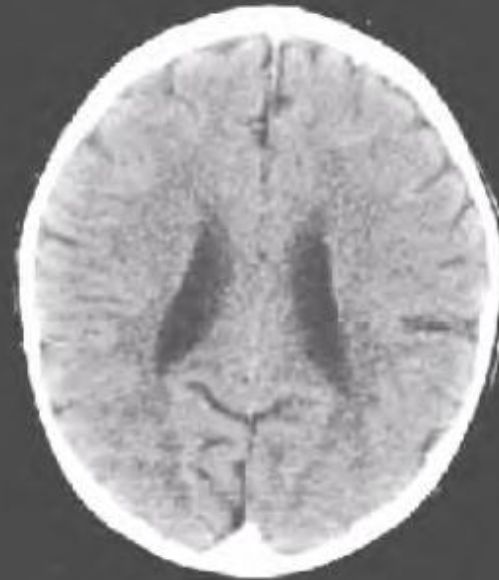
# Early Trauma impacts the rest of our Life

Amygdala, Hippocampus and Prefrontal Cortex

3-Year-Old Children



Normal



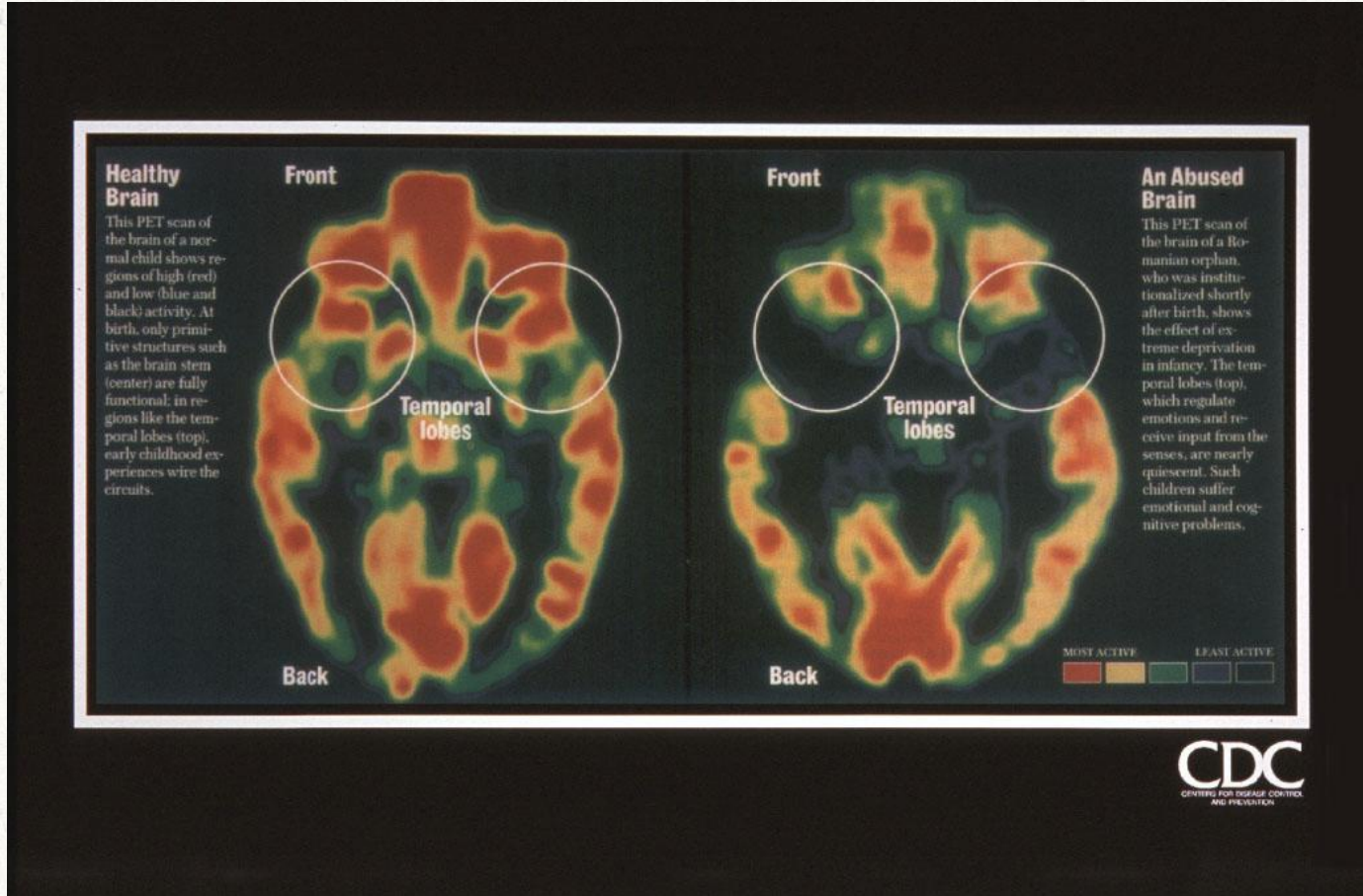
Extreme Neglect

© 1997 Bruce D. Perry, M.D., Ph.D., ChildTrauma Academy



## Elevated Levels of Cortisol & other Neurochemicals:

Interfere with maintenance of serotonin and norepinephrine levels, . . . Contribute to development of depressive episodes and common chemical make-up in suicidal individuals.



**ACE Study tells us that 4 or more ACE's can change our brain development & result in many Social and Medical Problems in adulthood, . . .**



Vincent Felitti, MD & Robert Anda, MD: << [www.acestudy.org](http://www.acestudy.org) >>

# Adverse Childhood Experiences (ACE's) Birth to Age 18

- **Abuse**

- Emotional – recurrent threats, humiliation
- Physical—beating, not spanking
- Contact sexual abuse

- **Household Dysfunction**

- Mother treated violently
- Household member was alcoholic or drug user
- Household member was imprisoned
- Household member was chronically depressed, suicidal, mentally ill, or in psychiatric hospital
- Not raised by both biological parents

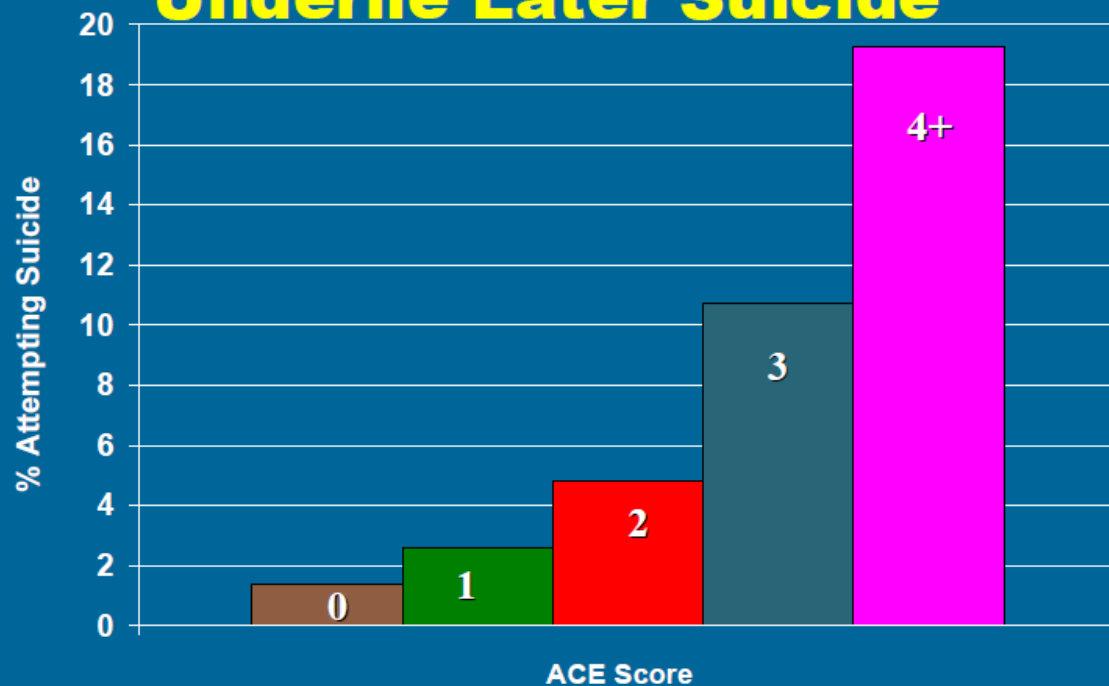
- **Neglect**

- Physical
- Emotional



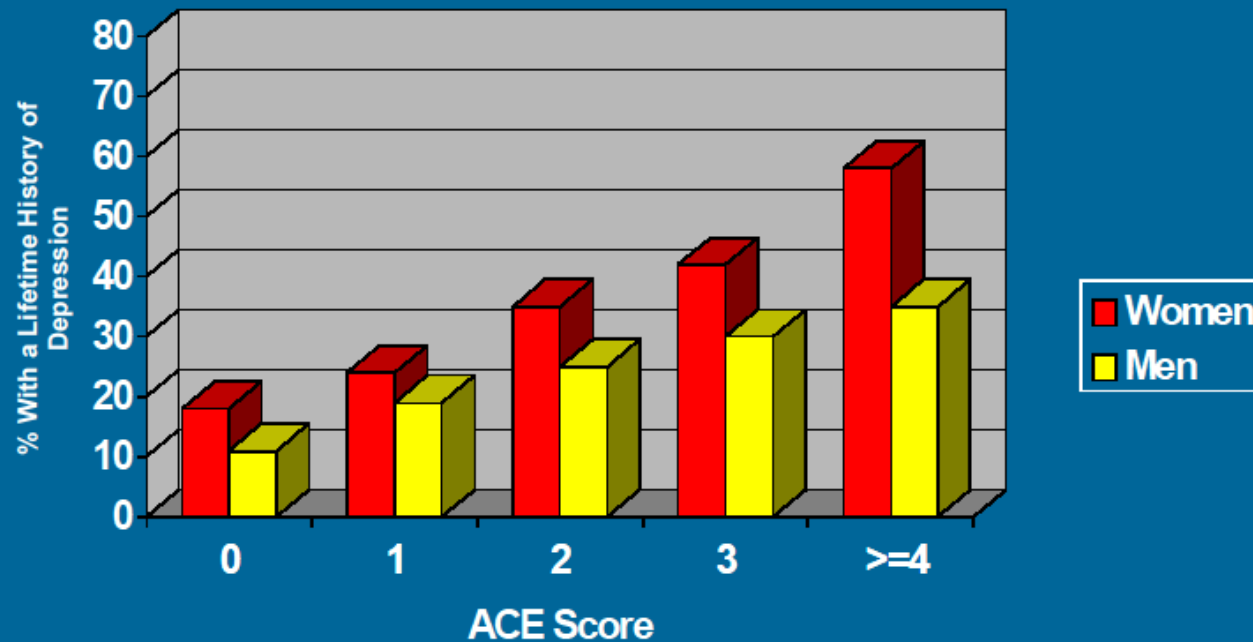
Death

## Childhood Experiences Underlie Later Suicide



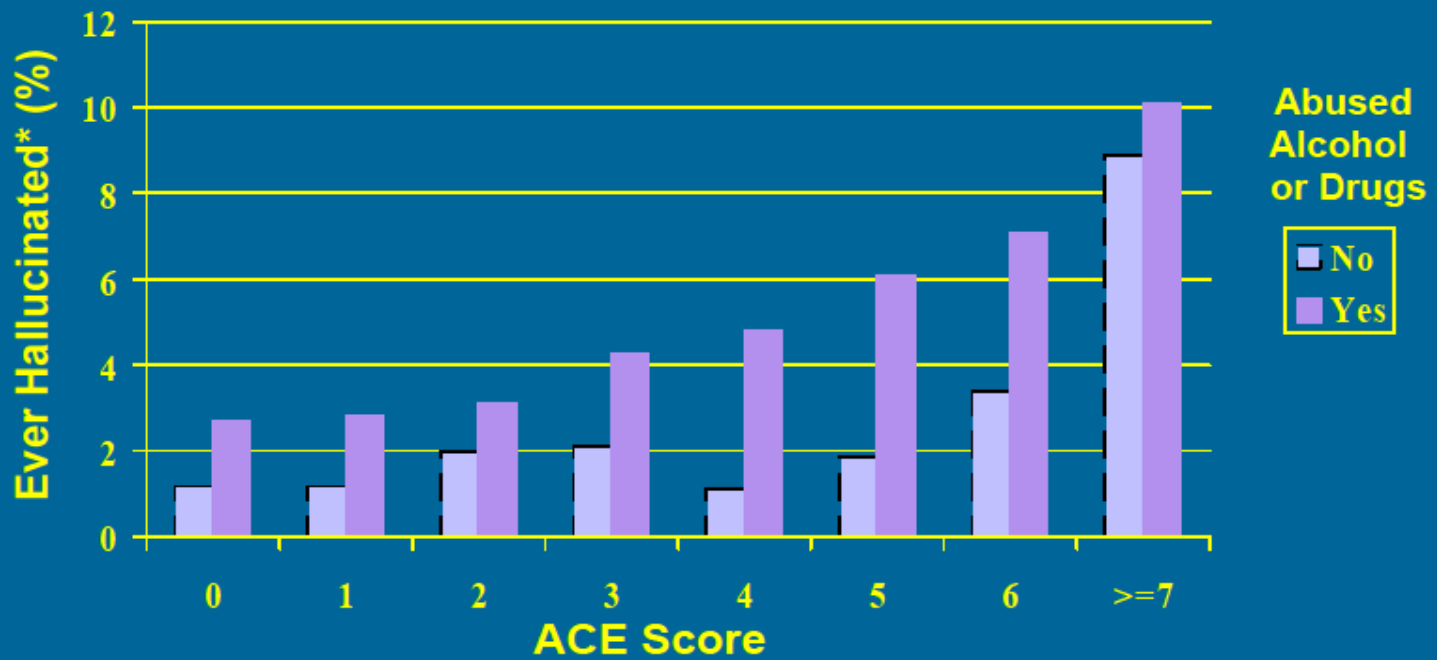
Well-being

## Childhood Experiences Underlie Chronic Depression



Disease

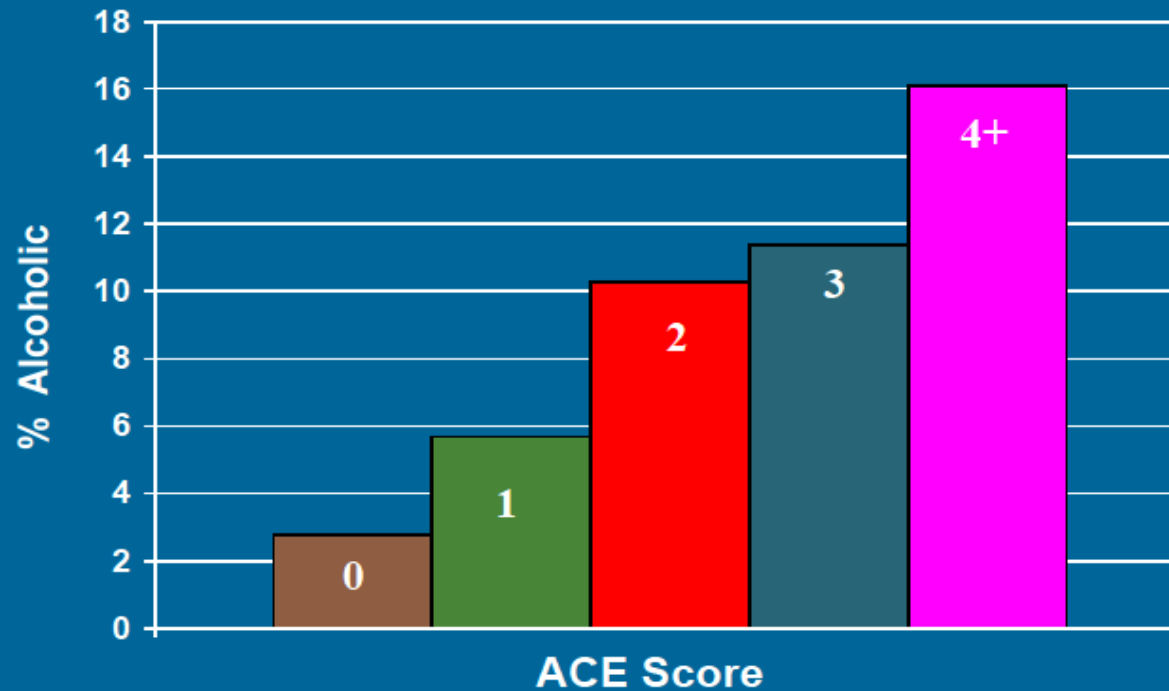
## ACE Score and Hallucinations



\*Adjusted for age, sex, race, and education.

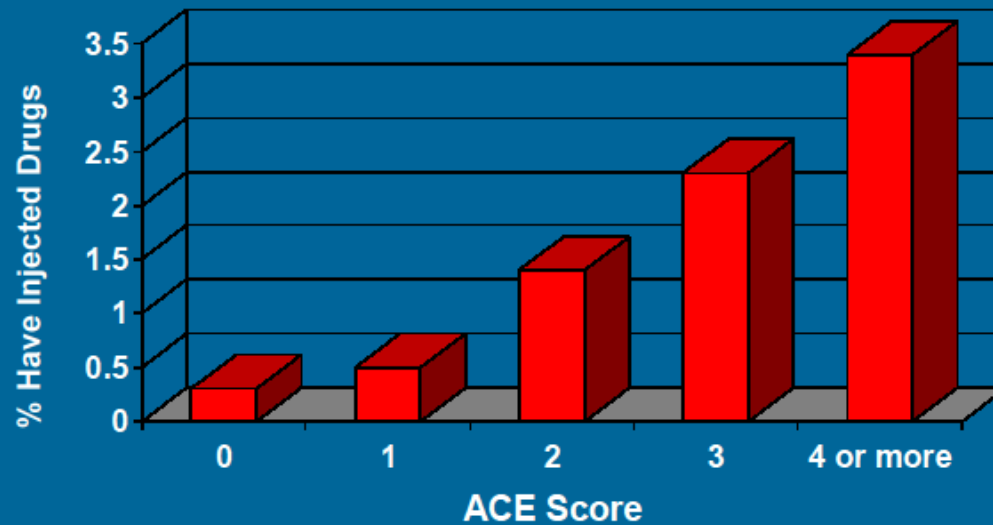
Health Risk

## Childhood Experiences vs. Adult Alcoholism



Health risk

## ACE Score vs Injection Drug Use

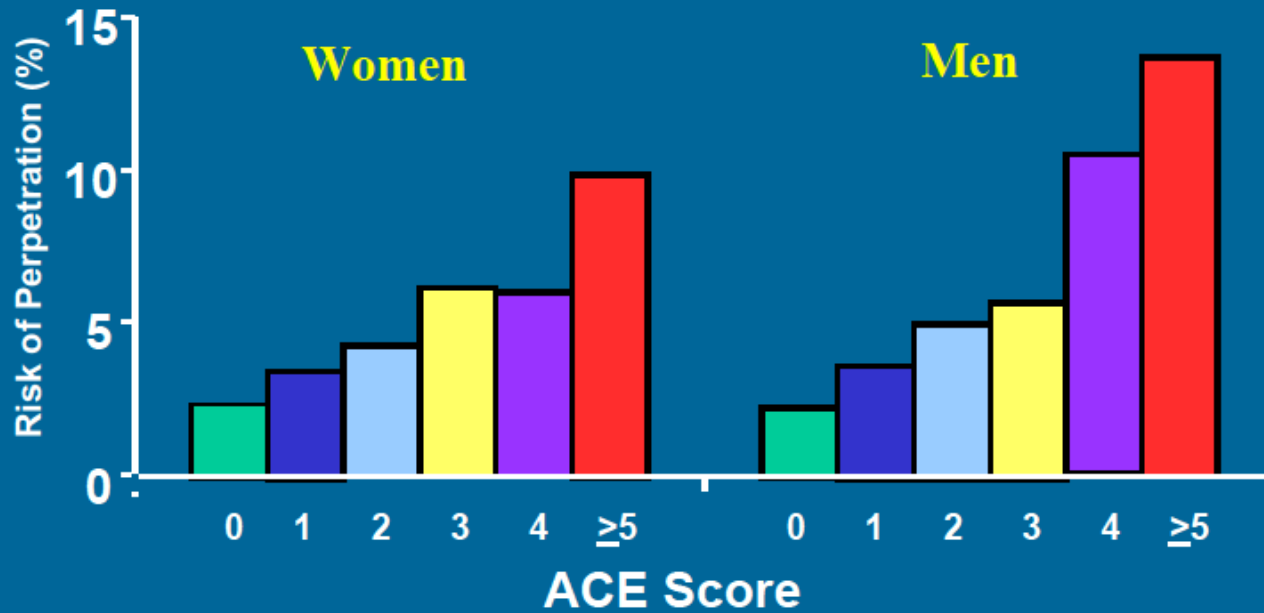


$p < 0.001$



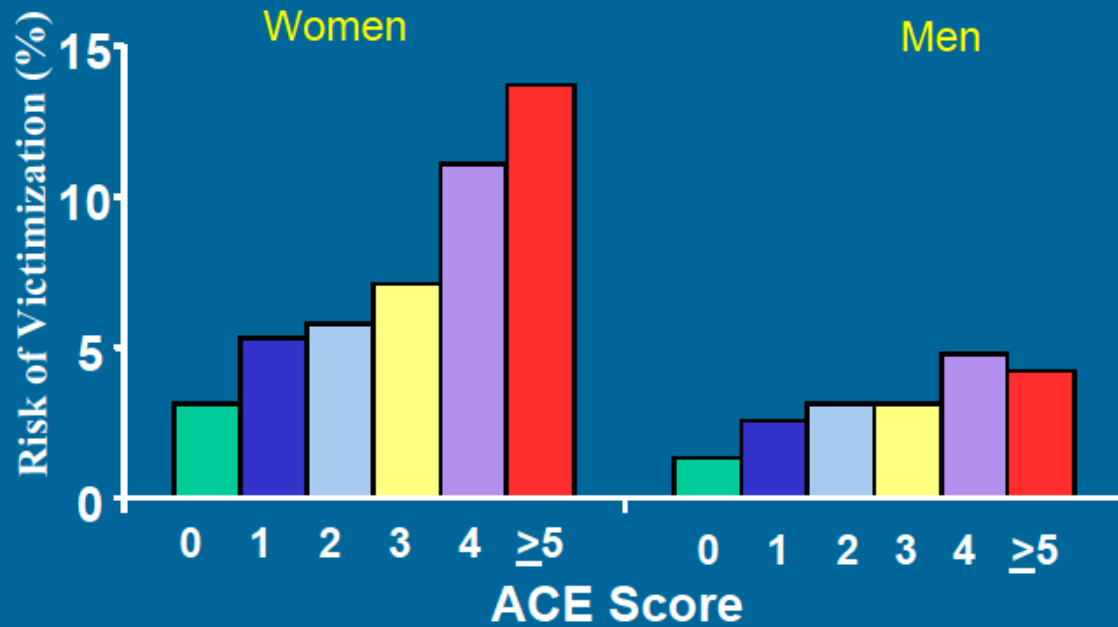
Well-being

## ACE Score and the Risk of Perpetrating Domestic Violence



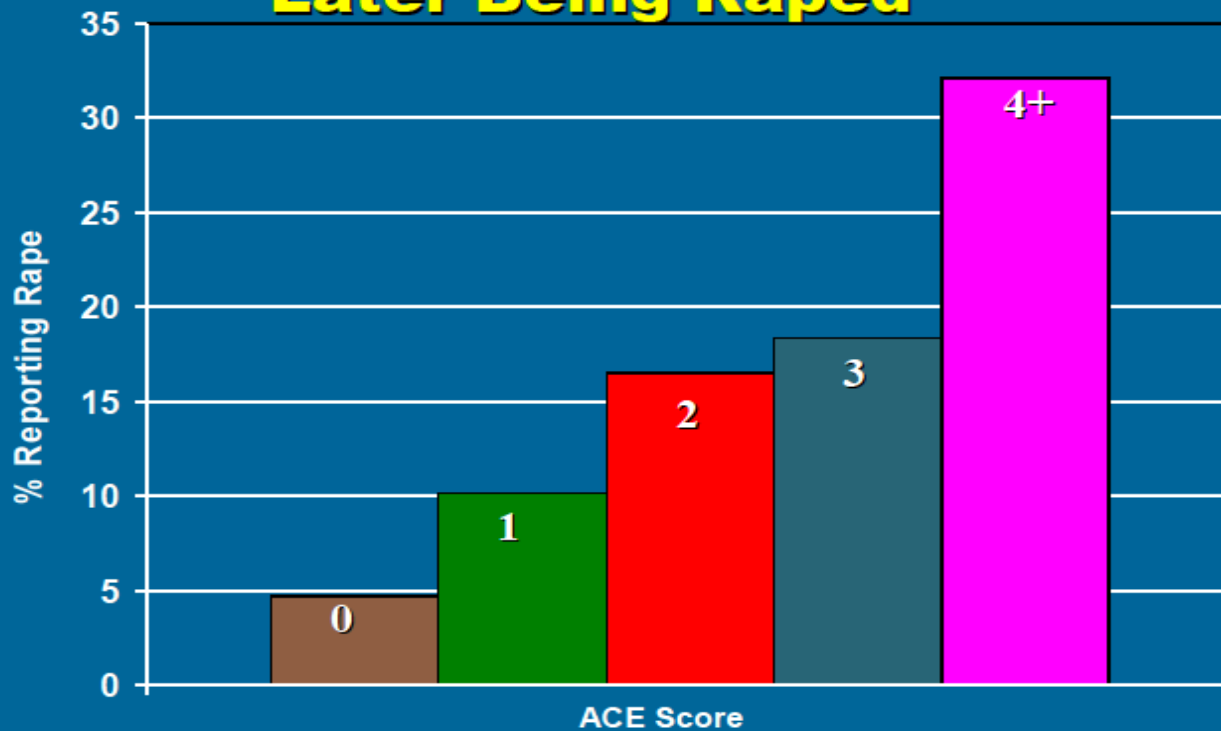
Well-being

## ACE Score and the Risk of Being a Victim of Domestic Violence

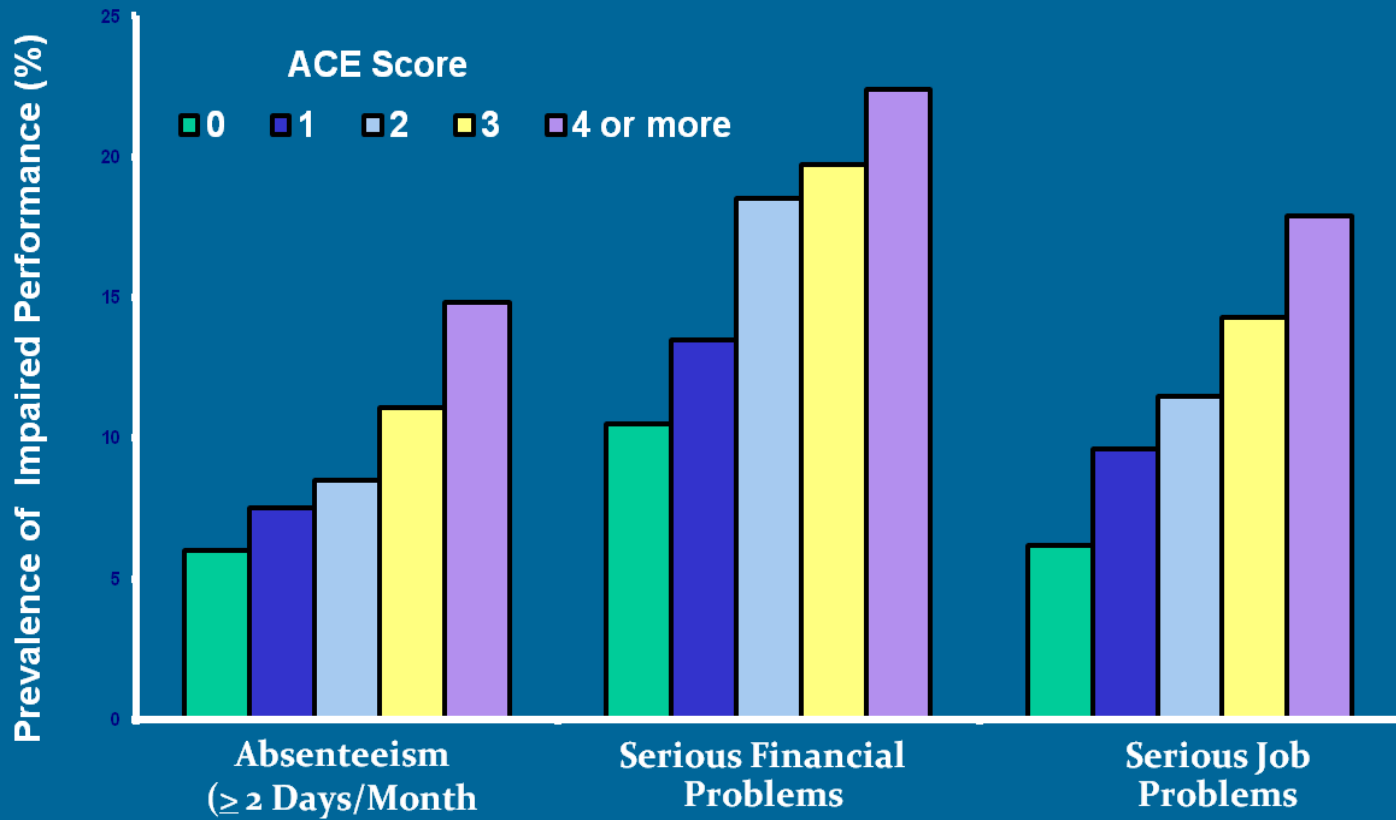


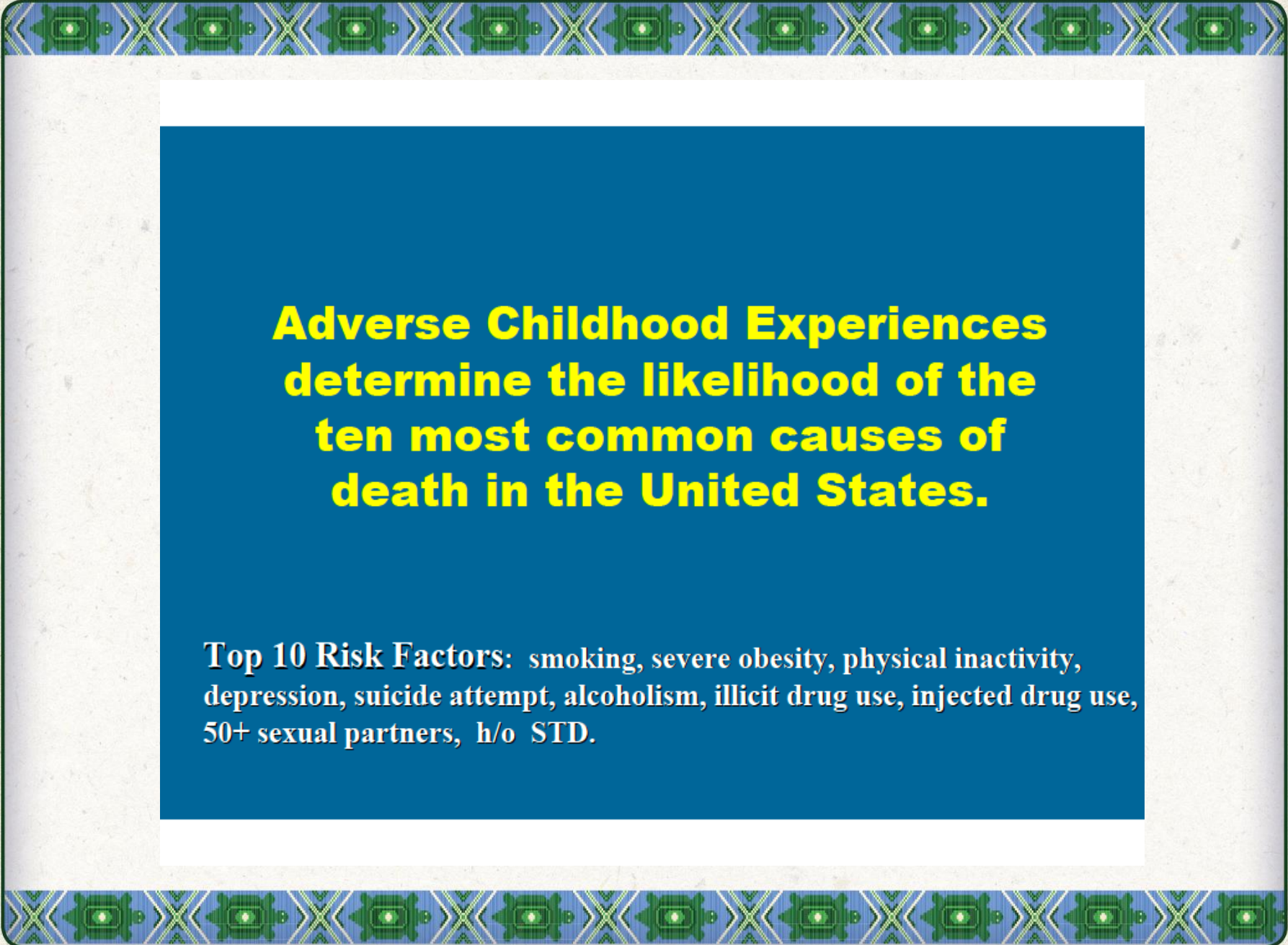
Well-being

## Childhood Experiences Underlie Later Being Raped



## ACE Score and Indicators of Impaired Worker Performance

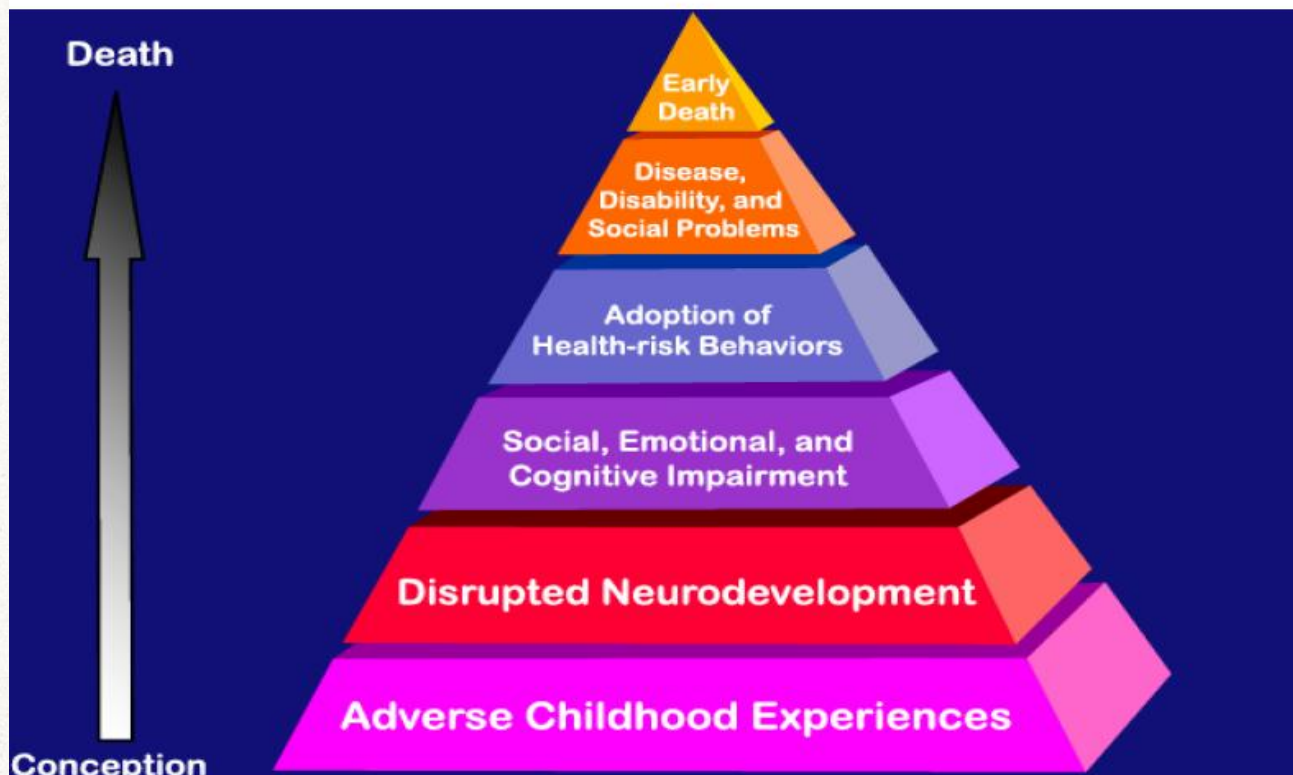




**Adverse Childhood Experiences  
determine the likelihood of the  
ten most common causes of  
death in the United States.**

**Top 10 Risk Factors:** smoking, severe obesity, physical inactivity, depression, suicide attempt, alcoholism, illicit drug use, injected drug use, 50+ sexual partners, h/o STD.

ACE Study also tells us that 4 or more ACE's increase our chances of experiencing major psychosocial, environmental and medical problems in adulthood and, . . . Ultimately, . . . increases our chances of premature death, . . .



American Indians have the lowest life expectancy of any population in this hemisphere next to Haitians.

# Top 10 Leading Causes of Death:

## American Indians / Alaska Natives

- 1) Heart disease
- 2) Cancer
- 3) Unintentional Injuries
- 4) Diabetes
- 5) **Chronic Liver Disease & Cirrhosis**
- 6) Stroke
- 7) Chronic lower respiratory diseases
- 8) **Suicide**
- 9) Nephritis, Nephrotic syndrome, and Nephrosis
- 10) Influenza and Pneumonia

## Everyone Else

- 1) Heart disease
- 2) Cancer
- 3) Stroke
- 4) Chronic lower respiratory diseases
- 5) Unintentional injuries
- 6) **Alzheimer's disease**
- 7) Diabetes
- 8) Influenza and Pneumonia
- 9) Nephritis, Nephrotic syndrome, and Nephrosis
- 10) **Septicemia**

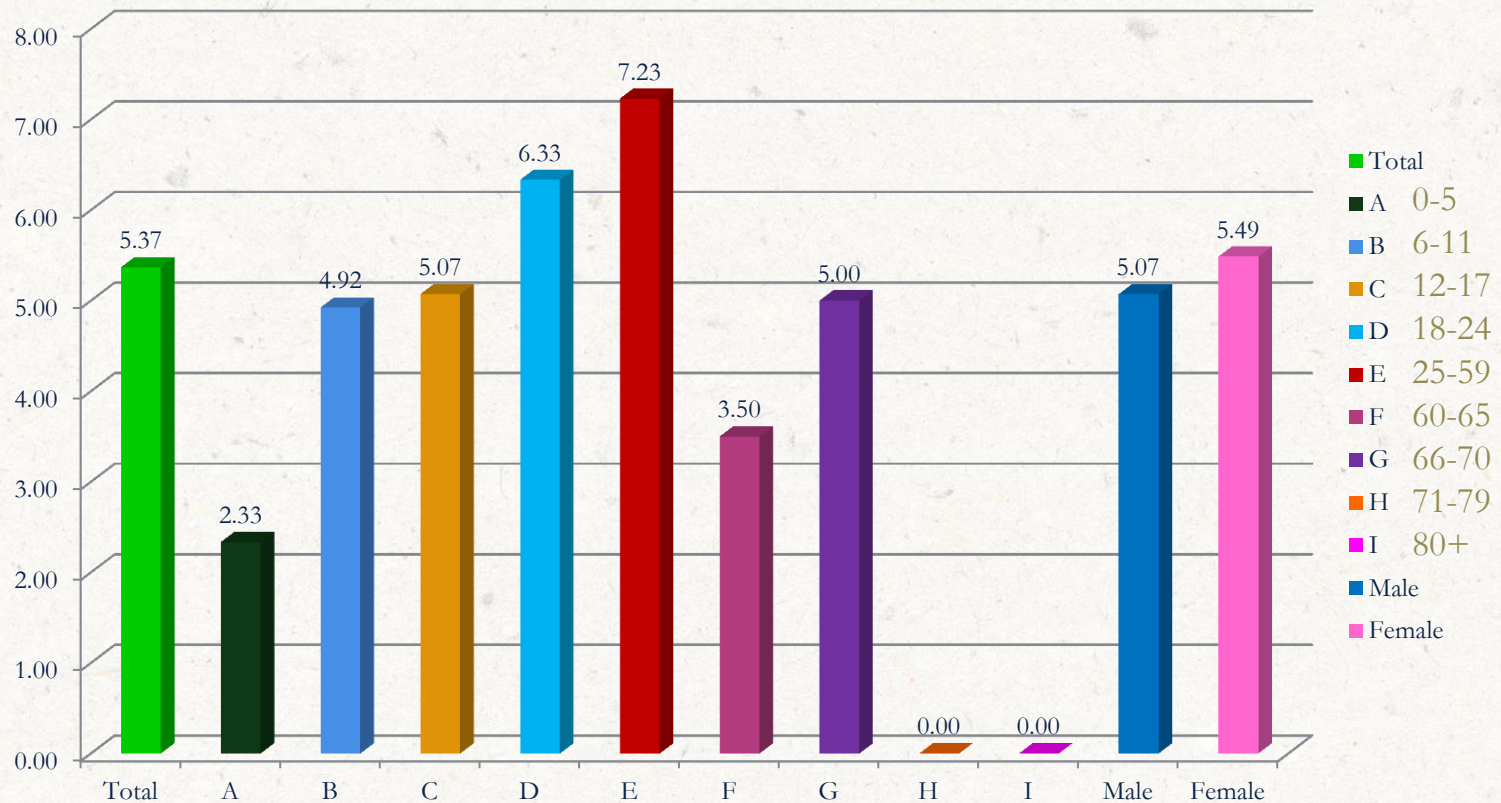
# The Rest of The Story in Indian Country

- 1) Heart disease (1.4 x the national average)
- 2) Cancer (1.5-2.5x national average depending on type and gender)
- 3) Unintentional Injuries** (Ages 1-44 = leading cause of death)
- 4) Diabetes (2x the national average; Pima Indians = Highest rate in world)
- 5) Chronic Liver Disease and Cirrhosis (3x the national average)
- 6) Stroke (40% higher chance of dying than Caucasians)
- 7) Chronic lower respiratory diseases (COPD, Emphysema, Chronic Bronchitis)
- 8) Suicide** (2-9x the national average)
- 9) Nephritis, Nephrotic syndrome, and Nephrosis  
(Women 40% higher kidney/pelvic cancer death)
- 1) Influenza and Pneumonia
- ❖ Indian Infant Death Rate (40% higher than Caucasians)



# SIHC Tribal Consortium

## Consortium ACE Average by Age Category and Gender



# Mental Health Signs & Symptoms Commonly Seen In Primary Care

- Maladaptive coping skills / Traditionally = Survival Skills
- Persistent sadness, anxiety or “anhedonia” (loss of past pleasures)
- Difficulty falling asleep, difficulty staying asleep or sleeping too much/little
  - Eye appearance: Dark circles, redness, swelling, droopy/tired
- Appetite changes: increase/decrease and weight gain/loss



# Mental Health Signs & Symptoms Commonly Seen In Primary Care

- Restlessness, irritability, agitation, irrational thoughts/behaviors
- Difficulty concentrating, memory impairment, confusion and/or trouble making decisions
- Depression vs. Dementia -->>>> Onset of cognitive symptoms is likely to be abrupt, and the person is concerned (sometimes overly concerned) about his/her impairments and uncooperative during testing/exams, etc. –However, in Dementia, cognitive deficits usually have a gradual onset and progressive course and the person denies or is unaware of his/her impairments and is likely to be cooperative (but inaccurate in his/her responses) during cognitive testing.
- Fatigue or loss of energy
- Guilt, hopeless, helplessness or worthlessness
- Thoughts of suicide or death

## Conditions with Co-Occurring Medical/Behavioral Health issues

- Anxiety
- Cancer
- Chronic Pain Syndromes
- Chronic Respiratory Diseases
- Depression
- Diabetes
- Eating Disorders (Anorexia, Bulimia, Over-eating, etc.)
- Excessive Headaches / Migraines
- Heart Disease
- High Blood Pressure / Hypertension
- Hopelessness
- Injuries (High frequency/suspicious)
- Kidney Disease
- Liver Disease & Cirrhosis
- Medication / Treatment Non-compliance
- Obesity (Nervous over-eating, Poor eating habits etc.)
- Pre- and Post-Operative Stress
- Pre- and Post Partum **Stress**
- Sexual Dysfunction
- Sleep Difficulties
- Stroke
- Substance Abuse / Substance Dependence / Withdrawal Symptoms
- Suicidal Ideation / Attempts





# A Brighter Future for Indian Health Care



- Innovative Primary Care initiatives (I.H.S.) seek to improve the health status of Native Americans through integration (Bio-psychosocial/Cultural Model)

- **Interrelated areas of focus include:**

- Chronic Disease
- Behavioral Health
- Prevention and Early Intervention

- **So What? \$300+ Billion/yr.**

Prevention and  
Early Intervention



Chronic  
Disease

Behavioral  
Health

# Optimal Mix of BH Services



Long-Term Care  
&  
Specialty Psychiatric Services

Hospital-Based  
Psychiatric Services

Community Mental  
Health Services

Primary Care Services for  
Mental Health (Outpatient Therapy)

Informal Community/Tribal Care

Self-Care

High

COSTS

Low

Low

Frequency of Need

High

Informal Services

Quantity of Services Required

Goal = To Shift  
Community MH Down  
To Primary Care Level

# Healthcare Dollars Per Patient

## We MUST Work Smarter Not Harder

➤ **VA** (Committee on Veterans' Affairs, US Senate  
July 27, 2011)

- Approx. **\$9000.00**/ patient

➤ **Medicare** (Kaiser Health News)

- Approx. **\$7500.00**/ patient

➤ **Prisons** (California Healthline, 4/20/2012)

- Approx. **\$5000.00**/ inmate
- Approx. **\$16000.00**/ CA

➤ **Medicaid / Medi-Cal** (AHRQ)

- Approx. **\$4569.00** per patient

➤ **Indian Health Service** (U.S. House of  
Rep. Committee on Appropriations)

- Approx. **\$2700.00**/ patient

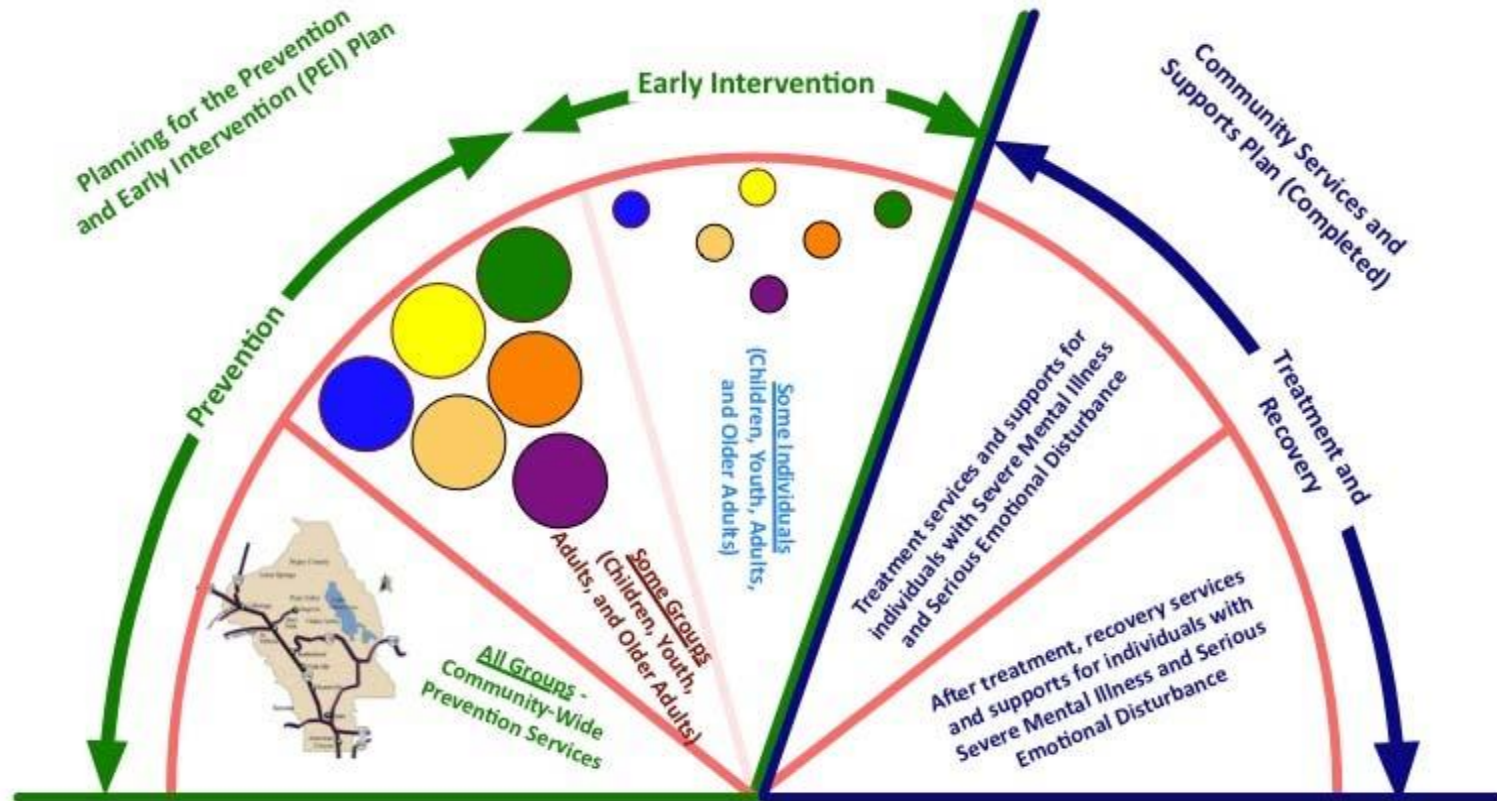
➤ **California Area I.H.S.** (I.H.S. CA area)

- Approx. **\$2200.00**/ patient

➤ **Daily Inpt. Psych Hospital**

- **\$1200 - \$2000**/ day
  - Hospital
  - Psychiatrist
  - Internist
  - Medications

# P.E.I. for Behavioral Health



● Children and Youth in Stressed Families

● Children and Youth at Risk for School Failure

● Children and Youth at Risk of Juvenile Justice Involvement

● Trauma-Exposed Individuals

● Individuals Experiencing Onset of Serious Psychiatric Illness

● Underserved and Uninsured

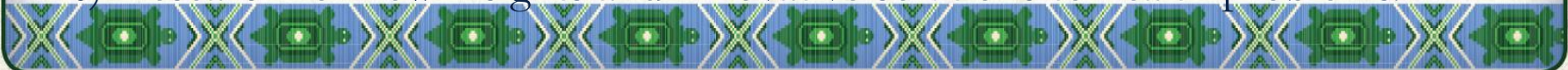
## Spectrum of Mental Health Interventions





# **P.E.I. for Chronic Disease**

## **10 Essential Services of Public Health**

- 1) Monitor health status to identify community health problems.
  - 2) Diagnose and investigate health problems and health hazards in the community.
  - 3) Inform, educate, and empower people about health issues.
  - 4) Mobilize community partnerships and coalitions to identify and solve health issues.
  - 5) Develop policies and plans that support individual and community health efforts.
  - 6) Enforce laws and regulations that protect health and ensure safety.
  - 7) Link people to needed personal health services and assure the provision of health care.
  - 8) Assure a competent public health and personal health care workforce.
  - 9) Evaluate effectiveness, accessibility, and quality of personal and public health services.
  - 10) Research for new insights and innovative solutions to health problems.
- 

# The Mind-Body Connection



**SHIFT**  
**YOUR PERSPECTIVE**  
Trauma-Informed Care

# Basic BH Assessment Cheat Sheet

- Pt. Identification
- Chief Complaint
- Precipitating Events
- Risk Evaluation
- Mental Status
- Psychosis
- Mood Indicators
- Medical/Physical Problems
- Tx Hx
- Addictive Bx/Sub Abuse
- Gambling Hx
- Anxiety
- Sleep Disturbance
- Eating Habits
- Child/Adol Hx
- Current/ Past Meds
- Major Life Areas
- Social/Primary Support
- Family CD/Psych Hx
- Family of Origin info and Hx
- Traumatic Events witnessed/experienced
- Legal Hx

# Partnerships

- Work closely with local agencies to complement services.
- Request ALL records so client history is complete!!
  - Get authorizations to release information for all outside providers, . . . Including pharmacies if necessary.
- Work closely with Law enforcement and don't be afraid to ask for Safety And Welfare Checks.
  - Natural consequences of behavior must be discussed. They are an essential part of good, integrated healthcare.

# Partnerships

- Educate your Medical Director and then the rest of the Department!! Be there for them and **they will learn to love you.**
  - You're the mental health professional, use your training, . . .
- Understand I.H.S. Initiatives
  - Check with your local I.H.S. Area Office
- Understand Healthy People 2020: Mental Health Initiatives
- Learn State & County MH Initiatives and Guidelines
- Consult with NIH, SAMHSA, Local Universities, . . .
- Develop a “**Network of Care**” (refer and then, . . .)
- Request Medical Records for Continuity of Care (Every time)
- Become Better Than HMO's!!
  - Learn to **Manage Care**, . . .
    - Less than 2% of the population can't afford any more preventable deaths

# Contact Information



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Wellness for Future Generations, . . .



# Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)


National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800
- 

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