

A Web-Based Audio-Visual Library as a Tool for Member
and Family Empowerment



9th Annual Summer Institute
July 15, 2008



The What's and Why's



As CPSA moves continues to move in a direction of
member and family empowerment,

and

a recovery oriented system of care....



..... three issues impact members and families *not having some of the resources* needed to move forward on that course of recovery:

- Inadequate manpower and an “anemic pipeline”.
- A System of Care that (while we try hard) is not always responsive to the needs of families and members.
- Availability of Recovery and Empowerment “tools”

Inadequate Manpower



GENERAL FINDINGS

Workforce problems are evident in every element or dimension of the behavioral health field. Concerns about the workforce also exist among every group of stakeholders concerned about the future of prevention and treatment for mental health and substance use problems. General findings about the workforce issues are described below, and are treated in-depth in the larger report.

There is a critical shortage of individuals trained to meet the needs of children and youth, and their families. As just one example, the federal government has projected the need for 12,624 child and adolescent psychiatrists by 2020, far exceeding the projected supply of 8,312. Currently, there are only 6,300 such psychiatrists nationwide, and relatively few are located in rural and low-income areas (American Academy of Child and Adolescent Psychiatry [AACAP] Task Force, 2001). There is an even more severe shortage of practitioners trained and credentialed to treat adolescents with substance use disorders.

Only five states require admission-specific knowledge for licensure (Pfeifer, 2002). Furthermore, behavioral health professionals who have been trained to provide behavioral health prevention and intervention in the nation's schools are in significantly short supply, or are hindered by the constraints of their position to use such skills. Beyond the issue of workforce size, the training programs that do focus on prevention and treatment for children and youth, and their families, have not kept pace with current

An Action Plan on Behavioral Health Workforce Development: Executive Summary page 10



The System of Care tries hard

- Case managers, then clinical liaisons, now case managers
- PIPs, TADs, Protocols
- QM monitoring, AHDS monitoring,
- Forms and more forms
- Focused reviews
- Annual Plan deliverables that are the size of a phone book
- Various Initiatives

Unfortunately these systems issue and *initiatives do not always a positive impact*



We are framing this project within two goals of the President's New Freedom Commission on Mental Health Report:

- Consumer Driven Systems
- Use of Technology





We are not the only ones concerned with technology





To address the issues of: Workforce and Systems a variety of initiatives are being put into place.

The Audiovisual Library is *intended to support* these initiatives



We have built... and continuing to build a toolkit

...by providing families and members with information that is empowering because it is:

- Practical
- Understandable
- Applicable

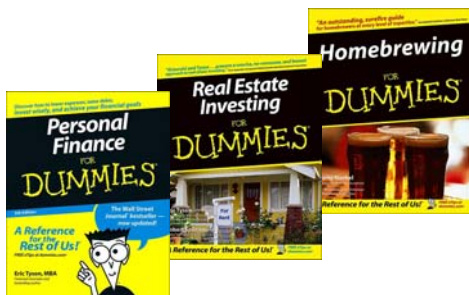


Because sometimes all people to become empowered consumers is information (road maps)



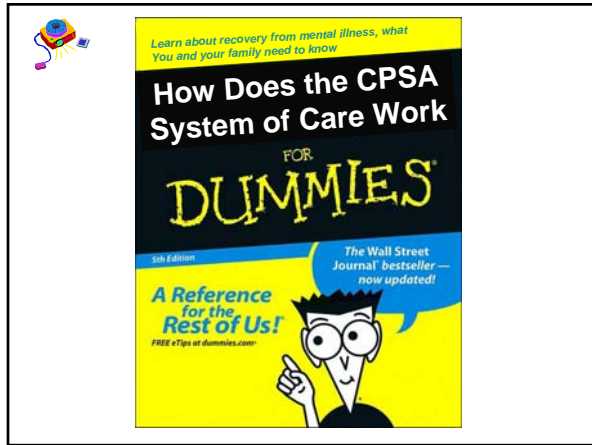


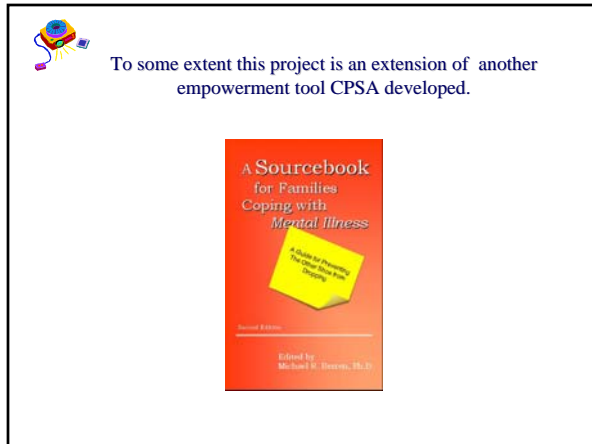
Knowledge is at the core of Empowerment





..... and more





To some extent this project is an extension of another empowerment tool CPSA developed.



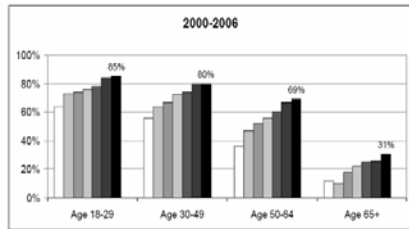
Better yet, how many of us go online for any type of information?

What about medical information?



Share of Americans online by age

(Based on Pew Internet Project telephone surveys)



PEW/INTERNET

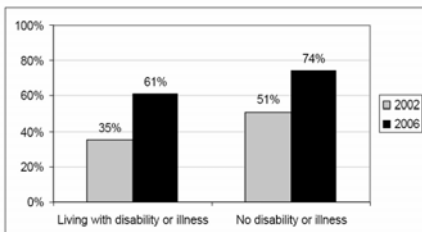
MyHealth, Oct 2007

February 2007



Share of Americans online by disability status

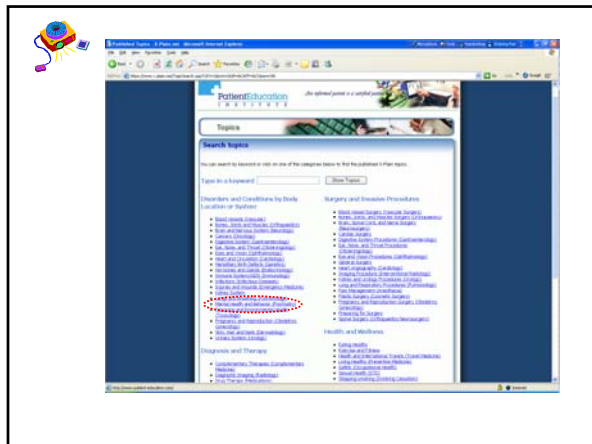
(Based on Pew Internet Project surveys, Nov-Dec 2002 and Aug 2006)




PEW/INTERNET

MyHealth, Oct 2007


February 2007





Four Content Areas of AV Library

1. Information about the system of care ... and how to it.
 - *How to get enrolled;*
 - *Benefits;*
 - *Child-Family Teams, Adult Recovery Teams,*
 - *Self help and Advocacy groups*
 - *etc.*
2. Information about various mental illnesses, approaches to treatment, recovery etc.
3. Information regarding entitlements and other concerns, such as Medicare, Medicaid, and Social Security.
4. Inspiration and Hope



in the patient's best interest to randomize them to one of the atypical agents instead.

Policy Implications
Some healthcare policy makers have revisited the use of the conventional agents as first-line treatments for various reasons, such as their lower acquisition cost relative to the atypicals. This practice would appear to be a major step backward with respect to controlling the rate of TD development.

TD itself is costly in a number of ways. Patients may not adhere to treatments for their underlying diseases because of the risk of developing TD and its debilitating characteristics; treatment interruption may in turn lead to symptom relapse and increased healthcare utilization. In addition, clinicians must keep in mind the potential for antidepressant side effects that may arise from the development of this condition throughout the course of treatment. Most importantly, patients and their families may experience significant financial strain.

References
1. National Institute of Mental Health. www.nimh.nih.gov
2. Montgomery H. *Lessons among the medications: Rapid Rebound*. *Psychiatric Services* 2014.

Policy Implications
First of eight blackboards

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