



July 2014

Monthly News

OMH News is published monthly for people served by, working, involved or interested in New York State's mental health programs.



## **An Expanded Focus on Physical Health Animates the Implementation of Several OMH Major Initiatives**

By Elizabeth Chura, Division of Adult Services

The Office of Mental Health has undertaken several initiatives in recent years that set as their goal the advancement of physical as well as mental health of persons in care. These programs include Clinic Transformation that made state-operated mental health clinics more welcoming and more accessible and included monitoring clinic participants' blood pressure, blood glucose management, smoking, and obesity. The Suicide as a Never Event Initiative provides clinicians the training and tools needed to identify and treat individuals at risk of suicide, and the First Episode Psychosis Initiative is designed to provide early treatment to persons experiencing the first manifestations of psychosis.

The most recent initiative, Tobacco Free Campuses (moving beyond smoke free hospitals) aims to improve the physical and mental health of persons served by OMH by eliminating the damaging effects on health associated with tobacco use. This Initiative is under the direction of Dr. Gregory Miller, Medical Director of Adult Services, and a Statewide Tobacco-free Steering Committee that includes representatives of CSEA, PEF, the Office of Alcoholism and Substance Abuse, the Department of Health and OMH facility-based Steering Committees.

## **In this issue:**

- **PTSD Awareness Month**
- **Art on 8 Newest Exhibit**
- **Program Updates from:**
  - **Quality Management**
  - **Adult Services**
  - **Cultural Competence**
- **EAP Corner**
- **Losing to Win Initiative Closing Ceremony**

**“Art on 8” is a rotating exhibit of art created by individuals who are in care at our state run clinics and inpatient facilities.**

Artistic expression has long been recognized for its role in dealing with inner emotions, reconciling conflict, and promoting healing and renewal. It is also thought to enhance inner peace by exploring feelings, perceptions and imagination. By providing opportunities that stimulate positive feelings we hope to instill a sense of empowerment, deepening self-awareness and personal growth.

Artistic creativity is a vehicle for sharing the truths that reside in each of us. Creative expression enhances mental and emotional well-being while building self-esteem. Sharing art in a group also helps create a positive social experience.



**This month we are exhibiting artwork from the NYC Children’s Center.  
To see all of the artwork in this exhibit, visit our [website](#).**



**(Far left) Anita Daniels, Executive Director for NYC Children’s Center, views artwork displayed on the 8th floor at OMH Central Office.**

**Jeremy Darman, Director of Planning, admires his favorite painting, “The Fox”.**



**Donna Bradbury, Associate Commissioner for the Division of Integrated Community Services for Children & Families, and Martha Schaefer, Executive Deputy Commissioner for OMH, admire some of the artwork on display.**

# NKI Services Researchers Charting New Ground in Community Based Care

By Helena Hansen, MD, PhD, Research Psychiatrist, Nathan Kline Institute

Mary Jane Alexander, Ph.D., and Kim Hopper, Ph.D., senior researchers in the Statistics and Services Research Division (SSRD) at Nathan Kline Institute and co-directors of the Center to Study Recovery in Social Contexts, have been awarded external funding to examine the impact of new, community based models of care for people with diagnoses of severe mental illness. Helena Hansen, MD, Ph.D., a junior services researcher at Nathan Kline Institute, has been selected as a 2014 Kaiser Permanente Burch Minority Leadership Fellow to develop an approach, “structural competency,” that directs clinicians to intervene on the social determinants of health.

Drs. Alexander and Hopper received \$1 million from the New York City Department of Health and Mental Hygiene to conduct a mixed methods evaluation of Parachute NYC, an innovative program that provides people in psychosis-related mental health crisis with residential respite, intensive peer support and a mobile team that uses family-based shared decision-making and treatment planning to facilitate community reintegration and minimize biographical disruption. One of the four sites is focused on people experiencing a first episode of psychosis. The research will examine the degree to which Parachute NYC achieves CMS’s Triple Aims to improve health, improve care and decrease costs through hospital diversion and better coordinated, community-based services that integrate peers into every aspect of care. Their team is conducting interviews with a sample of 120 Parachute participants. Baseline and quarterly follow up interviews query participants about their health and mental health, the quality of care in Parachute, and their use of non-Medicaid services, including complementary/alternative services, housing, vocational and educational services, the criminal justice system and reliance on family resources. A parallel qualitative component uses embedded ethnographic presence at trainings, respite activities, team meetings and family network meetings to track implementation as it occurs in each site. Its aim is continuous quality improvement by providing real-time feedback that enables program directors to direct corrective action in a timely manner.

Dr. Hansen received a Kaiser Permanente Foundation fellowship and grant support to train clinicians to intervene on social and institutional determinants of health. Dr. Hansen previously developed a curriculum for NYU psychiatry residents on cultural competency, in collaboration with NKI’s Center of Excellence in Culturally Competent Mental Health, that won a model curriculum award from the American Association of Directors of Psychiatry Residency Programs. Her new approach, “structural competency,” trains clinicians to collaborate with community based organizations, local health-relevant institutions such as corrections, education and urban planning, as well as policy makers to develop health promoting programs that reduce racial, ethnic and income disparities in health. Dr. Hansen and her collaborator, Jonathan Metzl of Vanderbilt University, have hosted three national conferences on the topic and worked with the American Medical Student’s Association to sponsor a webinar series on structural competency. Dr. Hansen’s Kaiser Foundation award will allow Dr. Hansen to publish a special issue of Public Library of Science (PLOS) Medicine on structural competency, and to develop a demonstration project with the Brownsville Partnership of Brownsville, Brooklyn in which psychiatry residents are working with local organizations to incorporate mental health care and prevention into the community development plan of one of New York City’s poorest neighborhoods.

# Initiatives to Reduce the Use of Restraint and Seclusion

By Laura Mandel, RN, Division of Quality Management

These are exciting times. Positive changes are taking place in mental health settings across the country, and indeed the world. As scientific advances have brought a fresh understanding of trauma, stress, and behavior, mental health providers are increasingly looking for therapeutic alternatives to coercive and restrictive practices that place their staff and the vulnerable people they serve at risk.

Public knowledge of restrictive, potentially dangerous practices such as restraint and seclusion seems to have reached a tipping point. Lawmakers, aware of the dangers, are taking action. In 2014 alone, U.S. Senator Tom Harkin (D-Iowa) introduced the “Keeping All Students Safe Act”, a [bill](#) to ensure the effective implementation of positive behavioral interventions in the nation’s schools, and the Alaska House of Representatives has unanimously passed a [bill](#) clarifying restraint and seclusion requirements in schools.

Here in New York State, OMH has adopted [new regulations](#), effective June 4, 2014, which set forth clear requirements governing the use of restraint and seclusion in facilities licensed and operated by OMH. Accompanying the regulations is a [guidance document](#) based, in part, on [CMS provider certification materials](#) issued by the Department of Health and Human Services. We hope that the guidance document is helpful to you, and we encourage you to keep in touch with us as you become familiar with the regulations. Let us know if you have comments or questions.

OMH is working in several areas to help providers reduce the use of restraint and seclusion and to introduce trauma-informed care. We’re collaborating with other government agencies to coordinate our efforts in this area, and we are also planning a page on this website which will be entirely dedicated to sharing tools and resources for you and your staff. More information about these exciting projects will be shared soon.

Some of our licensed providers have spent years dedicated to trauma-informed care; others have recently begun to implement changes; and still others may just be starting to explore the research. Wherever you are in your journey, OMH is deeply committed to supporting you in your initiatives to create and sustain positive environments where compassion and empowerment reign, and hope is unshakable.



## MENTAL HEALTH TIP OF THE MONTH:

There are plenty of exercises you can do right at your desk to lower your anxiety levels, control your breathing and reduce your stress. Check out [this article](#) to learn how!



### Statistics on Veterans in New York State

- New York State is home to nearly 900,000 Veterans.
  - Seventy-two percent served during periods of combat.
- Approximately 88,000 New Yorkers served in Afghanistan or Iraq.
- Additionally, New York State is home to approximately 30,000 active duty military personnel as well as an additional 30,000 National Guard and Reserve personnel.

## Did you know June was PTSD Awareness Month?

After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions do not go away or if they get worse, you may have Posttraumatic Stress Disorder (PTSD).

**Learn: PTSD treatment can help**

**Connect: Reach out to someone**

**Share: Spread the word**

For more information, visit: [www.ptsd.va.gov](http://www.ptsd.va.gov)

## EAP Corner

### Retirement Planning Tips for New York State Employees

Is my Social Security affected if I return to work after I retire?

If you return to work after you start receiving retirement checks, your added earnings may result in higher benefits. Social Security will automatically refigure your benefit after the additional earnings are credited to your record. In addition, there is a special credit that can mean a larger benefit. For each month you delay collecting retirement benefits, beginning with the month you reach full retirement age until you are 70, you'll receive an extra amount in benefits when you do retire.

For more information on your Social Security benefits go to: [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213.

# **Integrating Religion and Spirituality in the Clinical Encounter: A Guide for Clinicians**

By Christina Pratt, Ph.D., Research Scientist, Nathan Kline Institute for Psychiatric Research

The Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health has created a short guide for clinicians on ways to incorporate religion and spirituality into therapeutic encounters with clients from cultural groups who value these experiences.

The guide was developed in collaboration with Marta Herschkopf, MD, MSt from NYU Langone School of Medicine, and integrates research findings, practice wisdom and recommendations of focus groups with psychiatrists, social workers and chaplains. The guide can be found on the NKI Center's website <http://cecc.rfmh.org> along with resources and an annotated bibliography to answer frequently asked questions (FAQs) of clinicians about incorporating religion and spirituality into the therapeutic encounter. The site also contains cultural profiles which discuss the role of religion in the larger cultural groups of New York State.

Understanding and building on spirituality and religious affiliation of consumers is crucial to the delivery of culturally competent practice. Spirituality and religious participation are common coping strategies for many Americans, and particularly for persons from multicultural groups and people with less access to mainstream economic and social resources. Additionally, research findings support the importance of spiritual coping for trauma survivors with co-occurring disorders. They also stress the value of increased attention to spirituality in behavioral health services, especially in assessment, engagement and retention in therapeutic relationships.

The guide informs psychiatrists and other behavioral health clinicians of why religion and spirituality should be explored with consumers from cultural groups, suggests a way to get started including questions that might be asked. Illustrations are given using two vignettes. Barriers and concerns are discussed including ethical and clinical challenges that clinicians experience while exploring religion and spirituality.

The guide is short, but clinicians are linked to the website for in depth resources for religious/spiritual assessment tools and answers to questions such as: "What do I do if I (the clinician) am not a religious/spiritual person?" or "Am I violating professional boundaries between my beliefs and consumer beliefs?"



The Office of Mental Health and the Office for People with Developmental Disabilities held the grand finale of their Losing to Win program. This program encouraged employees to develop healthy habits-- by eating better, walking more and having fun while doing both.

This program is the first of its kind in any of the state agencies and will be shared as a model for the Employee Assistance (EAP) coordinators in the state. Staff who participated in the program lost more than 650 pounds total!

Congratulations to the biggest loser Lee Aiezza, who lost 35 pounds in 12 weeks!

