

Whole Health Care Part 1: Creating Opportunities for Wellness

Good afternoon, everyone. Welcome to today's Recovery to Practice webinar titled, "Whole Health Care Part 1: Creating Opportunities for Wellness."

My name is Elizabeth Whitney, and I'm the Technical Assistance Lead for SAMHSA's Recovery to Practice project; and I'll moderate today's webinar. I'll briefly review housekeeping tips and provide a short overview of Recovery to Practice. But first, I'd like to acknowledge all of you, our webinar participants. We already have 180 people who have signed in as the audience today, and I suspect that number will rise. So on behalf of the Substance Abuse and Mental Health Services Administration, we'd like to welcome you and thank you for your participation.

I'd also really like to thank our presenters, Renee Kopache and Wesley Sowers, for taking the time to share their knowledge and expertise with us today.

Let's go over the page layout to help you get the most out of the webinar features. I want to let you know that you have three options for communicating with us. If you experience any technical difficulties during the webinar, please enter your question in the "Technical Chat" box; and a support technician will quickly help you.

There's also a Q&A box, a question and answer box, for questions for the presenters. We'll raise as many questions from this box as we can during the discussion.

Finally, you may use the Chat box for general comments and discussion with other participants; and we ask that you please keep chat relevant to the presentation.

If you would like to zoom in on the slides we're sharing today, you can make them larger with the "Full Screen" button in the upper right corner of the display pod. To exit full screen, just press the "Escape" key on your keyboard. This allows you to view the presentation without the pods or switch back to the pod view so you can pose a question or make a comment.

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We've posted a participant evaluation link in the "Webinar Links" box. Please take a few moments at the end of the webinar to complete the evaluation. We really value your feedback.

This webinar series is hosted by SAMHSA's Recovery to Practice, the Workforce Development initiative, with the overarching goal of improving the knowledge and skill of the behavioral health workforce by integrating the concepts of recovery-oriented care into everyday practice.

Why is recovery important?

Ron Manderscheid described recovery as one of the most powerful words in our behavioral health language. It creates real lives; recovery promotes hope; and it can open doors to dramatic care reform. The concept of recovery has been recognized for hundreds of years, but is now transforming the mental health and substance use landscape in ways almost unimaginable just a decade ago.

People with lived experience of recovery have fostered this vision, and SAMHSA has made the vision an everyday reality for many. We know that recovery is not a journey alone; other people...peers, family members, friends, practitioners, and supportive communities...are fellow travelers on a person's road to recovery.

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In 2011, SAMHSA released a working definition of recovery and a set of guiding principles that incorporate aspects of recovery from both substance use and mental health. The four major dimensions of recovery: home, health, purpose, and community...and these 10 components of recovery form a structure and foundation for developing recovery-oriented lives and building recovery-oriented services and systems.

SAMHSA initiated the Recovery to Practice initiative to incorporate these principles into the behavioral health workforce. The initial phase of the Recovery to Practice was launched in 2009 and focused on working with the six professional disciplines illustrated on this graph. The goal was to create discipline-based curricula to promote understanding and uptake of recovery principles and practices. Each discipline used language and frameworks relevant to their membership and develop ways to integrate the curricula into their professional development activities and their certification procedures. You will find links to each of these association's websites in the "Webinar Links" box below.

The second phase of Recovery to Practice focuses on multidisciplinary and integrated services and settings to push these concepts and resources out to more diverse audiences and settings. This webinar series is designed to open the Recovery to Practice curricula information to a broader audience.

So let's begin. I'd like to introduce our speakers for today. Renee Kopache is the Coordinator of Wellness Management for the Hamilton County Mental Health and Recovery Services Board in Cincinnati, Ohio. She has assisted with numerous mental health recovery projects and conducted workshops, training, and keynote presentations throughout the United States. As an avid photography enthusiast, Renee is actively involved in the consumer arts community and promotes art as a tool for personal wellness and combating stigma.

Wes Sowers is the Clinical Professor of Psychiatry at the University of Pittsburgh Medical Center and the Director of the Center for Public Service Psychiatry of Western Psychiatric Institute and Clinic. He also has extensive clinical experience in the provision of treatment and services to multiple populations.

I'm really pleased to welcome both of you. Renee, you can now start your presentation.

Thank you, Elizabeth.

Hello, everyone. As has been mentioned, I am Renee Kopache. I am someone who says that I'm a person or individual who has recovered from mental illness and working on my wellness. I've had a long-standing interest in understanding and promoting recovery; and in the more recent years, I've spent some time trying to grasp the concept of wellness a little bit better and to kind of move more into a framework advancing towards the framework of wellness.

Through today's presentation, you won't be able to see me; but I'll be doing a lot of activity with my hands. I'm in a room by myself; so every once in a while you can just picture hands flying around, and that's what I look like. What we're going to talk about through this presentation, hopefully I do it in a time efficient manner.

First I want to talk about what are some of the distinctions between the concept of recovery and whole health and wellness. Obviously, there are a lot of similarities; but how are they different?

Another thing I want to make sure that people have an understanding of is what the actual dimensions of wellness are and how they interrelate.

Then we'll spend a little bit of time talking about how to develop wellness programs utilizing the expertise of different disciplines, especially in environments that are incorporating services from a lot of different disciplines or incorporating those numerous disciplines.

I rarely do a presentation where I don't talk about outcomes, so I'll spend a little bit of time talking about the outcome process for goal setting on the individual level, as well as using outcomes for program change. Then we'll wrap it up with some question and answers.

I have discovered that you must click on the arrow; it's not enough to just click the mouse.

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Okay, walking through these three concepts of recovery-oriented care, whole health care, and wellness, there are, like I said before, a lot of similarities; but there also are some things to pull apart. So when we hear "recovery-oriented care," this definition of care and there are many other definitions that could be used. But I pulled this from the Mental Health and Addiction Services website in Ohio defining recovery-oriented care as "Networks of formal and informal services that were developed and mobilized to increase health and wellness, to help individuals achieve and sustain long-term recovery for those individuals that are impacted by mental illness and substance abuse." So it's talking about recovery-oriented care within the context of behavioral health care.

Somewhat similar but also different is whole health care. This is a definition taken from the freedictionary.com. It's a standard definition, and it's defined as a "concept that the concern for health requires a perception of the individual as an integrated system rather than one or more separate parts." So that means it's incorporating the physical, the mental, the spiritual, and the emotional.

Finally, wellness...and this is a definition from the NationalWellness.org website...is defined as "an active process through which people become aware of, and make choices toward, a more successful existence." So there's an element in there around awareness and choice.

If we break those down a little bit further in terms of distinguishing them, when we think about recovery-oriented care a couple of things come to mind for me. One is that recovery-oriented care requires the existence of a mental health or substance use condition. In other words, generally speaking, people don't receive recovery-oriented care or mental health/behavioral health services unless there's a condition or a concern that needs to be addressed.

The other thing that I think is unique to recovery-oriented care is that it's focused on factors that are impacted because of the condition. Whereas, if you look at whole health care, the focus in the whole health care environment extends beyond mental health or substance use condition to the whole person; but it is still treatment oriented. The environment does not require the existence of mental health or substance use conditions; in that sense, whole health care can and does apply to everyone.

Then wellness is something that I just see as very distinct in that first of all, as I said before, it's choice. It also assumes a level of personal responsibility for our lives, including the quality of our life. The other thing I think is important to focus on is wellness is *not* the avoidance of illness or disease, but rather it's the pursuit of wellbeing in all the different aspects of our life. As we move through the presentation, I think I'll spend a little bit more time on that idea that we're not trying to avoid something; we're trying to become well through personal choice and through efforts and changes.

The final distinction that I'll make among these is the recovery-oriented care, what I like to say is that graduation is possible. It *is* possible for someone to go and receive services and be well and no longer need those services and, in that sense, graduate from services. In a whole health care approach, that's a type of service that occurs throughout the course of our lives. Because it's not just a mental health or a behavioral health or dealing with substance abuse, it's dealing with all of the aspects of our wellbeing and particularly our physical health care, it's something that occurs across the whole continuum. And yet it still occurs as a service.

Wellness, of course is something that occurs throughout the course of our lives as well; but it is done by establishing a lifestyle. So when you -- and actually, let me back that up quickly there.

The other thing here is you see this quote here: "While we're living longer, we are not living in a manner consistent with the highest possible quality of life." And that last part..."We are doing better, but feeling worse." I think that exemplifies our society in a lot of ways because we've become so fast-paced and so oriented towards getting from Point A to Point B; and we're so busy, that we don't necessarily take care of ourselves as people did maybe in decades previously. Technology has probably not been our friend in that sense.

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So I think it is important that we keep in mind that we need to be able to help people appreciate what it means to be a healthy person as opposed to not being sick because too often, in a service environment, whether it's behavioral health or medical health, the focus is on that condition that brings that person into that environment. We have to help people transition towards not just avoiding illness, but really, truly making concerted effort towards having a higher quality of life.

If you think of a continuum of illness/wellness, on the one end...on the left-hand side of this graph...you get premature death; and on the far right-hand side, you have the highest or the ultimate level of wellness. And you have all of these things in-between, and you have the neutral point in the middle. I think oftentimes in our service environment, we tend to be top-heavy on the left side of this continuum. Our focus is on things like the disabilities, the symptoms, the warning signs; and we struggle to get a focus on things like awareness and education and, in particular, different aspects of personal growth. And those are the things that lead to or create opportunities for wellness to occur.

It's important to understand that it's not one or the other; it's a continuum. A person can be at the high end of wellness but still have periods of illness or weakness because illnesses (inaudible) to choices they make, and those choices are made regardless of what may be going on in their life at that time. Obviously, it's more difficult if you have a lot of illness in your life; but it's not impossible to deal with an illness and also have a high level of wellness.

Some of this, I'm sure, probably people have seen this particular graphic on the dimensions of wellness borrowing from Peggy Swarbrick's work; and this is a little bit different in the sense that it incorporates some dimensions – I believe maybe there's 10, I don't want to try to count right now – but some of these are – some people will interchange social with interpersonal. So you'll see some overlap. The graphic doesn't show it I don't think, but the things like mental and emotional...those are usually, especially within the mental health and substance abuse community, identified as one and having that label kind of emotional. Similarly, the medical and physical kind of become the physical dimension of wellness.

When I look at this dimension, I think the thing that's important to kind of pull out of it is early on in my illness, when I was very, very ill, I had a lot of things taken or removed from my life. I lost things. I lost my job; I lost my home; I lost friends. So if you take this graphic and you get really creative with your thinking and you see it as a sunflower, the middle is kind of the core; and the little dimensions of wellness around it are petals of the flower. What happens with mental illness is those petals of the flower tend to fall off. I often talk to people and say that recovery is the process of reattaching those petals.

It's a similar thing with wellness. Recovery and movement towards wellness is that we have all these other things in our life that collectively define us as being well. In recovery, I say that there are things that collectively help put ourselves back in the middle (audio break) diagnosis...similar to putting our wellness in there. And all of those things balance so that we have that level of wellness that's possible.

When we walk through this, you hear people say, "Wellness...what does it mean? What is it? What does it incorporate or involve?" I'm going to go through these quickly because I suspect a lot of people have seen them, but I don't want to assume that everyone has seen them. So I'm going through at this point eight dimensions of wellness to stay consistent with the literature that's been developed through and for SAMHSA.

Social wellness is having relationships with friends, family, and community and having an interest in, and concern for, the needs of others and humankind. This is just simply that we have friendships; we have relationships that are meaningful and valuable and that we're living them out and carrying them out in the community. It means that we have some control over who we socialize with, as well as how we socialize and how often we socialize.

Emotional wellness is the ability to express feelings, to enjoy life. Oftentimes lost in this is the ability to adjust to emotional challenges and cope with stress, as well as traumatic life experiences.

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Occupational wellness...when most people hear this, they think of a job. It's a little bit more than that. Occupational wellness is more broadly the action or the events of participating in activities that provide some sort of a meaning and purpose for us, including employment but not limited to employment. For example, occupational wellness could tie to having roles like being a parent or being a volunteer or pursuing hobbies. Even though too often in our society it's reduced to employment, it is actually more than employment.

Intellectual wellness is lifelong learning, application of knowledge learned and sharing of knowledge. Another way to look at this is oftentimes people hear intellectual wellness and they think about how smart someone is or how much they know. It's really not about how smart someone is, but it's more so the continual pursuit and use of new information and the opportunities to share that information with others.

Environmental wellness is being able to be and feel physically safe in safe and clean surroundings or environment, and access to clean air and food. Environmental wellness incorporates both the micro level and the macro level...micro being where we live, work, and play; and the macro is more our communities, our country and very, very globally, the planet. This particular dimension of wellness is one that we don't think about often; yet in the behavioral health environment, it's a challenge for many of the individuals being served. We often end up dealing with circumstances where we're doing community outreach to individuals who may be homeless. In most cases, those individuals are in an environment that is not conducive to wellness or even individuals who are being placed in housing settings that are in drug- and crime-infested neighborhoods.

So a lot of times when providing support to individuals with services, it's important to pay special attention to environmental wellness because there are challenges that are inherent in the lives of a lot of the individuals that are being served.

Spiritual wellness...loosely defined...having meaning and purpose and a sense of balance and peace. It's something that is, I think, emphasized significantly, obviously, within the substance abuse community but I think also within the peer community.

Financial wellness, which a lot of people think is simply having a job and having money...and certainly, having money is part of it; but it's also having the ability to manage that money well and to have control over personal finances.

Then finally, there's physical wellness. I intentionally put physical wellness last because oftentimes when you hear the word "wellness" within our community, people hear that and they translate it to physical health, physical health care. But physical wellness, while that's a part of it, is much broader than that. It's the maintenance of a healthy body, having good physical health habits, good nutrition, engaging in exercise, and obtaining appropriate health care...including preventive health care.

At this point, I'm not sure if Wes has been able to join the call; but I'm going to turn it over to him.

Hi, I'm here.

All right!

Great job so far, Renee.

Thank you.

I'm Wes Sowers. I just would make a couple of brief comments. So far, as I said, you really have done a nice job of laying this out and I think kind of parsing out these different aspects of wellness. But as you said earlier, I think one of the things that's really critical in thinking about wellness is how all these various elements interact.

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One can imagine, for example, if occupational wellness is effective. If somebody has a job that they're very involved with, or even some kind of hobby that somehow is taken away from them, other aspects really continue to crumble with that too unless there are some ways that people really have of kind of isolating that particular aspect and developing these other parts of their being. So if a job is lost, the financial health suffers; the social network may be diminished, and that may lead to emotional issues as well. So it becomes a little bit of a cascade, and these individual elements are really intertwined to a very significant degree, creating this whole scheme of wellness.

I'll give it back to you again, Renee.

That would be great. I'm not sure what happened. Your volume went down significantly there, but I heard "give it back to you." So here we go.

I believe in helping people become well, and part of that means helping people know where they're at. So what I would like to have everyone do real quickly...and I'll give you the one-minute assessment, which means you get to use your gut reaction...is to look at this particular slide and this assessment and quickly go through it and assess where you're at. Give yourself a score.

[Pause for responses]

Okay, I don't know if that gave you enough time or not; but I'm hearing a lot of static, and I don't know if that's because I'm not talking. But we're going to move on; and switching gears a little bit, we're going to do a couple of little polls based on that assessment.

You can see this first poll is in your Wellness Assessment, your physical and emotional wellness scores are the same...Yes or No. It looks like we're staying somewhere near the 50/50 split line on this, which is shifting a little bit there.

Then in the second poll...I'm going to shift over here real quick...is a similar question; and that's in your personal Wellness Assessment, your social and emotional wellness scores were the same.

[Pause for responses]

This is a little bit different so far...59...so it's about a 60/40 split is what it's starting to look like. I lost the last one; but the last time I saw it, I think it was more of a 50/50. We're going to move on, but I want you to keep those two questions in mind. I'm going to go through this correlations concept very quickly because I know that most of the people that join webinars are not researchers, and I'm not a researcher myself. But I want to set this up very quickly and point out to you that one of the things I do in my job is work with one of the consumer agencies in Hampton County, the Recovery Center of Hampton County.

A couple years ago, they made significant effort to incorporate wellness into their peer-operated environment; and part of that was to use that assessment that each of you just saw as a starting point to start assessing where the individuals that they work with, or their peers, are at in their wellness and then doing that again over time. So this is kind of where this information came from. By correlations on these next few slides, all that means is that when there's a change in one variable or one dimension of wellness, that change is accompanied by change in the other if those two dimensions are correlated or interrelated with each other.

I'm sorry...I'm backing up. You see here on this slide...the reason I put it here is the emotional dimension of wellness has a solid correlation with social wellness, but it also has a moderate correlation with the other dimensions that are listed there. Similarly, because there is such a strong correlation between emotional and social, when you switch those back, that correlation obviously carries forward. And then with social wellness, spiritual wellness also has a moderate correlation that's between the two.

And then the physical dimension of wellness in terms of correlation...and this slide, I need to point out, has an error on it. It should also include emotional and spiritual connections of wellness...both of those

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though having weak correlations in terms of statistical significance. The physical dimension of wellness had a moderate correlation only with intellectual dimension of wellness.

That piece was based on...a peer center is based on a group of about 95 individuals over the course of a year. So obviously in terms of research, it's not a good, solid dataset. It has its limitations because it involved a smaller number of people and a shorter period of time overall.

But I, out of curiosity, went and looked at the other population that is frequently studied when it comes to any type of surveys or assessments; and that would be the college student population. I happened to find this study that was done in 2015, back in January I believe it was released from Ohio State University. All I wanted to see was what did they find tied to emotional and social wellness. Similar to what we found in the peer community, the strongest correlation among the graduate students at Ohio State was also the emotional and social wellness.

I bring that forward to point out again that while it's critical that we do indeed address physical health care and physical wellness, in doing so it's also very important that we not limit it to physical wellness because the correlations...the way that the different dimensions of wellness are interrelated...show that all these other things come into play in terms of having an impact on our emotional wellness that are even more significant than physical wellness.

I don't know, Wes, if you wanted to add a piece to that?

Yeah, I know that my volume was a little low before. Can people hear me now?

You blew me out.

All right, so I'm online. So I guess one thing that comes to mind for me is this whole idea of stress and how that comes into this. Almost we can think of wellness and stress as being sort of at two opposite poles. In a lot of ways, health implies sort of an absence of stress...or at least some capacity for managing it. So the whole way that we interact with our environment and these various elements of wellness really kind of brings a toll of stress in certain cases where we're not doing well or not functioning well in one of those categories.

I think that one of the things that you had mentioned earlier was just this idea that even when we may have an illness, we can be quite healthy if these other aspects of our lives are well-developed and we have various kinds of supports and other aspects of health in good shape.

Yes, very much so. And I think that in my own personal recovery in pursuit of wellness, that's been very evident over and over; so thanks for bringing that up.

So really, what are the implications of all of these interrelated components with the dimensions? Moving forward for facilitating and creating opportunities for individuals to make progress in wellness, I think one of the things, as I already mentioned, is that it's really, really important that we not equate wellness with physical health...that we take on a broader understanding of wellness and that we address, as Wes just mentioned, that so many of the other dimensions are interconnected with different levels of stress or different circumstances in people's lives, similar to the ways physical health is impacted.

So I'm no longer a young person. I won't say that I'm old yet; but when I see all the research about individuals with mental illness and life span and all of that stuff, I've reached a point in my life where it's a little bit scary because if I believe all of that to be true, then I have to accept that I'm projected to die in four years. So I tend to refute that and say I'm not going to go there. I'm going to focus on recovery; I'm going to focus on wellness. And I think doing so will bring us to a situation where individuals with mental illness...the life longevity is similar to...and that gap has narrowed...to being similar to that of the general population.

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And if people remember, that was one of the driving factors in moving towards a greater emphasis on wellness. We started with physical health, physical wellness. We *have* to move forward and address the whole person. We have to be able to address all of the dimensions of wellness.

Renee, if I could just jump in for a minute, I think that the whole idea of prevention and health promotion is kind of wrapped up in this in a lot of ways too. When you kind of mentioned the reduced life expectancy for people who have had severe mental illnesses, it's not something that we have thought about or really promoted aggressively in the past; and certainly that's something that needs to change and is really what much of what recovery is about.

Yes, very much so. And I think that...well, and I'll get into this in a few minutes...but I think for me I've been blessed to be part of a peer environment because it's always been part of the peer environment in terms of the focus. I'm kind of switching gears here now saying how do we treat the whole person? How do we help people experience or have opportunities towards the far end of the continuum of wellness?

I think there are a couple of things. One of them that I think – this is a summary slide and then we'll walk through each of these – is delivering services from a recovery framework. We have to create a well environment. We have to recognize the dimensions of wellness that are our strengths for each of the disciplines within the behavioral health environment. For example, nursing...one of their strengths may be along the physical wellness; whereas occupational therapists...their strengths may be more along the lines of occupational wellness.

How to treat the whole person I think for the systems of care is to borrow from peer-operated services and then ultimately to connect with community. So sort of that idea of delivering services from a recovery framework probably requires that people know what I'm talking about when I say that. So this slide is kind of comparing and contrasting a little bit the diagnosis-centered or the present framework that a lot of people are a part of versus the person-centered or what I would call the recovery-oriented framework.

You see some dichotomy in a lot of these; whereas on the diagnosis-centered, the diagnosis is the foundation or that's the focus. And in the person-centered, it's more of the relationship. You have a challenge of assessing illness as opposed to being someone that's moving towards life goals, and the focus is on stability rather than growth.

So I truly firmly believe, not only from a professional standpoint now that I've kind of done this stuff in the mental health arena for 20 years but also from my personal experiences in recovery, that in order to be able to help someone make good progress in their recovery and ultimately be able to be well requires that there is a service environment that has a framework that is recovery-oriented.

I borrow a lot of stuff from the artists that are part of the Recovery Center, and this is one of the pieces that Sara (inaudible), one of the former staff there developed. So if it's critical that the environment be person-centered or recovery-oriented, then in terms of creating a well environment, what does that mean? I think that means change for a whole lot of people, including staff. I should point out that many of the resources that are integrated into this presentation were pulled from outside of the mental health or substance abuse arena. Wellness is a concept that is relatively new to behavioral health compared to most other disciplines or arenas, so to speak.

So when we talk about creating a well environment, we're really talking about changing the culture of an organization; and that means then, of course, that you're not just changing the individuals being served; you're also changing the individuals that work there. And that goes from the Administration on down to the point where there's leadership buy-in; there's organizational change that leads to practices that are focused on health and wellness and things around accessibility, collaboration. Taking into account a broader definition of wellness for an organization gives an organization the freedom to grow not only the individuals that they're serving, but to have individuals on staff who are themselves becoming more socially, mentally, and physically healthy themselves.

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I think the other thing that's important here is that it's hard to ask someone to make change if you're not modeling it. So by creating the well environment, by looking at your own organization and assessing it for whether or not it's an environment that promotes wellness...if it doesn't, then it's difficult for the service providers to promote wellness to the people they serve...if the environment they're going into and they're not seeing it among their service providers.

This particular set of three questions is from the National Wellness Institute, and it's designed to help organizations assess where they're at in terms of their approaches or their programming. It's very, very simple; it's very easy to utilize and to make change within organizations:

Does this help people achieve their full potential?

Does this recognize and address the whole person; in other words, are all of the dimensions of wellness a part of the programming?

Does it affirm and mobilize individuals' qualities and strengths?

So oftentimes I hear people say, "We've got Medicaid regulations," or, "We've got to do it this way."

And I say, "That's fine, but that doesn't mean you still can't create a better environment in which you're doing that." And these three questions, whether it be at a program level or agency level, can help you get there.

From a discipline perspective...and there's, to my knowledge, no research on this. So what I did was I looked at the services I received over the decade or so...12-13 years that I was in services; and I had encountered all of these disciplines in my treatment, whether it was inpatient or personal hospitalization or the community mental health. So in my mind, what I see as the strengths...for example, for nursing I see the dimensions of wellness that they can be most beneficial in addressing are the physical and the emotional and, to some extent, the intellectual.

For occupational therapy, as I mentioned before, then we're getting into things like helping people with occupational wellness obviously, but also the intellectual and the spiritual.

I think the psychology and psychiatry community...but psychology especially...has a strong emphasis on the intellectual and the social...psychiatry more so the physical and the emotional and the intellectual.

Social workers are kind of like they do it all, but I think especially the financial and the environmental is where the strengths will lie.

And then the substance abuse is similar...they kind of have to do it all; but there is a strong focus, again, on the physical, the emotional, and the spiritual aspects of wellness that those disciplines, I think, are naturally good at.

So from an organizational standpoint, I encourage people to look at your staff or your coworkers and your programming; and is your program using the strengths of the discipline, or is it being implemented without that type of thought as far as integrating wellness and wellness activities?

Hi, this is Elizabeth. I just wanted to let everyone know that you're coming to the end of your slides; so if they have any questions to type them into the Q&A and to give you the five-minute heads up.

I was going to say I thought you were going to tell me that I need to shut up.

No, I would not do that.

I'm kidding (laughing). I'm actually not too far behind; I'm pretty proud of myself here.

As I mentioned, I think it's important for people to borrow from peer-operated services and to not see peer-operated services as this sector over here and traditional mental health agencies as these people

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over here and the hospital. I think we need to start collaborating and sharing the strengths that we have as organizations. The strengths, I think, that peer organizations bring and the things they have to offer is that they truly do have a tendency to incorporate all of the dimensions of wellness; and they do it in a very creative way oftentimes.

I want to give you just two quick examples. One is that because I work right across the street from one of our consumer agencies, I visit it frequently just to kind of touch base and see how people are coming along. A few years ago, I came in and there was a new member. This woman was in a wheelchair, and she appeared to be deaf and communicated with sign language. And she kept coming back. And what the members did and some of the staff did is that they said, well, they just needed to be able to connect with her. They wanted her to feel engaged and a part of the peer environment and to feel welcome.

So they started a sign language class. They taught themselves how to do sign language so that that woman would feel like she was a part of their environment. That's kind of the creativity piece and the wellness piece that's a little bit unique. They reached out on a social level but did it differently. It turns out that after they engaged that individual, over time it was discovered that she was not deaf and she could walk. But until she felt safe enough to do it, she carried that forward for years and years as if she couldn't walk and she couldn't hear. So I think that's something that frequently we have to keep in mind.

In the interest of time, the last piece I want to talk about is the importance of taking and packaging all of this that we do and focus on in terms of facilitating wellness, and we help individuals carry it into and have it continue to be nurtured in their community. It's wonderful that we have programming in our provider organizations or hospitals or peer centers that focus on wellness and that are engaging and that teach skills and help people develop. But ultimately, what our goal should be is for all of those environments to be stepping stones to something better; and that something better...or "better" may not be the right word...but something that's more independent and that allows someone to step outside of the umbrella of their disorder is to have them be a part of their community.

That is ultimately the essence of wellness...is that people are engaged in activities and pursuing overall wellbeing based on what their interests are and who their peers are, not based on some illness. So while it's important for us to focus on treatment and provide treatment and to utilize self-help, at some point we have to realize that learning isn't limited to our illness and self-help skills, but learning is something that has all kinds of other opportunities out in the community...whether they're tied to someone wanting to go back to school or it's tied to someone wanting to develop and pursue a new hobby.

Peer support should take on a broader meaning. It should no longer be peers because we share lived experience; it should be peers because we share some other characteristic...whether it's the same neighborhood or the same hobbies or whatever it may be. Wellness needs to be nurtured in the community so that we can truly live, work, and play according to our desires and our interests rather than our illnesses.

I'm going to turn it over to Wes real quick.

Thanks, Renee. I really appreciate what you've been saying, and I just want to reinforce the idea that part of what this is about is obviously moving people towards autonomy and more ability to accept responsibility. We think of this kind of dichotomy of care and personal health; and in reality, even folks who have significant symptoms and illness don't really spend the majority of their time in treatment. So their encounters with doctors and other professionals are pretty brief and infrequent, relatively speaking.

So all these other aspects really in many respects are much more important than what we do in treatment. To have a support network, to have activities, to have relationships, to have a decent place to live and so on, are as much contribution to health as anything that we can do from a treatment setting.

Great, yeah, I totally agree. I think that in my own life, and with most of the people I still interact with, the critical component of our recovery is when we did indeed stop and realize that our 45 minutes with our therapist is not where our recovery or our wellness was going to take place.

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Right, yeah, at best we can be good counselors, coaches, advisors, or whatever that may be; but ultimately, people need to rely on themselves to develop their own health with the support of the community.

Right, and I know that we're pretty much out of time; so I just want to quickly point out this last piece on the outcomes process. It's that I think it's important for people to...in designing any type of program change, whether it's integrating a particular type of recovery program or best practice or trying to put in some type of wellness activity, there are two broad reasons for measuring outcomes; and they should be put in place as part of any change. One of those reasons is to help facilitate goal setting. The second is to use the information over time to inform the strengths and the weaknesses of a program so that the necessary modifications can be made.

Then tied to that though is that the process of utilizing the outcomes is only as good as the measures that you choose. So it's important to develop or utilize measures that are assessing what it is you're wanting to do or the impact that you're wanting to have and, most importantly, that the data is usable. It doesn't do any good to collect all kinds of data if you don't have the resources to utilize it.

Finally, as a resource for people, there are two of the Recovery to Practice disciplines, as part of our (inaudible), did develop modules on the concept of wellness...or at least it's part of one of their modules. So that information is here for you. Aside from this, I think it's safe to say that as we move forward, this concept will continue to grow and be established further into the behavioral health environment. So I think it's safe to say other disciplines will come along and also start to provide these resources.

The last slide here...these are some of the references. A lot of the references were incorporated into the slides themselves. So with that, I think I'm turning it over to...I'm not sure who I'm turning it over to.

You're turning it over to me. This is Elizabeth.

Okay, that's what I thought.

Thank you, Renee and Wes, for your comments. The other thing I'll tell everyone is that we're really fortunate that we'll have a Part 2 of a conversation between the two of you about wellness. So check the schedule. We'll have that up at the end. So we'll get to come back to this.

Let's see if we can fit in a couple of questions. I thought I would start it actually – you can see it (inaudible) off very nicely with what you were talking about with other disciplines, sort of getting on board with this, Renee. Someone is asking, and a number of people have been asking about this...how do we get multiple disciplines involved? It's sometimes hard to get some of the folks who are used to doing work in a certain way really engaged in this idea of wellness and of promoting wellness as essential for recovery.

I'll do it really quickly. Wes may be better at answering this question, but I think the simple answer from me is that it happens at the administrative level of an organization, that there's a culture that demands it and that the hiring practices facilitate it and are in line with it...because if you don't have that buy-in at the top in building a structure that is truly multidisciplinary to begin with, it's going to be very difficult to do so.

Yeah, I couldn't have said it better. I think that the other piece of it is really communication...that we really have to open some channels for that to happen. Our systems have not been particularly good at allowing us to have the time we need to communicate with each other.

Thank you. That makes sense.

I suppose it goes back to what you were talking about, Renee, in terms of assessments and kind of knowing where we're at and then starting from there as well.

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Yeah, and not only knowing where you're at but also knowing who you serve. The environments are different; and who you serve...what are the primary needs there not only in terms of their service needs but what are their needs as individuals, as people, as families, and knowing their cultures and knowing what community needs there are is also really important.

Great, yes, thank you. That makes a lot of sense.

Wes, I'm going to direct this one at you. You generated a lot of interest when you were talking about stress, and people were interested in whether you could talk a little bit more about stress, and this notion of isn't there kind of good stress or positive stress and bad stress and what's the impact on wellness?

Well, that's sort of an interesting question. I don't know if there's actually such a thing as good stress. It's good if it doesn't break you. I think we often hear that...what doesn't kill you makes you stronger, and that's true in a way. I think that we all grow from the challenges that we have in life, and that is often something that we struggle with a little bit. But we can think of that in a way as being healthy, if we approach those challenges in a way that we're not overwhelmed by them and that we have some capacity to recognize where those lines are drawn.

I think that's a big part of what we think about when we think about being well and healthy...is having a sense of our limitations and maybe not feeling that those are permanent and that we can always grow. But sometimes we can't grow too fast; and if we try to do that, it may really backfire on us. So I think that whole idea of recognizing what we're able to take on and what we're working towards is really an important piece.

Super, thank you...that makes a lot of sense.

I'm going to shift gears just for a second and direct this one at you, Renee. There's a question about whether there are any tools that measure wellness...outcome measuring tools that you're aware of.

There are, and some of those links that are on the different slides are probably the best resources. The reason I hesitated is because I don't know which of the ones incorporated have been truly tested in terms of reliability and validity. The one that we modified for you for the Recovery Center here came off of the dimensions definition of the Wellness.com website, and it's a modified version. So if people have an interest in that...and we turned it more into the assessment and then another component of it is for individual goal setting...I can certainly make that available to people.

That would be awesome. Thank you, that's wonderful. I see that we're actually getting to the top of the hour, and I want to respect people's time. Thank you very much to both of you for your presentation, and I'm really excited that we'll have you both back.

I do want to remind everyone that Recovery to Practice issues a quarterly newsletter; so if you'd like to receive the newsletter, please sign up at this address here.

I do want to remind you as well that we have a few more webinars coming up covering these topics, so please join us if you can. Thank you.

On behalf of SAMHSA, I'd like to thank you all for taking time out of your day to attend the webinar. We really appreciate your interest in learning about this topic. As I said, this is Part 1; so we'll have another part to it.

A special thanks to you, Renee and to Wes, for your really thoughtful comments and your great insights.

To the participants, if you haven't filled out the evaluation from the box below, we'll post the link at the close of this session. We really do take your input into consideration as we're developing future webinars.

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Finally, we're not able to offer preapproved CEUs for this webinar; but you can download the Certificate of Attendance from the "Materials Download" pod below.

So thank you very, very much. This concludes our call for the day.