

INTENSIVE OUTPATIENT MENTAL HEALTH SERVICES

CONNECTING AND INTEGRATING COMMUNITY CARE

TRANSITIONS TEAM

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WHY AM I HERE?

- Quite simply...the best work I've ever done in my career.
- You get to deliver intense, good care to people at a moment of need that maintains their dignity and functionality.

CRITERIA

- Mental Health Diagnosis
- The need for intensive, active treatment of the patient's condition to maintain a functional level and to prevent relapse for hospitalization.
- Can be safely managed in outpatient setting.

OUTLINE

- I. What are these services?
- II. How do they benefit patients, and our community?
- III. How everyone (psychiatrists, therapists, other medical providers, and the community) play a real and connected part in their delivery.
- IV. Question / Answer
- Tour?

WHAT ARE THESE SERVICES?

- *Partial (Psychiatric) Hospitalization Program (PHP)*
- *4-6 hours per day*
- *5 days per week.*

WHAT ARE THESE SERVICES?

- *Intensive Outpatient (Services) Program (IOP)*
- *3 hours per day*
- *3 days per week*

FACTORS DETERMINING PHP VS IOP

- ACUITY
- MEDICAL
- PSYCHOLOGICAL
- ECONOMIC (INSURANCE, EMPLOYMENT)
- SOCIAL

WHAT ARE THESE SERVICES?

- Intensive Medication Management with daily monitoring
- Intensive Psychotherapy
 - Magnitude
 - Type (Group, Cultural level)
- Extensive Examination of Strengths and Weaknesses
- Extensive and Prolonged Discharge Planning

PHQ 9 +

- Over last two days I've had problems with...
 - 0- Not at all
 - 1- Some of the time
 - 2 - More than half of the time
 - 3 - Nearly all of the time

NAME: _____ Date: _____

OVER LAST TWO DAYS	Not at all	Several Hours	More than half of time.	Nearly All the time.
<u>Little interest or pleasure in doing things:</u>	0	1	2	3
<u>Feeling down, depressed, or hopeless:</u>	0	1	2	3
<u>Trouble falling or staying asleep/ sleeping too much</u>	0	1	2	3
<u>Feeling tired or having little energy</u>	0	1	2	3
<u>Poor appetite or overeating</u>	0	1	2	3
<u>Feeling bad about yourself or that you are a failure or have let yourself or your family down</u>	0	1	2	3
<u>Trouble concentrating on things, such as reading the newspaper or watching television</u>	0	1	2	3
<u>Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual.</u>	0	1	2	3
<u>Thoughts that you would be better off dead, or of hurting yourself</u>	0	1	2	3
<u>Self-Destructive Self-Harm Behavior /Thoughts</u>	0	1	2	3
<u>Using Alcohol and Drugs</u>	0	1	2	3
<u>Isolating away from friends and family</u>	0	1	2	3
<u>Poor Sleep/ Wake Cycle</u>	0	1	2	3
<u>Significant Side Effects to Medication</u>	0	1	2	3
<u>Not Following Instructions Regarding Treatment</u>	0	1	2	3
<u>Disturbances in Reality</u> (Hallucinations, Paranoia, Strong obsessions)	0	1	2	3
<u>Significant anxiety that affects functioning.</u>	0	1	2	3

DAILY MONITORING

PHQ 9+

Decreased Interest

Increased Depression

Sleep

Energy

Appetite

Guilt

Concentration

Psychomotor Activity

Harmful Thoughts

Substance Use

Isolation

Circadian Integrity

Side Effects

Compliance

Disturbances in Reality

Anxiety

CULTURE

OF WELLNESS

- 1. Taking ownership of a condition but allowing assistance.*
- 2. Tracking and monitoring symptoms*
- 3. Maintaining a good circadian rhythm*
- 4. Pursuing serenity more than excitement for stability.*
- 5. Positive, mindful awareness of experiences.*
- 6. Improving medication compliance and understanding.*
- 7. Looking holistically at improvement across a range of metrics.*
- 8. The importance of maintaining mind and body together for total health.*
- 9. Respecting the group process in terms of privacy and boundaries.*
- 10. The importance of follow-up and maintenance in mental health.*
- 11. Perpetual Treatment Team approach in program.*
- 12. Working on problems while in the program.*

**JOHN W. GRACE, M.D. GENERAL INSTRUCTIONS
FOR HIS TRANSITIONS PATIENTS**

MY CELL PHONE NUMBER IS **352-601-0422** FOR ACTIVE PARTIAL PATIENTS. CELL PHONE RECEPTION IS SPORADIC IN MY AREA. IF YOU HAVE AN URGENT NEED AFTER HOURS I WILL TRY TO GET BACK TO YOU. IF FOR SOME REASON I DO NOT REACH YOU (NEVER GOT MESSAGE OR UNABLE TO CALL) PLEASE TAKE APPROPRIATE STEPS TO INSURE YOUR SAFETY UNTIL I CAN REACH YOU OR YOU CAN COME IN. INCLUDING:

- CONTACTING STABLE SOURCES OF SUPPORT,
- CONTACTING SUICIDE PREVENTION LINE IF SUICIDAL (1-800-273-8255.)
- PRESENTING TO AN EMERGENCY ROOM. *SPRINGBROOK PSYCHIATRIC HOSPITAL* IN BROOKSVILLE AND *THE VINES PSYCHIATRIC HOSPITAL* IN OCALA OVER 24 HOUR EMERGENCY ASSESSMENTS AS WELL.
- CALLING 911 AND LETTING THEM KNOW YOU ARE HAVING URGENT PSYCHIATRIC ISSUES.

TAKE OWNERSHIP OF YOUR CONDITION BUT ALLOW US TO GUIDE YOU

You are seeking treatment because you have a problem we believe we can help you with.

"Help" is the qualifying word here.

Our assistance without your effort will be limited.

Not only do we need your effort, we need you to let us direct it. This may be the most important thing you can do to get better quickly. Let go of a little control. Allow us to direct your energy. Try to follow all of our instructions.

We are not trying to control you.

We are trying to give you greater control over your life.

We may not be able to help you if you don't allow us some influence in changing the way you live your life. Part of your mental health may be the life you're trying to live.

MAINTAIN RELATIONSHIP WITH PRIMARY CARE

Most psychiatric conditions worsen if you neglect physical health. Stay in touch with your general physician.

EXTENSIVE EXAMINATION PROLONGED DISCHARGE

TRANSITIONS PHYSICIAN REPORT

SUMMARY AND PLAN

Patient is seen in follow-up of partial program or intensive outpatient program at **Citrus Memorial Hospital Transitions**. Both of these programs are based on the concept of structure and socialization provided in the group dynamic to assist mental health in a positive direction.

The groups explore a variety of topics applicable to a range of disorders and functionality. The underlying culture of the program is emphasized throughout the experience and has components consisting of:

1. Taking ownership of a condition but allowing assistance.
2. Tracking and monitoring symptoms
3. Maintaining a good circadian rhythm
4. Pursuing serenity more than excitement for stability.
5. Positive, mindful awareness of experiences.
6. Improving medication compliance and understanding.
7. Looking holistically at improvement across a range of metrics.
8. The importance of maintaining mind and body together for total health.
9. Respecting the group process in terms of privacy and boundaries.
10. The importance of follow-up and maintenance in mental health.
11. Perpetual Treatment Team approach in program.
12. Working on problems while in the program.

- Patient was administered a two day form based upon the standardized PHQ-9 + 8 additional items added by John Grace, M.D. This approach is similar to the initiative of the American Psychiatric Association efforts to develop a cross-cutting symptom measure for the fifth version of the

EXTENSIVE EXAMINATION STRENGTHS / WEAKNESSES

Mental Status Exam

Nursing and Therapist Feedback

Activities of Daily Living

Awareness of Limitations

Readiness for Change

Physical Health Issues

Social Support

Compliance

Communication

Addition of Positive Experiences

Impulse Control

PROLONGED DISCHARGE PLANNING

Functional Level Stability

Harmful Behavior Stability

Psychosocial Stability

Psychotropic Medication Stability

Medical Condition Stability

II. HOW DO THESE HELP?

- Equivalent or superior recovery-based care at a lower cost (Hoge MA, Davidson L, Hill WL, et al. The promise of partial hospitalization: a reassessment. *Hosp Community Psychiatry* 1992;43:345-54.)
- Clinical services without the increased dependence on clinicians and loss of function of hospitalization. (Dick P, Cameron L, Cohen D, et al. Day and full time psychiatric treatment: a controlled comparison. *Br J Psychiatry* 1985;147:250-3)

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SUBSTANCE ABUSE CARE

- Level 0.5 – Early intervention
- Level 1.0 – Outpatient services (including opioid treatment programs)
- **•Level 2.1 – Intensive outpatient services**
- **•Level 2.5 – Partial hospitalization services**
- •Level 3.1 – Clinically managed low-intensity residential services
- •Level 3.3 – Clinically managed population-specific high-intensity residential services
- •Level 3.5 – Clinically managed high-intensity residential services
- •Level 3.7 – Medically monitored intensive inpatient services
- •Level 4.0 – Medically managed intensive inpatient services

II. HOW DO THESE HELP?

- Cultural Psychology
- Group Psychology
- Maintain Dignity
- Maintain Responsibility
- Maintain Functionality

REAL EXAMPLES

- PSEUDO-DEMENTIA
- *CLOZARIL AND INGREZZA TITRATIONS*
- DETOXIFICATION OFF OPIOIDS AND ALCOHOL
- MANAGEMENT OF AKATHISIA
- COORDINATION WITH DCF AND FAMILIES
- ENGAGEMENT OF PATIENT RELUCTANT TO BUY-IN

CLOZARIL

- The most effective anti-psychotic medication ever developed...but can cause bone marrow suppression, pericarditis, and hypotension.
- Has to be registered to be given
- Weekly blood draws sent to and confirmed by pharmacy.
- We've been able to facilitate this life saving treatment for several patients.

AKATHISIA

- Akathisia is a condition that causes a feeling of restlessness and an urgent need to move. From the Greek word “akathemi,” which means to “never sit down.”
- Associated with a risk of suicide and doses of many medications.
- Hard for unspecialized to recognize.

HOW CAN YOU HELP? THERAPISTS

- Even part time. We need local therapists to commit to 2-4 hours a month. That's two groups every two weeks to help staffing.
- Salary
- Exposure to new ideas, programing, and people.

HOW CAN YOU HELP? MENTAL HEALTH PROVIDERS

- Dr. Gurnani co-directing.
- But need more help.
- Room for growth.

HOW CAN YOU HELP?

GENERAL PRACTITIONERS

- Psychiatric patients are underserved.
- Need to feel comfortable with outside providers.

HOW CAN YOU HELP? SPECIALISTS

- Neurology - Movement Disorders
- Endocrinology - Diabetes
- Pulmonology - Anxiety and Sleep
- Cardiology - QTc and Alpha Agents
- Nephrology - Lithium
- Hematology - Clozaril and Zyprexa
- GI- Somatization disorders

HOW CAN YOU HELP?

COMMUNITY

- EDUCATION / AWARENESS
- ADVOCACY
 - REIMBURSEMENT ALL INSURANCES
 - EQUAL TREATMENT
- TRANSPORTATION

VISION

- BRINGING TOGETHER COMMUNITY RESOURCES AT ONE PLACE TO OFFER INTENSIVE MENTAL HEALTH CARE THAT IS FIRMLY CONNECTED TO THE COMMUNITY.

TECHNOLOGY VISION

- ECT
- TMS
- KETAMINE
- DBS
- VNS
-

CHARITY

- Offers some of the most cost-effective urgent care in medicine at the margin.

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THANK YOU C.G.

QUESTIONS