ACT Center of Indiana

Excellence in Training, Research, and Technical Assistance

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NOTES FROM THE DIRECTORS

Co-Directors Michelle Salyers & Mike McKasson

This issue brings with it more news on recovery and transformation, from several complementary perspectives. Our state, like many others, is working on creative ways to enact system changes in support of recovery (see page 2). Of course, this type of transformation involves not only top-down support from the state mental health authority, which is clearly present in Indiana, but also the bottom-up kind as well. Dr. Cornett (page 3) and ACT team leader Richard Prather (page 5) describe their efforts on ACT teams to support this change. In our new section of the newsletter, Recovery Journal, Bob Reyes chronicles recovery changes from the consumer perspective (page 4). In addition, the Research Corner describes recent research on health promotion, a key part of recovery (page 6). There has been a lot of talk about recovery and this transformation process. It will take all of us — consumers and their significant others, clinicians, administrators, researchers — working together, with shared purpose and vision, to get there. We are so excited to be part of the process here in Indiana!

In this issue

Article Page(s)

DIVISION OF MENTAL HEATLH AND ADDITION

TRANSFORMING MENTAL HEALTH IN INDIANA

By Alma West
Operations Manager, Indiana DMHA

June 1st was the deadline. The deadline for the Division of Mental Health and Addiction (DMHA) to submit a grant proposal articulating HOW the State of Indiana will transform mental health if given the opportunity and funding.

In 2003, the President's New Freedom Commission on Mental Health submitted a report detailing how we can *Achieve the Promise* by transforming mental health care in America. This report included six goals and related recommendations for immediate improvements that the Federal government, State governments, and local agencies as well as public and private health care providers can implement. The Department of Health and Human Services' Substance Abuse & Mental Health Services Administration (SAMHSA) is charged with implementing these goals. To carry out this charge, SAMHSA has submitted a nationwide announcement of the availability of funding for up to $18.7 million if awarded a Mental Health Transformation State Incentive Grant. WOW!

Transforming mental health is a priority in the State of Indiana. By the time you read this article, a team of Mental Health professionals will have prepared and submitted a grant proposal detailing our "roadmap" to transformation. This "roadmap" will portray how we will build a solid foundation for delivering and sustaining effective mental health and related services by developing, implementing, evaluating, and sustaining a comprehensive mental health plan. The possibility of recovery and recognizing consumers' ability to successfully cope with life's challenges is our underlying principle. Our proposal illustrates how the State of Indiana will collaborate with all service systems to improve inefficiencies, increase involvement of consumers and family groups, and accelerate research and bridge science to practice in transforming mental health. We also highlight our current progress and successes.

Transformation success would not be possible without the interest and commitment of all agencies and systems that serve people with mental illnesses. We would like to take this opportunity to thank every agency and representative who have already committed their time and effort in working with the Division of Mental Health and Addiction to plan and take action in transforming mental health in Indiana.

Cont'd on pg. 3 >>>

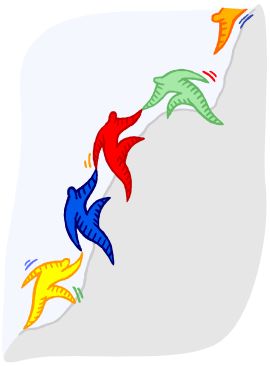
"Transforming MH in IN" cont'd from pg. 2 . . .

When will we receive the results of our application? We hope to receive notification of this grant award by early Fall 2005. Upon notification, we will do our best to get the word out to all interested persons. But remember, regardless of the outcome, the State of Indiana will move forward in transforming mental health and realizing the vision set forth by the President's New Freedom Commission:

We envision a future when everyone with a mental illness will recover, mental illnesses can be prevented or cured, mental illnesses are detected early, everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning and participating fully in the community.

"Being an ACT Psychiatrist"

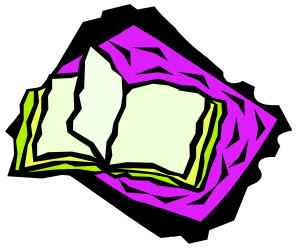
By Dr. Erika Cornett



Dr. Cornett is currently the psychiatrist for the ACT team at Howard Regional Health Systems in Kokomo, Indiana. She has worked at Howard Regional since 2001 and has been with the ACT team for the past two years. She graduated from the IU School of Medicine in 1992 and graduated from her psych residency through IU in 1996. Prior to ACT, Dr. Cornett worked in private practice for the Dept. of Corrections and was faculty at the IU School of Medicine.

Today was one of those days that I just love being an ACT Psychiatrist. I was on my way to work and saw one of our clients walking down the street in Kokomo. This guy had been missing in action for about ten days and was overdue for his risperidone injection. So I just whipped into a nearby parking lot, called his name, and said, "Hop in. You are late for your shot." This "never a dull moment" type of experience is what makes working with an ACT team so much fun. I am able to develop a unique and closer therapeutic relationship with my patients while being with them out in the community. I do almost 100% of my "med check" visits in the client's home (or out on Markland Avenue!). Seriously, I feel like being in the environment that the client is in helps me to better understand how they are really doing and eliminates some of the old stereotypes about the doctor-patient relationship. So often when patients come into your office they are trying to present the best that they can when what we really need to see is how they do on an average day. It is when we really see the patient's symptoms that we can best provide treatment.

When I reflect back on my two years with the ACT team at Howard Regional Health Systems in Kokomo, Indiana, I feel a mixture of emotions. First, I have to laugh because I ended up on the team because no other doctors wanted to do it (and at first I wasn't sure I did either). My background was not with the chronically mentally ill, and I had spent most of my career in an office based outpatient practice. This default placement has ended up being the best career move anyone else ever made for me. I am truly at home serving the SMI population in the unique way that an ACT psychiatrist serves her patients. My only regret is that I don't get to do it full time - yet. I also look back at our team with pride. This is a young team that worked very hard to get its provisional certification last year and is just back from presenting at the National ACTA conference. I work with a team of individuals who care so much and work so hard for the clients we serve. Every day I know that this team and I make a difference, and that feels really good.



Recovery Journal: Journey of Hope

Commentary by Robert Reyes

Consumer of IMR and ACT Services & ACT Center Administrative Research Assistant

The stress should be back on the mental in mental illness — that is, the psychology of the disease and mental therapy, especially motivational talk therapy. We should stay away from being bogged down in physicality — physical symptoms and atomistic terminology and megascience. And though pharmacology is important, you know as well as I that it isn't a cure-all, the be-all, and end-all of panaceas. Positive thinking leads to positive behavior — behavior that is rewarded and rewarding. How one looks at oneself depends on greatly if he or she has a positive outlook.

A word of encouragement and a reassuring smile are strong medicines for any residual emotional pain or searing self-doubt. Patience goes a long way. No one should give up hope on any person. Everyone can be raised from depression; everyone can be awakened from mental slumber. No one's lost forever or has passed the point of no return. No one's asking you to move mountains, just move people, motivate them, urge and goad them on, cheer them on their difficult race against an unyielding disease.

I know you all work hard at what you do. I'd like to thank you on behalf of consumers like me for your ardor and industry, your passion for your cause, which comes with sacrifice from you and your family, but you must remember even if you're working hard, your client is working harder under extreme duress, working hard to stay in control with the noisy clangor of unwanted voices, bearing with tight jaw the coldness of the real outside world, working hard to be relaxed when all your nerves are jangled and raw, working hard to communicate and connect with normal people in a coherent, rational, pleasant, warm, amiable manner. I know you're not supposed to sweat the small stuff, but with us, every little minor thing can be inflamed into a major crisis.

Once when I was hospitalized, a nurse admonished me to take it easy and not try to conquer the world. In my personal opinion, the problem with consumers is not people expecting too much of them but rather the opposite — people expecting too little of them. You wouldn't tell your teen-age daughter not to conquer the world. You would tell her to knock them dead, be anything you wanted, even be the first female president of the United States. Why should we be any different?

Many people would have counted out Helen Keller, and many did at the time, including her own family. Helen Keller lost her sight and hearing at an early age due to illness. Two people didn't count out Helen Keller: Anne Sullivan, who was her teacher and Helen Keller herself. Helen had a strong sense of self even though two primary senses were gone.

This is what Helen Keller wrote in her book: "Have you ever been at sea in a dense fog, when it seemed as if a tangible white darkness shut you in, and the great ship, tense and anxious, groped her way toward the shore with plummet and sounding-line, and you waited with beating heart for something to happen? I was like that ship before my education began, only I was without compass or sounding line, and had no way of knowing how near the harbor was. 'Light give me light' was the wordless cry of my soul, and the light of love shone on me in that very hour."

This time of the year is a time of graduations and weddings. Two of my nephews, Ryan and Alex, are graduating from high school, the 911 generation. My cousin Jenny is getting married in July. My younger brother just had a baby son. I too have had a lesser life-altering turning point — a kind of

Cont'd on pg. 5 >>>

"Recovery Journal" cont'd from pg. 4 . . .

graduation, a kind of commencement of recovery. My job status at the ACT Center has changed to full time status. I work for ACT because I truly believe that ACT works — it worked for me and countless others. You may be starting your journey of recovery while I'm nearly ending mine. With every commencement, there is an ending. And there is no finality without a vista to new frontiers and new worlds to conquer. So like Helen Keller, who described herself as a ship in a white fog, I congratulate and celebrate your maiden voyage. May you make it back home as I have.

Part of speech presented at 6/23/05 ACT Center of Indiana ACT Start-up Skills Training at IUPUI

Celebrating Consumer Successes

Story shared by Richard Prather,
ACT Team Leader at Quinco Behavioral Health Systems in Columbus, Indiana

One of our clients is a 34 year old male who was diagnosed with paranoid schizophrenia at the age of 18 and has been served by our agency since that time. He has a history of multiple hospitalizations, difficulty engaging in outpatient treatment, and a long history of substance abuse problems. Upon referral to our ACT program, he had essentially fallen out of contact with our agency for a period of several months. Our first contact with him was on the streets of his neighborhood, where we made no real demands of him but simply began building some semblance of a trusting rapport with him. From these initial contacts we were able to learn that he was receiving no services or medications, was being financially exploited by his brother and friends, and was consequently on the verge of becoming homeless.

Our subsequent contacts with him included visits from our team psychiatrist who initially met with the client on his own front porch. These contacts eventually led to the client's voluntary admission to a private hospital to promote stabilization of his psychiatric symptoms. From the hospital he was admitted to a residential facility and within a few weeks had moved into his own apartment with the ACT team's assistance in coordinating multiple resources and supports.

Our ACT program's interventions normally include assuring that healthcare services are obtained by our clients, and this client soon learned he had been suffering from diabetes for quite some time. He is now able to manage his diabetes independently with support and education coordinated by the ACT team.

This client also recently lost his first apartment due to fire, and with the assistance of our ACT team, he received counseling to mitigate his degree of trauma and assistance in obtaining new housing and household items within days. He continues to participate in his treatment regularly and has now been abstinent from alcohol and street drugs for nearly two years.

Although this client continues to struggle with some symptoms of his illnesses, he would want to be first in line to tell you that his quality of life has improved immeasurably over the past two and one-half years.

If you are an ACT, IDDT, or IMR team member, consumer, and/or family member of someone receiving these evidence-based services and would like to share your perspective or success story, we would love to hear from you.

Email vpedrick@iupui.edu
OR send written correspondence via U.S. mail to our address found on page 8 of this newsletter.

Incorporating Physical Activity into Services

By: Kikuko Campbell & Jack Tsai
Research Assistants

People with severe mental illness (SMI) are at higher risk for premature mortality than the general population (Harris & Barraclough, 1998; Joukamaa et al., 2001). A combination of sedentary lifestyle, poor diet, and antipsychotic medication-induced weight gain may predispose consumers with SMI to a high risk of chronic illnesses: their rates of comorbid medical conditions such as hypertension, diabetes, cardiovascular disease, and respiratory disease are as high as 60% (Berren, Hill, Merikle, Gonzalez, & Santiago, 1994; Koran et al., 1989). With the recovery movement, there has been increasing attention to integrate psychiatric rehabilitation with general health care so that consumers can pursue long, active, and satisfying lives.

Regular physical activity has been found to elevate mood, increase fitness, and defend against many chronic illnesses in the general population (Scully, Kremer, Meade, Graham, & Dudgeon, 1998). Programs to promote physical activities are attractive for its potential for other important benefits in consumers with SMI for the same reasons as in the general population. Diet-and-exercise interventions are effective in reducing weight gain in consumers (Faulkner, Soundy, & Lloyd, 2003). Two recent meta-analyses reported large effect sizes for exercise in reducing depression in consumers compared with no treatment (Craft & Landers, 1998; Lawlor & Hopker, 2001). A 1999 review of mostly pre- and quasi-experimental studies of exercise interventions for people with schizophrenia concluded that exercise could alleviate secondary symptoms such as depression, low self-esteem, and social withdrawal (Faulkner & Biddle, 1999). Exercise may also help engage consumers in mental health services, reduce social isolation, promote a sense of normalization, improve quality of life, and act as a useful coping strategy for psychotic symptoms (Faulkner & Sparkes, 1999).

Future research needs to elucidate the non-physical benefits of exercise interventions and the most effective intervention modality for people with SMI. Further, we need to understand methods to promote adherence to lifestyle modification in this population. The literature suggests that programs to promote health are well-received by consumers and are often considered valued components of rehabilitation. One of the most challenging aspects of assisting people with SMI to manage their general well-being is ensuring effective coordination across their many service providers (Richardson et al., 2005).

We suggest that personal goals regarding fitness and physical activities be part of the routine assessment and individualized treatment planning that consumers receive. Consumers can set personal goals and self-monitor achievement using objective methods such as pedometers and daily paper logs. Walking, either in the form of supervised group walks or unsupervised home-based walking, is one of the easiest, safest, and most inexpensive types of exercise to promote. There are many ways to incorporate walking into daily ACT services. For example, using stairs instead of taking the elevator on the way to the doctor's office, walking to the store instead of taking the bus or car, or simply having a meal at a nearby park instead of sitting at home. Consumers can be encouraged to develop a daily habit of walking after meals or at a time comfortable for them. Clinicians may take a walk with consumers to engage them in employment or substance abuse treatment. Motivational interviewing could be used to encourage consumers to use walking not only as a form of physical exercise but as an emotional outlet.

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Cont'd on pg. 7 >>>

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☺☺☺☺☺☺ Physical Activity Resources ☺☺☺☺☺☺

National Organizations:

- **American College of Sports Medicine** - http://www.acsm.org/index.asp
- **American Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention** - http://www.cdc.gov/nccdphp/dnpa/index.htm
- **National Center on Physical Activity and Disability, University of Illinois at Chicago** - http://www.ncpad.org/
- **American Council on Exercise** - http://www.acefitness.org/getfit/default.aspx
- **American Heart Association Fitness Center** - http://www.justmove.org/
- **American Association for Active Lifestyles & Fitness** - http://www.aahperd.org/aalr/

Related Websites:

- **YMCA** - http://www.ymca.net/
- **Healthy heart quiz** - http://www.americanheart.org/presenter.jhtml?identifier=947
- **Health & fitness tips** - http://www.health-fitness-tips.com/
- **Exercise: A guide from the National Institute of Aging** - http://weboflife.ksc.nasa.gov/exerciseandaging/toc.html
- **Exercise tips** - http://exercise.lifetips.com/cat/61292/exercise/index.html
- **How-to exercises** -http://www.lhj.com/lhj/category.jhtml?categoryid=/templatedata/lhj/ category/data/HowToExercises.xml
- **Walking** - http://walking.about.com/, http://www.walking.org/, http://www.thewalkingsite.com/
- **Information about pedometers** - http://www.new-lifestyles.com/
- **Printable walking log sheet** - http://stridewithpride.org/log.pdf

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To change your subscription to the ACT Center of Indiana quarterly newsletter, contact Veronica Pedrick at vpedrick@iupui.edu or (317) 274-6735. Newsletter created, designed, & edited by Veronica Pedrick.

What? The ACT Center is Moving?!?

Yes! The ACT Center of Indiana main office is moving from the IUPUI Department of Psychology to . . .

Roudebush VA Medical Center
1481 W. 10th St. (11H)
Indianapolis, IN 46202

This is just a physical move of our headquarters. We will be in the process of moving soon and should be settled by this fall. We will be sure to post our new phone numbers and such to our LISTSERVs and mailing lists as soon as we have them. In the meantime, we look forward to providing uninterrupted service and assistance.