



The Future of Healthcare:  
Embracing Change

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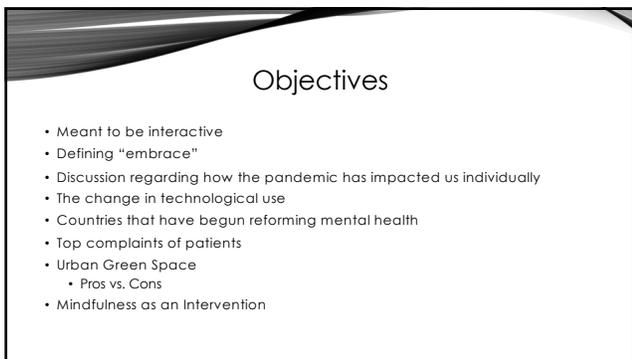
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Objectives

- Meant to be interactive
- Defining "embrace"
- Discussion regarding how the pandemic has impacted us individually
- The change in technological use
- Countries that have begun reforming mental health
- Top complaints of patients
- Urban Green Space
  - Pros vs. Cons
- Mindfulness as an Intervention

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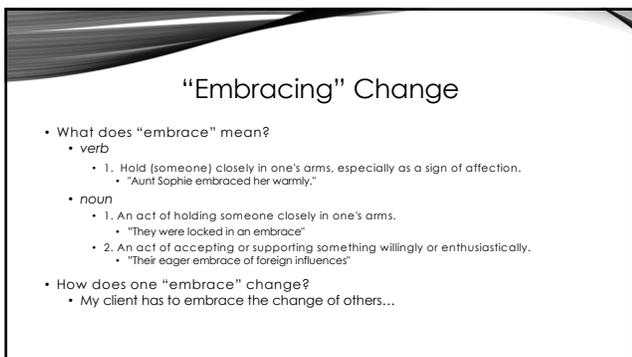
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"Embracing" Change

- What does "embrace" mean?
  - *verb*
    - 1. Hold (someone) closely in one's arms, especially as a sign of affection.
      - "Aunt Sophie embraced her warmly."
  - *noun*
    - 1. An act of holding someone closely in one's arms.
      - "They were locked in an embrace"
    - 2. An act of accepting or supporting something willingly or enthusiastically.
      - "Their eager embrace of foreign influences"
- How does one "embrace" change?
  - My client has to embrace the change of others...

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### What Are We Experiencing During The Pandemic?

- "Poverty and lack of safety go hand-in-hand."
  - The #1 important factor in "success" and quality of life...
- "You have better odds of winning the lottery than being born."
  - 1 in 13,983,816 vs. 1 in 400 trillion
- "I'm facing a dark life with two strong headlights."
- "If I had your hands, I'd cut mine off!"
- "Pills don't teach skills."
  - Experiential group where psychiatrist disclosed his method of training

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### Technological Use and Living Life

- "While we had the technology before the pandemic, there was diffidence toward its use among the VA workforce and veterans, which had to be overcome when in-person treatment became risky."
  - Matthieu, Taylor, Oliver, & Garner (2022)
- How has your life been shaped by the greater need to rely on technology?
- "Living through the COVID-19 pandemic has resulted in increased mental distress and ill-health among broad population groups globally. These challenges are likely to be enduring and have serious implications — not only for affected individuals and their families, but for all facets of society, the health sector, and the wider economy."
  - Cornforth (2022)

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### Reform Experiences of Five Countries

- Wong et al., 2022 gathered information regarding five (5) countries; Turkey, Georgia, Ukraine, Kyrgyzstan, and Serbia for an article entitled "Transitioning to Community-based Mental Healthcare: Reform Experiences of Five Countries."
- Many have talked about a community-based system, but not many have implemented this.
  - There is the phrase that it "takes a village," yet we do not use everyone in the village...
- "Historical heritage, financial difficulties, and delayed specialist service development are three central themes in all five countries we covered."
  - This is understandable, given that community mental health reform requires a fundamental culture shift supported by new infrastructure and staffing models.
  - Priorities need to be set carefully, reserving own strengths.
  - Further, countries face a harder battle when the previous system was further away from the Western 'prototype,' or the government is less involved.

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### Reform Experiences Cont.

- High-quality multidisciplinary collaborative forces are an important campaigner of progress, and a focal point for action.
  - They may originate from local interagency discussions, or formed by psychiatric associations.
  - In countries that have completed the community mental health transition, research has focused on how to maximize the effects of these integral multidisciplinary teams.
- The team structure (e.g. being a primary source of care) may be more important than pursuing specific staffing features, such as team size.
  - What about the culture of the team?
    - Is that important?

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### Reform Experiences Cont.

- A popular model is intensive case management, generally emphasizing a higher clinical intensity and a small caseload.
  - A meta-analysis suggested that the advantages of intensive case management are maximized when baseline hospital usage is high.
  - Children and adolescents may benefit more from the increased therapeutic intensity, and a supported discharge model has been found to result in shorter hospital stays and reduced repeated self-harm.
- The most recent comprehensive review on this topic found inconsistent evidence of the benefits of intensive case management and a lack of high-quality trials outside of Australia and North America.
  - Localized research is likely needed to answer whether all countries can benefit from a more intensive team organization, especially under finite resources.
- Financial stability and a clear funding plan are essential.
  - Regardless of the strategies of reform, a crystalized and committed strategy is the basis for future consultation and adjustment.
  - Community mental health reform is a gradual process, requiring patience.
  - International and domestic collaborative efforts evident in our examples provide a good reason to remain hopeful in this long journey.

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### Patient Complaints

- Sundler et al. (2022) completed an article entitled "Are they really allowed to treat me like that?" – A qualitative study to explore the nature of formal patient complaints about mental healthcare services in Sweden."
- The improvement of mental healthcare services requires patients' experiences to identify problems and possible deficits in care.
- In this study, we explored the nature and meaning of formal patient complaints about mental healthcare services in one region of Sweden using a descriptive design with a qualitative approach.
- A systematic random sample of 106 formal patient complaints about mental healthcare services in 1 Swedish county was selected and analyzed thematically, based on descriptive phenomenology.

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### Patient Complaints Cont.

- Four (4) overarching themes identified were:
  - Lack of access to mental healthcare services and specialist treatment.
  - Problems related to unmet needs and difficulties with healthcare staff.
  - Insufficient care and treatment and lack of continuity in care.
  - Experiences of not being taken seriously or feeling abused by staff.
- The vulnerability of patients already in the system is a greater issue than realized.
- The human right to health and the healthcare of patients with mental ill health can be strengthened by increased access to care, listening to patients properly, and delivering continuity in care.

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### Urban Green Space

- Astell-Burt et al. (2022) conducted the first person-level (i.e. non-ecological) study internationally to assess whether urban green space was associated with lower antidepressant prescribing, talking therapy referrals, and associated mental healthcare expenditure.
  - "Is Urban Green Space Associated with Lower Mental Healthcare Expenditure?"
- Previous researchers reported lower odds of psychological distress and better general health in populations with more trees nearby.
  - (Astell-Burt and Feng, 2019; Jiang et al., 2020; Reid et al., 2017).
- Several ecological studies reported lower levels of antidepressant prescribing (Helbich et al., 2018; Taylor et al., 2015) and lower Medicare costs in areas with more tree canopy (Becker et al., 2019).

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### Urban Green Space Cont.

- While the evidence of mental health benefits from investing in green space accumulates, claims of reduced healthcare expenditure are rarely supported by evidence from analyses of actual healthcare data. Additionally, the question of 'who pays?' has been ignored. We addressed these gaps using person-level data in three Australian cities.
- **Methods:**
  - 55,339 participants with a mean follow-up time of 4.97 years in the Sax Institute's 45 and Up Study (wave 2, collected 2012-2015) were linked to fee-for-service records of antidepressant prescriptions and talking therapy subsidized by the Australian Government (including data on per unit fee, state subsidy, and individual co-payment).
  - Total green space, tree canopy, and open grass within 1.6 km road network distances were linked to each participant.
  - Multilevel logistic, negative binomial, and generalized linear models with gamma distribution adjusted for demographic and socioeconomic confounders were used to assess the association between each green space variable and prescribing/referral and costs of antidepressants and talking therapy.

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### Urban Green Space Cont.

- Results:
  - Prescription of at least one course of antidepressants occurred for 20.01% (n = 11,071).
  - Referral for at least one session of talking therapy occurred in 8.95% (n = 4954).
  - 13,482 participants (24.4%) had either a prescription or a referral.
  - A 10% increase in green space was associated with higher levels of antidepressant prescribing (e.g. incident rate ratio (IRR) = 1.06, 95%CI = 1.04-1.08).
  - Tree canopy was not associated with antidepressant prescribing or referrals for talking therapy.
  - Open grass was associated with higher odds (OR = 1.17, 95%CI = 1.13-1.20) and counts (IRR = 1.05, 95%CI = 1.02-1.08) of antidepressant prescriptions.
  - Open grass was also associated with lower odds (OR = 0.87, 95%CI = 0.82-0.92) and counts (IRR = 0.93, 95%CI = 0.90-0.96) of talking therapy referrals.
  - Open grass was associated with higher total and mean per-person levels of expenditure on antidepressant prescriptions.

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### Urban Green Space Cont.

- The inherent limitations of this position if there are known, or likely to be large numbers of people living with depression that is undiagnosed and untreated.
- Conclusion:
  - Although green space supports mental health, these unexpected results provide pause for reflection on whether greening strategies will always result in purported reductions in mental healthcare expenditure.
- Patterning of green space with respect to income and education were reported in Supplementary Table 6, with participants with higher incomes and/or with higher educational qualifications tending to have more tree canopy cover and less open grass nearby.
  - How does this statement impact the findings?
  - Developed vs. undeveloped/underdeveloped

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### Telehealth

- Brunt & Gale-Grant (2022) purported that the COVID-19 pandemic has rapidly accelerated the use of online and remote mental healthcare provision.
  - "Telepsychiatry: What Clinicians Need to Know About Digital Mental Healthcare"
- The immediate need to transform services has not allowed for a thorough examination of the literature supporting remote delivery of psychiatric care.
- In this article, we review the history of telepsychiatry, the rationale for continuing to offer services remotely, and the limitations of psychiatry without in-person care.
- **Focusing on randomized controlled trials we find that evidence for the efficacy of remotely delivered psychiatric care compared with in-person treatment is of low quality and limited scope but does not demonstrate clear superiority of one care delivery method over the other.**

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**Telehealth Cont.**

- **Telepsychiatry**
  - Is usually defined as the use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance.
  - It is occasionally subdivided into 'synchronous' and 'asynchronous' types, the former referring to systems in which the patient and clinician communicate directly and simultaneously (such as a video call) and the latter referring to systems in which they may communicate indirectly or at different times.
- **History**
  - Initial attempts at establishing remotely delivered psychiatric care universally took place in the USA- a country with a large population living in rural areas. The first system for clinical use was established in the early 1970s when a two-way video system was installed between a teaching hospital and a smaller rural clinic in Nebraska, USA.
    - US= 80.7% Urban and 19.3% rural (2010 data, as 2020 data is not available until 12/2022 per the US census bureau)
  - Patients still went to the clinic, sat in a waiting room, and were shown into their consultation by a member of staff, who remained present during the session.
    - (Witson 1972)
  - This program was a success and appreciated by the local population, and a number of similar programs were subsequently developed, with staff usually present in a remote clinic to help the patient use the video equipment.
    - (Dwyer 1973; Murphy 1974; Dongier 1986).

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**Telehealth Cont.**

- Substantial periods of social contact minimization in many countries necessitated the rapid development of remotely delivered community care, and even as pandemic restrictions have eased, in many countries telepsychiatry remains the default mode of out-patient care.
  - (Mehrotra 2021; American Psychiatric Association 2021)
- Most are generally in agreement that telepsychiatry is viewed as safe and effective, and that clinicians are encouraged to offer appointments remotely if possible.
- In the UK the view that remote assessments are as robust as in-person ones were echoed by NHS England and the Department of Health and Social Care, who in 2020 endorsed remotely delivered Mental Health Act assessments.
- There is a large body of evidence studying patients' perceptions, which in general demonstrates that patients are happy with remotely delivered care.
  - (Rohland 2000; Polinski 2016; Cowan 2020; Guinat 2020; Lal 2020).

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**Telehealth Cont.**

- There are clearly cohorts of individuals for whom telepsychiatry is not practical:
  - People who do not own the necessary technology or are unfamiliar with it;
  - People who struggle to adjust routines rapidly;
  - People who lack a private space in which to talk freely, for example.
- A 2018 meta-analysis explicitly comparing measures of alliance in remote and in-person care (which focused exclusively on the delivery of formal therapy rather than general psychiatric assessments) included five studies and found that therapeutic alliance was marginally less strong in remote care, but that this did not translate to worse outcomes.
  - (Norwood 2018)
- Given the above, what is a sensible and scientifically robust way to approach telepsychiatry?
  - The first and most important point is to allow the patient to choose which way they prefer to access care.
- Until such studies are available, offering a blended approach to out-patient care with both in-person and virtual appointments as per patient preference appears to be prudent.

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### Mindfulness as an Intervention

- Researchers Klatt et al. (2020) constructed an article entitled "Embracing Change: A Mindful Medical Center Meets COVID-19."
- Background
  - Healthcare professional (HCP) burnout transcends clinician job title and role, thus creating a need for interprofessional strategies to address burnout.
  - The organizational framework of offering employer-sponsored mindfulness programming to HCPs sets the stage for an orchestrated, mindful response to COVID-19.
- Objective
  - This single arm pre-post interventional research tested changes in measures of burnout, resilience, perceived stress, and work engagement for interprofessional HCP faculty and students participating in Mindfulness in Motion (MIM), a novel eight-week multimodal evidenced-based onsite intervention.

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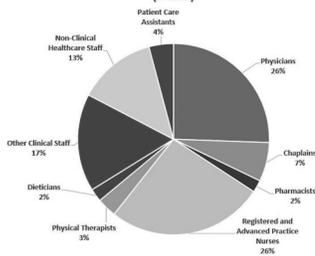
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MIM Healthcare Professional Roles (n=267)




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### Findings

- Not only does mindfulness programming improve burnout, perceived stress, resilience, and work engagement, but it is also associated with a host of positive physical health outcomes, quality of life variables, and sustained mental health benefits.
- Because burnout is comprised of factors affecting physical, social, and mental wellbeing, the effects of reducing it for HCPs at the worksite are widespread, impacting patient care and public health.

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### Mindfulness in Motion

- Our previous research had shown that MIM can reduce biological and behavioral markers of reactivity to stress and indexes of burnout among HCPs.
- This is in line with other mindfulness-based interventions (MBI) research that documents significantly reduced musculoskeletal symptoms, levels of anxiety, depression, and pain with increased self-compassion and quality of life<sup>15</sup> among HCPs.
- Additionally, individuals have reported a lower sense of isolation, loneliness, and increased social interactions, which can improve mental health.
- Lastly, individuals have reported a decrease in on-duty accidents and time off work, and an increase in productivity while on the job.
- Mindful awareness of the unexpected can also be a critical element of an organizational learning framework for healthcare organizations to create a culture of safety and wellbeing, which may be a critical factor in being able to pivot in times such as COVID-19.

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### Mindfulness in Motion Cont.

- Factors driving the success of MIM programming included offering the program onsite multiple days/ times per week, inclusion of interprofessional employees of the health system, and the creation of videos to ensure high fidelity of intervention delivery.
- Literature shows that when mindfulness programming is integrated into the workday, results are better and participant attendance and satisfaction rates are higher.
- Unsurprisingly, the literature shows that multiple time offerings of mindfulness interventions lead to better satisfaction and attendance rates.
- In other organizations, a barrier to the generalized utilization of MBIs within the workplace though has been the paucity of trained facilitators in mindfulness.

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**Table 1.** Views of COVID-19 Specific Mindfulness Videos.

Length/format	Number of total views in first 60 days	Number of total views in first 90 days	Titles of most popular videos
5-6 Minute Daily Mindfulness Practices	8,471	10,896	Letting Go of the Uncontrollable Understanding Willpower Turning Around Exhaustion Why Can't We Sleep! Anxiety is Contagious
30-Minute Weekly Mindfulness Booster Sessions	1,182	1,720	COVID-19: The Fluidity Teacher From COVID-19 to Calm Leading the Way Through and Beyond COVID-19 Adaptability: Where do We Score! 2020 the Year of Testing Mindfulness: From COVID-19 to Civil Protest

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Additional Intervention Methods

- Ways to embrace an ever-changing environment
- <https://www.cnbc.com/amp/2022/07/25/employers-turn-to-company-wide-vacation-to-encourage-worker-well-being.html>

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Questions

- Are there any answers?

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