

PATHWAY TO PERSON CENTERED HEALTHCARE ENCOUNTERS: BEHAVIORAL HEALTH AND COGNITIVE IMPAIRMENT

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Conflict of Interest Statement

I have no relevant financial relationships or conflicts of interest with presented material that need to be disclosed.



Objectives



Demonstrate how to create a safe space in healthcare encounters for persons living with behavioral health diagnosis.



Describe ways to communicate and partner with persons living with cognitive impairment and/or dementia.



Explain the intersection of behavioral health, cognitive impairment, and social determinants of health.



Implicit and Explicit Bias



Implicit

Subconscious feelings, emotions, prejudices that have developed from previous mental imprints. Hostility does not need to exist to have implicit bias.



Explicit

Aware of the prejudices, bias, and thoughts regarding an individual, a group of individuals, or situations based on our mental maps.



Mental Health Stigma In Healthcare

From: Healthcare Management Forum

"Mental illness-related stigma, including that which exists in the healthcare system and among healthcare providers, has been identified as a major barrier to access treatment and recovery, as well as poorer quality physical care for persons with mental illnesses."

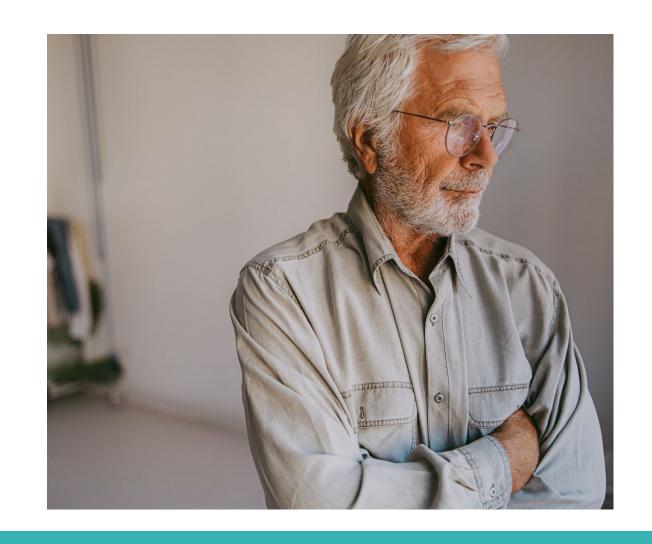
Publications.



Knaak, S., Mantler, E., & Szeto, A. (2017, March). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. In *Healthcare management forum* (Vol. 30, No. 2, pp. 111-116). Sage CA: Los Angeles, CA: SAGE

The Sources of Bias

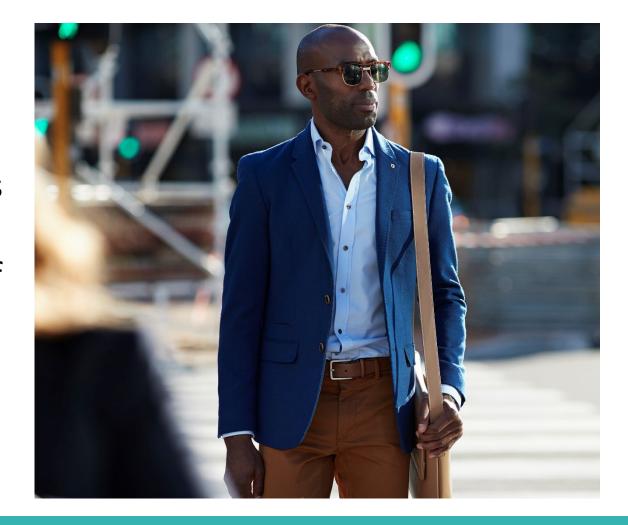
- Negative attitudes and behaviors of others.
- Lack of awareness of personal bias and/or community bias.
- Lack of skills to create a safe, empathetic space for care.





The Impact of Mental Health Bias and Stigma

- Self imposed barriers to accessing care.
- Trivialization of symptoms.
- Misattributing physical symptoms for mental health.
- Bias may prevent development of an empathic collaborative relationship with provider.
- Search for understanding providers.

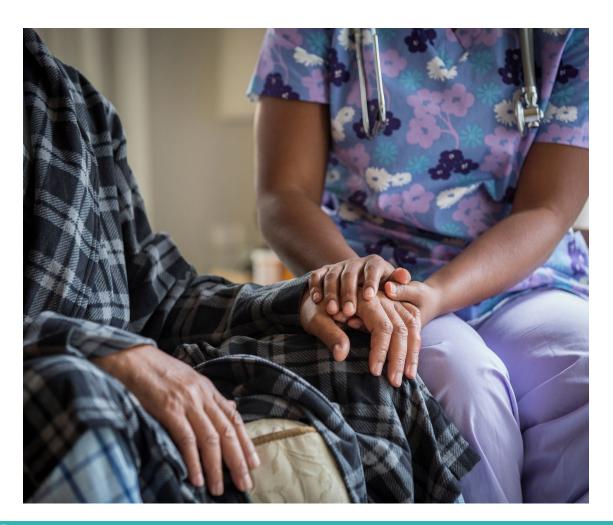


In Their Own Words

https://www.youtube.com/watch?v=LTIZ_aizzyk



Creating a Safe Space for Care



- Become aware of and suspend personal bias.
- Maintain appropriate levels of privacy.
- Provide myth busting information to staff.
- Expend hope of recovery and stability to the patient.



Creating a Safe Space for Care

- Approaching with empathetic curiosity: "help me understand," "share with me how you're feeling."
- Use this approach:
 - Recognize
 - Communicate
 - Support



Mental Health Bias in Healthcare

Access

• Feeling unsafe, not validated, and unheard.

Interactions

• Paternalistic, dismissive, and assumptive

Care

• Poor outcomes, dismissive, non-inclusive often misdiagnosed due to assuming poor historian or assigning symptoms to mental illness.



Mental Health and Social Determinants

Economic Stability

• Prohibitive cost of care, equipment, specialist care, employment opportunities, dependent insurance or under

Neighborhood/Physical Environment

• Access, physical and psychological safety, transportation,

Education

• Assumptions regarding education, access, financial ability to achieve higher education, often more informed than healthcare team

Food Security/Insecurity

• Access, nutritional needs, support for preparation, procurement ease, dependent on economic stability

Community and Social Context

• Supportive network, access, lack of inclusivity, perception of the person in the community and social context

Healthcare System

• Limited healthcare worker skill and understanding, lack of inclusion in public health, lack of representation in healthcare providers

World Health Organization 2021



Cognitive Impairment Bias in Healthcare

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. With mild impairment, people may begin to notice changes in cognitive functions, but still be able to do their everyday activities. Severe levels of impairment can lead to losing the ability to understand the meaning or importance of something and the ability to talk or write, resulting in the inability to live independently.

CDC, 2009



Cognitive Impairment Bias in Healthcare

- Bias presents itself through 3 key factors:
 - Provider
 - Assumptive ageism, fatigue, feelings and values, jumping on syndrome
 - Patient
 - Poor historian, multiple comorbidities', word finding secondary to anxiety
 - -System
 - Insufficient time for patient to process, poor team communication, distractions, poorly designed environment, interruptions



In Their Own Words: Planetree International Focus Groups

- "My mother was so confused and stressed from not feeling well, she couldn't communicate well. She came home in tears and said the doctor told her she had dementia...she does not."
- "They (office staff) kept interrupting me with more questions before I could answer the first one, then they had the nerve to ask me if I was having trouble with my memory."
- "They (hospital staff) gave me new medications, I must of reacted poorly to them because I woke up and was in a bed that looked like a tent, they kept me there because of 'my dementia.' I don't have dementia; I had a reaction."
- "I have somewhere between four and six active diagnosis, of course I am confused, who wouldn't be!"



Intersection with Ageism: Myths of Cognitive Impairment

- All cognitive decline is Alzheimer's disease.
 - While it is the most recognized, there are 100+ types identified.
- You must be "really old" to have dementia.
 - Early onset has occurred in people in their 40's. Many elderly people only experience mild decline with age.
- Memory loss or gaps in time are a normal part of aging.
 - "If I forget where I put my car keys, that could be normal forgetfulness. But if I forget what my keys are for, that could be dementia," Nicole Absar, MD, neuropsychiatrist and behavioral neurologist
- You must have memory loss to have cognitive decline.
 - True for many but not all, for example frontotemporal disorders that impact decision making.



Reducing Cognitive Impairment Bias



- Reduce variables that can impact diagnosis:
 - Distractions
 - Allow time to process information
 - Use empathic curiosity
 - Encourage use of journal or other form of pre-appointment documentation
 - Collaborate with care partners to evaluate IADL's and ADL's



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A Few Thoughts Regarding Social Determinants



 Advocacy for policy enhancements that decrease the SDOH's negative impact.

• Example need for federal funding for food security programs

Social Risk Factors Internal Use of Screening Tools for SDOH.



- Referrals made to community programs
- Support the development of and convening of community programs.

Green & Zook, Health Affairs Blog, 2019 Precision Matters





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