Health literate organization:
an approach

This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

FIGURE 1B: Elaborations on the Foundations of a Health Literate Organization
In 2014, an estimated 9.8 million adults aged 18 and older in the U.S. had a serious mental illness (4.2% of all adults)

Nationally, 57% of adults with mental illness receive no treatment, and in some states that increases to 70%

SAMHSA, 2014; Mental Health America, 2016, Employers Health, The National Academies, 2009
People with serious mental illness die [an average of] 25 years earlier than the general population.

Parks et al., 2006, p. 4
Mental illness leads to less health care access

Less access to health care because of:

- **System factors**: Fragmentation

- **Behavioral health provider factors**: Trained communicators” not versed in health literacy principles

- **Medical provider factors**: Competing demands, stigma, poor training on how to communicate with people about mental illness

- **Client factors**: Motivation, fearfulness, social instability
Increased risk of death from preventable disease

People with serious mental illness are more likely to die from:

- Cardiovascular disease
- Diabetes (including related conditions such as kidney failure)
- Respiratory disease (including pneumonia and influenza)
- Infectious disease (including HIV/AIDS)
Factors that increase risk and lower access

These vulnerabilities increase due to:

- Social factors
- Stigma
- The impact of mental health symptoms
- Mental health symptoms that mask symptoms of medical illnesses
- Psychotropic medications
- Multiple medications
- Lack of access to appropriate health care
- Lack of coordination between providers
Clients feel stigmatized by their providers

Why?

- Primary care is reactive
- Providers may be inexperienced, uncomfortable or biased about mental and behavioral health
- Providers don’t have enough time to:
  - Discuss psychological issues
  - Complete physical assessments
  - Connect the dots between the physical and psychological
- Providers communicate their discomfort to people
Why should providers care about stigma?

Perceived stigma results in:

• Lower medicine adherence
• Treatment drop-outs
• No-shows
• Fewer people accessing mental health care
• Lack of physical care
Barriers to communication

What symptoms interfere with someone’s ability to communicate?

- Increased anxiety
- Paranoia
- Decreased attention or concentration
- Superstitious thinking
- Voices

History of “trauma from treatment”

- Actual trauma
- Perception of trauma
What mental health clients say about their experiences with physical health care

Doctors *assume* that we’re not reliable witnesses to our own health care.
What mental health clients say about their experiences with physical health care

I feel like I’m being **rushed** out and don’t have time to tell them what’s happening… I say, “I’m here. At least let me tell you.”
What mental health clients say about their experiences with physical health care

“They should look the patient in the eye… Listen to what’s really going on with that person.”

IBP Partners in Health Interagency Toolkit, 2013
Sometimes people in mental health think **your brain is broken**, and they treat you like that.
What mental health clients say about their experiences with mental health care

When you walk into a visit with the psychiatrist, they have nine minutes for you. They recommend a particular drug or 2 or 3, and if the client has any questions, the answers are terse and they gloss over some of the most important risks.
What mental health clients say about their experiences with mental health care

I got really scared because who would take a list of meds for something they haven’t ever been educated about.
Strategies for health-literate care in mental and behavioral health

What kinds of techniques help to lower risks and increase understanding and action?

01 Health Environment Assessment
02 Plain language in written materials and when speaking
03 Empathy
04 Symptom-based communication strategies
What do people with mental health concerns want from their health care providers?

- Allow them 2 minutes to talk before interrupting
- Explain the illness, its importance and impact using words they understand
- Provide written information they can understand
- Explain medications and address their concerns
What do people with mental health concerns want from their health care providers?

- Don’t assume that their symptoms are all in their head
- Link treatment to clients’ recovery goals
- Offer and encourage participation in peer support groups
- See them as a whole person
Our partnership with Truman Medical Centers

About Truman Medical Centers Behavioral Health (TMCHB)

- Largest provider of mental health services in the Kansas City metro region
- Serves over 17,000 clients each year, with over 200,000 outpatient visits

Health Literacy Media’s role

- Delivered 4 trainings on health-literate communication skills
- Conducted Health Environment Assessments at 5 TMCBH facilities
- Reviewed and revised 56 pages of existing client-facing documents
- Wrote and designed 96 pages of new client education materials following plain language principles
Assessment with a mental health focus

Unclear navigation

• Stress from being lost can negatively influence a patient’s mental health, functional ability and safety.

Poor design

• Poorly designed facilities can reinforce negative behavior, promote self-injury and increase a patient’s compulsive and obsessive tendencies.
Assessment with a mental health focus

Unclear or irrelevant materials
• Stigma and complicated information can negatively affect how they understand their condition
• Materials that are not tailored to the population are not helpful

Unclear communication
• Mental health clients are more likely to have low health literacy
• Misunderstanding can negatively affect the attitude and behaviors of a mental health patient
The need for plain language

Health care providers often use medical jargon that’s unfamiliar to most people.

Education materials are written beyond most people’s ability to understand.

Parler and Ratzan, 2010
Health literacy takeaways

Improve high-use patient education documents so they are:

• Easy to read and understand
• Visually appealing
• Easy to use

Teach managers and key staff how to identify, revise and write documents that follow plain language principles
Health literacy takeaways

Staff need:

• The ability to identify and choose health-literate documents
• Access to health-literate patient education documents
• Skill to use patient education documents as support of spoken instructions, not as a replacement
Moving forward

Recommendations at a national level

• Designate people with serious mental illness as a health disparities population

• Adopt ongoing surveillance methods

• Support education and advocacy

Recommendations at a state level

• Improve access to physical health care

• Promote coordinated and integrated mental health and physical health care for people with serious mental illness

• Address funding for these initiatives
Moving forward

Recommendations for provider agencies and clinicians
• Adopt as a policy that mental health and physical health are integrated
• Help patients and staff understand the message of recovery
• Implement care coordination models

Recommendations for families and communities
• Encourage people we serve, families, and communities to develop a vision of integrated care
• Encourage advocacy, education, and successful partnerships
• Pursue individualized person-centered care that is focused on recovery and wellness
How can the field embrace mental health?

Recognize the relationship between mental health and health literacy

- Those with low health literacy tend to:
  - Have poor health status
  - Use emergency rooms more frequently
  - Have a higher risk of death
- These problems are multiplied exponentially for those with mental illness

Work with mental health systems to integrate health literacy into daily practice

- Train medical staff on communication strategies to increase patient understanding
- Assess health systems and apply targeted health literacy best practices
- Educate those who develop health-related documents to use plain language best practices
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