Patient Engagement Learning Series

Mental Health Care and Chronic Pain Management Amid COVID-19

Thursday, October 29, 2020 at 2:00 pm ET

NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate

Disclaimer

Through the Patient Engagement Learning Series, we intend to create a space where providers, community advocates, and patient representatives can engage thoughtfully on challenging topics surrounding patient care. We commit to providing evidence-based data and research to support all content presented.

This webinar covers sensitive topics including mental health which may be triggering for some individuals. We believe that addressing this topic aligns with the aims of the Learning Series and is therefore integral to our discussion. We welcome your feedback to continue guiding our content development.

Funding for this webinar has been provided to the National Nurse-Led Care Consortium through the Patient-Centered Outcomes Research Institute (PCORI) Contract Number 14507. Contents are solely the responsibility of the authors and do not necessarily represent the official views of PCORI.

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Policy research and advocacy
- Program development and management
- Technical assistance and support
- Direct, nurse-led healthcare services

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

Speakers

Sharon Cobb, PhD, RN, MSN, MPH, PHN
Director, RN-BSN Program, Assistant Professor, Mervyn M. Dymally School of Nursing, Charles R. Drew University of Medicine and Science

Jillian Bird, MSN, RN
Nurse Training Manager
National Nurse-Led Care Consortium

Ivy Clark
Patient Representative, PCORI
Public Health Management Corporation

Objectives

- Explore the relationship of mental health and pain management amid COVID-19
- Examine health disparities in accessing and receiving appropriate care
- Learn patient-centered approaches to care to support patients' mental health and manage chronic pain

Panel Discussion

Sharon Cobb, PhD, RN, MSN, MPH, PHN
Director, RN-BSN Program, Assistant Professor, Mervyn M. Dymally School of Nursing, Charles R. Drew University of Medicine and Science

Jillian Bird, MSN, RN
Nurse Training Manager
National Nurse-Led Care Consortium

Ivy Clark
Patient Representative, PCORI
Public Health Management Corporation

Pop Up Question

How has pain management been neglected during COVID-19?

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

Mental Health Care and Chronic Pain Management Amid COVID-19

Sharon Cobb, PhD, MSN, MPH, RN, PHN
Assistant Professor & RN-BSN Program Director

Charles R. Drew University of Medicine and Science
A Private University with a Public Mission

Disclosure

I have no commercial relationships to disclose.

Acknowledgements

- Dr. Mohsen Bazargan, PhD
  - *Professor, College of Medicine*
- Dr. Shervin Assari, MD, MPH
  - *Associate Professor, College of Medicine*
- Mervyn M. Dymally School of Nursing
- Dr. Ebere Ume, Dean of Nursing, University of St. Francis
- Dr. Janet Mentes, Professor (UCLA)

- Accelerating Excellence in Translational Sciences (AXIS)
  - *NIMHD Grant # U54MD007598*
- NIMHD Clinical Research Education and Career Development (CRECD)
  - R25 MD007610 (PI: Bazargan)

- **Study Funding**: Center for Medicare and Medicaid Services (CMS) Grant 1H0CMS331621 (PI: Bazargan)

Objectives

At the end of this presentation, the audience will be able to:

- Describe how various federal policies impacted the quality of community-based mental health care
- Identify at least 2 pain-related predictors of opioid and psychotropic medication use among older African Americans
- Identify at least 4 strategies to improve the health status of marginalized groups managing mental illness and chronic pain

Prevalence: Mental Illness

- The World Health Organization (WHO) reports that mental illness is the leading cause of disability worldwide and a risk factor for various chronic illnesses[1]
- Approximately 1 in 5 adults in the U.S.—(46.7 million people) manage a mental illness[2]
  - *Any Mental Illness vs. Serious Mental Illness*
- Approximately 1 in 25 adults in the U.S.—11.2 million manages at least one serious mental illness[2]

Serious Mental Illness

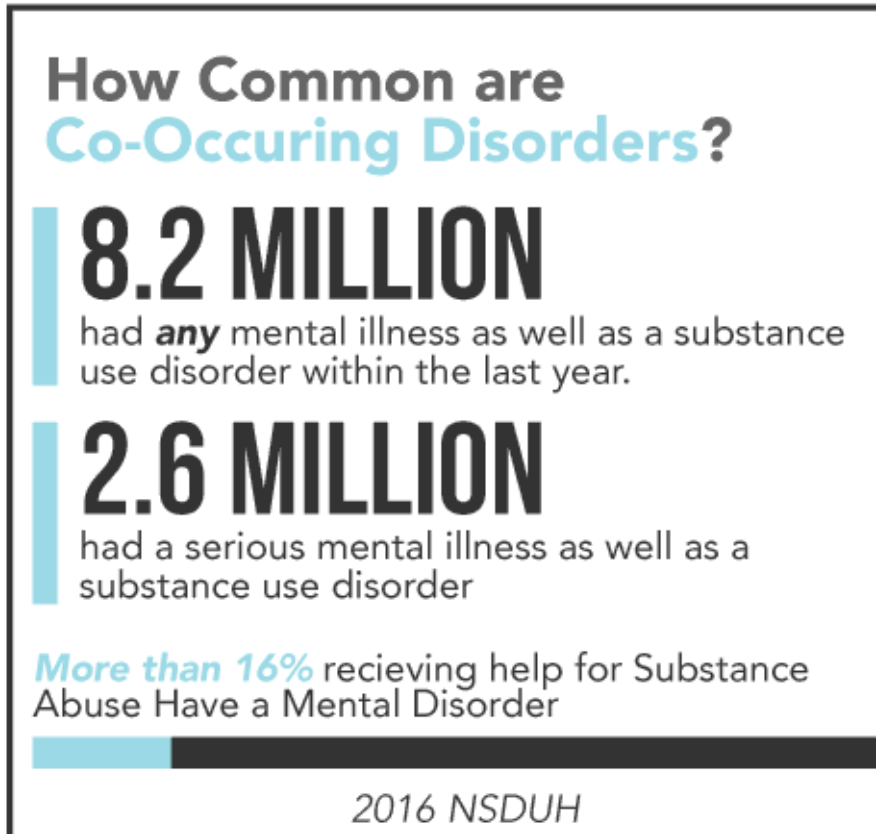
- What is a Serious Mental Illness? (Original 1993 Definition)[3]
  - *(1) age 18 and over*
  - *(2) who currently or at any time during the past year have a **diagnosable mental, behavioral, or emotional disorder of sufficient duration** to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III-R, and*
  - *(3) that has resulted in **functional impairment** which substantially interferes with or limits one or more major life activities that substantially interferes with or limits one or more major life activities*

- Revisions have updated to include **duration of illness** (disability must be expected to persist for six months or longer) and **applicability to the DSM-V**

SERIOUS MENTAL ILLNESS

- Common Serious Mental Illnesses
  - Bipolar Disorder
  - Schizoaffective Disorder
  - Major Depression
  - Post-Traumatic Stress Disorder
  - Panic Disorder
  - Paranoid Disorder
- Common Co-Occurring Disorders:
  - Substance Use Disorder (SUD)
  - Developmental Disability
  - Potentially life-threatening chronic medical conditions
    - HIV/AIDS

- *Individuals living with a SMI are at a higher risk for multimorbidity*



Community-Based Mental Health Care

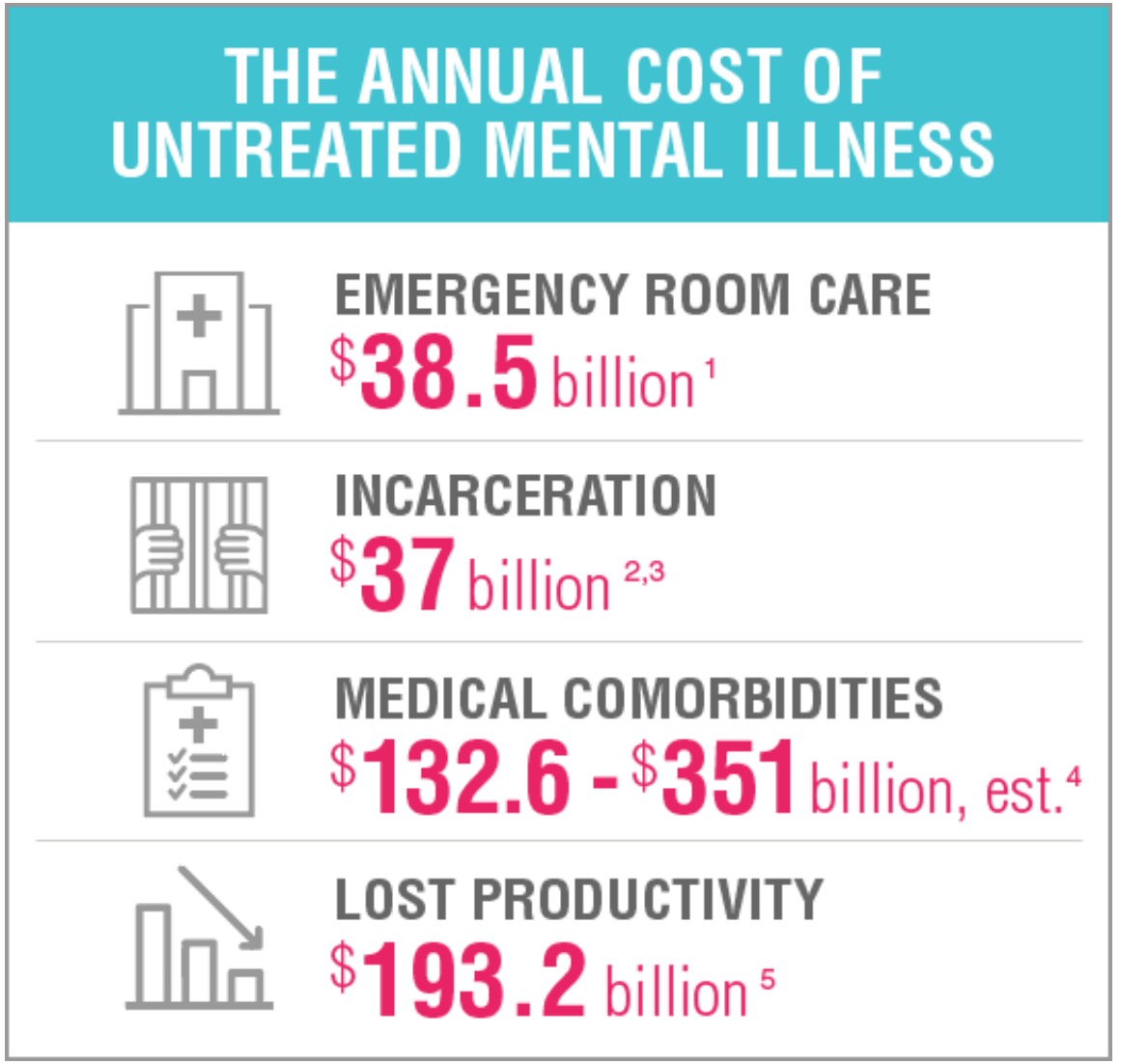
- President Kennedy's 1963's *Community Mental Health Act*[4]
  - Restructured community health centers to improve more services for people with SMI
  - More effective psychotropic medications and new approaches to psychotherapy
  - Trends toward less frequent and shorter medical and psychiatric hospitalizations
  - More health care providers focus on community managed care

- **Deinstitutionalization and loss of funding resulted in increased homelessness and transient housing**
  - In 2009, the Federal government cut $4.35 billion in public mental health spending
    - One of largest reductions in mental health funding
  - President Carter's 1980 *Mental Health System Act* provided grants to community mental health centers but was repealed in 1981 by President Reagan
  - Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA): require large groups to carry mental health if they could
  - *Affordable Care Act of 2010*: ensured that mental health was included in the 10 essential health benefits for individual and small group plans

Costs of Mental Illness

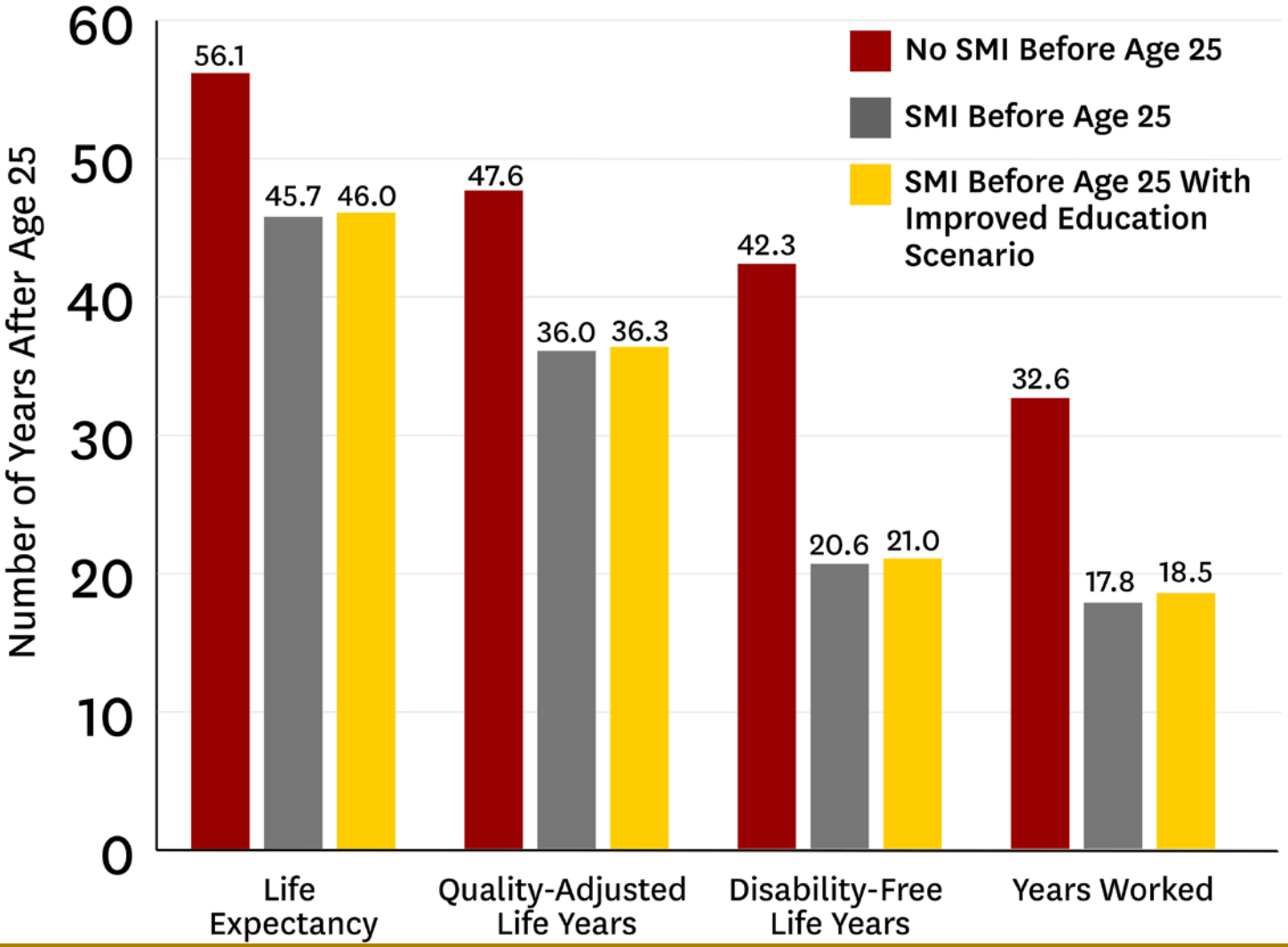
- Adults managing SMI **die on average 25 years earlier than others**, largely due to treatable medical conditions[5]
  - *Why????*
    - Higher physical and mental burden
    - Difficult to seek medical care

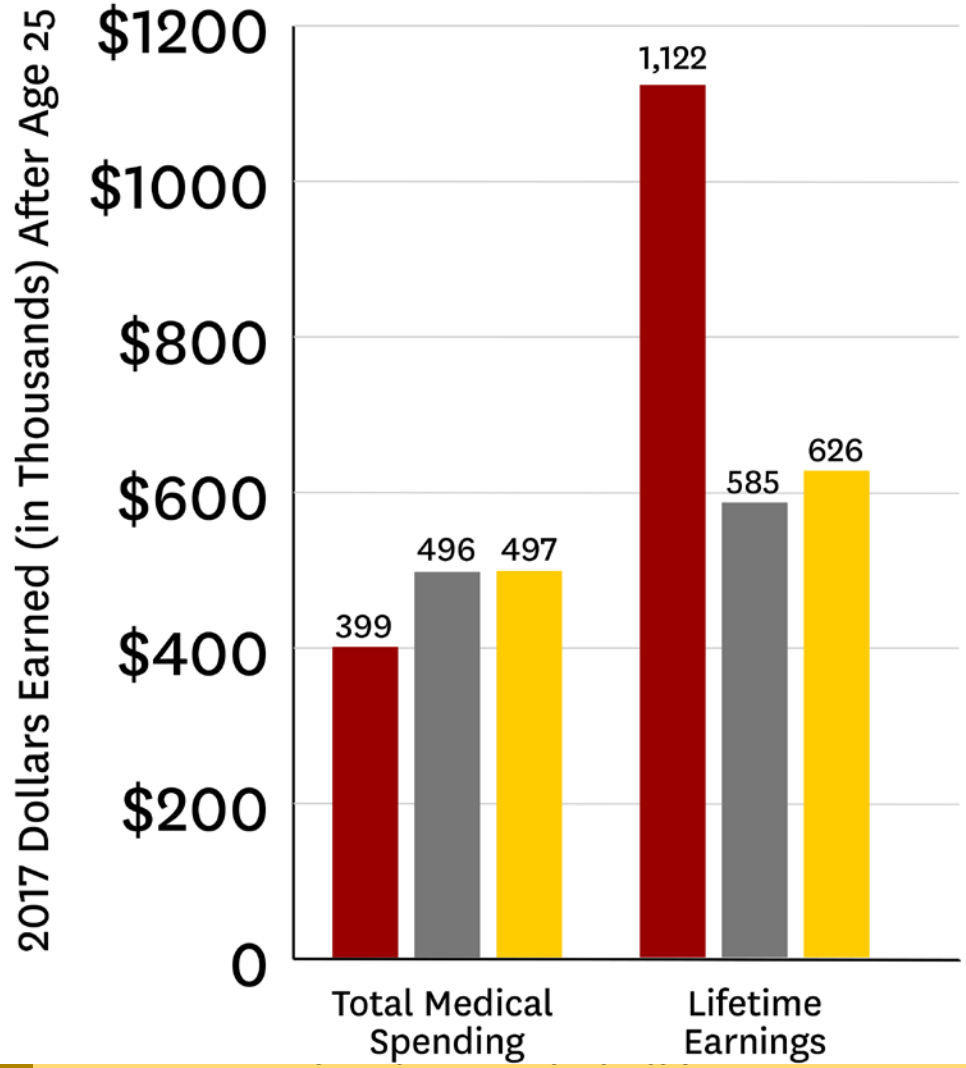
- The National Alliance on Mental Health reports that untreated mental illness costs the country up to $300 billion every year



Expected Lifetime Health and Economic Outcomes

for people with or without serious mental illness (SMI) by age 25, and for those with SMI in the status quo or under the improved education scenario

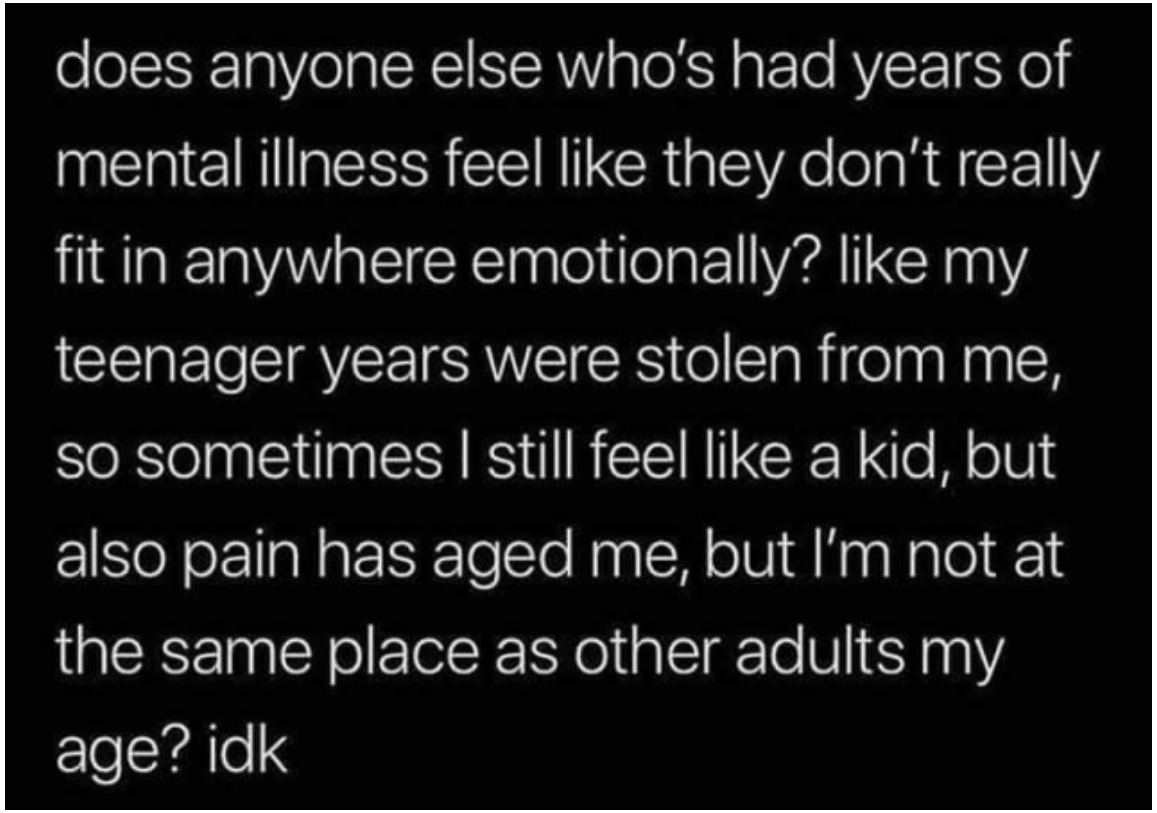




Mental Illness and Pain

Has pain management been neglected during COVID-19?

- Chronic pain is linked to mental illness (i.e. anxiety and depression)
  - Arthritis → Mood and anxiety disorders ↑
  - Back/neck pain and migraines --> Mental health conditions↑
- Mental health conditions ↔ chronic pain
  - Worsens with untreated mental illness
  - Decrease the success of pain management methods
- Physical pain vs. psychological (mental) pain
- Specific groups (i.e. minorities) are at higher risk for mental health and pain burden:
  - Exposure to trauma & violence



Recent Findings

Cobb, S., Bazargan, M., Sandoval, J.M., Wisseh, C., Evans, M., & Assari, S. (2020). Depression Treatment Status of Economically Disadvantaged African American Older Adults in South Los Angeles. *Brain Sciences 10*(3): 154.

- Higher pain intensity with those diagnosed with depression, regardless of treatment status
- Adults with higher levels of pain were more likely to have treatment and care for their depression

Evans, M.C., **Cobb, S.**, Smith, J., Bazargan, M., & Assari, S. (2019). Depressive Symptoms among Economically Disadvantaged African American Older Adults in South Los Angeles. *Brain Sciences, (9)*10, 246.

- Pain intensity was associated with depressive symptoms among older African Americans

Bazargan, M., **Cobb, S.**, Wisseh, C., & Assari, S. (2020). Psychotropic and Opioid-Based Medication Use among Economically Disadvantaged African-American Older Adults. *Pharmacy, 8*(2): 74.

740 Older African Americans (Ages 55+ years)

64% Female

25% reported an educational level below 12th grade/high school diploma

Average number of chronic medical conditions: 2.42 ± 1.31

60% reported living alone

Pain Characteristics:

66% Arthritis

48% Back pain

19% Migraine

Average number of prescription drugs used among opioid-based medication users is 8.28 (SD: 3.2) compared to non-users at 5.41 (SD: 3.3)

Average number of prescription drugs used among psychotropic medication users was 8.10 (SD: 3.7) compared to non-users at 5.48 (SD: 3.0)

How does living alone worsen their health burden?

Results: Significance

Opioids

More Depressive Symptoms

Higher Levels of Pain*

More Chronic Conditions

Back Pain*

Arthritis*

Lower Self-Rated Health*

Psychotropic Medications

More Depressive Symptoms*

Higher Levels of Pain*

Greater financial strain

More Chronic Conditions

Migraines

Back Pain

Arthritis

Lower Self-Rated Health

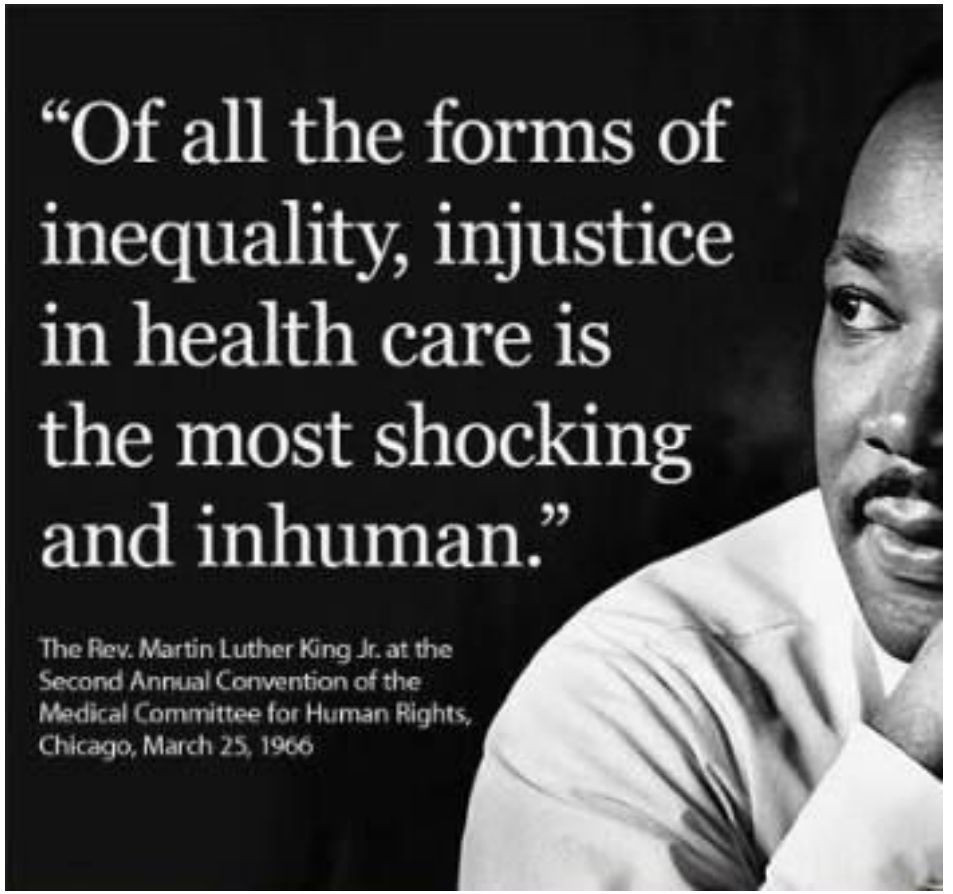
*Identified as a significant predictor

COVID-19 Impact

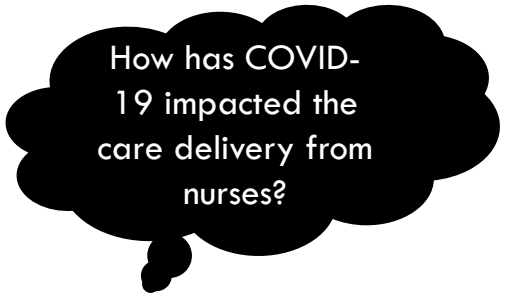
- Clinically significant symptoms of depression and anxiety have more than tripled since COVID-19 pandemic
  - **Consider the "social injustice" pandemic**
  - Social distancing/quarantine → Social isolation and loneliness
- Anxiety and fear of contracting or managing COVID-19
  - Testing and vaccination
- Navigation of a new healthcare system
  - Telehealth, social distancing choices
- Socioeconomic changes
  - Loss of financial income & employment changes
  - Occupational disparities (Longer hours as a frontline worker with little benefits/support – unable to receive paid time off for pain or symptoms of mental illness)

COVID-19: Intensified Health Disparities

- Strained and inequitable health care system that commonly neglects marginalized (underserved and underrepresented) groups
  - *Lack of various cost-effective treatment approaches (i.e. routine therapy, non-pharmacological approaches)*
- Increased visibility of healthcare injustice are attributed to such factors:
  - Geographic inaccessibility
  - Economic disenfranchisement
  - Lower rates of insurance coverage
  - Mistrust of the health care system due to years of abuse, neglect, and coercive treatment



Implications: Practice



- Effective pain management among vulnerable populations (i.e. older adults, managing mental illness)
  - *Pain management strategies may now be inadequate or ineffective due to COVID-19*
- Combination of psychotropic medication and opioids may be more concerning due to its its effects
  - *Potential effects if the individual contracted COVID-19*
  - *Medication-assisted treatment to reduce dependence on these medications*
- Nurses may struggle with internal role conflicts (maintaining professionalism vs. taking a personal interest in patients) which can affect their performance
  - *Having discussions about COVID-19 and its impact on the health of patients and healthcare workers*
  - *Building support groups and peer counselors*

Implications: Practice

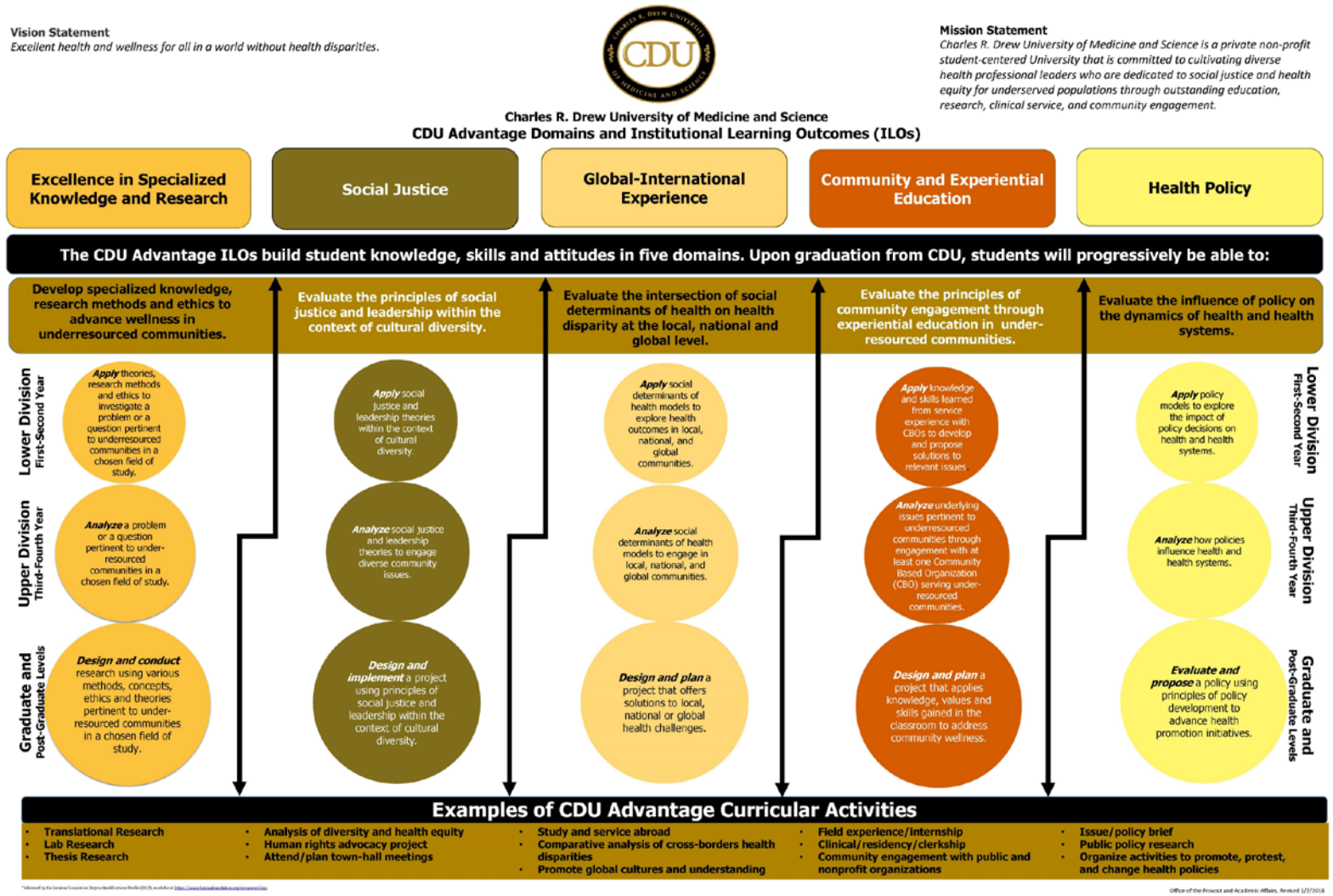
- Providers should focus on education and outreach efforts aimed at increasing knowledge and treatment plan effectiveness
  - *Do not overlook other medical and mental health conditions!*
  - *Ask patients to record their medications on a document/phone that they carry with them*
- Culturally based approaches
  - *Reduce implicit bias and medical mistrust*
  - *Increase cultural and structural competency within healthcare systems*
  - *Peer-Checking*
- Improved coordination of care and newer approaches to managed care
  - *Specialized pain management specialists (i.e. pain management nurse)*

Do you check your own biases?

Implications: Nursing Education

As a nursing student, did a patient ever speak to your class?

- **Develop and revise a pain management care plan that is applicable to various underserved populations (i.e. homeless, minorities with mental illness).**
  - Follow-up care (i.e. Continuity of care, medical home)
- Training nursing students as patient navigators
  - *Accessing community resources/advocacy*
- Streamlining mental health throughout the nursing curriculum
  - *Engaging the patient perspective into classes or extracurricular activities*
    - **"Because, we can't be trying to help somebody and you don't even know what they're going through"**



How would you apply these pillars in your work?

How do we increase engagement with these communities?

Implications: Research

Community Partnered Participatory Research

- *Conducted structured interviews with 740 African-American older adults residing in Service Planning Area 6 (SPA 6)*
  - SPA 6, includes South Los Angeles and multiple cities and unincorporated areas, including the communities of Compton, Crenshaw, Lynwood, Hyde Park, and Watts
    - SPA 6 is comprised of over one million adults, yet is one of the most underserved and under-resourced areas in the nation; 28% identify as African Americans
    - Disproportionately affected by health disparities (diabetes death rate in South Los Angeles is almost five times higher than in West Los Angeles)
    - Almost 34% have household incomes below the federal poverty level

Community Partnered Participatory Research (CPPR)

- Community-Partnered Participatory Research (CPPR) framework by Dr. Loretta Jones, the founder of the CDU Academic and Community Faculty Program
  - A variant of Community Based Participatory Research (CPBR)
  - Four-step sequential process:
    - 1) Identify a health issue that fits community priorities and academic capacity to respond
    - 2) Develop a coalition of community, policy, and academic stakeholders that informs, supports, shares, and uses the products
    - 3) Engage the community through various methods that provide information, determine readiness to proceed, and obtain input
    - 4) Initiate workgroups that develop, implement, and evaluate action plans under a leadership coalition

Implications: Research

Can you list culturally tailored coping mechanisms used during COVID-19?

- Intersection of pain and serious mental illness among marginalized populations
  - *Trauma (i.e. mother losing 3 children to gun violence who experience depression and chronic pain)*
- Experience of managing both physical and mental pain among this population, with emphasis on:
  - *Social determinants of health*
  - *Culturally tailored coping mechanisms*
  - *Post-traumatic stress of COVID-19*

Implications: Policy

How can you increase shared decision-making for patients?

- Grants (foundational/federal) to support community-based mental health organizations that tailor to physical and mental pain
  - Accessible and culturally affirming mental health support services
  - Reduce strain on psychiatric facilities, hospitals, and similar institutions
- Empowering the individuals to be at the center of their care and participate in shared decision-making of their care
  - Specialized reimbursement policies that incentivize mental health care providers to provide higher quality of care to underserved groups
    - i.e. MediCal and Medicare, especially for older adults
- Utilization of Peer Support Specialists
  - In 2020, California Governor Newsom signed a bill (SB-803) that will certify the role of Peer Support Specialists
    - Individuals who have prior adverse life experiences of behavioral and substance use disorders that can assist others who are in need of recovery support of similar disorders.[95]
- Full Independent Practice Authority for Nurse Practitioners

Conclusion

Research

Education

Practice

Policy

References

1. World Health Organization. (2019). *Mental Health* (Fact Sheet No. 396). Retrieved from http://www.who.int/mediacentre/factsheets/fs396/en/
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Results from the 2017 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration.
3.Substance Abuse and Mental Health Services Administration (SAMHSA). (1993). Federal Register Notice. *Federal Register 58(96)*: 29422-29425
4. Grob GN. Public policy and mental illnesses: Jimmy Carter's Presidential Commission on Mental Health. *Milbank Q*. 2005;83(3):425-456. doi:10.1111/j.1468-0009.2005.00408.x
5.. Parks J., Svendsen D., Singer, P., & Foti, M. Morbidity and mortality in people with serious Mental illness. National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council. Retrieved from http://www.nasmhpd.org/sites/default/files/Mortalitypercent20andpercent20Morbiditypercent20Finalpercent20Reportpercent208.18.08.pdf
6. Ali A, Arif AW, Bhan C, et al. Managing Chronic Pain in the Elderly: An Overview of the Recent Therapeutic Advancements. Cureus. 2018;10(9):e3293-e3293.
7. Persons AGSPotPMoPPiO. Pharmacological management of persistent pain in older persons. Journal of the American Geriatrics Society. 2009;57(8):1331-1346.
8. Jassal M, Egan G, Dahri K. Opioid Prescribing in the Elderly: A Systematic Review. Journal of Pharmacy Technology. 2020;36(1):28-40.
9. Bazargan M, Yazdanshenas H, Gordon D, Orum G. Pain in Community-Dwelling Elderly African Americans. J Aging Health. 2016;28(3):403-425.
10. M CE, Bazargan M, Cobb S, Assari S. Pain Intensity among Community-Dwelling African American Older Adults in an Economically Disadvantaged Area of Los Angeles: Social, Behavioral, and Health Determinants. Int J Environ Res Public Health. 2019;16(20).
11. Yazdanshenas H, Bazargan M, Smith J, Martins D, Motahari H, Orum G. Pain Treatment of Underserved Older African Americans. J Am Geriatr Soc. 2016;64(10):2116-2121.
12. Robinson-Lane SG, Booker SQ. Culturally responsive pain management for Black older adults. Journal of gerontological nursing. 2017;43(8):33-41.
13. Guerriero F. Guidance on opioids prescribing for the management of persistent non-cancer pain in older adults. World journal of clinical cases. 2017;5(3):73.
14. Huhn AS, Strain EC, Tompkins DA, Dunn KE. A hidden aspect of the US opioid crisis: Rise in first-time treatment admissions for older adults with opioid use disorder. Drug and alcohol dependence. 2018;193:142-147.
15. James K, Jordan A. The Opioid Crisis in Black Communities. J Law Med Ethics. 2018;46(2):404-421.
16. Alexander MJ, Kiang MV, Barbieri M. Trends in Black and White Opioid Mortality in the United States, 1979 -2015. Epidemiology. 2018;29(5):707-715.
17. Feng J, Iser JP, Yang W. Medical encounters for opioid-related intoxications in Southern Nevada: sociodemographic and clinical correlates. BMC Health Serv Res. 2016;16(1):438-438.
18. Lindsey PL. Psychotropic medication use among older adults: what all nurses need to know. Journal of gerontological nursing. 2009;35(9):28-38.
19. Rhee TG, Schommer JC, Capistrant BD, Hadsall RL, Uden DL. Potentially inappropriate antidepressant prescriptions among older adults in office-based outpatient settings: National trends from 2002 to 2012. Administration and Policy in Mental Health and Mental Health Services Research. 2018;45(2):224-235.
20. Progovac AM, Mullin BO, Creedon TB, et al. Trends in Mental Health Care Use in Medicare from 2009 to 2014 by Gender Minority and Disability Status. LGBT health. 2019;6(6):297-305.
21. Hill KD, Wee R. Psychotropic drug-induced falls in older people. Drugs & aging. 2012;29(1):15-30.
22. Atkins EV, Sambamoorthi U, Bhattacharya R. Variations of depression treatment among women with hypertension. Health Care Women Int. 2015;36(6):730-750.
23. Sleath B, Thorpe J, Landerman LR, Doyle M, Clipp E. African-American and white caregivers of older adults with dementia: differences in depressive symptomatology and psychotropic drug use. J Am Geriatr Soc. 2005;53(3):397-404.
24. Extavour RM, Perri M, 3rd. Patient, Physician, and Health-System Factors Influencing the Quality of Antidepressant and Sedative Prescribing for Older, Community-Dwelling Adults. Health Serv Res. 2018;53(1):405-429.
25. Xiang X, Danilovich MK, Tomasino KN, Jordan N. Depression prevalence and treatment among older home health services users in the United States. Arch Gerontol Geriatr. 2018;75:151-157.
26. Kupfer DJ, Frank E, Grochocinski VJ, Houck PR, Brown C. African-American participants in a bipolar disorder registry: clinical and treatment characteristics. Bipolar Disord. 2005;7(1):82-88.
27. Rhee TG, Mohamed S, Rosenheck RA. Antipsychotic Prescriptions Among Adults With Major Depressive Disorder in Office-Based Outpatient Settings: National Trends From 2006 to 2015. J Clin Psychiatry. 2018;79(2):17m11970.
28. Leahy LG. Medication Safety: What Nurses Should Know About Black Box Warnings. J Psychosoc Nurs Ment Health Serv. 2017;55(6):11-15.
29. Gerlach LB, Olfson M, Kales HC, Maust DT. Opioids and other central nervous system–active polypharmacy in older adults in the United States. Journal of the American Geriatrics Society. 2017;65(9):2052-2056.
30. Musich S, Wang SS, Slindee LB, Ruiz J, Yeh CS. Concurrent Use of Opioids with Other Central Nervous System-Active Medications Among Older Adults. Population health management. 2019.
31. Pourmand A, Lombardi KM, Roberson J, Mazer-Amirshahi M. Patterns of benzodiazepine administration and prescribing to older adults in US emergency departments. Aging Clinical and Experimental Research. 2020:1-8.
32. Los Angeles County Department of Health - Office of Health Assessment and Epidemilogy. Key Indicators by Services Planing Area. http://publichealthlacountygov/ha/docs/2015LACHS/KeyIndicator/Correction/KIH_020617-secpdf 2017 (Accessed July 2018).
33. Laaksonen E, Lallukka T, Lahelma E, et al. Economic difficulties and physical functioning in Finnish and British employees: contribution of social and behavioural factors. The European Journal of Public Health. 2011;21(4):456-462.
34. Idler EL, Benyamini Y. Self-rated health and mortality: a review of twenty-seven community studies. J Health Soc Behav. 1997;38(1):21-37.
35. Melzack R. The short-form McGill Pain Questionnaire. Pain. 1987;30(2):191-197.
36. Dworkin RH, Turk DC, Revicki DA, et al. Development and initial validation of an expanded and revised version of the Short-form McGill Pain Questionnaire (SF-MPQ-2). Pain. 2009;144(1-2):35-42.
37. Organization WH. (Source: World Health Organization, www.who.int/cancer/palliative/painladder/en/). . Published 2015. Accessed.
38. Lovejoy TI, Turk DC, Morasco BJ. Evaluation of the psychometric properties of the revised short-form McGill Pain Questionnaire. J Pain. 2012;13(12):1250-1257.
39. Parás-Bravo P, Paz-Zulueta M, Alonso-Blanco MC, Salvadores-Fuentes P, Alconero-Camarero AR, Santibañez M. Association among presence of cancer pain, inadequate pain control, and psychotropic drug use. PLoS One. 2017;12(6):e0178742-e0178742.
40. Fond G, Tinland A, Boucekine M, et al. The need to improve detection and treatment of physical pain of homeless people with schizophrenia and bipolar disorders. Results from the French Housing First Study. Prog Neuropsychopharmacol Biol Psychiatry. 2019;88:175-180.
41. Helstrom A, Haratz J, Chen S, Benson A, Streim J, Oslin D. Telephone-based management of chronic pain in older adults in an integrated care program. Int J Geriatr Psychiatry. 2018;33(5):779-785.

THANK YOU!

Contact: sharoncobb1@cdrewu.edu

Pop Up Question

How can you increase shared decision-making for patients?

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

Discussion

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

NEW EPISODE

NURSES CULTIVATING PATIENT-CENTERED CARE

The National Nurse-Led Care Consortium (NNCC) is leading a patient-centered initiative to cultivate a community of nursing stakeholders around substance use disorder care. In this episode we speak with two patient advocates and NNCC's Senior Director of Strategic Initiatives about their perspectives on the project.

Listen on Apple Podcasts

Click here to listen!

Thank you

Visit us on the web at nurseledcare.phmc.org

Follow us on social media at
facebook.com/nursingclinics
twitter.com/NurseLedCare
linkedin.com/company/national-nurse-led-care-consortium/

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate