

# Whole Health for Mental Health

## Day 1 Afternoon

### Whole Health for Mental Health

*Crossing the Mind-Body Divide*

#### Day 1 Afternoon

- Thinking and Cognition, Part 1: Whole Health and Your Brain
- Thinking and Cognition, Part 2: Thinking Healthy Thoughts
- The Power of Meditation and Clinical Hypnosis
- Our Emotions, Part 1: Feelings Have Power
- Implementation, Part 1: Your Personal Mental Health Plan
- Local Site Presentation

Live Whole Health. VA U.S. Department of Veterans Affairs  
Veterans Health Administration

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Live Whole Health. VA U.S. Department of Veterans Affairs  
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## 6. Thinking and Cognition I:

### Whole Health and Your Brain

*Whole Health in Your Practice*

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 **Aspects of Mental Health**

- **Thinking and Cognition**
- Emotions
- Behaviors and Choices
- Peace and Ease
- Vitality and Wholeness

The question: How can the Whole Health approach support care (prevention and treatment) for these aspects of mental health?

*...for there is nothing either good or bad, but thinking makes it so...*

-Shakespeare, Hamlet

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 **Cognition: Elements**

*Acquiring knowledge and understanding via thought, experiences, and the senses*

1. **Thinking**
2. **Reasoning**
3. **Judgment**
4. **Orientation**
5. **Decision-Making**
6. **Memory**
7. **Attention and Concentration**

We'll go over how to keep the brain healthy, with any eye to memory and attention.

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 **Our Amazing Brains**

- 3 pounds, 60% fat, 75% water
- Consume 20% of our oxygen
- 20-25% of our blood (100,000 miles of vessels)
- 100 billion neurons, 100 trillion synapses
- Generate up to 23 watts of power when awake
- Take 1/10,000<sup>th</sup> of a second to respond (signals clock at 250 mph)
- Most of your brain works most of the time...

Image: wallpaperaccess.com

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### Our Amazing Brains

Golgi, *Rivista Sperimentale*, 1875



Photo: The-Scientist.com

Boston University, *Cell*, 2015

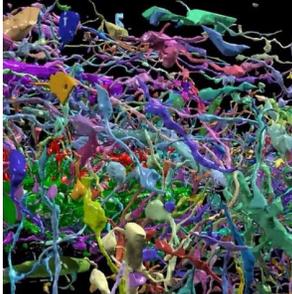


Photo: dailymail.co.uk

"The complexity of the brain is much more than what we had ever imagined." — N. Kasthuri, BUSoM

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### How Can Thinking and Cognition Feature in Personal Health Plans?



- Mindful Awareness
- Learning
- Creativity
- Focus
- Thought Patterns
- Insight

Your ideas?

Photo: wecareinmedclasses.com

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### Tony has a concern

My mother has memory problems. How can I prevent that for me?

- His mother has a double copy of the apo-e4 gene
- Tony's brother (10 years older) has trouble with his memory sometimes
- Tony is very worried about "losing his mind" and what can help prevent that



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# Whole Health for Mental Health

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### Memory



Memorized order of a deck of cards in 21 seconds

World Record: Memorized 3,029 digits in an hour

Other World records:

- 70,000 numbers in pi
- 273 binary digits (1 and 0) in 1 minute
- 1092 playing cards in 30 minutes
- 133 Historic Dates in 5 minutes

24 year old **med student** from US – winner of 2016 World Memory Championships

<https://mic.com/articles/138105/meet-the-millennial-with-the-world-s-best-memory#b6NO7h9nx>

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### Memory Loss: Dementia



5% of Americans over 65 and 45% of >85 year olds have it

Multifaceted, personalized treatment approaches likely work best.

Kelly TA, Senzyska M. Integrative Approaches to Cognitive Decline. in Monti and Newberg (eds), Integrative Psychiatry and Brain Health, 2nd ed. NY: Oxford U Press, 2018.

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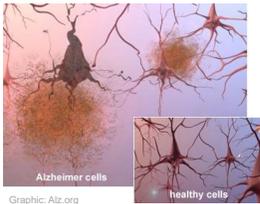
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### Dementia: Multiple Causes



Alzheimer cells

healthy cells

Brain cells are damaged for a variety of reasons – something triggers the immune system and inflammation.

1. Plaques: Beta-amyloid clusters that build between neurons
2. Tangles: Strands of dead cells

- CNS immune system activates to deal with both
- Markers of inflammation (like CRP) predict risk
  - Hormones
  - Genes
  - Loss of cholinergic neurons
  - Neurotransmitters
  - Vascular function

Heneka et al, Lancet Neuro, 2015;14:388-405.

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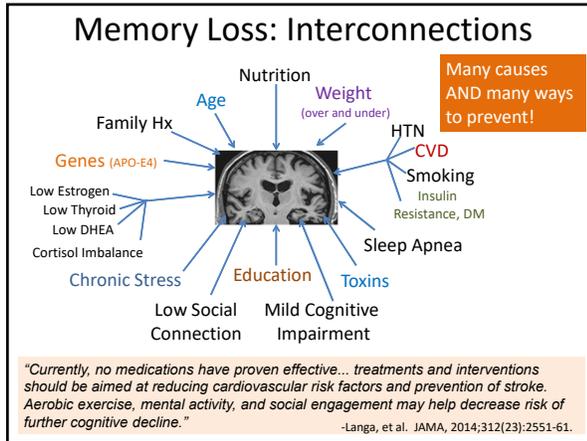
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# Whole Health for Mental Health

## Day 1 Afternoon




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### Memory: The MIND Diet

("Mediterranean-DASH Intervention for Neurodegenerative Delay")

Add in (and # of servings)	Limit (servings)
<ul style="list-style-type: none"> <li>Whole grains (3/day)</li> <li>Green leafy veggies (6/week)</li> <li>Other veg (1/day)</li> <li>Nuts (5/week)</li> <li>Beans (3/week)</li> <li>Fish (1/week)</li> <li>Poultry (2/week)</li> <li>Berries (2/week)</li> <li>Alcohol/wine (1/day)</li> <li>Cook with olive oil</li> </ul>	<ul style="list-style-type: none"> <li>Red meats and meat products (&lt;4/week)</li> <li>Fast food and fried food (&lt;1/week)</li> <li>Cheese (&lt;1/week)</li> <li>Pastries and sweets (&lt;5/week)</li> <li>Butter/margarine &lt; 1 Tbsp daily</li> </ul>

*Seems to work (so do the DASH and Medi Diets)*

Marcason et al, J Acad Nutr Diet, 2015;115(10):1744. Morris et al, Alzheimers Dement, 2015;11:1007-14.

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### Memory: Recharge

- Regular sleep protects neurons
- Irregular sleep increases dementia risk
- Sleep apnea: CPAP slows decline in mini-mental scores
- Light therapy reduces aggression in AD

Peter-Derex et al. Sleep Med Rev, 2015;19:29-38. Chen et al, Alzheimers Dement, 2015;12(1):1-13.

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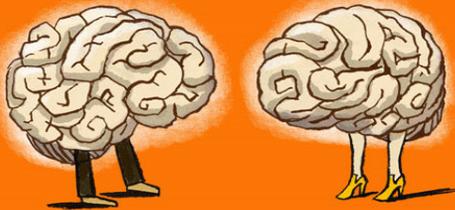
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### Memory: Family, Friends & Coworkers- Social engagement prevents neurodegeneration



- Get out at least weekly
- Build social capital
- Connect with animals

- Attend community events (e.g., sports)
- Religious services

Kuiper et al. Ageing Res Rev, 2016;22:39-57. Kuster et al, BMC Psychiatry, 2016;16(1):315.

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### Memory: Power of the Mind

- Daily mental fitness work is also valuable
  - Crosswords, sudoku
  - Listening to music, singing, playing an instrument, museums, galleries
  - Lectures, classes books
- NOT passive mental activity
  - Keep TV <1 hour daily
- MAYBE NOT brain training games (data limited)



Kelly TA, Senjaya M. Integrative Approaches to Cognitive Decline. in Monti and Newberg (eds), Integrative Psychiatry and Brain Health, 2nd ed. NY: Oxford U Press, 2018.

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### Memory: Moving the Body

- Inactivity is a risk factor for cognitive decline and exercises is protective
  - Especially aerobic
  - Increases brain volume (e.g., hippocampus)
  - Improves brain metabolism, memory, executive function, processing speed, blood flow
  - Increases antioxidant capacity, O2 uptake, and activity of neuroprotective genes



Ten Brinke et al. Br J Sports Med, 2015;49(4):248-54. Chapman et al. Front Aging Neurosci, 2013;5:1-9.

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 **Memory: Moving the Body**

- **Yoga**
  - Pilot study: Improved memory, neural connectivity in various memory centers
  - Daily practice for 1 month and weekly after that improved recall
  - For AD patients, improved mood and agitation, but not cognition
- **Tai chi**
  - Increased brain volume
  - Decreased risk of cognitive decline

  
Photo: holistic-medicine.com

Kogan, & Jeong, Alzheimer Disease, in Rakel (ed) Integrative Med, Philadelphia: Saunders, 2018. Eyras, et al. J Alzheimer's Dis, 2016;52(2):673-84.

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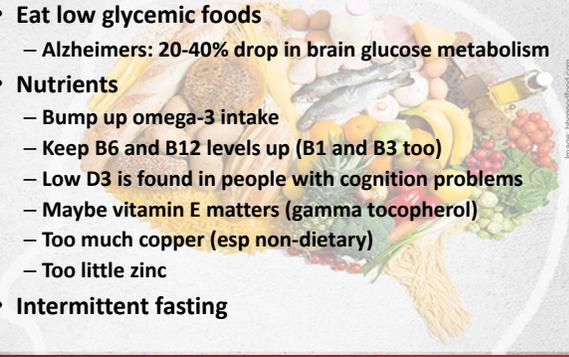
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 **Memory: Food & Drink**

- **Eat low glycemic foods**
  - Alzheimers: 20-40% drop in brain glucose metabolism
- **Nutrients**
  - Bump up omega-3 intake
  - Keep B6 and B12 levels up (B1 and B3 too)
  - Low D3 is found in people with cognition problems
  - Maybe vitamin E matters (gamma tocopherol)
  - Too much copper (esp non-dietary)
  - Too little zinc
- **Intermittent fasting**

  
Image: iStockphoto.com

From Kogan, "Alzheimer Disease" in Rakel (ed), Integrative Medicine, 4th ed, Philadelphia:Saunders, 2018.

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 **Memory: Intermittent Fasting**

- Reduces inflammation
- Fasting leads to ketone bodies
  - Beta hydroxybutyrate is neuroprotective
  - They increase mitochondrial function
  - Should be done with close guidance
- Eat last meal of the day 3 hours before bed
- Medium chain triglycerides may help too
  - Don't require glucose abstinence
  - E.g., 1-2 tbsp coconut oil
- Work with dietitians, as appropriate



From Kogan, "Alzheimer Disease" in Rakel (ed), Integrative Medicine, 4th ed, Philadelphia:Saunders, 2018.

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### Memory: Dietary Supplements

- Omega 3's seem to enhance cognition
  - But 2014 review: not for adults without dementia
- May be best to get a variety of polyphenols and antioxidants
  - E.g., pomegranate juice
    - Mice performed better with it vs sugar water
    - Older adults, 8 oz a day for a month, did too
  - Resveratrol shows promise with memory
- Vitamin E gamma (not alpha) helps some, better with vitamin C



Kelly TJ, Santusya M. Integrative Approaches to Cognitive Decline. In Monti and Newberg (eds), Integrative Psychiatry and Brain Health, 2nd ed. NY: Oxford U Press, 2018.

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### Memory: Dietary Supplements

- Huperzine A, from club moss, has reversible Ach inhibition effects
  - Promise in small trials – effects on iron and NMDA receptors
- Ginkgo – 2009 meta-analysis not supportive
- Bacopa, turmeric, rhodiola, enzogenol, choline and others are showing promise
- Phosphatidylserine may help
- NAC bumps cystine levels, increases glutathione activity, and may help in TBI



Photo: bio.brandeis.edu

Kelly TJ, Santusya M. Integrative Approaches to Cognitive Decline. In Monti and Newberg (eds), Integrative Psychiatry and Brain Health, 2nd ed. NY: Oxford U Press, 2018.

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### Insight: Letting Your Mind Wander

- 185 writers and physicists
- Journalled about creative moments



Photo: thecut.com

Gable, et al. Psychol Sci, 2019; doi: 10.1177/0956797618820226.

- 1/5 of creative moments were when mind wandered
- Especially “aha” moments

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### Schizophrenia: Potential Causes

- A polygenic condition
  - MHC, other receptors
- Single nucleotide polymorphisms
- Neurotransmission
  - Dopamine and glutamate and 30+ others
- Inflammation and autoimmunity
  - IL-1B, IL-6, glutathione
- Endocrine dysfunction
  - Corticosteroids, glucocorticoids, ACTH
- Metabolic problems
  - Insulin, ghrelin, melanocortin
- White matter changes



Landek-Salgado, et al. Mol Psychiatry, 2016;21:10-28. Hercher et al, Psychiatry Neurosci, 2014;39(6):376-85.

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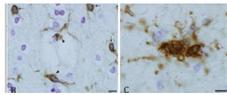
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### Neuro-inflammation?

- Microglia are usually in a “ramified” state
- They are injured or signaled to activate
- Release pro-inflammatory cytokines
  - IL-6 levels are up in their bloodstreams
  - ? Benefit from NSAIDs
  - Likely from omega-3’s
- Many, but not all studies indicate this occurs



LDN worth a try?  
We don't know...

Trepanier et al. Mol Psychiatry, 2016;21:1009-26

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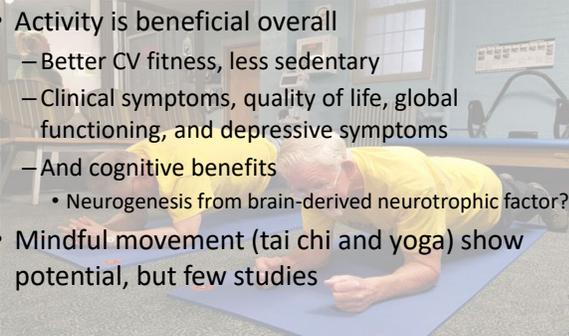
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### Schizophrenia: Moving the Body

Activity is beneficial overall

- Better CV fitness, less sedentary
- Clinical symptoms, quality of life, global functioning, and depressive symptoms
- And cognitive benefits
  - Neurogenesis from brain-derived neurotrophic factor?

Mindful movement (tai chi and yoga) show potential, but few studies



Dauwan, et al. Schizophrenia Bulletin, 2016;42(3):588-599.  
Li et al. Complement Ther Clin Pract. 2018;32:17-24. Broderick. Cochrane Database Syst Rev, 2017;9: CD012052.

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### Schizophrenia: Power of the Mind

- Mindfulness interventions for psychosis (Mlps)
  - ACT    – MBCT    – MBSR
  - Compassion-Focused Therapy
- 10 studies, 624 participants
- Significant small to moderate benefit for psychotic and depressive sx
- Group mindfulness worked better than individual ACT



"We concluded that mindfulness therapies can be safely used with people with psychosis and that they provide a number of therapeutic benefits compared with routine care ..."

Aust et al, J Psychiatric Mental Health Nurs, 2017; 24:69-83.    Louise, et al. Schizophrenia Research, 2018;192:57-63.

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### Schizophrenia: Food & Drink

- 2019 meta-analysis, n=832
- Antioxidants, inositol, and minerals NOT more effective than placebo
- Moderate benefit for B vitamins (pooled data)
  - Best given early
  - Higher doses better
  - More B vitamins at once better
  - Correcting folate and homocysteine issues?



Vitamin C helped some for those taking minimal doses of meds

Firth et al, Psychol Med, 2017;47:1515-27.

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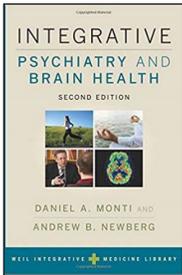
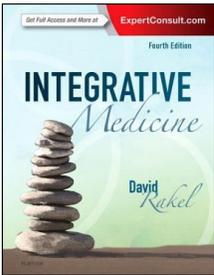
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### Memory: Summary of Options



From Kogan, "Alzheimer Disease" in Riekkel (ed), Integrative Medicine, 4th ed, Philadelphia:Saunders, 2018.

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 **An Attention Pop Quiz**

True or False?

1. Our brains do well at multitasking.
2. We can improve our ability to pay attention.
3. People who are most likely to multitask are best at it.
4. Driving while on a cell phone is even more dangerous than drunk driving.



Photo: Dribbble.com, Art by Mat Chase

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 **An Attention Pop Quiz**

True or False?

1. Our brains do well at multitasking.



- Our brains are sequential processors
- People who do a lot of things well are good at shifting from sequence to sequence
- Adds ~50% more time to do more than one thing at a time

Graphic: adobeStock.com

Buser et al, Exp Econ, 2012;15:641-55.

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 **An Attention Pop Quiz**

True or False?

2. We can improve our ability to pay attention.



- Sure! This is the purpose of activities that cultivate mindful awareness
- Brain activity changes even in novices
- Brain changes in areas tied to attention-related task performance

Graphic: adobeStock.com

Lee, et al. PLoS ONE, 2012;7(8):e40054.

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**An Attention Pop Quiz**

True or False?



3. People who are most likely to multitask are best at it.

- A 2013 University of Utah study found *people who said they were best at driving and using their phone were the worst at it*
  - We don't self-assess well
  - The worst self-assessors thought they were best

Sanbonmatsu, PLoS One, 2013;8(1):e54402.

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**An Attention Pop Quiz**

True or False?



4. Driving while on a cell phone is even more dangerous than drunk driving.

- UK's Transport Research Lab, 2002
  - Cell phones (and hands-free) are worse
    - 30% slower reactions than people above legal alcohol limit
    - 50% slower than sober non-phone users

Strayer, Hum Factors, 2006;48(2):381-91.

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**Adult ADHD: A "Real" Disease**

- DSM V lists as a neurodevelopmental disorder
- Challenging to focus on one thing
  - Parietal area and temporal areas don't function normally
- 95% recall it started by age 12 
- 23% of those who had it as kids continue to have impairment
- Adult and child diagnoses don't clearly overlap
- 20% of parents of kids with it have it themselves

Zalsman, Int J Psychiatry in Clin Pract, 2016;20(2):70-6.

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 **Applying This in Your Work**

- In the back of your workbook, (Module 6 section) write down:
- At least three things you could suggest in a Personal Health Plan to help someone prevent memory loss
- At least three things to help someone with attention and concentration
- Use the Self-Care and Professional care summaries in your workbook for ideas



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**Live Whole Health.**

**7. Thinking and Cognition II:**  
**Thinking Healthy Thoughts**

*Whole Health in Your Practice*

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Veterans Health Administration



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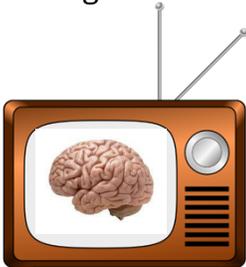
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 **Mindful Awareness:**  
**Noticing Thinking**

- Metacognition: Being aware of what it is you are aware of
- That is, when your mind notices itself



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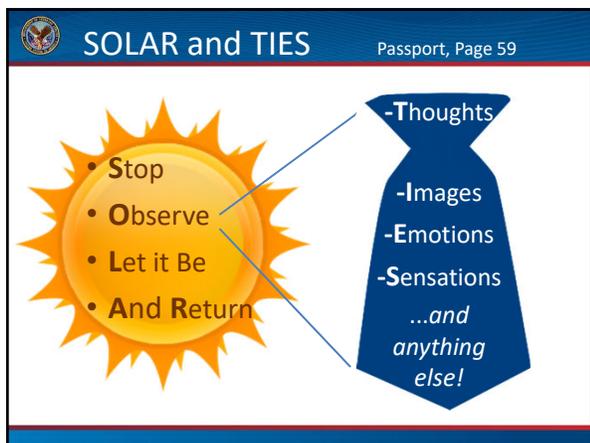
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**Psychotherapies: Examples**

- Depression
  - Acceptance and Commitment Therapy (ACT)
  - Cognitive Behavioral Therapy (CBT)
  - Interpersonal Psychotherapy for Depression (IPT-D)
- PTSD
  - Cognitive Processing Therapy (CPT)
  - Prolonged Exposure (PE)
- Serious Mental Illness
  - Social Skills Training (SST)
- Behavioral Health
  - CBT-Insomnia (CBT-I)
  - CBT-Chronic Pain (CPT-CP)
- Substance Use Disorders
  - CBT for SUD
  - Motivational Enhancement Therapy (MET)
- Treatment Engagement: MI
- Family Services
  - Behavioral Family Therapy
  - Integrative Behavioral Couples Therapy (IBCT)
  - Cognitive Behavioral Conjoint Therapy for PTSD

Examples: *Passport*, pages 206-9

Others: DBT, EMDR, Psychoanalysis, Psychodynamic, Animal-assisted, Creative Arts, Play

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**Coming to a VA Near You!**

**“TFPWNHWATVA”**

Therapy for People Who Need Help With All These VA Acronyms




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**The Schizophrenia Spectrum**

- Lifetime prevalence **1%**
  - 8% if you count *subclinical* psychotic experiences
- Hallucinations, negative sx, cognitive dysfunction
- 1 in 3 respond very well to meds (standard of care)
- But **36%** of people with schizophrenia respond poorly to medication
  - So we need adjunctive approaches



Art: Mentallyaware.org  
Note: This art was created by someone with schizophrenia to represent what it is like for them.

Elkis, et al, *Psychiatr Clin N Am*, 2016;39(2):239-265.

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 **Schizophrenia Spectrum and Comorbidities**

In the general population

- 20 years shorter life expectancy
- Suicide (5% prevalence) 20 times the risk
- CVD 1.5 times the risk
- Tobacco use (60%) Over twice average
- Obesity 2 times the risk
- Diabetes 2-5 times higher risk
- Insomnia 50-80% (versus 30%)

Hor et al. J Psychopharmacol, 2014;24(4 Suppl):81-90.  
Kritharides, et al. Curr Opin Lipidol, 2016;27:305-7. Suvisaari, Curr Diab Rep, 2016;15:16.

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 **Schizophrenia Spectrum and Comorbidities**

Older adults with schizophrenia compared to other older adults:

- Heart failure 45 vs 38%
- COPD 52 vs 41%
- Hypothyroidism 36 vs 27%
- Dementia 64 vs 32%
- But LESS cancer 31 vs 43%

The point here? That whole person care is vital here, to minimize problems from the mental health problem, AND the “physical” problems that come with it.

Hendrie, et al. Am J Geriatr Psychiatry, 2014;22(5):427-36.

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 **Schizophrenia: Working Your Body**

- Activity is beneficial overall
  - Better CV fitness, less sedentary
  - Clinical symptoms, quality of life, global functioning, and depressive symptoms
  - And cognitive benefits
    - Neurogenesis from brain-derived neurotrophic factor?
- Mindful movement (tai chi and yoga) show potential, but few studies

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### Schizophrenia: Food & Drink

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### Schizophrenia: Self-Care Options

p. ##



- While mind-body practices are often helpful, professional training in these is very important (See Schizophrenia: Professional Care graphic for options)
- Limited research on spirituality, but worth exploring
- Group programs may help
  - Avoid isolation
- Improving sleep may help with other symptoms as well
- Review of 29 studies: exercise is a 'robust add-on' for clinical symptoms, quality of life, global functioning, and depression
  - Yoga – not as clear, but may help with cognition
  - Mindful exercise (tai chi, yoga) more beneficial than non-mindful exercise
- Consider exposure to infections (e.g., toxoplasmosis)
- Help with hygiene
- Explore talents and skills
- Anti-inflammatory eating
  - Omega-3 essential fatty acids
  - Consider how microbiome is functioning

Information compiled from a number of sources. See references in slides for items not cited in this diagram.

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# Whole Health for Mental Health

## Day 1 Afternoon

### Schizophrenia: Professional Care p. ##

- Address other health problems/comorbidities:**
  - Thyroid
  - Sleep apnea
  - Huge link to CVD risk and type 2 diabetes
  - Lower risk of cancer
- Mindfulness Interventions for psychosis (MIPs) have benefits over routine care.**
  - Art therapy helps
  - So does music therapy
  - Low intensity CBT for psychosis (CBTp) promising in small studies
- No meds: 12 fold increase in risk of all-cause death, 37-fold increase in death by suicide**
- House calls, Hospice and home care plans, Case management**
- 36% of people with schizophrenia respond poorly to meds**
- Supplements**
  - Vitamin and mineral supplementation may help some (biotin, B6, B2 for psychiatric symptoms)
  - Maybe saffron
- Chinese medicine in general: not clear. Acupuncture: promising, but not much data**

Information: compiled from a number of sources. See references in slides for items not cited in this diagram.

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### Putting it All Together

What might be useful for helping someone with schizophrenia?

**Use the Self-Care and Professional Care options as a guide**

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### Thank You!

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Live Whole Health.

VA U.S. Department of Veterans Affairs  
Veterans Health Administration

# 8. The Power of Meditation and Clinical Hypnosis

Whole Health in Your Practice



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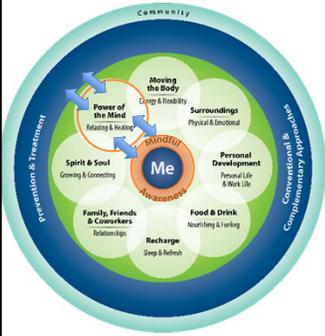
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### Power of the Mind and Mindful Awareness are Closely Connected in Many Professional Care Approaches



We are going to cover two of the four mind-body approaches featured on List One.

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## Semantics

- What are the differences between:
  - Mindful awareness
  - Meditation
  - Mindfulness

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**Mindful Awareness**



We all have it...  
the natural  
capacity to pay  
attention with  
curiosity and  
openness.

Photo: chuchutv.com

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**Attention comes and goes...**



We also have the  
capacity for  
mindlessness,  
inattention, or  
going on  
autopilot.

Photo: calminer.com

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**Mind-Body: Meditation**



- There are many types with different goals
- Different ways to find different states of consciousness
- Can help rest the mind
- Can help us learn more about ourselves
- Not a "religion"

**Examples of Benefits:**

- Less anxiety
- Peace of mind
- Better coping with pain
- Handle stress better
- Know yourself better

Many types:  
Mantram repetition,  
loving kindness, gratitude,  
RAIN, etc.

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 **Meditation Research**

What research findings have you seen?



Passport, Chapter 4

Photo: Nationalgeographic.com

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 **Research Highlights:  
Healthy Individuals**

- Reduces
  - Stress and anxiety
  - Depression, rumination
  - Anger and distress
- Enhances
  - Quality of life
  - Emotional intelligence, creativity
  - Concentration
- And (per another study)
  - Enhances spirituality and values
  - Increases empathy
  - Fosters self-compassion



Photo: Adam Pirofski

Khoury, J Psychosom Res 2015;78:519-528. / Chiesa, J Altern Complement Med, 2009;15(5):593-600.

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**Research Highlights:**  
**Specific Mental Health Concerns**

*Remember, meditation is not merely a 'therapy,' but it has shown benefit with some conditions*



- Especially responsive/related to mental health:
  - Chronic stress
  - Depression
  - Somatization
  - Anxiety disorder
  - Psychosis
  - Substance use
  - Binge eating
  - Insomnia

[http://www.hsrd.research.va.gov/publications/esp/cam\\_mindfulness-REPORT.pdf](http://www.hsrd.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf)

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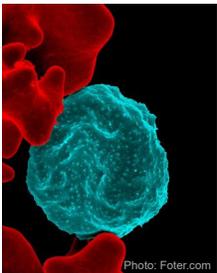
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**Mindful Awareness and Physiology**



- Increases gamma wave oscillations on EEG
- Lengthens time in a relaxed state
- Activates brain attention center
- Lowers chronic inflammation
- Lowers stress hormones
- Stabilizes CD4+ counts in HIV
- Enhances natural killer cell function
- Alters interleukin levels
- Lengthens DNA telomeres (= longer life and less chronic illness)

<https://wholehealth.wisc.edu/overviews/mindful-awareness/>

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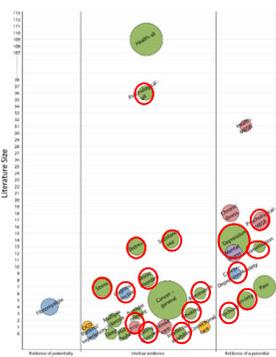
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**QUERI Evidence Map**



81 systematic reviews thru Jan 2015

- **Y axis** = size of the literature
- **X axis** = efficacy
- **Size of circle** = number of reviews
- **Color** = type of mindfulness studied:
  1. Green = mix
  2. Pink = MBSR
  3. Purple = MBCT
  4. Blue = combo of both
  5. Yellow = "unique interventions"

[http://www.hsrd.research.va.gov/publications/esp/cam\\_mindfulness-REPORT.pdf](http://www.hsrd.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf)

Passport, Page 55

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# Whole Health for Mental Health Day 1 Afternoon



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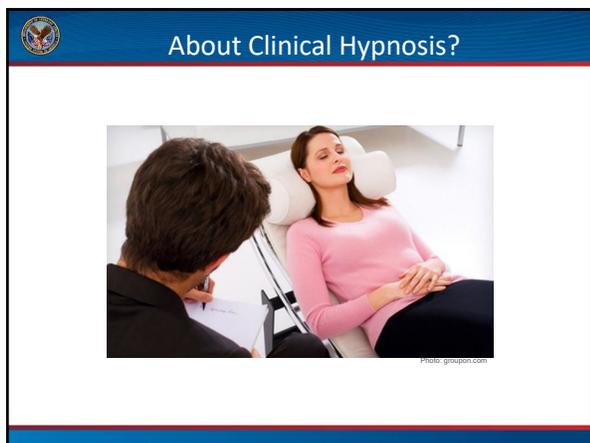
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### Clinical Hypnosis - Highlights

- Used for centuries
- Invokes a state of concentration and focus (trance)
- **Not** like stage hypnosis!
- Patient always in control
- Uses imagery, symbols, and suggestions
- Changes thoughts, perceptions, feelings, behaviors
- Sessions can be recorded and repeated



Photo: groupm.com

Passport, Chapter 12, Section 5 Gurgevich S. *Self-Hypnosis Techniques*. Saunders Elsevier; 2007.

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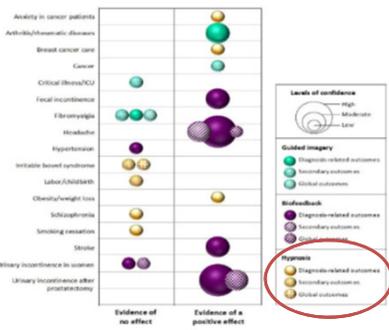
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### Clinical Hypnosis: Evidence Map



https://www.hsrd.research.va.gov/for\_researchers/cyber\_seminars/archives/3631-notes.pdf

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### Clinical Hypnosis - Uses

- **Stress**
- *Allergies, asthma*
- **Depression**
- *Labor*
- **Pain (perception)**
- *Skin problems*
- **Trauma**
- *Gut issues (e.g., IBS)*
- **Sleep issues**
- *Weight problems*
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- *Sexual problems*

Passport, Chapter 12, Section 5 Gurgevich S. *Self-Hypnosis Techniques*. Saunders Elsevier; 2007.

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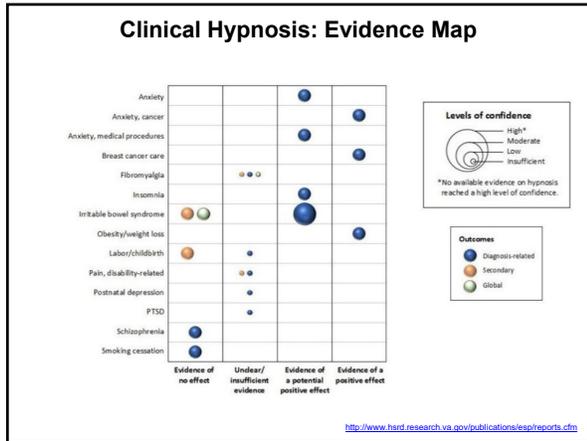
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# Whole Health for Mental Health Day 1 Afternoon




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### ECHO: Clinical Hypnosis

**Efficacy**      **Harms**

**Co\$ts**      **Opinions**

Image: Hungram.com

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Live Whole Health.

VA U.S. Department of Veterans Affairs  
Veterans Health Administration

## 9. Our Emotions I: Feelings Have Power

Whole Health in Your Practice

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# Whole Health for Mental Health

## Day 1 Afternoon



"Thanksgiving is an emotional holiday.

People travel thousands of miles to be with people they only see once a year.

And then discover once a year is way too often."

--Johnny Carson

Photo credit: pixabay.com

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### Aspects of Mental Health

- Thinking and Cognition
- **Emotions**
- Behaviors and Choices
- Peace and Ease
- Vitality and Wholeness

*The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart.*

-Helen Keller

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### Emotions: A Starting Point

Work with a partner.  
Take a few minutes to answer these questions:



1. What makes you happy?
2. Why?
3. How do you know you are happy?

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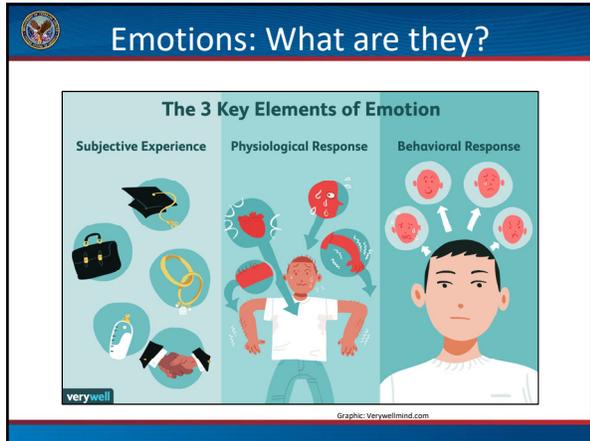
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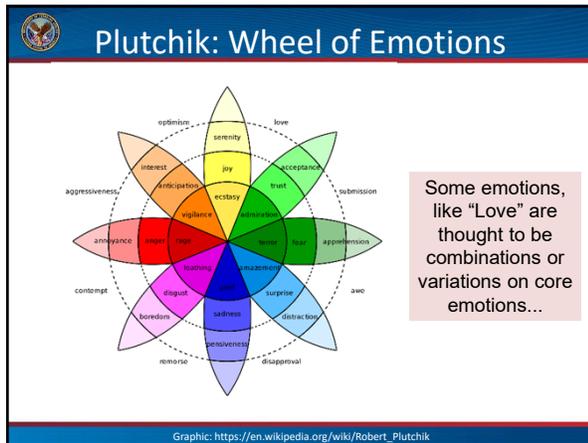
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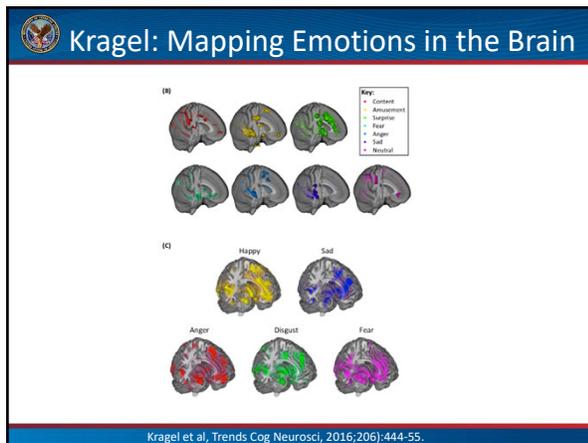
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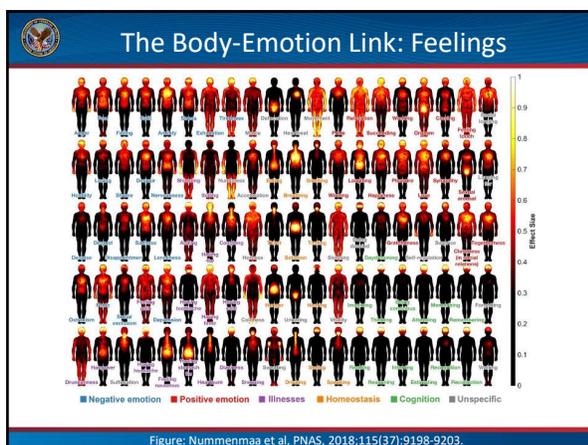
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### Back to Happiness: Definitions

- Includes multiple dimensions
  - Positive emotion
  - Engagement
  - Meaning
- Different people have different 'set points'
- Depends on internal and external factors (how much varies with each of us)

Greenberg and Nadler, Behavioral Strategies for Happiness and Satisfaction, Integrative Psychiatry and Brain Health, 2nd ed, NY: Oxford, 2018.

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### So... what are "healthy" emotions?

- What emotion do people most *want* to feel?
- What emotion is the "healthiest?"

Let's look at a few specific emotions....

Greenberg and Nadler, Behavioral Strategies for Happiness and Satisfaction, Integrative Psychiatry and Brain Health, 2nd ed, NY: Oxford, 2018.

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### Happiness

- Physiology, subjective descriptions can be similar
- Cultural perspectives can differ
  - Americans: Happiness is sought. Involves pleasure, excitement, or peace
  - Ancient Greece & China (Germans, Russians, Norwegians, Japanese): Happiness attributed to external factors or luck (happy circumstance)
  - East Asian, Middle Eastern: Happiness not always sought as the "best" emotion, can be disruptive
  - Varies with age, religious tradition etc



*Does this relate to the partner discussion from earlier?*

Oishi et al, Curr Opin Psychol, 2016;8:54-8.

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 **What Influences Our Happiness?**

- Different mediators play a role
  - Relationships
  - Individual factors
  - Social determinants (government, wealth)
  - Culture
  - Interventions and practices



Oishi et al, Curr Opin Psychol, 2016;8:54-8.

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**WHY TRYING TO BE HAPPY ALL THE TIME COULD BE DANGEROUS**

It's important to allow yourself to feel a range of emotions

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 **Video - Are Negative Emotions Pathological?** Whole Health Life

<https://www.youtube.com/watch?v=QT6FdhKriB8>

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### Hostility: The PRIME Study

- 6953 men
- Hostility significantly linked to mortality
- Standardized Hazard ratio for CVD mortality 1.33
- Standardized ratio for all-cause mortality: 1.14
  - Adjusted for demographic, psychological, behavior risk factors



Appleton et al, Ann Behav Med, 2016;50:582-91.

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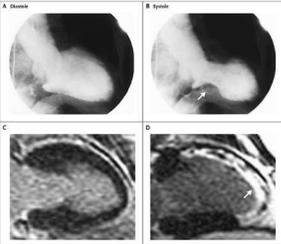
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### Reversible Cardiomyopathy with Emotional Stress



- 19 people with LV dysfunction post emotional stress
- Average ejection fraction = 20%
- Prolonged Q-T
- ↑ Monocyte infiltration
- ↑ Troponin I (moderate)
- ↑ Catecholamines
- 95% had normal arteries

Wittstein, et al., NEJM, 2005;352(6):539-48

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**Table 1. Clinical Characteristics of 19 Patients with Stress Cardiomyopathy on Admission.<sup>a</sup>**

Patient No.	Age	Sex	Race or Ethnic Origin	Coronary Risk Factors	Emotional Stressor	Time after Symptom Onset <sup>b</sup> hr	Heart Rate beats/min	MAP mm Hg	Symptoms
1	62	F	B	HTN, smoking	Mother's death	12	71	96	Chest pain
2	63	F	AA	HTN, Chol	Car accident	1	86	52	Heart failure; hypotension
3	48	F	W		Surprise reunion	4	85	88	Chest pain
4	60	F	W		Surprise party	2	109	53	Chest pain; hypotension (IABP)
5	66	F	W	HTN, FH	Father's death	5	65	91	Chest pain
6	77	F	W	HTN, FH	Husband's death	6	106	98	Chest pain
7	52	F	W	Smoking	Friend's death	2	92	59	Chest pain; hypotension (IABP)
8	52	F	W	HTN	Father's death	5	88	93	Chest pain
9	32	F	W	Chol, FH	Mother's death	1	74	90	Chest pain
10	61	F	W	Chol	Fear of procedure	1	108	45	Chest pain; shock (IABP)
11	66	F	W	Smoking	Fierce argument	2	66	109	Chest pain
12	87	F	W	HTN, Chol, DM	Friend's death	1	99	75	Chest pain
13	69	M	W	HTN, Chol	Court appearance	2	81	73	Chest pain
14	50	F	W	None	Fear of choking	2	84	100	Chest pain; heart failure
15	71	F	W		Public speaking	1	67	108	Chest pain
16	76	F	W	HTN, DM, smoking	Husband's death	2	109	101	Chest pain
17	65	F	W	HTN, Chol, smoking	Armed robbery	2	95	91	Chest pain
18	71	F	W	HTN	Son's death	6	70	66	Chest pain; VF
19	27	F	A	None	Tragic news	3	64	52	Chest pain; hypotension

<sup>a</sup> MAP denotes mean arterial pressure; B, Birmanian; HTN, hypertension; AA, African American; Chol, hypercholesterolemia; W, white; IABP, intra-aortic balloon pump; FH, family history; DM, diabetes mellitus; VF, ventricular fibrillation; and A, African. <sup>b</sup> Values are times from the onset.

Wittstein, et al., NEJM, 2005;352(6):539-48

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 **Laughter is Good for the Heart**



People who are more likely to laugh have less heart disease.

- 150 people were given humorous manuscripts.
- Those with heart disease were 45% less likely to laugh.
- Those who did laugh were less likely to have heart disease and had less hostility.

Clark, et al., Int J Cardiol, 2001;80:87-8.

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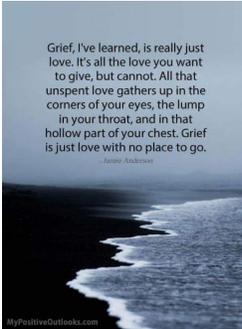
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 **Grief**



Grief, I've learned, is really just love. It's all the love you want to give, but cannot. All that unspent love gathers up in the corners of your eyes, the lump in your throat, and in that hollow part of your chest. Grief is just love with no place to go.

- More than emotion
- Varies among individuals
- Veterans learn to go into survival mode; stoicism key
- Types of grief
  - Typical
  - Complicated (7%)
  - Anticipatory
  - Disenfranchised

<https://wholehealth.wisc.edu/overviews/coping-with-grief/>

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 **Grief: PLISSIT – A Stepped Approach**

- 1. Permission**
  - Opportunity to share, to express
- 2. Limited Information**
  - Educating about the nature of grief helps
- 3. Specific Suggestions**
  - A Personal Health Plan with grief as the focus
- 4. Intensive Therapy**
  - More in-depth approaches
  - Specialist care



<https://wholehealth.wisc.edu/overviews/coping-with-grief/>

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### Emotional Well-Being

- What is Emotional Well-Being?
- How is it different than “happiness?”
- What emotions are experienced by someone who has Emotional Well-Being?




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### Emotional Wellbeing

- Positive well being
  - Optimism
  - Life satisfaction
  - Acceptance of negative emotions as normal and transient
- Benefits
  - Reduces CVD risk by 35%
  - Reduces CVD incidence by 20-30% Better immune, endocrine, and CV function
  - Also tied to healthier health behaviors diet, activity, smoking, adherence



Sin, Curr Cardiol Rep, 2016;18:106.

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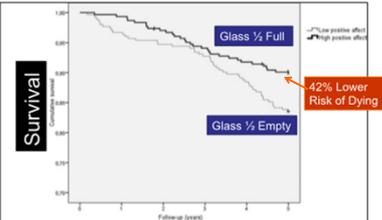
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### Optimism and Mortality

Exercise Mediates the Association Between Positive Affect and 5-Year Mortality in Patients With Ischemic Heart Disease. Hoogswegt, M. et al. Circulation: Cardiovascular Quality & Outcomes. 6(5):559-566, September 2013.



Number of patients at risk	Baseline	1 year	2 years	3 years	4 years	5 years
Low positive affect	303	293	286	280	267	253
High positive affect	304	301	293	284	277	271
Total number of patients	607	594	579	564	544	524

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# Whole Health for Mental Health

## Day 1 Afternoon

### Emotions and the Circle of Health

**ME:** Experiences of emotions differ from person to person

**Mindful Awareness:** There are practices to cultivate healthy emotions

**Self Care:** All the circles are linked to our emotions in different ways

**Professional Care:** There are MANY potential ways for Veterans to receive support with emotional challenges

Can you think of examples?

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Maybe the Circle needs a slight addition...

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### Mindful Awareness: Working With Emotions

- There are a variety of approaches
- Most involve “turning toward” an emotion
- RAIN, by Sharon Salzberg, is one example

Image: nanosysinc.com

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 **RAIN**

Access a feeling

- **R**ecognize
- **A**cknowledge
- **I**nvestigate
- **N**on-Identify



Image: PhotoBay.com

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 **RAIN**

What did you notice?



Image: FreyBibi.com

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 **Applying This in Your Work**

- How might you incorporate emotional health more fully into the care you provide Veterans?
- What about in your own self care?

*Write your ideas down in the back of your manual, in the section for*



Image: Shutterstock.com

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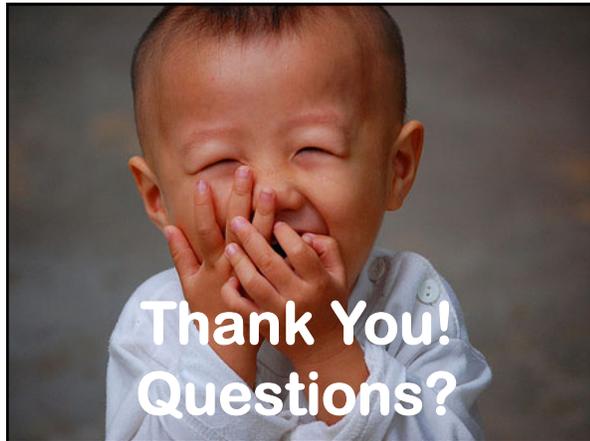
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At some points today, we hope you have been thinking,

*“Hey, I do a lot of that already!”*

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Where Are We Headed?

This is Implementation Part 1. There are two other parts tomorrow.



Part 1: Your Life

Part 2a: Your Practice

Part 3b. The System

Part 2: Your Team

Part 3a: Your Facility

Original Graphic: Vectorstock.com

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**The Million Dollar Question:**



How do you apply this to your own mental health?  
*(Reflect on that and we'll “circle” back!)*

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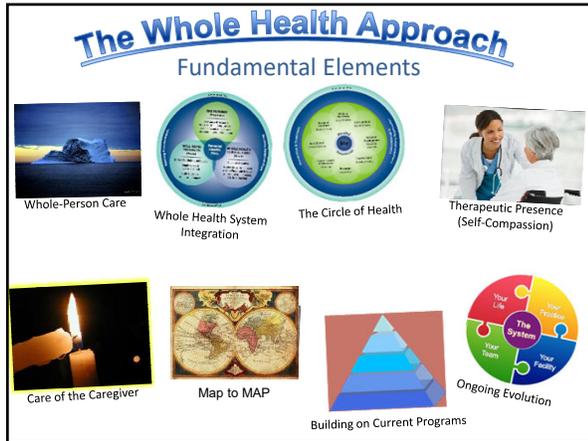
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# Whole Health for Mental Health

## Day 1 Afternoon




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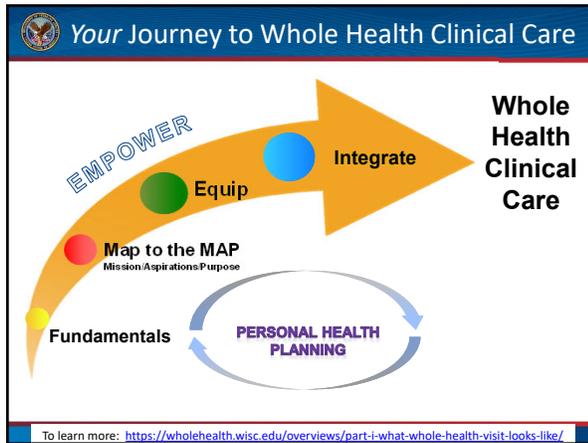
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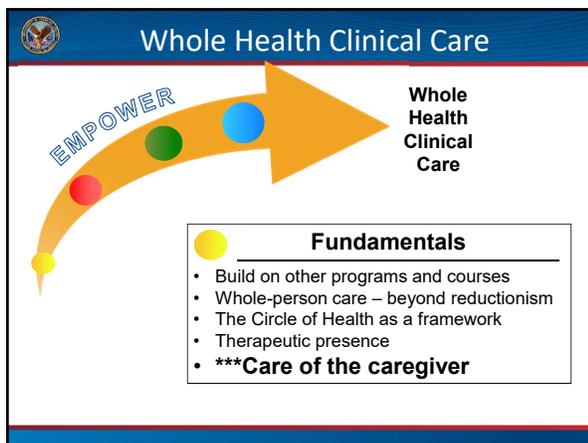
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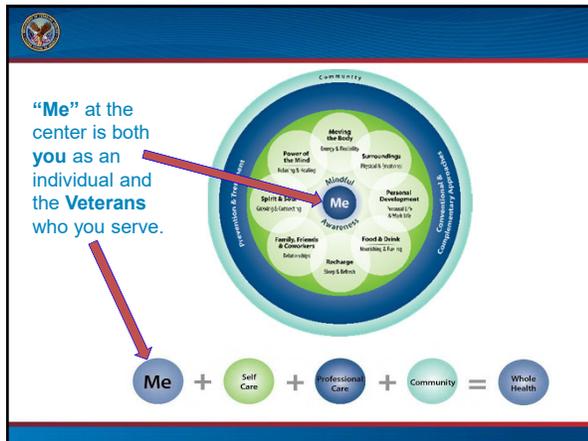
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# Whole Health for Mental Health Day 1 Afternoon



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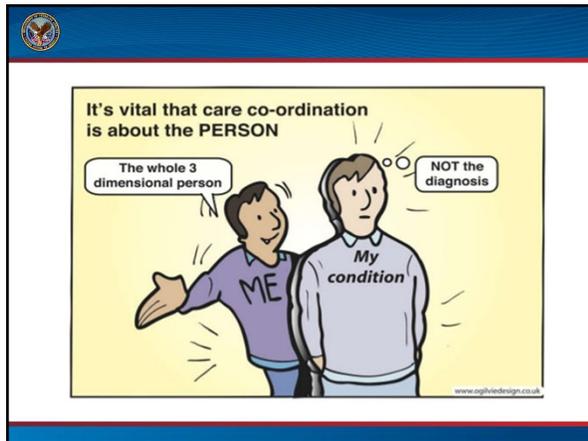
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### Discuss: Burnout & Empathy Fatigue

1. What are they?  
2. What causes them?  
3. What are some solutions?

4. What is your personal/professional experience with them? What are YOUR solutions?

Only discuss as much as you feel comfortable!

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# Whole Health for Mental Health

## Day 1 Afternoon

### Compassion Fatigue



**Compassion satisfaction (CS):** positive altruistic quality, feel good caring for others.



**Compassion fatigue (CF):** distress from prolonged, continuous, and intense self-sacrifice and intense exposure to difficult situations.

- Studied most in nurses
- Can come on faster than burnout

**Key elements:**

1. Depersonalization & decreased empathy
2. Reduced performance
3. Poor judgement

21 studies of nurses:

- CS in 48% of sample
- CF in 53%
- Burnout in 52%

**The solution? PAUSE. REST. BE KIND TO YOURSELF.**



Zhang BM et al. J Nurs Manag. 2018;26:810-9.

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### Maybe It's Really Empathy Fatigue



*You can't have too much compassion, but you can totally have too much of feeling the suffering of others...*

Let's try an activity. Recall a recent time where you felt another's suffering. Choose one of these self-compassion options

1. Acknowledgement of the suffering. What are you feeling? Where in your body? What do you need to be comforted?
2. Self-talk. What might you say to yourself to offer comfort? Serenity prayer? A mantra? Quote scripture?
3. Soothing touch – heart, abdomen, face, self-hug

Best to do these right in the moment, when you can...

<https://pro.psychcentral.com/self-compassion-as-an-antidote-to-empathy-fatigue/>

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Group sharing

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 **New Partner: Resilience & Engagement**

1. What are they for you?
2. What fosters them?
3. What is your experience with them?
4. **What do you personally need to cultivate them even more, at this point in your life?**



Photo: pinterest.com

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**Group sharing again...**



Image: skilfulwork.org

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 **Engagement: “The Blockbuster Drug”**

*Patient engagement* is the desire and capability to **actively** choose to participate in care in a way **uniquely appropriate** to the individual, **in cooperation** with a healthcare provider or institution, to maximize outcomes or improve care experiences.

Higgins T et al. Patient Education and Counseling, 2017;100:30–36.

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### Engagement and Clinicians

On a scale of 1-10, how engaged do you feel with your work?

1 10

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### Engagement: Our Most Powerful "Tool"

- Concept analysis of 722 articles on engagement
- Identified 4 key elements (PACT):
  1. Personalization (it's individualized)
  2. Access (to things they need which help)
  3. Commitment (it matters to them – MAP)
  4. Therapeutic Alliance (good clinician connection)  
(Environment came up as well)

Higgins T et al. Patient Education and Counseling, 2017;100:30–36.

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### Key Drivers of Burnout and Engagement

RESILIENCE & ENGAGEMENT  
More Optimal  
• Viger  
• Dedication  
• Absorption

Efficiency & resources  
Workload & job demands  
Organizational culture & values  
Meaning in work  
Work-life integration  
Control & feasibility  
Social support & community at work

BURNOUT  
Less Optimal  
• Exhaustion  
• Cynicism  
• Inefficacy

Shanafelt et al, Mayo Clin Proc. 2017;92(1)129-146.

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**Resilience Can Be Trained!**

1. Think flexibly
2. Have a positive attitude
3. Develop “active coping skills”
4. Fine-tune your moral compass
5. Have role models



Photo: Newyorkdailynews.com

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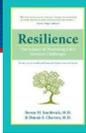
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**Resilience Can Be Trained!**

6. Face your fears
7. Have strong social support
8. Maintain Physical well-being
9. Train regularly (plan ahead)
10. Recognize and foster your strengths




*Never, ever “blame the victim”*

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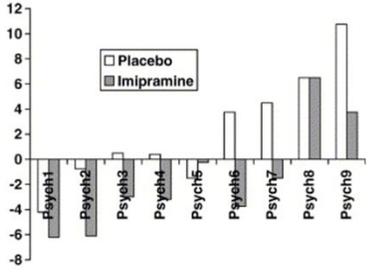
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**Practitioner Effects**



Practitioner	Placebo	Imipramine
Psych1	-6	-6
Psych2	-6	-6
Psych3	1	1
Psych4	1	1
Psych5	1	1
Psych6	4	4
Psych7	4	4
Psych8	6	6
Psych9	11	4

Controlling for everything else, different psychiatrists had better or worse success treating depression. The key: Their healing presence.

McKay K, et al., J Affect. Disord, 2006;92:287-90.

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 Journey to Whole Health Clinical Care

**EMPOWER**

**Whole Health Clinical Care**

**Map to the MAP**

- The Game Changer!
- Discover what matters most to Veterans (MAP)
- Establish and document shared goals
- Create a plan that supports what matters
- Supported by
  - Pathway Programs, Whole Health coaching
  - Whole Health courses and FIT Consultations
  - Tools (e.g., PHI, HLA, note templates)
  - Disease-Based Self-Management and Education
  - Existing treatment planning processes

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 Mapping to the "MAP"

- Mission, Aspiration, Purpose (MAP)
- "The Game Changer"
- Focusing there gets you "buy in" right away
- Even if time is short, still try to do this part for a moment
- Foundational to the Personal Health Planning Process



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 Mapping to MAP

- Foundational to Whole Health
- Key step in the Personal Health Planning Process
- Gets you "buy in" (engagement) right away
- Do this even when time is short
- People do better if care is centered on them
  - More likely to follow the plan
  - Trust their team more
  - Survive major events better



Nafadi et al., PLoS One. 2017 Oct 17;12(10):e0186458. Keating et al., J Gen Intern Med, 17(1): 29-39, 2002. Matarco et al., Health Services Research 45(5):1188-1204, 2010.

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 **Large Group Discussion:**

Any experiences using MAP in your practice?



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 **Map to the "MAP": Examples of ?'s**

- It would really help me partner with you in your care, if I understood what is important to you in your life.
- What really matters to you in your life? What do you want your health for?
- What brings you a sense of joy and happiness?
- How does your current health impact what is most important to you?
- What is your vision of your best possible health?

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 **Demo: Mapping to the MAP**



Image: washington.edu



Image: modib.com

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 Explore the “MAP” With a Partner

- Reflect a moment. What is your MAP? How is it linked to your mental health?
- Find a (new) partner. Decide who will ask questions first.
- Ask about each other’s Mission, Aspiration, and/or Purpose.
- Practice generous listening. OK to paraphrase or reflect back what they are saying.



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 Map to the “MAP”: Examples of ?’s

How was that?  
How can you apply it even more fully in your work?

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 Journey to Whole Health Clinical Care



**Whole Health Clinical Care**

**Equip**

- Veterans are supported with meeting their goals and moving toward their MAP
  - They have Personal Health Plans
  - Communication is seamless
  - Well-Being Programs and CIH are offered
  - Whole Health Coaching, shared medical appointments, and online resources are shared
  - Staff are also equipped with what they need

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# Whole Health for Mental Health Day 1 Afternoon

 **Empowering and Equipping**

What resources do you already use?  
What are others you could use?

*Write your ideas in your workbook*

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**WHOLE HEALTH LIBRARY**  
Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Centered Care

HOME ABOUT GET STARTED IMPLEMENTATION SELF-CARE **PROFESSIONAL CARE** TOOLS COURSES VETERAN HANDBOOKS

PROFESSIONAL CARE

Whole Health applies complementary and integrative health approaches to treatment plans for specific conditions. The intention is not to pressure clinicians to incorporate new modalities they may find uncomfortable with, but rather to equip them with the latest research so they can have informed discussions with patients who are already experimenting with integrative health. This is especially important if patients are taking medications that could react with their modalities. Knowing the latest research on complementary and integrative health adds to your repertoire and could be a source of hope for patients and their families.

Click on each health-related topic to access:

- Overview containing the latest evidence supporting a Whole Health approach
- Whole Health tools you can use during point of care
- Case studies that include sample personal health narratives and personal health plans



CHRONIC PAIN -  
SELF-MANAGEMENT OF CHRONIC PAIN -  
HEADACHE -  
LOW BACK PAIN -  
MUSCULAR PAIN -  
PTSD -  
DEPRESSION -  
SUBSTANCE USE -  
COPING WITH GRIEF -  
CAREER CARE -  
HEALTH -  
DIGESTIVE HEALTH -  
ENDOCRINE HEALTH -  
IMMUNE SYSTEM HEALTH -  
SKIN HEALTH -  
MEN'S HEALTH -  
WOMEN'S HEALTH -  
REPRODUCTIVE HEALTH -

There is an anxiety that is coming too...

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**WHOLE HEALTH LIBRARY**  
Advancing Skills in the Delivery of Personalized, Proactive, and Patient-Centered Care

HOME ABOUT GET STARTED IMPLEMENTATION SELF-CARE PROFESSIONAL CARE TOOLS COURSES VETERAN HANDBOOKS

DEPRESSION

**WHAT WOULD YOU RECOMMEND?**

Frank is a 46-year-old retired Vietnam Veteran. His primary care physician is concerned that he may be depressed. Frank has tried three medications in the past to help with depression, but he didn't tolerate them well and refused to try another. His primary care physician is wondering about other options.

What would you tell Frank and how would you implement a Whole Health approach to care?

Our Depression overview provides additional information about Frank and incorporates integrative and complementary practices such as yoga, meditation, acupuncture, and massage. You will learn which dietary supplements are safe to use and how the scientific community rates high strength antidepressants, mood therapy, and other therapies. We also offer Whole Health tools related to depression below.

EVIDENCED-BASED OVERVIEW OF DEPRESSION

[Read Overview](#)

**Whole Health Tools**

DEPRESSION -  
DIETARY SUPPLEMENTS AND MOOD -  
MIND-BODY APPROACHES AND DEPRESSION -

Want more quick and easy tools?  
Review a comprehensive list  
[Learn More](#)

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# Whole Health for Mental Health

## Day 1 Afternoon

### VA Patient Centered Care

<http://www.va.gov/wholehealth/>

External site - for everyone (Veterans, families)

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### Whole Health Veteran Handouts

~60 handouts related to the Circle

Also available on the Whole Health Library site

<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>

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### OPCC&CT SharePoint Hub

- Internal – OPCC&CT SharePoint Hub
- <https://vaww.infoshare.va.gov/sites/OPCC/Pages/Default.aspx>
- Education page on SharePoint
- <https://vaww.infoshare.va.gov/sites/OPCC/Education/SitePages/Home.aspx>

Whole Health Education Homepage Link

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# Whole Health for Mental Health Day 1 Afternoon

## Whole Health for Life Mobile App

Will be able to download on Android, iPhone

- Being rolled out in the next few months
- Has general info
- Can do PHI
- Can learn about self-care and other resources
- Can set goals
- Adds goals into calendar



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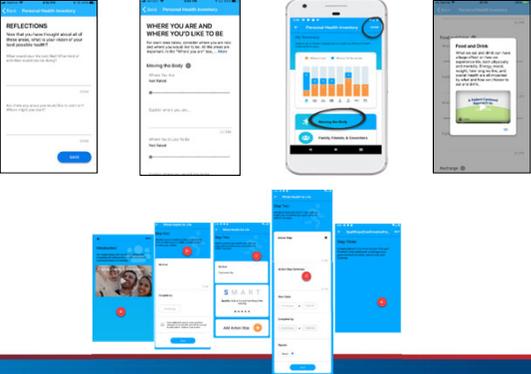
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## Mobile App: More Screenshots



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## Bridges: Ways to Connect

Whole Health Clinical COP call  
1st Thursday of month, 2 pm EST  
<https://vaww.infoshare.va.gov/sites/OPCC/COP/WholeHealth-ContinueTheConversation/SitePages/Home.aspx>  
Has integrative health and acupuncture subgroups



Email for Integrative health questions:  
[vhaopcctintegrati@va.gov](mailto:vhaopcctintegrati@va.gov)

FIT Consultant engagements  
*FIT CIH Specialty Team Email*  
[VHAOPCCCTCI@va.gov](mailto:VHAOPCCCTCI@va.gov)

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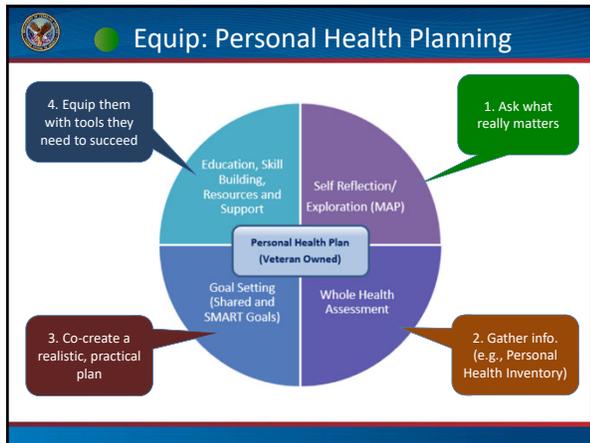
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# Whole Health for Mental Health

## Day 1 Afternoon




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### Whole Health Assessment Personal Health Inventories

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### The PHP Arises Through Different Steps

#### Personal Health Inventory (PHI)

How?

#### Personal Health Plan (PHP)

Personalized Health Plan (PHP)

Personal Mission	
Overall Life and Health Goals	
Mindful Awareness	
Self Care (Including Self-Care)	Family, Friends, and Community
Work and Daily	Spirit and Soul
Food and Diet	Relationships
Family Life and Role	Personal Development
Work and Career	
Professional Care (Including self-healing and education)	
Education	
Treatment Plans (Including conventional and complementary approaches)	
Pharmaceuticals and Supplements	
Support	
Social Networks (Family, Friends, Community)	
Next Steps	
Signatures	
Date: 00/00/00 00:00:00 (UTC-05:00)	

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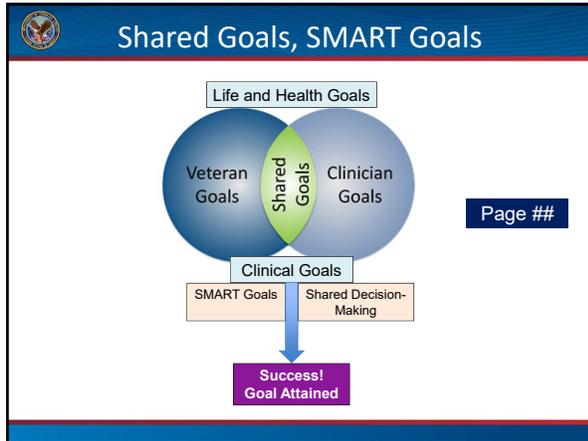
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### Shared Goals

Bring in your Motivational Interviewing Skills!

- Goals that the clinician and the Veteran agree are a priority
- Can tie into MAP
- Examples:
  - Veteran: *I want to lose weight so I can walk to my favorite picnic spot with my partner*
  - Clinician: *I want you to lose weight and increase activity to lower your risk for an MI*

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### The Circle Guides Goal-Setting

- What area of the circle do you want to focus on? Why?
- Where are you now? Why that number?
- Where do you want to be? Why that number?
- What is one thing you could change?
- What would it be like to reach your goal in this area?

The photograph shows a healthcare provider in a white lab coat looking at a tablet computer. A patient is partially visible, looking at the tablet with the provider. The tablet screen displays a circular graphic, likely related to the 'The Circle Guides Goal-Setting' section.

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**SMART Goals**



**S**pecific  
**M**easurable  
**A**ction-Oriented  
**R**ealistic  
**T**imed

Image: vocativictoria.com

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**Follow-Up**

- Timely follow-up is essential
- Specify timeframe, person, modality
- Specify what to do if lapse occurs
- Normalize lapse as different from relapse
- Reinforce effort and partial progress towards goals



Image: ccp.jhu.edu

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VA U.S. Department of Veterans Affairs  
Department of Veterans Affairs  
Office of Patient-Centered Care and  
Cultural Transformation

**Whole Health Life**

**Demo:  
Personal Mental Health Planning**



The diagram is a circular flowchart with four quadrants: Education, Skill Building, Resources and Support; Self-Reflection/Exploration (M&M); Whole Health Assessment; and Goal Setting (Shared and SMART Goals). A central box labeled 'Personal Health Plan (Veteran Owned)' connects all four quadrants.

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 **Reflection on the Demo**

- What struck you about the demonstration?
- What did you appreciate?
- What was would you add?
- How would you make modifications to make it work in your practice?

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**The Million Dollar Question Revisited:**



Time to start creating your Personal (Mental) Health Plan!

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 **Putting it all Together**

- Same partner as you did MAP with
- Play with doing Personal Health Planning for each other
  - ① Introduce them to Whole Health
  - ② Summarize their MAP
  - ③ Choose a Circle and Set a Shared MENTAL HEALTH Goal – just one for now! SMART goals a bonus, but not required
  - ④ Create a REAL follow up plan (something for tonight)

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 Journey to Whole Health Clinical Care

**EMPOWER**

**Whole Health Clinical Care**

**Integrate**

- Whole Health team members seamlessly integrate planning across disciplines, with the Veteran guiding the process
- Clinical care encompassed within the larger Whole Health System
- Impacts of Whole Health are measured

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 One Thing You Can Do...

How can you more fully incorporate **Personal Health Planning** into **your daily work**?

**What are some barriers you face?**



**How will you get around/through them?**

Write ideas down in the back of your Workbook

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**Questions?**

Pulse check, page ##

But don't leave! We are not done yet!

**Homework...**

Photo: fstopers.com

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 **Homework Activity: Your Own Plan**

1. Do one thing to move forward with the Personal Mental Health Plan you just created.

*We'll ask people to share what they did tomorrow!*

2. Reflect on Whole Health for Mental Health could be done on your team, and at your site



Image: videohive.net

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**Whole Health for Mental Health**

**Local Site Presentation**

Live Whole Health. VA U.S. Department of Veterans Affairs

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**Thank You!**  
**And see you tomorrow!**

Photo: walltoberia.com

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