

NOVEMBER 7, 2023

COMMUNITY DRIVEN APPROACHES TO PROVIDING MENTAL HEALTH SUPPORT: PROBLEM MANAGEMENT PLUS IN THE UNITED STATES

WEBINAR

AGENDA

- Welcome and Overview
- Setting the Context
- An Overview of Problem Management Plus
- Implementation Experience in the United States
- Questions and Answers

TODAY'S SPEAKERS



Jacquie Anderson, MSW, Senior Director of Grantmaking, Blue Cross Blue Shield of Massachusetts Foundation



Kaitlyn Kenney Walsh, PhD, Vice President of Policy and Research, Blue Cross Blue Shield of Massachusetts Foundation



Adam Brown, PhD, Associate Professor of Psychology (Clinical) and Vice Provost for Research, The New School



Giuseppe Raviola, MD, MPH, Director, Mental Health, Partners In Health



Piper Derenoncourt, LICSW, MSW, MPH, Assistant Director, Mental Health Equity Programs, The Family Van



Rainelle Walker-White, BS, Associate Director, Health Equity Programs, The Family Van



Jerome Galea, PhD, MSW, LCSW, Associate Professor of Social Work, University of South Florida

SETTING THE CONTEXT

Kaitlyn Kenney Walsh, PhD
Vice President of Policy and Research
Blue Cross Blue Shield of Massachusetts Foundation

BACKGROUND – THE PROBLEM

Challenges: Experienced by Providers and Consumers

ACCESS TO OUTPATIENT MENTAL HEALTH SERVICES IN MASSACHUSETTS

Access to Outpatient Mental Health Services in Massachusetts: A SUMMARY OF FINDINGS

OCTOBER 2017

FOUNDATION MASSACHUSETTS

Abt

ACCESS TO CARE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS IS A CHALLENGE FOR MANY IN MASSACHUSETTS

DECEMBER 2018

Despite Massachusetts' large behavioral health workforce, many state residents report difficulties obtaining mental health services, and both residents and providers report long wait times for outpatient mental health services.^{1,2} Based on new data from the 2018 Massachusetts Health Reform Survey (MHRS), more than half (56.9 percent) of adults 19 to 64 who sought care for mental health (MH) and/or substance use disorders (SUDs) over the past 12 months reported difficulties obtaining needed care, including difficulty finding an MH/SUDs provider who would see them at all or difficulty getting an appointment with an MH/SUDs provider as soon as needed (Figure 1). These difficulties likely contributed to more than one-third (35.7 percent) of those adults going without needed MH/SUDs care in the past year and one in eight (12.7 percent) visiting the emergency department (ED) for MH/SUDs-related issues. Roughly half of those reporting an ED visit for an MH issue reported that their most recent visit was for a nonemergency MH condition.

that is, an MH condition that could have been treated by a regular doctor or MH provider, had one been available. In this brief, we examine the health care experiences of adults 19 to 64 who sought care for MH conditions and/or SUDs in Massachusetts, the first perspective into their access to health care overall, with the target gaps reported for MH/SUDs care.

STUDY DATA AND METHODS

We use data for 2018 from the MHRS, a periodic random-digit dial (RDD) telephone survey of adults 19 to 64 in Massachusetts that has been conducted since 2005. The 2018 MHRS included oversamples of low- and moderate-income adults and was conducted in English and Spanish, with calls to cell and landline phones. The response rate was 14 percent, which reflects the significant drop in response rates for RDD surveys in recent years.^{3,4} The response rate for the MHRS is comparable to rates obtained in other recent state surveys relying on RDD methods.⁵

The MHRS collects information on health insurance coverage, health care access and use, health care affordability, and demographic and socioeconomic characteristics from a sample of noninstitutionalized civilian adults ages 19 to 64.⁶ The survey sample is weighted to reflect the probability of selection into the survey and includes a post-stratification adjustment to ensure that the characteristics of the overall sample were consistent with the characteristics of the Massachusetts population for age, sex, race/ethnicity, and geographic distribution. There were 2,201 adults in the 2018 sample. The 2018 MHRS added questions on access to and use of care for MH conditions and/or SUDs, which are the primary

FIGURE 1. ACCESS TO CARE FOR MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS (MHSUDS) OVER THE PAST 12 MONTHS AMONG MASSACHUSETTS ADULTS 19 TO 64 WHO SOUGHT CARE, 2018

Category	Percentage
Had difficulty finding an MHSUDs provider or getting an appointment as soon as needed	56.9%
Had without needed MHSUDs care	35.7%
Had an emergency department (ED) visit for MHSUDs	12.7%
Had recent ED visit for MH use for nonemergency MH condition	6.2%

Source: 2018 Massachusetts Health Reform Survey. Note: A nonemergency MH condition is one that the respondent thought could have been managed in regular care or with primary care but was not available.

Sharon K. Long
Robert A. Levine
Chris Sabin

FOUNDATION MASSACHUSETTS

UMass Chan
Commonwealth Medicine

University of Massachusetts Chan Medical School

Opening the Door to Behavioral Health Open Access in Massachusetts: A Look at the Experience and Opportunities to Support Implementation

SEPTEMBER 2021

FOUNDATION MASSACHUSETTS

UMass Chan
Commonwealth Medicine

University of Massachusetts Chan Medical School

Carol Coyne
Lorena Vicentini
Jeffrey Walker
Commonwealth Medicine
University of Massachusetts Chan Medical School

Behavioral Health During the First Year of the COVID-19 Pandemic: An Update on Need and Access in Massachusetts 2020/2021

FEBRUARY 2022

FOUNDATION MASSACHUSETTS

NORC
University of North Carolina
Research Center for Health, Behavior, and Society

Help for the Front Line: Approaches to Behavioral Health Consultation for Primary Care Providers

MARCH 2022

FOUNDATION MASSACHUSETTS

UMass Chan
Commonwealth Medicine

University of Massachusetts Chan Medical School

Rose Bold-Charla
Elizabeth Hays
Lisa Brault
Catherine Gonyea

Carol Coyne
Madara A. Gumpson
Margaret McCaffrey
Susan C. Wicksle

Robert Selzer
Daphne Swann
Kara Sullivan

Commonwealth Medicine, University of Massachusetts Chan Medical School

IDENTIFYING SOLUTIONS



Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts

SEPTEMBER 2022

MASSACHUSETTS FOUNDATION | manatt

Mindy Lipson
Patti Boonang
Natasha Rosario
Manatt Health

Problem Management Plus: An Evidence-based Approach to Expanding Access to Community-based Mental Health Supports

MAY 2023

MASSACHUSETTS FOUNDATION | DMA Health Strategies

Wendy Holt
Jolie L. Silverman
Raj Mahan
DMA Health Strategies

Community-initiated care

AN OVERVIEW OF PROBLEM MANAGEMENT PLUS

Giuseppe Raviola, MD, MPH,
Director, Mental Health
Partners In Health

Partners In Health: Application of Problem Management Plus in Global Settings



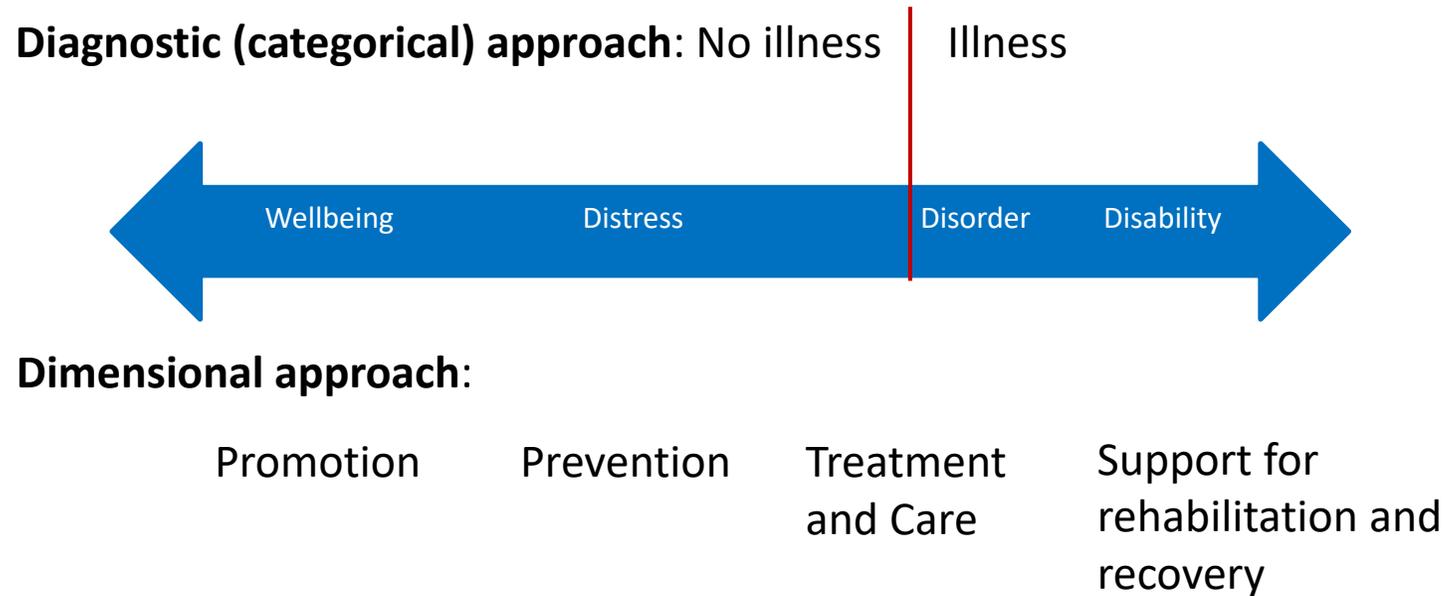
Lima, Peru



WHERE WE WORK



Mental Health as a Dimension



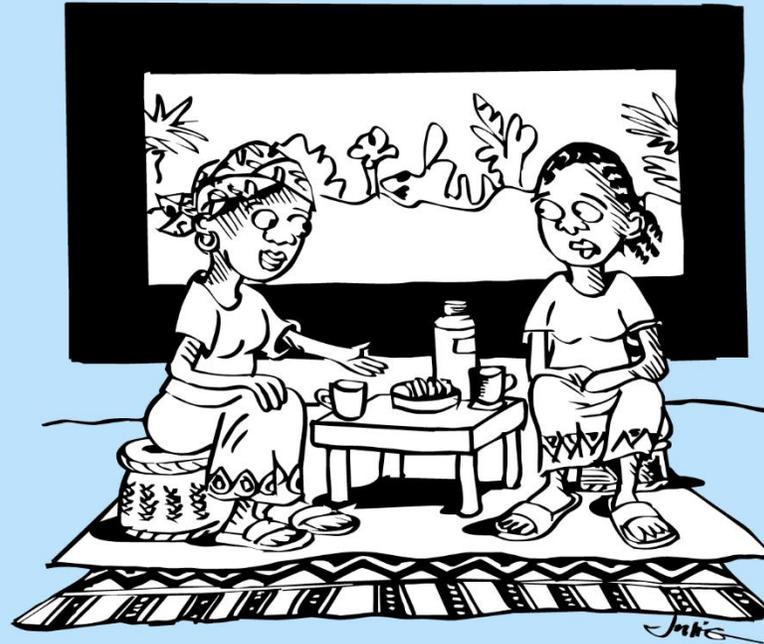
During challenging times and crises, most people move from left to right on the wellness spectrum

Psychosocial approaches

A range of nonpharmacologic interventions that engage the child, adolescent and family in the process of adaptive change should take precedence over a medical or pharmacologic approach.

Why Psychosocial Interventions?

- First-line/most effective treatment for many mental health conditions (e.g. PTSD, autism, anxiety disorders)
- When there is a choice (e.g. depression), psychological treatments have better long term outcomes (e.g. lower relapse rates)
- Enhances the effectiveness of pharmacotherapy (for e.g. psychoses, addictions)



PROBLEM MANAGEMENT PLUS (PM+)

Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2018
Series on Low-Intensity Psychological Interventions - 2

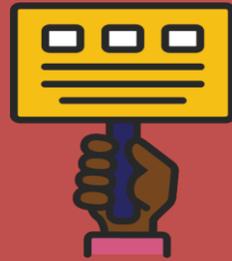


Problem Management Plus

4 core strategies across 5 sessions



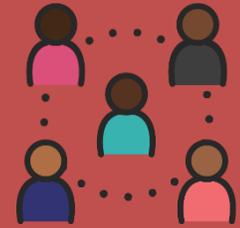
Managing anxiety
and stress



Managing problems



"Get going, keep
doing"



Strengthening social
supports

IMPLEMENTATION EXPERIENCE IN THE UNITED STATES

AN OVERVIEW OF BCBSMA FOUNDATION'S ADVANCING COMMUNITY-DRIVEN MENTAL HEALTH

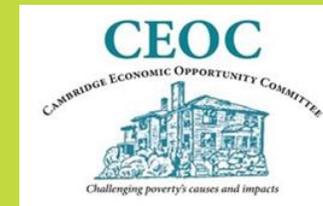
Jacque Anderson, MSW,
Senior Director of Grantmaking,
Blue Cross Blue Shield of Massachusetts Foundation

ADVANCING COMMUNITY-DRIVEN MENTAL HEALTH

The goal of this funding program is two-fold:

- Improve access to community-based mental health services for individuals experiencing mild to moderate mental health distress and practical problems of daily living.
- Develop the skills of a non-clinical workforce to support community members in addressing mild to moderate mental health distress and practical problems of daily living.

Grant Partners



TECHNICAL ASSISTANCE PARTNERS

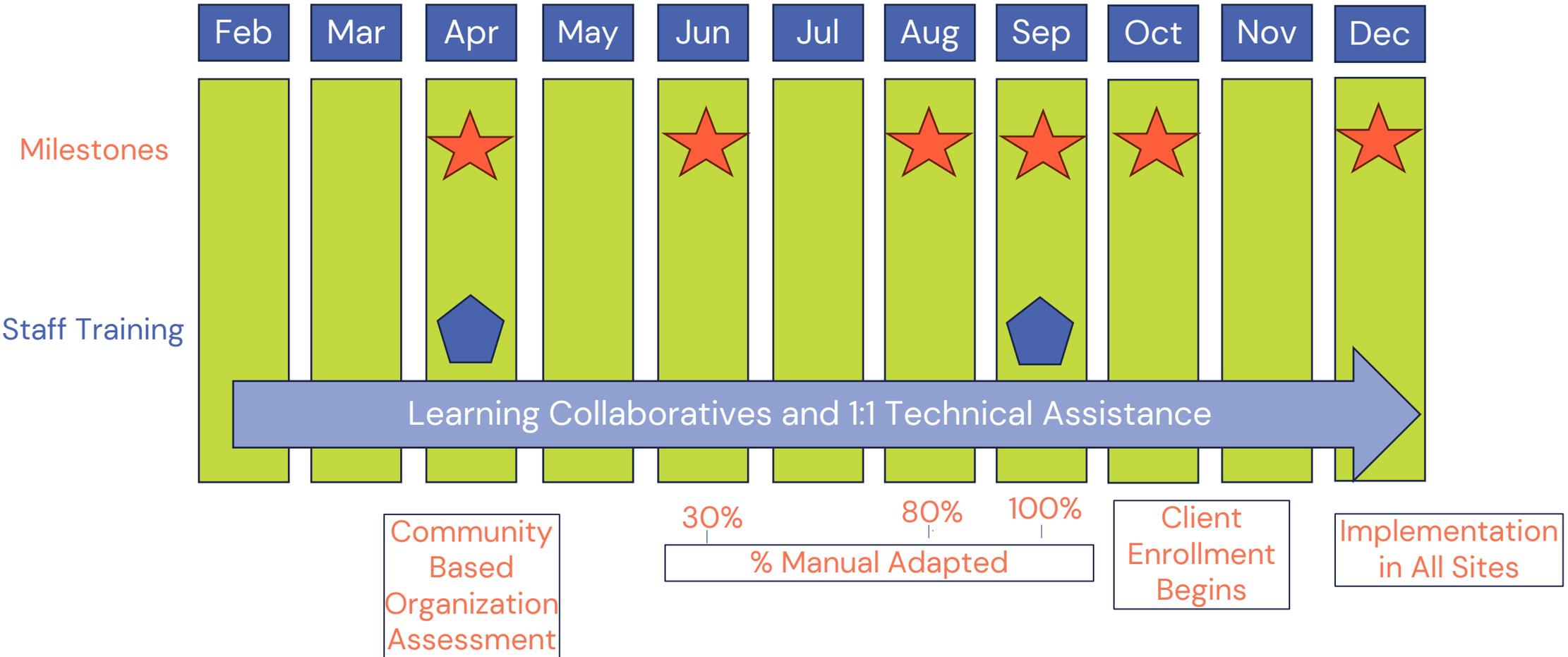


INSTITUTE FOR
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HEALTH**

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION

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PLANNING, ADAPTING, AND TRAINING





PM+ Core Skills Training September 2023

Photo Credit: PIH-US, ACDMH PM+ Training, Zack DeClerk



The Family Van

Wellness Within Reach

Rainelle Walker-White, B.S.
Associate Director Health Equity
Programs

Piper Derenoncourt, LICSW, MSW, MPH
Assistant Director, Mental Health Equity
Programs



Who we are



Established in 1992
in Boston, MA



Designed with
community, for
community



Led by a
culturally diverse,
multi-lingual
CHW team



Promoting
equitable care in 4
underserved
communities



Addressing Emotional Health on The Family Van

2016

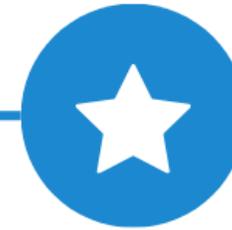
2018

2018-2019

2019

2020

2021-
PRESENT



Mental Health Gap
Identified

Community
Listening Sessions

Research, PM+
Model Selection

Pilot Funding
Secured

Initial PM+
Adaptation
&
PM+ Training

Program Launch
&
Continuous
Adaptation



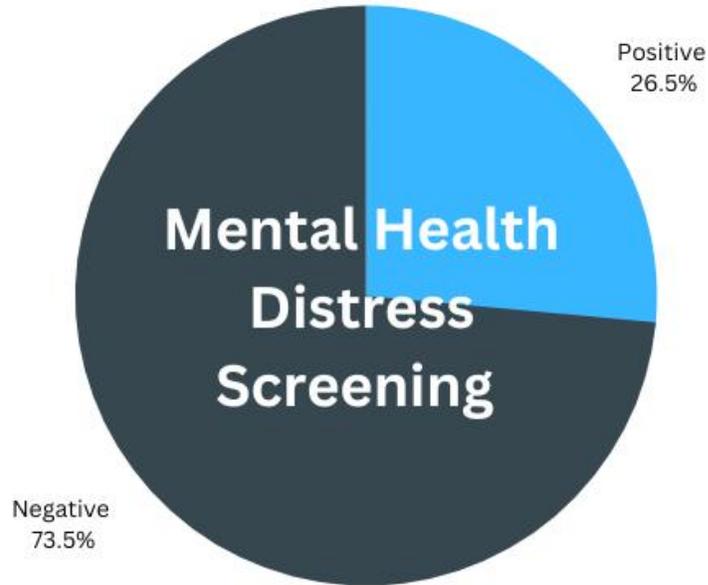
Key Adaptations & Strategies



- Relational Screenings
- Flexible
- Whole Person
- Strengths based
- Redefining Success
- Culturally responsive
- Community Engaged

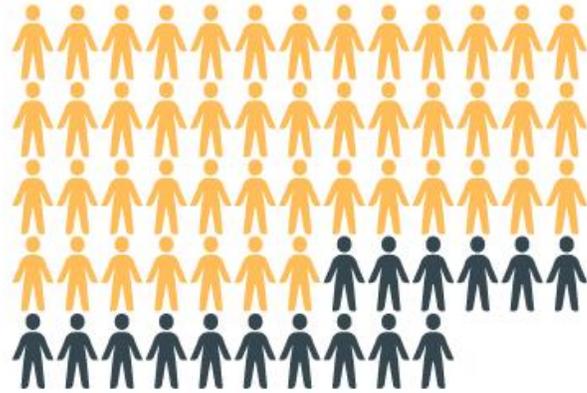


Outcomes



159 sessions held in English, Spanish, and Portuguese

363+ referrals for social and emotional support



74% of eligible clients enrolled

40% average reduction of mental health distress with 3+ sessions

Trained **6 CHWs** and **68 volunteers**



Impact

“Healthy Roads is an entry point to mental health support. My **needs were understood** and acknowledged, and using a holistic view of me as a **person**, I was given coping tools and strategies that worked for me.”

-Healthy Roads participant





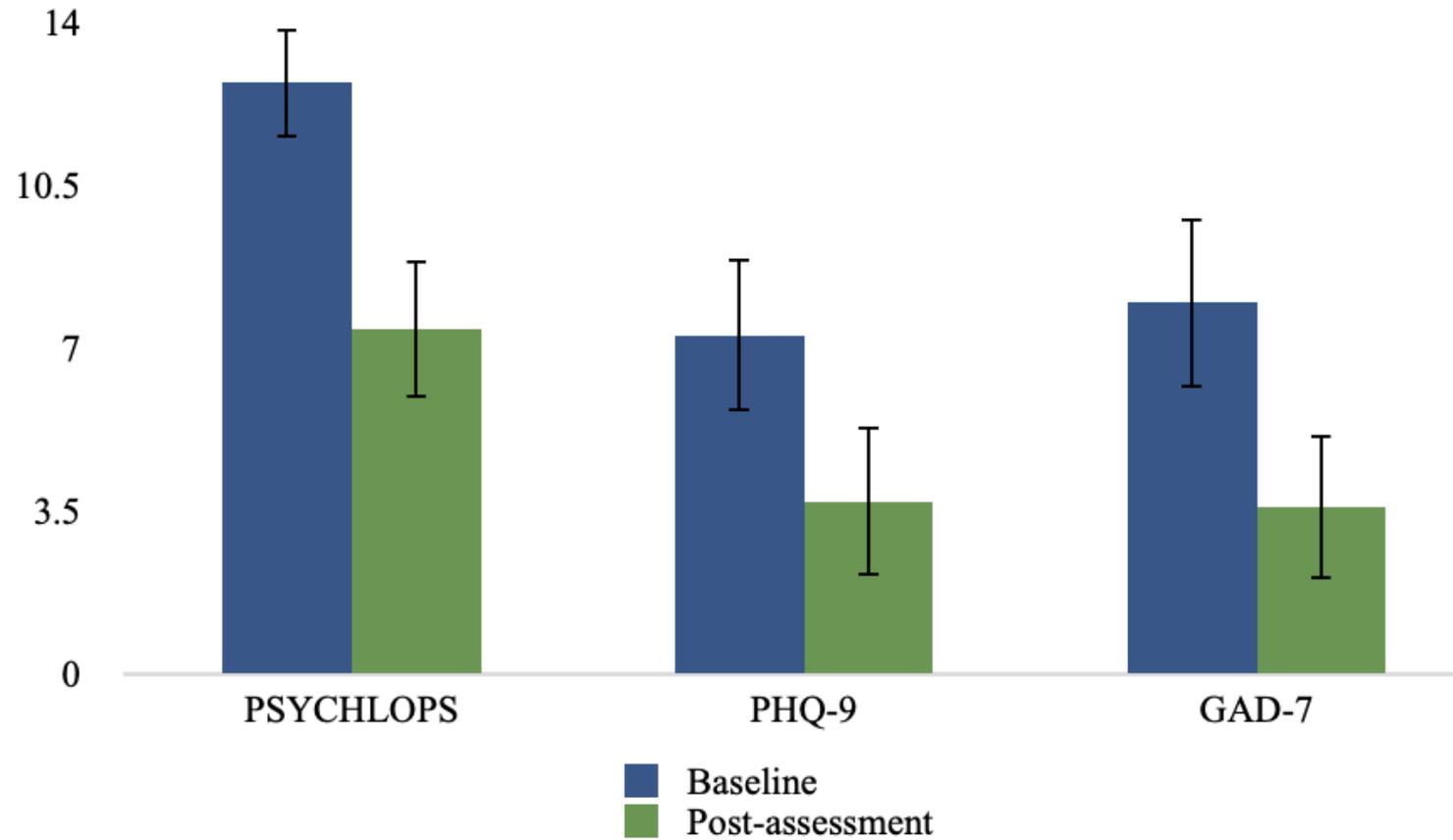
Delivering PM+ Remotely in NYC

Adam Brown, PhD
Vice Provost for Research
Associate Professor
Department of Psychology
New School for Social Research

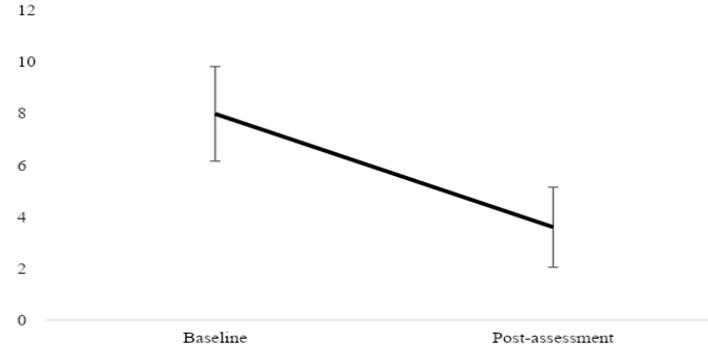
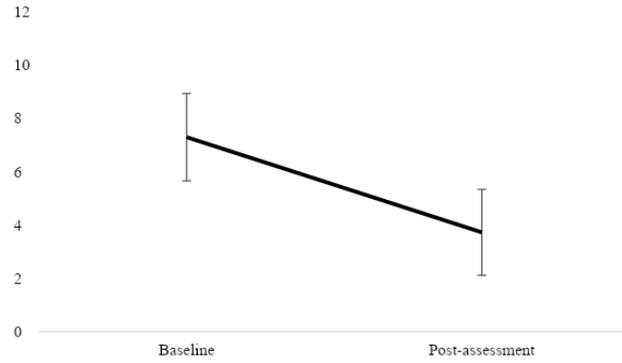
Baseline Participant Characteristics

	TNS (n=26)	CBOs (n=18)
Gender, <i>n</i> (%)		
Female	19 (73.1%)	16 (88.9%)
Male	5 (19.2%)	2 (11.1%)
Nonbinary	2 (7.7%)	0 (0.0%)
Age, <i>Mean (SD)</i>	38.2 (12.0)	53.3 (11.9)
Minimum	20	28
Maximum	64	77
Racial identity, <i>n</i> (%)		
White	15 (57.7%)	0 (0.0%)
Black or African American	1 (3.8%)	13 (81.25%)
Asian or Asian American	7 (26.9%)	0 (0.0%)
Other	3 (11.5%)	3 (18.75%)

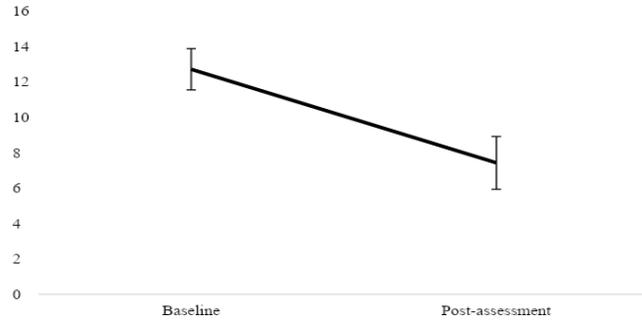
Primary Outcomes



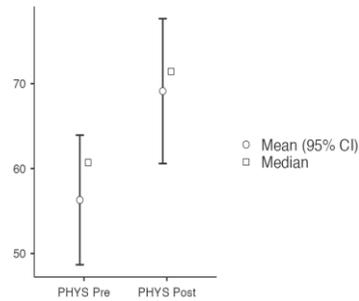
PHQ-9 (Depression symptoms) GAD-7 (Anxiety symptoms)



PSYCHLOPS



WHOQOL Plots



PHQ-9 Mean Scores at Baseline and Post-Assessment

Introduction to RECOUP-NY

REstoring mental health after COVID-19 through commUnity-based Psychological services in New York City (RECOUP-NY)

REstoring mental health after COVID-19 through community-based psychological services (RECOUP-NY) is a 5-year, NIMH-funded research project that employs a task-sharing approach (i.e. training non-specialist providers at local community-based and social service organizations) for mental health service delivery.

Our aim is to investigate the effectiveness of Problem Management Plus (PM+) as a mental health intervention for historically marginalized populations in underserved NYC neighborhoods hit hardest by the COVID-19 pandemic.

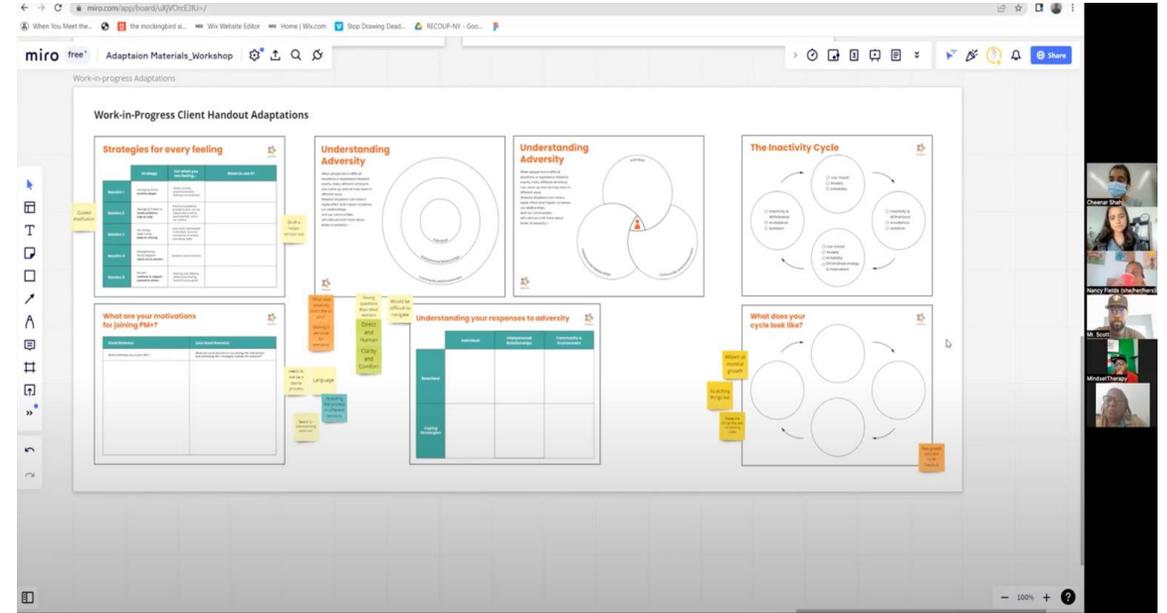
Project goals:

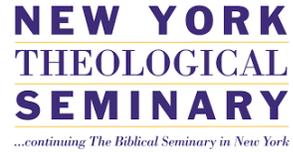
- Safety
- Effectiveness
- Acceptability
- Affordability



PM+ Materials

Adaptation Outputs





PM+ pilot at the USF BRIDGE Clinic

A case example of PM+ delivered by Social Work students

Jerome T. Galea, PhD, MSW, LCSW | 07 Nov 2023

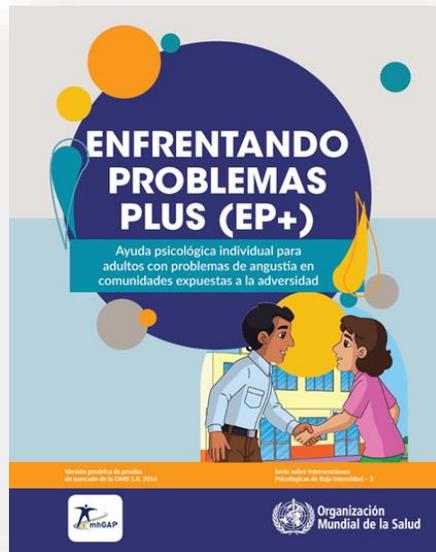
BCBSMA Foundation



UNIVERSITY of
SOUTH FLORIDA

BRIDGE Clinic

Building Relationships and Initiatives Dedicated to Gaining Equality



- PM+ works in Peru.
- Similar patient populations.
- Why not try PM+ in Tampa?



Lima, Peru



Tampa, Florida

Pilot: Train MSW students to deliver PM+

Why MSW students?

- **Already primed** to deliver psychological support
- **Hungry** for experience
- **Benefit** from learning a protocolized intervention

Training plan

- 3, 4-hour sessions
- CANVAS coursework
- In-person & video role–plays
- Pre- and post-patient accompaniment by LCSW

PM+ Training

USF
F.A.R.N.

PM+

63 Student View

Home

Problem Management Plus

Announcements

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Help

BRIDGE CLINIC

Welcome to the BRIDGE Clinic Social Work Problem Management Plus (PM+) Training

PM+ is an evidence-based intervention for adults impaired by distress in communities who are exposed to adversity. Aspects of Cognitive BehaviorTherapy (CBT) have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems. It can be applied to improve aspects of mental health and psychosocial well-being no matter how severe people's problems are. Click the training button to begin.

SCHEDULE OVERVIEW PEOPLE TRAINING IMPORTANT LINKS RESOURCES

Thank You for Your Service!

Assignments

Quiz 1
Module 1 - BACKGROUND Module

Quiz 2
Module 2 - THE PROBLEM MANAGEMENT PLUS (PM+) INTERVENTION Module

Quiz 3
Module 3 - BASIC HELPING SKILLS Module

Quiz 4
Module 4 - PM+ ASSESSMENTS Module

Quiz 5
Module 5 - UNDERSTANDING ADVERSITY AND THE PM+ INTERVENTION Module

Quiz 6
Module 6 - MANAGING STRESS Module

Quiz 7
Module 7 - MANAGING PROBLEMS Module

This is a graded discussion: 0 points possible



Skill Demonstration #1 - Session 1

[Christopher Simmons \(He/Him\)](#)

Skill Demonstration #1

Session 1

Here is how you can structure your session for the role play.

1. Assessment
2. Obtain update since intake (or last week in subsequent sessions)
3. Review homework (not applicable for first session)
4. Set the agenda for the session
5. Teach slow breathing for managing stress
6. Orient the patient to PM+ (What is PM+?)
7. Educate patient on adversity
8. Slow breathing exercise
9. Here is how you might close each session out. Close session by providing a summary (in early sessions you can provide the summary of the session; however, in later sessions you can ask patients to reviewing what the patient will do for homework (if applicable), eliciting feedback on how the session went for the patient, and then scheduling next session.

Directions:

The best way to upload your video is to use YouTube. YouTube provide closed caption and will work with most computer without having to download special codecs.

- Record your role-play
- Upload to YouTube (click link for directions): <https://support.google.com/youtube/answer/57407?co=GENIE.Platform%3DDesktop&hl=en>
- Upload YouTube video to Canvas discussion (click link for directions): <https://guides.instructure.com/m/4212/l/190728-how-do-i-link-to-a-youtube-video-in-a-discussion-reply-as-a-student>

Student

[Link](#)



[Christopher Simmons \(He/Him\)](#)

Oct 17, 2019

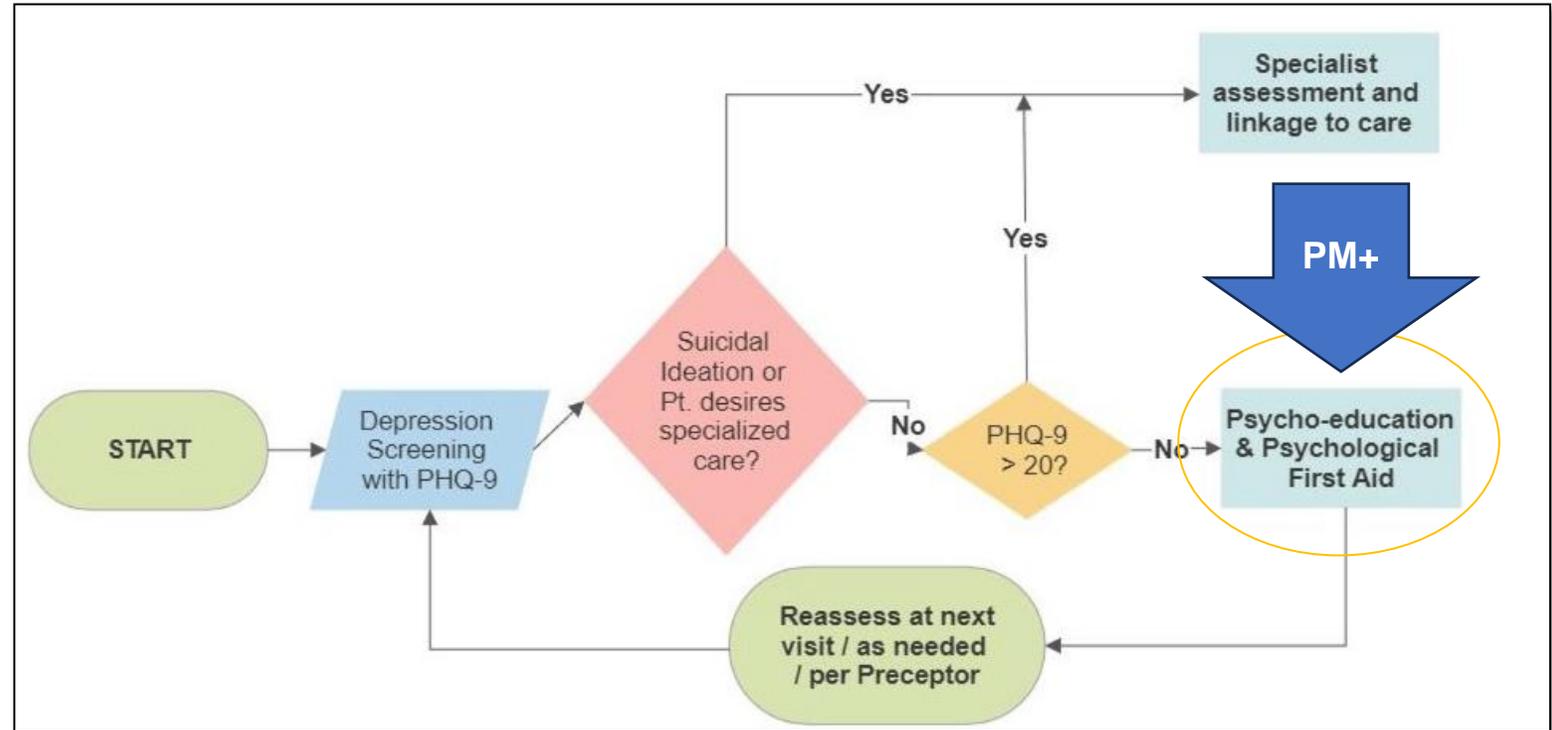
Tracy,

This is a good session. You demonstrated good counseling skills (e.g., warmth, understanding, non judgement, interpersonal effectiveness, probing, etc.). The pacing of your session was good (you were able to get through the skills without rushing or spending too much time probing a specific issue). I especially liked that you were calm and relaxed throughout the session.

Care Pathway

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
	1. Little interest or pleasure in doing things	0	1	2
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

PHQ-9 Score	Depression Severity
0 – 4	None-minimal
5 – 9	Mild
10 – 14	Moderate
15 – 19	Moderately Severe
20 – 27	Severe



Psychiatry services were also on call.

Student Outcomes



“This experience allowed me to quickly develop my confidence in my abilities as a counselor as it provided me with structured tools and a manual to look over as a new therapist.”

“I was able to utilize PM + in my personal life and even take components I learned and apply it with my clients at my internship.”

“PM + also provides several skills that can be applied to other therapeutic modalities. I think learning about PM + as an MSW student provides a foundation that increases students’ confidence in working with clients. For instance, goal setting is part of any treatment plan.”



MSW Students' Perspectives on Learning and Delivering a Protocolized, Low-Intensity Transdiagnostic Psychological Intervention: Implications for Experiential Learning

Jerome T. Galea^{1,2,3} · Gabriella Sanabria² · Karah Y. Greene¹ · Melissa Thompson¹ · Tracy Doering¹ · Doriangel Fuchs¹ · Amanda Grey¹ · Adilene Saucedo¹ · Melanie Rosler¹ · Christopher Simmons¹

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Abstract

Problem Management Plus (PM+) is a protocolized, low-intensity, transdiagnostic psychological intervention designed to be delivered by lay individuals. Faculty at the University of South Florida School of Social Work recognized PM+ as a potential psychological intervention for master's students to learn to complement their clinical coursework and simultaneously provide an experiential learning experience to support their clinical skills. Before this pilot, the feasibility and acceptability of integrating PM+ into a Master of Social Work (MSW) setting were unknown. Upon analyzing the students' feedback using inductive content analysis, it is evident that experiential learning using interventions is crucial to building the self-efficacy of MSW students. Students reported that PM+ helped their personal mental health and client interactions, using the tools they learned even a year after the pilot. Future research should focus on integrating PM+ into experiential learning experiences within social work and allied academic settings and professions.

Keywords PM+ · Experiential learning · Social work education · Low-intensity psychological intervention



Melissa Thompson, LCSW



Chris Simmons, PhD, LCSW

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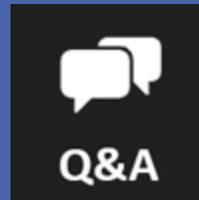


UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences
School of Social Work

QUESTIONS?

Please use the Q&A feature to submit a question for our speakers.



SPEAKER CONTACT INFORMATION



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