

Addressing Health Inequities in Life Expectancy Through Community-Engaged Research

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May 9, 2023



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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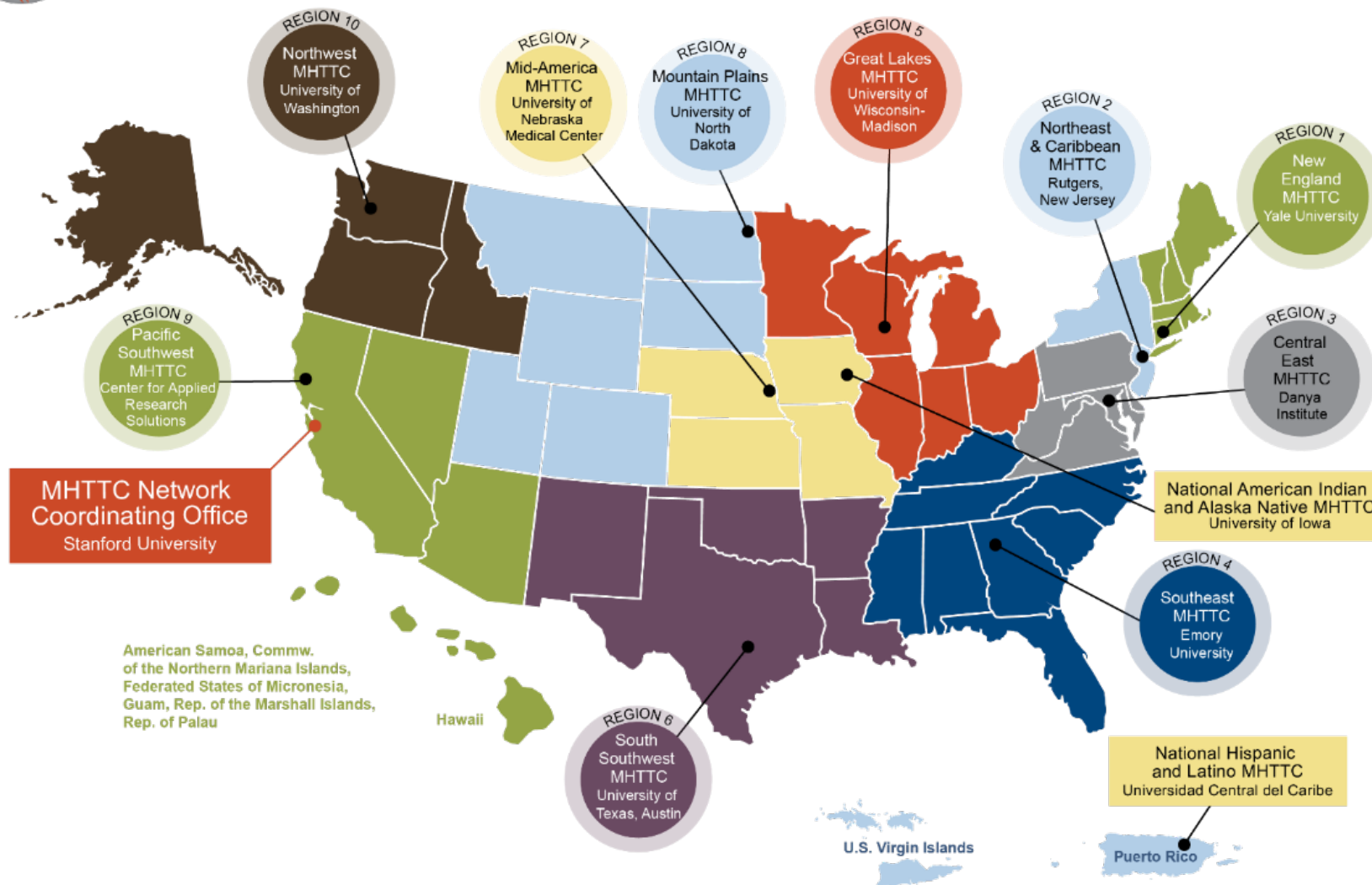


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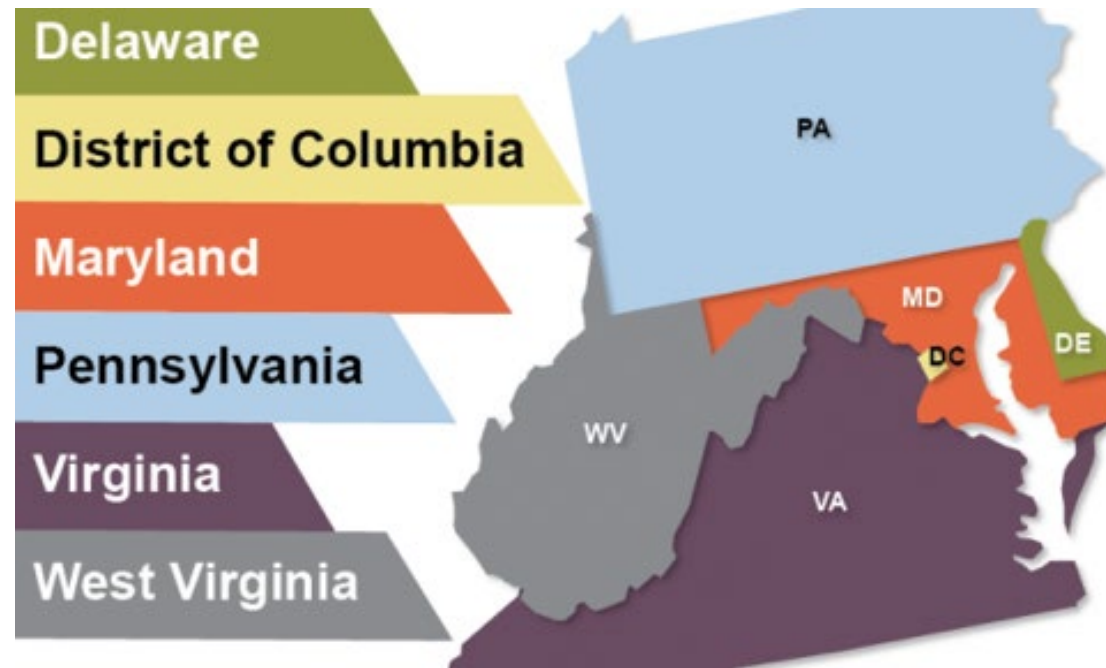
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MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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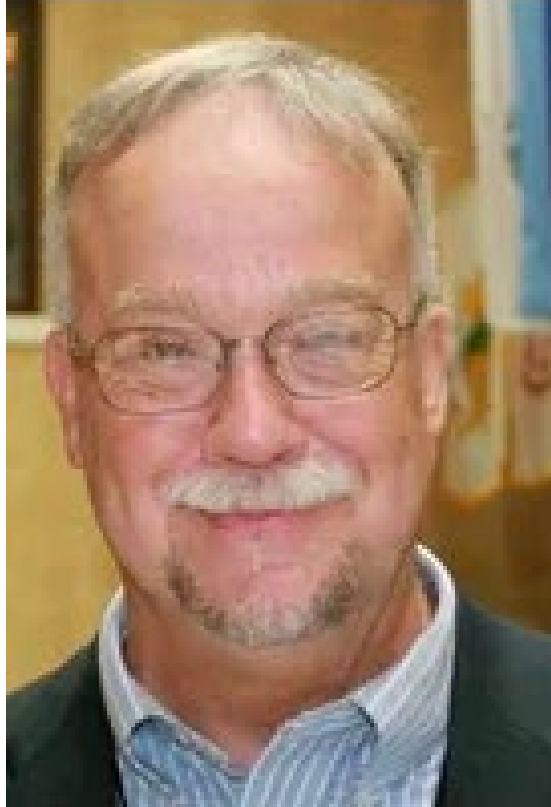
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Disclosures

Social Wellness and Emissary Health

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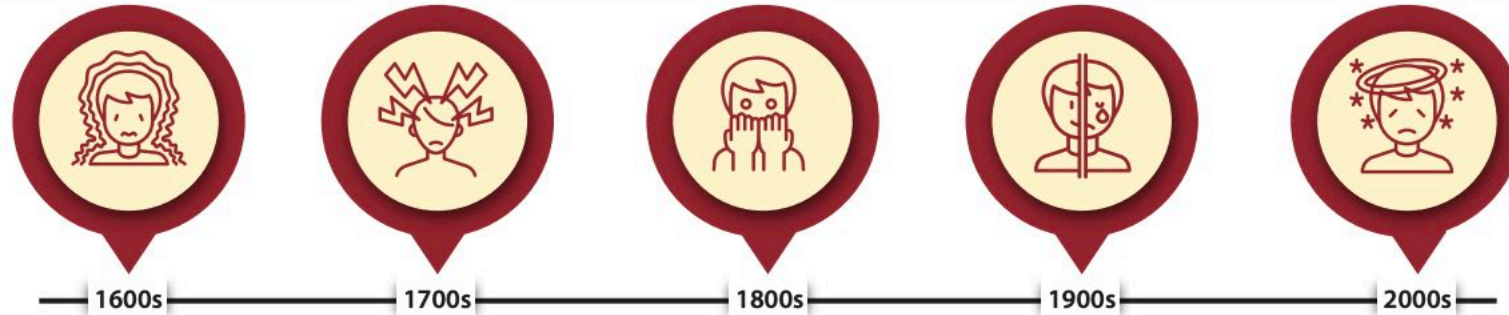
[Lived Experience Research Network](#)



“I am also a person with a lived experience and parent of adult children with mental health challenges, and I believe early mortality in people with serious mental illness is the greatest unrecognized health disparity....

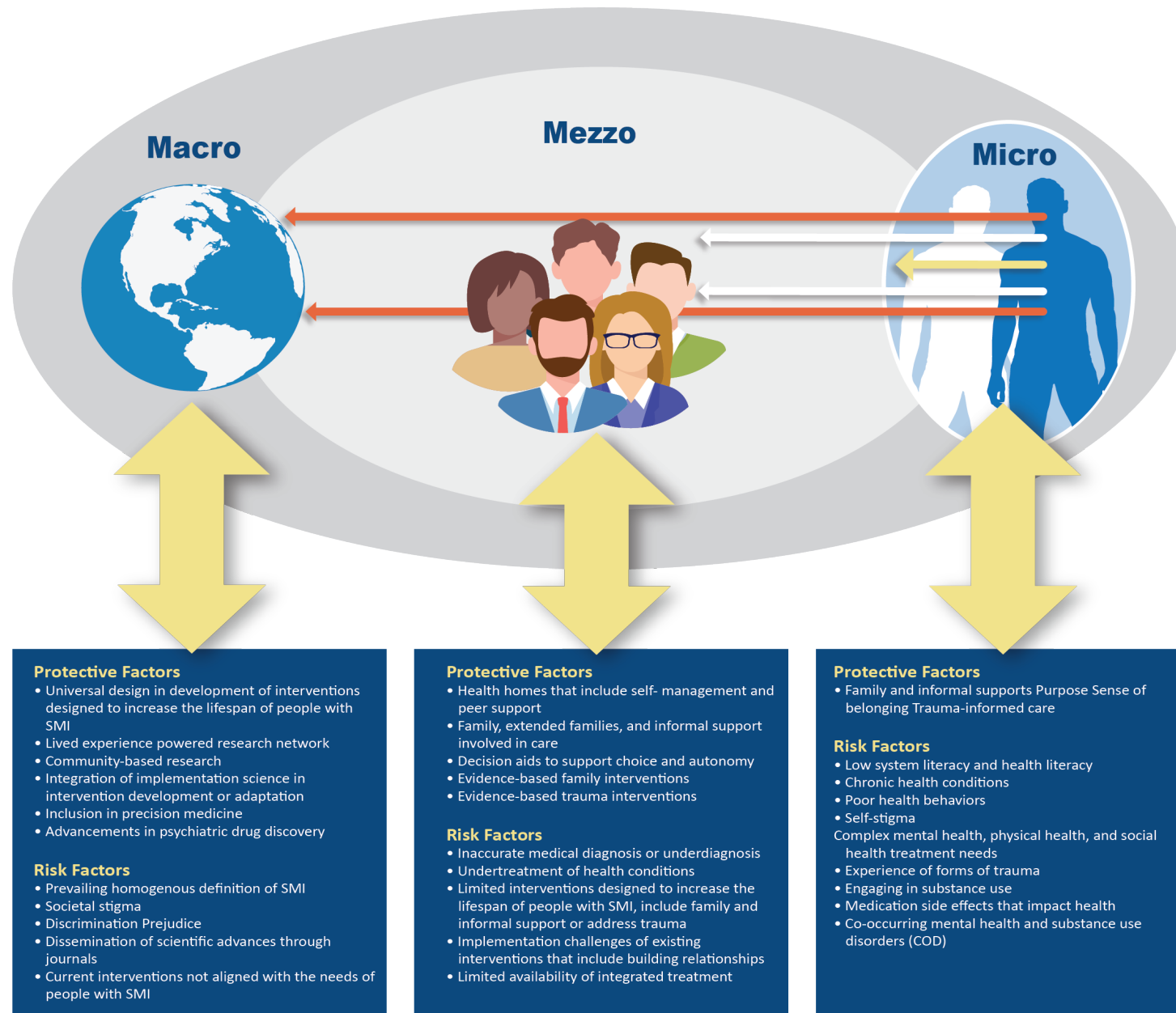
One of my realities was purchasing funeral plots for my children, knowing my daughters would most likely be used before my own.”

A Timeline of the Causes of Early Mortality in People with a Diagnosis of a Serious Mental Illness



Source: <https://www.pcori.org/sites/default/files/MHMH-Mental-Illness-Timeline.pdf>

Every Person is a Complex Dynamic System

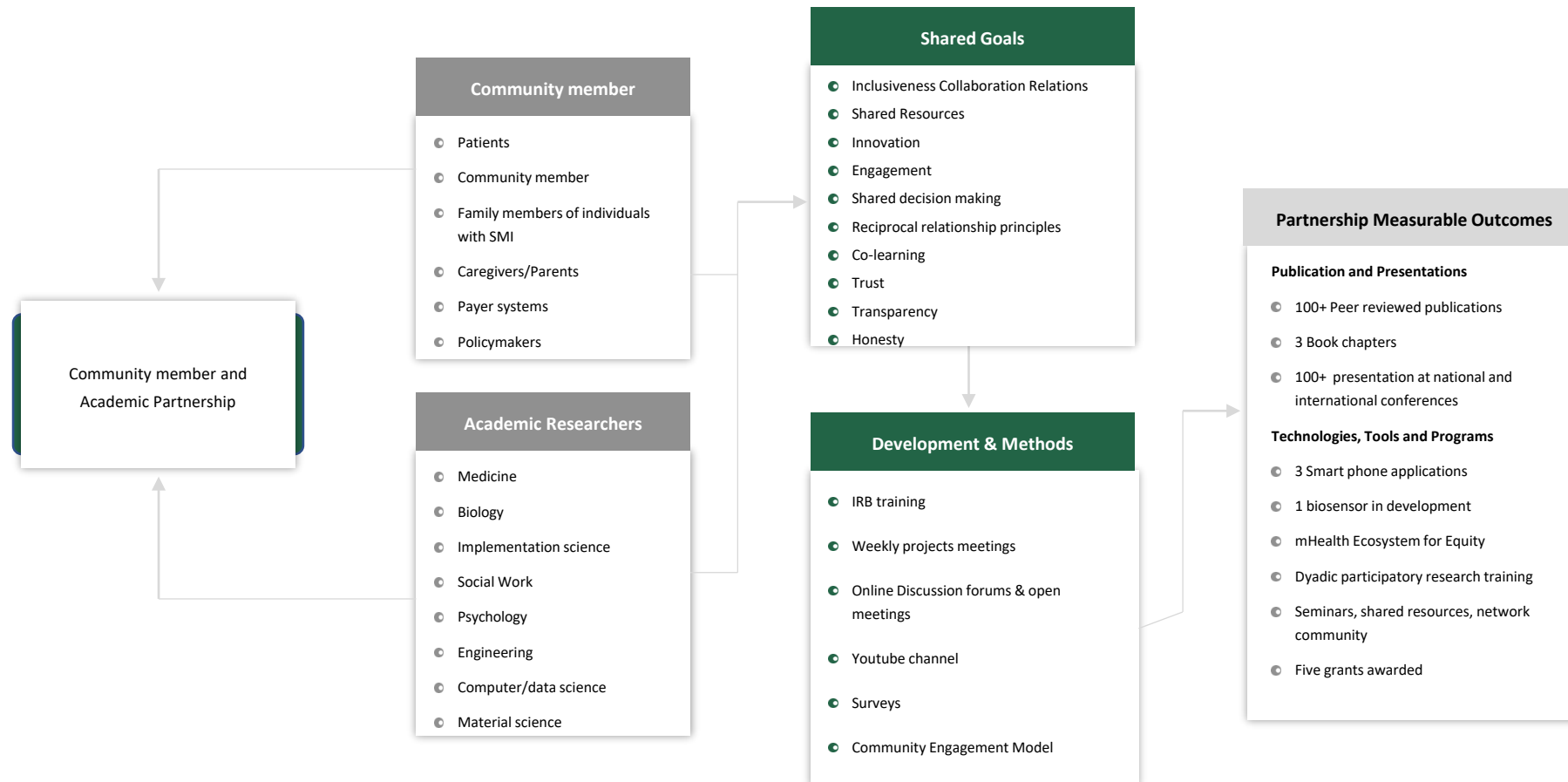


Source: <https://www.pcori.org/sites/default/files/MHMH-Strategic-Plan.pdf>

The Pace of Aging is Different for All People



Overview of Our Approach



Fortuna, KL et al. (2021). Peer and non-peer academic scientists and peer support specialist community of practice. *IEEE Global Humanitarian Technology Conference*.

Improve the Empirical Understanding of the Direct and Indirect Social and Biological Contributions of Trauma on Morbidity and Early Mortality

Recognize the role of trauma and its impact on the lifespan and potential impact on health behaviors (i.e., poor diet and lack of activity) within existing self-management, chronic disease, and health promotion interventions designed to increase the lifespan of people with a diagnosis of a serious mental illness.

New research programs can explore trauma screening, recognition, and personalized treatment approaches with the use of technology. Technology is an option to broaden where people can access screening, support, or even identify early trauma through digital footprints collected through active tracking (i.e., surveys sent to a smartphone) or exploring biological markers of trauma.

Advance the Role of Family, Extended Families, and Informal Supporters

Potentially, including family, extended families, and informal supporters in existing interventions to support their loved one in the community between intervention sessions.

Exploration of the “dose” of family, extended families, and informal supporters in existing interventions can delineate the required level of inclusion to produce optimal outcomes. Subpopulation analysis should explore race, age, and gender;

Recognition of the Importance Co-Occurring Disorders and Early Mortality

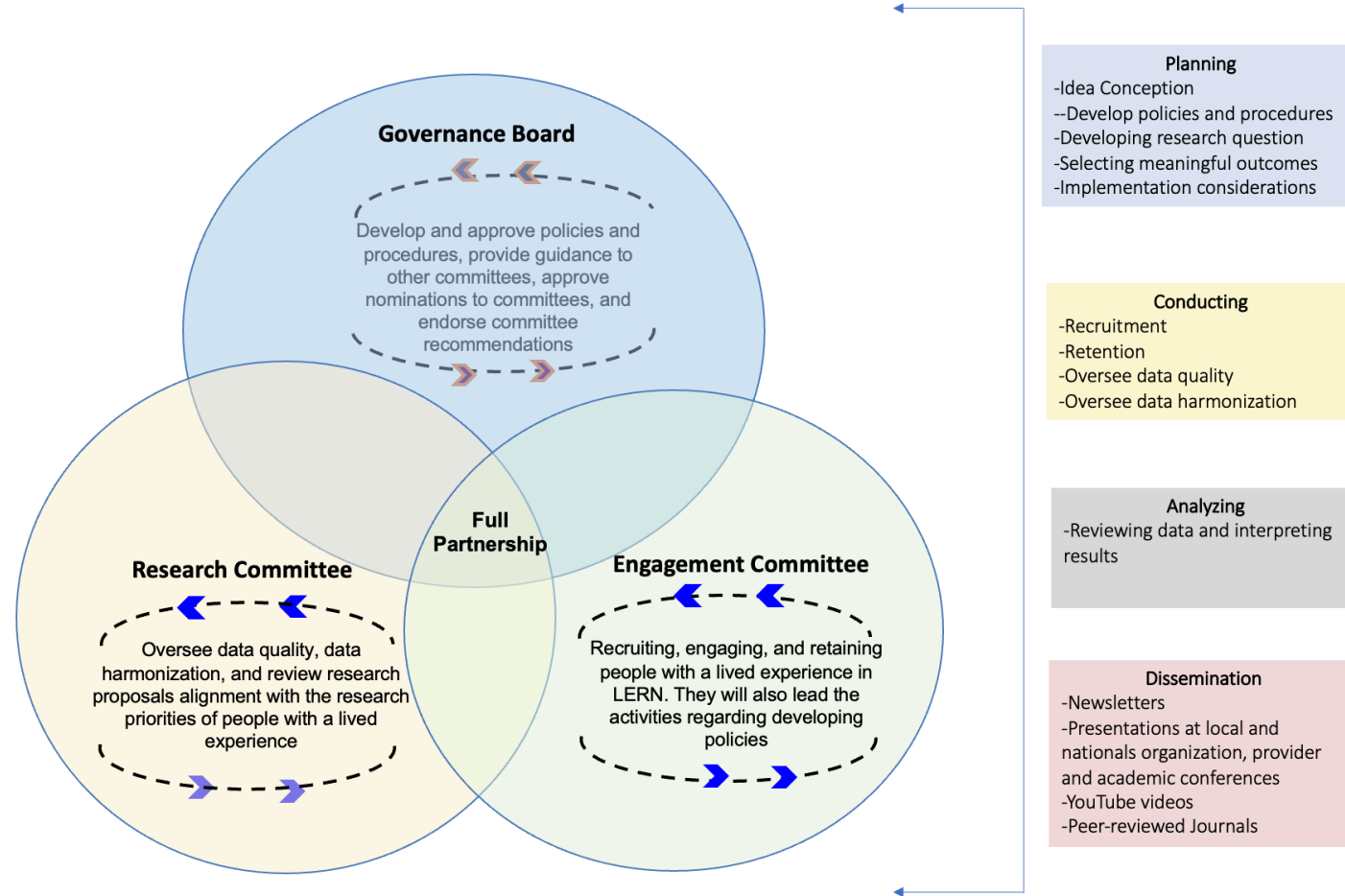
Examine an integrated COD system vs. sequential or parallel treatment programs in various settings (i.e., community mental health centers, primary care, hospital systems [inpatient and outpatient], supportive housing, recovery centers, substance abuse prevention and recovery programs).

Redefine Clinical Education to Reduce Stigma and Support Clinicians with Technological Advancements to Improve Diagnostic Accuracy

- (1) Incorporation of technologies into clinical care to support clinicians in universal screening and accuracy of diagnosis.

- (2) Methodological pluralism in clinical care is needed to integrate aspects of humanism in clinical care. This exposure can include
 - Learnings on physical health, mental health, and social health complexity with this population;
 - Therapeutic techniques to support the integration of patient voice into clinical encounters such as active listening; and
 - History of people with a diagnosis of an SMI within their respective countries to understand how a persons' history with the mental health system may impact clinical encounters.

Redefine Social Determinants of Health to include Outcomes Meaningful to People with a Diagnosis of an SMI



Advance the Science of Pharmaceuticals, Drug Discovery, and Choice in Medication Use

The integration of decision aid or decision support to provide specific information at the point of care to improve health and healthcare. For example, providing people with a diagnosis of an SMI with information summarizing and prioritizing modifiable health risks, estimated risk later in life, patient-specific treatment recommendations based on national guidelines.

Develop a new drug discovery paradigm in this field. One compelling proof-of-concept that links pertinent physiological models of human disease to drug development endeavors is the advance testing of experimental therapeutics with the use of patient-specific induced pluripotent stem cell models (Haggarty et al., 2016). This strategy is an advancement toward precision medicine (Haggarty et al., 2021), and has the potential to close potential close the loop of discovery that is propelled by human illness biology at every step of the process.

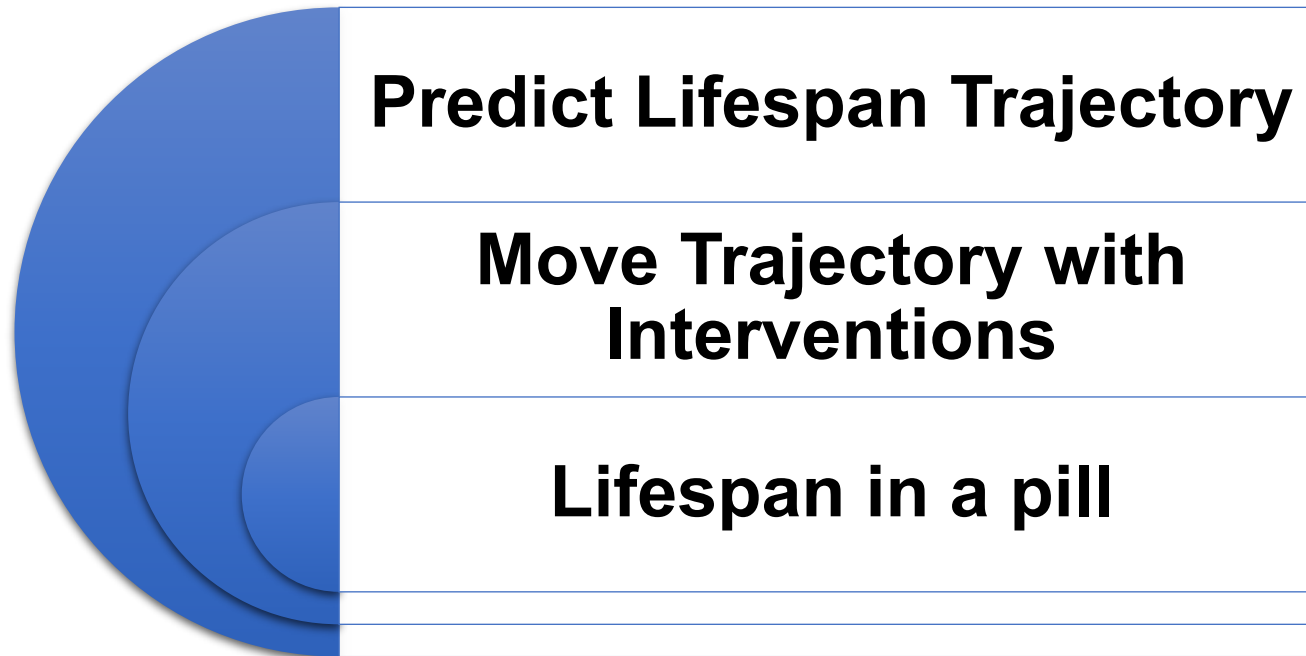
Precision Medicine Can inform Treatment

People diagnosed with an SMI represent a heterogeneous group, and the exploration of the Sequential, Multiple Assignment Randomized Trial (SMART) research methodology with this population is warranted.

Utilize all data sources to inform precision medicine and personalized treatment options.

Redefine System Literacy and Health Literacy

The number of peer-reviewed publications alone do not clarify whether or how organizations or people with a diagnosis of an SMI use this information. As such, the exploration of the science of dissemination and uptake of health-related education among people with a diagnosis of an SMI and their families or support groups to optimize dissemination and uptake of health education should be implemented.



Partnerships



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PCORI Award #22925
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[Lived Experience Research Network](#)

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Questions



Appreciation



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