



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

POPULATION HEALTH SCIENCE SUMMIT:
NEW APPROACHES, NEW MODELS, NEW OPPORTUNITIES "FLASH
TALK"
DR. IJEOMA ACHARA, ACHARA CONSULTING
(SEPTEMBER 13, 2023)

TRANSCRIPT

Dr. Ijeoma Achara: Good morning, everyone.

Participants: Good morning.

Dr. Ijeoma Achara: So honored and humbled to be with you all this morning and just to be proceeded by so many brilliant minds, and a little terrified to be closing out the flash talks. [laughs] Thanks, Arthur. I am boycotting slides today. I'm just going to speak from my heart and share a little bit about the work that I do, the context that I'm in. I'm not a researcher, I am applying your research in communities throughout the country. My background is in clinical and community psychology. I'm working right now as a consultant, and my clients are the systems that we are trying to impact.

My clients are the behavioral health, state, county, city mental health, and addiction service departments throughout our country. I've worked with a lot of them. I'm going to share with you a little bit about what I see and what I think needs to change, echoing a lot of what we've heard. Then I want to talk a little bit about transformational change, what I've learned over the last 20 years of leading systems change, and what I think some of the implications are for how we think about or approach this work.

First thing I want to talk about is the need to redefine our purpose. As I go around the country, I'm often doing site visits. When you do site visits as a consultant, people aren't ponying out their worst. They want to pony out their best and have a great sense of pride in the work that they're doing. As I do these site visits, I was recently on a site visit, first-episode psychosis programs, and I was looking at treatment programs and peer support programs.

This one provider had brought out two individuals who had participated in the program. They were like, "This is a huge success. This is an example of the work that we do. We're doing great work here." These individuals have not been re-hospitalized for over a year. Their symptoms are managed, and so I celebrated with them. I talked to the individuals, I asked them how they were doing, "Now that things are going better for you, tell me a little bit about your life."

One guy says, "I want to be an AC technician, but I don't know how to get into that field. I live in this really rural community; I couldn't afford my house anymore. I live with my mom; my truck broke down." He's like, "I'm completely isolated. I'm not connected to my friends. I don't know how to get into college, and I feel myself starting to get unwell again. I'm scared."

The other guy says, and these are two white, early 20s. The other guy says, "My life, I wait for my peer specialist to come." I'm like, "That's awesome. What do you do between when your peer

specialist is there once a week?" He's like, "I call him and ask him when is he coming. Is he sure he's coming?" He's like, "I don't want to go outside because I feel like on my forehead, everybody can see I have a mental illness written on my forehead." He said, "I just stay home."

It was the saddest thing in the world to me. As I think about what our system thinks as success, how we measure progress, how we measure impact is they're out of the hospital, they're stabilized, their symptoms are managed, but here, I have one individual telling me, "I have no life," and the other telling me, "I want to have a life, but I don't know how to begin that."

I see that same thing across, across, across states. It's not that people aren't working hard. I'm not bashing systems; I'm not bashing system administrators. That's not what it's about. It's about the fact that we need to redefine what is our ultimate purpose here. What is it that we are trying to shift in people's lives? As we think about moving upstream, I don't want us to move so far upstream that the assumption is that it's working for those who are-- or moving downstream, sorry. I got the streams, the flow of the streams mixed up.

I don't want us to move so far downstream that we are thinking that treatment is working, treatment is not working right now, the system isn't working for those who have high needs or for those who are at risk or those who are well. As we think about redefining our purpose, we're thinking about redefining our purpose for all of those individuals in all parts of that triangle.

The second thing I want to think about and talk about is just the importance as we heard just now about infusion and expanding our impact through mobilizing our natural community supports. I think I have an example of a psychologist who has independent practice, non-traditional. I'm not doing therapy, I'm not doing research, I'm just out here doing something, trying to make a difference, and I want to talk about the work that I'm doing just as a indication of the work that one psychologist, one of us can make.

I have a team, I have a small team. I'm the only psychologist on my team. There are no other social workers. My team, as I thought about it this week, is just while I'm here, is mostly made up of people who have lived experience in the system, who I've trained, and two instructional designers. That's my team right now. In the work that we're doing around expanding and mobilizing natural communities to be a source of support for people, one project that we're working on actually in Texas, which who would've thunk it, but Texas is like investing a huge amount in peer support services.

Right now, each year, we have about 50 teams that we're working with that are embedded in treatment organizations, or they are embedded in mom-and-pop community organizations, or other community organizations that are infusing peer support. We train them, we provide technical assistance, we coach them, we wrap all kinds of supports around them.

Last year, we worked with about 40 organizations, and we've got different cadres, but one cadre was about 40 organizations. Those 40 teams, each team is about maybe three peer support staff. They touched over 18,000 people, and of those 18,000 people, about a thousand of them enrolled to be followed over time, 12 months, 24 months, 36 months, staying in an extended relationship, healing relationship with their peer provider.

At the end of 12 months with their peer support staff, 84% of them had stopped using substances or reduced their substance use. We don't see those outcomes in treatment. We had increases in employment, we had just salaries tripled. We had housing moved from up to about 60% of the

people who were homeless are now housed. We just saw tremendous, tremendous improvements in that population.

Then I think about our project in another state where they are embedding peer recovery-run centers throughout the community in Massachusetts. They're going up to about 41 peer-run community centers right now. When we first started supporting them, what I noticed was that these centers looked like hangouts, like, "Come in, hang out, we are here all day." People would say this is a safe place for us to come. What I realized-- and I was talking, I can't remember your name.

Jessica and I were talking at breakfast about how seductive the culture of this system is that even for peer support staff, what I see is peer providers telling me we've been successful because the person has stayed out of the hospital. We are creating environments where people feel like they can hang out and they can be embraced, and we have a sense of connection and support. I'm all about connection and support, but for me, that's the beginning.

It should be about, what are your dreams for your life? What are your hopes for your life? How do you create a new narrative for your life where you are not constrained by this illness, whether it's mental health or substance use condition? What I see around the country is that even in the peer movement, we have a movement and a direction of symptom management, stabilization, just emotional support. To hell with that. I'm about like, how do we help people thrive, re-envision the possibilities for their life, and move towards that?

What I see is in that project, just as an example, we're helping them think about not just what partnerships do we need to have, but what new partnerships do you need to have? As an example, one of those centers created a partnership between a local bank, a used car dealer, and a vocational program so that as people are coming in getting ready to get a job, they don't have transportation, the bank provides \$2,000 loans to people to go get a car from the dealer, and then they work with students to get the car ready to pass inspection. The bank is teaching them how to build credit as they're paying back these loans, and so creating opportunities for people to actually take steps in, "How do I rebuild my life?"

When I look at, that's for those who are at high need. Those who are at risk or doing well, what I see is opportunities for not only to do prevention programming in schools and other places, but how do we infuse prevention efforts into our everyday community context for folks? I know we are way over time, two more minutes.

Over COVID, my daughter who was nine started to experience some anxiety. I noticed she was walking up the stairs one day, and I noticed that she'd walked up the stairs and then she went back, tapped the staircase twice, and then continued walking. I said, "Sage, what was that about?" She said, "Well, sometimes I find myself having to go back and tap things," and it started to get worse and worse, and this anxiety just started to take over her life. I found myself in the position of the mom who had been the professional trying to change the system, now the mom trying to navigate the system.

Recently took her to a psychiatrist, and the psychiatrist focused on, of course, medication, and then told my nine-year-old daughter, "You have generalized anxiety disorder. This is something that you're going to have for the rest of your life. There's nothing you can do about it. You can just learn to manage it, and I'm also thinking about OCD for you, and I don't think you have autism, but I'm considering." I'm not making this up. This was two weeks ago.

At this point, we were on Zoom, and I said, "Sage, you can leave the room now, you can go and play. Go play with your LEGO, honey," and I said to the psychiatrist that that wasn't cool. I see everyday adults who are struggling to not be constrained by the narrative that diagnosis that somebody gave them that then limited who they think they are, what they can be, what is possible for them. I'm not okay with my nine-year-old having to navigate OCD, autism, generalized anxiety, labels.

She said, "Well, you need to understand that kids need to know these things, they need to know the truth, and if you think that internalizing this is going to be a problem for her, there's some good workbooks that I can offer to you." When I tell you that we have to change the way our system is operating, I'm not telling you just as a professional, I'm telling you as a mom.

One of the things that I see is us infusing into sports programming. The psychologist hasn't been the most help. The psychiatrist hasn't been the most help. What has been the most help are me going to her football coach and her karate or whatever they're called, dojo, and telling them, "This is what's going on." Me going to church and building a community there and saying, "Hey, I need you to wrap around her." This mobilized community and what I think we need are psychologists, social workers, other professionals who are skilled at going into our community contacts where young people are, where adults already are, and teaching people how they can be a part of the solution.

Last night, she had a crisis and I wasn't there, I was here. It wasn't the psychiatrist who came to her aid, it wasn't the social worker, it was her fitness coach who called me and said, "I talked to her. I talked her off the ledge. This is what we talked about." It's going to take a village, guys, and what I've learned about transformational change.

Arthur and I, back in Philadelphia, were leading this effort to transform Philadelphia's behavioral health system. I would get so annoyed with people when they'd say, "We don't know what's coming next, everything's so chaotic. Tell us what to do next." I just want to slap them, and because I felt like that was an indictment of me as one of the leaders of this that I wasn't clear enough.

What I've learned is that this is so amorphous. Systems change is so amorphous. What we're dealing with is not transitional change, it's not, "Hey, there's a car recall on the brakes on the car and it's clear what we need to do get from A to B." This is much more complex process. Transformational change is culture change, mindset change, values change, and in the context of that, one of the things I realized I did wrong the first time is I would focus so much on how I was framing it.

At the time, it was around a recovery-oriented system of care, and I was selling, "Hey, do you want to develop a recovery-oriented system of care? This is why you need it, this is why it would work, this is how it would help." What I learned now is, forget my language, forget the framing start with, "What's the problem? What are we a solution to?" We have to start with our overall framing but real quick, we need to, as you were saying, identify something specific, a few specific things that we can demonstrate, "This is how a population health approach works in action, these are the implications."

The final thing I want to say is that I heard yesterday, "What's APA going to do next?" That's what stakeholders say in transformational change because it brings up so much anxiety in us. This isn't about what APA is going to do next, this is about what each of us are going to do next, what are the implications for us in the realms of influence that we have when we leave this organization. APA, yes, we thank them, we are going to support, we will be there, but this is going to happen because

each of us decide to do things differently and to think about what the implications of our work are.
Thank you so much.