

The Road To Jerusalem: A Psychiatrist's Journey to A Holistic Bio-Psycho-Social- Spiritual Approach to Mental Health Recovery

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Disclosure Slide

- The views expressed in this presentation are those of the presenter and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government, or UCLA.
- There are no financial or other conflicts of interest by the author of this document and the items represented by the presentation

Spiritual Journey

- Where am I going?
- Why am I doing what I am doing?
- What do I worship?

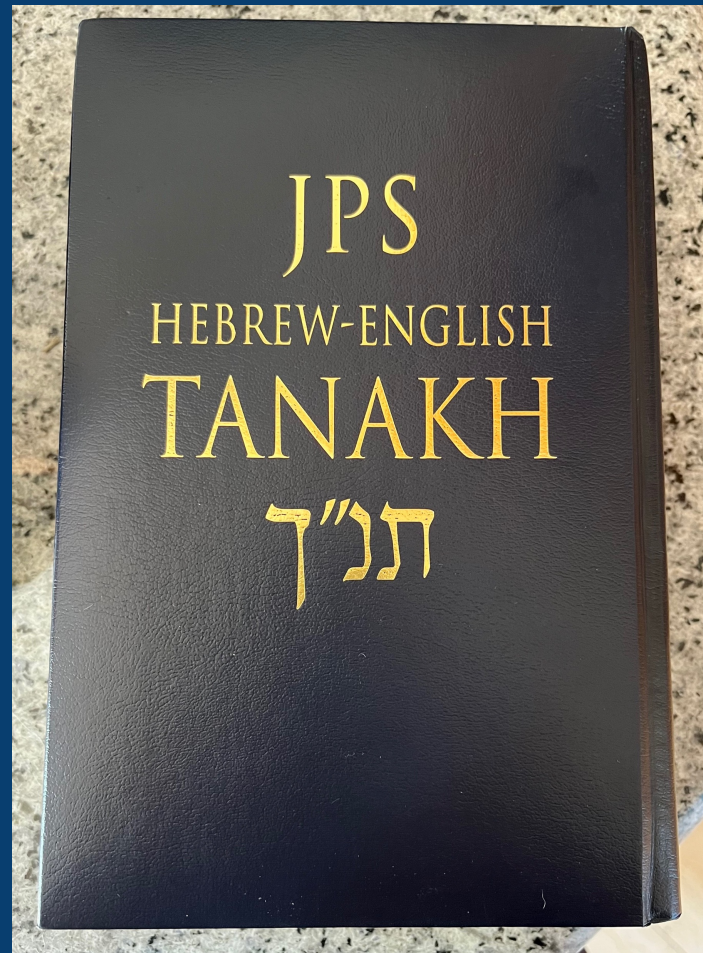
Walking into Jerusalem



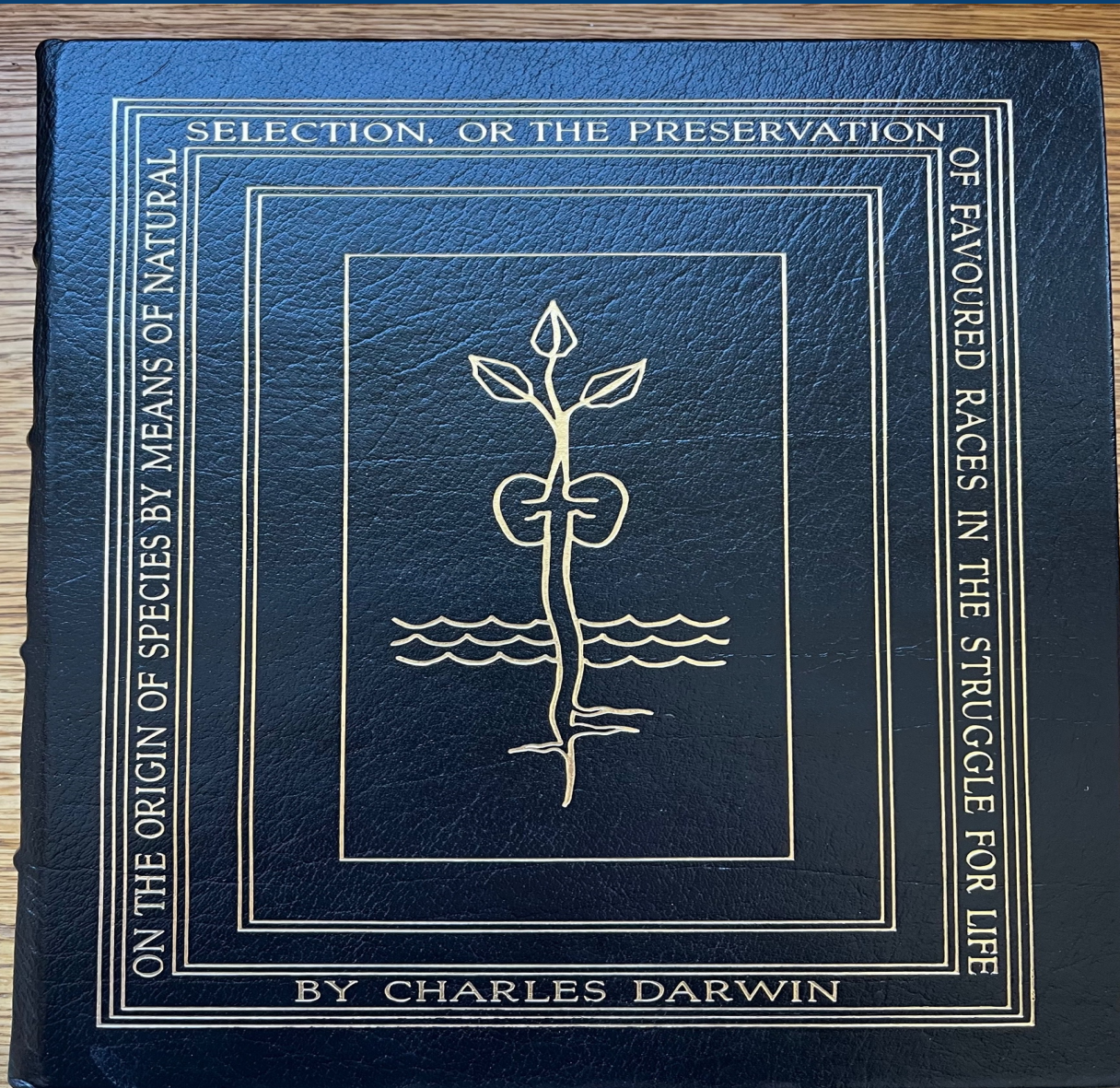
By the Western Wall



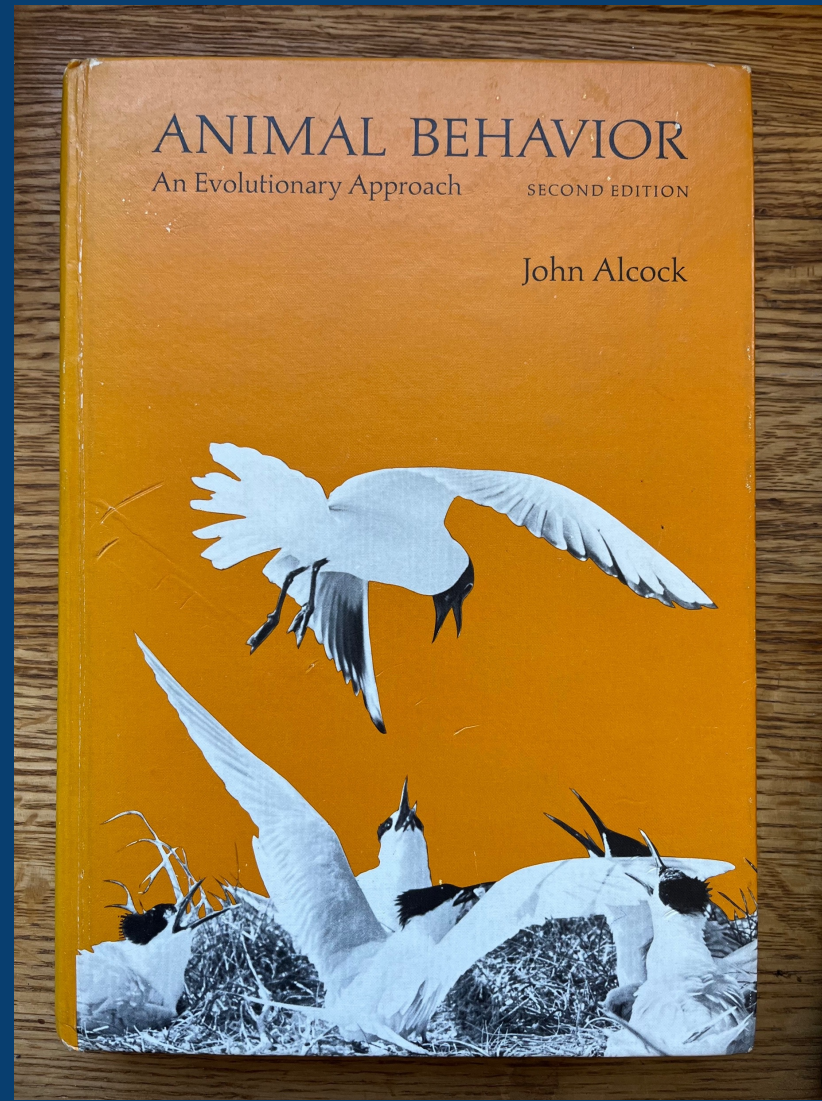
What Books Do We Read on Our Journey?



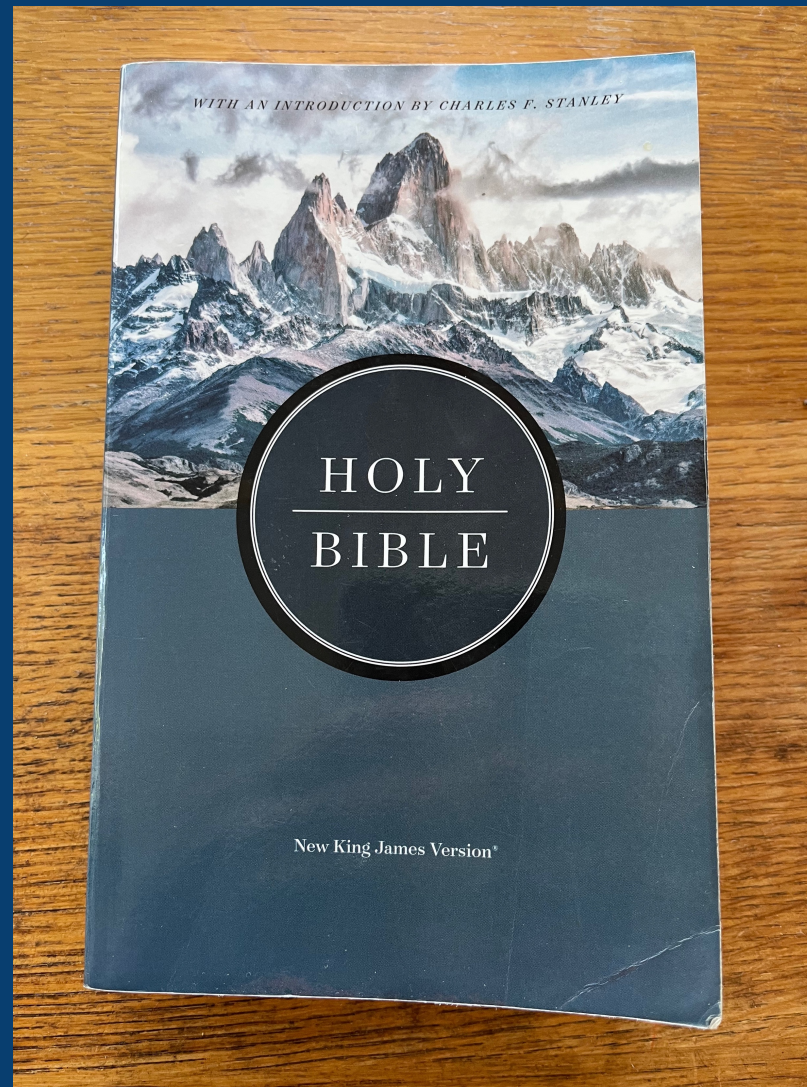
What Forms Our World Views?



Are We Just a Gene's Way of Making Another Gene?



What do We Read on Our Journey?

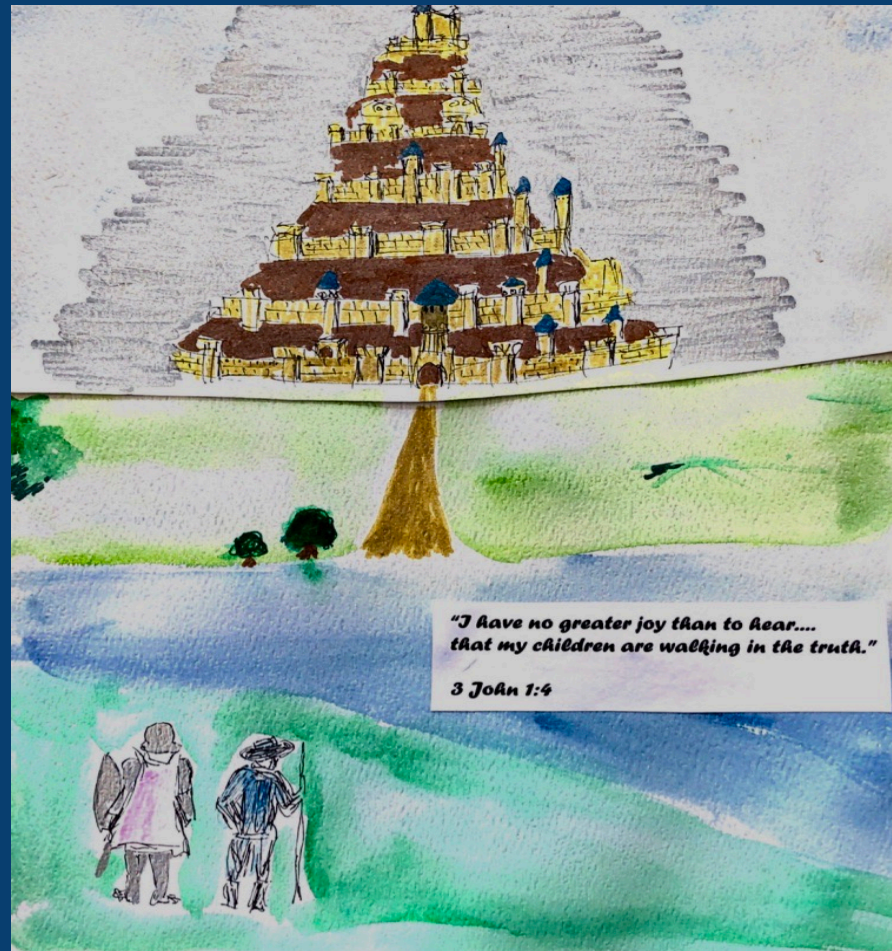


Who is Going with Me?

The Ark, Williamstown, Kentucky 2019



Pilgrim's Progress



A Psychiatrist's Journey

- Studied schizophrenia language and neurologic “soft signs” 1981-1988.
Framework of work– Biological-Brain Oriented
- Studied psychopharmacology and psychosocial treatments for schizophrenia 1989-2006
 - Observed extrapyramidal and metabolic side effects of antipsychotic medications.
 - Studied interventions to help reduce side effects

A Psychiatrist's Journey

- Tested weight loss interventions utilizing exercise and nutrition
- Learned about the Recovery Model, Helped Develop a Program to support Recovery/Rehabilitation
- Determined that that metabolic and mental health could be affected by 8 Therapeutic Lifestyle changes, including religious/spiritual activities
- Started applying BIO-PSYCHO-SOCIAL-SPIRITUAL APPROACH to serious mental illness
- Learned about moral injury measurements and interventions

PROJECT 22

In 2013– 22 Veterans died by suicide per day.

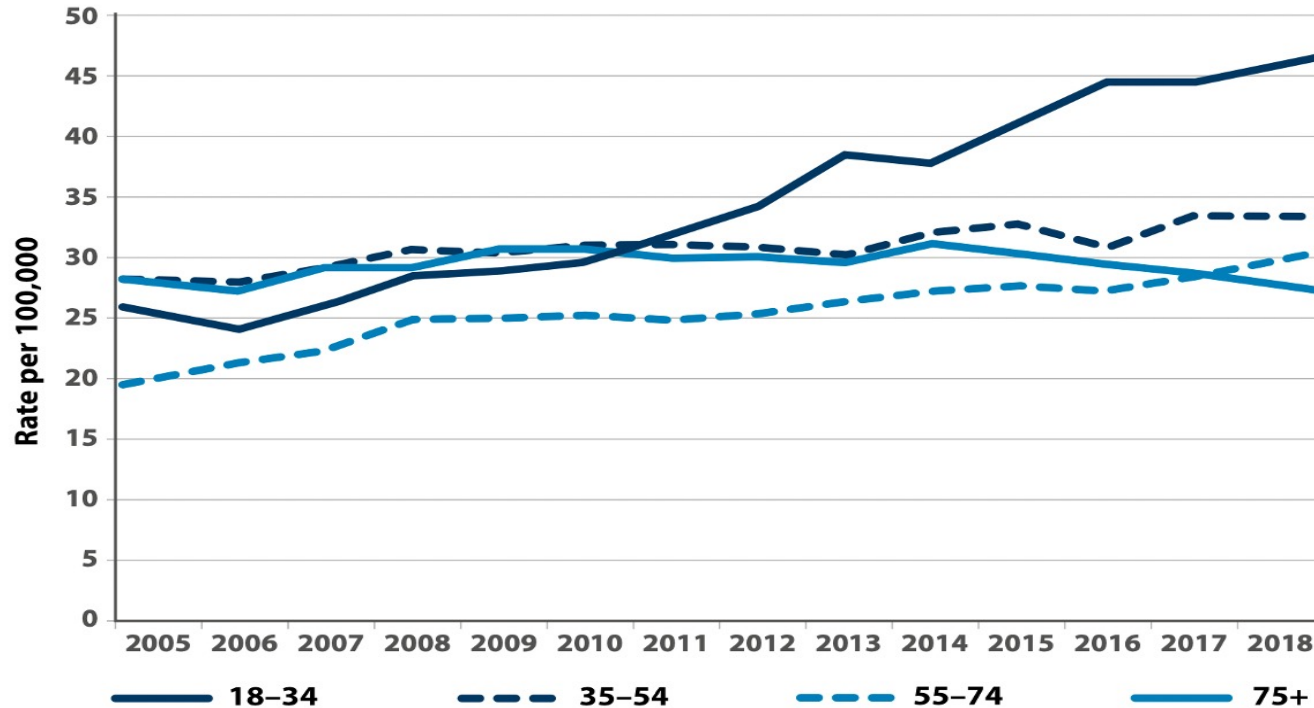


Egbert and King, 2015

Rates of Veteran Suicide

VETERAN SUICIDE PREVENTION ANNUAL REPORT | NOVEMBER 2020

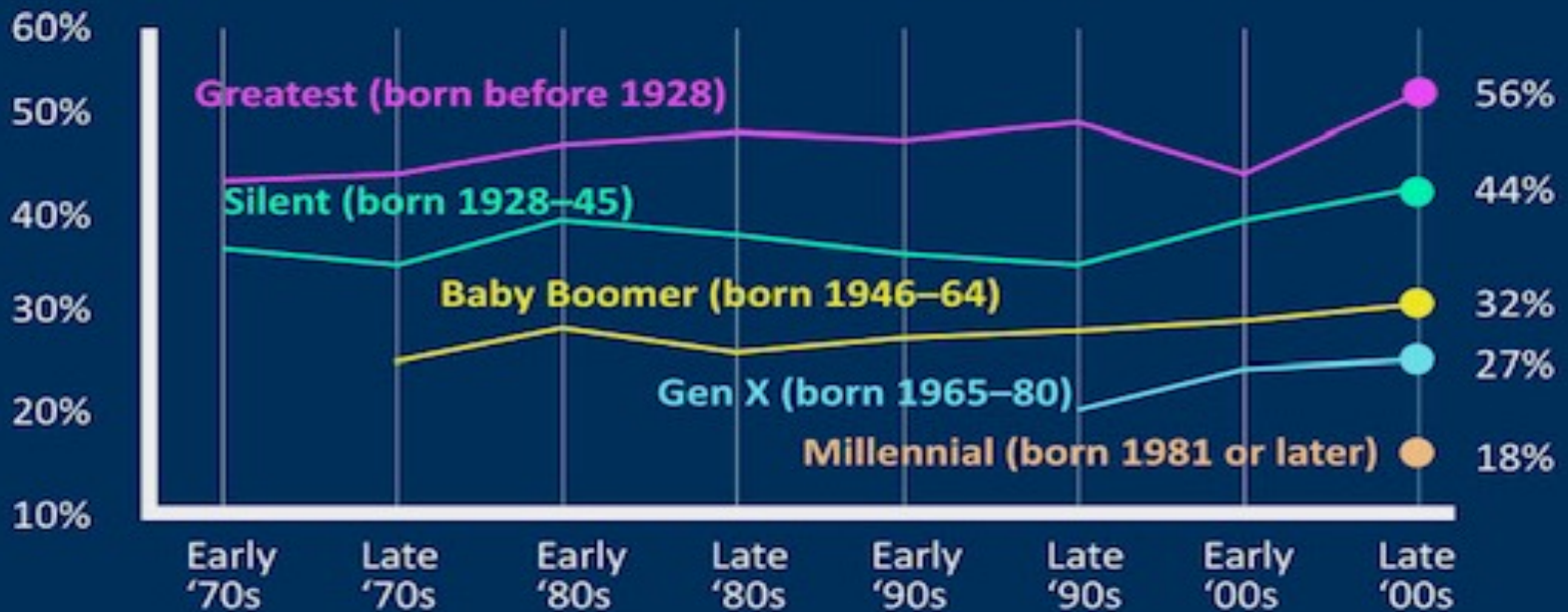
Graph 5. Veteran Suicide Rates, by Age Group and Year, 2005–2018



Religious Service Attendance

ATTENDANCE AT RELIGIOUS SERVICES, BY GENERATION

Percent saying they attend several times a week, every week or nearly every week.



Pew Research Center, "Religion Among the Millennials," A Pew Forum on Religion & Public Life Report, February 2010, 7.

Physicians Experience Highest Suicide Rate of Any Profession

- Deepika Tanwar, MD presented study findings at American Psychiatric Association (APA) May 2018 Annual Meeting:
- Male physicians at 40% higher suicide risk than US males
- Female physicians at 130% higher suicide risk than US females
- 2018 Estimated Suicide rates:
 - *Physicians = **28-40/100,000** (1per day)
 - *Veterans = 30/100,000 (20 per day)
 - General population 12/100,000 (Barrett, MD News 2019)

(* 22 million veterans/323 million US population = 7%
<1 million physicians/323 million US population = 0.3%)

Religious Service Attendance and Deaths from Despair: Healthcare Providers

JAMA Psychiatry | Original Investigation

Religious Service Attendance and Deaths Related to Drugs, Alcohol, and Suicide Among US Health Care Professionals

Ying Chen, ScD; Howard K. Koh, MD, MPH; Ichiro Kawachi, MD, PhD; Michael Botticelli, MEd; Tyler J. VanderWeele, PhD

IMPORTANCE The increase in deaths related to drugs, alcohol, and suicide (referred to as *deaths from despair*) has been identified as a public health crisis. The antecedents associated with these deaths have, however, seldom been investigated empirically.

OBJECTIVE To prospectively examine the association between religious service attendance and deaths from despair.

DESIGN, SETTING, AND PARTICIPANTS This population-based cohort study used data extracted from self-reported questionnaires and medical records of 66 492 female registered nurses who participated in the Nurses' Health Study II (NHSII) from 2001 through 2017 and 43 141 male health care professionals (eg, dentist, pharmacist, optometrist, osteopath, podiatrist, and veterinarian) who participated in the Health Professionals Follow-up Study (HPFS) from 1988 through 2014. Data on causes of death were obtained from death certificates and medical records. Data analysis was conducted from September 2, 2018, to July 14, 2019.

EXPOSURE Religious service attendance was self-reported at study baseline in response to the question, "How often do you go to religious meetings or services?"

MAIN OUTCOMES AND MEASURES Deaths from despair, defined specifically as deaths from suicide, unintentional poisoning by alcohol or drug overdose, and chronic liver diseases and cirrhosis. Cox proportional hazards regression models were used to estimate the hazard ratio (HR) of deaths from despair by religious service attendance at study baseline, with adjustment for baseline sociodemographic characteristics, lifestyle factors, psychological distress, medical history, and other aspects of social integration.

RESULTS Among the 66 492 female participants in NHSII (mean [SD] age, 46.33 [4.66] years), 75 incident deaths from despair were identified (during 1 039 465 person-years of follow-up). Among the 43 141 male participants in HPFS (mean [SD] age, 55.12 [9.53] years), there were 306 incident deaths from despair (during 973 736 person-years of follow-up). In the fully adjusted models, compared with those who never attended religious services, participants who attended services at least once per week had a 68% lower hazard (HR, 0.32; 95% CI, 0.16-0.62) of death from despair in NHSII and a 33% lower hazard (HR, 0.67; 95% CI, 0.48-0.94) of death from despair in HPFS.

CONCLUSIONS AND RELEVANCE The findings suggest that religious service attendance is associated with a lower risk of death from despair among health care professionals. These results may be important in understanding trends in deaths from despair in the general population.

JAMA Psychiatry. 2020;77(7):737-744. doi:10.1001/jamapsychiatry.2020.0175
Published online May 6, 2020.

◀ Editorial page 670

+ Author Audio Interview

+ Supplemental content

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What is Recovery?

“Mental health recovery is a **journey** of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

(SAMHSA, 2006)

Recovery=Suicide Prevention

- There is a need for better treatments that offer greater hope of recovery. Medications alone cannot combat mental illness. “Evidence Based” therapies, may not be acceptable to Veterans, (e.g. for PTSD) (Steenkamp, et al, 2015)
- The recovery model (mandated by the VA) is different than the medical model. It is Veteran centered, includes a holistic/multi-disciplinary approach– includes peer support/social work/RN/psychology/psychiatry/work therapy/Chaplain/community resources
- Recovery embraces the notion that people with serious mental illness can live a meaningful life.
- “Happiness is a byproduct of living a meaningful life.” (Frankl, 1984)

SAHMSA 10 Components of Recovery

Working Definition 2012



Recovery embraces Holistic Approach

- Biological
- Psychological
- Social
- Spiritual

BioPsychoSocialSpiritual (BPSS) Scale

- 0 Means you don't agree
- 10 Means you do agree

- 1) I have a strong and healthy body
- 2) I have sharp and clear mind
- 3) I have positive connections to other people
- 4) I experience personal peace and happiness

Spiritual

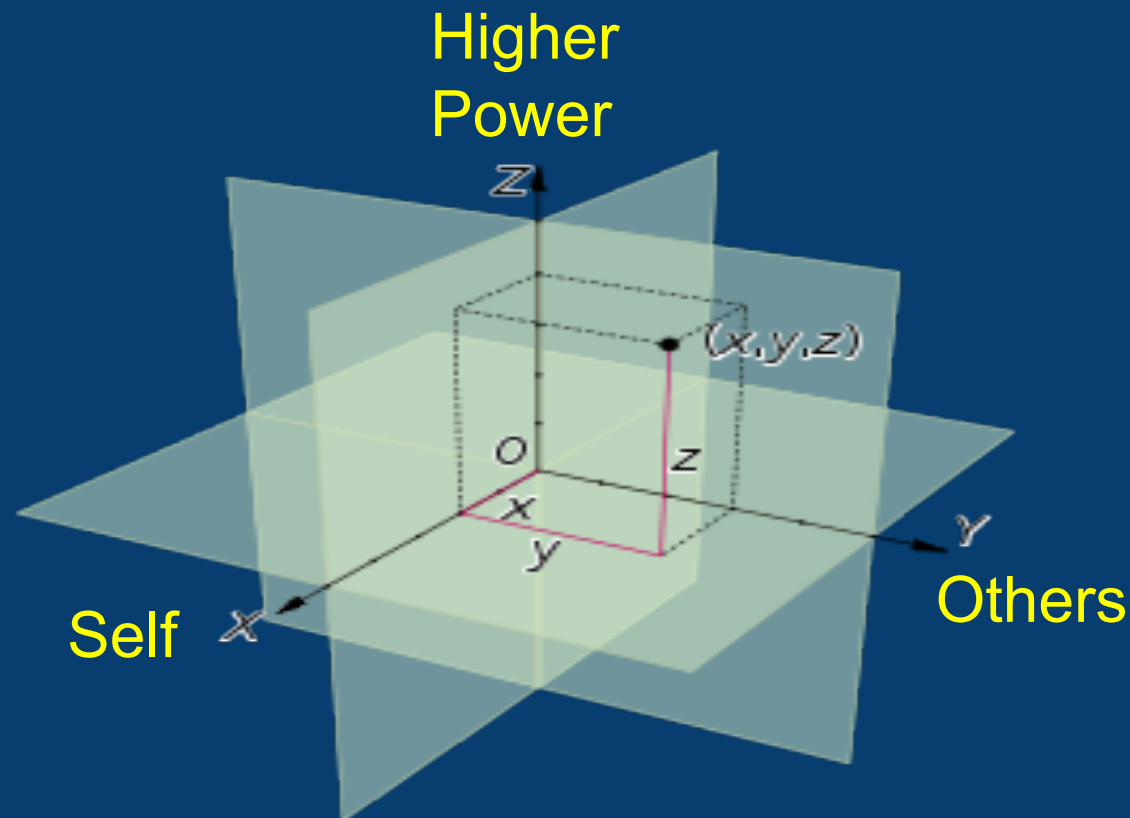
- What does Spiritual mean to the clinician?
- What does it mean to the patient?
- “I am not religious, but I’m Spiritual.” (a common statement today)
- What is the difference between the Spirit and the Soul?

Spiritual Beings' Struggles

- We are spiritual beings
- “We are all struggling with a relationship problem” (Glasser, 1999)
- Is there a problem with a relationship with self? (self-loathing- a part of moral injury)
- Is there a problem in a relationship with others(withdrawal from friends, family, work).
- Is there a problem with a relationship with G-d or higher power a sense of purpose or meaning? (Spiritual Struggles)
- How do these relationship problems then affect the soul- the mind, the will, the emotions?
- Nee's definition of spirit: Conscience, Intuition, Communion, (Nee, 1968)

Future Research: Validating Relationship Health Measure

- On a scale of 1-10 on each axis what is the health of this spiritual being in terms of relationships with self, others and Higher Power?



The Last Battle

- “If we find ourselves with a desire that nothing in this world can satisfy, the most probable explanation is that we were made for another world.”
- “I have come home at last! This is my real country! I belong here. This is the land I have been looking for all my life, though I never knew it till now.”

PRRC– Psychosocial Rehabilitation and Recovery Center: “The School for Better Living”

All day treatment and day hospitals within in the VA were converted to PRRCs to emphasize Community Integration and embrace the “Recovery Model.”

Uniform MH Services Handbook for VA Medical Centers mandates all mental health services adopt the Recovery Model

All Veterans Develop a Personal Recovery Plan= Suicide Prevention

My Personal Recovery Plan

Instructions: Please fill this out (with or without assistance) and then return and discuss it with your primary mental health team/provider

STEP 1: Satisfaction with Areas of My Life. Please tell us how satisfied you are with the areas of your life. For each area, rate your level of satisfaction #1-5 (1 = not satisfied; 3 = moderately satisfied; 5 = very satisfied) and tell us in a few words why you feel that way

Life area	#1-5	My level of satisfaction is ___ because _____.
Physical needs (food, clothing, shelter)		
Meaningful activities (work, school, volunteer) in the community		
Social relationships (friends, family, intimacy, etc)		
Holistic/Spirituality/Wellness (Mind, Body, Spirit)		
Recreation, Leisure, Hobbies, Creative Expressions (music, art, dance, writing, etc)		
Other:		

STEP 2: What is my overall vision of recovery? If my life could be anything I wanted it to be, what would it look like? What brings meaning to my life? What is meaningful to me?

STEP 3: What goals will I set to reach my vision of recovery? I will work on the following goal(s) to improve satisfaction in one or more of the life areas (from STEP 1):

STEP 4: What strengths do I have that will help me achieve my recovery goals? What are the things that I am good at doing? What are some past successes that will help me to achieve my recovery goals? What relationships or associations will help me to achieve my recovery goals?

MPRP Cont.

STEP 5: What might prevent me from achieving my recovery goals? Mental health symptoms, substance abuse, addictions, social issues, health issues, family issues, homelessness, unemployment, etc.

STEP 6: What steps must I take to reach my recovery goals? What actions/behaviors/responsibilities do I need to take to achieve my goals?

Follow-up questions after 3 months, 6 months and 9 months

FROM STEP 1: LIFE AREAS

<p>At 3 MONTHS: How much progress have I made to achieve my goal(s)? (1 = no progress; 5 = goal achieved)</p> <p>Self rating 1 2 3 4 5 (Circle one)</p> <p>Staff rating 1 2 3 4 5 (Circle one)</p>	<p>Please re-evaluate your satisfaction with life areas (see Step 1) (1 = Not satisfied; 3 = Moderately Satisfied; 5= Very Satisfied)</p> <p>Physical Needs 1 2 3 4 5 (Circle one)</p> <p>Meaningful Activities 1 2 3 4 5 (Circle one)</p> <p>Social Relationships 1 2 3 4 5 (Circle one)</p> <p>Holistic/Spirituality/Wellness 1 2 3 4 5 (Circle one)</p> <p>Recreation/Leisure/Hobbies 1 2 3 4 5 (Circle one)</p>
<p>At 6 MONTHS: How much progress have I made to achieve my goal(s)? (1 = no progress; 5 = goal achieved)</p> <p>Self rating 1 2 3 4 5 (Circle one)</p> <p>Staff rating 1 2 3 4 5 (Circle one)</p>	<p>Please re-evaluate your satisfaction with life areas (1 = Not satisfied; 3 = Moderately Satisfied; 5= Very Satisfied)</p> <p>Physical Needs 1 2 3 4 5 (Circle one)</p> <p>Meaningful Activities 1 2 3 4 5 (Circle one)</p> <p>Social Relationships 1 2 3 4 5 (Circle one)</p> <p>Holistic/Spirituality/Wellness 1 2 3 4 5 (Circle one)</p> <p>Recreation/Leisure/Hobbies 1 2 3 4 5 (Circle one)</p>
<p>At 9 MONTHS: How much progress have I made to achieve my goal(s)? (1 = no progress; 5 = goal achieved)</p> <p>Self rating 1 2 3 4 5 (Circle one)</p> <p>Staff rating 1 2 3 4 5 (Circle one)</p>	<p>Please re-evaluate your satisfaction with life areas (1 = Not satisfied; 3 = Moderately Satisfied; 5= Very Satisfied)</p> <p>Physical Needs 1 2 3 4 5 (Circle one)</p> <p>Meaningful Activities 1 2 3 4 5 (Circle one)</p> <p>Social Relationships 1 2 3 4 5 (Circle one)</p> <p>Holistic/Spirituality/Wellness 1 2 3 4 5 (Circle one)</p> <p>Recreation/Leisure/Hobbies 1 2 3 4 5 (Circle one)</p>

Services and classes available to Veterans at West LA PRRC :

- Evidence Based Social Skills
- Work/School Support
- Wellness/Cooking /Gardening
- Creative arts– writing/art/music appreciation
- Mind Body
- Community Integration, Outings and Activities
- Self Government
- Spirituality

Mind/Body Treatments

- Breathing, Stretching and Relaxation
- Mindfulness
- Dance

Breathing Stretching Relaxation



Dance for Veterans Class



Dance for Veterans: A complementary health program for veterans with serious mental illness

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(Received 29 May 2014; accepted 20 November 2014)

Background: *Dance for Veterans*, composed of physical, psychological and social elements, is a new patient-centered and recovery-oriented treatment modality for veterans diagnosed with serious mental illness; that is, chronic and functionally impairing psychoses, traumatic stress disorders, and mood and anxiety disorders. This report outlines the development of *Dance for Veterans* over the past several years within the VA Greater Los Angeles Healthcare System, including curricular rationale, training model and program evaluation. **Methods:** Participation was voluntary and required only a mental illness diagnosis. Survey data and qualitative feedback ($N = 88$), as well as verbal reports of stress ($N = 35$), were collected over 3-month periods to assess effects of the class on veterans' well-being. **Results:** Verbal reports of stress before and after class showed significant decreases ($p < 0.001$), and subjective responses to the classes were overwhelmingly positive. Significant longer-term trends in stress reduction, however, were not demonstrable. **Conclusions:** The *Dance for Veterans* program shows promise as an interdisciplinary resource for veterans diagnosed with serious mental illness. Future program development will include more detailed evaluation of its effects on veterans' well-being and extension to additional VA venues and populations.

Keywords: veterans; dance; movement; complementary medicine; holistic health

Introduction

Military personnel often return from war with both visible and invisible wounds across their physical, psychological and social domains of health (Tanielian & Jaycox, 2008; Williamson & Mulhall, 2009). Many veterans in the USA are afflicted with physical and mental illnesses because of their participation in theaters of combat, including Iraq,

BSR and Dance Materials

- BSR– breathing/stretching/relaxation train the trainer materials available, (Office of Patient Centered Care website)
- Dance for Veterans– Train the trainer materials available (Office of Patient Centered Care website)

Gardening:

Inside LA's Secret Garden That's Helping Veterans

By Melissa Seley Published on 9/14/2016 at 10:29 AM

Sponsored By Casa Modelo



BRIAN GUIDO

Nestled within the sprawling 387 acres of the U.S. Veteran Affairs' West Los Angeles campus stands a tiny, unlikely plot tended by a handful of volunteers, so small and unassuming, it's easy to miss. But the garden is a rare experiment. Not only does the fertile plot yield plenty of unique organic crops -- African blue basil, thornless raspberries, giant cantaloupes, and Dutch kale for example -- it also provides a pioneering form of holistic therapy for veterans with severe mental illnesses. See how this tiny garden is doing a world of

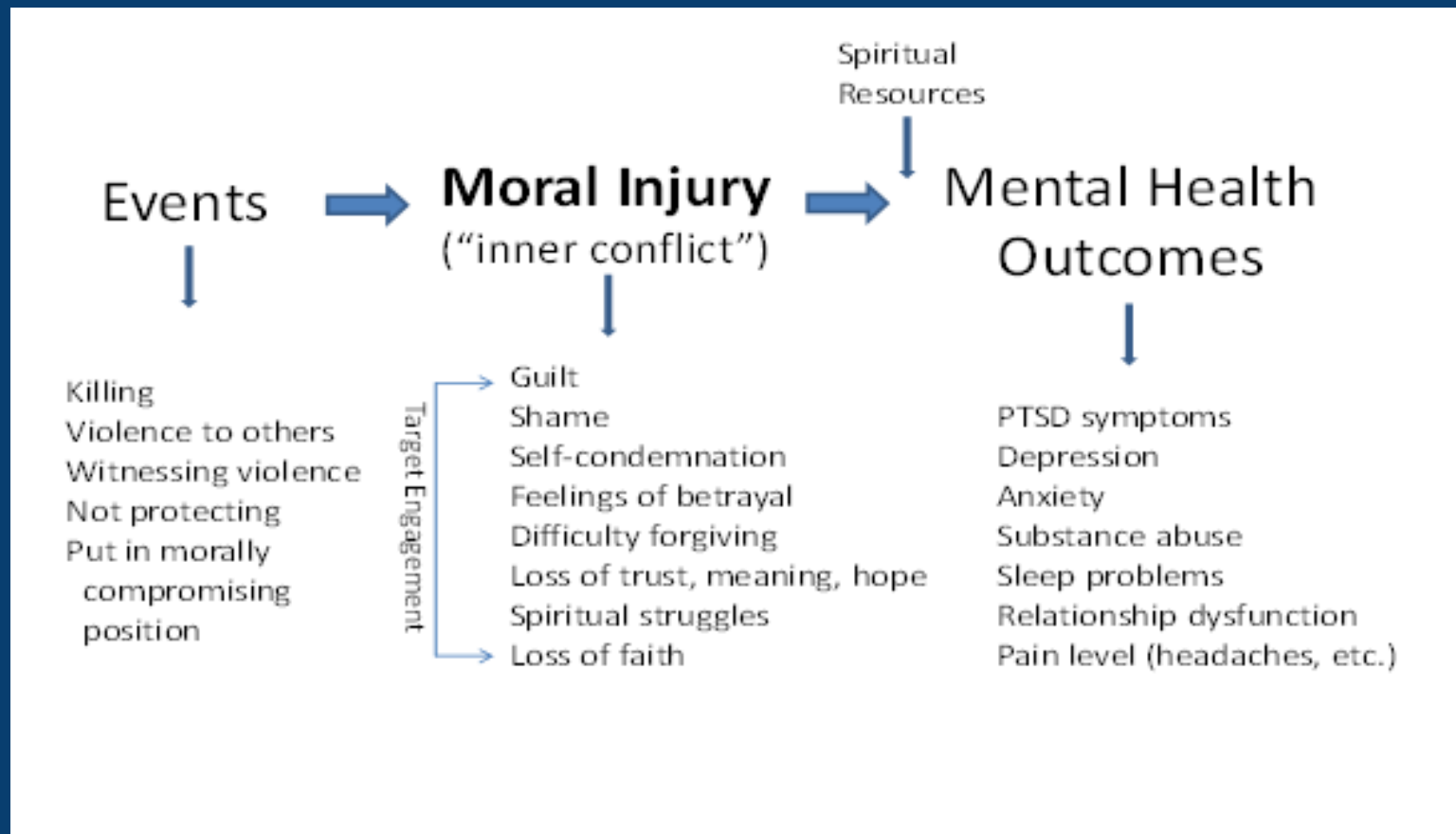
Spirituality Class

- Chaplain run Spirituality Class

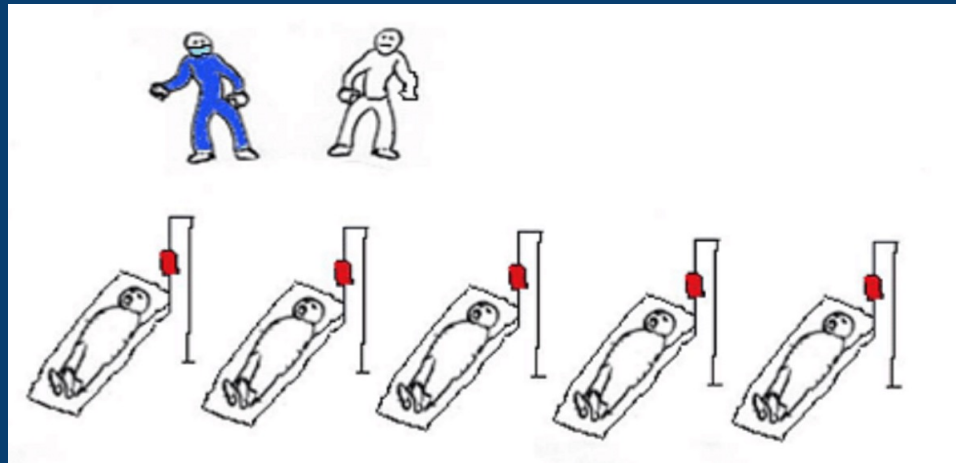
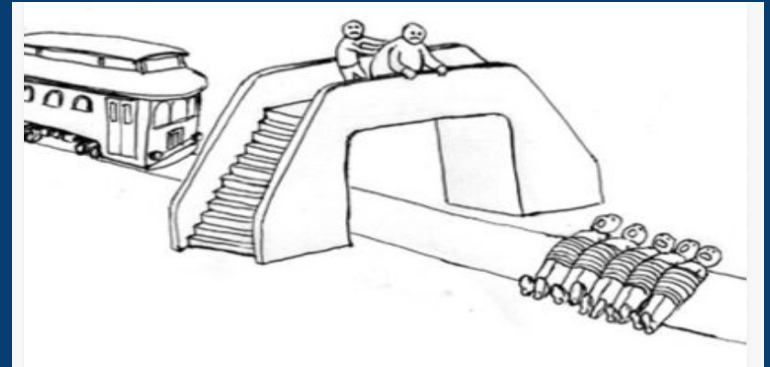
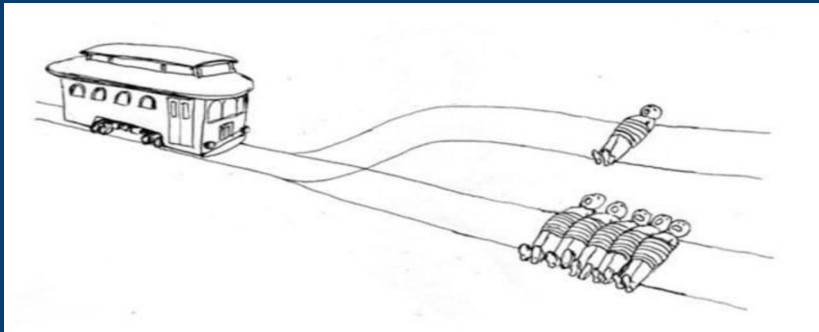
What is Moral Injury ?

- Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.” (Litz et al., 2009)
- “a betrayal of what’s right, by someone who holds legitimate authority, in a high-stakes situation” (Shay, 2014, p 183)
- “a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs” (Brock & Lettini, 2012, p xiv)
- Moral injury is not PTSD, but there are overlaps in reaction to moral injury.
- People with Moral Injury suffer from insomnia, anger issues

Target of Spiritual Interventions: Moral Injury (Inner Conflict)



Trolley Dilemma: Inner Conflict



Sara Bizarro, 2020 (internet)
Phillipa Foot, 1967

MISSION PROJECT

- Dr. Ames' Research Team collaborated with Dr. Harold Koenig, MD Duke University and several other VAs as well as chaplains around the country
- 1. Developed a Valid and reliable measure for moral injury (long and short form)
- 2. Developed a Chaplain Based intervention for moral injury (and now testing)
- 3. Testing a spiritually oriented cognitive processing therapy (Pearce et al, 2018)
- Koenig,2018

Moral Injury Short Form

1. I feel betrayed by leaders who I once trusted.
2. I feel guilt over failing to save the life of someone in war.
3. I feel ashamed about what I did or did not do during this time.
4. I am troubled by having acted in ways that violated my own morals or values.
5. Most people are trustworthy.
6. I have a good sense of what makes my life meaningful.
7. I have forgiven myself for what happened to me or others during combat.
8. All in all, I am inclined to feel that I am a failure.
9. I wondered what I did for God to punish me.
10. Compared to when you first went into the military has your religious faith since then... Weakened or Strengthened

Moral Injury(Inner Conflict) and Suicide Risk

- Growing evidence of link between moral injury and increased suicide risk
- Published study of 570 Veterans and Active Duty Military
 - Measured moral injury, suicide risk index based on 10 known suicide risk factors
 - Measured religiosity and moderating effect of religion
- Moral injury strongly correlated with suicide risk ($r=0.54$)
 - Self-condemnation had the highest subscale correlation with MI
 - Religiosity did not mediate relationship between moral injury and suicide risk

Ames et al,2018

Chaplain Intervention

- This intervention consists of twelve 50-minute individual one-on-one pastoral care sessions with the Veteran
- The intervention is designed specifically for those who indicate that religion is important in their lives. It is to be adapted to the specific religious beliefs of the Veteran. (Koenig et al., 2019)
- 5 Workbooks/appendices developed for Christian, Jewish, Muslim, Buddhist and Hindu Religions (Ames, et al, 2021)

Contents of Chaplain Intervention

II. 10 Moral Injury Dimensions (Content for Sessions)

1. Guilt
2. Shame
3. Betrayal
4. Moral concerns
5. Loss of trust
6. Loss of meaning
7. Self-condemnation
8. Difficulty forgiving
9. Religious struggles
10. Loss of religious faith

Contents of Chaplain Intervention

III. Modules based upon Model of Healing:

Conviction

Lament

Repentance

Confession

Forgiveness

Reconciliation

Atonement

Recovery & Resilience

Anger (optional)

Spiritually Integrated CPT

- Spiritually integrated form of CPT that explicitly draws on a client's spiritual/religious resources and that addresses spiritual struggles and moral injuries.
 - Spiritual beliefs, practices, rituals, values, and inspirational passages to challenge and change unhelpful patterns of thinking and behavior
 - Spiritual concepts, such as kindness, compassion, and acceptance
 - Spiritual practices, such as confession, forgiveness, making amends, spiritual surrender, prayer/meditation, and spiritual community
- Targets MI to reduce PTSD symptoms
- 5 religion-specific appendices (Pearce et. al., 2018)

Partnering with Faith Based Organizations

- Because faith-based organizations may interact with Veterans before Veterans appear for mental health services– (due to stigma)especially in rural communities, very important to support faith- based community services with coordination of care with mental health and help provide tools that can potentially be used.
- Completed focus groups, qualitative study with Faith Based leaders in Los Angeles.
- Learned about challenges faced in faith-based communities when confronted with mental health issues of congregants
- Developed resource list to help Faith Leaders connect Veterans connect with mental health care in Los Angeles

Physicians and Moral Injury

- Are Physicians experiencing Moral Injury?
- Can Moral Injury be measured in physicians?

Lifestyle and mental health (Walsh, 2011)

- Therapeutic lifestyle changes (TLCs) can improve mental and physical health and prevent incidences of severe mental and medical illness
- “...diseases exacting the greatest mortality and morbidity – such as cardiovascular disorders, obesity, diabetes, and cancer – are strongly determined by lifestyle.”
- Fewer side effects and complications than medication
- Cost-effectiveness of lifestyle changes

Walsh's Recommended therapeutic lifestyle changes

- Exercise. (Biological)
- Nutrition and diet (Biological)
- Relaxation (Psychological)
- Stress management (Psychological)
- Community involvement- volunteerism (Social)
- Relationships (Social)
- Time in nature (Spiritual)
- Religious and spiritual involvement (Spiritual)

Therapeutic Lifestyle Changes (TLCs) in a Behavioral Weight Loss Study (MAMAO)

- MAMAO - Management of Antipsychotic Medication Associated Obesity
 - Group classes and individual case management to combat weight gain from antipsychotic medication
- Preliminary TLC data:
 - Veterans asked to record how frequently they implement TLCs
 - Data were analyzed with mixed-effects linear models to test for effects of TLC participation and week of the study



The Lifestyle Balance Program

Participant Notebook

Adapted from the Diabetes Prevention Program
Grant funding by the VA Merit Review Program, Department of Rehabilitation R&D
Revisions by: Crystal Kwan, Hollie Gelberg, Eda Martin, Zach Erickson, Shirley Mena,
Lisa Guzik, Donna Ames
Last updated November, 2014



TLC Results in MAMAO Study

- More TLCs practiced → Higher Bio-psycho-social-spiritual (BPSS) Scale Scores
 - Avg. increase of 1.4 points (0-40 scale) for each additional TLC practiced ($p = .013$ for main TLC effect)
- More TLCs practiced → Greater weight loss
 - Avg. weight loss of 0.03 lbs each week (1.5 lbs over course of year-long study) for each additional TLC practiced ($p = .001$ for interactive TLC*week effect)

TLC Study

Classes and Individual Coaching for each of the 8 Therapeutic Lifestyle Changes Demonstrated:

- 1) Increased healthy behaviors
- 2) Improvement in Quality of Life
- 3) Decreases in blood pressure

My THERAPEUTIC LIFESTYLE PRACTICES DIARY
THE 8 WAYS TO PRACTICE TLC'S

Name: _____

Date: _____

My goal is to make little changes for each lifestyle element to improve the quality of my life.

	Specific Goals	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Exercise								
Nutrition and Diet								
Time in Nature								
Relationships								
Recreation								
Relaxation / Stress Management								
Religious/Spiritual Involvement								
Service and Helping Others								

Work with Veterans to Create SMART Goals For TLCs!

Specific

Measurable

Attainable

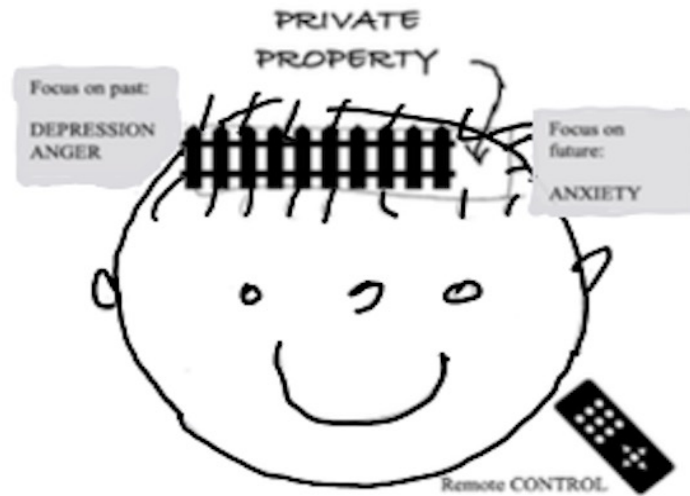
Realistic

Time-bound

(Doran, 1981)

How TLCs Work:

Thoughts – Emotions – Behaviors: Cycle



THINK ABOUT THE PRESENT = GIFT

Change the channel and try
Attitude of Gratitude Channel



POSITIVE OR NEGATIVE?
THOUGHTS EMOTIONS BEHAVIORS

Health Education And Lifestyles (HEAL) Program Participant Notebook

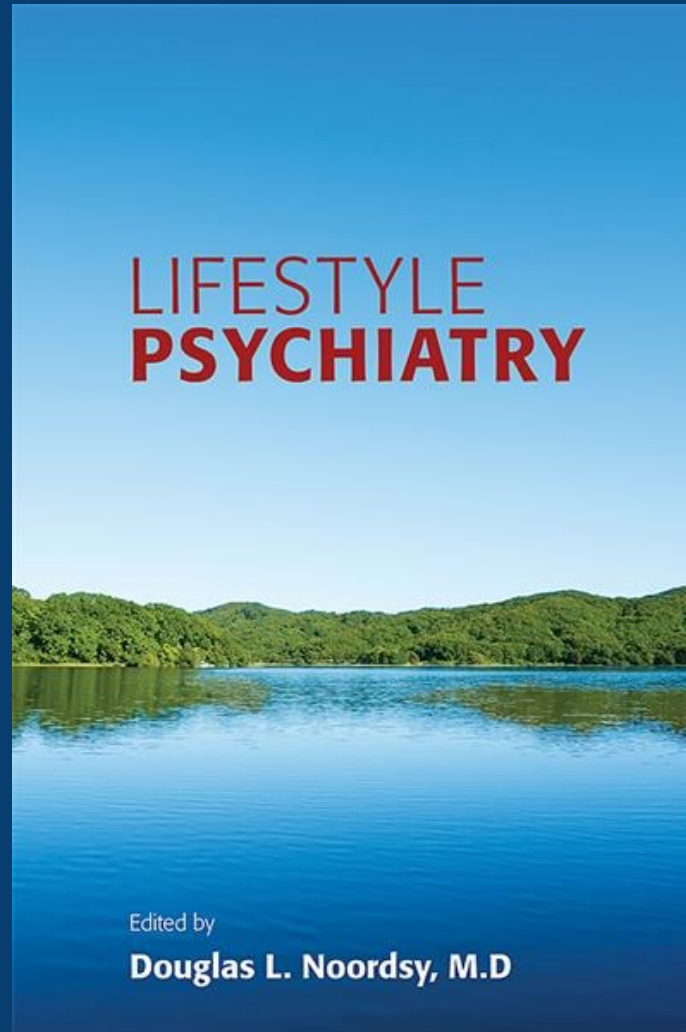


Materials Developed by Hilary Meyer, Jillian Tessier, Irina Arnold,
Zach Erickson, Crystal Kwan, Hollie Gelberg, & Donna Ames, MD
Portions Adapted from Diabetes Prevention Program
Version 4, 5/31/16



All symbols included above are "Dancing" by Matt Brooks, from the Noun Project

Chapter 17: Assessment and Behavioral Change Strategies in Clinical Practice



Therapeutic Lifestyle Changes: Impact on Weight, Quality of Life, and Psychiatric Symptoms in Veterans With Mental Illness

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ABSTRACT Introduction: Veterans with mental illness tend to have shorter life spans and suboptimal physical health because of a variety of factors. These factors include poor nutrition, being overweight, and smoking cigarettes. Nonphysical contributors that may affect quality of life are the stigma associated with mental illness, social difficulties, and spiritual crises. Current mental health treatment focuses primarily on the delivery of medication and evidence-based psychotherapies, which may not affect all the above areas of a Veteran's life as they focus primarily on improving psychological symptoms. Clinicians may find greater success using integrative, comprehensive, multifaceted programs to treat these problems spanning the biological, psychological, social, and spiritual domains. These pilot studies test an adjunctive, holistic, behavioral approach to treat mental illness. This pilot work explores the hypotheses that engagement in a greater number of therapeutic lifestyle changes (TLCs) leads to improvement in quality of life, reduction of psychiatric symptoms, and weight loss. Materials and Methods: Institutional Review Boards for human subjects at the Veterans Affairs (VA) Greater Los Angeles and Long Beach Healthcare Systems approved pilot study activities at their sites. Pilot Study 1 was a prospective survey study of Veterans with mental illness, who gained weight on an atypical antipsychotic medication regimen, participating in a weight management study. At each session of the 1-year study, researchers asked a convenience sample of 55 Veterans in the treatment arm whether they engaged in each of the eight TLCs: exercise, nutrition/diet, stress management and relaxation, time in nature, relationships, service to others, religious or spiritual involvement, and recreation. Pilot Study 2 applied the TLC behavioral intervention and examined 19 Veterans with mental illness, who attended four classes about TLCs, received individual counseling over 9 weeks, and maintained journals to track TLC practice. Besides weekly journals, researchers also collected prospective data on quality of life, psychiatric symptoms, vitals, and anthropometric measurements. In both studies, investigators tested for main effects of the total number of TLCs practiced and study week using mixed-effects linear models with independent intercepts by participant. Results: In Study 1, engagement in more TLC behaviors was significantly associated with higher ratings of quality of life, as well as greater weight loss for each additional type of TLC practiced. In Study 2, TLC practice increased significantly over 9 weeks, and was significantly associated with improvements in quality of life and diastolic blood pressure. Conclusion: Counseling Veterans to practice TLCs provides a holistic adjunct to current treatments for mental illness. TLCs may confer multiple benefits upon Veterans with mental illness, enhancing quality of life and well-being along with weight management efforts. As these were pilot studies, the samples sizes were relatively small and a control group was lacking. Our findings may have broader implications supporting a holistic approach in both primary and mental health care settings. Future research will expand this work to address its weaknesses and examine the cost differential between this holistic approach and traditional mental health treatment.

Resilience What is it?

Resilio– to bounce back to rebound

Grit– Perseverance and Passion

Wabi Sabi– made more beautiful by imperfection

Harzbrand, Groopman, NEJM 2020
Living Wabi Sabi, T. Gold, 2010

Japanese Art of Kintsugi

“There is a crack in everything. That’s how the light gets in.” Leonard Cohen



What is Burnout?

- Burnout is an ICD9 code: QD85 “resulting from chronic workplace stress”
- Burnout causes lack of empathy
- Impaired job performance
- Impaired relations with family and friends as the Electronic Health Record invades the home

Burnout Symptoms + Energy Accounts



Aragaki, 2019

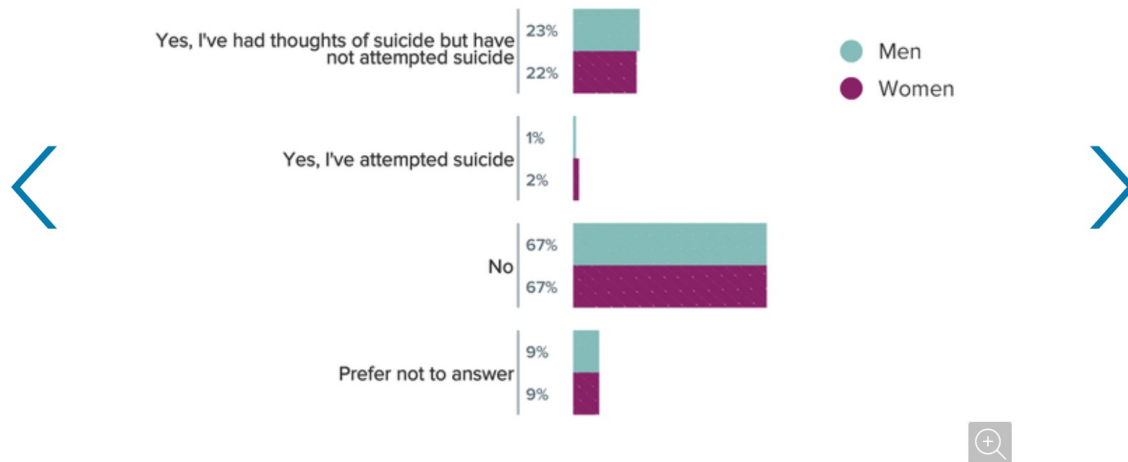
Burnout and Suicide

Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide



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Have You Ever Felt Suicidal or Attempted Suicide? (By Gender)



The large majority of physicians who said that they were depressed have never considered suicide. However, about 1% have attempted suicide. These percentages were similar for male and female physicians. Sadly, an estimated [300-400 physicians commit suicide](#) each year.

'I Cry but No One Cares': Physician Burnout & Depression Report 2023

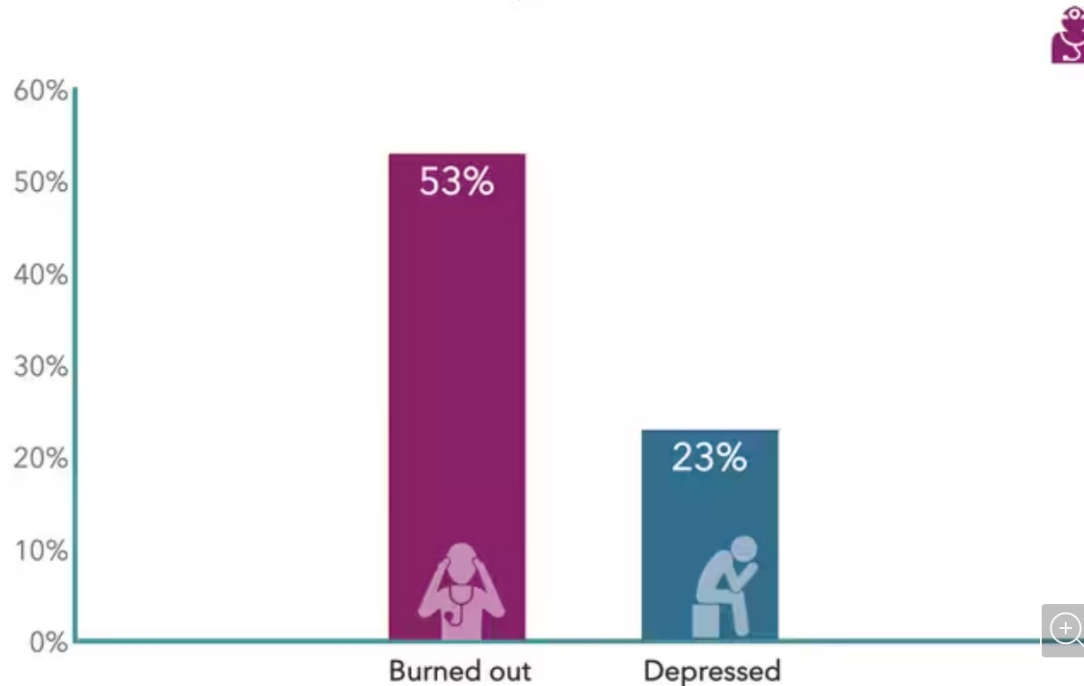
Leslie Kane, MA | January 27, 2023 | [Contributor Information](#)

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Are You Burned Out and/or Depressed?



Fifty-three percent of physicians said they are burned out — a big change from our report 5 years ago, before COVID-19 crashed onto the scene. In Medscape's [2018 report](#), 42% of physicians said they were burned out. Also, 23% of physicians report depression now compared with 15% of respondents 5 years ago.

Some totals in this presentation do not equal 100% because of rounding.

HOW to Prevent Burnout: Systemic Changes Needed:

Restore Autonomy, use Appropriate measures of Competence and Allow for Genuine Relatedness

- The System needs to Restore Autonomy to the Doctor
- Flexible scheduling that treats doctors and patients as individuals
- Flexible scheduling allowing doctors to optimize their relatedness to their patients as opposed to the Electronic Health Record
- Purge System of MEANINGLESS metrics
- Relatedness should be authentic
- The System needs to adopt to doctors and patients needs

Hartzbrand, Groopman NEJM 2020

THREE Pillars That Prevent Burnout

Autonomy
Competence
Relatedness

Hartzbrand, Groopman
NEJM 2020

Staffing Shortages



**1 in 4 Healthcare Workers
Quitting Over Vaccine
Mandates Will Leave the
Profession**

Updated: January 19, 2023

Resume Builder,
2023

Hsu, 2021

Exodus 5:10

- ¹⁰ Then the slave drivers and the overseers went out and said to the people, “This is what Pharaoh says: ‘I will not give you any more straw. ¹¹ Go and get your own straw wherever you can find it, but your work will not be reduced at all.’” ¹² So the people scattered all over Egypt to gather stubble to use for straw. ¹³ The slave drivers kept pressing them, saying, “Complete the work required of you for each day, just as when you had straw.” ¹⁴ And Pharaoh’s slave drivers beat the Israelite overseers they had appointed, demanding, “Why haven’t you met your quota of bricks yesterday or today, as before?”

I Love Lucy at the Chocolate Factory



Keys for Energy Saving:

- 1)End workday at the end of pay day
- 2)Take 1 hour lunch/rest daily from 12-1
- 3)Take every earned vacation day every year
- 4)Take at least one day off per month to recharge!
- 5)Take complete electronic Sabbath 1 day per week
- 6)Do Not look at EHR at end of workday or work e-mail
- 7)Take a Sabbatical every 7 years
- 8)Find ways to do something you love-Something creative and make sure to spend time with people who love you every day.

Helpful Thoughts:

- Perfect is the enemy of the good (vis a vis charting)
- Your life is measured not by the things you own, or the length of your CV, but the people who loved u and the love you gave away.
- Your kids can get a great education by going to junior college then transferring to a State University and they will come out with NO DEBT (Ames, 2020)
- Focus on Gratitude-- “attitude of gratitude”
- Spend time alone with your Higher Power in prayer or meditation
- Life is not necessarily happy, but if your life has meaning, happiness can be a byproduct of this (Viktor Frankl, Man’s Search for Meaning, 1959)

Four Agreements at Work

- Be Impeccable with your word (and your texts and your emails)
 - Don't take things personally
 - Don't make assumptions
 - Do your best
-
- When angry: Rule number 1--- when in doubt get out!

Do it Anyway — Mother Teresa

People are often unreasonable, illogical, and self-centered.

Forgive them anyway.

If you are kind,

people may accuse you of selfish ulterior motives.

Be kind anyway.

If you are successful,

you will win some false friends and some true enemies.

Succeed anyway.

If you are honest and frank,

people may cheat you.

Be honest and frank anyway.

What you spend years building,

someone could destroy overnight.

Build anyway.

If you find serenity and happiness,

they may be jealous.

Be happy anyway.

The good you do today,

people will often forget tomorrow.

Do good anyway.

Give the world the best you have,

and it may never be enough.

Give the best you've got anyway.

You see,

in the final analysis it is between you and God;

it was never between you and them anyway.

This poem is a revision of an earlier set of *Paradoxical Commandments* by Kent Keith.

Both versions — revised (author unknown) and original (by Kent Keith)

Summary:

- We are all spiritual beings on a spiritual journey.
- Suicide rates are high in Veterans and in physicians.
- Burnout and Depression are also elevated in physicians.
- Identifying and addressing moral injury may be important for both Veterans and physicians in suicide prevention.
- Spiritually integrated treatments may be of value.
- Systemic changes are needed in medicine to improve the health of patients and physicians.
- A recovery oriented, holistic, bio-psycho-social-spiritual approach may be helpful for both physicians and Veterans recovery and support of resilience.

Summary continued: Recovery embraces Holistic Approach

- Biological
 - Psychological
 - Social
 - Spiritual
-
- Recovery Planning is Suicide Prevention

The Last Battle

- “If we find ourselves with a desire that nothing in this world can satisfy, the most probable explanation is that we were made for another world.”
- “I have come home at last! This is my real country! I belong here. This is the land I have been looking for all my life, though I never knew it till now.”

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“By the Grace of G-d, I am what I am...”

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The Righteous Man
walks in his integrity.
His children are blessed
after him.
Proverbs 20:7

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