Disparities Faced by Individuals with Mental Health Problems: Tools to Forge Pathways to Change

Adrienne Kennedy, MA
Keris Jän Myrick, MBA MS
John Torous, MD
Disparities & the Mortality Gap:
When Chronic Health Conditions, SMI, SUD & Criminal Justice Collide

Adrienne Kennedy, MA
President, Board of Directors
NAMI, National Alliance on Mental Illness
Precious Beginnings

1974

1975
Hopes
Dreams
Promises
Possibilities

Late December 1998
Loaded Genes

many diagnoses, yet long-lived

the Mortality Gap hits 4th generation
Hope amid heartache. . .

Shining Moments

. . . then relapses amid fragmented care

Gifts Along the Way

- Sincere Empathy
- Providers with a special touch
- Treatment and Medication that bring relief & wellness
- Research that illuminates the unknowns
- Beacons of commitment & professional resolve
  - Chronic Physical Illness + SMI require 
    Integrated Care
Serious Illnesses: complex and chaotic

Isolation

stressors strike individuals, families, providers

- Fragmentation >>> the Rush to Judgment, no context
- Stand-alone Crisis Care can become its own Revolving Door
- Everyone’s Education for Integration must start early
- Policies/people/places/programs for integration must be available
- Delays, detours, inadequate integration = Mortality Gap

- Engagement takes time
  - Connecting with the person & family
  - Acknowledging the losses
  - Valuing the heroic efforts
  - Rebuilding for resilience
Watershed Moments
1999
2005
2008

Incarceration
2008-2010

Turning Points without treatment
2010-2012
2013-2016
Illness-driven or Person-driven?

Safety Nets Must Match Person Needs for Recovery

- Early identification / FEP
- Coordinated Specialty Care
- Psychiatrists in multiple settings
- Parity Disparity: Addressing complex needs
- Policy, legislation, training must reflect complexities
- Criminal Justice: Jail Diversion, Care & Re-entry issues
- **RECOVERY IS POSSIBLE – There is Help**
What would have made the difference for our son?

- Quality Person-First initiatives must become the Gold Standard in medical training and community settings

- REENTRY, RECOVERY and RESILIENCE DON’T HAPPEN IN THE HOSPITAL

- Where were Evidence-based Interventions?
  - only 1 psychiatrist had successfully treated a person with Type 1, SMI and SUD
  - No Dual-Diagnoses Care available in Austin, TX.

- Psychiatry has a KEY ROLE to play with primary care and other integrated models

- Confusion and ignorance abound – where’s the Cultural Competence for young adults?

- FRAGMENTED SYSTEM COSTS RECOVERY

- FRAGMENTED SYSTEM COSTS LIVES
More Precious Beginnings

Genes are not destiny: vulnerable genes, yes . . .

Effective practices are within reach
> saving money
> saving lives
The Integrated Generation

Early identification intervention integration
Policy+ Research+ Innovation+

Close Disparities

Advance Cultural Competence & Person-centered Recovery
Disparities in the world of Caregivers

Report Findings

Report available at: www.caregiving.org/mentalhealth
The Big Picture

8.4 million Americans care for an adult with an emotional or mental health issue*

Caregivers have typically provided care for 8.7 years, while caregivers of an adult care for 4 years on average (any condition).

Most care recipients (58%) are between 18-39 years; most caregivers (45%) are parents caring for an adult child, though other relationships can be impacted.

The main conditions requiring care are bipolar disorder (25%), schizophrenia (25%), depression (22%), and anxiety (11%)

* Caregiving in the U.S. 2015, National Alliance for Caregiving and AARP Public Policy Institute

Data from NAC & AARP 2015
One-third of caregivers have served as caregivers for 10+ years.

**Figure 2: Duration of Care**

Q14. How long have you been providing/did you provide care to your [relation]?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>8%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>20%</td>
</tr>
<tr>
<td>1 to 4 years</td>
<td>19%</td>
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<tr>
<td>5 to 9 years</td>
<td>17%</td>
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<tr>
<td>10 years or more</td>
<td>33%</td>
</tr>
<tr>
<td>Not sure</td>
<td>4%</td>
</tr>
</tbody>
</table>

(n=1,601)
The majority of people receiving care were between 18-39 years old:

Serious Implications for Empowerment & Recovery

Figure 5: Care Recipient Age

Q13. How old is/was your [relation]?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 34</td>
<td>37%</td>
</tr>
<tr>
<td>35 to 39</td>
<td>21%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>21%</td>
</tr>
<tr>
<td>65 or older</td>
<td>20%</td>
</tr>
</tbody>
</table>

(n=1,601)
Critical Disparities compromise us all

> Shame
> Isolation
> Re-entry
> Recovery

• **Arrest**
  About one in three caregivers report their loved one has been arrested (32%)

• **Homelessness**
  One in five caregivers report their loved one has been homeless for a month or longer (21%)

• **Self-Harm and Suicide**
  Two-thirds of mental health caregivers are concerned their loved one will self-harm (68%) or die by suicide (65%)
Public Policy Solution:

21st Century Cures Act

Educate providers and caregivers about HIPAA and other opportunities

Develop and disseminate model training for providers, lawyers, peers and families, including family & friendship caregivers, on appropriate communication of health information

To dignify
To honor and
To support people living with mental illness.
Public Policy Solutions

Goal: to Honor and Emancipate with peer support & activism

• Provide assistance for both caregivers and individuals in navigating the mental health system. County and state providers can help.

• Include caregivers as part of health care team.

• Educate and provide resources for caregivers, especially with issues of stress & caregiver health.

• Reduce isolation – Engage community

• Identify losses, acknowledge & heal grieving

• Remove the shame – Refuse the stigma

• Make Mental Health a Community Priority
Disparities in Care and Caregiving:

Let’s shift these stats to models that Empower

- Average age is 46.3 years old but **most are under age 40**
- **Almost half** live in same household as caregiver (45%) or within 20 miles (27%)
- **3 in 10** have an alcohol or substance abuse issue
- **Almost half** are financially dependent on family and friends
• Integrate mental health questions into all health care assessments, and provide regular screenings.

• Expand opportunities, credentialing, supervision and re-imbursement of Peer Support Specialists across the continuum of care

• Advocate for treatment parity for mental health issues equal to that of medical health issues.

• Ensure access and reimbursement for continuum of care

• Advocate for access to education, accommodations, re-entry in education and effective employment opportunities --including supported employment
Do you know what it’s like.....?

Intersectionality Diagnosis and Disparity

Keris Jän Myrick, MBA, MS
Chief, Peer Services
Los Angeles County Department of Mental Health
Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of The Los Angeles County Department of Mental Health, The Department of Health Care Services or offices therein.
A journey is a person in itself; No two are alike.
- John Steinbeck
Sister
Daughter
Grand-Daughter
Cousin
African-American
Muskogee-Creek
ArmyBrat/Global Nomad
Human
Person
REST ROOMS

WHITE

COLORED

L&N

B&J SIGNS 1929
BOY, I SAY BOY...

YOU'RE ABOUT TO EXCEED THE LIMITATIONS OF MY MEDICATION.
Analysis | The Health 202: Patrick Kennedy shepherded a major mental-health bill into law. Ten years later, big barriers remain.

washingtonpost.com
Wishing you...

Sometimes caring can teach where words can't reach.

Dr:
Post-op care for thyroid and parathyroid surgery
INSTITUTIONAL RACISM
SEXISM
1952

- Focus on biological lesions
- Early life conflicts
- Reactions due to personality, psychological, social, environmental and biological factors

Schizophrenia Reaction
Schizophrenia was a collection of psychotic and neurotic symptoms thought to afflict women who struggled with their role of domesticity.
why is this woman tired?

She may be tired for either of two reasons:

- because she is physically overworked. If this is the case, you prescribe rest, because rest is the only cure for this kind of physical tiredness.
- because she is mentally "done in". Many of your patients—particularly housewives—are crushed under a load of dull, routine duties that leave them in a state of mental and emotional fatigue. For these patients, you may find "Dexedrine" an ideal prescription. "Dexedrine" will give them a feeling of energy and well-being, renewing their interest in life and living.

Dexedrine* (dextro-amphetamine sulfate, S.K.F.) is available as tablets, elixir, and Spanaside* capsules (sustained release capsules, S.K.F.) and is manufactured by Smith, Kline & French Laboratories, Philadelphia.
when the patient's anxiety is complicated by depression...

both symptoms often respond to

THORA-DEX*

(a combination of Thorazine and Dextroamphetamine)

'Thora-Dex' is a combination of a specific anti-anxiety agent, Thorazine, and a standard antidepressant, Dextroamphetamine. The preparation is of unusual value in mental and emotional disturbances and in acrophobic conditions complicated by emotional stress—especially when depression occurs together with anxiety, agitation or apprehension.

The patient treated with 'Thora-Dex' is generally both calmer and alert, with normal interest, activity and capacity for work.

Smith, Kline & French Laboratories, Philadelphia

*Serpasil in a LOW, ONCE-A-DAY dose acts as a gentle mood-leveling agent... sets up a needed *tranquility barrier* for the many patients who, without some help, are incapable of dealing calmly with a daily pile-up of stressful situations.

Serpasil

CIBA (1955)
patients hospitalized for many years...

...are now at home...
1968

- "facilitate maximum communication within the profession and reduce confusion and ambiguity"

- Less culturally specific to the U.S.; more in line with W.H.O.'s. ICD

- Removes "Reaction"

Schizophrenia, Paranoid Type
Assaultive and belligerent?

Cooperation often begins with
HALDOL (haloperidol)
a first choice for starting therapy

Acts promptly to control aggressive, assaultive behavior

Several studies have reported the clinical effectiveness of HALDOL (haloperidol) in controlling disruptive and dangerous assaultive behavior. Since the emergence of violent violence can be an indicator of serious behavioral disturbances, the medication is often used as a preventative measure during crises. Haldol (haloperidol) can be administered orally, frequently within a few hours, when the exacerbation is acute or when normal doses of other antipsychotic drugs have not been tolerated. Treatment with HALDOL has been reported to produce a satisfactory therapeutic effect, although the response to the drug varies from patient to patient.

Usually leaves patients relatively alert and responsive

Although some fluctuations of response have been observed, marked reduction in agitation following Haldol (haloperidol) use is rapid. A report on a study with chronic patients indicates that the patients maintained treatment and were responsive to psychosocial interventions. Another investigator reports that HALDOL (haloperidol) behavior and produces a decrease in the expressions that allow more effective use of the social morale and the therapeutic environment.

Reduces risk of serious adverse reactions

HALDOL (haloperidol) is a tranquilizer, which is associated with the psychotomimetic symptoms of anxiety and somatic disturbances. Rare but important reactions have been reported, such as breakthrough depression, suicidal ideation, agitation, and delirium. The most frequent side effects of HALDOL (haloperidol)—the most troublesome reactions—are mainly dose-related and usually controlled

For information relating to Indications, Contraindications, Warnings, Precautions and Adverse Reactions, please turn page.

Haldol 37.5 mg, 6.25 mg, 12.5 mg, 25 mg, 50 mg, 100 mg.
“Many people are so uncomfortable with the stigma associated with mental illness that they would rather suffer in silence than get the help they need” Pat Deegan
The mystery of human existence lies not in just staying alive, but in finding something to live for. “
- Fyodor Dostoyevsky
Mental Illness & Professional Care

- Work
- Education
- Spiritual
- Family
- Relationships
- Community
- Social Network
BUT, WHAT IF WE FLIP THE SCRIPT?....
NOTHING IS IMPOSSIBLE. THE WORD ITSELF SAYS I'M POSSIBLE
The Power of Resilience and Recovery
The Power of Peer Support
DOES PEER SUPPORT MAKE A DIFFERENCE?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:

- Increased self-esteem and confidence (Davidson, et al., 1999; Salzer, 2002);
- Increased sense of control and ability to bring about changes in their lives (Davidson, et al., 2012);
- Increased sense that treatment is responsive and inclusive of needs (Davidson, et al., 2012);
- Increased sense of hope and inspiration (Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006);
- Increased empathy and acceptance (camaraderie) (Coatsworth-Puspokey, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999);
- Increased engagement in self-care and wellness (Davidson, et al., 2012);
- Reduced hospital admission rates and longer community tenure (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jensen, 2005; Min, Whitecraft, Rothbard, & Salzer, 2007);
- Increased social support and social functioning (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001);
- Raised empowerment scores (Davidson, et al., 1999; Dumont & Jones, 2002; Ochoka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008);
- Decreased psychotic symptoms (Davidson, et al., 2012); and
- Decreased substance use and depression (Davidson, et al., 2012).

HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team. Consider someone who received a prosthetic arm after an accident. Clinical staff would explain how the new arm works, how to take it off and put it on, and how to care for it. A peer supporter who shares the experience of losing a limb, however, would be able to empathize with the person about what it is like to receive a prosthetic arm, the experience of introducing it to one’s family, and how it feels to go out in public with it.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people’s progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).
Office of the Discipline Chiefs

- Jorge Partida del Toro, PhD
  Chief, Psychology

- Yvette Willock, LCSW, MA
  Chief, Social Services

- Keris Jän Myrick MBA, MS,
  Chief Peer Services

- David Ruskin, MD
  Chief, Psychiatry

- Lu Ann Sanderson, DNP
  Chief, Nursing
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Mom? What is...Normal?

It's just a setting on the dryer, honey.
Improved Treatments
Improved Service Systems
Positive Quality of Life
Lives Saved
More Supports
More Inclusion
Greater Acceptance
A Better Understanding
Keris Jän Myrick, MBA, MS
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Los Angeles County Department of Mental Health
Kmyrick@dmh.lacounty.gov
Disparities in Digital Mental Health: Towards Closing the Gap

John Torous
What Does Increasing Access to Smartphones Mean?

http://www.pewresearch.org/fact-tank/2017/01/12/evolution-of-technology/ Published January 12, 2017
## Offline population has declined substantially since 2000

% of U.S. adults who say they do not use the internet

<table>
<thead>
<tr>
<th>Year</th>
<th>% of U.S. adults who do not use the internet</th>
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<tbody>
<tr>
<td>2000</td>
<td>48%</td>
</tr>
<tr>
<td>2005</td>
<td>32%</td>
</tr>
<tr>
<td>2010</td>
<td>24%</td>
</tr>
<tr>
<td>2015</td>
<td>15%</td>
</tr>
<tr>
<td>2019</td>
<td>10%</td>
</tr>
</tbody>
</table>


### Who’s not online in 2019?

% of U.S. adults who say they do not use the internet

<table>
<thead>
<tr>
<th>Category</th>
<th>% of U.S. adults who do not use the internet</th>
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</thead>
<tbody>
<tr>
<td>U.S. adults</td>
<td>10%</td>
</tr>
<tr>
<td>Men</td>
<td>10%</td>
</tr>
<tr>
<td>Women</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>8%</td>
</tr>
<tr>
<td>Black</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14%</td>
</tr>
<tr>
<td>Ages 18-29</td>
<td>0%</td>
</tr>
<tr>
<td>30-49</td>
<td>3%</td>
</tr>
<tr>
<td>50-64</td>
<td>12%</td>
</tr>
<tr>
<td>65+</td>
<td>27%</td>
</tr>
</tbody>
</table>

Note: Whites and blacks include only non-Hispanics. Hispanics are of any race.


Most Apps are Not Easy To Use
“They told me I am too sick to use it…”
A Second Digital Divide

Is it a Medical Device

“First, what an app claims to do matters. Many apps that target symptoms without claiming to diagnose, treat, or mitigate disease are exempt from FDA oversight.”

“A second theme is that the potential for harm to a user matters. The FDA has indicated that apps that pose a high potential for harm are subject to review.”
### What Do Apps Offer Users?

<table>
<thead>
<tr>
<th></th>
<th>Anxiety (n=40)</th>
<th>Schizophrenia (n=40)</th>
<th>Depression (n=40)</th>
<th>Diabetes (n=40)</th>
<th>Addiction (n=40)</th>
<th>Hypertension (n=40)</th>
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</thead>
<tbody>
<tr>
<td><strong>User Star Ratings</strong></td>
<td>4.29</td>
<td>4.18</td>
<td>4.41</td>
<td>4.35</td>
<td>4.44</td>
<td>4.10</td>
</tr>
<tr>
<td><strong>Presence of a Privacy Policy</strong></td>
<td>85%</td>
<td>50%</td>
<td>85%</td>
<td>85%</td>
<td>70%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Ability to Delete Data</strong></td>
<td>70%</td>
<td>20%</td>
<td>70%</td>
<td>60%</td>
<td>45%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Costs Associated with the App</strong></td>
<td>70%</td>
<td>15%</td>
<td>65%</td>
<td>40%</td>
<td>65%</td>
<td>60%</td>
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<tr>
<td><strong>Days Since Last Update</strong></td>
<td>58</td>
<td>462</td>
<td>139</td>
<td>37</td>
<td>166</td>
<td>687</td>
</tr>
<tr>
<td><strong>Medical Claims by App</strong></td>
<td>15%</td>
<td>30%</td>
<td>45%</td>
<td>45%</td>
<td>5%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Specific Evidence to Support Medical Claims</strong></td>
<td>5%</td>
<td>10%</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Can You Understand What It Demands?

<table>
<thead>
<tr>
<th></th>
<th>Reading Level of Privacy Policy</th>
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<tbody>
<tr>
<td>Mental Health Apps</td>
<td>13.6</td>
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<tr>
<td>Diabetes Apps</td>
<td>13.9</td>
</tr>
</tbody>
</table>

A Privacy Loophole

• 10. MEDICAL DISCLAIMER

10.1 Headspace is a provider of online and mobile meditation content in the health & wellness space. We are not a health care or medical device provider, nor should our Products be considered medical advice. Only your physician or other health care provider can do that. While there is third party evidence from research that meditation can assist in the prevention and recovery process for a wide array of conditions as well as in improving some performance and relationship issues, Headspace makes no claims, representations or guarantees that the Products provide a therapeutic benefit.

Deleting Your Headspace Account

To request the deletion of your personal data that we have on file please email us at help@headspace.com. Upon request, Headspace will permanently and irrevocably anonymize your data such that it can never be reconstructed to identify you as an individual.

We will respond to your request in a reasonable timeframe.
Data transmission captured

<table>
<thead>
<tr>
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<td>Any third-party destination</td>
<td>n (92%)</td>
</tr>
<tr>
<td>Google destinations</td>
<td>33 (92%)</td>
</tr>
<tr>
<td>Google advertising services</td>
<td>28 (78%)</td>
</tr>
<tr>
<td>Google analytics services</td>
<td>15 (46%)</td>
</tr>
<tr>
<td>Facebook Analytics</td>
<td>12 (33%)</td>
</tr>
<tr>
<td>Others</td>
<td>20 (56%)</td>
</tr>
<tr>
<td>Mixpanel</td>
<td>4</td>
</tr>
<tr>
<td>AppNexus</td>
<td>3</td>
</tr>
<tr>
<td>Twitter Mopub</td>
<td>3</td>
</tr>
<tr>
<td>Yahoo Flurry Analytics</td>
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</tr>
<tr>
<td>AdColony</td>
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<td>Branch</td>
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<td>Amplitude</td>
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<tr>
<td>Singular / Apsalar</td>
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Transmission disclosed in a policy

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<td>Google advertising services</td>
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<td>Google analytics services</td>
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<td>Facebook Analytics</td>
<td>7 (58%)</td>
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<tr>
<td>Others</td>
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<tr>
<td>Mixpanel</td>
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<tr>
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<td>AdColony</td>
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<td>AppsFlyer</td>
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</tr>
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<td>(Unknown destination)</td>
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</table>

Huckvale K, Torous J, Larsen ME. Assessment of the data sharing and privacy practices of smartphone apps for depression and smoking cessation. JAMA network open. 2019 Apr 5;2(4):e192542-.
Lack of Informed Consent

Solution = Knowledge and Skills
False Starts


Solution = Knowledge and Skills

Solution = Knowledge and Skills

Step 1

Level 1: Background Info
- Does the app identify funding sources and conflicts of interest?
- Does the app identify ownership?
- Does the app come from a legitimate source?
- Where does app info originate?
- Are there additional or hidden costs?
- Does the app need an active internet connection?
- On what platforms does the app operate?
- Has the app been updated in the last 180 days?

Level 2: Privacy/Security
- Is there a privacy policy?
- Does the app declare data use and purpose?
- Does the app describe use of PHI?
- Can you opt out of data collection or delete data?
- Are data maintained on the device or the web?
- Does the app explain security systems used?

Level 3: Evidence Based
- Does the app do what it claims to do?
- Is app content correct, well-written, and relevant?
- Are references included with the app?
- Is there evidence of benefit from end user feedback?

Level 4: Ease of Use
- Are there potential barriers to access?
- Can the user easily understand how to use the app?
- Is the app easy to use on a long-term basis?
- Does the app clearly define its functional scope?

Level 5: Data Integration
- Do you own your data?
- Can you easily access your data?
- Can you easily share your data?
- Does the app lead to any positive behavior change?
- Does the app improve therapeutic alliance between patient and provider?
# Information

<table>
<thead>
<tr>
<th>Seller</th>
<th>US Department of Veterans Affairs (VA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>89.1 MB</td>
</tr>
<tr>
<td>Category</td>
<td>Health &amp; Fitness</td>
</tr>
<tr>
<td>Compatibility</td>
<td>Requires iOS 9.0 or later. Compatible with iPhone, iPad, and iPod touch.</td>
</tr>
<tr>
<td>Languages</td>
<td>English</td>
</tr>
<tr>
<td>Age Rating</td>
<td>Rated 12+ for the following:</td>
</tr>
<tr>
<td></td>
<td>Infrequent/Mild Medical/Treatment Information</td>
</tr>
<tr>
<td>Copyright</td>
<td>© 2011 US Department of Veterans Affairs</td>
</tr>
<tr>
<td>Price</td>
<td>Free</td>
</tr>
</tbody>
</table>

## Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>3.0</td>
<td>Aug 1, 2017</td>
<td>Improved and expanded tools for managing symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PCL-5 assessment</td>
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<tr>
<td></td>
<td></td>
<td>Expanded educational topics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>User interface and graphics enhancements</td>
</tr>
<tr>
<td>1.51</td>
<td>Nov 13, 2015</td>
<td>iOS 9 compatibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bug fixes and performance enhancements</td>
</tr>
<tr>
<td>1.5</td>
<td>Nov 10, 2015</td>
<td>Updated for iOS 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bug fixes and performance enhancements</td>
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<tr>
<td>1.0.1</td>
<td>Apr 13, 2011</td>
<td>Bug fixes and additional accessibility refinements.</td>
</tr>
<tr>
<td>1.0</td>
<td>Apr 7, 2011</td>
<td></td>
</tr>
</tbody>
</table>
Privacy Policy for Mobile Apps:

No individually identifiable data is transferred or transmitted to VA in any way through the use of the app. All individually identifiable data entered by you remains your sole property and will not be accessed by VA without your further express consent. You also acknowledge that it is your sole responsibility to protect and otherwise secure any information captured and stored by the software once installed on your device.

For statistical purposes VA collects anonymous usage data and sends it to a data provider. This feature can be disabled through the app’s settings screen at any time.
iPhone Screenshots

Best matches for ptsd coach:
Development and refinement of a clinician intervention to facilitate primary care patient use of the PTSD Coach app.
Possemato K et al. Transl Behav Med. (2017)
PTSD Coach around the world.
Using PTSD Coach in primary care with and without clinician support: a pilot randomized controlled trial.

Switch to our new best match sort order
Level 1: Background Info
- Does the app identify funding sources and conflicts of interest?
- Does the app identify ownership?
- Does the app come from a legitimate source?
- Where does app info originate?
- Are there additional or hidden costs?
- Does the app need an active internet connection?
- On what platforms does the app operate?
- Has the app been updated in the last 180 days?

Level 2: Privacy/Security
- Is there a privacy policy?
- Does the app declare data use and purpose?
- Does the app describe use of PHI?
- Can you opt out of data collection or delete data?
- Are data maintained on the device or the web?
- Does the app explain security systems used?

Level 3: Evidence Based
- Does the app do what it claims to do?
- Is app content correct, well-written, and relevant?
- Are references included with the app?
- Is there evidence of benefit from end user feedback?

Level 4: Ease of Use
- Are there potential barriers to access?
- Can the user easily understand how to use the app?
- Is the app easy to use on a long-term basis?
- Does the app clearly define its functional scope?

Level 5: Data Integration
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Solution = Knowledge and Skills

https://smiadviser.org
Solution = Transparency


https://lamp.digital/
Solution = More Open Discussion

Thank You

Digitalpsych.org; jtorous@bidmc.harvard.edu
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