

Mind & Body Connection

Behavioral Health Homes:

Managing Overall Health to Improve Conditions like Diabetes

Michelle has lived in Sanford since she was eight years old. Along with being a dedicated church member in her community, she is a recent health food enthusiast and takes regular classes to improve her diet. “I go to a SNAP-Ed (Supplemental Nutrition Assistance Program Education) Healthy Eating class and now a new class called Cooking Matters where I learn to cook. We also have field trips to the grocery store,” she explains.



Michelle meets weekly with Danielle, her nurse care manager at Maine Behavioral Healthcare's Springvale office, to check her blood sugar.

Nurse Care Manager Danielle Brady has worked with Michelle to establish healthy diet goals and checks her blood sugar every week when they meet at the Springvale office. “In addition to our visits, I find it beneficial to go with Michelle to her primary care appointments to discuss her diabetes and medications. We talk about her health goals and overall blood sugar management,” says Danielle.

According to the American Diabetes Association, approximately 137,413 people in Maine or 11.1% of the adult population have diabetes, costing our state \$1.6 billion each year.

Before Michelle became a member of the Behavioral Health Home (BHH), she was a frequent visitor to the Emergency Department and lost several toes because of chronic diabetes. The BHH program is designed so that clients with complex and costly psychological, medical and social challenges can get all of their care coordinated.

Seeing a behavioral health therapist at the Maine Behavioral Healthcare Springvale office every week is also part of Michelle’s treatment. These “Homes” are actually coordinated services designed to manage both mental and physical health for children and adults who live with mental illness and who have, or are at risk of developing, conditions like diabetes, heart disease, or lung disease.

Healthcare professionals now understand the reciprocal relationship between mental health and physical health when diagnosing common conditions. Forms of anxiety, depression, or high levels of stress can have significant negative effects on the body. For example, clients with anxiety often have chronic gastrointestinal problems or those with high levels of stress are prone to chronic pain.

“In addition to our visits, I find it beneficial to go with Michelle to her primary care appointments to discuss her diabetes and medications.”

Over the last year, the Maine Behavioral Healthcare BHH program grew by 18%, now serving 1,441 clients. “Typically people who have many unmet needs are eligible for BHH services. In Michelle’s case, she has benefitted from working with a case manager to develop the best mix of services to meet her health goals, and they also discuss

Continues next page

any possible barriers,” says Alan Bean Burpee, Case Management Director.

Case managers also provide access to social services, community services, transportation, and other supports. Brittany Spencer, Michelle’s Case Manager, has worked with her on a full schedule of regular doctor’s visits at the Nasson Center in Springvale, mental health treatment at Maine Behavioral Healthcare, and incorporating community education and exercise classes as part of overall treatment.

“She also takes advantage of many groups we offer here,” explained Bean Burpee, “including gardening, adult color-

ing for mindfulness and peer discussion groups. The idea is that clients like Michelle can continue to build the peer connections they make here outside in the community.”

Embracing a new culture of quality of life and chronic illness management will improve the overall health of our communities by significantly reducing healthcare costs for everyone.

Behavioral Health Homes increase awareness of holistic needs, provide options for improving lives and foster disease prevention, restoration, and healing.