

**Diane says experienced first symptoms  
freshman year of HS resulted in brief  
hospitalization her Junior year**

**About a year later, she had a more serious  
episode, and had another psychiatric  
hospitalization.**

**Full evaluation and discussion, she was  
told when she was 22 that she was living  
with bipolar disorder.**

## **The Case of Diana: Living with Bipolar Disorder**

Diana's full medical record shows she has been in and out of community mental health services, with several psychiatric hospitalizations over the past 26 years since her diagnosis. She has been using medications as part of her recovery plan most of that time.

Diana says she does her best to keep up with her medications, but says she doesn't like the way they make her feel, including gaining weight and feeling "Numb", so she doesn't take them every day.

## The Case of Diana: Co-Occurring Mental & Physical Health Conditions

Diana reports periodic substance use since dropping out of high school, including alcohol, marijuana, and occasionally smoking cocaine/crack.

She says currently she only drinks beer or wine on weekends and sometimes smokes cannabis, but no hard drugs.

She notes her family has always been concerned about her drug use. She could not stay at home when she was using or high. As a result, she had periods of “couch surfing” or sleeping in a local parks while she was a young adult.

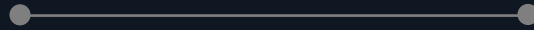
## The Case of Diana: Health Risks

**ACES = +4**

Diana is stable and you are working with her care team on a discharge plan.

You continue encourage Diana to consider getting a full physical before she leaves, including a pap smear since she cannot remember the last time she an OB/GYN exam.

She says that she does not want to get the examination and that she is afraid. You discuss with her the procedures and that someone can attend if she gives permission, but she still refuses.



## The Case of Diana: Health Risks



**Diana is discharged without completing the OB/GYN exam. Her mental health provider wants to take Diana to a local health clinic, to look into the issue. She is very resistant to go.**

**After several weeks of their best MI skills to talk with her about the pelvic exam and the benefits of it for a person her age, Diana discloses for the first time that she experienced sexual abuse as a teenager.**



## **The Case of Diana: Community Referral & Trauma-Informed Care**



Long term smoker  
Obese, Diabetes, Metabolic Effects  
First Identified Cardiac Event  
Lack of Age-Related Screening  
Lower SES

Unstable Housing  
Trauma Exposure  
Serious Mental Illness  
Substance Risks  
STI Risk

Multiple Health Issues  
Health Literacy  
Health Engagement, Utilization  
Medication Adherence, Interactions



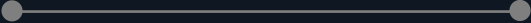
## The Case of Diana: Lifespan Health Challenges



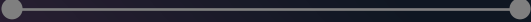


## Case Discussion & Exercise





# Evidence-Based Interventions





# Evidence-Informed Health & Wellness Interventions

- Health Fairs & Screenings
- Wellness Recovery Action Planning for Wellness (WRAP)
- Nutrition, Exercise & Wellness for Recovery (NEW-R)
- Whole Health Action Management (WHAM)
- Smoking Cessation
- Computer-Based Programs & Apps

