

# Introducing wellness practices among health professions students to enhance healthcare delivery for individuals with intellectual/developmental disabilities and behavioral health conditions

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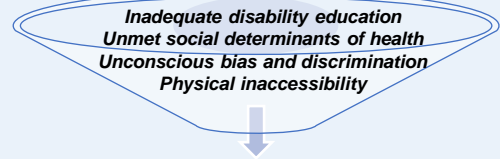
## INTRODUCTION

The student-led, student-centered **Behavioral Health Interest Group** is composed of both first- and second-year UST Scholars from schools of medicine, dental medicine, pharmacy, nursing, social work, physician assistant studies.

**Our focus?** Cultivate an interprofessional team in which we can learn about strategies to better improve healthcare delivery for patients with intellectual and developmental disabilities (IDD). Support healthcare provider wellness and increase awareness for the barriers that people with disabilities face.

In accordance with IPEC competencies, we aimed to create a climate of **mutual respect**, while developing our **leadership, teamwork**, and **communication** skills to strive towards **patient-centered, equitable care delivery**.

CDC's Disability and Health Data System (DHDS) estimated age-adjusted prevalence of disability in the United States is...



### Health inequities that people with intellectual & developmental disabilities face:

- Lower rates of preventative health screening
- Lower life expectancy
- Higher rates of obesity
- Higher rates of diabetes
- Higher rates of CVD
- Higher rates of pregnancy complication
- Nearly 6x greater risk of dying from COVID-19

- When providers communicate ineffectively or fail to meet patient needs due to implicit biases and/or lack of understanding, this can lead to **consequences for both parties**.
- Effective communication **reduces patient morbidity and mortality, lowers healthcare costs, and decreases rates of burnout**.
- When equipped with the tools to maintain wellness, providers have shown **improvement in healthcare quality measures**, which subsequently **improves patient outcomes**.
- Understanding the prevalence of "invisible" disabilities is essential in **creating safe and inclusive environments**.

**Healthcare providers must take steps to maintain their own wellness to have optimized patient outcomes.**

## OBJECTIVES

- To discuss the impact of healthcare provider wellness on the health outcomes of patients with intellectual and developmental disabilities.
- To explore mindfulness strategies aimed at enhancing providers' well-being and capacity to provide equitable healthcare to patients with intellectual and developmental disabilities.

## METHODS

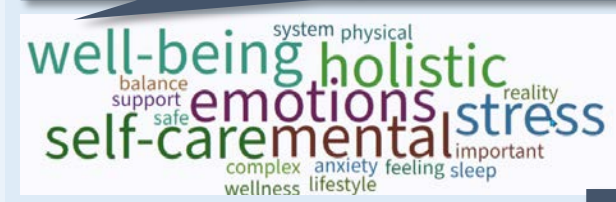
THEME	ACTIVITY	ASSESSMENT
12/14/23: Meditation	Guided Meditation	Post-Meditation Discussion and Word Map
12/14/23: Reiki	Guest Speaker - Christine McNally, MA (CME Associate Director)	Post-Reiki Discussion
1/25/24: Intellectual/Developmental Disability Awareness	Video Viewing: "Disability - Ask Us Anything" TEDTalk Viewing: "Special Olympics Let Me Be Myself - A Champion"	Post-Video Discussion
1/26/24 Dissemination of Survey among IG Members		
2/29/24: Healthcare Provider Burnout	Guest Speaker - Kiran Lorick, MD (Family Medicine Doctor)	Open Discussion and Word Map
3/28/24: Adjourning Meeting	Open Feedback and Reflection	Open Discussion and Recap of January Survey

## RESULTS & DISCUSSION

All meetings and activities were conducted **virtually** via Webex and occurred monthly. Attendance rates were variable but approximately **80%** per meeting.

WHAT DID WE LEARN FROM ACTIVITIES?	WHAT DID WE LEARN FROM EACH OTHER?	WHAT WENT WELL?	WHAT CAN BE IMPROVED?
Individuals with IDD and invisible disabilities have experiences that are both unique and similar to experiences of people without disabilities.	Having a safe and open space to discuss topics that are relative to our future careers is valuable.	Members endorsed a sense of collaboration and opportunities to learn from each other.	Working with a team via virtual meetings, we are not able to interact in-person, making it harder to connect, as well as coordinate offline.
How to practice meditation, Reiki, and emotional check-ins as well as teach it to others.	Having a team that is diverse, in profession and experiences with disability, allowed us access to new perspectives.	Many felt they developed new methods to prioritize their mental health and prevent future burnout.	Planning an in-person meeting was met with struggles to schedule and find a place to accommodate members located across the state.
Healthcare providers should feel empowered to seek help and resources for their own mental/behavioral health.	It is difficult to make an impact in patients' behavioral health when it is dependent on external factors.	We actively and successfully engaged in practices and activities together, which we followed up with discussion.	Advocating for healthcare providers well-being can improve healthcare systems.
Challenges can arise when promoting patient well-being, but they can be overcome by setting an example.			

### What do you think of when you hear "behavioral health"?



### How are you feeling today?



### What comes to mind when you think about "wellness"?



### What comes to mind when you think of the term "burnout"?



## CONCLUSION

- Overall, our group felt that despite societal stigma around behavioral/mental health, we were able to have open discussions and learn ways to approach our own wellness, and our patients'.
- We created a guide "**10 Ways to Prevent Provider Burnout**". See QR code at right.
- Other topics to explore in the future: patient-focused education, substance use disorder, eating disorders.



## REFERENCES

See above QR code (references are linked at bottom of guide).

## ACKNOWLEDGMENTS

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