



Empowering The Provider And Patient In Proactive Mental Health Care:

The Importance Of Psychoeducation, Motivational Interviewing, And Shared Decision-Making

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Objectives

Discuss patient and provider barriers to engagement in mental health care, including resistance to antipsychotic use

Explain how psychoeducation, motivational interviewing, and shared decision-making are effective approaches to engage patients in mental health care

Provide examples and resources to empower patients and providers to increase engagement in mental health care



Patient And Provider Barriers To Engagement in Mental Health Care

Patient Barriers To Engaging In Mental Health Care



Stigma and discrimination¹



Lack of insurance coverage¹



Limited access to services,
including geographical location¹



Cultural and
linguistic barriers¹



Complexity of the mental
health system, which can fail
to meet the needs of individuals
seeking care²



Negative past experiences
that create mistrust and
drive individuals away
from accepting help²

References:

1. Mongelli F, et al. *Focus (Am Psychiatr Publ)*. 2020;18(1):16-24.
2. Engagement: a new standard for mental health care. NAMI. Accessed April 14, 2025. <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Engagement-A-New-Standard-for-Mental-Health-Care/>.

Provider Barriers To Engagement With Patients

In addition to the barriers patients face, providers may also exhibit characteristics that create further barriers to engagement¹:

- Inability or unwillingness to use creative and innovative approaches to engagement
- Deficits-based rather than strengths-based orientation
- Inability to work effectively within and across various cultures
- Rigid adherence to program rules and regulations
- Lack of respect for individuals and families
- Inability to convey a sense of hope for recovery and achieving life goals

Resistance to initiating or discussing evidence-based treatments, such as atypical antipsychotics and LAIs, highlights persistent provider-level barriers^{2,3}

LAI, long-acting injectable.

References:

1. Engagement: a new standard for mental health care. NAMI. Accessed April 14, 2025. <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Engagement-A-New-Standard-for-Mental-Health-Care/>.
2. Kane JM, et al. *CNS Drugs*. 2021;35(11):1189-1205.
3. Mattingly G, et al. *Prim Care Companion CNS Disord*. 2023;25(1):22m03331.

Why Providers May Resist Atypical Antipsychotic Use: Safety Concerns & Clinical Guidelines

When selecting atypical antipsychotics as a treatment option, there are considerations to take, such as:

Side Effects

Side effects such as concerns for metabolic syndrome and weight gain can limit the use of atypical antipsychotics in clinical practice¹

- Routinely monitoring for signs of metabolic syndrome in patients allows for early detection and intervention, including weight, fasting glucose/HbA1c, lipids, and blood pressure²
- Atypical antipsychotics vary in their likelihood of causing metabolic abnormalities, with newer agents generally associated with lower risk²

Geriatric Use

Providers often limit antipsychotic use in older adults due to safety concerns, including risks for stroke and sudden death. Guidelines also recommend limiting antipsychotic use in this population because of these heightened risks.^{3,4}

- Atypical antipsychotics may be used cautiously in geriatric patients for conditions like agitation associated with Alzheimer's dementia and BPSD³⁻⁵
- They can be appropriate for acute symptoms or long-term treatment of specific conditions use⁶

BPSD, behavioral and psychological symptoms of dementia; HbA1c, hemoglobin A1c.

References:

1. Carli M, et al. *Pharmaceuticals (Basel)*. 2021;14(3):238.
2. DeJongh BM. *Ment Health Clin*. 2021;11(6):311-319.
3. Reus VI, et al. *Am J Psychiatry*. 2016;173(5):543-546.

4. 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. *J Am Geriatr Soc*. 2023;71(7):2052-2081.
5. Lyu W, Kuang W. *Alzheimers Dement*. 2025;20(Suppl 3):e083587.
6. Gareri P, et al. *Clin Interv Aging*. 2014;9:1363-1373.

Impact Of Nomenclature On Atypical Antipsychotic Use And Patient Perceptions

- Nomenclature may shape HCP perceptions and lead to inappropriate use or underuse of atypical antipsychotics, with consequences such as confusion and stigma in patients¹
- According to a nationwide survey of 200 primary care and psychiatric HCPs and 200 individuals living with bipolar disorder¹:
 - Most (72%) HCPs avoid mentioning atypical antipsychotic with patients for fear of negative reactions
 - More patients had negative reactions—worry, fear, and confusion—to being prescribed an atypical antipsychotic instead of a mood stabilizer (25% vs 6%)

HCP, health care provider.

Reference:

1. Mattingly G, et al. *Prim Care Companion CNS Disord.* 2023;25(1):22m03331.



Potential Reasons For Low LAI Use In Serious Mental Illness

LAI utilization rates in the US have been estimated between 13%-28%, while estimates of LAI use from countries such as Austria, Belgium, Sweden, Australia, and New Zealand range from 15%-50%^{1,2}



Challenges In Perception³

- Overestimate of adherence
- Bias against injections
- Perception of inappropriate use in early-phase disease



Challenges In Education³

- Poor understanding of LAI benefit
- Lack of LAI training
- Inadequate training in shared decision-making
- Communication strategies needed



Challenges In Clinical Use^{3,4}

- Impact on therapeutic alliance
- Inadequate implementation by in-patient referrals
- Insufficient caregiver involvement
- Mixed results of oral vs LAI trials

Provider concerns about atypical antipsychotic LAIs often focus on reduced flexibility and control, despite evidence showing they improve adherence, reduce relapse and rehospitalization, and enhance satisfaction for both patients and providers.⁴⁻⁸

LAI, long-acting injectable.

References:

1. Sajatovic M, et al. *Neuropsychiatr Dis Treat*. 2018;14:1475-1492.
2. Agid O, et al. *Can J Psychiatry*. 2022;67(3):226-234.

3. Kane JM, Correll CU. *J Clin Psychiatry*. 2019;80(5):1N18031AH1C.
4. Patel MX, et al. *Br J Psychiatry Suppl*. 2009;52:S1-S4.
5. Geerts P, et al. *BMC Psychiatry*. 2013;13:58.

6. Lang K, et al. *Psychiatr Serv*. 2010;61(12):1239-1247.
7. Zhornitsky S, Stip E. *Schizophr Res Treatment*. 2012;2012:407171.
8. Lafeuille M-H, et al. *BMC Psychiatry*. 2013;13:221.

Clinicians May Generally Believe Patients Do Not View LAIs Favorably

Clinicians should reflect on their own assumptions, as negative beliefs about patient preferences can lead to a pessimistic and potentially biased communication style¹

Clinicians generally viewed LAIs as being less acceptable to patients¹

In a survey of 102 consultant psychiatrists, 33% believed patients always preferred oral medications over LAIs¹



In a survey of 83 patients with schizophrenia and 81 psychiatrists, 75% of psychiatrists felt that they informed the patient about LAIs, but only 33% of patients felt informed²



A survey of 206 patients with ≥3 months of experience with a LAI formulation found that injectable APs were the preferred formulation, with 70% reporting that the added benefit of regular contact with a doctor or nurse administering treatment made them feel more supported³

Patients reported that LAIs contributed to feelings of safety, independence, and a return to normalcy⁴

AP, antipsychotic; BP-I, bipolar disorder-I; LAI, long-acting injectable.

References:

1. Patel MX, et al. *J Psychopharmacol*. 2010;24(10):1473-1482.

2. Jaeger M, Rossler W. *Psychiatry Res*. 2010;175(1-2):58-62.

3. Caroli et al. *Patient Prefer Adherence*. 2011;5:165-171.

4. Chiu LL, et al. *Neuropsychiatr Dis Treat*. 2019;15:1797-1804.

Provider Resistance To LAI Use

Hear from
Jessica Bettinger,
PMHNP-BC, and her
initial thoughts on LAIs.



LAI, long-acting injectable.



Approaches To Mental Health Engagement

Importance Of Engaging With Patients In Mental Health Care



Closer involvement of patients in mental health care decisions may improve their care experience¹



Early discussions on antipsychotic administration are important as patients have varying perceptions on oral versus injectable options¹



Early detection and treatment can be effective when providers engage with the community to identify and support individuals with emerging mental illness symptoms⁴



Poor engagement may lead to worsened clinical outcomes, including symptom relapse and rehospitalization²

- Using effective treatments has shown to have early and consistent improvement in functioning, quality of life, and well-being³

References:

1. Kaar SJ, et al. *BMC Psychiatry*. 2019;19(1):309.
2. Dixon LB, et al. *World Psychiatry*. 2016;15(1):13-20.

3. Sampogna G, et al. *Brain Sci*. 2023;13(11):1577.
4. Early recognition and effective treatment of early serious mental illness. SAMHSA. Published August 2024. Accessed April 15, 2025. <https://library.samhsa.gov/sites/default/files/early-recognition-esmi-pep24-01-006.pdf>

Efficacy Of Engagement Methods On Patient Outcomes



Psychoeducation^{1,2}

Reduces relapse and promotes adherence in severe mental illnesses, such as schizophrenia, and have a small but statistically significant effect on people with MDD



Motivational Interviewing (MI)³⁻⁵

Used to achieve and sustain health and behavioral change, evidence supports MI as an adjunct treatment and may improve engagement, symptom reduction, and increase medication adherence



Shared Decision-Making⁶

Shown to have numerous benefits, including increased knowledge of treatment options and conditions, involvement in decision-making, and satisfaction with psychiatric interactions

MDD, major depressive disorder.

References:

1. Sarkhel S, et al. *Indian J Psychiatry*. 2020;62(Suppl 2):S319-S323.
2. Katsuki F, et al. *BJPsych Open*. 2022;8(5):e148.

3. Emmons KM, Rollnick S. *Am J Prev Med*. 2001;20:68-74.
4. Keeley RD, et al. *J Consult Clin Psychol*. 2016;84(11):993-1007.
5. Westra HA, et al. *Can J Psychiatry*. 2011;56(11):643-650.
6. Chmielowska M, et al. *Int J Soc Psychiatry*. 2023;69(4):823-840.

Psychoeducation

Psychoeducation Is More Than Teaching Patients

Engaging in conversation with patients is an essential aspect of psychoeducation¹

Goals of psychoeducation¹:

- To ensure basic knowledge and competence of patients and their relatives and loved ones about the illness
- To provide insight into the illness
- To promote relapse prevention
- To engage in crisis management and suicide prevention

Reference:

1. Sarkhel S, et al. *Indian J Psychiatry*. 2020;62(Suppl 2):S319-S323.



Shared Decision-Making

Shared Decision-Making

- Aim is to facilitate patient-centered care and treatment adherence through joint treatment decision-making between patients and clinicians¹
- Aids the patient with transitioning between a physician and behavioral health professional²

References:

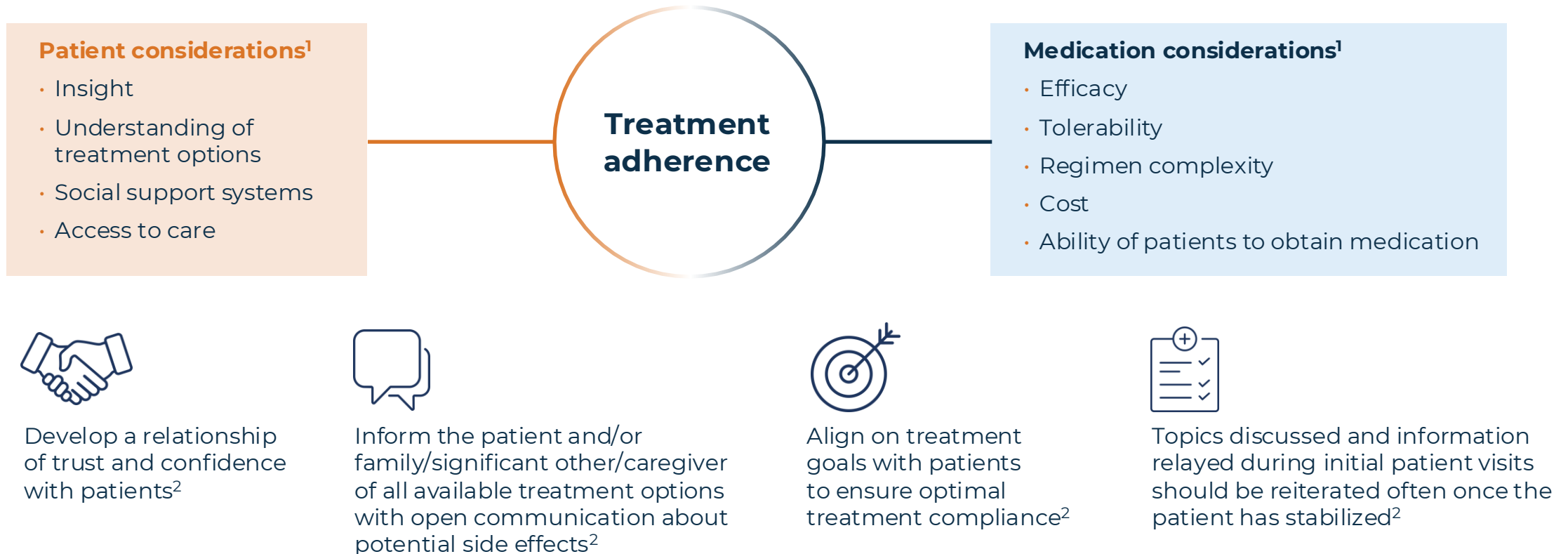
1. Zisman-Ilani Y, et al. *Psychiatr Serv*. 2021;72(4):461-463.
2. Henry TA. 3 ways to better engage and link patients with mental health care. American Medical Association. Published April 25, 2023. Accessed April 15, 2025. <https://www.ama-assn.org/delivering-care/public-health/3-ways-better-engage-and-link-patients-mental-health-care>.
3. Slade M. *World Psychiatry*. 2017;16(2):146-153.
4. Langer DA, et al. Shared decision-making for treatment planning in mental health care: theory evidence, and tools. In: *Oxford Handbook Topics in Psych*. Oxford Academic; 2014.

Elements of shared decision-making include a bidirectional transfer of knowledge^{3,4}



Using Shared Decision-Making To Explore LAIs

Establishing an effective maintenance treatment plan may involve a combination of effective patient-provider communication, patient education, and appropriate medication selection using shared decision-making¹



LAI, long-acting injectable.

References:

1. Prajapati AR, et al. *Psychol Med*. 2021;51(7):1082-1098.
2. Faïman B, Tariman JD. *Clin J Oncol Nurs*. 2019;23(5):540-542.

Using Shared Decision-Making To Discuss LAIs

Hear again from Jessica Bettinger, PMHNP-BC, to see how she discusses LAIs with her patients



LAI, long-acting injectable.

Motivational Interviewing

Motivational interviewing is a collaborative conversation style for strengthening one's own motivation and commitment to change.

Layperson Definition Of Motivational Interviewing (MI)



People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others.

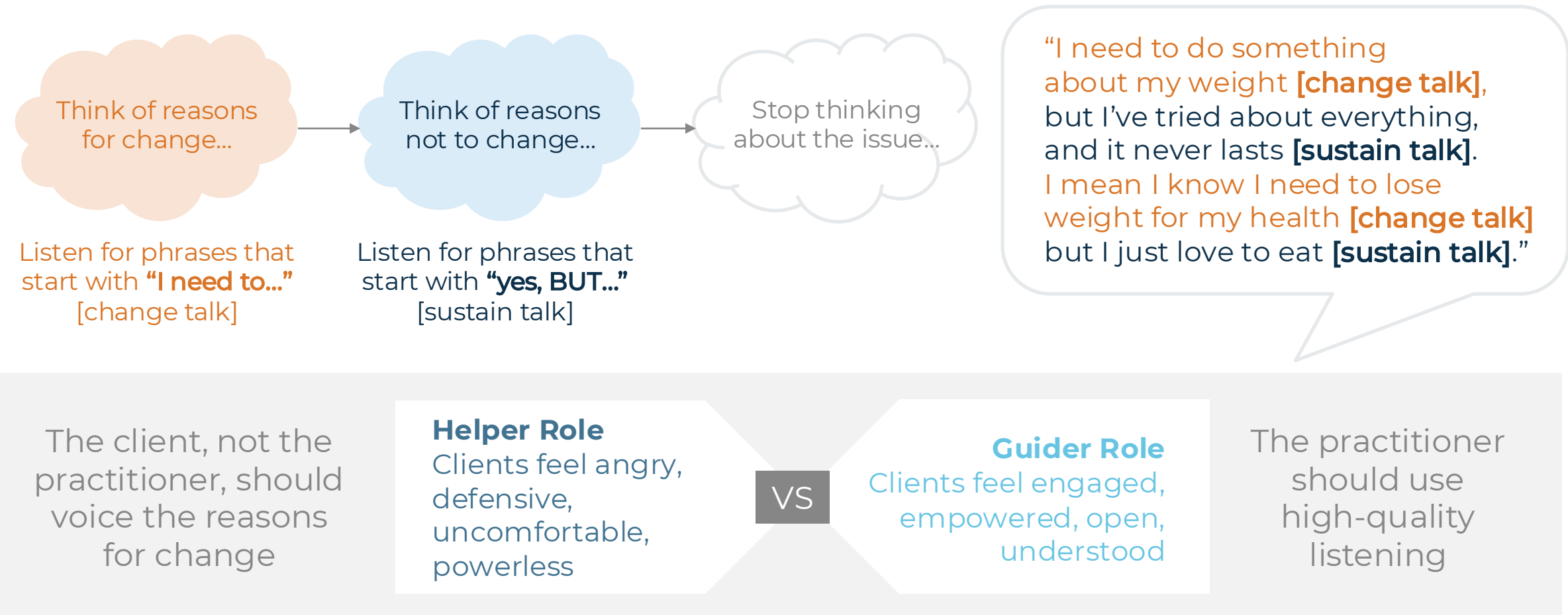
Blaise Pascal

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

From Ambivalence To Engagement Through Voicing Change

Clients can become stuck because they can see both sides of their issue



Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

5 Questions For Beginners In MI

1) Why would you want to make this change?

2) How might you go about the change in order to succeed?

3) What are the 3 best reasons for you to make this change?

4) How important is it for you to make this change, and why?

5) So, what do you think you'll do?

MI, Motivational Interviewing.

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Underlying Spirit Of MI

The spirit of MI is in the tradition of person-centered care or client-centered counseling and comprises 4 general components.



MI, Motivational Interviewing.

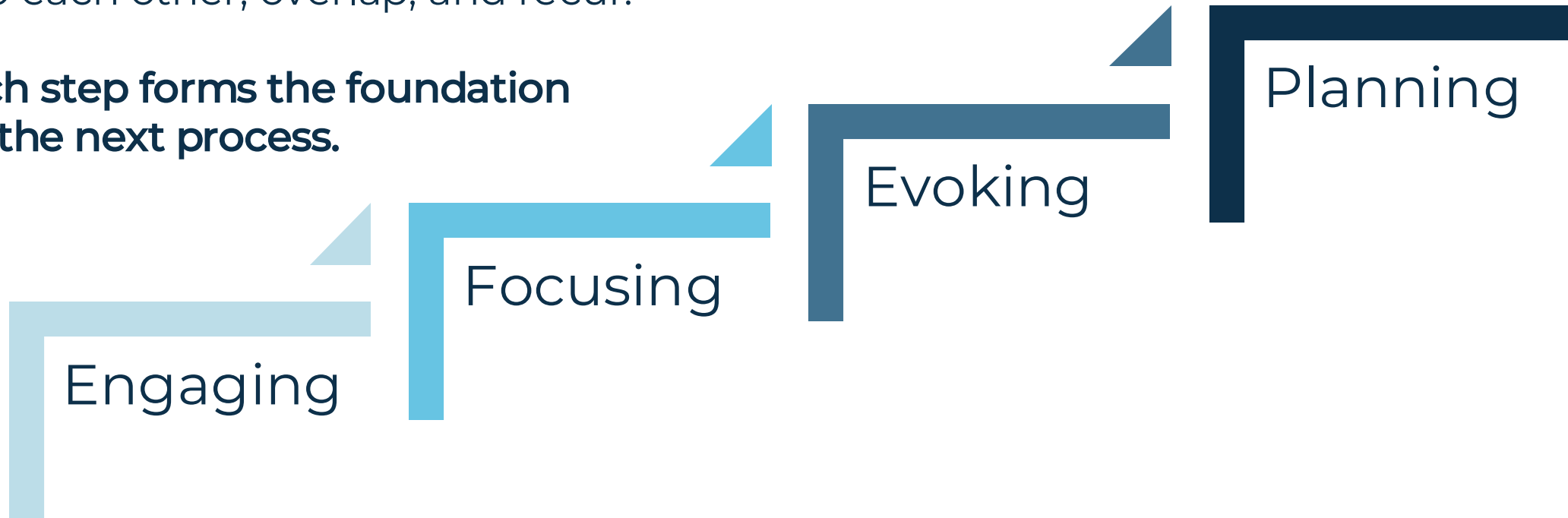
Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Method Of MI: 4 Processes

In practice, these central processes emerge through work with a client and "may flow into each other, overlap, and recur."

Each step forms the foundation for the next process.



MI, Motivational Interviewing.

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Motivational Interviewing Microskills



OARS

Open Questions

Affirming

Reflecting

Summarizing

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Ask Open-Ended Questions



OARS

To Do:

- Blend with reflections¹
- Meet the client at his/her current stage of the process²
- Request collaboration (eg, “Tell me more...”)²

To Avoid:

Assessing²

Asking too many questions¹

Acting like an expert¹

Examples of open-ended questions*

“What are your reasons for not taking your medications?”

“What have you tried before?”

“What concerns do you have about your health?”

“What else?”

“Tell me more about...”

*Information based on Dr. Drapkin's own experience in psychiatric settings.

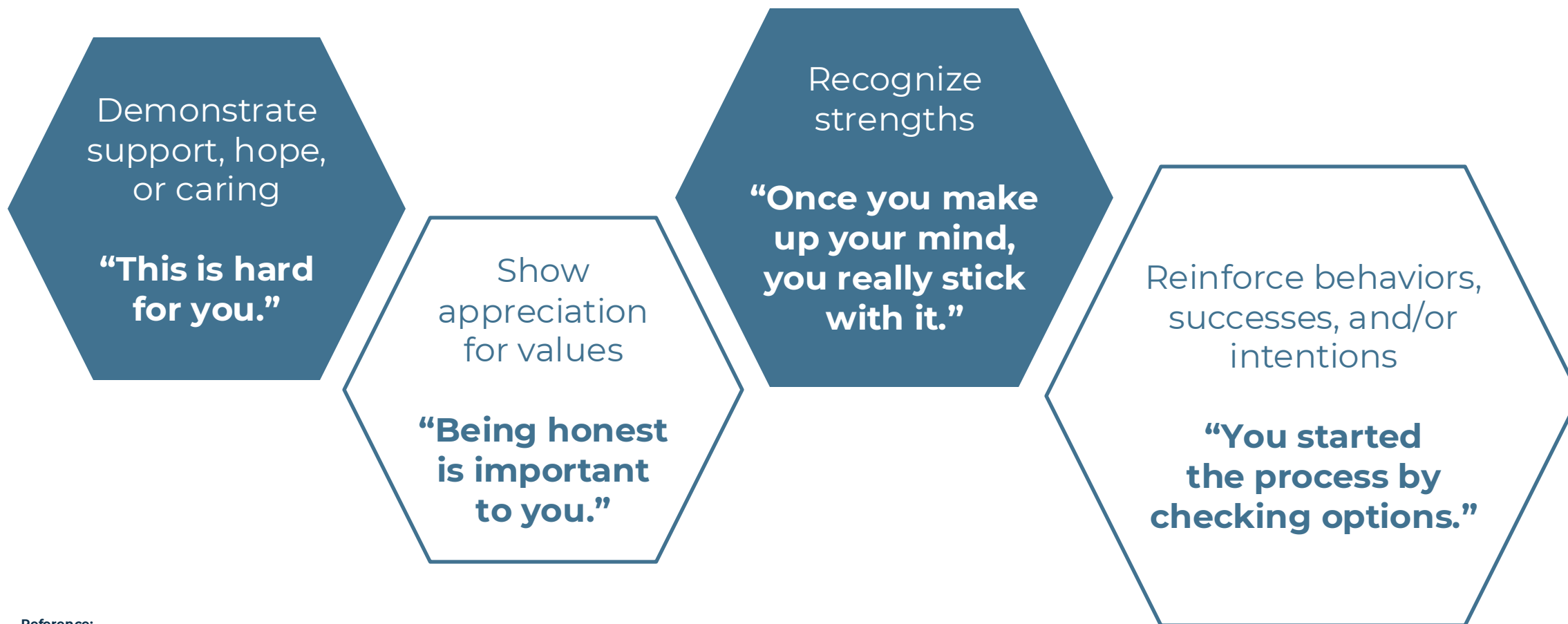
References:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.
2. Miller WR, Rollnick S. Motivational interviewing: preparing people for change. 2nd ed. New York, NY: Guilford Press; 2002.

Affirmations Can Be Used To Support And Encourage



OARS



Reference:

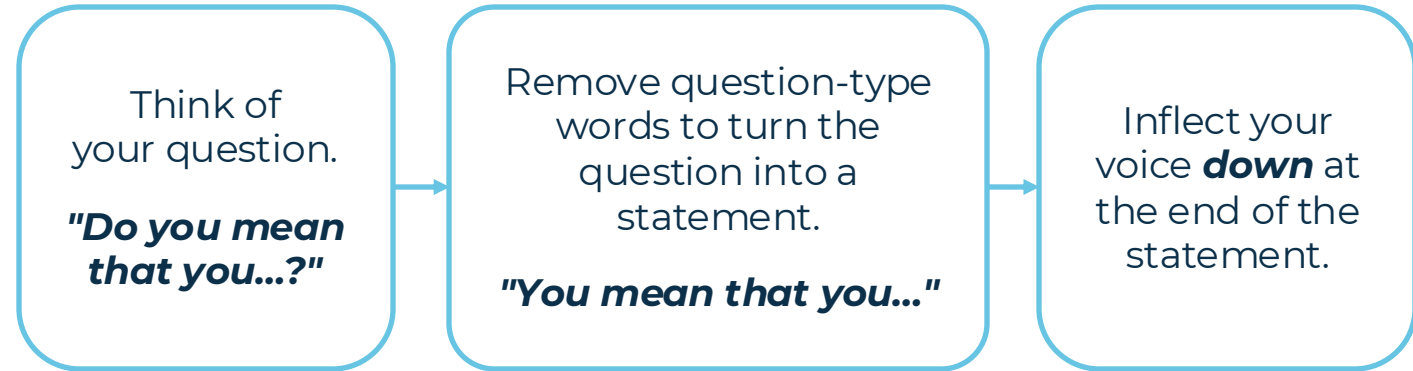
1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Forming Reflections



A reflection should be voiced as a *statement*, not a question to the client¹

- A reflection states a hypothesis and makes a guess about what the person means¹
- There's no penalty for potential misunderstanding¹
- A reflection should be shorter than the client's statement*



Beginning MI

- "It sounds like you're feeling..."
- "It sounds like you're a bit uncomfortable about..."
- "So, you're saying that you're having trouble..."

With Progress In MI

- "You're not ready to..."
- "You're feeling that..."
- "It's been difficult for you..."

MI, Motivational Interviewing.

*Information based on Dr Drapkin's own experience in psychiatric settings.

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Summaries Are A Special Form Of Reflective Listening



OARS

Summaries can help accelerate change by reflecting what the client offered.

Pull together several details the client has told you.

Use affirming language to show you want to understand how their statements fit together.

Help clients hold and reflect on the experiences they shared with you.

Shine a light on a particular experience to explore further.

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: helping people change. 3rd ed. New York, NY: Guilford Press; 2013.

Stages Of Change

Stage*	Characteristics	Tasks
Precontemplation	<ul style="list-style-type: none"> Unaware of problem Not yet considering change Unwilling to change Unable to change 	<ul style="list-style-type: none"> Establish rapport Raise doubts or concerns Keep the door open
Contemplation	<ul style="list-style-type: none"> Acknowledges concerns Considering the possibility of change Ambivalent and uncertain 	<ul style="list-style-type: none"> Normalize ambivalence Tip decisional balance Elicit and reinforce change talk
Preparation	<ul style="list-style-type: none"> Committed to change Planning to make a change Considering change options 	<ul style="list-style-type: none"> Clarify client goals and strategies Offer a menu of options With permission, offer expertise and advice Negotiate a plan
Action	<ul style="list-style-type: none"> Actively taking steps Not yet stable 	<ul style="list-style-type: none"> Support realistic view of change Reinforce commitment to change Assist client in finding new reinforcers
Maintenance	<ul style="list-style-type: none"> Consolidating gains Struggling to prevent relapse 	<ul style="list-style-type: none"> Relapse prevention Motivate to consolidate change

*Based on information from Dr. Drapkin's own experience in psychiatric settings, these stages are a framework for assessing the client's status and what motivational strategies to use and when to use them. The client can move readily between these stages.

Reference:

1. Miller WR, Rollnick S. Motivational interviewing: preparing people for change. 2nd ed. New York, NY: Guilford Press; 2002.



Resources For Empowering Patients

Tools For Providers To Assist With Engagement

The LEAP (“Listen-Empathize-Agree-Partner®”) model is a communication framework that helps build trust and improve relationships to better help people with mental illness, even when the person is experiencing anosognosia and does not believe they are ill¹



Listen to Kathy Day, MPA, BA, AA,
and hear her success when implementing
the first step of the LEAP model—
listening—to better understand how
to care for her family member
living with schizophrenia

Reference:

1. Relationships: where treatment and recovery begins. NAMI. Published April 12, 2013. Accessed April 16, 2025. <https://www.nami.org/nami-news/relationships-where-treatment-and-recovery-begins/>.

Tools For Providers To Assist With Engagement

The REAP model is a structured conversation tool to engage patients in shared decision-making when considering LAIs as a treatment option¹

REAP

Recognize life goals

Explain how an LAI antipsychotic supports life goals

Acknowledge patient concerns

Provide accurate information to patients and their families

Reference:

1. Changing the conversation: how to have conversations with your patients about long acting injectable antipsychotics. Accessed April 16, 2025. <https://www.thenationalcouncil.org/wp-content/uploads/2022/09/LAI-Changing-the-Conversation-Tip-Sheet.pdf>.



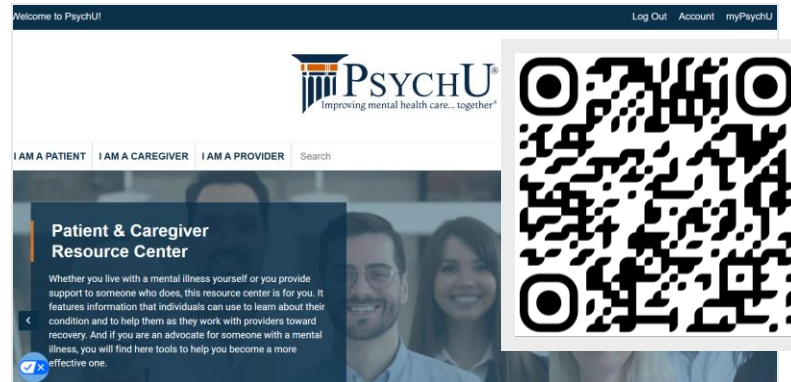
What strategies or approaches have you found most effective to increase patient engagement, and why do you think they worked well?

Patient Engagement Resources Are Readily Available

Many patients, including those with and without psychiatric symptoms, find it difficult to express themselves with their providers.¹ Available resources on PsychU can help to better facilitate conversations between a provider and patient.



Shared Decision-Making – Helping Create A Strong Relationship Between Mental Health Providers And Patients: A Resource For Providers



PsychU Patient And Caregiver Resource Center



Goal-Setting Worksheet

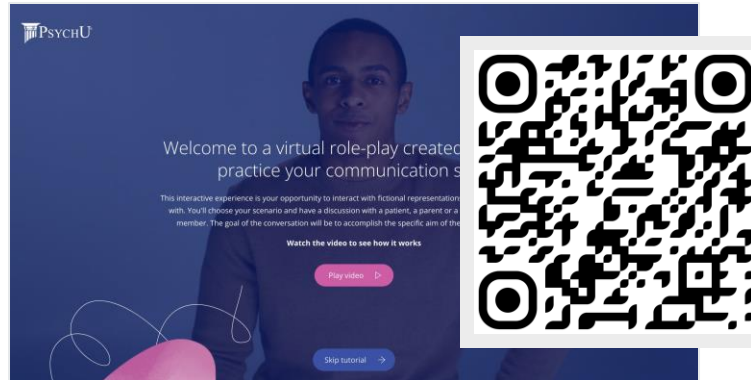
Reference:

1. Drake RE, et al. *Dialogues Clin Neurosci*. 2009;11(4):455-463.

Additional Resources For Patient Engagement



A Caregiver's Guide: Identifying And Managing Agitation in Alzheimer's Dementia



PsychU RolePlay



The AASC® (Agitation in Alzheimer's Screener for Caregivers) Tool

Summary

Barriers to proactive mental health care exist for both patients and providers, who experience challenges such as stigma, negative past experiences, limited access, and resistance to antipsychotic treatment.

Engagement strategies, including psychoeducation, motivational interviewing, and shared decision-making are effective ways to build rapport and promote active participation in treatment.

Empowering tools and resources are available to help facilitate conversations between patients, caregivers, and HCPs.



Thank you for attending today's live program!

Tell us what you thought by scanning the QR code and taking a quick survey. We look forward to seeing you again!



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Shared Decision- Making And Supporting Changes In Treatment

Explore the integration of shared decision-making into treatment plans to help patients achieve daily small steps toward improving and maintaining functioning



Motivational Interviewing And Goal-Setting With Patients

Deep-dive into steps
designed to help
motivate patients to
take action toward
meeting their goals

