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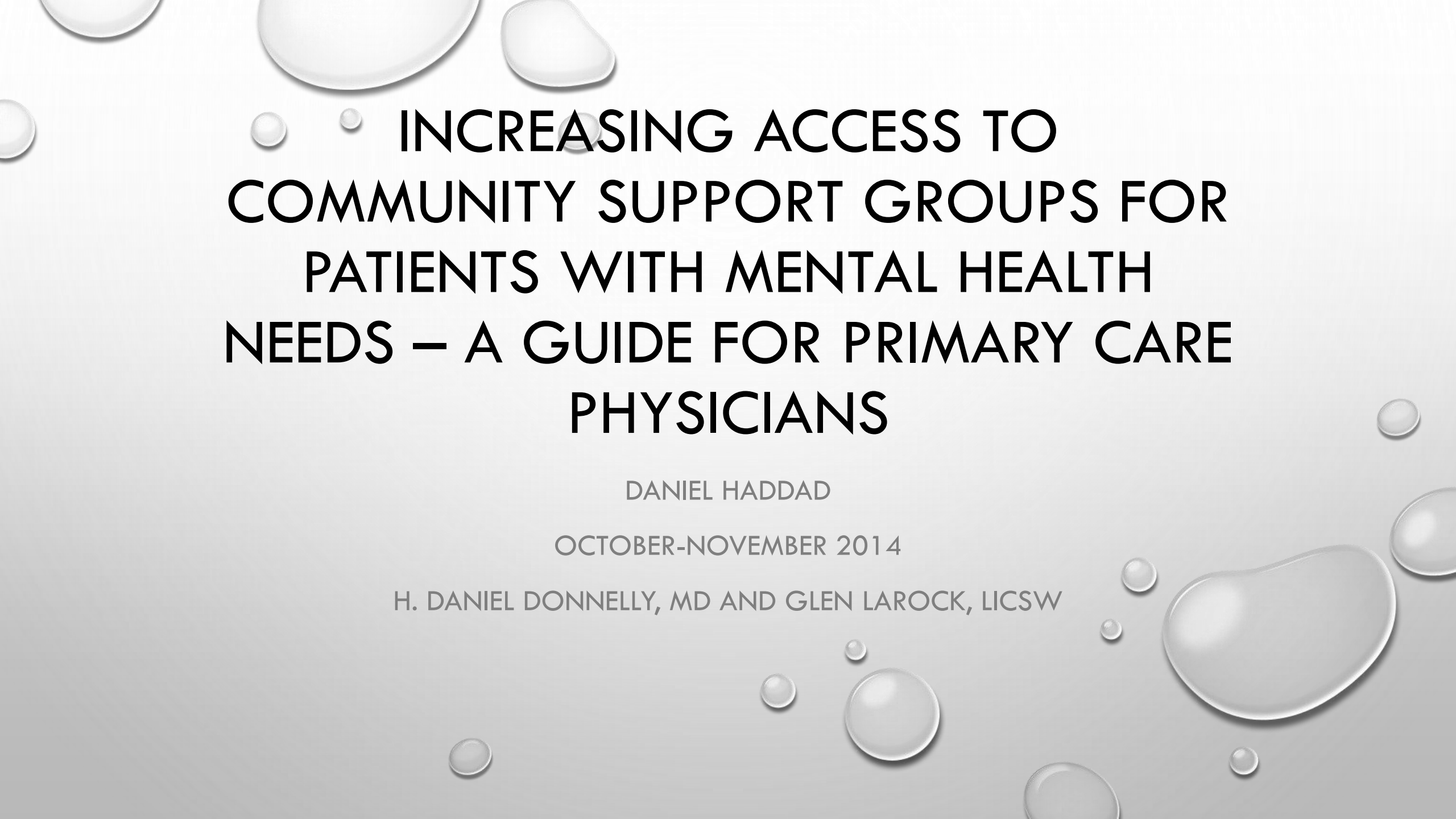


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INCREASING ACCESS TO COMMUNITY SUPPORT GROUPS FOR PATIENTS WITH MENTAL HEALTH NEEDS – A GUIDE FOR PRIMARY CARE PHYSICIANS

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THE PROBLEM



- A LARGE PERCENTAGE OF PATIENTS SEEN BY PRIMARY CARE PHYSICIANS SUFFER FROM MENTAL HEALTH AFFLICTIONS THAT ARE REQUIRING INCREASINGLY MORE TIME AND RESOURCES TO TREAT.
- THERE IS A LACK OF MENTAL HEALTH PROVIDERS TO MEET THE NEEDS OF THE COMMUNITY WHICH RESULT IN 3-6 MONTH WAITING PERIODS FOR PATIENTS TO GET AN APPOINTMENT WITH MENTAL HEALTH PROVIDERS. MORE MENTAL HEALTH RESOURCES ARE NEEDED TO HELP FAMILY PRACTITIONERS ADDRESS THIS PROBLEM.

PUBLIC HEALTH COST

- ANXIETY DISORDERS ARE THE MOST COMMON MENTAL ILLNESS IN THE U.S., AFFECTING ROUGHLY 40 MILLION ADULTS, AND THE U.S. SPENDS ABOUT \$42 BILLION ON TREATING THEM. ABOUT HALF OF THAT COST IS ASSOCIATED WITH REPEATED USE OF HEALTH CARE SERVICES, MOST OFTEN PRIMARY CARE SERVICES.
- ONLY ABOUT 1/3 OF THOSE SUFFERING FROM ANXIETY DISORDERS RECEIVE TREATMENT.
- DEPRESSION IS ALSO A PREVALENT DISORDER IN THE GENERAL POPULATION AND COSTS THE U.S. ALONE \$43.7 BILLION. OF THAT TOTAL AMOUNT, 28% IS ATTRIBUTABLE TO DIRECT COSTS, 17% COMPRISES MORTALITY COSTS, AND 55% IS DERIVED FROM COMORBIDITY COSTS.
- DEPRESSED PATIENTS CAN COMPRISE UP TO 10% OF THE PATIENT POPULATION SEEN BY PRIMARY CARE PRACTITIONERS, ALSO HAVE AN INCREASED RISK FOR CARDIAC MORTALITY, DIABETES-SPECIFIC COMPLICATIONS, AND OTHER MEDICAL COMPLICATIONS.

COMMUNITY PERSPECTIVES

“WE JUST HIRED A PSYCHIATRIC NURSE PRACTITIONER AND HER PATIENT LOAD IS ALREADY SO FULL THAT IT TAKES 3 MONTHS FOR A PATIENT TO SCHEDULE A NEW APPOINTMENT WITH HER.”

- DR. [NAME WITHHELD]

“THERE IS SUCH A SHORTAGE OF MENTAL HEALTH RESOURCES FOR PATIENTS THAT COME TO THE CLINIC, ANYTHING THAT COULD BE DONE TO HELP ACCOMMODATE THOSE NEEDS WOULD BE INCREDIBLY USEFUL.”

- [NAME WITHHELD], LICSW

“ONE OF THE MOST HELPFUL THINGS WE’VE DONE AT THE CLINIC IS TRY TO INTEGRATE MENTAL HEALTH INTO PRIMARY CARE BY HIRING A PSYCHIATRIST TO COME TO THE CLINIC. THAT SERVICE HAS BEEN INCREDIBLY HELPFUL, BUT IT’S STILL NOT ENOUGH.”

- DR. [NAME WITHHELD]



INTERVENTION AND METHODOLOGY

- 1. I RESEARCHED LOCAL SUPPORT GROUPS THAT ARE OFFERED THROUGHOUT CHITTENDEN COUNTY AND NORTHERN VERMONT. I ENSURED THAT THE SUPPORT GROUPS WERE FREE TO ATTEND, AND STILL ACTIVE, AS MANY THAT WERE LISTED HAD SINCE DISSOLVED.
- 2. I COMPILED A PAMPHLET WITH TIMES, DATES, AND CONTACT INFORMATION FOR THOSE SUPPORT GROUPS AS WELL AS A LIST OF RESOURCES THAT HEALTH CARE PROVIDERS CAN PRINT OUT FROM THEIR EMR AND GIVE TO PATIENTS WITH MENTAL HEALTH NEEDS.
- THIS SHOULD REDUCE THE TIME IT TAKES FOR PATIENTS TO GET CONNECTED WITH THERAPEUTIC RESOURCES AND GET THE HELP THEY NEED.

RESULTS / RESPONSE

- HEALTH CARE PROVIDERS WERE PLEASED TO SEE THAT IMMEDIATE RESOURCES WERE AVAILABLE TO HELP WITH THE MENTAL HEALTH DEMANDS OF THE COMMUNITY.
- PATIENT RESPONSES HAVE NOT BEEN ANALYZED AT THIS POINT.
- CONTINUE TO FOLLOW UP WITH PATIENTS WHO HAVE ATTENDED THE SUPPORT GROUPS TO SEE IF THEY ARE HELPING.



EFFECTIVENESS AND LIMITATIONS

- SEVERAL METHODS FOR EVALUATING EFFECTIVENESS
 - 1. QUALITATIVE: CONTINUE TO FOLLOW UP WITH PATIENTS WHO HAVE ATTENDED THESE SUPPORT GROUPS TO ASSESS THEIR EFFICACY.
 - 2. QUANTITATIVE: MEASURE THE NUMBER OF HEALTH CARE VISITS THAT OCCUR BECAUSE OF MENTAL HEALTH NEEDS AND SEE HOW THAT NUMBER HAS CHANGED AFTER PATIENTS HAVE STARTED USING THIS RESOURCE.
- LIMITATIONS
 - SINCE THESE GROUPS ARE OFTEN RUN ON A VOLUNTEER BASIS, SOME DISSOLVE FOR UNKNOWN REASONS WHICH CAUSES A LOT OF FLUCTUATION IN AVAILABLE RESOURCES AND GROUPS.

FUTURE INTERVENTIONS



- 1. CREATE A METHOD THAT KEEPS THIS INFORMATION CURRENT AS OFTEN AS POSSIBLE. I DISCOVERED THAT MANY OF THE SUPPORT GROUPS WERE NO LONGER OCCURRING OR HAD CHANGED LOCATIONS.
- 2. CREATE A SUPPORT GROUP THAT RUNS OUT THE THOMAS CHITTENDEN HEALTH CENTER, SINCE IT IS THE PRIMARY LOCATION WHERE PATIENTS RECEIVE THEIR HEALTH CARE.
- 3. COMPILE A “TAKE-HOME” PACKET OF CBT EXERCISES THAT PATIENTS CAN WORK ON AT HOME TO HELP THEM WITH ANXIETY AND/OR DEPRESSION.

REFERENCES

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