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Bridging the Gap Between the Primary Care Physician and Accessible Resources for Patients with Mental Health Needs

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SEPTEMBER 2015

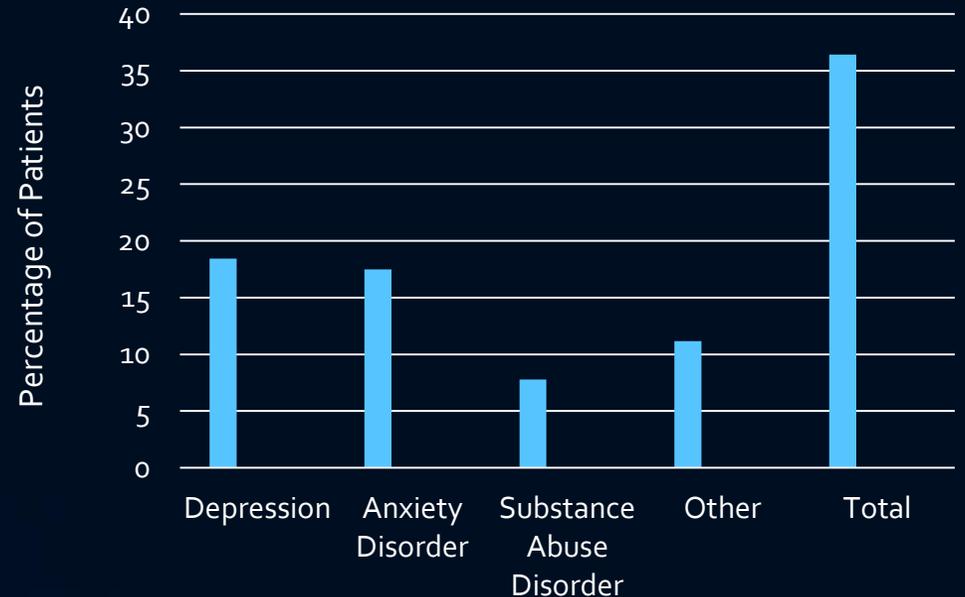
Problem Identification and Description of Need

- “Mental illness is the term that refers collectively to all diagnosable mental disorders. Symptoms of mental illness often lessen over time, and **people can enjoy considerable improvement or full recovery.**” – Healthy Vermonters
- According to the World Health Organization (WHO), more than **350 million people** worldwide, of all ages, suffer from depression, and it is on the rise. It is the leading cause of **disability** in the world. The worst outcome of depression is **suicide**, but treatments do exist.
- The WHO states that “recommended treatment options for moderate-severe depression consist of basic psychosocial support combined with antidepressant medication or psychotherapy, such as cognitive behaviour therapy, interpersonal psychotherapy or problem-solving treatment. Psychosocial treatments are effective and should be the first line treatment for mild depression.” **“Mental health is an integral part of health; indeed, there is no health without mental health.”**
- Anxiety disorders affect 40 million people in the U.S. who are 18 and older. These disorders are very treatable, but only about 1/3 of those suffering receive any treatment.
- Less than 20% of adults with ADHD have been diagnosed and only about 1/4 of those adults seek out help.

Problem Identification and Description of Need Continued

- **Healthy Vermonters 2020 Goals:**
 - Reduce suicide deaths (# per 100,000 people):
2020 goal 11.7
VT 2009 13.0
US 2007 11.3
 - Increase % of people who have primary care provider visits that include depression screening:
VT 2020 goal ***
Adults- US 2007 2.2%
Youth age 12-18 – US 2005-07 2.1%
 - Income has been shown to correlate with depression:
20% of those that live <1 ¼ times the poverty level
3% of those that live > 3 ½ times the poverty level

Percentage of Patients at a Family Medicine Practice in Washington County, VT with a Documented Mental Health Need in Their Medical Record in a Three Week Period (September 2015)



Public Health Cost and Unique Cost Considerations in Host Community

- According to the CDC, the burden of mental health in the U.S. is enormous, costing about **\$300 billion in 2002**. It is also associated with chronic medical diseases, including cardiovascular disease, diabetes, and obesity.
- Lecrubier (2001) found that individuals with depression and anxiety disorder experience impaired physical and role functioning, more days in bed due to illness, more work days lost, increased impairment at work, and high use of health services. The disability can be just as great as with other chronic medical conditions, such as diabetes or arthritis.
- Anxiety disorders cost the U.S. more than **\$42 billion a year**, about a third of the country's total mental health bill. More than \$22.84 billion is a result of repeated health care service use, since people look for relief from anxiety symptoms that mimic other physical illnesses.
- In Vermont, suicide cost \$117,583,000 of combined lifetime medical and work loss cost in 2010 or an average of **\$1,109,277 per suicide death**. The total deaths reflect a total of 2,055 years of potential life lost (YPLL) before age 65. Vermont **ranks 14** in the U.S. for suicide death rates. The employment rate for all people with mental illness in Vermont has dropped in the past 4-5 years.

Community Perspective on Issue and Support for Project

- [Name Withheld]- D.O., Family Medicine Physician, Washington County, VT

"Some of the most common things I see are acute depression, bipolar disorder, anxiety, and ADHD. I think a mental health resource card is a way to get the conversation started, but that's not where it ends. This is something that you could continue as a bigger project."

Do you feel like you have the time and resources to fully address mental health needs? "No."... "[I think]...the best thing is having someone close to them that is able to help them, and they don't have to look to the provider for that." "Access to more supportive care would be helpful for addiction."

- [Name Withheld]- Ph.D., Lecturer, UVM Department of Psychiatry, College of Medicine

We spoke about many of the resources that physicians and patients can use in the Chittenden County area, as well as the utility of psychologytoday.com for finding a therapist in a particular area. "I am still shocked by the amount of physicians in this area that do not know about the Behavior Therapy and Psychotherapy Center [part of UVM]." "They take most insurances, Medicaid, and sliding scale payments." Some people do not know that cognitive behavioral therapy is something they could even try to do on their own at home; but often when they are seeking help, it is past the point of being able to solve the problems alone.

Intervention and Methodology



Project Aim: To create a resource card that would allow patients to fully take their health care into their own hands. Often PCPs do not have the time or the full familiarity with all of the mental health resources in the area to help their patients with these needs. This card was meant to increase patient awareness of the help that is available to them, make the large amount of information on this topic easier to navigate, and also to increase their comfort level in addressing these topics with their PCP.

Results/Response

- Distributed resource cards to the first 2/6 patients on the day of launch in the doctor's office, and 1/6 on the second day. Provider was very enthusiastic about recommending the card to the patients, and the patients were very open to accepting the information.
- Having placed the resource cards in the office during the last week of the rotation, it was difficult to measure a response rate, but this is something that can be followed up in the future.

Evaluation of Effectiveness and Limitations

Effectiveness:

- There was limited time to evaluate the effectiveness of the project, but tracking the amount of resources cards that are taken or utilized would be helpful.
- Subjectively evaluating the resource card would include interviewing patients that took the cards at follow up appointments to determine if they found it useful. Also, interviewing the family medicine physicians and nurse practitioners about feedback they received or if there was an increase in the percentage of patients that were looking to address their mental health needs.

Limitations:

- Monetary resources that are required to print these resource cards. Who would be willing to fund this?
- In addition, anonymous patients may be picking up these cards in the waiting room or exam room, and it is not always possible to track and remember to follow up with these patients.
- There are many more resources available than could fit on this card. Finding a larger avenue like a smartphone application could increase the amount of resources that are found in one place.

Recommendations for Future Interventions/ Projects

- ❖ Following up with patients and primary care physicians about the usefulness of having a resource card and determining which resources were in fact helpful and which were not.
- ❖ Updating or adding resources, if they change.
- ❖ Potential for a website or smartphone application with more resources from other counties posted to increase the coverage of Vermont.
- ❖ Adding the resource card to EMR systems in primary care offices and the hospitals in the area in order to print the cards easily and reach more patients. In addition, placing the cards in common public areas, such as libraries or grocery stores, could prove helpful to the community.

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