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Behavior Health Integration: Depression

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Behavior Health Integration: Depression

Garyn Worrall

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Community Health Center of Burlington
The overall burden of mental health disorders including depression is great. In Vermont 56% of adults are receiving treatment for mental health conditions. Mental and Physical health problems are often overlapping. Primary Care serves as the front line. Community Health Center Burlington (CHCB) has a team of Behavior Health Specialists. Improving integration of Behavior Health Specialists with Primary care is a key goal of CHCB.
Public Health Cost

- There were 14.3 suicide deaths per 100k Vermonters (2015) and 176.5 self harm related hospital visits (2011).

- Medicare costs have been shown to be significantly higher for patients with comorbid depressive disorders (87k vs 41k) over six year periods.

- Depressive conditions cost 43.7 billion per year in the US as of 2002.

- Patients with depressive disorders have suffering, increased morbidity and impaired social and work functioning.
Patients don’t always know about the Behavior Health services offered by CHCB or the signs of depression.

We have depression related documentation for patients, but they are outdated and do not highlight services provided by CHCB.

Many providers in the community have waiting lists up to six months to see a mental health professional.

We have recently hired more Behavior Health Professionals and can see the patient to start an intake, provide screening, and provide support during a patient’s visit with their Primary Care Provider.
Many patients are screened for depression but not all.

Not all patients are aware that CHCB provides Behavior Health Specialists

The intervention is to create a brochure that will be available in the waiting areas and for providers at CHCB

The brochure will include
  - Depression education; warning signs, symptoms, self care
  - Resources at CHCB and nationally for getting help.
Results

- Positive response to depression brochure created to increase awareness of Depression and services available at CHCB.
- Worked with multiple providers at the CHCB and their affiliate sites to develop a brochure.
- Managed requests from different sites (Safe Harbor, Pearl Street Youth Services, Riverside Health) to create a product that would work across sites.
- Worked with CHCB communications and marketing to make sure the brochure fits with overall marketing message and goals along with printing and publication requirements.
Evaluation

- Track numbers of brochures used in waiting rooms and provided to individuals during primary care visits.
- Examine rates of same visit referrals to Behavior Health specialists
- Provide questions in post care surveys to evaluate effectiveness of Behavior Health outreach such as depression materials.
A large portion of the CHCB patient population consists of refugees speaking many different languages.

Translation of the document into the more common languages such as Nepali or Mai Mai

The translation would not be a direct translation. What depression means and how its symptoms can be culturally bound. The information would need to be customized accordingly.

Specific brochures tailored to LGBT and Youth could be created.


