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Behavior Health Integration: Depression

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Behavior Health Integration: Depression

Garyn Worrall

Family Medicine, December 2017

Community Health Center of Burlington

Problem Description

- The overall burden of mental health disorders including depression is great. In Vermont 56% of adults are receiving treatment for mental health conditions.⁴
- Mental and Physical health problems are often overlapping.⁵
- 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).⁴
- Medicare costs have been shown to be significantly higher for patients with comorbid depressive disorders (87k vs 41k) over six year periods.¹
- Depressive conditions cost 43.7 billion per year in the US as of 2002.²
- Patients with depressive disorders have suffering, increased morbidity and impaired social and work functioning

Community Perspective

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- We have depression related documentation for patients, but they are outdated and do not highlight services provided by CHCB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

Intervention

- 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.

Future Projects

- 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.

References

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