Management of Mental Health Illness: an Actionable Non-Pharmacologic Approach

Cody J. Couperus

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Management of Mental Health Illness: an Actionable Non-Pharmacologic Approach

CODY COUPERUS, MSIII
UVM MEDICAL CENTER FAMILY MEDICINE AT MILTON, VT
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Mental illness is commonly encountered by the primary care physician. It is estimated that 90% of patients with anxiety or depression are treated solely through their primary care provider (NICE, 2011).

These patients benefit from non-pharmacologic methods in management of their illness. Examples include:

- Mindfulness (Bohlmeijer et al, 2010)
- Exercise (Deslandes et al, 2009)
- Yoga (Büssing, 2012)
- Acupuncture/Massage

Counseling for these interventions takes time to deliver and providers are often pressed for time during patient visits (Østbye et al, 2005).
Problem (Locally)

- Chittenden county mental health provider ratio of 199:1 (2016 Community Health Needs Assessment)

- Prevalence of moderate to severe depression for adults in Burlington HSA is 6% and 34% of this population reports mental health as “not good” at least 1 of the last 30 days. (ECOS report, 2012)

- The suicide rate in Vermont, 19.8 per 100,000 in 2014, is the highest in New England and has been increasing in the last decade.
Cost

- Health care utilized 16% of the US GDP in 2006
- An estimated 6.2% of that was for treatment of mental illness
- Indirect costs incurred by mental illness in the US have been estimated to be over 300 billion per year
- This cost has been increasing with time

(Insel, 2008)
Community Perspective (interviews)

Louise George is the clinical social work specialist and counselor at the Milton Family Practice clinic.

What non-pharmacologic interventions do your patients utilize?

- “Patients use all of it! Exercise, meditation, progressive muscle relaxation, CBT (thinking about thoughts and how that impacts their feelings and changing their thoughts), CBT worksheets, and nutrition is also really important.”
- “Connecting with friends is important, some patients may even start going on walks with their friends!”

How do you coach patients to start using these measures?

- “I try really hard not to overwhelm people. I might say ‘Why don’t you start exercising 5 minutes per day,’ and then build from there.”

What are barriers for your patients to implement these interventions?

- “Transportation, weather, and money”
- “A patient might say, ‘When I get out of work it’s icy, it’s cold outside, and I don’t have money to go to the gym.’”

Do you have other ideas about non-pharmacologic interventions other than what we’ve talked about?

- Meetup groups (anxiety social groups), nutrition, and animal therapy!
Dr. Megan Malgeri is an attending physician at the Milton Family Practice

What is your opinion of non-pharmacologic management of mental illness?
I think it’s great, especially when it is able to help patients improve some of the underlying stressors in their lives.

What non-pharmacologic interventions do your patients utilize?
Mostly exercise. Some use mindfulness/meditation or simple activities like walking.

How do you coach patients to start using these measures?
I’ve been trying to incorporate these methods into my practices more as of late. I will sometimes write things down in the discharge instructions for patients; like the name of an app or website.

What are barriers for your patients to implement these interventions?
Some patients just don’t seem to prioritize these interventions in their life. Getting them to commit makes a difference.
Methodology

- Identify local non-pharmacologic resources for patients in the Milton, VT area
- Design handout for patients outlining specifics of each resource
- Design cover-page for handout that includes components of motivational interviewing
- Add handouts as “dot-phrase” to UVMMC PRISM user environment
Resources compiled with some great additional resources identified by Louise George (nutrition, meetups, social outreach, animal therapy!)

Resource handout and motivational interviewing cover page designed
Intervention Assessment

- For patients with a mental health illness randomly provide handout and deliver motivational interviewing as outlined. Control group would include standard care.

- Quantify utilization of non-pharmacologic measures by patient report by mail survey with goal of getting at least 100 responses.

- Primary outcome: patients receiving handout and motivational interviewing would use non-pharmacologic methods at a greater rate than control

- Secondary outcomes: severity of mental illness, rate of pharmacologic intervention use, rate of suicide.

- The hypothesis would be that patients receiving the handout would utilize these interventions at a higher rate and that this would correlate with decreased severity of mental illness.
Future Project Idea

- Develop quality improvement (QI) project to increase provider delivery and patient utilization of non-pharmacologic interventions for mental illness.
- Identify method to quantify utilization by providers
- Develop QI project to reduce barriers and increase usage
- Re-evaluate
References


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Yes / No

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name:

[Signature]

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