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Assessing Barriers to Mental Health Resources

Newtown Primary Care - Newtown CT



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October - November 2021
Mentors: Eurica Chang, MD
Gleish Gonzalez-Orama, LCSW

Problem Identification & Community Need

- Similar to other medical specialties, referrals to mental health services are made through primary care offices.
 - At Newtown Primary Care, referrals are fortunately not made to an external office or facility, as there is a LCSW in-office, Gleish Gonzalez-Orama
- All of the providers are aware of the importance of mental health and provide “warm hand-offs” to Gleish whenever possible
 - This allows the patient to see Gleish in-person prior to making an appointment and establish a relationship, even if through a brief interaction
- Compared to other offices or regions of the country where staff is not available in-house, this referral process is relatively smooth

Problem Identification & Community Need (contd.)

- Despite national movements to destigmatize mental health, media portrayals and public perception of mental illness have often acted as barriers for individuals to seek mental health services (Hecht et al., 2021)
- There is a significant shortage of mental healthcare providers (KFF, 2021) delaying the time it takes from a referral to the patient receiving care
 - It is currently estimated that 28.1% of the US mental health care needs are being met
 - In CT, only 14.9% of needs are being met

Community Perspective & Resources

- “Unfortunately, the largest problem is the lack of mental healthcare providers.”
 - In an interview with Gleish Gonzalez-Orama, LCSW, we discussed that the referral process with the providers here at Newtown Primary Care is relatively smooth. The issue is not necessarily getting the patient the referral, but there may be additional barriers from the patient’s perspective that may be preventing them from reaching out.
- “COVID has also had a large influence on everyone’s mental health.”
 - Eurica Chang, MD, notes the undiscussed impact that COVID has had on everyone’s awareness of their own mental health, which has led to sensations of isolation, uncertainty, depression - both in the clinical and colloquial use of the term, and anxiety

Intervention & Methodology

- Given the availability of a mental health provider in the office, I focused on identifying a process to better assess patients' perspectives on barriers to mental health services
- I also wanted to determine if there were other resources that might be helpful to patients, in addition to the warm handoff and referral process that was already being done
- I focused on finding established questionnaires that focused on multiple factors that may affect a patient's decision to seek out mental health services

Intervention & Methodology (contd.)

- There were multiple questionnaires utilized to assess different aspects of patients' perception of mental health, barriers to access of such care, and willingness to seek help regarding mental health
 - Barriers to Mental Health Services Scale-Revised (BMHSSR) (Pepin et al., 2015)
 - 44 item questionnaire
 - 4 point Likert scale (1-strongly disagree, 4-strongly agree)
 - Beliefs toward Mental Illness Scale (BMI)
 - Self-report 21 item questionnaire
 - Assessment of endorsement of negative stereotypes toward mental health
 - 6 point Likert scale (0-completely disagree, 5-completely agree)
 - Higher scores reflect negative stereotypes
 - Willingness to Seek Help Questionnaire (WSHQ)
 - 25 item questionnaire
 - Assessment of willingness to seek mental health services
 - 4 point Likert scale (0-do not identify at all, 3-strong identification)
 - Barriers to Access to Care Evaluation (BACE)
 - 30 item questionnaire
 - 4 point Likert scale (0-not at all, 3-a lot)

Intervention & Methodology (contd.)

- After looking at some of the questionnaires utilized, I reached out the PIs of both the BMHSS-R (Pepin et al., 2015) and BACE questionnaires. Given the larger scope and incorporation of multiple factors with scoring of both intrinsic and extrinsic factors, we chose to implement the use of the BMHSS-R.
- We also developed a shorter questionnaire to assess if COVID had an impact on mental health.
- These questionnaire can now be provided to any future patient who is interested in mental health services, in addition to a referral to Gleish.

BMHSS-R Factors

- Help Seeking
- Stigma
- Knowledge and Fear of Psychotherapy
- Belief about Inability to Find a Psychotherapist
- Belief that Depressive Symptoms are Normal
- Insurance/Payment Concerns
- Ageism
- Concerns about Psychotherapist's Qualifications
- Physician Referral
- Transportation Concerns

Mini COVID Questionnaire

COVID Mental Health Services Questionnaire

1. Have you been more aware of your mental health since the start of the COVID pandemic?
1 - strongly disagree 2 - disagree 3 - unsure 4 - agree 5 - strongly agree
2. Has the COVID pandemic negatively impacted your mental health?
1 - strongly disagree 2 - disagree 3 - unsure 4 - agree 5 - strongly agree
3. Have you ever thought about seeking a therapist, counselor, or other mental health services as a result of the COVID pandemic?
1 - strongly disagree 2 - disagree 3 - unsure 4 - agree 5 - strongly agree
4. Would you feel comfortable discussing mental health services with your primary care provider?
1 - strongly disagree 2 - disagree 3 - unsure 4 - agree 5 - strongly agree
5. Is availability and access to mental health services preventing you from doing so?
1 - strongly disagree 2 - disagree 3 - unsure 4 - agree 5 - strongly agree
6. Would you like additional information on mental health resources available?
 - Yes - No

Results/ Responses

- Given the short duration of the rotation, we were not able to distribute the questionnaires to patients who had brought up mental health during their visits.
- The questionnaires can be given, and data can be compiled in the future with the patient's' consent.
- In addition to these questionnaires, the use of [psychologytoday.com](https://www.psychologytoday.com) was discussed with some patients as an additional resource for those who were interested in finding a mental healthcare provider

Efficacy & Limitations

- Efficacy
 - Evaluation of whether this intervention has had a positive impact is determining the number of patients who stated interest in mental health services and ultimately establish contact through the referral
 - We anticipate that more patients would reach out to Gleish and discuss whether mental health services would benefit them in some way
- Limitations:
 - Identifying the barriers for patients may not find a common trend that is addressable nor does it take an approach to dealing with stigma around mental health
 - We were not able to identify if there was any reluctance to answer the questionnaires

Future Projects

- Future projects could follow the data to determine possible underlying trends in the barriers for patients in access to mental health services
- This could then be expanded to other primary care offices, including those without mental healthcare providers in-house to determine if that also has an impact
- Other questionnaires could be utilized to identify other factors that are not addressed by the BMHSS-R

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