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Improving Access to Mental Healthcare for Primary Care Patients

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IMPROVING ACCESS TO MENTAL HEALTHCARE FOR PRIMARY CLINIC PATIENTS

Community Health Center of Burlington – South End

Kaela Mohardt – June 2022

Mentors: Jacob Shaw, Jennifer Savage, Katherine Mariani

BARRIERS TO MENTAL HEALTH CARE IN PCP SETTING

AHEC Area of Need: Behavioral Health Integration

Accessibility is limited on two levels:

Clinically

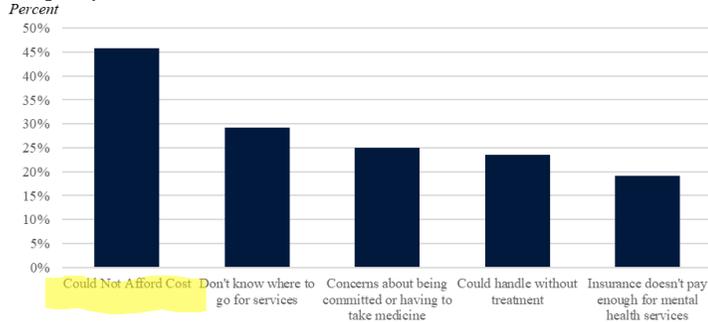
- Not enough mental health providers to meet patient needs
- Efflux of established providers in the area compounds pool of patients without care
- Lack of effective system for communication of openings between behavioral health clinics and primary care clinics
 - Rapidly changing availability in provider schedules makes keeping list of updated openings difficult
- Patients take on brunt of work with finding themselves mental health providers

Societally

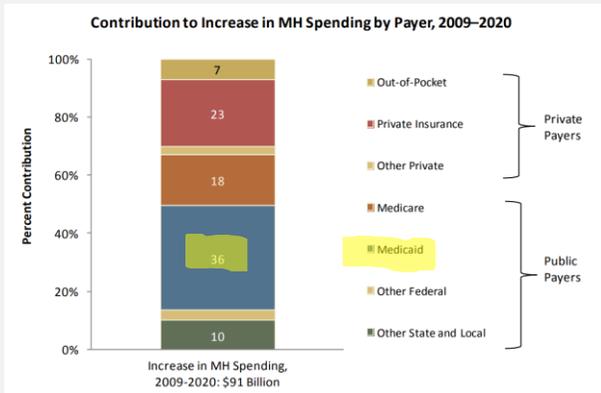
- Insurance barriers
- Persistence of stigma around mental health forces the system into a “treatment” model vs a “preventative” model
 - Leads to more patients in *need* mental health care instead of helping prevent this large need
- Not enough recruitment into behavioral health professional schools
- Low compensation for psychologists/psychiatrists decrease recruitment in the field and hospitals
- Clinical professional schools do not often train students adequately to manage psychiatric needs

ECONOMIC BARRIERS AND SHORTAGES CONTRIBUTING TO INACCESSIBILITY

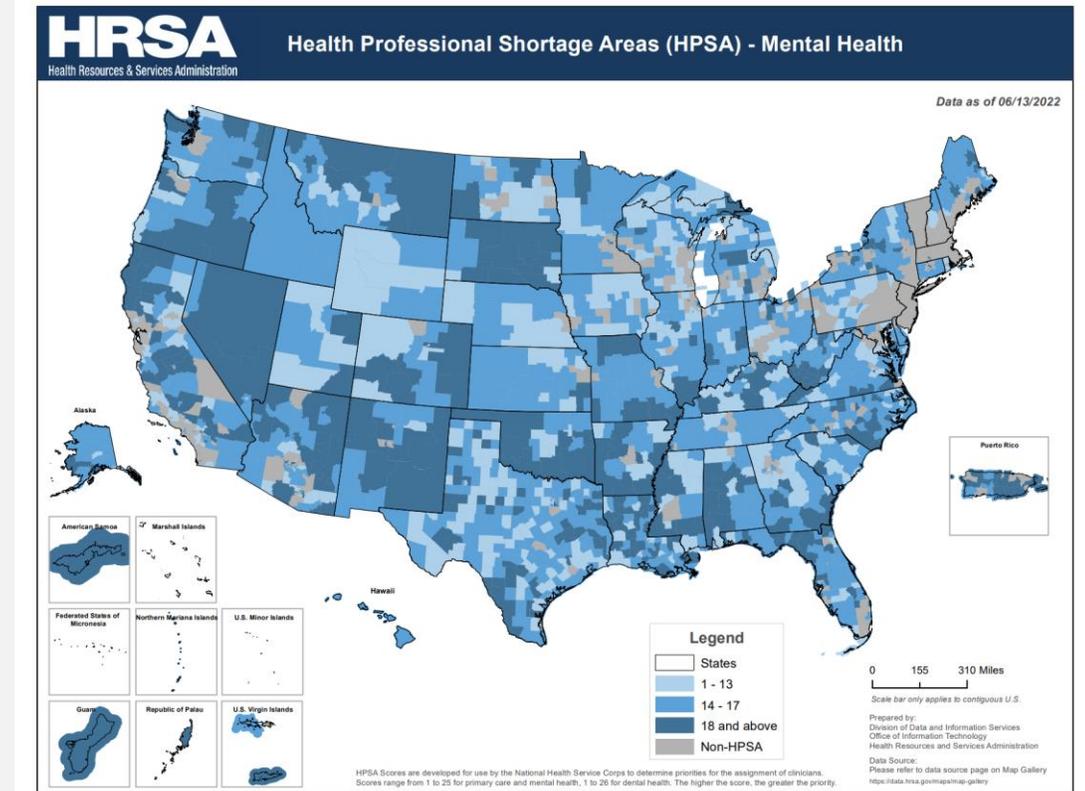
Figure 3. Top five reasons for not receiving mental health services in the past year, 2020



Source: Substance Abuse and Mental Health Services Administration
 Note: Respondents were allowed to select more than one reason.



The White House 2022



United States HHS 2014

In 2020, the largest self-reported barrier to unmet mental health needs was inability to afford care. This remains a barrier despite Medicaid existing as the largest payer for mental healthcare.

Only an exceedingly low proportion of the country is considered a non-health professional shortage area (HPSA). A vast majority of the country has need for more health professionals, contributing to the issue of availability with access.

COMMUNITY PERSPECTIVE

PARAPHRASED PERSPECTIVES FROM MEMBERS IN THE COMMUNITY

Tamara O'Rear, LICSW, AAP – (CHCB South End)

Problem of inaccessibility is largely attributed to behavioral centers not having enough openings, availability statuses changing so frequently with an inability to maintain track. Few coordinators in the clinic often leaves patients in self-pursuit of setting up counseling—when in mental crises or discouraged from lack of follow-up, this is not sustainable to setting up the right care for patients.

Richard Pinckney, MD – (UVM Adult Primary Care, Internal Medicine)

Most clinics do not have centrally located behavioral specialists to triage patients in need. Mental health is very underfunded, some insurances including Medicare do not compensate every type of credential/degree, leaving many types of counselors inaccessible. As a society, we do not think about mental health from a prevention standpoint which contributes to the magnitude of unmet mental health needs. Prevention requires better training with all types of providers, reduced stigma towards mental health, societal investments including safer communities, greener spaces, architecture that promotes wellness/exercise. Insurance historically has always funded procedural-based care more so than thought-based care, the latter including mental health services. Thus, the underfunded nature of specializing in psychiatry/psychology contributes to lack of providers available.

“Every time the hospital hires a psychiatrist, they lose money”.

INTERVENTION AND METHODOLOGY

- Interviewed community members for perspectives on issues of mental health availability, connecting patients with the care they need, ideas on mitigating these issues in the future
- Spoke with numerous providers at CHCB South End about their perspectives from the clinical standpoint with triaging and assisting patients with finding counselors in the area
- Researched the costs and barriers associated with unmet mental health needs on a national level, including areas in the country that have the most unmet needs
- Spoke with mental health centers and providers over telephone regarding their availability, ways they could coordinate schedule changes with CHCB, and preferred methods for patient contact—compiled into list that can be handed directly to patients

RESULTS

- Updated a patient/provider-friendly handout of many local mental health resources which includes counseling groups, outpatient programs, and intensive retreats with best methods for setting up appointments as determined from speaking with those centers directly
- Provided document template with CHCB South End for longitudinal use—can be updated as schedules and availabilities change
- Provided a conclusive list of mental health centers to CHCB South End that includes provider-useful information: referral process for patients, type of therapies offered, inpatient vs outpatient structure



Adult Mental Health Referral List

UPDATED JUNE 2022

This information is intended for referral/resource purposes only. The Community Health Centers of Burlington does not endorse or recommend any particular provider. These mental health practices **accept Medicaid** and other insurances. Those marked with ▲ also accept **Medicare**.

We encourage you to search on [PsychologyToday.com](https://www.psychologytoday.com), you can email through the website. You can also call the programs listed below, we encourage people to leave messages at many places and you may have to call a couple of times.



- Chittenden County Crisis Service (24/7): 802-488-7777 | Crisis Text Line: 741741 -

Adam Center for Mind & Body
(802) 859-1577 ext. 400
1233 Shelburne Rd. #D2, S. Burlington
→up to 6-month waitlist, Telehealth Only

▲ **Associates at the Gables** |
(802) 876-1100 ext. 303
Email: <associatesatthegables@gmail.com> with phone#
183 Talcott Rd. Ste 206, Williston

▲ **Associates in Psychology**
(802) 863-6114
92 Adams St. Burlington

▲ **Associates in Psychotherapy & Family Counseling**
(802) 658-4208 ext. 140
34 Patchen Rd. S Burlington

Azimuth Counseling and Therapeutic Services
(802) 288-1001
8 Essex Way, Essex Junction
→Telehealth Only

Cedar Brook Associates
(802) 651-7733
4185 St George Rd. Williston

▲ **Counseling Connection**
www.counselingconnectionvt.com
525 Hercules Dr. Ste 1A, Colchester
→Fill out therapist-specific intake form online

Riverstone Counseling at Spectrum
(802) 864-7423 ext. 310
31 Elmwood Ave, Burlington
→ages served 12-30

Stillwater Counseling Center
(802) 654-7600
20 W Canal St, Winooski

▲ **Stone House Associates**
<https://stonehouseassociates.com/>
27 Rye Circle, S. Burlington
→Use "Request Appointment" on site

▲ **VT Catholic Charities**
(802) 658-6111 ext.1312
S Burlington, Middlebury, Rutland, St. Albans

VT Wellness Collaborative
Email <info@vermontwellness.org> for referral
www.vermontwellness.org/vermont-therapists/
125 St. Paul St. Ste 106, Burlington

Intensive Outpatient Programs (IOP)
Crossroads - Nicolas Gaudet, (802) 662-4928
▲ Seneca Center (UVMCC) - (802) 847-3333
▲ Brattleboro Retreat - (800) 738-7328
True Wilderness Program (802) 583-1144
Spring Lake Ranch Therapeutic (802) 435-0047

Drug & Alcohol Services
▲ Act One/Bridge - (802) 488-6425
▲ Seneca Center (UVMCC) - (802) 847-3333
Serenity House - (802) 446-2640
Valley Vista - (802) 222-5201
▲ Brattleboro Retreat - (800) 738-7328
▲ Clara Martin Center - (802) 728-4466

Call Support Lines (Free)
Chittenden Crisis Service: (802) 488-7777
National Suicide Prevention Line: 1-800-273-8255
National Alliance Mental Illness: 1-800-950-6264
Pathways Vermont: (833) 888-2557 (ages 18+)
Hotlines: <https://www.apa.org/topics/crisis-hotlines>

LIMITATIONS

- Current printed guide is static and subject to change in near times
- Still requires patients to reach out directly and wait to be connected to someone via telephone
- Adds additional task to staff at CHCB South End with updating this sheet, printing it out regularly
- Without timely updates, list for current openings loses its accuracy/integrity over time
- Does not directly address larger causes as to why shortage of providers/limited availability exists from societal/institutional points of view

RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Central portal that can be accessed by patients online that is regularly updated by both mental health centers and primary care providers with availability, types of services, insurances accepted
- Develop CHCB patient-specific email listserv that can be used to contact patients directly with mental health clinic openings
- Recommendations at a societal/program education level:
 - Increase number of clinics that have a behavioral specialist who is dedicated to triage, coordination with mental health clinics to reduce this burden on patients
 - Improve their day-to-day availability to see patients directly during appointments to streamline this triage process
 - Provide more training and education to health providers in primary care clinics to help manage more psychiatric needs

REFERENCES

1. House, T. W. (2022, May 31). *Reducing the Economic Burden of Unmet Mental Health Needs*. The White House. <https://www.whitehouse.gov/cea/written-materials/2022/05/31/reducing-the-economic-burden-of-unmet-mental-health-needs/>
2. U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. (2014). *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4883.pdf>
3. Walker ER, Cummings JR, Hockenberry JM, Druss BG. Insurance status, use of mental health services, and unmet need for mental health care in the United States. *Psychiatr Serv*. 2015;66(6):578-584. doi:10.1176/appi.ps.201400248

INTERVIEW CONSENT FORM

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Consented

Name: Tamara O'Rear

Name: Richard Pinckney