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Setting Expectations for Mental Healthcare Referral

Community Health Rutland
Rutland, VT

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Problem Identification & Community Need

- ▶ Much like referrals for medical specialties, physical therapy, or procedures, mental health referrals are made through the primary care office.
 - ▶ At Rutland Community Health, referrals are made to Behavioral Health during a patient's visit when it is identified that the patient would benefit from mental health support.
- ▶ Here at Community Health Rutland, patients are contacted one to ten days from the day of referral.
- ▶ Patients are then either matched with a mental health provider or placed on a waitlist. This depends on the type of provider (ex. psychiatrist or therapist) the patient is being referred to and provider availability.
 - ▶ During periods of extended waitlist times, patients are contacted by the referral specialist, about one month from the initial contact, to update the patient on the status of the referral. More frequent check-ins can be provided by a behavioral health care manager if it is needed.
- ▶ Nationally, there is a shortage of mental healthcare providers (KFF, 2020) increasing delays from when referrals are placed to when patients receive this care.
 - ▶ Estimates that 26.9% of need is being met in the United States (KFF, 2020).
 - ▶ Data is not available for Vermont.

Problem Identification & Community Need (cont)

- ▶ Despite movements to normalize mental healthcare, there remains a substantial stigma surrounding therapy and medication management of mental health symptoms (Clement et al., 2014; Ibrahim et al., 2019).
- ▶ Once patients are open to receiving mental healthcare, it is important to move forward quickly while patients are ready to change (Zimmerman et al., 2000).
- ▶ Consequently, systemic delays in accessing mental health providers from the time of referral can lead to loss of follow-up and patients feeling unsupported by the system.
 - ▶ This is seen in Community Health Rutland primary care practice where similar experiences were shared informally by patients in their primary care visits.

Cost Considerations

- ▶ **Cost to Patients:**
 - ▶ Receiving inadequate or no mental health support in patients who need it contributes to inability to hold a job, maintain social relationships, and creates stress in the home environment.
 - ▶ Poor mental health is a risk factor for other chronic diseases like diabetes and heart disease (CDC, 2021).
- ▶ **Cost to the healthcare system:**
 - ▶ Mental health disorders are associated with higher resource utilization and healthcare costs in management of chronic disease than patients without (Sporinova et al., 2019).

Community Perspective & Support

- ▶ Much like “people have to wait for a colonoscopy,” there are wait times for seeing mental health providers. “Touch points along the way helps to keep people engaged.”
 - ▶ In an interview with Eleanor Grabach, LICSW, we discussed that referrals for mental health providers often come at the time when the patient is most ready to move forward and invest in their mental health. Waiting for a mental health provider can set patient back and cause patients to “lose the momentum for change.”
 - ▶ Comparing a mental health referral to the wait times for other procedures may help to set expectations for patients about what this process looks like.
- ▶ “I don’t want them to wait if they’re struggling.”
 - ▶ Carrie Philburt, MA, speaks on the importance of establishing a positive connection with patients when triaging referrals to identify patients at increased risk and working with the Behavioral Health providers to schedule those patients as priority appointments (with shorter waiting time).

Intervention & Methodology

- ▶ In my interviews, we discussed ways the primary care office can work to keep patients invested in their mental health when the momentum is there.
- ▶ We can help by setting expectations with patients about what their mental health care will look like from the time of referral.
- ▶ A handout outlining the referral process will be created for providers and patients.
- ▶ Providers at Community Health Rutland will be provided with the handout to provide to patients when a referral is placed.
- ▶ The handout will be given to patients with a conversation with their provider to set expectations about the timeline for the referral.

Results/Responses

- ▶ Due to the time limitation of the short rotation duration, we were not able to finalize the information sheet with approval or gather data on the outcomes of the information sheet intervention.
- ▶ The information sheet will be distributed to the office for use in future patient referrals to mental healthcare providers.
- ▶ Informally assessed, patients who expressed hesitancy in having a mental health referral placed benefited from having further discussion about the referral process and how Behavioral Health would work with them to match them with a mental health provider.

Evaluation of Effectiveness & Limitations

- ▶ Effectiveness will be assessed by the number of patients who are lost to follow-up after a mental health referral is placed.
 - ▶ If the intervention is effective, we expect to see that patients remain engaged in the process for longer.
 - ▶ We expect that more patients will reach an initial visit with a mental health provider.
- ▶ This information may help patients to maintain the motivation for change longer term, translating to an increased length of care (assessed by number of visits) with mental health care providers.
- ▶ Limitations:
 - ▶ This intervention does not address one of the biggest barriers to accessing mental health care: stigma.
 - ▶ This intervention plays a role after a patient has made the first steps to recognizing the need for mental health care, but it does not normalize help-seeking to those who are not yet ready for this change.

Recommendations for Future Projects

- ▶ Future projects can consider addressing the stigma surrounding mental health care with the goal of increasing referrals and patient understanding of mental health.
- ▶ Recommendations include creating audio-visual modalities to convey information about mental health and how it affects overall wellbeing to be shown to patients in waiting areas.
 - ▶ Videos may be created about mental health and its care to play in primary care office waiting room to help normalize talking about mental health in the primary care setting.

