Responding To Patients’ Behavioral Health In General Medical Settings: Overview

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Disclosure

• The presenter has no financial arrangement related to the content of this continuing education activity.
Objectives

At the completion of this activity, participants will be able to:

- Identify common and high risk behavioral health problems;
- Identify key strategies for communicating with patients about their behavioral health;
- Apply strategies to assist patients with a plan for self care or further treatment.
Participant Survey

• What is your work setting?

• How would you describe your job?
Why address Behavioral Health in general medical settings? Because mental disorders are common.

<table>
<thead>
<tr>
<th>Type of Mental Disorder</th>
<th>1-Year Prevalence among US Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorder</td>
<td>18.1%</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>6.8%</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>8.1%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>2.8%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.3-0.7%</td>
</tr>
<tr>
<td>Any Mental Disorder</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

Only 41% of people with a mental disorder use mental health services in any given year.
# Lifetime Prevalence of Mental Disorders

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<th>Type of Mental Disorder</th>
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</thead>
<tbody>
<tr>
<td>Anxiety Disorder</td>
<td>28.8</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>16.6</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>14.6</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>3.9</td>
</tr>
<tr>
<td>Any Mental Disorder</td>
<td>46.4</td>
</tr>
</tbody>
</table>
Mental Disorders in Medical Settings

• 18% of all general hospital discharges have a BH disorder coded as a secondary condition.
• Nearly 45% of ED patients screened positive for a DSM-IV diagnosis
• 13% of ED patients not presenting with psychiatric complaints screened positive for suicidal ideation.
• 18% of patients met criteria for PTSD 6 months after cardiac surgery.
Why address Behavioral Health?

• Mental disorders can be more disabling than many chronic physical illnesses. For example:
  o The disability from moderate depression is similar to the impact from relapsing multiple sclerosis, severe asthma, or chronic hepatitis B.
  o The disability from severe depression is comparable to the disability from quadriplegia.

• “Disability” refers to the amount of disruption a health problem causes to a person’s ability to:
  o Work
  o Carry out daily activities
  o Engage in satisfying relationships
Disabling Impact of Mental Disorders

Top 10 Leading Disease/Disorder Categories Contributing to U.S. DALYs (2010)

1. Neuropsychiatric Disorders
   - Mental and Behavioral Disorders: 13.6%
   - Neurological Disorders: 5.1%
   - Total: 18.7%

2. Cardiovascular and Circulatory Diseases: 16.8%

3. Neoplasms: 15.1%

4. Musculoskeletal Disorders: 11.8%

5. Diabetes, Urogenital, Blood, and Endocrine Diseases: 8.0%

6. Chronic Respiratory Diseases: 6.5%

7. Other Non-communicable Diseases: 5.1%

8. Unintentional Injuries (Non-transport): 3.6%

9. Self-harm and Interpersonal Violence: 3.1%

10. Transport Injuries: 3.0%

Data courtesy of WHO
Why address Behavioral Health?

• BH conditions affect overall health and treatment adherence.
• The median length of delay from symptom onset to seeking behavioral health treatment is ten years.
• Health care providers and staff have a unique potential to encourage patients to:
  • Access appropriate professional care;
  • Engage in self-help and other support strategies
Why address Behavioral Health?

• BH Conditions can affect provider and team morale because of:

  • High mortality and morbidity;
  • Low participation and adherence in care;
  • Communication problems;
  • Behavior that is stressful and distracting in the environment of care.
Defining the Problem

• BH Problems that carry severe risk/impact
  • Alcohol and Substance Use Disorders
  • Depression
  • Suicide
  • Eating Disorders
  • Psychotic Disorders
Defining the Problem

• BH problems appearing frequently in medical settings

  • Anxiety Disorders
  • Depression
  • Post-Traumatic Stress
  • Complex Bereavement
  • Alcohol and Substance Use Disorders
  • Delirium and Dementia
Defining the Problem

• Behavioral health problems that most significantly impact health and health behavior across population:
  • Anxiety
  • Substance Use Disorders
  • Depression
These behavioral health challenges commonly arise in general medical settings, and frequently have a negative impact on general health or health behavior:

A. Psychosis, bipolar disorder, substance abuse
B. Borderline personality, depression, specific phobias
C. Anxiety, substance use disorders, depression
D. Personality disorders, specific phobias, trauma
How to assess and assist

• Assess for risk of suicide or harm:
  • Suicidal thoughts and behaviors
  • Severe substance intoxication or withdrawal
  • Aggressive or violent behavior (perpetrator of victim)
  • Non-suicidal self-injury

• Ask the question:
  • “Are you having thoughts of suicide?”
  • “Are you thinking about killing yourself?”

• Assess plan, intent, means
How to assess and assist

• Listen nonjudgmentally
  • Key **nonverbal skills** to show you are actively listening:
    • Attentiveness
    • Comfortable eye contact
    • Open body posture
    • Being seated
    • Sitting next to the person rather than directly opposite
    • Do not fidget
  • Focus on understanding the symptoms for what they are.
  • Empathize with emotions the person is feeling about his or her beliefs and experiences.
How to assess and assist

• Give reassurance and information
  • Basic info about their specific problem;
  • General info about potential resources;
  • Recognize the person may have struggled with the problem for a long time, and feels ashamed to talk about it.
  • While expressing concern and recognition of the person’s distress, also try to convey a sense of hope and normalizing of their experience, e.g.:
    “This is something many people have experienced, and there are things that can help.”
  • Look for simple, practical ideas that will help.
How to assess and assist

• Encourage appropriate professional help
  • Provide a simple explanation of medical or pharmacological treatments or counseling/therapy.
  • Describe specific resources in the area you are familiar with, or a person such as a social worker who has more detailed knowledge of services.
  • Offer to help with a referral
  • Consider any specialized peer support programs in the area.
  • Consider traditional or culturally-based healing if appropriate to the person’s values.
How to assess and assist

• Encourage self-help and other support strategies, for example:
  • Exercise
  • Relaxation and Meditation
  • Support groups
  • Self-help books based on cognitive behavioral therapy (CBT)
  • Family, friends, faith, and other social networks
  • Community groups and cultural activities
Instilling hope

• Adopt and transmit a recovery and resilience perspective:
  • Persons with behavioral health challenges can live full and rewarding lives and contribute to their community.
  • The person is not a problem to be fixed.
  • Symptoms may fluctuate in severity or remit entirely.
  • Functional abilities can increase even if symptoms are still present.
  • Nonlinear change processes can be influenced by building strengths, creating access to supports, and fostering a holistic approach to health.
Being Effective

• Consistently support the patient
  
  • Identify a simple action step the patient is likely to successfully complete, and build it into the care plan.
  
  • Support patient behavior that builds recovery.
  
  • Support patient behavior that builds resilience.
  
  • Team communication
  
  • Appropriate documentation
  
  • Dealing with staff turnover
An effective strategy for assisting patients with their behavioral health needs should always include:

A. Providing a clear diagnosis and appropriate medication
B. Listening nonjudgmentally and helping the patient identify a realistic action step
C. Developing a thorough plan for treatment, referral and follow up
D. Prescribing a benzodiazepine for immediate symptom relief
When medical provider turnover is frequent, an efficient method to increase continuity of care for patients with behavioral health needs is:

A. Team meetings or staffing's to discuss high need patients
B. Extensive, detailed documentation in the electronic health record
C. Involving multiple team members in the patient’s care
D. Both A and C
Being Effective

• Making effective referrals

  • Be prepared
  • Ask the patient
  • Give encouragement and information
  • Be thorough in communicating the referral
  • Follow up
  • Re-evaluate and try again
Being Effective

• Use a team approach
  • Utilize individual strengths
  • Consider capacities of specific disciplines
  • Establish leadership/management support

• Divide tasks
  • Screening
  • Data management
  • Identifying information and resources
  • Communication
  • Managing referrals
Being prepared

• Data – patient and population
  • Query your clinic/hospital data systems, if possible
  • Literature on BH co-morbidity for your clinical population

• Screening
  • Use the available tools – alcohol and depression screens are commonly available
  • Compile screening data

• Resources
  • Collect and organize info
  • Utilize social services and “local experts”
  • Take advantage of available consultation

• Training, e.g. Mental Health First Aid
What Participants Learn

- **Risk factors and warning signs** of mental health and substance use problems

- **Information** on depression, anxiety, trauma, psychosis and substance use

- **A 5-step action plan** to help someone who is developing a mental health problem or in crisis

- **Available evidence-based professional, peer and self-help resources**
Find or Host a Course

www.MentalHealthFirstAid.org

Mental Health First Aid is an in-person training that teaches you how to help people developing a mental illness or in a crisis.

Mental Health First Aid teaches you:
- Signs of addictions and mental illnesses
- 5-step action plan to assess a situation and help
- Impact of mental and substance use disorders
- Local resources and where to turn for help

Help us train more veterans and first responders in Mental Health First Aid.
Support Black Dog Ride.

DONATE TO BLACK DOG RIDE

Sign up for a Mental Health First Aid class near you

FIND A COURSE

Ready to become a Mental Health First Aid Instructor?
Apply for Instructor Training

DONATE NOW

"I've taken regular first aid, and I've used both, but certainly the opportunities to use Mental Health First Aid are much more abundant."
References


Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013) *Mental Health First Aid USA, Revised First Edition*.

National Council for Behavioral Health and Missouri Department of Mental Health (2015) *Mental Health First Aid USA Eight Hour Teaching Notes, Revised*. 
References


