

A Survey of Mental Health Needs in a Primary Care Setting

A survey of adult medicine patients' mental health needs and a survey of providers' feelings about mental health needs, along with recommendations for behavioral/mental health integration at Franklin Primary Health Center in Mobile, AL.

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Abstract

Mental and behavioral issues are present in primary care and can have serious implications on patients' physical health. I chose to explore the mental health needs at Franklin Primary and investigate integrating mental and physical health in order to facilitate the hiring of a behaviorist and transition to an integrated care delivery model. Short, standardized mental health screens were given to patients at the clinic to screen for a variety of mental health concerns. In addition, providers were sent a short questionnaire to gather their opinions on mental health, integrated care, and how they address patients with mental health issues. A large number of patients had positive mental health screens: 42% have issues with sleep, 40% use tobacco, 29% have overeating issues, 23% are depressed, 19% have anxiety issues, 15% screened positive for likely PTSD issues, 10% may have bipolar issues, 8% admit to using illegal drugs, and 8% are high risk drinkers. 23% said these issues made things "very" or "extremely" difficult for them at home and/or work. In addition, providers expressed interest in mental health, an understanding of its importance to chronic diseases, mixed levels of training and comfort, and high levels of burnout. Furthermore, an integrated behaviorist would be a welcome asset to primary care teams at Franklin. Although there was a limited sample size (n=57 patients), this sample is quite representative of the types and hopefully of the frequencies of mental health issues Franklin's primary care providers deal with on a daily basis. Addressing mental health issues will improve physical health and functionality, decrease costs, and promote the overall well-being of patients.

Keywords: mental health, primary care, integrated behavioral health, psychiatry, psychology, holistic care, sleep, diabetes, and screenings

Introduction

I have always been interested in psychiatry and mental health issues. In addition, I am passionate about primary care and whole-person care. I strongly believe that health includes physical, spiritual, mental, and emotional aspects. In addition, I know that mental health impacts physical health and physical health impacts mental health. Based on these interests, I wanted to do a project focusing on mental health issues in primary care.

Franklin Primary Health Center (Franklin) is one of several clinics participating in the Louisiana Public Health Initiative's (LPHI) primary care capacity project (PCCP) and the collaborative to improve behavioral healthcare access. The LPHI projects are a direct result of the aspect of the BP settlement aimed at improving the healthcare of the Gulf Coast community. As part of this project, LPHI will be hiring a social worker for Franklin to increase Franklin's behavioral health capacities and who will begin to integrate mental health and primary care at Franklin.

Because of my interest and this forthcoming LPHI initiative, for my summer project I decided to conduct a needs assessment of mental health needs at Franklin. I also surveyed Franklin's providers about their views on mental health needs at Franklin. Lastly, I was looking at how feasible this integration would be at Franklin, and what this integration could realistically look like in one of Franklin's adult medicine clinics.

Background

Mental health issues are very prevalent in primary care because they are quite common in the general population. 26% of the US population has a diagnosable mental health disorder (World Health Organization). The WHO also estimates that depression alone is responsible for 13% of the global burden of disease and accounts for 31% of the years of disability (World Health Organization). By 2030, it is expected that depression will be the second highest burden of disease (World Health Organization). Patients with mental illness also have a drastically decreased life expectancy of 25 years shorter than the rest of the general population (Colton and Manderscheid). There is also significant financial, social, and emotional tolls from mental illness in our society.

Mental health is also a very important topic for primary care. Behavioral and mental issues account for approximately 70% of all primary care visits (Collins, Integrating Behavioral and Mental Health Services into the Primary Care Setting). In addition, 67% of psychotropic and 80% of antidepressant medications are prescribed by primary care providers (Collins, Integrating Behavioral and Mental Health Services into the Primary Care Setting). This is a staggering amount of mental health care being provided in a general setting, often by family or internal medicine providers who have limited training in psychiatry.

Often, mental health issues are not thoroughly addressed in primary care in depth for a variety of reasons. These include: lack of funds (& insurance), lack of both primary care and mental health providers (especially in underserved areas), lack of time during the visit, stigma, and limited access to mental health resources. However, mental health issues significantly contribute to physical health issues and both aspects need to be addressed in order to best help the patient. There is a wide range of issues where mental health and physical health are closely intertwined, as data from the WHO and several other studies have shown. Asthma is strongly correlated with panic attacks, heart attacks and heart failure are often linked with depression, sleep issues have been tied to obesity, and stress is known to lead to a compromised immune system (World Health Organization). In a similar vein, mental disorders can trigger physical diseases, such as schizophrenia medications causing Diabetes, and many mental disorders have somatic symptoms including pain, headaches, stomach upset, and sleep issues (World Health Organization).

In addition, the care of patients with comorbid mental and physical diagnoses has been proven to be complicated by decreased medication adherence, an increase in comorbid chronic conditions, a lack of a stable medical home, and complex medication plans (Mauer). This complicated situation can be overwhelming and tough for patients to manage, especially if they are having mood, sleep, or motivation issues on top of their medical disease.

Recently, this symbiotic effect of mental and physical health has come into the forefront of healthcare delivery and reform. Many clinics are beginning to recognize mental and behavioral health as an important player in the healthcare team and the effect that mental health issues have on physical health issues. Screening for, detecting, and treating these issues early will also play a large role in preventing future mental health disorders and physical health complications and eliminates unnecessary suffering by the patients (World Health Organization). Primary care clinics are performing screenings, incorporating a behaviorist into their team, and employing health coaches to help patients set goals (Collins, Integrating Behavioral and Mental Health Services into the Primary Care Setting). Additionally, some mental health clinics are incorporating a physician and/or nurse practitioners into their team to approach this coordinated care from their side (World Health Organization). One model is the SBIRT model – Screening, Brief Intervention, and Referral to Treatment to facilitate mental health screenings in concert with a behaviorist on the team and local psychiatric resources (Collins, Integrating Behavioral and Mental Health Services into the Primary Care Setting).

At Franklin, 4,665 out of 30,735 active adult patients seen in the last year have at least one mental health diagnosis (15%), as evaluated by running a report from the electronic health record (EHR). Patients with anxiety or depression accounted for 51% (2380) of the patients with a mental health diagnosis. About 20-25 adult patients are seen by each of the 15 adult medicine providers each day at Franklin, adding up to a lot of patients with diagnosable mental health needs, not to mention the undercurrents of undocumented stress, sleep issues, tobacco use,

and minor anxiety or depression. In terms of behavioral health capacity, currently at Franklin there are several social workers on staff, case managers and a psychiatric nurse practitioner for the HIV/Infectious Disease clinic, several substance abuse counselors, a mobile van which goes out to group homes, and a homeless clinic downtown.

In addition, I was concerned about how primary care providers at Franklin felt about mental health issues and integrated care delivery. I was curious about how a behaviorist being incorporated into Franklin would be perceived and expected. Training in mental health and psychiatry varies by training program and interest, but definitely doesn't comprise 50% of their training, although a majority of patient visits have an element of mental or behavioral health issues as noted above (Collins, Integrating Behavioral and Mental Health Services into the Primary Care Setting). Lastly, provider mental health is key to preventing burnout, and increasing physician recruitment and retention. These are crucial needs, especially in urban underserved areas, such as in Mobile, AL. Provider shortage and turnover is one of Franklin's key needs, so I wanted to survey the providers about their own mental health concerns to better help Franklin's providers continue to give excellent care.

I decided to design 2 surveys: a mental health screen for patients to investigate mental health needs, and a survey for providers to better understand the current state of mental health care at Franklin.

Methodology

Patient Survey

I created a survey to hand out to patients with several standardized questions for depression, anxiety, bipolar disorder, eating disorders, sleep, PTSD, substance abuse, safety, and social support (see Appendix 2). These questions were mostly from the more extensive Patient Health Questionnaire (PHQ) which has extended standardized screens for mental health disorders (Spitzer, Williams and Kroenke). I also added some questions about sleep, relationships, and safety at home, and asked if patients had any mental health concerns that day or a history of mental health issues. I handed out these surveys to 2nd floor adult medicine patients to complete after they were roomed by nursing and while they were waiting to see their provider. I handed out the surveys for four days to all of Nurse Practitioner (NP) Burden's adult medicine patients. Surveys were reviewed by NP Burden and I, and any issues revealed were discussed with the patient in order to ensure that any mental health concerns were addressed. 57 patients were given surveys within a 4-day period.

Provider Survey

I also created a brief, 25-question 1-5 Likert scale from "not true for me" to "completely true for me" survey for providers to answer (see Appendix 3). Questions addressed providers' thoughts about mental health: their comfort, time spent with patients, the importance of

mental health, integration with primary care, psychotropic medications, and provider's own mental health. I sent these surveys out to all the providers (n=23) via interoffice mail with letter explaining the survey and a self-addressed return envelope to send back to me anonymously, also via interoffice mail. 6 providers returned the survey.

Results

Patient Survey

57 surveys were collected over 4 days, 48 of which were completed. 9 surveys were not completed, and on 3 surveys, the back of the survey was not completed. Of the uncompleted surveys, the reasons given were refused (3), unable to due to age or mental capacity (3), were unable to read the survey or did not have glasses or did not read/speak English (3).

The gender ratio of completed surveys was 40% male: 60% female. By age, 12.5% of the respondents were people between ages 18-29; 14.5% between ages 30-39; 17% between ages 40-49; 37.5% between ages 50-59; and 21% were 60 or older. (Figure 1 in Appendix 1)

17% of patients had mental health concerns on the day of their survey. 12.5% of patients had a mental health diagnosis or a history of mental health issues. 23% scored 3+ on depression screen, where questions were scored from 0-3. 19% scored 3+ on anxiety screen, where questions were scored from 0-3. 23% of total respondents reported experiencing a panic attack in the last month. 10% answered yes to both questions on the bipolar screen. 29% answered yes to at least 1 of the questions on the eating screen. 42% answered yes to the sleep troubles question. 15% answered yes to two or more questions on the PTSD screen. 40% answered yes to tobacco use. 8% answered yes to high-risk alcohol use (more than 4 drinks per 1 day for women or more than 5 drinks per 1 day for men). 8% answered yes illegal drug use or prescription drug abuse. 93.5% said they feel safe at home. 100% reported that they do have good social support. A full 23% said these issues made it "somewhat difficult" or "extremely difficult" to do their work, take care of things at home, or get along with other people. See Figure 2 in Appendix 1 for a graphical representation.

Provider Survey

6 out of 23 provider surveys were returned, for a completion rate of 26%, which is a poor return rate. Perhaps given more time and another reminder or two, more surveys would have been returned. In addition, I spoke to a few providers in person, which I think definitely increased the likelihood that the provider completed the survey. Provider surveys were returned anonymously via a self-addressed envelope.

Based on the trends from the surveys, in general, providers at Franklin understand the importance of mental health and that they routinely address mental health issues in their visits. Overall, providers feel comfortable with mental health issues. They also agreed that mental

health integration and screenings are important. There were mixed feelings about behaviorists, psychotherapy, Altapoint (local psychiatry resource) referrals. Several don't feel like they have had adequate training in mental health issues or wish they had more training in psychotropic medications. The survey also revealed that providers did not frequently refer to Franklin's own substance abuse program. Lastly, the majority of the providers reported that they feel burnt out and that they do not feel like Franklin cares about their mental health.

Discussion

The patient mental health screening questionnaire found prevalent mental health issues at Franklin. The most common issues were sleep (42%), tobacco use (40%), overeating (29%), depression (23%), anxiety (19%), and PTSD (15%). Providers feel like they frequently take time to address these issues. However, a number of patients had new or complicated issues that likely would have not been addressed in the visit if not for the screening. Providers also did not always feel like they had appropriate training and comfort with medications and psychotherapy, and that it was often difficult to refer patients to Altapoint, the local mental health clinic. These challenges to treating mental health issues can interfere with patients' overall health goals and often can pose a challenge to taking care of their physical health needs. Often, lifestyle changes, such as those needed for diabetes, high blood pressure, and general well-being, are difficult for patients with chronic medical issues and mental health issues.

There were several questions raised by this research. Principally, these results suggest many patients at Franklin are underdiagnosed/ undertreated for mental health concerns, considering only 15% of all patients seen in the last year at Franklin had any kind of mental health diagnosis. It also raised the question, how adequately are patients' mental issues being treated if providers feel undertrained in psychiatry and are not always interested in or comfortable addressing mental health issues? And how is this affecting the patients' their physical health? If 1 in 4 patients report these issues made it somewhat or extremely difficult to do their work, take care of things at home, or get along with other people – what does this say about how capable they were of taking care of their health issues? Finally, could providers' feelings of burnout be leading to rushed, substandard care, especially for mental health needs?

As another part of the study, I was looking at how a behaviorist might fit into the team at Franklin. I believe a behaviorist would be very beneficial for the adult medicine patients who could follow up on screening, consult with a psychiatrist, and work to set goals with patients. There is plenty of time while patients are waiting for their appointment either before or after they have been roomed by the nurse to address these issues. Ideally, a behaviorist would work with just one or two provider teams, to be available as needed for consults and to drop in to appointments and follow up on positive screens. I believe the teams that would get the most benefit from these are providers who do not feel as comfortable addressing mental health

issues on their own but who are enthusiastic about the incorporation of mental health and primary care. Incorporation of a warm handoff from the primary care provider to the behaviorist is also very beneficial (Collins, Levis Hewson and Munger). Teams could also benefit from motivational interviewing training and ways to work with patients to help the patients set their own realistic goals and work on achieving them. Making sure patients set health goals will also help fulfil the requirements for becoming a Patient Centered Medical Home (PCMH).

Further research in this area would include a longer and more extensive study. I would also have more provider survey response, perhaps contacting providers in person or sending reminders about completing the survey. I think Franklin could also benefit from a pilot study of integration of a behaviorist to a team.

Because of this study, the provider I worked closely with is now more aware of mental health needs of patients, and I hope Franklin stresses to all providers the prevalence of mental health issues and the need to address them for better physical health. Several patients had newly identified mental health needs which were able to be addressed in the clinic because of the survey. I hope that this study enlightens Franklin and it's providers about the amount of mental health issues and the important role addressing these issues plays in treating common primary care physical health issues.

Recommendations

My primary recommendation would be to make sure to ask patients about these issues. These quick, several question surveys could be done on paper or by MA/RN, especially if the patient has reading or comprehension issues. Then, any positive findings could be followed up with a longer screen and discussed with the provider for handoff to the behaviorist. Franklin already has a behaviorist integrated into the HIV team, and I suggest that a behaviorist in adult medicine follow their established model here at Franklin.

Improving mental health will lead to improved physical health. Increasing smoking cessation will decrease sleep issues, decrease blood pressure, and decrease lung/throat cancer. Addressing sleep issues may decrease obesity (Greer, Goldstein and Walker), decrease complications of diabetes (Iver), help people feel less stressed and decrease tobacco / drug / alcohol / caffeine / sleeping pill use, increase exercise and healthy eating. Addressing eating issues will decrease obesity, GERD, joint pain, high cholesterol, and diabetes. In addition, treating depression will decrease diabetes complications (Baumeister, Hutter and Benel) , decrease the effects of heart failure, and increase exercise, as well as increase patients' mood and overall well-being. The goal of integrating mental health into primary care is to help patients achieve a better quality of life, enjoy better health, have less pain, and improve their functionality.

Finally, in terms of the providers, I highly recommend that Franklin work to show providers that Franklin cares about their mental health and do everything they can to help the physicians avoid burnout. This is also a hot issue right now, and there are many great resources for physicians for addressing burnout. Addressing this might also improve provider satisfaction with their job and improve retention rates of providers. I would also suggest that Franklin provide or encourage trainings on mental health screens, working with behaviorists, psychopharmacology, and current topics in mental health and primary care integration. In general, I would recommend to that all primary care physicians receive a lot more training in psychiatry and the interconnectedness of mental health and medical issues. Lastly, I recommend that providers be made more aware of community mental and behavioral health resources, Franklin's own substance abuse team, nutrition services, improve the ease of Altapoint referrals, and continue to increase their behavioral health capacity.

Conclusion

Mental health issues are Important and prevalent in primary care at Franklin. Screenings proved to be a valuable way to uncover more mental health issues that the patients themselves would not have otherwise brought up. Patients at Franklin have a variety of mental health issues that are likely complicating their physical health issues and preventing them from achieving their health goals. Furthermore, more training or education would be useful to some providers on mental health issues and medications. Providers also need to know that Franklin cares about their mental health. Overall, y addressing mental health needs, patients' overall health needs would be improved, leading to decreased costs and better outcomes, with the end goal that patients would be leading healthier, happier lives.

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Appendix 1: Patient Survey Results Graphs

Figure 1

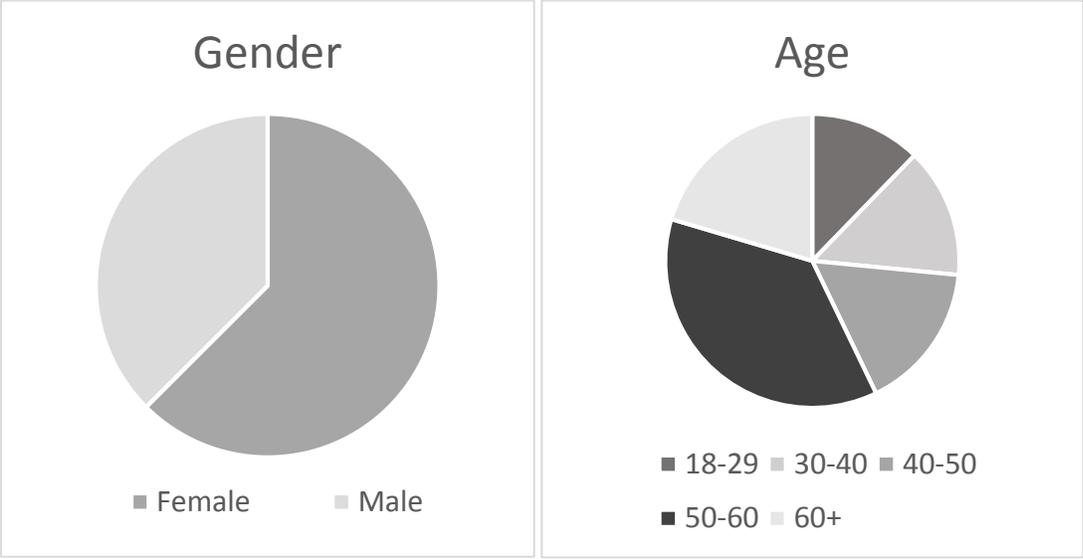
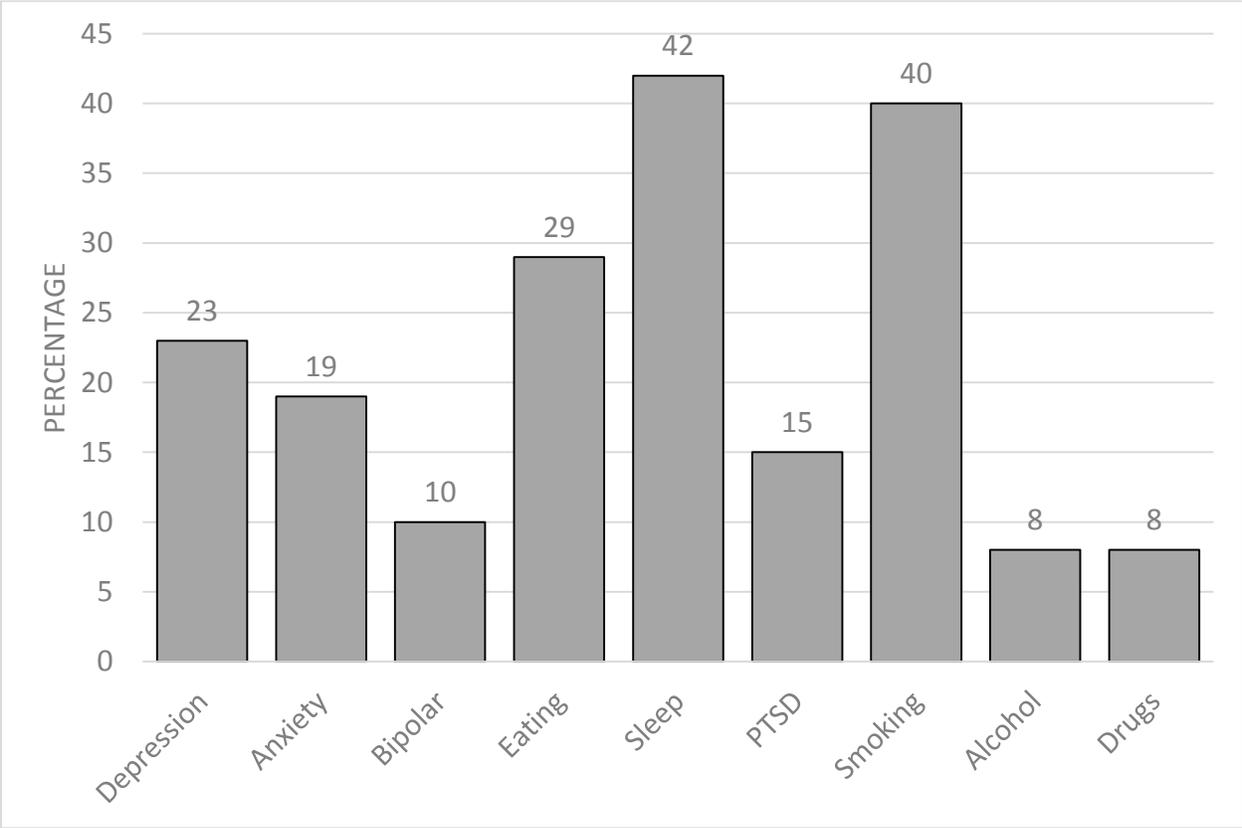


Figure 2



Appendix 2: Franklin Primary Health Center Mental Health Questionnaire

We are doing a general survey of mental health concerns at Franklin to learn how to better meet your needs. Your mental health is very important to us. Your provider will view your answers to talk to you about any health needs. For study purposes, all your information will remain anonymous.

Do you feel like you have any mental health concerns today?

Yes No If yes, what:

Do you have a history or diagnosis of a mental health issue?

Yes No If yes, please explain:

Age? _____ **Gender?** F M

During the past 2 weeks, how often have you been bothered by:

Having little interest or pleasure in doing things?

Not at all Several days More than half the days Nearly Every Day

Feeling down, depressed, or hopeless?

Not at all Several days More than half the days Nearly Every Day

Thoughts that you would be better off dead, or of hurting yourself?

Not at all Several days More than half the days Nearly Every Day

During the past 2 weeks:

How often have you been bothered by feeling nervous, anxious, or on edge?

Not at all Several days More than half the days Nearly Every Day

How often have you been bothered by not being able to stop or control worrying?

Not at all Several days More than half the days Nearly Every Day

In the last 4 weeks, have you had an anxiety attack – suddenly feeling fear or panic?

Yes No

Has there ever been a period of time when you were not your usual self and ...

You felt so good or full of energy that other people thought you were not your normal self or it got you into trouble (unable to sleep, over-spending, gambling)?

Yes No

You were so irritable that you shouted at people or started fights or arguments?

Yes No

Do you often:

Feel that you can't control what or how much you eat?

Yes No

Eat within 2 hours what most people would think of as an unusually large amount of food?

Yes No

Over the past 4 weeks, have you had a problem with sleep much more than occasionally (including trouble falling asleep, waking frequently, or sleeping too much)?

Yes No

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the past month, you:

Have had nightmares about it or thought about it when you did not want to?

Yes No

Tried hard not to think about it / went out of your way to avoid things that reminded you of it?

Yes No

Were constantly on guard, watchful, or easily startled?

Yes No

Felt numb or detached from others, activities, or your surroundings?

Yes No

In the past year:

Have you smoked or used tobacco?

Yes No

Have you had 4 (women)/ 5 (males) or more drinks in a day?

Yes No

Have you used an illegal drug or used a prescription drug for a non-medical reason?

Yes No

Do you feel safe at home?

Yes No

Do you have a good social support system (friends, family, church, groups, etc.)?

Yes No

If you checked off any of the problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult At All Somewhat Difficult Very Difficult Extremely Difficult

On a scale of 1 to 5, please answer how true the following statements are for you, with 1 being not true at all and 5 being completely true. As a reminder, this survey is entirely confidential.

I am comfortable talking to patients about mental health concerns	1	2	3	4	5
My patients often have mental health concerns	1	2	3	4	5
I feel that I am addressing all of my patient's mental health needs	1	2	3	4	5
My patients' mental health needs are too time consuming for me to address	1	2	3	4	5
I frequently run behind/late due to patients' mental health needs	1	2	3	4	5
It is easy to refer patients to Altapoint for mental health concerns	1	2	3	4	5
Patients' mental health needs affect their physical health concerns	1	2	3	4	5
I have had sufficient training in psychiatry concerns	1	2	3	4	5
I enjoy addressing patients' mental health needs	1	2	3	4	5
I know when to refer to a counselor and/or psychiatrist	1	2	3	4	5
I wish I knew more about prescribing psychotropic medications	1	2	3	4	5
I am adequately managing depression in my patients	1	2	3	4	5
I feel it is important to address patients' mental health concerns	1	2	3	4	5
Patients would benefit from regular mental health screens	1	2	3	4	5
Patients should be able to overcome most of these problems on their own	1	2	3	4	5
It is important that mental health be integrated with physical health	1	2	3	4	5
I am comfortable continuing psychotropic medications started by another provider	1	2	3	4	5
I often refer patients to Franklin's substance abuse center	1	2	3	4	5
Psychotherapy is a key component to mental health recovery	1	2	3	4	5
It is important to properly evaluate patients to ensure a correct diagnosis	1	2	3	4	5
I often counsel patients on ways to cut down on smoking and set specific goals	1	2	3	4	5
It would be helpful to have a behaviorist as part of my health team	1	2	3	4	5
I am more liberal in prescribing psychotropic medications because I know my patients do not have access to psychotherapy or a psychiatrist	1	2	3	4	5
I know what to do if a patient tells me they are suicidal	1	2	3	4	5
If patients' mental health needs were addressed, their physical health would improve	1	2	3	4	5
I am interested in learning more about managing mental health concerns	1	2	3	4	5
I frequently feel burnt out at work	1	2	3	4	5
Franklin cares about my mental health and overall well-being	1	2	3	4	5

Comments: