Survey of Mental Health Needs in Primary Care at Franklin

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Introduction

- Overview
  - Background, Methods, Results, Discussion, Recommendations
- Personal interest in primary care & psychiatry / mental health
- Louisiana Public Health Initiative at Franklin
  - Primary Care Capacity Project
  - Collaborative to Improve Behavioral Healthcare Access
- Needs assessment of mental health
- Provider’s views on mental health
- How mental health & primary care might look at Franklin

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Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Anonymous
Background

- SBIRT = Screening, Brief Intervention, & Referral to Treatment
- Number of adult patients with a mental health diagnosis
  - Any diagnosis $4665/30,735 = 15\%$
  - Anxiety or depression = 2380 (both anxiety and depression = 363)
- Mental Health Statistics
  - 50% of mental health care provided in primary care
  - 67-80% of psychotropic medications prescribed by primary care
  - Decreased life expectancy for people with mental illness
- Why is mental health not addressed?
  - Lack of funds (& insurance), lack of mental health providers, lack of time
  - Stigma, limited access
- Addressing mental health improves physical health
  - diabetes, heart failure, behavior change
Methodology

- **Patient Survey**
  - Questions for depression, anxiety, bipolar, eating disorders, sleep, PTSD, substance abuse, safety, & social support
  - Given to 2nd Floor Adult Medicine patients
  - Wednesday 7/17 – Friday 7/26
  - Completed by patient while waiting for the provider

- **Provider Survey**
  - Questions about thoughts about mental health: their comfort, time spent with patients, importance, integration with primary care, medications, & provider’s own mental health
  - Mailed to all providers at Franklin, returned via mail to me
Patient Survey Results

48/57 completed

Gender

- Female
- Male

Age

18-29: 23
30-40: 19
40-50: 10
50-60: 29
60+: 42

PERCENTAGE

17% stated they had a mental health concern today

23% issues have made it somewhat difficult” or “extremely difficult”
Provider Survey Results

- Comfortable with mental health issues
- Importance of integration, screenings
- Mixed feelings about behaviorists, psychotherapy, Altapoint referrals
- Don’t all feel like they have had adequate training, wish they had more training in psychiatric medicines
- Substance abuse referrals underused
- Providers tend to feel burnt out
Discussion

• Prevalent mental health issues
  • Most common: sleep, anxiety, depression, PTSD
  • Frequently take time to discuss these concerns

• Questions Raised:
  • How many patients at Franklin are underdiagnosed/undertreated?
  • How adequately are patients’ mental issues being treated

• Further Research:
  • Longer and more extensive study
  • Opportunities for mental health trainings for PCPs
  • Pilot study of integration of a behaviorist to a team

• Possible tangible results of findings
  • Providers made aware of mental health needs of patients
  • Some patients’ issues were addressed that day
Recommendations

• Make sure to ask patients about these issues
• Screenings could be done on paper or by MA/RN
  • Positive findings could be followed up with by provider or behaviorist
• Improving mental health will likely improve physical health
  • Improve diabetes and hypertension
  • Decrease rates of smoking
  • Improve sleep and therefore improve heart health
  • Better quality of life, less pain, more functionality
• Provide support for provider’s own mental health
• Follow Ryan White HIV Model
• Make providers aware of community resources, substance abuse, Altapoint
Conclusion

- Important and prevalent issues!
- Screenings are useful
- Provider support needed
- Improve health
- Lower costs
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