Behavioral Health Integration in Primary Care: Our Experience at the UGA Health Center

Presented by:
Finbar Woitalla, DO
Disclosures

• No financial disclosures
Learning Objectives

• Understand:
  • Trends in US population and US college mental health
  • Collaborative Care
  • Zero Suicide Initiative
  • UGA workflow and statistics
US Mental Health Trends

You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.

1 in 5 U.S. adults experience mental illness

1 in 25 U.S. adults experience serious mental illness

17% of youth (6-17 years) experience a mental health disorder

12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)

- 1% Schizophrenia
- 4% Dual Diagnosis
- 1% Borderline Personality Disorder
- 3% Bipolar Disorder
- 19% Anxiety Disorders
- 7% Depression
- 1% Obsessive Compulsive Disorder
- 4% Post-traumatic Stress Disorder

12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)

- 19% of all adults
- 15% of Asian adults
- 16% of black adults
- 17% of Hispanic or Latinx adults
- 20% of white adults
- 27% of adults who report mixed/multiracial
- 37% of lesbian, gay and bisexual adults

WAYS TO REACH OUT AND GET HELP

- Talk with a health care professional
- Call the NAMI HelpLine at 800-950-NAMI (6264)
- Connect with friends and family
- Join a support group

Data from CDC, NIMH and other select sources. Find citations for this resource at nami.org/mhstats
US Mental Health Trends

Consequences

10.2m
Approximately 10.2 million adults have co-occurring mental health and addiction disorders.¹

26%
Approximately 26% of homeless adults staying in shelters live with serious mental illness.¹

24%
Approximately 24% of state prisoners have "a recent history of a mental health condition".²

Impact

1st
Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.³

-$193b
Serious mental illness costs America $193.2 billion in lost earning every year.³

90%
90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.³

Treatment in America

60%
Nearly 60% of adults with a mental illness didn’t receive mental health services in the previous year.¹

50%
Nearly 50% of youth aged 8-15 didn’t receive mental health services in the previous year.¹

African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.¹
Trends in College Mental Health

- Mental Health concerns among college students including depression, anxiety, and suicidality have more than doubled in 10 years
- Reported Moderate to severe depression
  - 2007: 23.2%
  - 2018: 41.1%
- Reported moderate to severe anxiety
  - 2013: 17.9%
  - 2018: 34.4%
- Reported suicide attempts
  - 2013: 0.7%
  - 2018: 1.8%


- NCHA (610K) single item and Healthy Minds (177k)multi-item PHQ etc measures
Trends in College Mental Health

- From 2009-2015, counseling center use increased by 30-40% whereas enrollment only increased by 5%
- Percentage of students who have received prior counseling (56%) increased for the fourth year in a row
- 39.6% of students presenting admit to suicidal ideation within the past 2 weeks

- 2019 Center for Collegiate Mental Health Annual Report (163 colleges, 2017,818 unique encounters 1,580,951 visits)
UGA Undergraduates (2016)

- 68.5% Very sad
- 51.8% Hopeless
- 11.7% Seriously considered suicide
- 84.7% Exhausted
- 1.5% Actually attempted suicide
- 87.2% Overwhelmed
- 35.6% Overwhelming anger
- 68.5% Very lonely
- 60.8% Overwhelming anxiety
## UGA Undergraduates

*Factors cited as having an impact on academic performance*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>31%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>22.2%</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>19.8%</td>
</tr>
<tr>
<td>Cold/Flu/Sore Throat</td>
<td>15.6%</td>
</tr>
<tr>
<td>Depression</td>
<td>15.1%</td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td>15.1%</td>
</tr>
<tr>
<td>Internet use/Games</td>
<td>13.2%</td>
</tr>
<tr>
<td>Relationship difficulties</td>
<td>10.2%</td>
</tr>
</tbody>
</table>
UGA Graduate Students (2016)

- 33.1% overwhelming anger
- 48.6% overwhelming anxiety
- 85.2% exhausted
- 64.8% Very Sad
- 33.1% so depressed difficult to function
- 44.4% hopeless
- 57.7% very lonely
- 4.9% seriously considered suicide
- 0% attempted suicide
- 88% overwhelmed
- 0% attempted suicide
Factors cited as having an impact on academic performance

- Stress: 18.9%
- Sleep difficulties: 13.3%
- Anxiety: 12.6%
- Internet use/games: 8.5%
- Cold/Flu/Sore throat: 8.4%
- Depression: 8.4%
- Work: 6.3%
- Concern for friend/family: 6.3%
Leading Causes of Death in US 2017
ZERO Suicide in Health and Behavioral Health Care
Zero Suicide Initiative

• Began 2012 as part of National Strategy for Suicide Prevention
• Supported by
  • National Action Alliance for Suicide Prevention (Action Alliance)
  • Education Development Center's Suicide Prevention Resource Center (SPRC)
  • Substance Abuse and Mental Health Services Administration (SAMHSA).
Zero Suicide Approach

• People who die by suicide are touching the health care system:
  • 83% of those who die by suicide have seen a health care provider in the year before their death (Ahmedani et al., 2014)
  • Only 29% of those who died in the past year were seen in outpatient behavioral health (Luoma et al., 2002)
Zero Suicide Approach

- The Zero Suicide framework is defined by a system wide, organizational commitment to safer suicide care in health and behavioral health care systems.
- It is a culture shift away from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement.
Collaborative Care
Why Collaborative Care?

- Mental Health conditions are significantly undertreated
  - Estimated shortage of 250,000 mental health professionals by 2025
- Treatment that does occur is often disjointed
- Collaborative Care places Mental Health Providers in Primary Care Clinics to meet patients where they are
  - Less stigma
  - Better continuity
What is Collaborative Care?

The Patient seeks help, discloses symptoms, participates and engages in treatment, and tracks symptoms.

The PCP identifies patients, introduces Collaborative Care, makes an initial diagnosis, and initiates treatment (prescribes medication, referral to psychotherapy, or both).

The Behavioral Health Care Manager engages patients, tracks patients in a registry and provides care management, brief crisis management, measurement-based treatment to target, and optional evidence-based therapy.

The Psychiatric Consultant provides caseload consultation (reviews patient registry), supports team assessment and treatment, and delivers optional direct evaluation (in person or televideo).

University of Washington (2015)
What is a BHCM?

• BHCM (Behavioral Health Care Manager)
  • mental health specialist located in a primary care clinic

• Typically a Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), or Doctor of Psychology (PsyD or PhD)
Key Components of a BHCM

1. Screening/patient engagement

2. Patient education/ self-management support

3. Support medication treatment prescribed in primary care
   - Monitor adherence, side effects, outcomes, follow-up
   - Outcome measures (i.e. PHQ-9)
   - Tracking (i.e. registry)

4. Brief Counseling (i.e. Behavioral Activation, Solution Focused-Brief Therapy, CBT)

5. Crisis Management

6. Psychiatric Consultation

7. Stepped Care
   - Increase intensity, as needed
   - Facilitate referrals
What is a Psychiatric Consultant?

• Psychiatrist who provides:
  • Scheduled staffing reviews with Care Manager
  • Ad hoc consultations to Care Manager
  • Ad hoc consultations to PCP directly or via Care Manager

• Providing case reviews and ad hoc consultations allows the psychiatrist to assist exponentially more patients compared to the traditional model
Universal Screening

• All students are asked PHQ-2+ at every visit

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**Patient Health Questionnaire - 9 (PHQ-9) Depression Screening**

- Patient declines depression screening

Questions are to be asked in the context of the last two weeks. Suggested framing is:
"In the last 2 weeks how often have you been bothered by the following problems?"

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) Little interest or pleasure in doing things...</td>
<td>Not at all</td>
</tr>
<tr>
<td>2.) Feeling down, depressed, or hopeless...</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

**PHQ-2 Subtotals:**

- Total score is less than 3 --> Negative Screen

The PHQ2 Screen is negative, please ask question #9 below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.) Thoughts that you would be better off dead or of hurting yourself in some way...</td>
<td>Not at all</td>
</tr>
</tbody>
</table>
### Universal Screening

- Score of 3 or greater on PHQ-2 is a positive screen prompting full PHQ-9

**Patient Health Questionnaire - 9 (PHQ-9) Depression Screening**

Questions are to be asked in the context of the last two weeks. Suggested framing is:
"In the last 2 weeks how often have you been bothered by the following problems?"

<table>
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<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things...</td>
<td>Not at all 0</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless...</td>
<td>Several Days 1</td>
</tr>
<tr>
<td>3. Feeling bad about yourself -- or that you are a failure or</td>
<td>More than</td>
</tr>
<tr>
<td>have let yourself or your family down...</td>
<td>half the days 2</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy...</td>
<td>Nearly every</td>
</tr>
<tr>
<td>5. Poor appetite or overeating...</td>
<td>day 3</td>
</tr>
<tr>
<td>6. Trouble concentrating on things, such as reading the</td>
<td>Not at all 0</td>
</tr>
<tr>
<td>newspaper or watching television...</td>
<td>Several Days 1</td>
</tr>
<tr>
<td>7. Moving or speaking so slowly that other people could have</td>
<td>More than</td>
</tr>
<tr>
<td>noticed? Or the opposite: being so fidgety or restless that</td>
<td>half the days 2</td>
</tr>
<tr>
<td>you have been moving around a lot more than usual.</td>
<td>Nearly every</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting</td>
<td>day 3</td>
</tr>
<tr>
<td>yourself in some way...</td>
<td></td>
</tr>
</tbody>
</table>

**PHQ-2 Subtotals:**

| Total score is less than 3 --> Negative Screen                   |
| Total score is 3 or more --> Positive Screen                    |

The PHQ-2 screen is positive, please proceed to the full PHQ9. The questions appear below.
UGA Universal Depression Screen

This report counts the number of individuals and number of reports who screen less than three (negative) or three or more (positive) on initial intake.

Visit Start Date: 1/1/2019
Visit End Date (Inclusive): 11/27/2019

PERCENTAGES OF POSITIVE SCREENS BY MONTH 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>5.8</td>
</tr>
<tr>
<td>February</td>
<td>7.5</td>
</tr>
<tr>
<td>March</td>
<td>8.7</td>
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<tr>
<td>April</td>
<td>6.1</td>
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<tr>
<td>May</td>
<td>6.3</td>
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<tr>
<td>June</td>
<td>6.3</td>
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<tr>
<td>July</td>
<td>6.4</td>
</tr>
<tr>
<td>August</td>
<td>5.4</td>
</tr>
<tr>
<td>September</td>
<td>6.2</td>
</tr>
<tr>
<td>October</td>
<td>6.9</td>
</tr>
<tr>
<td>November</td>
<td>7.5</td>
</tr>
<tr>
<td>December</td>
<td></td>
</tr>
</tbody>
</table>
• 447 individuals were seen face to face thus far utilizing 1175 visits or ~2.6 visits per patient
Summary

- Mental health needs are high and climbing
- Mental health providers are relatively scarce
- Integrated Care meets the patient where they are and provides a sound answer
Competency Questions

1. What was the second leading cause of death in the US for people aged 10-24 in 2017?
   a) cardiovascular Disease
   b) accidental Injury
   c) suicide
   d) cancer

2. In the past 10 years, reported anxiety, depression, and suicidality among US college students have _______
   a) tripled
   b) decreased by half
   c) remained steady
   d) doubled