New Opportunities for Psychologists in Health Care
Solving the Problems of Access and Stigma for Mental Health Services

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President, American Psychological Association
INTEGRATION OF MENTAL HEALTH IN PRIMARY CARE BECAUSE OF:

*the burden of mental, neurological, and substance use (MNS) disorders globally;

*the lack of specialists to meet treatment needs, and

*the fact that the majority of people seek care for mental and behavioral health problems from primary care clinicians.
While communicable and nutritional disorders decreased,

Mental health disability rose 38%....
The impact of untreated mental health disorders is *substantial* on the course, risk, and outcomes of other health conditions.
COMORBID HEALTH AND MENTAL HEALTH PROBLEMS ARE

Common, and extremely expensive
NO HEALTH WITHOUT MENTAL HEALTH!
INTEGRATED PRIMARY CARE

The only feasible way to address treatment gaps for common mental, behavioral, and substance abuse problems.

--Patel, 2013
PRIMARY CARE

allows us to see patients we wouldn’t otherwise see
“We don’t go to therapists—we just watch them on TV.”
ANNUAL INTERDISCIPLINARY INTEGRATED HEALTHCARE & MEDICAL FAMILY THERAPY INTENSIVE

PRESENTED BY CO-DIRECTORS:

Susan H. McDaniel, PhD, ABPP
Professor of Psychiatry and Family Medicine; Director, Institute for the Family

Pieter Le Roux, D Litt et Phil, LMFT
Professor Emeritus, Family Therapy Training Program Institute for the Family

WHEN:
June 13TH–17TH, 2016

WHERE:
University of Rochester Medical Center

http://www.urmc.rochester.edu/psychiatry/institute-for-the-family/family-therapy/mfti.aspx

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## Burden of Illness

<table>
<thead>
<tr>
<th></th>
<th>Lifetime Prevalence</th>
<th>Primary Care Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>Any MH Disorder</td>
<td>46%</td>
<td>52%</td>
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</tbody>
</table>


Depression and Anxiety are very prevalent in primary care.
## Anxiety in Primary Care

### Prevalence

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>PTSD</td>
<td>8.6%</td>
</tr>
<tr>
<td>GAD</td>
<td>7.6%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>6.8%</td>
</tr>
<tr>
<td>Social Anxiety</td>
<td>6.2%</td>
</tr>
<tr>
<td>Any Anxiety D/O</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

### Type of Treatment and Percentage of Sample

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>Percentage of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meds Only</td>
<td>42%</td>
</tr>
<tr>
<td>Only Counseling</td>
<td>8%</td>
</tr>
<tr>
<td>Both</td>
<td>13%</td>
</tr>
<tr>
<td>No Treatment</td>
<td>41%</td>
</tr>
</tbody>
</table>

Primary Care Behavioral Health IS Primary Care

*a routine part of medical care,

*the first line of access for behavioral health problems;

*we see anyone;

*care is coordinated with other team members so it is comprehensive;

*episodes of care often occur in the context of a longitudinal partnership
Universal

• All patients and families

Provide preventive services and general support – help patients and families help themselves. Provide information and psychoeducation. Screen for indicators of higher risk.
Population Health Interventions for Mild Mental and Physical Health Conditions

- Behavioral health check-up
- Internet-based psychoeducation
- Medical group visits
A Biopsychosocial Population Health Pyramid

Targeted
- Acute distress
- Risk factors present

Universal
- All patients and families

Provide extra support and anticipatory guidance. Monitor ongoing distress and refer if needed.

Provide preventive services and general support – help patients and families help themselves. Provide information and psychoeducation. Screen for indicators of higher risk.

SH McDaniel (2015), Adapted from © 2005, Center for Pediatric Traumatic Stress (CPTS, Anne E. Kazak, Ph.D., ABPP, Director) The Children’s Hospital of Philadelphia
Population Health Interventions for Moderate Mental and Physical Health Conditions

• Health behavior change programs as smoking cessation or lack of exercise.
A Biopsychosocial Population Health Pyramid

Clinical/Treatment
- Persistent and/or escalating distress
- Serious mental illness and/or
- Chronic medical illness

Targeted
- Acute distress
- Risk factors present

Universal
- All patients and families

Screen for indicators of higher risk.

Provide preventive services and general support – help patients and families help themselves. Provide information and psychoeducation.

Provide extra support and anticipatory guidance. Monitor ongoing distress and refer if needed.

Arrange psychosocial and mental health treatment.
Population Health Interventions for Serious Mental and Physical Health Conditions

• Reverse integration: primary care clinicians on-site at mental health facilities
• Specialty integrated care: Cancer Center, Pain Center, etc.
“Task-Shifting”

* each person works at the top of his/her scope of practice
* eg, rather than having a nurse, a paraprofessional care manager screens and identifies patients with problems, provides patient education and outreach regarding response to a new medication
Psychologists

* select the screening tool
* interpret the results
* educate primary care physicians
* supervise care managers
* develop or implement evidence-based
* serve as a bridge to the traditional mental health system for seriously mentally ill patients
* provide behavioral health consultation
* consult on and provide treatment for complex patients
Psychologists

* Support the patient’s relationship with their primary care clinician and team.
* Provide psychoeducation to the patient and family.
* Encourage patient activation and self-management.
* Use motivational interviewing techniques to clarify patient’s motivation.
Psychologists (cont.)

* Negotiate a mutually-agreeable treatment plan.
* Facilitate family support.
* Encourage medication or psychiatric consultation if mental health problems do not improve.
PSYCHOLOGISTS

* Develop the evidence base for behavioral interventions
* Facilitate health behavior change
* Conduct brief psychotherapy
* Deal with behavioral issues common to chronic illnesses
* Facilitate team functioning
EVIDENCE-BASED INTERVENTIONS for PRIMARY CARE

* Family psychoeducation
* CBT
* IMPACT for depression
Psychologists

Innovation & Evaluation
Psychologists

* supervise other mental health professionals
* develop and evaluate innovative programs;
* provide administrative leadership
* provide leadership coaching
* facilitate healthy care team functioning; and
* educate other health professionals about common mental/behavioral health problems.
I want to make sure that people see her role as clinical and developmental – clinical in that she provides lots of direct care and even more indirect care (through clinician support and team support). I can give examples of patients she has seen and even more who she has not seen who have both benefited from her expertise. And there’s a lot of pure team development--coaching our staff (and us!) through managing interpersonal conflicts on the team that impact workplace wellness (and therefore patient care) but mostly wellness in and of itself...

--Michael Mendoza, MD, Medical Director
Integrated Primary Care requires

*a shared mental model
*understanding screening tools, treatment targets & outcomes
*knowledge of each professional’s role & skill set
*regular communication
INTERPROFESSIONAL EDUCATION

* biopsychosocial approach to health
* population health
* healthcare financing
* collaboration amongst healthcare professionals
* patient-centered and family-oriented care
Dr. Grover C. McDaniel
2016 Presidential Initiatives

- Inter-organizational Integrated Primary Care Meeting—April
- Work Group on Interprofessional Education for Integrated Health Care
- Work Group on Innovations in Specialty Health Care
- Cutting Edge Issues on the Science of Interprofessional Teams: Healthcare, Research, and Others