Improving Mental Health Services in Primary Care

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Overview

Background

Methods

Results

Conclusions
Background
Depression

• Affects 1 in 10 adults in the U.S.
• Leading cause of disability
• More prevalent in women
• Frequently unrecognized and untreated
• Often co-occurs with anxiety disorder
• Both treatable, separately and together

Source: Anxiety and Depression Association of America, Centers for Disease Control and Prevention
Anxiety

• Affects 40 million U.S. adults ages 18 and older, or 18.1% of the population

• Costs the U.S. over $42 billion a year; more than half the cost is associated with repeated use of health care services

• 3-5 times more likely to go to the doctor, seeking relief for symptoms that mimic physical illnesses

• Nearly 3/4 of those with an anxiety disorder will have their first episode by age 21.5

Source: Anxiety and Depression Association of America, Centers for Disease Control and Prevention
Barriers to Early Diagnosis, Treatments and Care

- Lack of access to mental health services and specialists
- Lack of public awareness of effective treatments
- Failure to link physical and mental health care
- Stigma

Source: Center for American Progress
What is Complementary and Alternative Medicine (CAM)?
CAM Prevalence

- Distinction between complementary and alternative

- CAM use is prevalent in the U.S. but even more common with those who have depression or anxiety

- Reasons for CAM use: conventional medicine did not work/too expensive/unpleasant side affects, media influence

- Patients often do not disclose their CAM use to their physician

Source: Psychiatric Services, Journal of the National Medical Association
Why Primary Care?

• Primary care is the foundation of the health care system and primary care physicians are often the first point of contact for an individual.

• Over 50% of patients with mental disorders are treated exclusively by their primary care physician.

• Primary care physicians are equipped to recognize and manage common mental health problems and to determine when mental health specialty care or referral is needed.

Source: Journal of the American Academy of Pediatrics
Project Design

- Initial needs assessment for mental health in Penn Family Care (PFC), a primary care practice of the University of Pennsylvania

- PFC is an accredited Patient-Centered Medical Home (PCMH); medical home is a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety

- PFC seeks to improve mental health services as part of the PCMH effort

Source: Patient-Centered Primary Care Collaborative
Project Aims

- To estimate the prevalence of depressive and anxious symptoms among patients in Penn Family Care
- To better understand treatment beliefs, CAM use and communication preferences for mental health
Methods
Phases

- Literature Review
- Construct and pilot survey
- Telephone survey (n=3)
  - Hospital of the University of Pennsylvania
- Clinic survey (n=62)
  - Saint Leonard’s Court
- Clinic survey (n=38)
  - Penn Presbyterian Medical Center
Telephone Survey

- Patient pool: All PFC adult patients with depression in problem list of EPIC electronic medical record

- Of the 45 attempted contacts, 32 were unavailable, and only 3 completed the survey

- Ineffective way to address mental health needs of PFC patients

- Changed inclusion criteria to reach more patients
Inclusion Criteria

- PFC Patient
- English Proficient
- Age 18 or Above
- Agree to Participate
- PHQ-2 Score 3 or Above
- GAD-7 Score 5 or Above
Clinic Survey

- Patient pool: All PFC adult patients with unknown presence of depressive or anxious symptoms

- Screen patients at Saint Leonard’s Court and Mutch Building in waiting room or exam room

- Follow up with full survey if patient screens positive on PHQ-2 and/or GAD-7

- Finish survey via phone call if no time to complete survey during appointment
Screening Instrument #1

**PHQ-2**

During the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
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</tbody>
</table>

**TOTAL PHQ-2 SCORE** = _______ + _______ + _______ + _______
PHQ-2

• First two items of a 9-item depression scale from the Patient Health Questionnaire (PHQ)

• Initial screener rather than final diagnosis

• Inquires about the frequency of depressed mood

• Efficient way to screen large groups of patients in primary care settings

Source: Journal of General Internal Medicine, Pfizer
# Screening Instrument #2

**GAD-7**

During the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>0 Not at all</th>
<th>1 Several days</th>
<th>2 More than half the days</th>
<th>3 Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
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<tr>
<td>Not being able to stop or control worrying</td>
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<tr>
<td>Worrying too much about different things</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Being so restless that it is hard to sit still</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
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<td></td>
<td></td>
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<tr>
<td>Feeling afraid as if something awful might happen</td>
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</tr>
</tbody>
</table>

**TOTAL GAD-7 SCORE** _______ =  

If you checked off any problems, 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?

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>0 Not difficult at all</th>
<th>1 Somewhat difficult</th>
<th>2 Very difficult</th>
<th>3 Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
GAD-7

- 7-item questionnaire for monitoring and measuring symptoms of generalized anxiety disorder (GAD) based on the DSM-IV criteria

- Initial screener rather than final diagnosis

- Scores of 5, 10, and 15 correspond to mild, moderate, and severe anxiety, respectively

- Scores ≥10 have a sensitivity of 89% and a specificity of 82% for generalized anxiety disorder

Source: Journal of General Internal Medicine, Pfizer
Survey

Section 1: Demographics

Section 2: Health Status

Section 3: PHQ-9

Section 4: Treatment Beliefs Scale

Section 5: Complementary and Alternative Medicine

Section 6: Communication and Treatment Preferences
PHQ-9

- 9-item depression module from the full Patient Health Questionnaire (PHQ)
- Reliable and valid measure used to diagnose depression and monitor treatment response based on DSM-IV criteria
- Scores 5, 10, and 20 correspond to mild, moderate, and severe depression, respectively
- Scores $\geq 10$ have a sensitivity of 88% and a specificity of 88% for major depression

Source: Journal of General Internal Medicine, Pfizer
Results
Screening Results (N=100)

- PHQ-2, >=3: 28
- GAD-7, >=5: 40
- PHQ-2 & GAD-7: 22
- GAD-7, >=10: 23

75% Female

Age groups
- 18-24: 10
- 25-34: 29
- 35-44: 22
- 45-54: 14
- 55-64: 12
- 65-74: 12
Survey Results (n=43)

- 43/100 patients screened positive in clinic
- 37/43 patients completed survey
- 2/43 patients started survey but refused to complete
- 3/43 patients were unable to start survey
  - Underage, 18 on September 1st
  - Emotionally unstable, leave of absence
  - Physically unstable, blew back out
- 1/43 patient refused to start survey
Demographics and Health Status

- Age groups
  - 18-24: 0
  - 25-34: 29
  - 35-44: 0
  - 45-54: 14
  - 55-64: 0
  - 65-74: 0

- 49% of patients described health as fair or poor

- Race
  - Black: 85%
  - White: 5%
  - Hispanic: 8%
  - Asian: 0%
  - Biracial: 3%

- 62% single

- 50% completed up to high school
PHQ-9

- Score Below 5
- Score 5-9, Mild depression
- Score 10-19, Moderate depression
- Score 20-27, Severe depression
Treatment Beliefs Scale

- Only 37% of patients strongly or slightly agree that most antidepressants are effective in treating depression

- 79% of patients strongly or slightly agree that faith in God will heal depression

- Only 52% of patients would tell someone that they are depressed

- 95% of patients strongly or slightly agree that patients should take an active role in their treatment
CAM Use for Mental Health

% of Patients

<table>
<thead>
<tr>
<th>Type of CAM</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>11</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>18</td>
</tr>
<tr>
<td>Energy Healing</td>
<td>8</td>
</tr>
<tr>
<td>Expressive Arts Therapy</td>
<td>39</td>
</tr>
<tr>
<td>Herbs</td>
<td>39</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>45</td>
</tr>
<tr>
<td>Home Remedies</td>
<td>47</td>
</tr>
<tr>
<td>Massage</td>
<td>74</td>
</tr>
<tr>
<td>Relaxation Techniques</td>
<td>37</td>
</tr>
<tr>
<td>Special Diet</td>
<td>11</td>
</tr>
<tr>
<td>Tai Chi</td>
<td>50</td>
</tr>
<tr>
<td>Vitamins</td>
<td>32</td>
</tr>
<tr>
<td>Yoga</td>
<td></td>
</tr>
</tbody>
</table>
CAM Use for Mental Health

• One half of patients strongly or slightly agree that using CAM will decrease emotional distress

• Only 1/3 of patients believe that their health care providers are open to CAM use

• 25% of patients report that their health care providers encourage them to use CAM
Communication Preferences

% of Patients

PCP for depression care: 65
Nurse call for depression care: 62
Mental health specialist if referred: 73
Telephone visit: 51
Texting for depression care: 32

Communication Methods
Treatment Preferences

If you were depressed, which of the following providers would you prefer to see for help?

- Primary Care Physician
- Mental Health Professional
- CAM Practitioner
If you were depressed, which of the following types of treatment would you prefer?

- Antidepressant
- Talk Therapy
- CAM
- Nothing
Conclusions
Conclusions

• There is a high prevalence of depressive and anxious symptoms among PFC patients

• Relaxation techniques are the most common CAM therapy used by PFC patients for mental health

• Majority of PFC patients believe that faith in God plays an important role in treatment of depression

• PFC patients generally prefer to see their primary care physician and/or mental health specialist for depression care
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