Primary Care Behavioral Health

Primary Care Behavioral Health (PCBH) is an approach to population-based mental/behavioral health care that is integrated within the primary care clinic. The goal of PCBH is to improve and promote overall health and wellness to the general population as a whole as well as increasing access to care. Behavioral health consultants are mental health providers who have received specialized training in a consultative model of behavioral healthcare and works as a consultant to primary care providers and patients regarding a wide array of behavioral health needs in primary care setting.

Access Community Health Centers

- More than 26,000 people call Access their health care home
- Patients receive a wide array of services in one clinic location (medical, dental, behavioral health, pharmacy, community resources)
- 3 primary care clinic locations in Madison, WI all certified as Patient Centered Medical Homes

Need for Increased Behavioral Health Support in Primary Care

- Research has shown that in the current treatment model (clinics that do not have integrated care and refer patients elsewhere for mental health treatment) less than one-third of referrals are actually completed (Miranda et. al., 1994).
- Primary care physicians prescribe approximately 60% to 70% of the psychotropic medications prescribed in the United States (Pirl et. al., 2001).

Behavioral Health Consultant (BHC)

- What a BHC does:
  - Brief consultations focused on quality of life and daily functioning
  - Increase skills of providers via curbside consults
  - Provide assistance for medication management & adherence
  - Phone-based consultation for patients & assistance with behaviorally related calls to triage/ call center
  - Available for same day “warm handoffs” from primary care colleagues
  - Manage other related services such as care management and consulting psychiatry
  - Expert leadership in areas such as patient-provider communication, crisis management, staff response to challenging patient presentations
Benefits of Integration

- Aims to meet the primary care needs and support PCPs
- De-fragments and De-stigmatizes care
- Allows collaboration in the moment
- Reduces psychological and social barriers
- Promotes cross-education and reciprocal learning
- Supports use of evidence based treatment
- Provides population based care
- Increases access to care

Consulting Psychiatry

- Population based approach which maximizes the skills of the psychiatrist to enhance the skills of the PCP
- Modalities
  - Chart reviews/written recommendations
  - Face to face consultations
  - Verbal recommendations/curbside consults
  - Education (formal and informal)
- Psychiatrist works with BHC to select patients on a weekly basis for face-to-face evaluations
- PCP always retains prescribing role & is cross-trained in primary care psychiatry through this process (as are the BHCs)

Advantages to Psychiatric Consultation in Primary Care

- Access to all the patient’s current medications, medical conditions, laboratory data, and vital signs.
- More accurate medical picture of each patient, including comorbid medical problems that may exacerbate psychiatric conditions.
- Psychotropic medications that can treat active medical conditions and the presenting psychiatric condition can be prioritized while overlapping prescriptions for psychotropic medications can be avoided.

Care Management

- Quarterly reviews of patients in 4 categories (depression, ADHD, pediatrics, consulting psychiatry)
- Registry is populated with over 3,000 patients
- Results in thousands of chart reviews and phone calls annually to engage patients along with cues to the medical team

PCBH in Action at Access

- 1 in 5 medical patients annually sees a BHC
- Over 5,800 BHC visits in 2015
- Over 300 consulting psychiatry chart reviews; 222 face-to-face consults in 2015
- Over 3000 care management chart reviews
- 6.3 FTE Psychologists/Social Workers; .25 FTE Consulting Psychiatrist
- Train 5-10 psychology and social work trainees, & 8 psychiatry residents annually

References and Recommended Resources

Collaborative Family Healthcare Association (www.cfha.net)
Promoting Safety By Infusing Trauma Informed Care And Recovery Principles Into Nursing Practice

Donna Riemer, RN-PMHN
CCT, CCFS, CAM’s-II
carmcr03@yahoo.com

Center For Disease Control

- 25% of U.S. adult population has mental health disorder.
- 50% of us will develop at least 1 mental illness in our lifetime.
- Injury rates are 2-6x higher among people with mental illness than among the population at large.

Donna Allen, MN, RN-BC, NEA-BC & Frieda Hopkins Outlaw, PhD, RN, FAAN

Substance Abuse & Mental Health Services Administration (SAMHSA)

SAMHSA estimated in 2014:
- 20.2 Million adults (over 8%) abused alcohol or drugs
- Of those: 7.9 million had co-occurring MH & SU disorders
- Depression is a health care problem resulting in increased mortality from suicide and impaired ability to handle other health issues.

Diane Allen, MN, RN-BC, NEA-BC & Frieda Hopkins Outlaw, PhD, RN, FAAN
The American Nurse, March/April 2016. The Official Publication Of The American Nurses Association

Workplace Violence

- Almost 75% of all workplace assaults between 2011 and 2013 happened in healthcare settings.
- 100% of ED nurses report verbal assault during past year.
- 82.1% of ED nurses report physical assault during past year.
- 61% of home health care workers report violence annually.

Veronica Hackethal, 2016
www.medscape.com

In The Beginning………
As a novice nurse, these were my instructions:
- "We are in a team meeting reviewing patients, you are not needed."
- "Your role at the team meeting will be to take notes and be quiet."
- “You cannot do that (meet with patient). Your job is to pass the pills.”
- "Nothing I can do, it has to come from the top-down."
- "Just follow the MD orders without questions."

My First Weeks As An RN

Rounds with Charge Nurse and MD:
- 77 y.o. F
- Own decision maker
- Did not want the vaccine
- RN Told to give annual flu vaccine per policy
First You Grieve

I remember thinking:

- What happened to DO NO HARM?
- This is not how it’s suppose to be.
- What happened to the therapeutic Nurse / Client relationship?
- What about the rest of our practice expectations?
- Is this the “real world” they spoke of?

Introspection

I decided that my convictions were more resilient than my reservations and began thinking about my strategies to enhance my skills in areas of:

- Advocacy
- Soft Skills
- Leadership
- Standards of Practice

Visualizing My Practice

I believed that instead of pushing against the current system, I could create a practice that would look different, feel different. A Trauma Sensitive Practice that would create curiosity, be inviting so that others (staff and consumers), would want to join me.

Easier said than done.

Trauma Informed Care (TIC)

My goal was to help shed a light on trauma and violence, and its impact on the human spirit. I hoped that everyone would come to understand that TIC includes everyone. We could all be TIC Champions. Consumers, colleagues, providers. All of us. Together. This would become My MISSION.

The additional certifications in trauma and leadership has helped me to be a better nurse and a better leader.

Intentionality

Intentionality is the ability to live by my mission:

- Personal Mission Statement.
- Self-Care Plan
- Role model
- Persistence and consistent

Eric Gentry, PhD
https://www.youtube.com/watch?v=uOeeKQnWHrE

Trauma Informed Care (TIC)

- Core Values: Safety, Trust, Choice, Collaboration, Empowerment

- Guiding Principles: Understand prevalence and impact of trauma, pursue strengths/choice/autonomy, earn trust, healing happens in relationships, holistic care, shared power, communication with compassion, promote safety, respect human rights.


http://www.sandra.gov/sandra\s\ehlatt\Volume_22_Number_2/trauma_tip/guiding_principles.html
Impact of Trauma

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S.O.F.T. S.K.I.L.L.S.

- **S.O.F.T.**
  - Safety
  - Offer Choice
  - Foster Empowerment in home, health, purpose, community
  - Trustworthiness

- **S.K.I.L.L.S.**
  - Shared Power
  - Kindle Hope
  - Inter-Professional Collaboration
  - Listen To Hear Feelings and Needs
  - Lend Compassion
  - Suspend Judgment

Recovery

- **Core Values:** Home, Health, Purpose, Community

- **Guiding Principles:** Hope, Person Driven, Many Pathways, holistic, peer support, relational, cultural, address trauma, strength/responsibility, respect

Application: **Soft Skills In Action**

- Introspection
- Role Model and Role Play
- Everyone has a voice
- Raise the bar
- No Double Standards
- Preserving Sanctuary

Application: **Soft Skills In Action**

- Define Violence (includes horizontal violence) & trauma as a team
- Change of focus
- Create a partnership
- Facilitate Empowerment
- Consumer in drivers seat of own health and wellness- staff do not have to fix.
- “What happened to you?” vs. “What is wrong with you?”
- Instill hope. Recovery does happen!

Outcomes: Medium Security Forensic Mental Health

Lessons Learned
- Silence = Violence
- Advocate
- Communication
- Role model
- Expectations
- No double standards
- Early Intervention
- Community Meetings
- Hope
- Recovery

Outcomes: Maximum Security Forensic Mental Health

Nurses Call To Action
- Leadership
- Health Care Integration- the whole person
- Challenge the status quo
- Standards of Practice
- Examine P & P
- Intro-professional collaboration
- Live by your mission
- Your work is depleting
- Premium Non Nocere

TIC Includes Self Care
- “Taking care of yourself is the most powerful way to begin to take care of others.” — Bryant McGill

Health Care: Lived Experience How to Make it Recovery Oriented

Maria Hanson, JD, CPS, PRC
Peer Specialist Coordinator
Mendota Mental Health Institute
President, Client Rights Specialist, Inc
What is Recovery

When you or a loved one were in the hospital or clinic, how could you tell if you were (or were not) in a Recovery Responsive Care Setting?

What does recovery responsive look like?
What does recovery responsive feel like?
(verbally and in writing)

What specific examples do you have?

10 Guiding Principles of Recovery
Holistic          Many Pathways
Relational        Peer Support
Culture           Addresses Trauma
Strength and Responsibility
Respect           Hope
Person Driven

Discussion: How do you address each principle of recovery in your daily practice?

Hear what is wrong

Don't assume illness is based on mental illness or medication issue

Ex. Stomach pain is really medication issue

Turns out to be a serious gall bladder issues

Ex. Ear pain is delusional

Turns out to be serious ear infection that leads to permanent damage and life long balance issues. Destroyed her ability to be as athletic as she had been.

Always rule out physical issues. Could lead to death or permanent disability.

Stay Curious

The Archeological Dig
My Son's Story

Get to know your patient – find out details and learn a little of their story. Find out more than just the illness, find out a little about their wholeness. They are more than a symptom. This will often make them feel understood and cared about. It may also be the key to providing treatment and creating recovery.

Illness affects the whole person- not just a part of the person.

One nurse that took the time to discover my strengths and shared that with the Doctor – helped me overcome diabetes.

Recovery and Hope

- The role of the staff is central. It means that we constantly act in ways that communicate the potential every person has for a better life, even when that person cannot believe in themselves.

- Davidson et al, 2005
Recovery-Oriented Practitioners

- We must work to support recovery by cultivating our own personal characteristics that support creativity, flexibility, persistence, empathy and the avoidance of objectifying people.
- Discomfort and anxiety are tools for understanding power and shared responsibility.

Re-thinking the Expert Role

- In order to Teach someone, we must first learn from them. – Gerald Costa
- To intentionally sit with another’s suffering is the greatest gift one will ever receive. – Catherine Maki

Hope

- “Hope, like some basic force of nature. Seems to live stubbornly, if barely perceptibly, inside even the most depressed of us, waiting like some sleeping beauty for the faintest glimmer of light, the slightest sympathetic touch, to awaken it. We should cherish it.”
  - James Gordon, M. D.

The obstacles to recovery are Enormous, but the greatest obstacle is simply that people think one cannot recover.