Reluctant Psychiatry: Pragmatic Responses to a Real-World Dilemma in Colorado Community Health Centers

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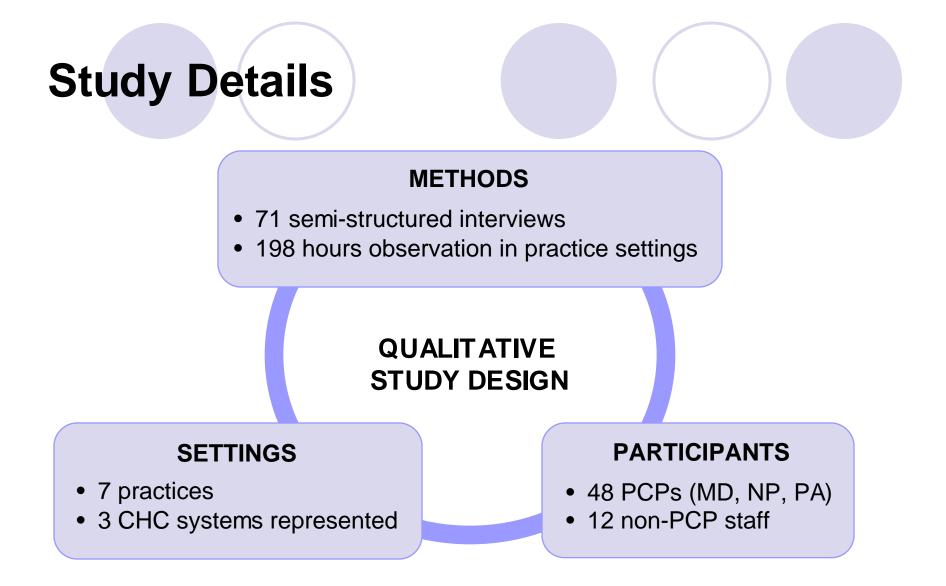
Research Objectives

1. Describe primary care providers' (PCPs) approaches to mental health care in community health centers (CHCs)

2. Identify factors that influence those approaches

Background

- Prevalence of complex health issues in CHC population
- Specialty referral gap
- Evidence of disparities in recognition and treatment of mental disorders



Reluctant Psychiatry

A PCP's approach to mental health care when the patient's needs are exceptionally complex and the PCP is unable to refer the patient for specialty mental health care

In Their Words...

Feelings of ambivalence

But the problem is, those issues so much impact their medical problems that you literally are spinning your wheels...If you don't deal with their psychiatric stuff, you can forget it. So it's really a dilemma. It's a <u>huge</u> dilemma." (P34)





Sense of futility

I'm getting more and more jaded the longer I've been here. You kind of give up a little bit. And so I avoid addressing it because I'm not quite sure if anything I can do in my little visit is going to make a difference...Because the problem is just so overwhelming...(P42)

CHCs feel the "spillover effect" from cuts in public mental health funding

PCPs not trained or resourced for day-to-day practice realities

Need to adapt to situational circumstances results in wide variety of approaches

Current conditions cultivate extremes in practice



CHCs feel the "spillover effect" from cuts in public mental health spending

We have many people being referred in to us from mental health who have been sort of "okayed" by the mental health system, and they are far from that. But because mental health funding is getting cut...they don't have the ability to take care of people that we would still consider almost out of reach. (FG1)



PCPs not trained or resourced for day-to-day practice realities

I...got reasonable training for...straightforward depression and straightforward psychiatric conditions – but got very little training in the management and care of the, you know, bipolar patient or the psychotic patient. And so...we're being forced to practice outside of our scope of our training...But what are you going to do because... these people don't have access to psychiatric care. (P35)



Need to adapt to situational circumstances results in wide variety of approaches

And the problem is, when I have somebody who is hallucinating, I don't have a way of evaluating it because, unless they have insurance there's no psychiatrist to see. Sending them to the psychiatric emergency room is worthless, because all they'll do is...make the decision to admit or not admit and then say, "Go follow up with your PCP."... [then] I say, "I think this is schizophrenia," and I go, "We have...let's try some Risperdal." I mean, I do the best I can, which is basically pretty crappy...and I have several patients who I've started on Lithium, and I have several patients who I've started on anti-psychotics, and, you know, that's just the way it is. (P14)



Current conditions cultivate extremes in practice

Avoidance

Well, and I think with the number of things that we have to deal with in a patient visit...especially the patients with chronic diseases...and if you don't feel like you have a lot of tools at hand to deal with the mental health side of things, that tends to be the last thing you get to...because, you know, why open that can of worms if you don't really know what you can do to solve the problem? (P46)

Findings



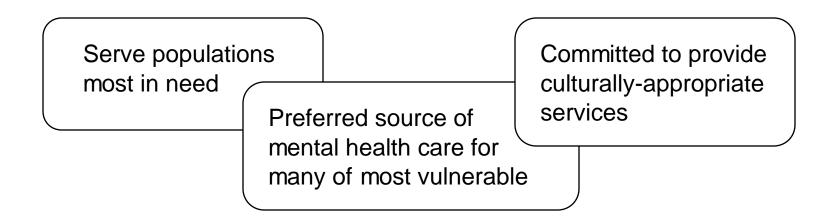
Current conditions cultivate extremes in practice

Practicing out of scope

... And I'm starting people on bipolar meds myself, with no other consultation. I don't feel good about that. And if someone comes in psychotic, then I'm going to start them on an antipsychotic. I'm not going to say, "Sorry, you're crazy but you have no access to psych care, and I can't prescribe anything." You give them what you can give them. But you <u>don't</u> feel good about it. (P 44)

Implications

Need to acknowledge the role of CHCs in delivery of public mental health care



Implications

Relevant medical education:

- Diagnosis
- Medication management

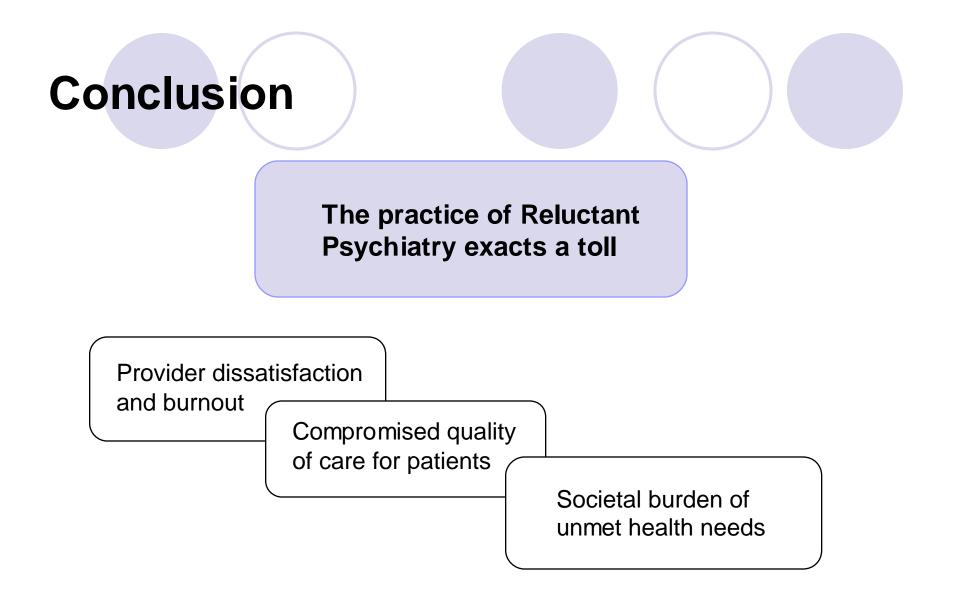
Access to broader range of affordable medications

Need to better equip PCPs to address needs they encounter in CHCs

Evidence-based guidelines (beyond depression care)

Counseling for patients

Psychiatric backup



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