



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

*Carol Darr, Ph.D., John Brett, Ph.D., Debbi Main, Ph.D.
University of Colorado at Denver and Health Sciences Center
Tillman Farley, MD
Salud Family Health Centers*

**Scientific Session 5157.0:
Improving Access to
Mental Health Services
APHA 135th Annual Meeting
7 November 2007**

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***

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



Background

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

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

Study Details

METHODS

- 71 semi-structured interviews
- 198 hours observation in practice settings

QUALITATIVE STUDY DESIGN

SETTINGS

- 7 practices
- 3 CHC systems represented

PARTICIPANTS

- 48 PCPs (MD, NP, PA)
- 12 non-PCP staff

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

Key Findings



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 huge 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)

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

Key Findings

The slide features a decorative header with five circles: a solid purple circle, an outlined purple circle, a solid purple circle, an outlined purple circle, and a solid purple circle. Below the title, there are five light purple rounded rectangular text boxes arranged in a staggered, descending pattern from left to right. Each box contains a key finding.

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

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

Key Findings



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)

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

Key Findings



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)

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

Key Findings



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)

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

Key Findings



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)

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

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 don't feel good about it. (P 44)

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

Implications

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

Serve populations most in need

Preferred source of mental health care for many of most vulnerable

Committed to provide culturally-appropriate services

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

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

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

Conclusion

The practice of Reluctant Psychiatry exacts a toll

Provider dissatisfaction
and burnout

Compromised quality
of care for patients

Societal burden of
unmet health needs

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

Acknowledgements

FUNDING SUPPORT

- Ruth L. Kirschstein National Research Service Award, National Institute of Mental Health (F31 MH070978)
- Health Services Dissertation Research Grant, Agency for Healthcare Research and Quality (R36 HS014153)

PARTICIPATING COLORADO CHCs

- Clinica Campesina Family Health Services
- Denver Health Family Health Centers
- Salud Family Health Centers

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