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# Improving Access to Mental Health Care for Trauma Patients

Kassandra Gibbs

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Family Medicine, Hinesburg

Project Mentors: Jay Gleason and Michelle Cangiano, MD





# **Understanding the Problem**

- Lifetime prevalence of PTSD in US
  - Adults: 6.8%<sup>1</sup>
  - Children ages 13-14: 3.7%; 15-16: 5.1%; 17-18: 7%<sup>2</sup>
- There is an overall shortage of mental healthcare workers in Vermont.<sup>3</sup>
- Hinesburg Family Practice cares for patients from both Chittenden and Addison Counties. In Chittenden county, there are the equivalent of 82.8 full time mental health counselors per 100,000 individuals. In Addison county there are only 43 full time mental health counselors per 1000,000 people.<sup>4</sup>
- In Chittenden and Addison counties, there are the equivalent of 26.7 and 6.2 full time psychiatrists, respectively, per 100,000 people.<sup>5</sup>
- As of 2017, there were 725 mental health counselors in Vermont. In a survey done by the Vermont Department of Mental Health, only 38 providers reported trauma as their specialty and 114 as their secondary specialty (this is out of the 618 providers who responded to the survey).<sup>4</sup>



## **Public Health Cost**

- Traumatic experiences in early life years increase an individual's risk of developing chronic health conditions such as depression, cardiovascular disease and diabetes.<sup>6</sup>
- Individuals with PTSD have a higher utilization of primary care recourses than those without trauma diagnoses.<sup>7</sup>
- In Vermont, given the limited mental health care resources, it is safe to assume the burden of treatment for individuals with PTSD often falls on the primary care physician.



# **Community Perspective**

Jay Gleason, MS, LCMHC, LADC (specializes in trauma):\* Due to the shortage of psychiatrists relative to the need for mental health care in Vermont, it is so important for primary care providers to have all the tools they can in order to help individuals with trauma histories. Primary care physicians don't always know just how much they can aid a trauma survivor in healing. Simply by becoming a safe person by being present and attentive to an individual's discomfort with different aspects of the physical exam can be very healing.

 Mr Gleason receives the majority of his referrals from psychiatrist; very few come from primary care providers [Name Withheld], community member, trauma survivor:\* It is challenging to find providers who specialize in trauma care - I'm not even sure where to look. My PCP is always able to give me a referral to someone, but they are usually full. It would be helpful to have some exercises to perform on my own so I don't feel helpless while I'm waiting to find care.



# **Intervention Goals and Methodology**

- 1. Connect patients with providers in the community who specialize in care for individuals with trauma.
  - A handout with instructions on how to locate a therapist specializing in trauma was created for practitioners to distribute to patients. Keeping in mind individuals who do not have access to the internet, a list of mental health providers specializing in trauma who are located in Chittenden and Addison Counties and accept Medicaid was also included in the handout.
- 2. Educate patients on the symptoms often associated with PTSD and Complex PTSD in an attempt dispel myths and stigma associated with the diagnosis
- A second handout was created using information from the National Institute of Mental Health that provides information on PTSD symptoms and causes.
- Additional information on Complex PTSD using information from the US Department of Veterans Affairs website was also included.
- Included was a list of books and websites for patients seeking more information.
- 3. Provide patients with skills they can preform to help gain control of their symptoms while they are waiting to see a provider
  - A list of mindfulness exercises suggested by the therapist who was interviewed for this project was included in the
    patient handout
  - Included was an exercise called the "Flashback Protocol" developed by Babette Rosthchild in her book *The Body Remembers: The Psychopathology of Trauma and Trauma Treatment.* This exercise provides a step by step process for grounding during an episode of dissociation.



# **Results and Response**

- Two handouts were created and distributed to providers. One focused on education and mindfulness, the second was a resource guide providing patients with the names and phone numbers of trauma therapists in the area
- Verbal feedback collected from providers included
  - "This can be laminated and hung up in the patient rooms for people to read"
  - One provider requested an electronic version of the handouts so he could turn it into a "dot phase" for quicker access during patient visits
  - The physicians I showed the handouts to expressed thanks and were sure they would be able to use the information with their patients.



## **Effectiveness and Limitations**

#### **Suggestions for Evaluation of Effectiveness**

- Collect feedback from providers on whether or not the handout was used, how often, and if patients were receptive to information.
- Patient survey: did the handout make it easier to find a therapist? Were the mindfulness suggestions helpful?

#### Limitations

- 1. There is a large amount of information about trauma in the media and it is challenging to inform a patient everything he/she/they need to know in a way that is not overwhelming. A packet of information may be more effective at answering common questions about trauma.
- 2. To be most effective, the list of therapists would need to be constantly updated when providers are taking new patients. It can be frustrating and discouraging for patients to call multiple therapists only to find they are not taking new clients.



# **Recommendations for Future Projects**

- Design a presentation to educate providers on the signs of complex-PTSD to help identify more individuals in need of trauma focused mental health care.
- Create a database of psychiatrists within EPIC that lists who are currently accepting patients.

  Design a feature that would allow this to automatically be updated by a status designation that each psychiatrist can independently change for when no longer accepting new patients.
- Continue to update the patient list of available mental health counselors, as this changes frequently.
- Have Trauma Releasing Exercises (TRE) workshops in Hinesburg to improve access to specialized care. Only available classes are currently in Burlington. \*TRE is a specialized form of therapy for trauma patients that can only be taught by certified practitioners.

### References

- 1. Kessler, R.C., Berglund, P., Delmer, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(*6*): 593-602. doi: 10.1001/archpsyc.62.6.593
- 2. Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... Swendsen, J. (2010). Lifetime Prevalence Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry, 49*(10), 980-989. doi: 101.1016/j.jaac.2010.05.017
- 3. National Alliance on Mental Illness. (2009). *Grading the States*. Retrieved from: https://www.nami.org/grade
- 4. Vermont Department of Mental Health. (2017). *2017 Mental Health Counselors in Brief.* Retrieved from: http://www.healthvermont.gov/sites/default/files/documents/pdf/HS\_MHC-2017.pdf
- 5. Vermont Department of Mental Health. (2017). 2016 Psychiatrists Report. Retrieved from: http://www.healthvermont.gov/sites/default/files/documents/pdf/psychiatrist16.pdf
- 6. Centers for Disease Control. (2014). *About Behavioral Risk Factor Surveillance System ACE Data.* Retrieved from: https://www.cdc.gov/violenceprevention/acestudy/ace\_brfss.html
- 7. Deykin, E. Y., Keane, T. M., Kaloupek, D., Fincke, G., Rothendler, J., Siegfried, M., & Creamer, K. (2001). Posttraumatic stress disorder and the use of health services. *Psychosomatic Medicine*, *63(5)*, 835–841. PMID: 11573033

