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Coping Skills for Daily Life

Cost-Effective Strategies to Prevent and Address Mental Health Disorders

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UVMMC Hinesburg Family Medicine

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Rotation #6: December 2019 – January 2020

Problem Identification

2A

- ◆ In 2010, mental health disorders comprised “10.4% of global burden disease” and were the most common cause of “years lived with disability.”⁸
- ◆ Anxiety and depression are among the most common mental health disorders in Vermont, along with substance use. The prevalence of anxiety and depression were found to be:^{1,10}
 - ◆ Anxiety, alone: 5%
 - ◆ Depression, alone: 11%
 - ◆ Anxiety + Depression: 10%
- ◆ Despite this, only 58% of Vermont adults who have a psychiatric condition are being treated for it.⁹
 - ◆ For depression, only 69.36% have received acute-phase antidepressant treatment, and 52.22% have access to continuation phase treatment.⁹
- ◆ Of Vermonters who receive emergency psychiatric services, only 62% receive non-emergency care “within 7 days” of discharge. Only 63.8% followed up within 30 days after psychiatric hospitalization.⁹

Problem Identification

2B

- ◇ Mental health care access and utilization has been suboptimal from a public health standpoint.⁸ Some barriers to care include:
 - ◇ Primary care visits are constrained by an assigned amount of time for problems.
 - ◇ Patients presenting for mental health concerns often have complex diagnoses and treatment needs. Because of this, these visits can frequently extend beyond their assigned time or be truncated before addressing all the patient's psychiatric or social needs. Patients also often need to be referred to a case manager.
 - ◇ Per a 2010 study, 20% of all primary care visits in the US were for mental health concerns.³ These patients were at risk of inadequate treatment.
 - ◇ Vermont has a burgeoning need for psychiatrists and psychiatric hospital beds for higher acuity needs.^{4,11}
 - ◇ A psychiatric referral can take months to process
 - ◇ Patients can be discharged from the emergency department (ED) without comprehensive evaluation and treatment. Patients can otherwise wait at least a week in the ED before receiving inpatient admission.^{4,11}
- ◇ Hinesburg clinic faces many of these prevalent issues within their community practice.

Cost to Public Health

- ◆ In 2016, The global completed suicide rate was 10.6 per 100,000. In the Americas, it was 9.8 per 100,000.¹² For Vermonters, suicide rates and “emergency department visits for self-harm” increased to 18.3 deaths and 201.3 visits “per 100,000 Vermonters,” respectively.⁹
- ◆ In addition to causing strife and loss to families and patients, mental health disorders contribute to a global cost of \$2.5 trillion per year.⁸
 - ◆ Most recent estimates demonstrate that the US spends \$201 billion of its \$3.5 trillion healthcare expenditure per year on mental disorders, alone.^{2,7}
 - ◆ Though Vermont spends a relatively lower annual, total amount of \$182.60 million, it annually spends a significantly higher amount per person than other states, except Maine and District of Columbia, of \$291.70.^{5,6}
- ◆ Mental health disorders are projected to cause a global loss of economic productivity of “\$16.3 trillion, between 2011 and 2030.”⁸
- ◆ According to a review, there have been few policy efforts, globally, to improve prevention, even though “specific prevention is [already] almost completely lacking” in specific populations. There have also been few efforts to improve “diagnosis and management.”⁸

Community Perspective

4A

- ◇ “The anxiety among students at our school has been enormous... I think it’s mostly because they are focused on their phones and social media... They are so worried about their own self-image on social media that they will take down their posts if they do not receive at least three hundred ‘Likes’.” - Anonymous: Teacher at regional high school
- ◇ “Many of my classmates also have anxiety and trouble controlling emotions. We are trying to get help... I think most of us don’t know what to do about it... Social media is a big part of it.”
- Anonymous: Student at regional high school
- ◇ “It would be great to have a template to either screen psychiatry patients or provide them with information... Diagnosing and managing patients with psychiatric conditions can be like walking through mud.”
- Anonymous, MD (UVMHC Hinesburg Family Medicine)

Community Perspective

4B

- ◇ “Anxiety and panic disorder are worsening among children and adolescents... Unfortunately, many lack coping skills to handle these challenges... It isn’t depression you need to worry about, it’s panic disorder that will push children and teens over the edge.”
- Anonymous, MD (UVMHC Psychiatry)
- ◇ “At the shelf, we see a lot of families coming in during the winter for emergency supplies and access to utilities... This need is a big problem for stress that families endure, and definitely worsens anxiety problems... It would be great if patients could be referred to us by the social worker at the clinic.” - Anonymous, regional food shelf employee
- ◇ “So many patients that are referred to us (from Hinesburg) for psychiatric concerns don’t show up... It would be great for patients to receive more information about coping skills at the clinic, such as a pamphlet.” - Anonymous, CHT Social Worker (UVMHC)

Intervention and Methodology

- ◇ It appears that patients often leave the primary care setting confused or have difficulty following up without more information.
- ◇ Many coping strategies exist that are little-to-no-cost, easy-to-implement, and have been shown to effectively and reproducibly prevent and reduce symptoms of anxiety and depression.
- ◇ Since these coping skills are often underutilized and misunderstood, the goal of this project was to create a pamphlet that would provide information about various evidence-based coping strategies to at-risk patients. The methods outlined in the pamphlet are culminated from various studies published in relevant scientific and medical journals.
- ◇ Additionally, the pamphlet includes information for patients about seeking treatment or referral to social services, physical therapy, or psychiatry from their primary care provider in more debilitating circumstances.
- ◇ This pamphlet is meant to be on display in the primary care office and can be given to patients directly by clinicians, if applicable. This could help with time constraints during office visits for patients presenting with mental health concerns.

Results/Response

- ❖ Pamphlets were distributed to patients and clinicians/mentors at the UVMHC Hinesburg Family Medicine Clinic.
 - ❖ They will be stored at the offices and offered to at risk patients at clinic visits.
- ❖ The pamphlet was also electronically provided to providers to create an easy-to-print template on EPIC or be easily shared among colleagues.



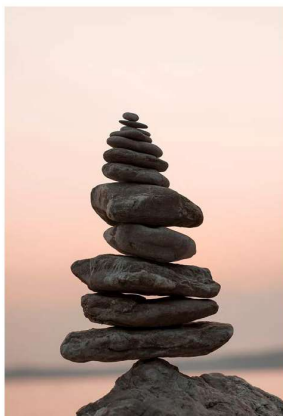
Written and designed by Shae Rowlandson, UVM Larner College of Medicine Class of 2021

To learn more information and other ways to help yourself or a loved one, please visit the following sites:

- ❖ <https://www.cdc.gov/mentalhealth/>
- ❖ <https://mentalhealth.vermont.gov/>
- ❖ UVMHealth.org

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17. Photo credits: Firemanay.com (meditation word clouds), Psychological Center of Excellence (yoga), and Piquelis.com (stack of rocks)



Coping Skills for Daily Life

Evidence-based Methods to Empower Yourself Over Stress



January 2020



Have you or a loved one been struggling with negative thoughts or emotions?

If so, you are not alone. Unfortunately, it is not uncommon to fixate on these thoughts and emotions and not know how to respond.

This is problematic as it can lead to the development or worsening of anxiety, depression, substance use, or other health conditions. It can even impact your social and work life.¹

Challenges facing Vermonters

Many Vermonters face mental health challenges.

Recent studies (2010, 2016, 2017) of Vermont children, adolescents, and adults found significant numbers of individuals reporting a struggle with^{2,3,13,14}

- ❖ Anxiety
- ❖ Depression
- ❖ Feeling sad or hopeless
- ❖ Substance Use

Some coping skills options

Taking time for yourself (e.g. take a break from work, studying, social media)

From focusing on school, work, family and friends, life at home, or various responsibilities, many people have difficulty finding time for themselves.

While technology makes some things easier, it can add stress and impact our ability to deal with feelings, depression, anxiety, and self-esteem in multiple studies.⁵

Compulsive smartphone, computer, and internet use has been associated with worsening depression, anxiety, and self-esteem in multiple studies.⁵

If you are feeling like you are dependent on electronics, evidence suggests to:

- ❖ Organize, limit, and keep track of your internet/electronic activity
- ❖ Identify and address your triggers for use

Physical activity

In addition to preventing and treating health conditions, you may be able to prevent and treat symptoms of anxiety or depression with physical exercise. Multiple studies indicate it takes 30 minutes a day for at least three weeks to make a difference.⁶

Healthy eating

Studies show that eating a healthy diet that includes vegetables and fish decreases the odds of developing depression.⁸ Your whole body will appreciate this too!

Good sleep quality and duration

Sleep plays a critical part in mood and health. Decreased sleep quality and duration are associated with anxiety, depression, and mood disorders from childhood throughout adulthood.^{7,12}

Aim to sleep eight "quality" hours a day by:

- ❖ Making your room dark and comfortable
- ❖ Going to bed only when you are tired
- ❖ Developing a routine of restful activities before sleeping.

Emotion regulation strategies

Using these methods has been shown to lower anxiety, depression, and stress^{1,10}:

- ❖ **Acceptance:** feel your emotions, understand them for what they are, and let them pass into and out of your mind as they arise
- ❖ **Problem-solving:** recognize your challenges; think of ideas to resolve, commit to a method, and then consider your progress
- ❖ **Reappraisal:** assess stressful moments and reframe them with more positive values

Humor

Remember to have fun and laugh! Studies have found that regular humor and laughter improve anxiety, depression, and even quality of sleep!¹⁵

Mindfulness and meditation exercises

Multiple studies have shown that practicing mindfulness exercises such as deep breathing and meditation can decrease symptoms of anxiety depression.²

These exercises are free, take less than five minutes to do, and can be performed anywhere! They can also help you be more present and understand what you are feeling.

You could also try meditation exercises such as Tai Chi, Qigong, and Yoga. These have also been shown to reduce depression and anxiety.¹⁶



Evaluation of Effectiveness and Limitations

Effectiveness

- ◆ Time constraints of rotation prevented quantitative assessment of the pamphlet's effectiveness.
- ◆ This pamphlet is designed to offer a variety of effective coping strategies and inform patients about referral/treatment options in language that is easy to understand and read.
 - ◆ Several clinicians at the Hinesburg clinic confirmed that such a resource would be useful.
 - ◆ Providers can provide the pamphlet to inform patients, helping providers complete their visits within their scheduled time limit.
 - ◆ Patients will have some information to help themselves if they do not follow-up with social work.

Limitations

- ◆ Effectiveness depends on the pamphlet distribution to patients and the desire of use by patients.
- ◆ This pamphlet is currently only available in English, so interpretation and use depends on moderate English literacy. Despite efforts to write at a certain level of proficiency, the medical information may also be too advanced for best comprehension.
- ◆ Physical space restraints limited the amount of information and the number of effective coping skills that could be included on the pamphlet.
- ◆ Certain coping skills may not work for everyone.

Recommendations for Future Interventions

Some options for pamphlet assessment and improvement include:

- ◇ A quantifiable survey distributed to healthcare providers and patients at the Hinesburg Family Medicine Clinic to improve the handout, assessing:
 - ◇ Ability to understand information
 - ◇ Usefulness of the information
 - ◇ Whether the handouts change practice (providers) or behavior and symptoms (patients)
- ◇ Comparing GAD-7 and PHQ-9 scores upon administration of the pamphlet to scores on follow-up visits.
- ◇ Coordinating with UVMMC to distribute the pamphlet to other sites and make it UVMMC-sponsored.
- ◇ Increasing discussions about coping skills during psychiatric and higher-risk visits.
 - ◇ Consider creating a template with questions concerning use of coping skills
- ◇ Creating a class for children and adolescents at nearby schools, as well as for adults/parents at other locations, focused on use of coping skills.

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