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Prevalence Of Mental Health History Intake By Medical Trainees

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PREVALENCE OF MENTAL HEALTH HISTORY INTAKE BY MEDICAL TRAINEES

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Introduction

- In the US, 1 in 5 adults experiences a mental illness, with over 9.8 million adults and youths having serious suicidal thoughts.[1,2]
- LGBTQ+ communities experience an even larger burden of mental health disparities.[3]
- Approximately 40-50% of cases of patient mental illness are recognized late by providers, which prevents timely and effective treatment.[4]
- Primary care settings provide an opportunity for physicians to identify potential mental health issues among many patients more promptly.
- Studying how trainees discuss mental health with patients can suggest if further training is needed.

Objectives

The purpose of this study was to investigate:

- The prevalence of medical trainees asking for mental health history and the amount of time trainees spent discussing mental health
- Medical trainees' verbal/non-verbal responses to patient with current or past mental illnesses
- Connections between mental health support and LGBTQ+ patient identity

Methods

- We estimated the frequency of mental health discussions in health care by coding video-recorded standardized patient interviews conducted by third-year medical students.
- The standardized patient case simulated history of depression and a suicide attempt, but patients were trained to give out specific health history information only when prompted by the student.
- All interviews were in a primary care setting with the new patients' intentions to establish care.
- Each student had 30 minutes to complete the history intake and establish a care plan.
- The UofL IRB approved the study.

Results

Figure 1. Medical trainees and mental health discussion

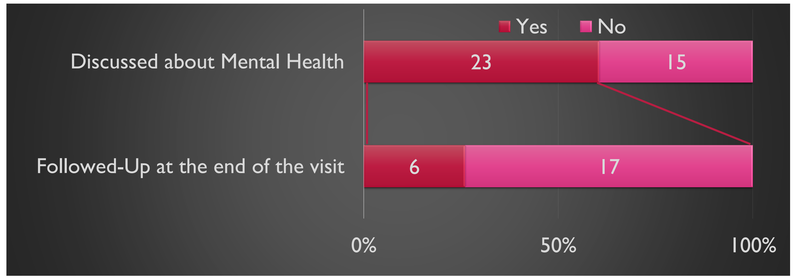


Figure 2. Average time discussing mental health during patient interview

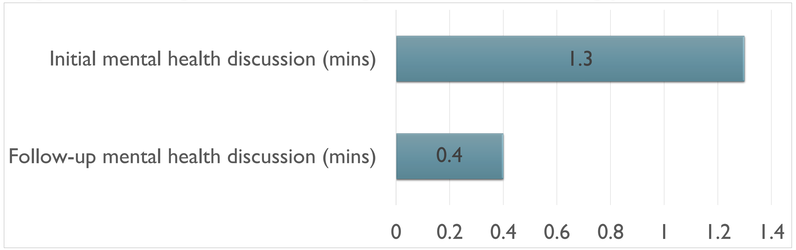


Figure 3. Trainees' responses after mental health history disclosure

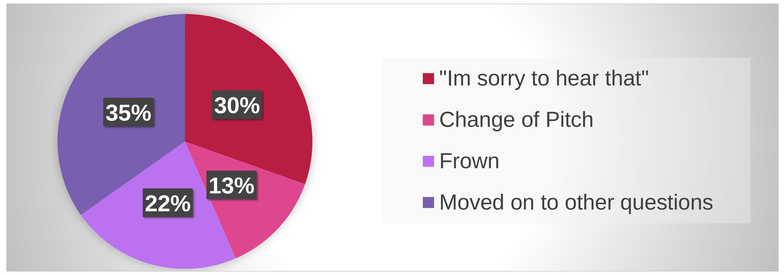
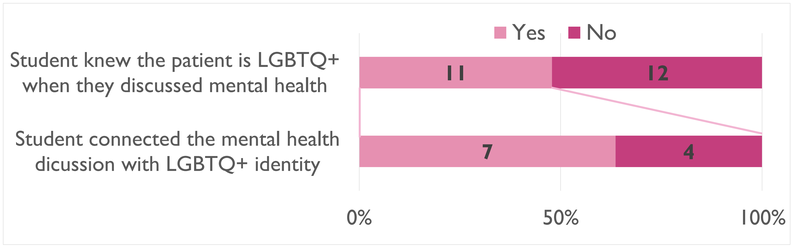


Figure 4. LGBTQ+ patient identity and mental health discussion



- Among our sample of 38 standardized patient interviews, 23 (60.53%) medical students elicited information about the patient's mental health and 15 (39.47%) students did not elicit the mental health history (Figure 1).
- Among the 23 students who discussed mental health with the patient, only 6 (26%) students followed up about mental health at the end of the visit. (Figure 1).
- During the 30-minute encounter, the average time spent discussing the patient's mental health history—including any follow-up discussions about care—was about 2 minutes total (Figure 2).
- Students' reactions immediately after the patient's mental health disclosure varied, including verbal and non-verbal responses (Figure 3).
- Some students did not respond directly to the patient's disclosure of their mental health history and instead continued to ask other unrelated history questions (Figure 3).
- Of the 23 students that elicited a mental health history, only 4 (17.4%) students offered support and resources to patients during the encounter.
- Patients in 23 of the 38 encounters identified as LGBTQ+, but not all trainees elicited the patient's identity or connected this with mental health disparities in the LGBTQ+ patient population (Figure 4).

DISCUSSION

- We document that many mental health histories may not be identified by trainees in primary care settings, and the prevalence in this particular case is likely inflated because the mental health history was also prompted when trainees asked about previous hospitalizations rather than mental health specifically.
- Few students showed overt empathetic responses such as discussing the patients' needs or offering support to the patients. Empathy can make the patient feel understood; it is how we can connect and establish rapport with the patients, to make them feel at ease.
- The LGBTQ+ population experiences worse mental health outcomes than their cisgender-heterosexual counterparts related to systematic bias, discrimination, and a lack of cultural effectiveness in health care,[3] so establishing rapport with patients to make them feel recognized, supported, and safe is a key step to addressing these LGBTQ+ health disparities.
- We suggest that additional clinical skills training could:
  1. Establish routine mental health history intake for new patients establishing care,
  2. Have trainees use these encounters to compare interpersonal skills like empathetic responses between providers and patients, and
  3. Connect LGBTQ+ patient identity and terminology to patients' specific mental health needs.

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