Treating pandemic wave of anxiety, depression requires team effort

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Mental and behavioral health services were already tough for many Americans to access before the pandemic hit the United States, with six in 10 people not receiving care they need. COVID-19 has put even more stress and strain on people and made access to this care more important than ever.

Compared with 2019, three times more people today are experiencing symptoms of anxiety disorder and four times as many people are experiencing a depressive disorder, according to data published in the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report. About 10% more people started or increased substance use because of COVID-19. And in 2020, twice the number of people reported seriously considering suicide in the past 30 days compared to 2018.

Many of these patients are in contact with their internist, family physician or pediatrician, but lack access to care for the anxiety or depression they are experiencing. The AMA established the Behavioral Health Integration (BHI) Collaborative with seven other leading medical associations to help overcome obstacles to accessing behavioral and mental health care in physician practices. Learn more about AMA efforts to improve behavioral health, amid COVID-19 and beyond.

When the University of Washington evaluated how well the integration of mental health services into primary care practices in their community was working, they found that collaborative care improved patient outcomes, boosted physician satisfaction and reduced health care costs, said Anna Ratzliff, MD, PhD, a co-director of the AIMS Center at the University of Washington who led the AMA webinar, “The Value of Collaboration and Shared Culture in Behavioral Health Integration.”

By adoption of collaborative care approach, “you can actually get twice as many people better from depression and I think that is a really important strategy,” Dr. Ratzliff said.

Integrating care into your practice

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There are three key steps on the journey of collaboration and building a shared culture:

- Obtaining buy-in from physicians, patients and systems.
- Identifying goals and being able to assess them.
- Making robust practice changes.

On the people side, Dr. Ratzliff said physicians need to:

- Think about the provision of care as a team sport. Take the time to define and develop roles and responsibilities.
- Leverage psychiatric consultation. Bring in a psychiatrist or other mental health clinician to help the primary care team with diagnosis, treatment decisions and evaluation of treatment effectiveness using a case review process.
- Put the patient at the center of team for shared decision-making.

Among the practical strategies:

- Measure to improve the outcomes for patients with the conditions that you manage in your clinical practice. Regularly assess the effectiveness of the treatments you are providing. If patients are not improving, modify your approach to their care and remeasure for effectiveness.
- Create a population registry. Pull together a list of patients who need help to make sure they don’t fall through the cracks.
- Offer a full range of evidence-based treatments. This includes focusing the patient’s and your team’s attention on problem solving, behavioral activation, motivational interviewing and medication.

**More guidance on integrating care**

During the webinar, physicians from Philadelphia, Pittsburgh and Raeford, N.C., discussed how integrating these services have helped them better meet patients’ needs and reduce their own risk of professional burnout.

They also shared personal experiences of the challenges and satisfaction of integrating mental and behavioral health into primary care settings and how some have worked with schools, law enforcement and others in the community to provide even more robust mental health care.

Find out more about at the BHI Collaborative’s Overcoming Obstacles webinar series.

In addition to the AMA, the American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and


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