

BHI COLLABORATIVE **PRESENTS**

OVERCOMING OBSTACLES WEBINAR SERIES

**Sustaining behavioral
health care in your practice**

November 19, 2020

DISCLAIMER AND NOTICES

This Webinar is being made available to the general public and is for informational purposes only. The views expressed in this Webinar should not necessarily be construed to be the views or policy of the AMA.

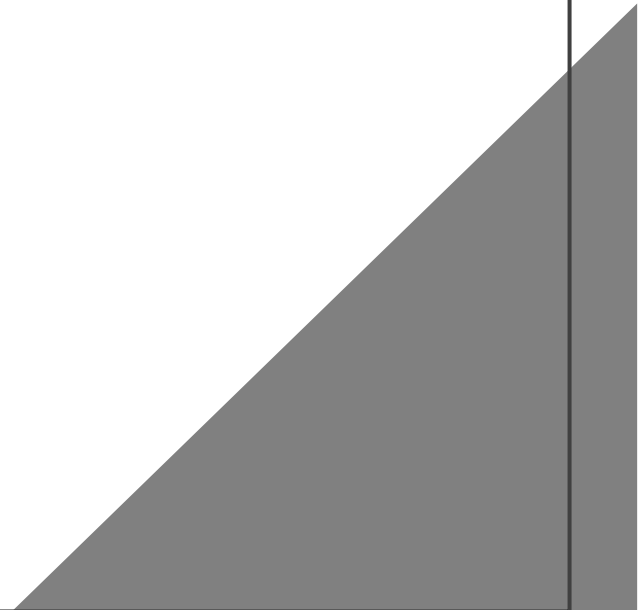
The information in this Webinar is believed to be accurate. However, the AMA does not make any warranty regarding the accuracy or completeness of any information provided in this Webinar. The information is provided as-is and the AMA expressly disclaims any liability resulting from use of this information. The information in this Webinar is not, and should not be relied on as, medical, legal, or other professional advice, and viewers are encouraged to consult a professional advisor for any such advice.

No part of this Webinar may be reproduced or distributed in any form or by any means without the prior written permission of the AMA.

All rights reserved. AMA is a registered trademark of the American Medical Association.

Overcoming Obstacles Webinar Series

This series is focused on enabling physicians to sustain a collaborative, integrated, whole-person, and equitable approach to physical and behavioral health care in their practices during the COVID-19 pandemic and beyond.



About the BHI Collaborative

*The BHI Collaborative was established by several of the nation's leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.*

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.

***American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

TODAY'S TOPIC:

***Physicians Leading the Charge:
Dismantling Stigma around Behavioral Health
Conditions & Treatment***

TODAY'S SPEAKERS



Mary Giliberti, JD

Executive Vice President
of Policy at Mental
Health America



**Sourav Sengupta,
MD, MPH**

Asst. Prof. of Psychiatry
& Pediatrics, Director of
Training Child and
Adolescent Psychiatry
University at Buffalo
School of Medicine &
Biomedical Sciences



**Nancy Byatt, DO, MS,
MBA, FACLP**

Medical Director, MCPAP
for Moms;
Executive Director,
Lifeline4Moms;
Director, Women's
Mental Health, Dept. of
Psychiatry at UMass
Medical School



**Tiffany Moore Simas,
MD, MPH, MEd, FACOG**

Engagement Director,
MCPAP for Moms;
Medical Director,
Lifeline4Moms
Chair, Dept. of Obstetrics
& Gynecology at UMass
Medical School

Stigma = Discrimination, Shame and Blame



Stigma leads to Structural Discrimination Affecting Medical Practices

- Physicians want the very best for their patients so very frustrating when cannot easily address and/or refer mental health and SUD issues
- Historical separation of mind and body leads to less education about MH and SUD in medical education
- Discrimination leads to less payment and thus, less availability of in network MH and SUD specialty providers



Stigma leads to shame within the patient and affects how patients feel about themselves

- Patients reflect views of their culture, society, and families
- Internalize that mental health condition is a character flaw, not a medical condition so embarrassed, ashamed, fearful and may be in denial
- Culture and race are important factors that impact willingness to talk about these issues and ability to receive care
- Social determinants such as transportation, flexible time to attend appointments, etc intersect with cultural and societal factors and limit access.



Stigma leads to worry about how the patient will be treated by the provider and what will happen to the information

- Patients and families worry about how they or their loved one will be treated by the provider and other health care providers once they have been identified with a mental health or substance use condition.
- Will they be treated as a “bad” patient or someone who should be referred out and no longer treated by the provider?
- Patients are concerned about how the information may be used and child protection, immigration authorities, law enforcement and others who may be notified or have access to records. How will racial bias affect those decisions?

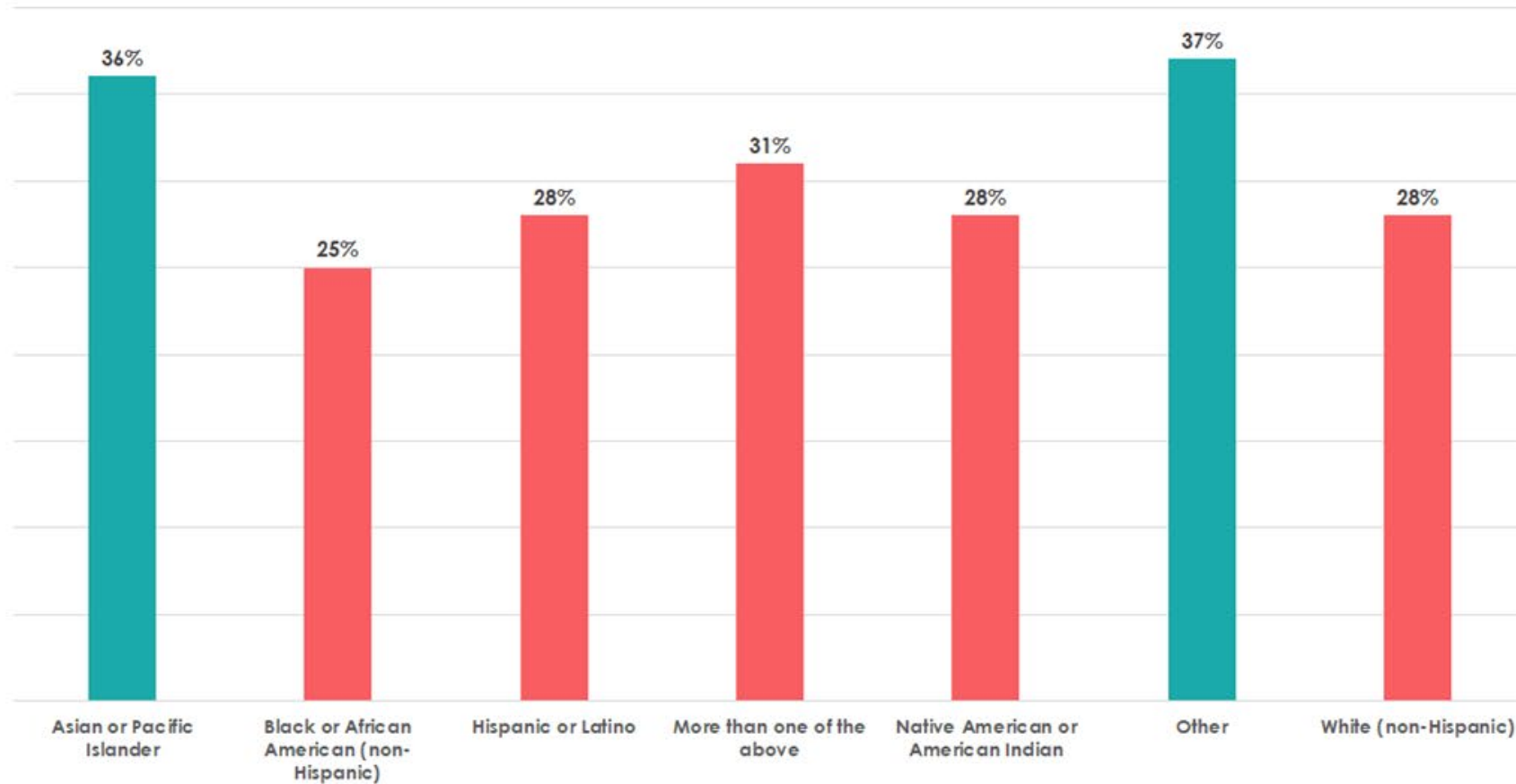
Stigma Can Be Embodied in How MH and SUD Issues are Handled in the Clinic

- Think about each step of the process from the patient perspective – were they given a clear explanation of the steps and what would happen next, were the results shared, where did the steps take place and who was involved
- If only refer to care and don't treat, what message does that communicate?
- Solicit information from patients about the experience and how to improve it specifically for the MH and SUD pieces
- Track whether you are seeing any disparities in race, ethnicity, language



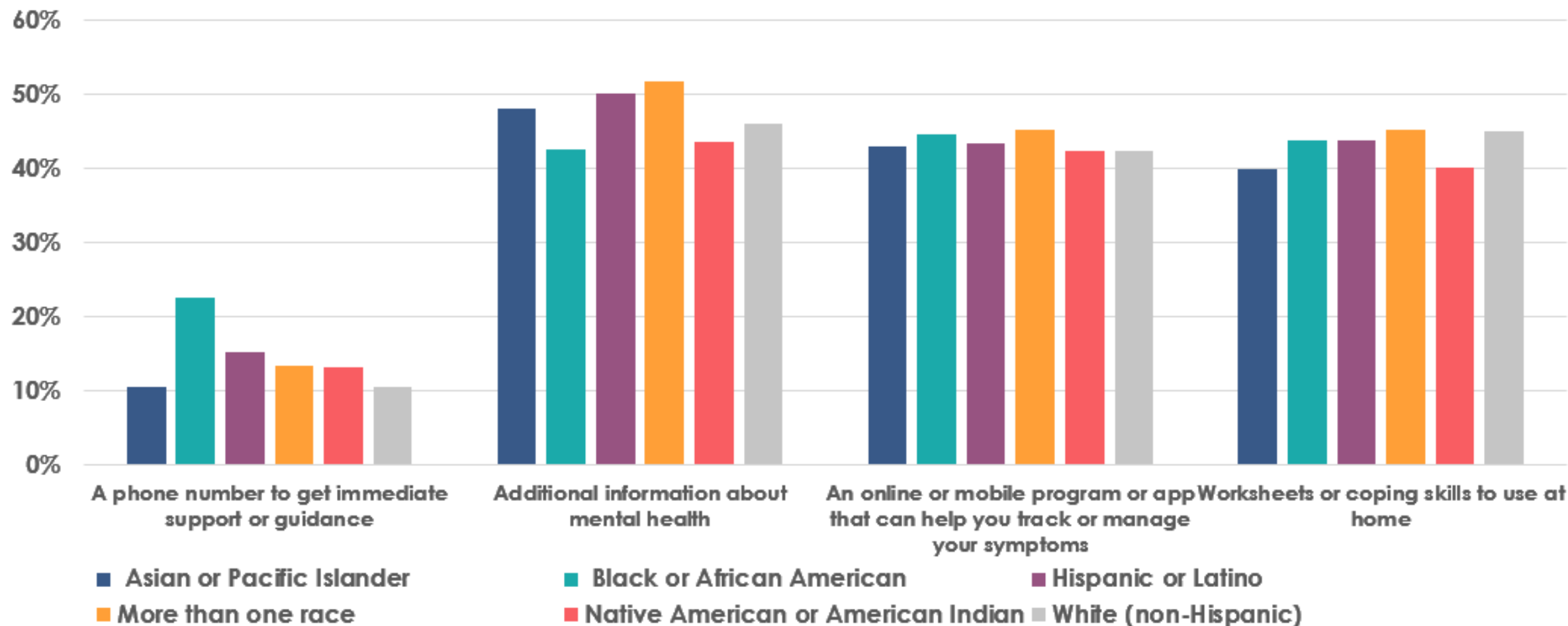
Race/Ethnicity: Blacks Most Likely to Do Something, 2018

Percent Saying “No Next Steps” with Results



What Kind of Help Do You Want Next?

Our Health Care System Fails Communities



Opportunity to Change the Conversation

- COVID has normalized the conversation – everyone is struggling with mental health
- Greater MH conversations within popular culture, including with celebrities of color
- Greater recognition among parents, teachers, doctors, etc. and movement to provide care where people are – schools, primary care
- More opportunities to receive consultation and help in treating people with MH and SUD conditions – highly successful

Ask Carrie Fisher: I'm bipolar - how do you feel at peace with mental illness?

Living with mental illness is tough, Fisher says, and that's why it's important to find a community to share experiences and find comfort in the similarities



▲ Carrie Fisher: "We have been given a challenging illness, and there is no other option than to meet those challenges." Photograph: Getty Images

After sustaining several serious injuries in his freshman year of college, Dwayne "The Rock" Johnson experienced his "first of three depressions."



Dwayne Johnson in December 2019. Jordan Strauss/Invision/AP

Beyoncé and Twitter's Jack Dorsey donate \$6 million for African-Americans' mental health during the coronavirus pandemic

BY ARIC JENKINS
April 23, 2020 2:15 PM EDT



'Captain America: Civil War': Why Chris Evans Is the Anxious Avenger

Superhero-movie star on the pressures of being a Marvel MVP: "I love acting — but that's not all you're asking me to do"

By JOSH KELLIS



Selena Gomez opens up about her mental health and medication

"My highs were really high, and my lows would take me out for weeks at a time," Gomez



talkspace

“

WE ALL HAVE A PURPOSE...
I AM HERE TO HELP BRIDGE
THE GAP IN THE MENTAL
HEALTH COMMUNITY.

MENTAL HEALTH WARRIOR | BRANDON MARSHALL

Taraji P. Henson Wants to End Stigma Around Mental Health in Black Communities

By Meg Zukin



CLIFF WATTS for Variety

Sp Adobe Spark

Contact Us



Mental Health America
500 Montgomery Street
Suite 820
Alexandria, VA 22314



/mentalhealthamerica



@mentalhealtham



@mentalhealthamerica



/mentalhealtham



/mentalhealthamerica



<https://screening.mhanational.org/>

Navigating Stigma in Behavioral Health Integration

Sourav Sengupta, MD, MPH

Asst. Prof. of Psychiatry & Pediatrics

Founder, Integrated Care for Kids

Program Director, CAP Fellowship

Department of Psychiatry

University at Buffalo Jacobs School of Medicine

Do we really hold stigma against MH?

Do we really hold stigma against MH?

- MH issues increasingly prevalent in general population
- MH issues increasingly prevalent presentations in primary care, specialty care, EDs
- MH issues impact behaviors, often perceived to be in control of individual
- MH issues impact others – family, staff, physicians

Do we really hold stigma against MH?

- MH issues increasingly prevalent in general population
 - MH issues increasingly prevalent presentations in primary care, specialty care, EDs
 - MH issues impact behaviors, often perceived to be in control of individual
 - MH issues impact others – family, staff, physicians
-
- What do we feel comfortable asking about?
 - What do we feel comfortable talking about?
 - What do we feel comfortable laughing about?

Stigma presents as Avoidance

Avoidance is driven
by Fear

Avoidance is driven
by Lack of Knowledge

Avoidance is driven
by Lack of Experience

Fear

Fear

- Suicide

Fear

- Suicide
- Violence

Fear

- Suicide
- Violence
- Liability

Lack of Knowledge & Experience

Lack of Knowledge & Experience

- Did we learn how to do this?

Lack of Knowledge & Experience

- Did we learn how to do this?
- How do I learn how to do this now?

Lack of Knowledge & Experience

- Did we learn how to do this?
- How do I learn how to do this now?
- How do I possibly address these issues in a busy clinical practice?

Fear

- **Suicide**
- Violence
- Liability



Suicide Prevention Resource Center

About Suicide Effective Prevention Resources & Programs Training News & Highlights Organizations



8 2 5 5
1 (800) 273 TALK

Suicide Prevention Toolkit for Primary Care Practices

SUICIDE PREVENTION TOOLKIT for PRIMARY CARE PRACTICES

A GUIDE FOR PRIMARY CARE PROVIDERS AND MEDICAL PRACTICE MANAGERS



Assessment and Interventions with Potentially Suicidal Patients

Patient has suicidal ideation or any past attempt(s) within the past two months. See right for risk factors and back for assessment questions.

High Risk

Patient has a suicide plan with preparatory or rehearsal behavior

Patient has severe psychiatric symptoms and/or acute precipitating event, access to lethal means, poor social support, impaired judgement

Hospitalize, or call 911 or local police if no hospital is available. If patient refuses hospitalization, consider involuntary commitment if state permits

Patient does not have access to lethal means, has good social support, intact judgment; psychiatric symptoms, if present, have been addressed

Take action to prevent the plan

Consider (locally or via telemedicine):
1) psychopharmacological treatment with psychiatric consultation
2) alcohol/drug assessment and referral, and/or
3) individual or family therapy referral

Moderate Risk

Patient has suicidal ideation, but limited suicidal intent and no clear plan; may have had previous attempt

Evaluate for psychiatric disorders, stressors, and additional risk factors

Low Risk

Patient has thoughts of death only; no plan or behavior

Encourage social support, involving family members, close friends and community resources. If patient has therapist, call him/her in presence of patient.

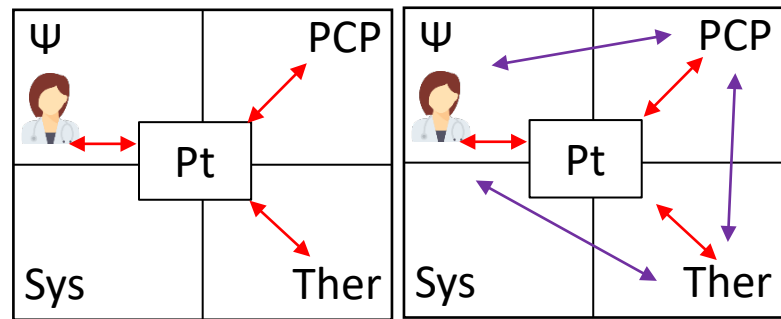
Record risk assessment, rationale, and treatment plan in patient record. Complete tracking log entry, and continue to monitor patient status via repeat interviews, follow-up contacts, and collaboration with other providers. Make continued entries in tracking log.

Lack of Knowledge & Experience

- Medical School & Residency Training
- Workforce Education & Training
- **Support for addressing MH issues throughout healthcare system**
 - Patient-Centered Medical Homes
 - Behavioral Health Care Managers
 - Behavioral Health Consultants/Integrated Care Therapists and Psychiatrists

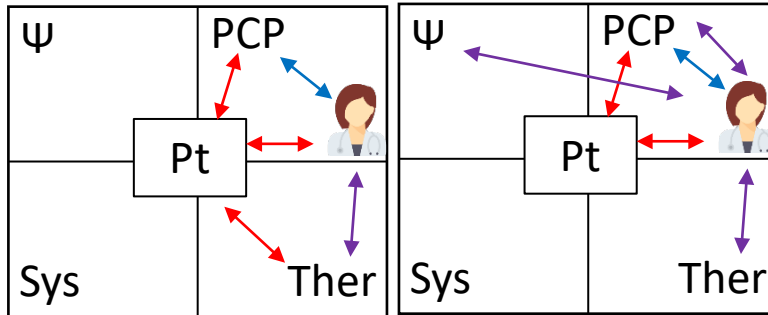
COORDINATED

Minimal Collaboration	Basic Collaboration
-----------------------	---------------------



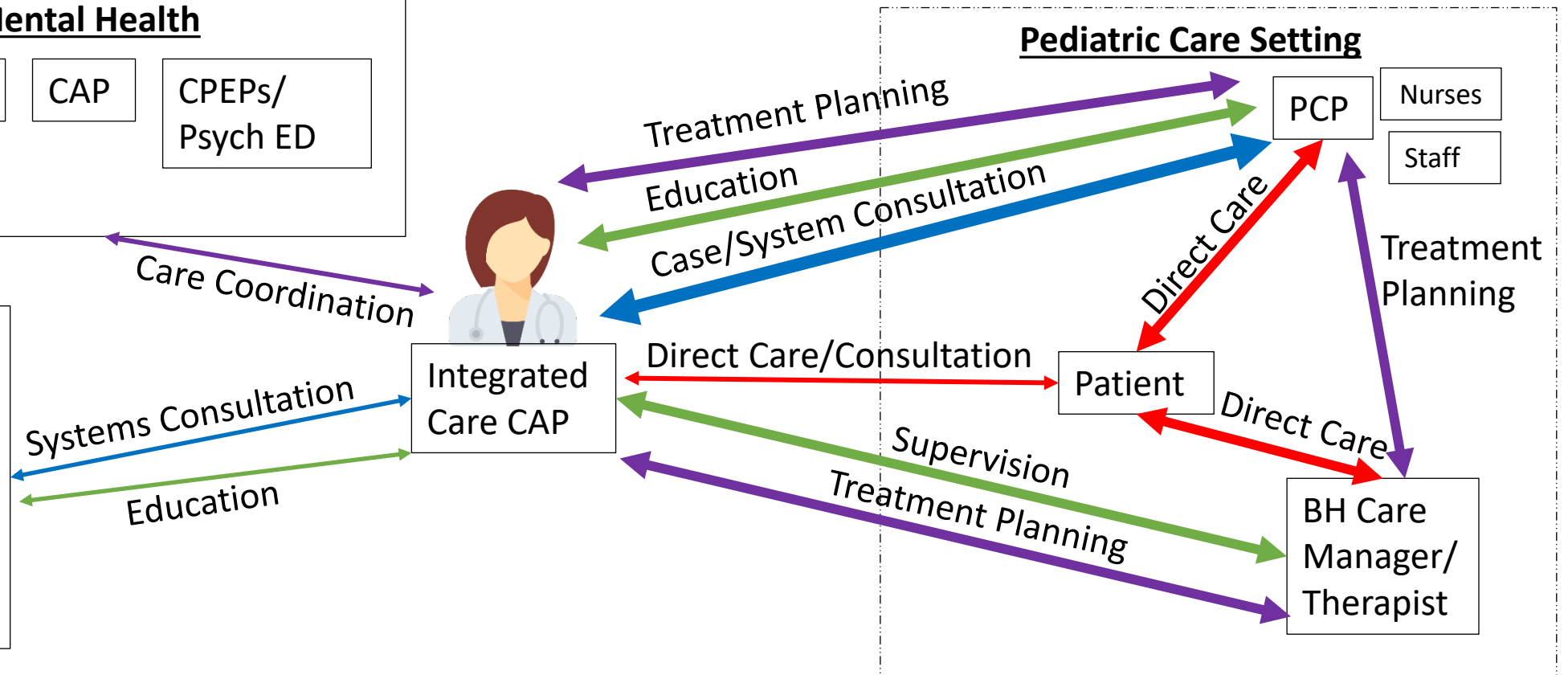
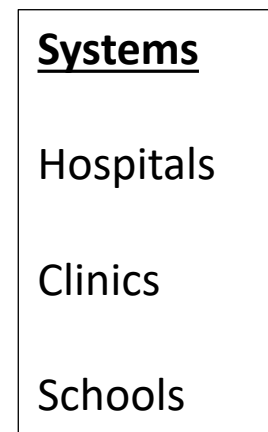
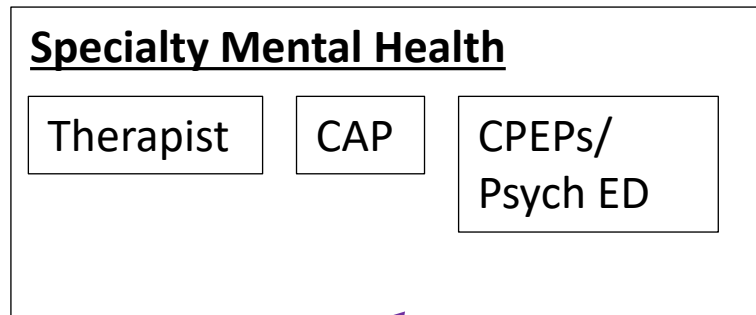
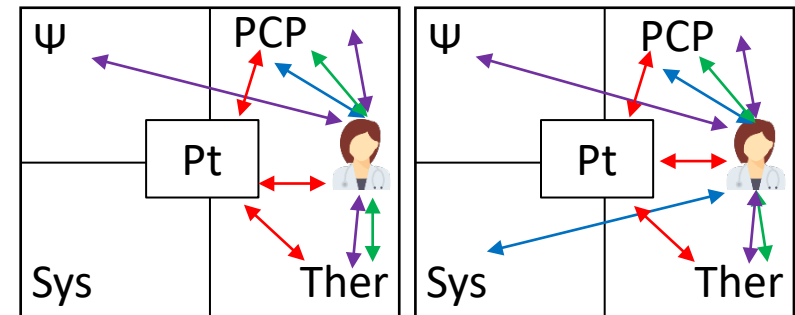
CO-LOCATED

Basic Collaboration Onsite	Close Collaboration Onsite
----------------------------	----------------------------



INTEGRATED

Close Collaboration w/ Partial Integration	Full Collaboration w/ Full Integration
--	--



Lack of Knowledge & Experience

- Medical School & Residency Training
- **Workforce Education & Training**
- Support for addressing MH issues throughout healthcare system
 - Patient-Centered Medical Homes
 - Behavioral Health Care Managers
 - Behavioral Health Consultants/Integrated Care Therapists and Psychiatrists

seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/resources/


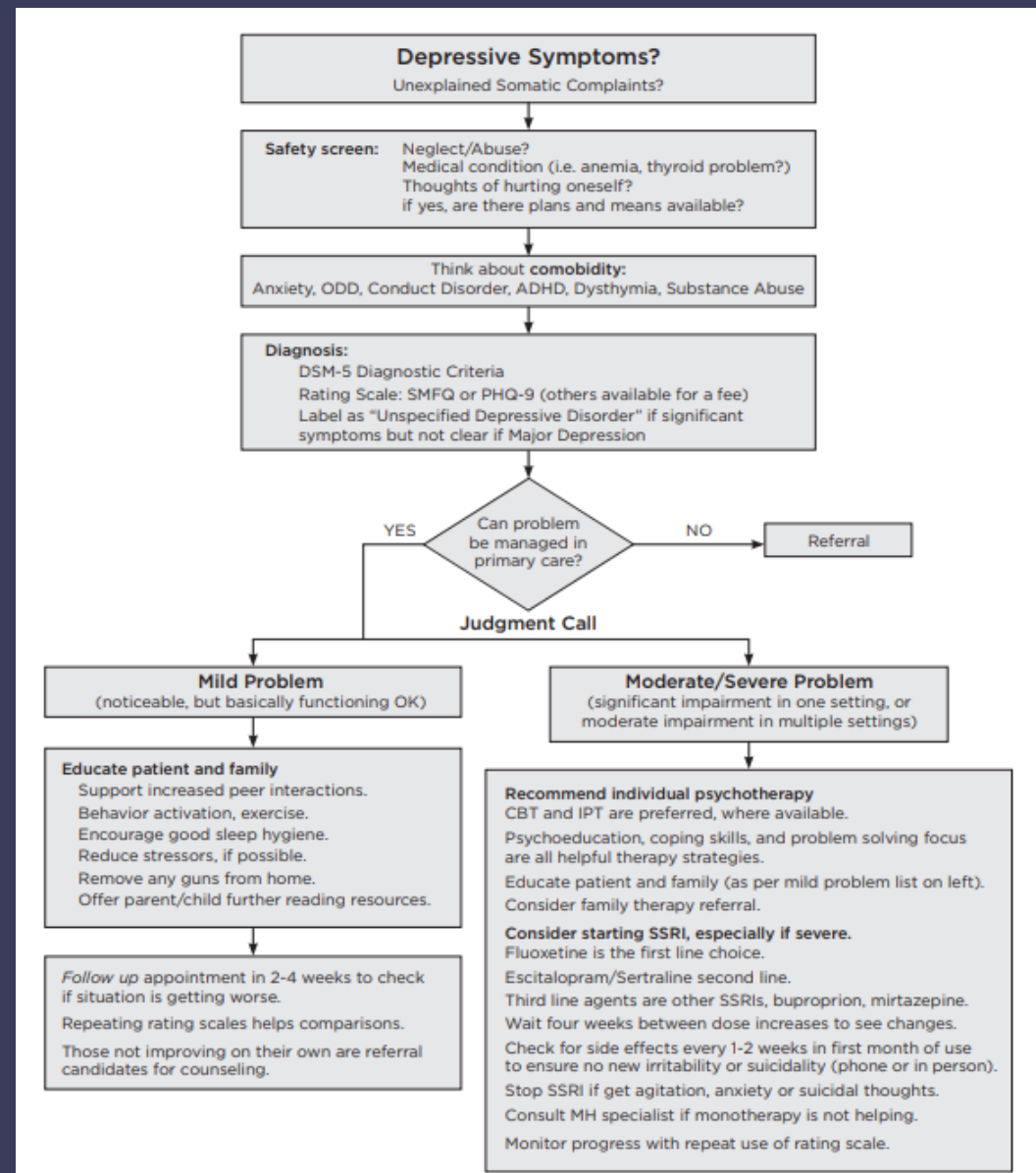
Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

I want to ... ▾

Your Visit Conditions Clinics Research Health

Home > Healthcare Professionals > Access Our Services > Partnership Access Line >

Partnership Access Line Care Guides and Resources

AIMS CENTER

Advancing Integrated
Mental Health Solutions

[WHO WE ARE](#)[WHAT WE DO](#)[COLLABORATIVE CARE](#)[EVIDENCE BASE](#)[CORE PRINCIPLES](#)[TEAM STRUCTURE](#)[BUILDING THE BUSINESS CASE](#)[FINANCING STRATEGIES](#)[BEHAVIORAL INTERVENTIONS](#)[STORIES](#)[RESOURCE LIBRARY](#)[CARE MANAGER ESSENTIALS](#)[IMPLEMENTATION GUIDE](#)[STEP 1: LAY THE FOUNDATION](#)[STEP 2: PLAN FOR CLINICAL
PRACTICE CHANGE](#)[STEP 3: BUILD YOUR CLINICAL
SKILLS](#)[STEP 4: LAUNCH YOUR CARE](#)[STEP 5: NURTURE YOUR CARE](#)[QUICK LINKS](#)

IMPLEMENTATION GUIDE

[STEP 1](#)[STEP 2](#)[STEP 3](#)[STEP 4](#)[STEP 5](#)

WELCOME TO THE COLLABORATIVE CARE IMPLEMENTATION GUIDE

This guide is an introduction to the process of implementing collaborative care, from the crucial first step of understanding what it is to monitoring outcomes once collaborative care is in place. Each step contains learning objectives along with materials to help you achieve them.

It's important to understand that implementing collaborative care necessitates practice change on multiple levels. It is nothing short of a new way to practice medicine and requires an openness to doing things differently. We hope this free guide helps you understand the scope of work involved and provides you with the tools you need to get started. The AIMS Center offers in-depth [coaching and training](#) that goes far beyond the contents of this guide and we encourage you to [contact us](#) to learn more.

For a printed overview of our Implementation Guide, see our [Collaborative Care Implementation Guide](#).



The Role of Integrated Care in Addressing Stigma Towards Mental Health in Obstetric Settings

Nancy Byatt, DO, MS, MBA

Medical Director, MCPAP for Moms

Executive Director, Lifeline4Moms

Director, Women's Mental Health, Dept. of Psychiatry

Tiffany A. Moore Simas, MD, MPH, MEd

Engagement Director, MCPAP for Moms

Medical Director, Lifeline4Moms

Chair, Dept. of Obstetrics & Gynecology

**Stigma against perinatal mental health conditions can leave them
unaddressed, with far reaching implications**



Many opportunities to dismantle stigma against mental health exist within modern health care systems



Barriers to Treatment

Stigma

Patient

Provider

Systems

Stigma

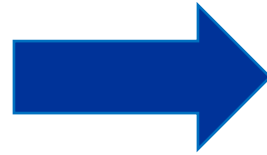
**Women do not
disclose
symptoms
or seek care**

**Limited or no
engagement
in treatment**

**Unprepared
providers and
systems,
with limited
resources**

Poor Outcomes

Building front line provider capacity can decrease stigma and increase engagement in and access to mental health care

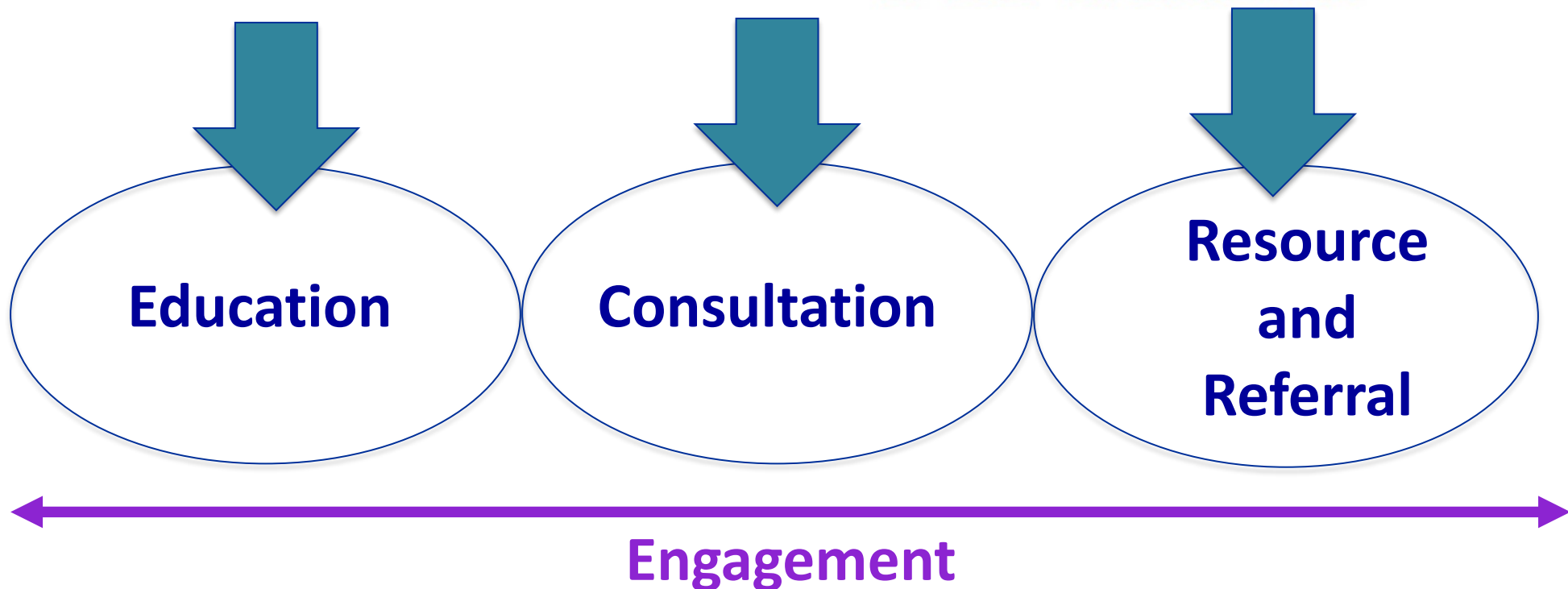


Addressing mental health as part of overall health can help us shift to strengths-based perinatal mental health care

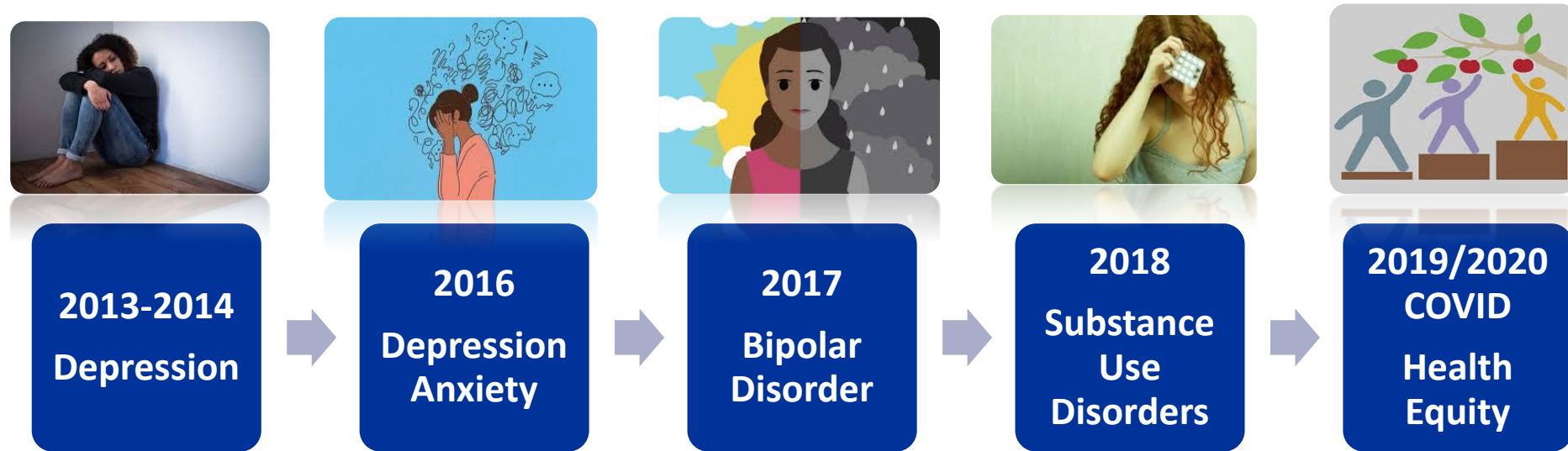
Massachusetts Child Psychiatry Access Program

MCPAP

For Moms

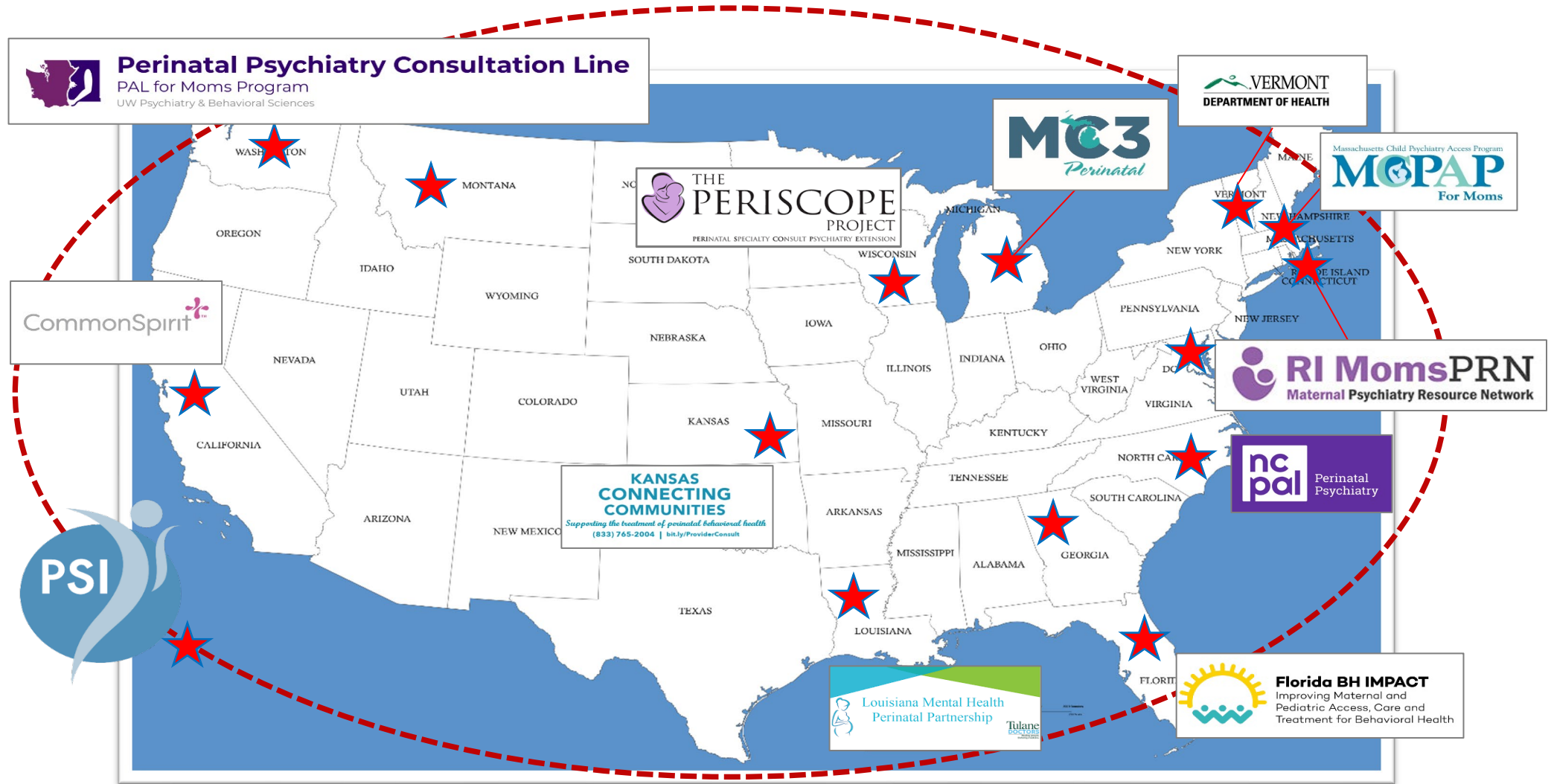


Building front-line provider capacity can help dismantle stigma by shifting medical practice to include mental health care



U.S. Preventive Services Task Force

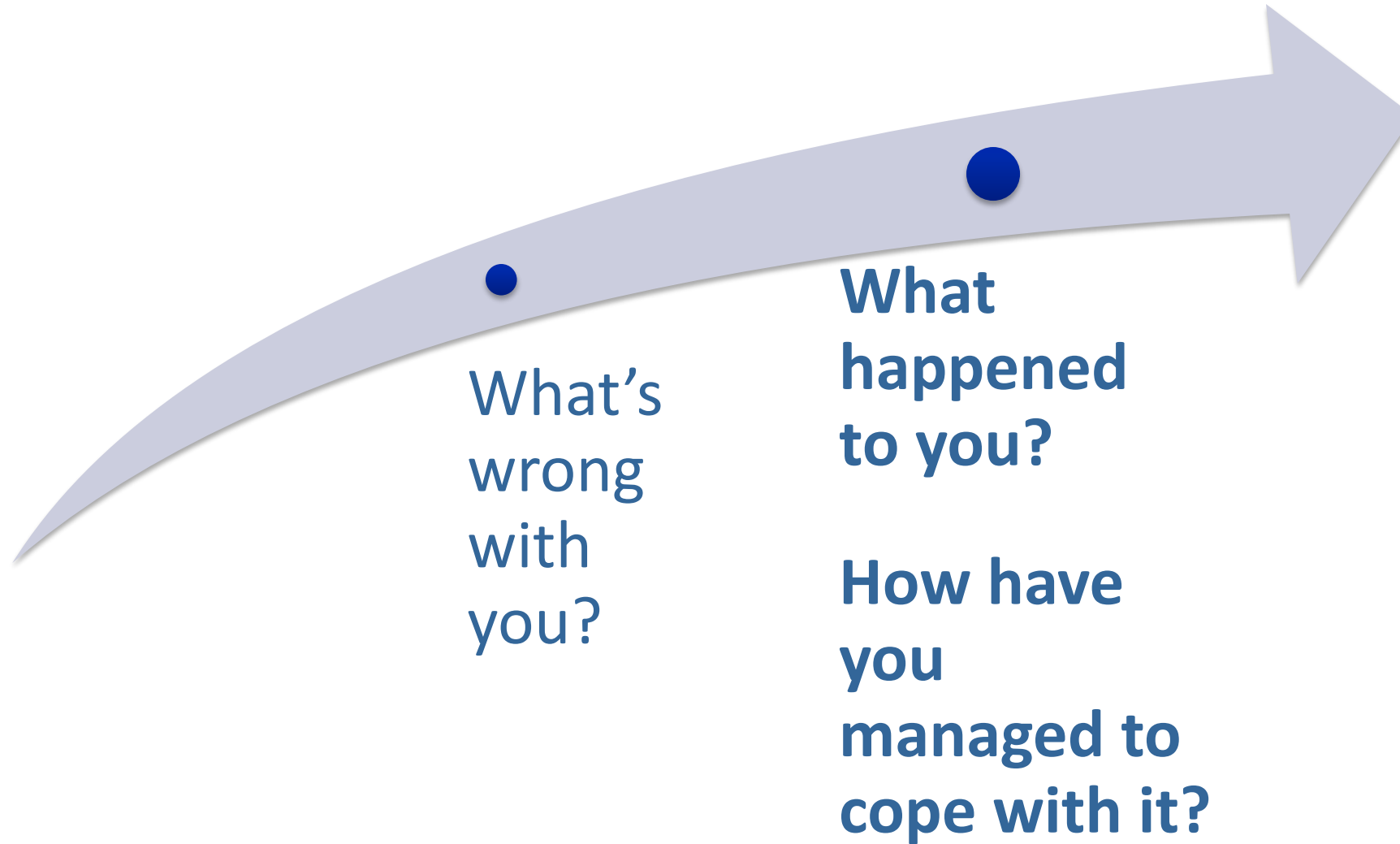
The 15 Access Programs across the US aim to integrate perinatal mental health care into medical settings



<https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/>

PSI: 1-800-944-4773, ext 4

Integrated care can help shift us to a trauma-informed and strengths-based approach



The perinatal period is ideal for the detection, assessment and treatment of perinatal mental health conditions

**Regular opportunities to screen
and engage women in
treatment**

**Obstetric providers have a pivotal
role**

- Patient acceptability**
- 80 PCP:20 Psych**
- Decrease stigma**



Many obstetric providers are inadequately prepared and resourced to address perinatal mental health thus contributing to stigma

Not part of professional identity

Lack of recommendations

Lack of guidance

Lack of training

Lack of practice workflow and processes



The recognition of perinatal mental health as a public health problem with universal screening recommendations decreases stigma

American Academy of Pediatrics (AAP)

American College of Obstetricians and Gynecologists (ACOG)

American Medical Association (AMA)

American Psychological Association (APA)

Center for Disease Control and Prevention (CDC)

U.S. Preventive Services Task Force (USPSTF)

Centers for Medicare & Medicaid Services (CMS)

Council on Patient Safety in Women's Health Care

Health Resources & Services Administration (HRSA)

Nurse Practitioners in Women's Health (NPWH)

Destigmatizing mental health requires it being addressed beyond screening thus screening needs to occur in the context of systems prepared to respond to a positive screen

2015, 2018



Depression & Anxiety

At least once
during the
perinatal
period

2016

U.S. Preventive Services Task Force

Depression

At least once
during
pregnancy
and again pp

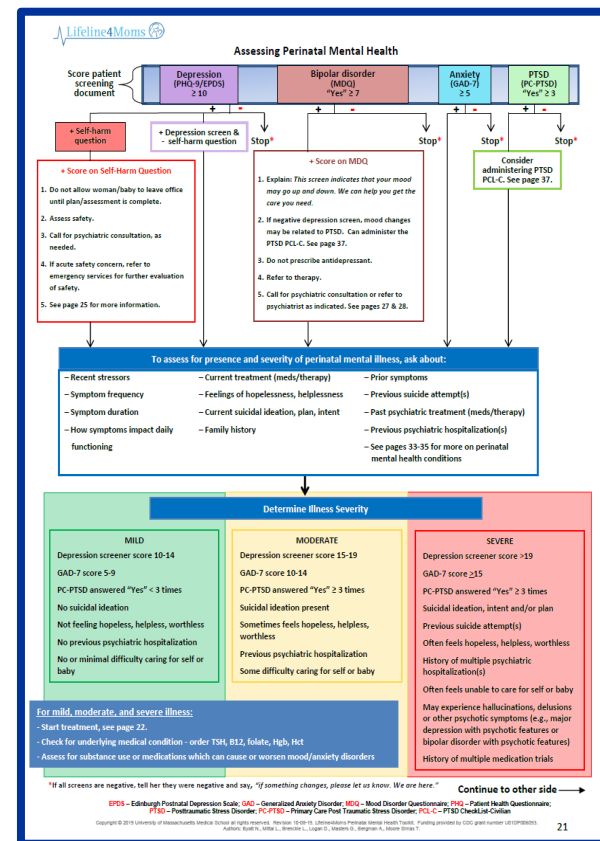
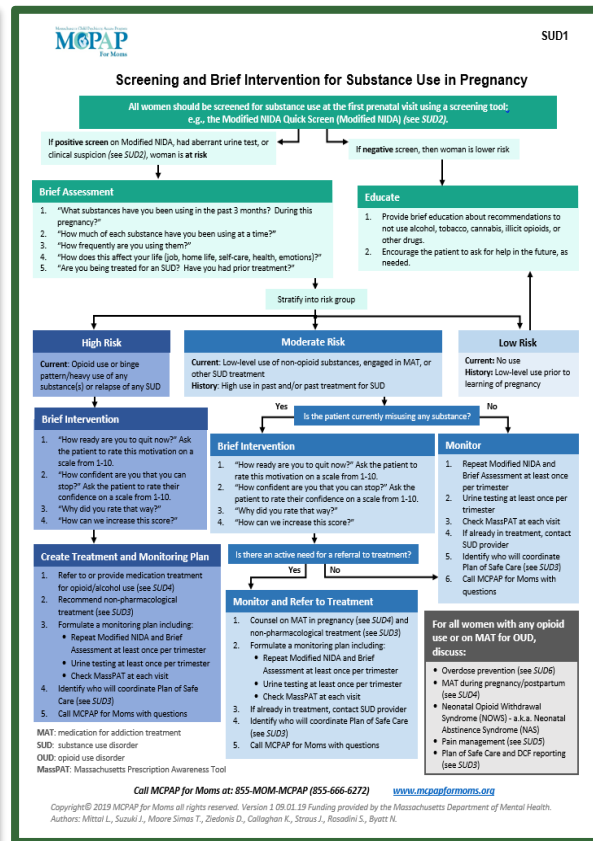
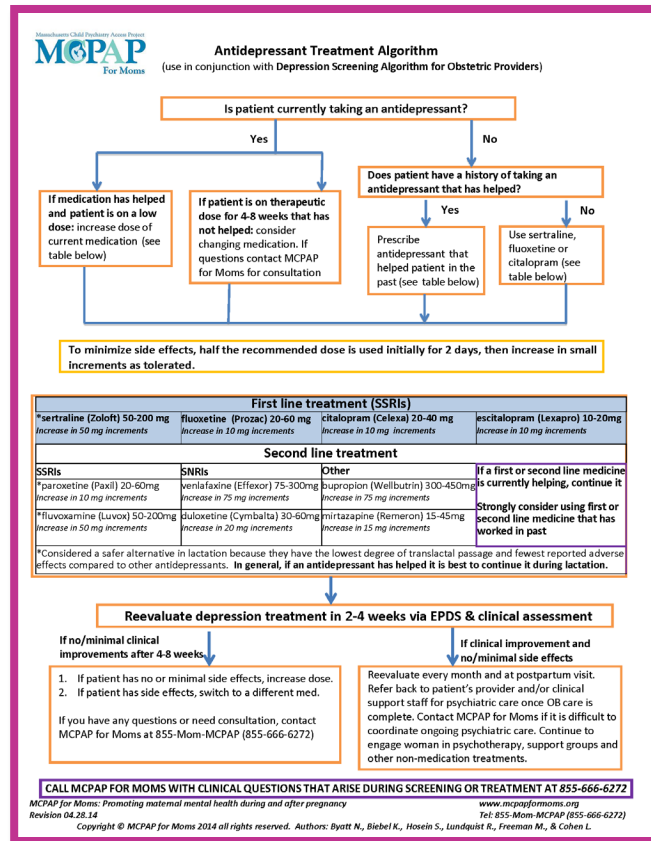
2016-2017



Depression & Anxiety

Twice in
pregnancy
and again pp

Trainings and toolkits can help educate and engage providers in addressing perinatal mental health

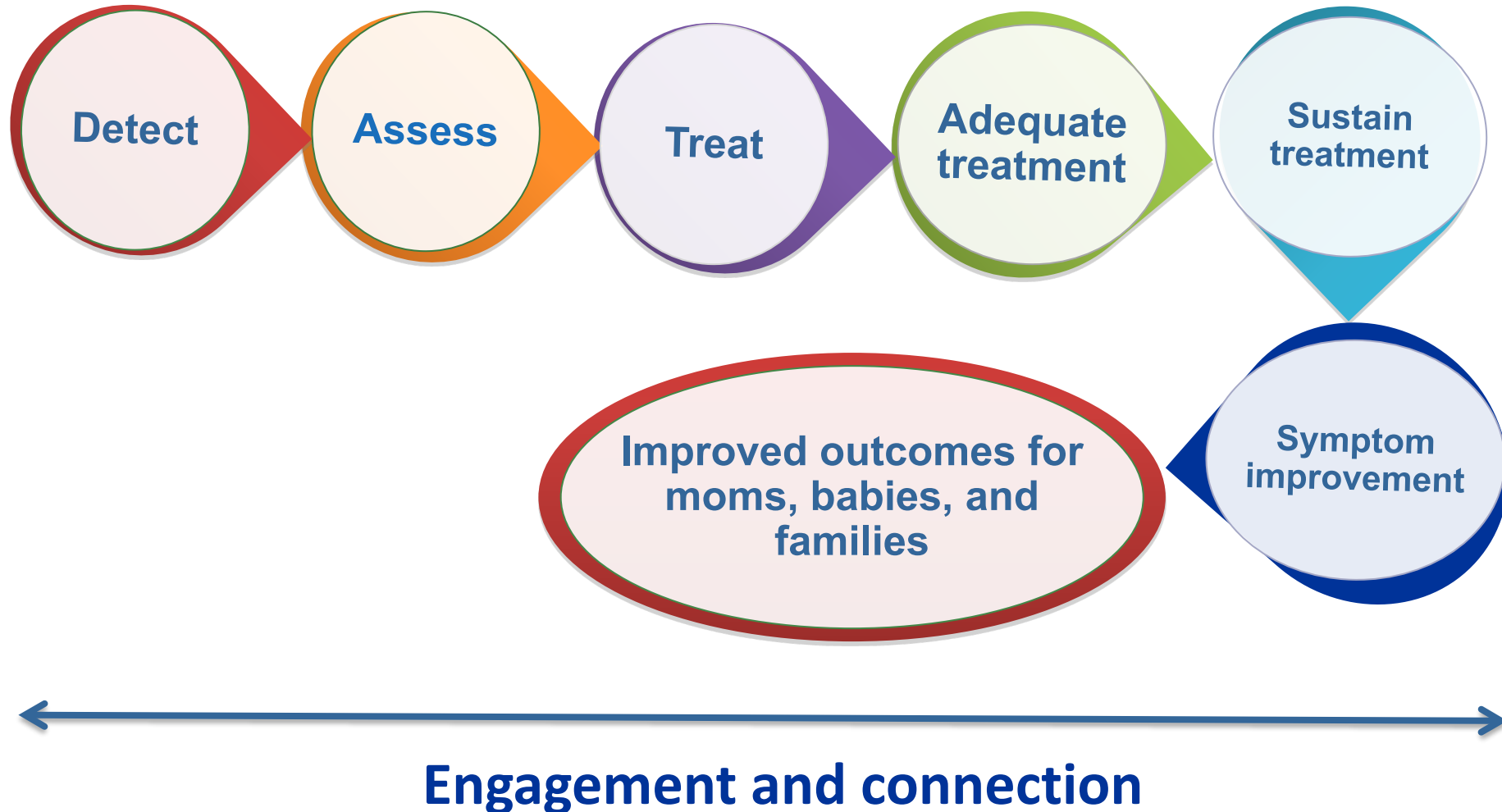


www.mcpapformoms.org

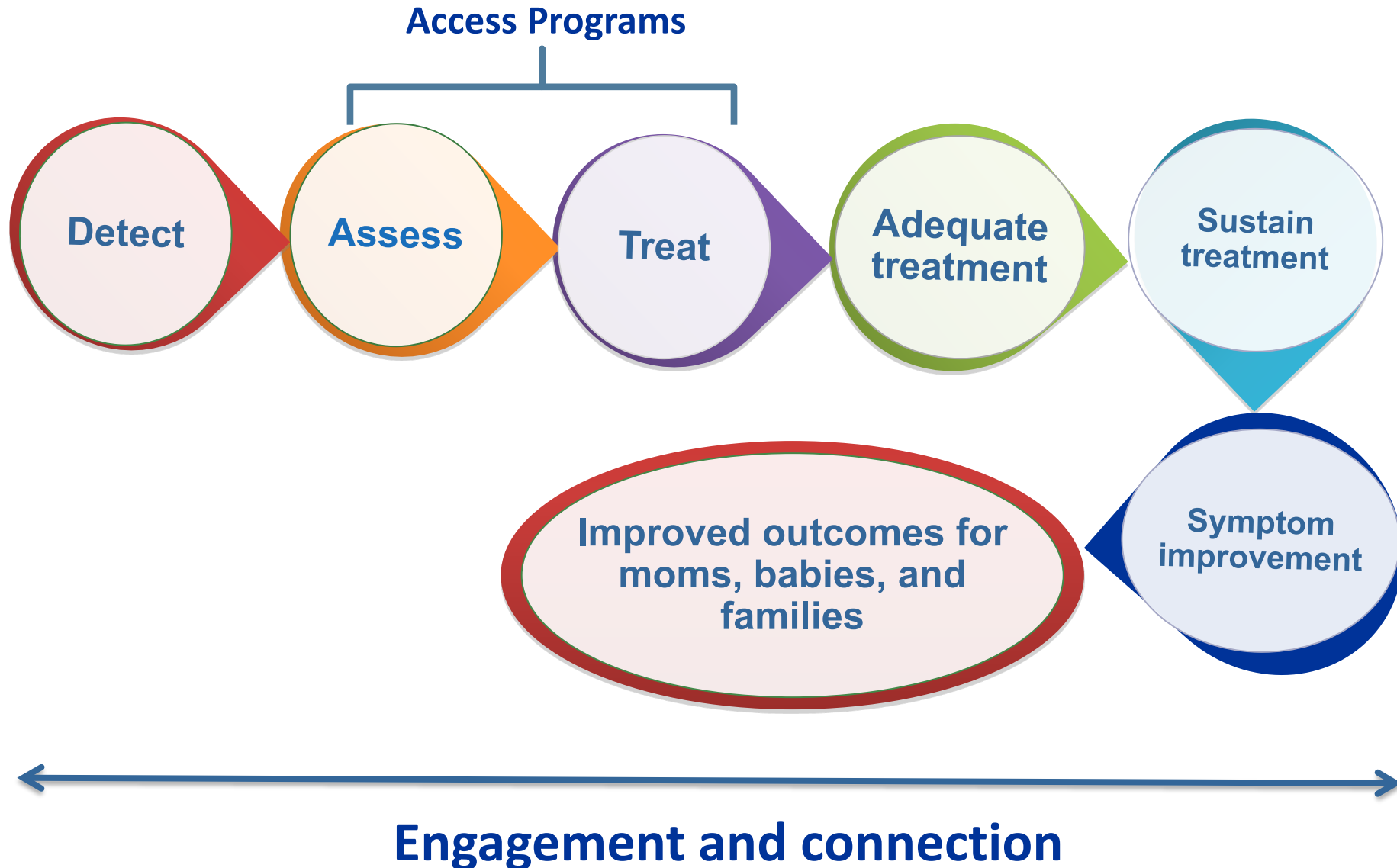
<https://escholarship.umassmed.edu/pib/vol16/iss>

7/1/

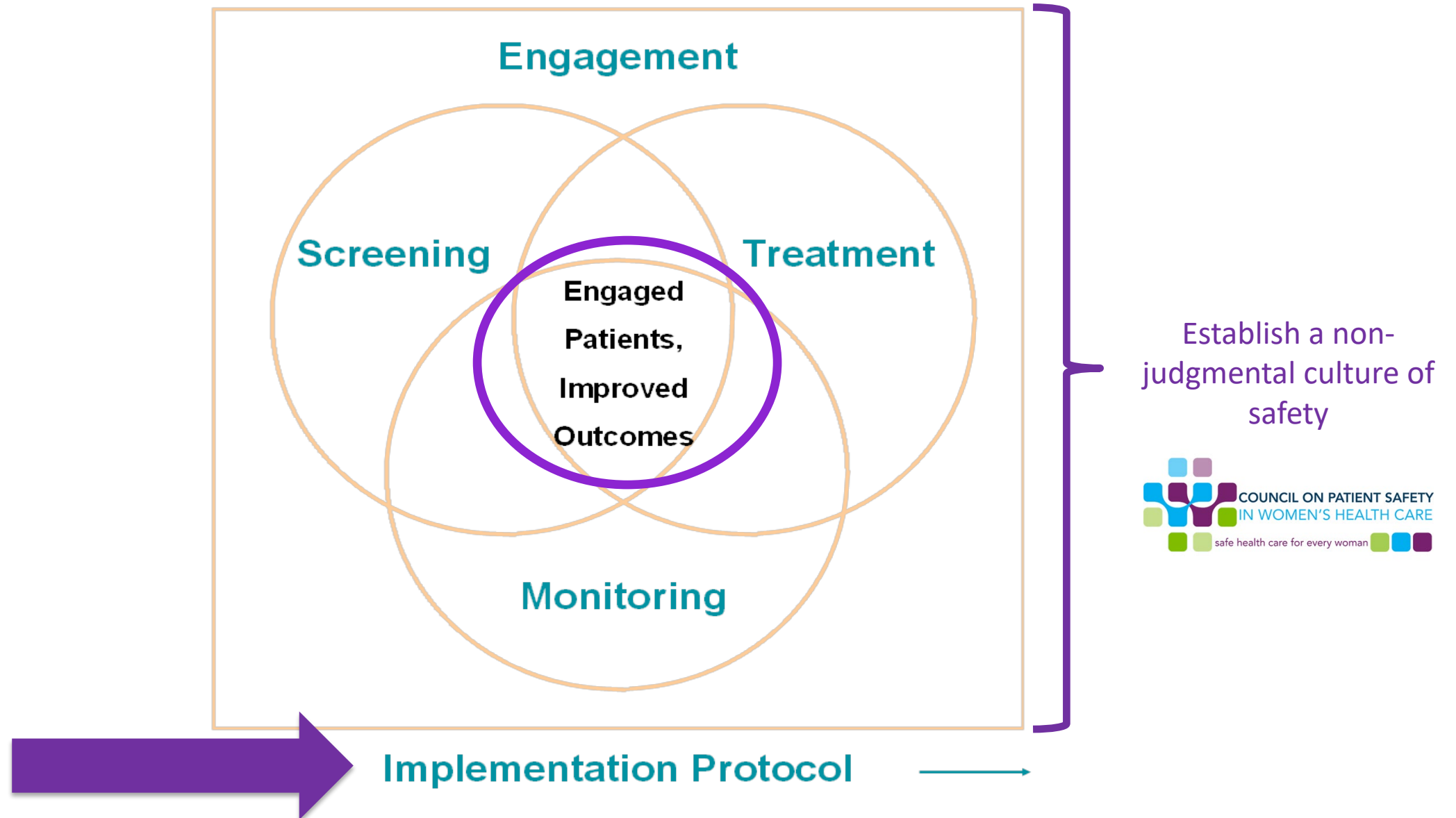
Proactive practice-level interventions are needed to destigmatize mental health by fully integrating it into obstetric care



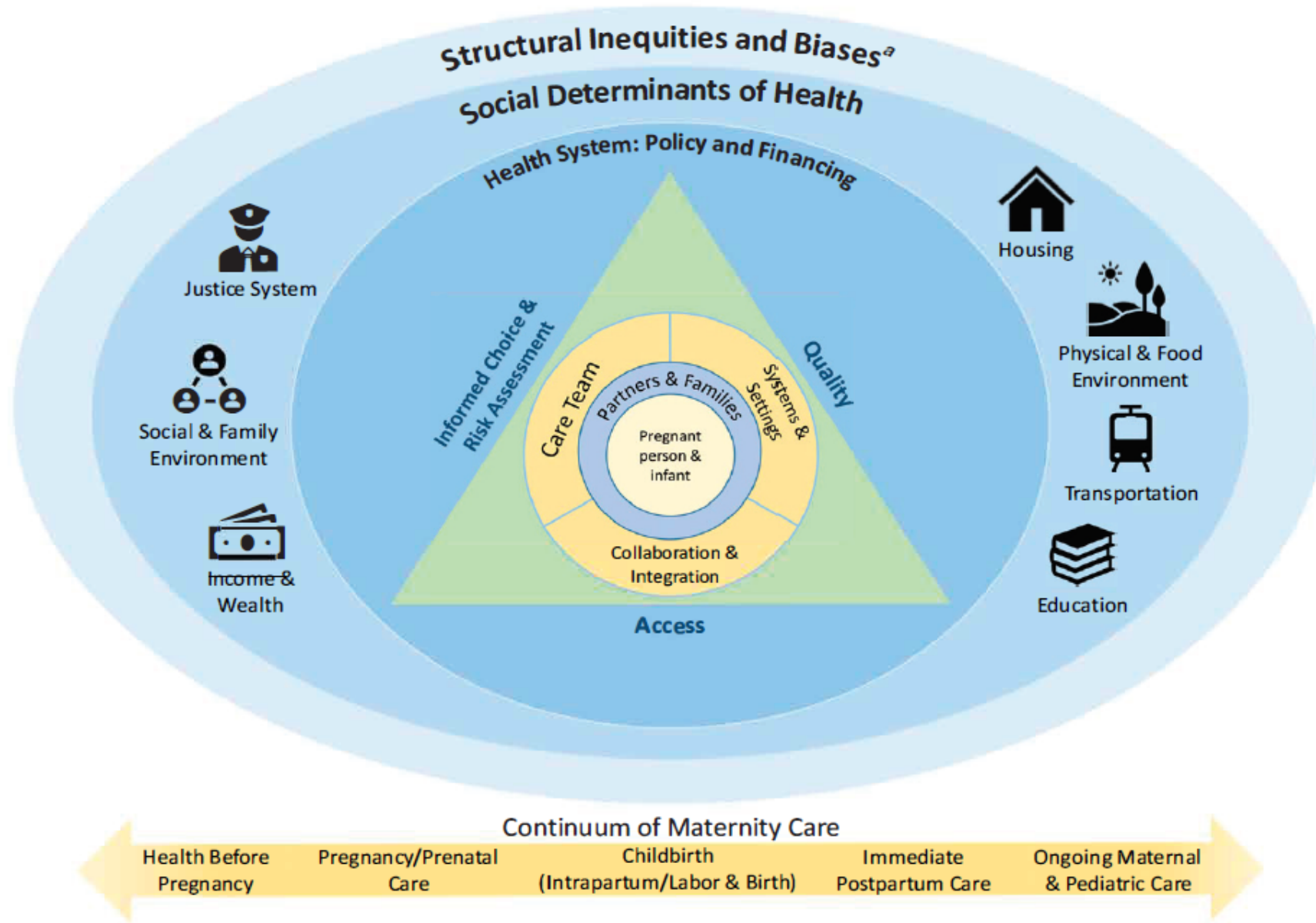
Proactive practice-level interventions are needed to destigmatize mental health by fully integrating it into obstetric care



Implementation protocols can help practices integrate mental health care into their workflow



SDoH also need to be addressed for equitable access to mental health care



Increasing front line provider capacity to provide mental health care can help engagement in care and decrease stigma



Please contact us with questions

www.mcpapformoms.org

www.lifeline4moms.org



Nancy.Byatt@umassmemorial.org

TiffanyA.MooreSimas@UMassMemorial.org

Thank you!



QUESTIONS?



OVERCOMING OBSTACLES WEBINAR SERIES

Sustaining behavioral health care in your practice

UPCOMING 2021 WEBINARS

BHI Implementation: How to Make the Best Decisions for your Practice and Patients

Privacy and Security: Know the Rules for Safe and Secure Communication of Behavioral Health Information



**Thank you for
joining!**