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.
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.

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

- Asian or Pacific Islander: 36%
- Black or African American (non-Hispanic): 25%
- Hispanic or Latino: 28%
- More than one of the above: 31%
- Native American or American Indian: 28%
- Other: 37%
- White (non-Hispanic): 28%
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.

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

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...
Contact Us

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

https://screening.mhanational.org/

@mentalhealthamerica
@mentalhealtham
@mentalhealthamerica
/mentalhealthamerica
/mentalhealtham
/mentalhealthamerica
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 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 judgment
  - Hospitalize, or call 911 or local police if no hospital is available. If patient refuses hospitalization, consider involuntary commitment if state permits

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

### Low Risk
- Patient has thoughts of death only; no plan or behavior
  - Evaluate for psychiatric disorders, stressors, and additional risk factors

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
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
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

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

What's wrong with you?

What happened to you?

How have you managed to cope with it?
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

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics (AAP)</td>
</tr>
<tr>
<td>American College of Obstetricians and Gynecologists (ACOG)</td>
</tr>
<tr>
<td>American Medical Association (AMA)</td>
</tr>
<tr>
<td>American Psychological Association (APA)</td>
</tr>
<tr>
<td>Center for Disease Control and Prevention (CDC)</td>
</tr>
<tr>
<td>U.S. Preventive Services Task Force (USPSTF)</td>
</tr>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
</tr>
<tr>
<td>Council on Patient Safety in Women’s Health Care</td>
</tr>
<tr>
<td>Health Resources &amp; Services Administration (HRSA)</td>
</tr>
<tr>
<td>Nurse Practitioners in Women’s Health (NPWH)</td>
</tr>
</tbody>
</table>
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

2016

U.S. Preventive Services Task Force

Depression

2016-2017

Depression & Anxiety

At least once during the perinatal period

At least once during pregnancy and again pp

Twice in pregnancy and again pp

ACOG CO 630 May 2015 → ACOG CO 757 Nov 2018; USPSTF JAMA 2016; Kendig et al Obstet Gynecol 2017
Trainings and toolkits can help educate and engage providers in addressing perinatal mental health

www.mcpapformoms.org  https://escholarship.umassmed.edu/pib/vol16/iss7/1/
Proactive practice-level interventions are needed to destigmatize mental health by fully integrating it into obstetric care.

Engagement and connection

Improved outcomes for moms, babies, and families
Proactive practice-level interventions are needed to destigmatize mental health by fully integrating it into obstetric care.

Engagement and connection

Access Programs

Detect → Assess → Treat → Adequate treatment → Sustain treatment

Improved outcomes for moms, babies, and families

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

Establish a non-judgmental culture of safety
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?
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!