Providers’ Perceptions of Mental Healthcare Needs in Primary Care Patients

Selena Jackson, B.A., Cory Wornell, M.S., MPH., Jennifer Langhinrichsen-Rohling, Ph.D., & Keri Johns, M.A. University of South Alabama, Mobile, AL

Background

- Mental health disparities for individuals of lower social economic status have been implicated in the maintenance of psychological distress (Adler & Rehkopf, 2008).
- Traditionally, such individuals experiencing psychological distress present to their primary care physician instead of a mental health provider (Parslow, Lewis, & Marsh, 2011).
- As a result, integrative healthcare is being initiated nationally within community healthcare systems to provide diverse treatment and promote quality care.
- Uniquely positioned for such expansion are Federally Qualified Health Centers (FQHCs or FQs), which are the primary healthcare locale for low-income, uninsured, or Medicaid recipients.
- Therefore, it is important to ensure perceived needs are adequately addressed so resources are appropriately utilized to provide the best patient care.

Purpose

The aim of the study is to assess PCP needs/attitudes in five domains:
1) comfort level with mental health patients
2) utilization of the PHQ-9 as a screener for depression
3) most prevalent presenting problems
4) perceived needs for therapeutic groups
5) areas of interest for additional PCP training regarding mental health treatment and medication protocol

Methods

- Anonymous survey data collected from two unique community FQHCs located in the southeastern Gulf Coast region.
- Sample: 27 Primary Care Providers
- ~55% Female
- Race/Ethnicity equally distributed

Results

- Comfort Level with Unstable Patient
  - Very Comfortable: 19%
  - Somewhat Comfortable: 15%
  - Neutral: 5%
  - Very Uncomfortable: 5%
- Comfort Level with Stable Clients
  - Very Comfortable: 45%
  - Somewhat Comfortable: 25%
  - Neutral: 2%
  - Very Uncomfortable: 12%
- Comfort Level using PHQ-9
  - Very Comfortable: 27%
  - Somewhat Comfortable: 33%
  - Neutral: 19%
  - Very Uncomfortable: 10%

Results (cont.)

- Provider Rankings of Group Needs
  - Stress Reduction
  - Healthy Lifestyle Choices
  - Loss and Grief
- Requests for Additional Training
  - PHQ-9
  - Mental and Behavioral Health Needs
  - Treating Depression
  - Psychotropic Medications
  - Motivational Interviewing
  - Chronic Illness and Depression

Discussion

- Many physicians reported feeling “neutral” about screening with the PHQ-9 due to their unfamiliarity with the screening instrument. Our Center feels this is a necessary step toward integrated care: training PCPs in screening devices for the MBH needs of their patients.
- While the PCPs reported high levels of mental health concerns such as depression and anxiety, one FQ rated the need for a “Healthy Lifestyles” Group as their primarily-desired MBH group therapy session. More training in the goals of MBH groups may be needed.
- Though a large portion of PCPs stated they would be willing to be trained in “MBH Needs”, most were not interested in being trained in MI and other evidence-based interventions which have potential to allow PCPs to attend to the MBH needs of their patients.
- Further research is underway to determine the affects of having access to a MBH professional at the FQHCs.