

# ***Mental Health Integration Project:***

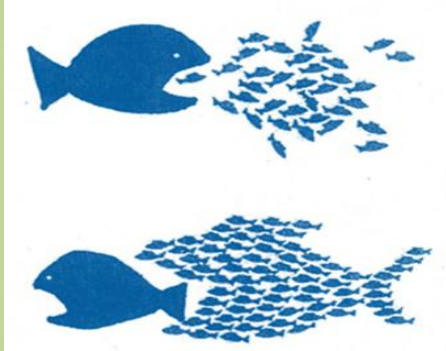
*Enhancing Mental Health Practice in Primary Care*

Beth Clay, Executive Director

N.E.W. Mental Health Connection



N.E.W. Mental Health CONNECTION



**Vision:**  
A community that  
is mentally well  
and stigma-free



**Mission:**  
Lead the collaboration of community stakeholders to create and  
continuously improve an exceptional mental health system of care

**Using Innovation and Best Practice, the Connection Initiatives address:**

## Prevention

CMHI

Zero Suicide

MHIP

FVSAC

## Education

CMHI

Zero Suicide

24/7 Crisis

NWD/RAIL

MHIP

FVSAC

## Access

CMHI

24/7 Crisis

NWD/RAIL

MHIP

FVSAC

## Workforce

Zero Suicide

NWD/RAIL

MHIP

FVSAC

CMHI – Children’s MH Initiative  
Zero Suicide – Suicide Prevention Initiative  
MHIP – Mental Health Integration Project  
NWD/RAIL – No Wrong Door / Referral Database  
24/7 Crisis – Access and Crisis Services  
FVSAC – Fox Valley Substance Abuse Coalition



# Formed in 2011, after a local CHAT 'plunge' and Mental Health Summit

- Fox Valley region: Third largest urban population area in Wisconsin (goal of NE Wisconsin)
- Larger Cities: **Oshkosh, Neenah, Menasha, Appleton**
- Smaller Towns: **Chilton, New London, Shawano, Hortonville, Kimberly, Kaukauna, Little Chute, Freedom....**



# Concerns that lead to MHIP:



- Access challenges: long wait times, difficulty finding specialty treatment, etc.
- Serious shortage of Pediatric Psychiatry
- Inadequate Adult Psychiatry Access
- Nation-wide shortage of Psychiatry
- Strong Family Medicine practices, though majority not full-scope
- Family Medicine forced to assume wider scope of mental health practice



# MHIP Task Force

- Idea born in 2011, planning sessions 2011-2012
- Alignments with health systems, community initiatives, educational resources
- Funding support from health systems and Community Foundation
- Aligned with NEW MHC
- Conducted semi-structured interviews with Primary Care Physicians to create structure and content



# MHIP - Leadership/SteeringGroup

- Dr. Ken Casimir, MD (Affinity Medical Group)
- Dr. Mark Marnocha, PhD (Mosaic Family Medicine)
- Dr. John Mielke, MD (Retired/Community Foundation)
- Dr. Doug Moard, MD (Thedacare Family Medicine)
- Dr. Mark Rovick, DO (Fox Valley Children's Psychiatric/MCW)
- Behavioral Health leads from Affinity and ThedaCare
- Executive Director of NEW MHC



# Primary Care Interview Results

- 57% did not feel proficient in MH care
- 67% did not feel counseling is sufficiently accessible
- Universal concern about shortages in psychiatry (esp Pediatric) and problems overall contacting psychiatry
- **95%** indicated either “Very amenable” or “Interested” in in-depth MH CME
- EXTENSIVE ideas from physicians for training content and format



# Interview Content Summaries

- **Mental Health Care Concerns:** Lack of communication w/psychiatry; poor access to general MH resources; access to psychiatry; resources unfamiliarity
- **Suggested Training Areas:** Refractory depression; Younger children; Bipolar; Schizophrenia; Suicide; ADHD; Managing meds; Algorithms for treatment, diagnosis; Listening/counseling



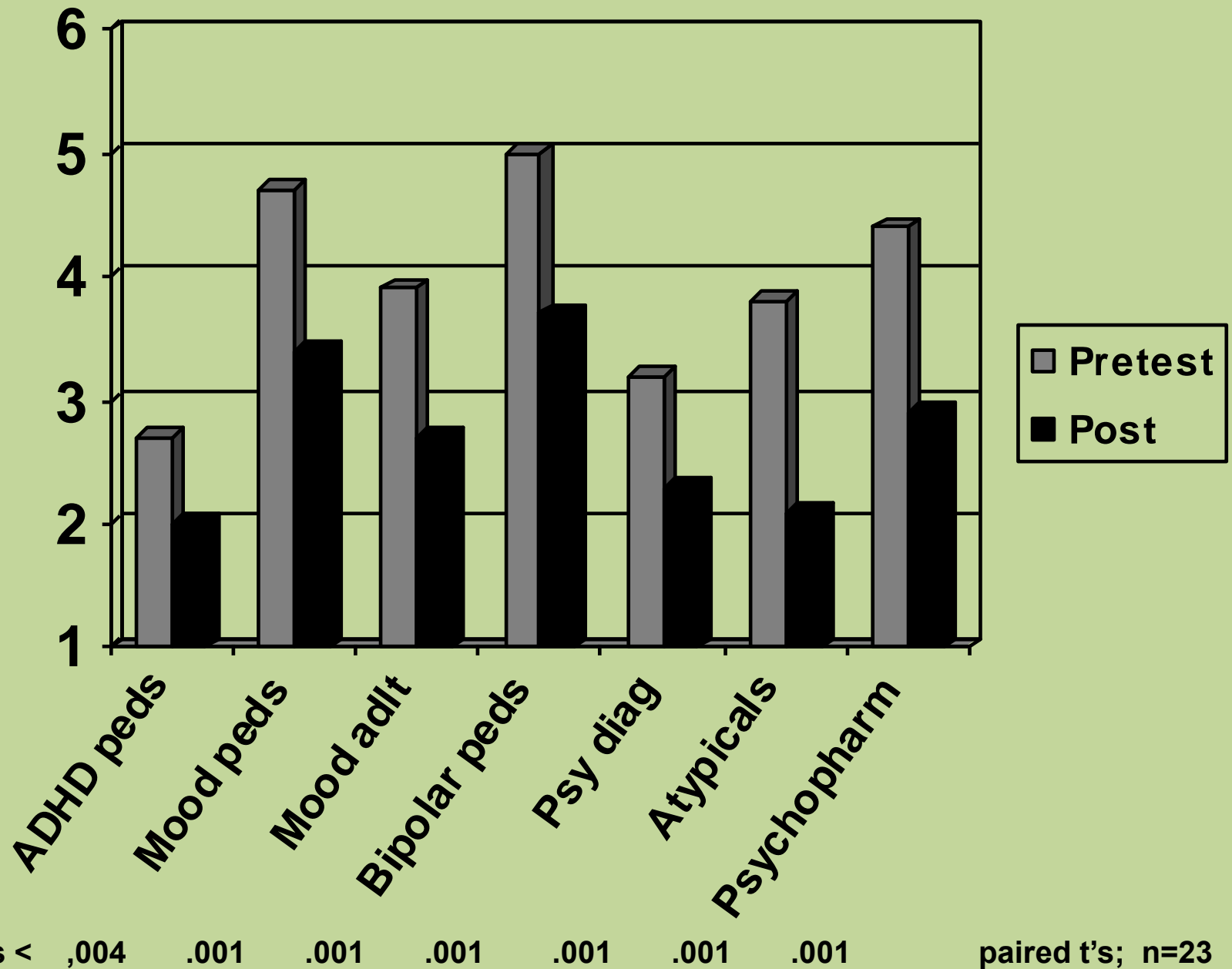


# Project Status

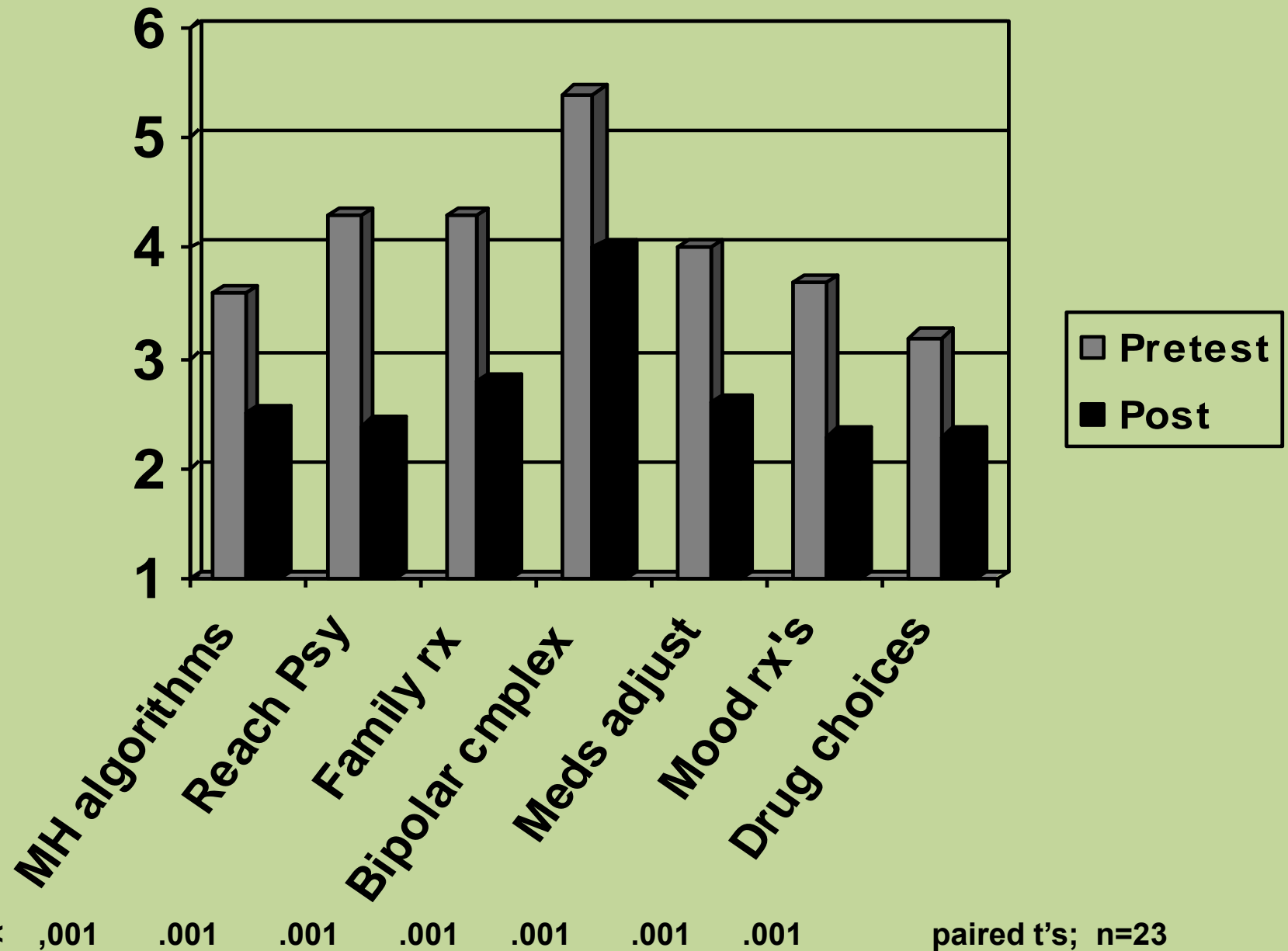
- How many attended 2013-16?
- Includes NP students and Family Med residents
- Online evaluations of each session
- Pretest and posttest assessment of comfort/skill with MH care.
- Open-ended survey for planning purposes after March session
- Participants not required to attend all sessions
- Outcomes and survey results used for planning the subsequent sessions



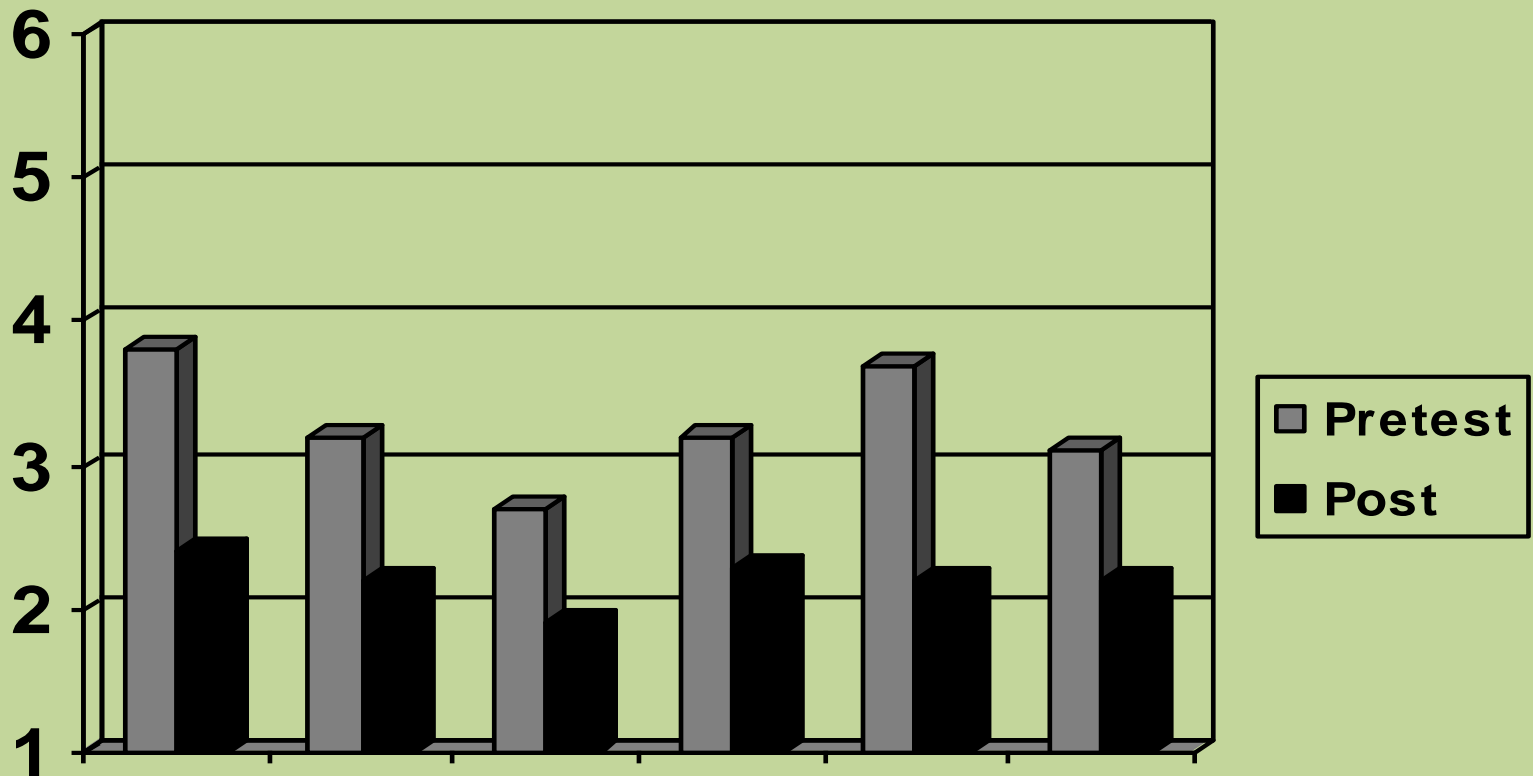
Rating Scale: 1= Very Comfortable and skilled to 6 = Very Uncomfortable and lacking skill



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# **Planning Feedback**

## **after 7<sup>th</sup> session (March 2014, 2015)**

- **90% had attended 5, 6 or 7 sessions**
- **OVERALL QUALITY HAS BEEN:**
  - 74% EXCELLENT      26% VERY GOOD**
  - 0% ADEQUATE      0% POOR**
- **100% would recommend to a colleague**
- **97% would attend if new in-depth info were offered**
- **97% indicated psychiatry teaching was useful in practice**
- **91% had productive talks with colleagues at sessions**



# Feedback Comments

- **MOST USEFUL**: Specific psychiatric content; Case reviews; Diverse topics; Diverse styles of teaching
- **LEAST USEFUL**: Too detailed; Too much intro/basics; Time-keeping; Some content not relevant
- **TOPICS (# mentioning)** for next series:  
Anxiety Disorders (14) Bipolar Disorders (13) ADHD (12)  
Depression (12) AODA (7) Oppositional/Defiant (4)  
Suicide(3) Eating Disorders (3) Dementia (3)  
Psychotherapy (3)
- **SPECIAL TOPICS**: LGBTQ health/MH issues, Trauma/TIC

# MHIP: What's next?

- Strategic Planning – Summer 2016
- Rethink the model... When and where?  
Sustainability? Food, fees, CMEs?
- Let changes in requirements drive the need for the training? (mental health assessment will be mandatory)
- Let health systems train their own?
- Go back to the audience for guidance...

