Mental Health Integration Project:
Enhancing Mental Health Practice in Primary Care

Beth Clay, Executive Director
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

**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 heath systems and Community Foundation
- Aligned with NEW MHC
- Conducted semi-structured interviews with Primary Care Physicians to create structure and content
MHIP - Leadership/Steering Group

- 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

2-tail p’s < .004 .001 .001 .001 .001 .001 .001 paired t’s; n=23
Rating Scale: 1 = Very Comfortable and skilled to 6 = Very Uncomfortable and lacking skill

MH algorithms
Reach Psy
Family rx
Bipolar complex
Meds adjust
Mood rx’s
Drug choices

2-tail p’s<  .001  .001  .001  .001  .001  .001  .001 paired t’s; n=23

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

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Planning Feedback after 7th 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...