

Pediatric Psychiatry in the Primary Care Setting ECHO[®]



ECHO SESSION 6: 10/5/2022

Presentation: Whole Treatment / Whole Teams



Jesse Higgins, PMHNP

Jesse Higgins, currently the Director of Integrated Behavioral Health at Northern Light Acadia Hospital in Bangor, Maine, practiced consultative psychiatry in a family medicine practice at Eastern Maine Medical Center since 2011.

Jesse developed and directs a program of integration that leverages licensed clinical social workers and psychiatric mental health nurse practitioners on-site and via telehealth in outpatient medical practices throughout the state of Maine. The mission of this program is to improve access to behavioral health expertise for outpatient medical practice patients, families, providers, and staff.

Jesse is a national speaker on topics that include integrated behavioral health, shared decision making, and strengthening medical practices as a trauma-informed access point for patients presenting with mental illness and substance use disorders.

Objectives

- *Provide education about how stigma in pediatric settings impacts patients and families impacted by mental illness and substance use disorders.*
- *Emphasize the importance of providing education and support to clinical and non-clinical personnel.*
- *Provide practical skills to navigate difficult conversations with families and team members.*

The Power Differential in treatment settings

All people are vulnerable to the power differential between provider and patient, but some people are at greater risk of feeling disempowered and having poor health outcomes:

- Low literacy level (80 million Americans)
- Lower self-efficacy
- Higher burden of disease
- Substance use disorders

(van Boekel, et al., Frosch et al., 2012)



Substance use disorder, stigma and healthcare

- In a literature review of 28 studies, people working in the field of healthcare generally had a negative attitude towards patients with substance use disorders.
- Perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients.
- Negative attitudes of health professionals diminished patients' feelings of empowerment and subsequent treatment outcomes.
- Health professionals with these beliefs were less involved and held a more task-oriented approach in the delivery of healthcare, resulting in less personal engagement and diminished empathy.

(Van Boekel et al.; Wakeman, et. Al.)

Impact of guardian-perceived stigma and service locations

Guardians' perceived stigma about their child's mental health issues is linked to decreased willingness to seek services at a mental/behavioral health center and at their child's school.

Perceived stigma was not associated with willingness to seek services in a private practice, primary care, church, or by telehealth.

(Polaha et al., 2015)



Stigma reduction is critical in school-based settings

School-based mental health services can reduce barriers for students to access needed services, thus helping them stay in school and learn.

To increase access, interventions must be focused on mental health awareness; the rationale for appropriate screening for students with behavioral health needs and reducing the stigma of seeking help.

Minimizing stigma can lead not only to an increased willingness to access behavioral health services but also a reduction in adverse outcomes from issues like social isolation and bullying.



(Beers, 2020)

What impact does this have?

- Stigma contributes to a host of adverse outcomes, including:
 - Poor mental and physical health
 - Increased involvement in risky behavior
 - Decreased access to mental and physical health care and substance use services
 - Delayed treatment due to hiding potentially stigmatizing condition

(Livingston, et al. 2012)



Trauma Informed Care

1. Set the tone

- Ask permission before touching/procedures

2. Take the time

- Let them know what's happening and why

3. Be sensitive to change

- Provide explanation about policy/staffing changes

4. Engage and understand

- Ask what questions they have
- Make eye contact while you're answering

(National Council, 2017)

How do I
engage with
a patient or
family when I
feel
challenged?

- Pay attention and consider an underlying cause
- Know your own strengths and weaknesses
- Remain calm, be genuine and professional
- Connect with the patient as a unique person
- Maintain clear boundaries and seek help if needed

(Brooks, 2015)

Practical tips for all team members

<u>How do I?</u>	<u>Communication Skills</u>
Greet patients	<ul style="list-style-type: none">• Use patient/family names.• Use appropriate body language (for example, eye contact and open, welcoming expression)
Orient patients to the visit	<ul style="list-style-type: none">• Explaining your role, the anticipated time frame and next steps in visit.
Identify patients' and family members' concerns	<ul style="list-style-type: none">• Ask open-ended questions – be curious.• “Anything else?”

What can the organization do?

- To alter stigma at a structural level:
 - Provide contact-based training and education programs targeting all staff.
 - Encourage and incentivize wellness.
 - Foster a supportive culture.
 - Provide targeted trainings.
 - Promote reflective, trauma informed supervision.



What can individuals do?

- Enhance your awareness with education.
- Practice daily rituals of self-care.
- Exchange information and feelings with people who can validate you.
- Clarify your personal boundaries.
- Express your needs verbally – process, don't vent.
- Take positive action to change your environment.

(Compassion Fatigue Awareness Project, 2017)



Being present, authentic and engaged can be exhausting.



Get support – no one can do it alone!



References

- Beers, N., & Joshi, S. V. (2020). Increasing access to mental health services through reduction of stigma. *Pediatrics*.
- Brooks, A. (2015). 10 terrific tips for new nurses dealing with difficult patients. Rasmussen College. Retrieved from <http://www.rasmussen.edu/degrees/nursing/blog/tips-for-new-nurses-dealing-with-difficult-patients/>
- Brown, J. D., Wissow, L. S., Cook, B. L., Longway, S., Caffery, E., & Pefaure, C. (2013). Mental Health Communications Skills Training for Medical Assistants in Pediatric Primary Care. *The Journal of Behavioral Health Services & Research*, 40(1), 20–35.
- Compassion awareness project. (2017) . Retrieved from <http://www.compassionfatigue.org/pages/pathtowellness.html>
- Durand, M. A., Carpenter, L., Dolan, H., Bravo, P., Mann, M., Bunn, F., & Elwyn, G. (2014). Do interventions designed to support shared decision-making reduce health inequalities? A systematic review and meta-analysis. *PloS one*, 9(4), e94670.
- Frosch, D. L., May, S. G., Rendle, K. A., Tietbohl, C., & Elwyn, G. (2012). Authoritarian physicians and patients' fear of being labeled 'difficult' among key obstacles to shared decision making. *Health Affairs*, 31(5), 1030-1038.
- Halpern, J. (2003). What is clinical empathy? *Journal of General Internal Medicine*, 18, 670-674.
- Kelley, J. M., Kraft-Todd, G., Schapira, L., Kossowsky, J., & Riess, H. (2014). The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. *PloS one*, 9(4), e94207.
- Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction*, 107(1), 39-50.
- Menschner, C. & Maul, A. (2016). Strategies for encouraging staff wellness in trauma-informed organizations. Center for Health Care Strategies, Inc. Retrieved from https://www.chcs.org/media/ATC-Staff-Wellness-121316_FINAL.pdf
- National Council for Behavioral Health. (2017). 4 Ways to Make Patients with Traumatic Histories Feel Safe in Primary Care. Retrieved from <https://www.thenationalcouncil.org/BH365/2016/05/18/4-ways-make-patients-traumatic-histories-feel-safe-primary-care/>
- Polaha, J., Williams, S. L., Heflinger, C. A., & Studts, C. R. (2015). The perceived stigma of mental health services among rural parents of children with psychosocial concerns. *Journal of pediatric psychology*, 40(10), 1095-1104.
- Stone, E. , Kennedy-Hendricks, A., Barry, C., Marcus, A. Bachhuber, and McGinty, E. (2021). The role of stigma in U.S. primary care physicians' treatment of opioid use disorder, *Drug and Alcohol Dependence*, Volume 221.
- Van Boekel, L. C., Brouwers, E. P., Van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug and alcohol dependence*, 131(1-2), 23-35.
- Wakeman, S. E., & Rich, J. D. (2018). Barriers to medications for addiction treatment: How stigma kills. *Substance use & misuse*, 53(2), 330-333.