

Community health clinics embed behavioral health services within primary care

Since 2003, NEON's six community health clinics in the greater Cleveland area have offered mental health services embedded within primary care. "It has been quite a journey," says Robert Carson, PhD, DCSW, LISW-S, "but our primary care doctors welcomed the integration."

Today, the clinics are able to do what Carson calls "curbside consults on the fly," addressing urgent mental health needs of patients who have come to the clinic for a primary care appointment. Patients with less critical mental health needs are given an appointment within two weeks.

NEON is one of the oldest and largest community health centers in the country. The clinics see 45,000 patients a year on average, serving a population that is 93% inner city African Americans, predominantly women. Most patients suffer from multiple chronic health issues. When Carson began working with NEON in January 2003, the clinics did not provide mental health services. Having held multiple positions in which he had developed behavioral health programs, Carson presented a proposal to do the same for NEON. The CEO of NEON readily took him up on the offer. A year later, NEON was offering behavioral health services in all of its clinics, with Carson as director and lead therapist, plus two interns working on their master's degrees in social work.

Today, NEON's behavioral health department has a staff of six. The department sees 1,200 patients a year on average, scheduling 14 to 16 patients a day for half-hour sessions.

Creating structure opens the door to personal growth

When NEON first launched behavioral health services, the no-show rate for appointments was 78 percent. "Initially, it was like pulling teeth to get people to come in for their appointments because of the stigma attached to mental health issues," says Carson.

"'I ain't crazy and I'm not going to see a shrink' is an attitude that's alive and well across the country—no matter whether you're working with urban or rural populations, no matter what racial, ethnic, or cultural groups you're serving," says Carson. This resistance can be based on a variety of factors. For example, Carson, who is part Anishinabe (Ojibwe Indian), notes a specific cultural response by American Indians in addressing mental health issues. "You won't be effective in using psychometric testing with Indian people because from their perspective, one is not talking from the spirit in answering Yes/No questions—so a test can't elicit answers that will be helpful," he says. "Keep in mind that psychological constructs are not indigenous to the original people of this country. Indian people are focused on relationships and they have an oral tradition, so a conversation across the kitchen table in their home with the psychologist is likely to be the more productive route."

Carson felt highly motivated to improve the no-show rate at NEON. “Perhaps it comes from my military background, feeling the need for discipline and structure,” he says. To address the no-show problem at the clinic, he developed three letters that implemented the baseball paradigm of a three-strike rule. The letters notify the patient of each missed appointment and explain that if they miss three appointments without calling to cancel, they will be referred out to the county mental health program for medical non-compliance.

Once the three-strike policy was implemented, the no-show rate began to improve dramatically. Today, it averages 24 percent. “I think the three-strike rule was successful because it brought structure to the structureless environment in which many of our clients live,” says Carson. “Destitute populations don’t have much to cling to emotionally or financially. Families are destroyed by poverty, alcoholism, and drug addiction. Their lives are a ‘hot mess’ as they say in the ‘hood. In all that daily madness, they have one thing that anchors them: themselves. When people realize what structure can bring, that it can help them create a better life for themselves, it then becomes almost effortless for people to make changes that will improve their mental and spiritual being.”

This is you

All patients who come to NEON see a primary care provider (PCP) first. Based on their intake interviews with the patient, the PCPs may make an initial referral to the behavior health group and direct the patient to contact NEON’s centralized appointment service.

During the therapists’ first meeting with the patient, they determine if the individual fits within their scope of practice. (For example, the clinic does not provide a pain management program but refers patients out for this service.) Patients then fill out a comprehensive questionnaire that covers medical, psychological, social, sexual, and cultural issues. The department uses a co-therapist model, with one therapist taking the lead in conducting the intake session while the other enters the patient data into the EMR and joins the discussion when able. “At first glance, one might think that this model isn’t a good use of resources, but we find it to be an empathic model in which the patient and lead therapist aren’t distracted by the EMR data-entry process,” says Carson. “Patients are sometimes leery at first but soon they adapt to this co-therapist model and find comfort in having the attention of two therapists.” Intake is usually completed in two 1-hour sessions.

If there is evidence of a personality disorder or of psychological or behavioral issues such as depression, anxiety, or ADHD, the clinic conducts more in-depth testing to pinpoint the problem. Carson is a firm believer in the value of psychological testing. One of the instruments he uses is the MMPI®-2 (Minnesota Multiphasic Personality Inventory®-2) test, which is administered to patients who are suspected of having a personality disorder.

“When I share the MMPI-2 report with the patient, I can tell them, ‘Here it is in black and white. From the answers you gave, I can tell you definitively that you are experiencing a borderline personality disorder. Here are the questions, and here are your answers. This is

you.’ Seeing the test results that they themselves have generated helps patients move past the denial—and past the stigma associated with mental health problems,” says Carson.

“The hard science of the test allows us to present evidence about the patients’ personality issues, about experiences that have affected them and are causing the problems they are having now, or about whether hereditary factors play a role,” says Carson. “The report sheds light on how all these pieces weave together—something that’s otherwise beyond most people’s ability to understand. I encourage patients to take the report home, to read it over, to ask me questions about it. And I explain to them, ‘This isn’t a terminal illness. We have treatments to help you; you can learn how to manage it.’”

In addition to the reliable data provided by the MMPI-2 test, Carson likes that the instrument can be automatically scored and analyzed using Pearson software. “The fact that the test is computer-scored not only saves us time, it also helps confirm for the patient that we are not adding any personal bias to the results,” he says.

With patients who are suspected of having ADHD, Carson uses the Conners 3[®] (Conners 3rd Edition[®]) test, which is designed to be completed by parents and teachers of children and adolescents. “A lot of the parents we work with are educationally challenged; the Conners presents questions that are easy for them to understand and respond to,” says Carson. “The assessment is simple to score—and it provides solid, objective information that is useful in communicating with our pediatricians, most of whom are familiar with the test.”

An integrated approach to care

Based on their clinical interviews and the test results, the psychologists develop a treatment plan, which typically includes medication as one component. They share their care recommendations with the PCP. During the course of treatment, the therapists regularly monitor the patient’s physical symptoms as well as psychological status and frequently consult with the PCP.

Carson points out the interrelationship between mind, body, and spirit in patients’ health outcomes. “Physical problems, such as feeling low on energy, or being unable to sleep, typically accompany mental health issues,” he notes. “Our behavioral health group focuses on addressing the mental and emotional issues, helping the patient reshape their behavior to improve their outlook on life—and when you work on the mind, you are also affecting the body. When patients can talk to someone whom they have come to trust about the psychological problems they are facing, the healing that takes place is comprehensive; we see positive outcomes in patients’ physical symptoms as well as their behavioral health and attitude on life.”

NEON’s PCPs have been enthusiastic about the addition of behavioral health services to their clinics. “The PCPs have limited time with the patient, typically 15 minutes per clinic visit,” says Carson. “Having therapists on board enables the PCPs to make the most of their time with the patient in dealing with physical problems. And, as we use assessments to monitor the patient’s progress over time, it enables the PCPs to see how improvements

in the patient’s mental health correspond to improvements in physical, social, and spiritual health.”

Create yourself a great day

Carson’s phone message says, “Create yourself a great day,” which reflects his commitment to helping people take charge of their lives. “When I see patients wrestling with and then becoming more accepting of things in the past over which they have no control, when I see them moving beyond the past to create a new self, that’s really rewarding. That’s what behavior health is all about.”

BIO

Robert Carson, PhD, DCSW, LISW-S, LMSW, is director of the Behavioral Health Services department at NEON Health Services in Cleveland, Ohio. He received his master’s degree in social work at Michigan State University (1975) and a PhD in psychology from La Salle University (2000). He also completed doctoral studies in social development at St. Louis University. Carson, a highly decorated veteran, served a combined total of 26 years in the uniformed services. He achieved the rank of captain (US Navy rank) in 1997 and retired in 2003 to join NEON. He has held a wide variety of state and federal government positions, including senior public health policy analyst with the Health Resources and Services Administration (HRSA) and Special Assistant and principal advisor to the Deputy Assistant Secretary for Minority Health. He also has held adjunct associate professor and field instructor positions at seven universities, including Cleveland State University and Case Western Reserve University.

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