New Approaches to Mental Health Aim to Benefit Patients

Health Systems Rethink, Expand Services

ROBIN ROENKER
Contributor to *Health Progress*

Recognizing that whole-patient care hinges on the availability of services for both body and mind, many Catholic health care systems have directed renewed focus to their mental and behavioral health delivery — particularly since COVID-19. The challenges of the pandemic drove emotional and mental well-being to the forefront, breaking down stigmas associated with seeking mental health support and driving even greater demand for those care lines.

The trouble is, as they stand, America's mental health support systems simply cannot meet current demand. Roughly 160 million Americans live in areas hampered by mental health professional shortages.[1] Estimates suggest there are 350 Americans for every mental health provider in the country.[2] Accessing mental health support can be especially challenging for residents in rural areas, where 65% of counties lack a psychiatrist and 81% lack a psychiatric nurse practitioner.[3]

The ripple effects of this shortage — which is compounded by other obstacles to access, including patients' ability to devote time to treatment and afford services — are striking. One in five U.S. adults experience mental illness each year, but fewer than half of them receive any form of behavioral health treatment, according to a 2023 report by Mental Health America.[4]

Similarly, while one in six American youth between ages 6 and 17 experience a mental health disorder each year, Mental Health America estimates that about 57% of this population with severe depression receive no mental health support.[5]

These gaps in care exist despite the deep, well-researched links between mental illness and poor physical and social outcomes, including increased risks of unemployment or homelessness, cardiovascular and metabolic disease, substance use disorder and suicide.[6]

"It is our responsibility to stop 'admiring the problem' and start thinking about strategically organizing ourselves to address it," says Dr. Arpan Waghray, CEO of Providence's Well Being Trust, a national foundation focused on advancing communities' mental, social and spiritual health that was established in 2016 with a $100 million investment from Providence St. Joseph Health. It's not enough to identify and define a problem — it has to be solved.

"Catholic health systems, in particular, have a very unique role [in the solution] because Catholic health care goes where there are no other services," Waghray says. "We've been in these communities for a very long time; wherever there is a need, we've always been there."

BRIDGING BARRIERS

Over the past few years, to attempt to double the number of patients it serves within its behavioral health system, Intermountain Health has launched an intentional effort to boost accessibility and ease of navigation for mental health care. The Salt Lake City-based system includes Catholic hospitals, following a 2022 merger with SCL Health.

"National surveys suggest we're currently only reaching about half of patients who need [mental health] help … . We really wanted to understand why patients are not seeking care, why they're not coming in and how we can leverage our systems to be more consumer-centric and patient-friendly," says Dr. Mason Turner, Intermountain Health's senior medical director of behavioral health.

Something as simple as making an initial mental health appointment can be intimidating to patients, Turner explains, since they must first determine whether they need to seek help via their primary care provider, a psychologist, a counselor or therapist, or a nurse practitioner or psychiatrist — a task that can feel especially overwhelming for someone dealing with acute depression or anxiety.

To ease this barrier to care, in 2020, Intermountain launched a single behavioral health navigation hotline for its core service in Utah.[7] Initially developed to provide mental health support during the pandemic, this free phone line allows callers to share their presenting symptoms with a live attendant, who then can match them to inpatient or outpatient care through the Intermountain system or an external community partner. In this way, patients don't have to face the challenges of self-identifying their required level of care or finding an available provider who accepts their insurance.

Intermountain has also been reviewing ways to ensure its behavioral health services are accessible outside of regular business hours, either through telehealth or potential extended clinic hours, so that care better fits into patients' already busy schedules.

A similar goal to increase round-the-clock access to mental health services prompted Avera Health's launch of a 24-hour behavioral health urgent care clinic, which operates as a new arm of its Behavioral Health Hospital in Sioux Falls, South Dakota.

"A mental health crisis can come at any time of day, and these patients were typically going to emergency rooms that were maybe better equipped to deal with trauma and other things. This clinic is specifically designed for mental health services, so we can get patients the specialized care they need right away," says Dr. David Ermer, a psychiatrist and clinical vice president of Avera's Behavioral Health service line.

Many Catholic health care systems are also investing in integrated models of behavioral care in an attempt to identify and onboard a greater percentage of patients in need of mental health support.

"We really wanted to understand why patients are not seeking care, why they're not coming in and how we can leverage our systems to be more consumer-centric and patient-friendly."

— DR. MASON TURNER

In this approach, primary care providers and even other specialty care providers — including OB/GYNs, oncologists and endocrinologists — are trained to screen and treat common mental health conditions, including anxiety and depression, as a routine part of their patient checkups.

With this strategy in place, providers can more readily identify a new mom struggling with postpartum depression or a patient dealing with anxiety following a new diabetes or cancer diagnosis, for example, so that they can be referred right away to behavioral health support.

In addition to continued, active use of telemedicine to reach patients in rural areas, Avera will soon launch a collaborative care model developed by the University of Washington's Advancing Integrated Mental Health Solutions (AIMS) Center to further offset the shortage of mental health providers across its system's rural service areas. With this model, a centrally located psychiatrist, such as Ermer, would offer clinical guidance to primary care providers, who in turn provide front-line behavioral health services to patients.[8]

"People are comfortable with their primary care doctor, so we're allowing them to access

[mental health] care within the primary care clinic," Ermer says. "It's going to be much more convenient. It's bringing care to the patient, rather than making the patient come to the care."

PeaceHealth is also using the AIMS Center's integrated care model, and it has "shown promising results," says Lisa Steele, PhD, system director for PeaceHealth's behavioral health lines.

"There's a growing recognition among primary care providers and specialists that you cannot [successfully] treat a chronic medical condition, such as diabetes, when there's co-occurring depression that is untreated or undertreated," Waghray adds. "But addressing the problem requires intentionality and requires leadership engagement at all levels. Mental health services cannot be seen as a nice thing to have on the side … . We have to take a fundamentally different approach."

"We need to make sure that the access [our services] provide is culturally responsive and meeting the needs of the people reaching out to us — and also that it's driving measurable improvement in people's lives."

— DR. ARPAN WAGHRAY

DELIVERING RIGHT-FIT CARE

Many systems are expanding and fine-tuning their array of mental health service lines to better fit individual patient needs.

While Providence uses a robust, centralized telehealth system to further improve access to its mental health services, "access in itself is insufficient," Waghray says. "We need to make sure that the access [our services] provide is culturally responsive and meeting the needs of the people reaching out to us — and also that it's driving measurable improvement in people's lives."

Using a data-driven approach to identify community mental health gaps within its service footprint, Providence's Well Being Trust has been able to strategically fund new service innovations where they are most needed.

For example, in 2023, Well Being Trust supported the launch of West Texas's first pediatric mental health center in Lubbock[9] and a new mental health crisis receiving center in Missoula, Montana.[10]

For its part, Avera has invested in expanding tiers of mental health services available in its inpatient psychiatric units to allow for targeted, tailored accommodations and protocols to best treat patients in acute mental health crises as well as those dealing with less serious conditions.

"Rather than a one-size-fits-all approach, we'll end up having five different units in our inpatient psychiatric facility that are specifically designed for different patient needs," says Ermer.

Avera also partnered with the city of Sioux Falls, Minnehaha County and Sanford Health in 2021 to launch The Link,[11] a community triage center where people experiencing substance use disorder or other nonviolent behavioral health crises can access immediate treatment and support services.

"These are people the police might have [traditionally] brought to the emergency department for public intoxication … . But now they have a dedicated place where they are going to be safe, and where we can offer them mental and substance abuse services if they agree to that," Ermer says.

Similarly, PeaceHealth has launched Emergency Psychiatric and Addiction Services (EPAS), a pilot program at its Southwest Medical Center Emergency Department in Vancouver, Washington, to better screen patients presenting in emergency rooms with behavioral health issues or substance use disorder.

The program allows for more efficient and effective triaging of patients dealing with mental health or addiction challenges, freeing emergency medicine doctors to treat acute medical conditions more in line with the focus of the emergency department, says Steele.

With the pilot program in place, EPAS-trained clinicians at Southwest created a treatment plan for a patient with multiple emergency department visits linked to thoughts of suicide. By prescribing dialectical behavior therapy, the team greatly reduced the patient's symptoms of suicidal ideation. "Such a consistent approach by a dedicated team is a huge part of the success of reducing hospital visits," Steele says.

DATA-DRIVEN METHODOLOGIES

To measure its mental health service efficacy, Providence has developed new, systemwide dashboards to better gather and analyze key mental health impact metrics, such as outcomes for depression care, opioid use disorder care or suicidality.

While this data gathering is still new, its findings will eventually be shared across the Providence system so that providers can "share best practices in real time," Waghray says.

Providence also has an active learning collaborative program, where it routinely connects providers across its footprint to share best practices for various mental health and substance use disorder focus areas, including opioid use care.

Additionally, many systems are finding success in pursuing promising new therapy approaches or investing in new applications to long-existing ones. For example, Dr. Robert Axelrod, a PeaceHealth psychiatrist, predicts a newly FDA-approved protocol for transcranial magnetic stimulation (a treatment technique that uses a magnetic field to stimulate and reset brain networks that regulate mood) will "radically change the treatment of depression." Steele also points to promising advancements in electroconvulsive therapy (also known as electroshock therapy) for depression treatment and in ketamine microdosing as a treatment for depression, anxiety, posttraumatic stress disorder and chronic pain.

"Mental health needs to be woven through every level of health care and social services available. Everyone focuses on mental health when a crisis occurs, but focus and support are needed upstream to prevent the decline of someone's mental health."

— LISA STEELE

For its part, Intermountain will soon launch a collaborative — to eventually become an institute — to focus on adherence to evidence-based models of psychotherapy practice. The health care system plans to provide coaching or mentorship for its mental health providers to ensure they have ongoing support from experts in cognitive behavioral therapy, dialectical behavioral therapy and more than a dozen other proven modes of psychotherapy.

Through this collaborative, the health system can ensure that therapists are actually "using models of psychotherapy that we know work and get people better, faster — and that they're being very intentional about the work that they're doing," Turner says.

SUICIDE PREVENTION

In 2021, more than 48,000 Americans died by suicide, and roughly 1.7 million Americans attempted to take their own lives. Suicide is currently the 11th leading cause of death in the U.S.[12]

To address the crisis, Catholic health care systems have initiated a range of suicide prevention initiatives.

Providence has partnered with Ascension, Bon Secours Mercy Health, the Institute for Healthcare Improvement and the American Foundation for Suicide Prevention to form the Prototyping Learning and Action Network,[13] which allows effective suicide-prevention approaches to be shared across systems through monthly virtual learning sessions.

Currently, Providence uses an evidence-based treatment protocol for suicide prevention that includes the creation of a crisis safety plan — a navigation tool that can help patients identify signs they are in crisis and remind them of resources they can turn to in those moments through a self-identified list of family, friends and clinical supports.

Intermountain Health, too, encourages patients considering suicide to create a crisis safety plan. It has also created clinical care paradigms so providers know how to counsel patients about limiting access to firearms and other means of self-harm.

"Our footprint in the Intermountain West region has the highest rates of suicide anywhere in the United States, and so we see suicide prevention as a community-level effort," says Turner.

Suicide prevention is also a key focus for PeaceHealth, where every patient who comes into the emergency department is screened with the Columbia Suicide Severity Rating Scale,[14] a stan-

dardized assessment that helps providers "capture people at risk as soon as they come into the ED," says Axelrod.

To help reduce the stigma around discussions of suicide, Avera launched a successful public service campaign called "Ask the Question," which encourages people to directly ask their friends or loved ones if they're feeling suicidal.[15]

The campaign has "raised awareness that you don't introduce the concept of suicide to somebody [when you talk about it]," Ermer says. Rather, people who are experiencing depression "actually appreciate the fact that you noticed, and you've asked that question."

NEW POSSIBILITIES AHEAD

Across the board, mental health experts agree: Improving America's behavioral health system is a large-scale problem, and it requires a large-scale, community-wide approach.

"Mental health needs to be woven through every level of health care and social services available," says Steele. "Everyone focuses on mental health when a crisis occurs, but focus and support are needed upstream to prevent the decline of someone's mental health."

Despite — or perhaps because of — the magnitude of the work to be done, many providers feel the American health care system is on the cusp of an exciting new era of possibilities for mental and behavioral health.

"The recognition that we have to do something about behavioral health is greater now than it has been in my entire career," says Turner. "There is a tremendous opportunity for us to think about new and innovative models, how we reach out to more patients, and how we treat more people and get more care to more people who deserve that care."

ROBIN ROENKER is a freelance writer based in Lexington, Kentucky. She has more than 15 years of experience reporting on health and wellness, higher education and business trends.

NOTES

1. Nathaniel Counts, "Understanding the U.S. Behavioral Health Workforce Shortage," The Commonwealth Fund, May 18, 2023, https://www.commonwealthfund.org/publications/explainer/2023/may/understanding-us-behavioral-health-workforce-shortage#.
2. "The State of Mental Health in America," Mental Health America, https://mhanational.org/issues/state-mental-health-america.
3. Jeff Winton, "Confronting Mental Health Challenges in Rural America," National Alliance on Mental Illness, November 17, 2022, https://www.nami.org/advocate/confronting-mental-health-challenges-in-rural-america/.
4. "Mental Health by the Numbers," National Alliance on Mental Illness, https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/; "The State of Mental Health in America."
5. "Mental Health by the Numbers"; "The State of Mental Health in America."
6. "Mental Health by the Numbers."
7. "Intermountain Healthcare Launches Behavioral Health Navigation Service to Help People Struggling with Their Mental Well-Being during COVID-19 Pandemic," Intermountain Health, April 9, 2020, https://intermountainhealthcare.org/news/2020/04/emotional-health-relief-hotline-to-help-people-struggling-with-their-mental-well-being-during-covid-19-pandemic/.
8. "About Collaborative Care," AIMS Center, University of Washington, https://aims.uw.edu/collaborative-care/.
9. Alexander Sokoll, "Pediatric Relational Health Unit at Covenant Children's Ensures Patients in West Texas; Eastern New Mexico Have Access to Mental Health Services," Well Being Trust, August 22, 2023, https://wellbeingtrust.org/blogs/the-first-pediatric-mental-health-unit-west-texas/.
10. Amy Shields, "Expanding Access to Mental Health Care: New Crisis Receiving Center Opens in Missoula, Montana," Well Being Trust, December 4, 2023, https://wellbeingtrust.org/news/new-crisis-receiving-center-opens-in-missoula-montana/.
11. The Link, https://www.linksf.org.
12. "Suicide Statistics," American Foundation for Suicide Prevention, https://afsp.org/suicide-statistics/.
13. "Join Our Prototyping Network," Institute for Healthcare Improvement, https://forms.ihi.org/en-us/ihi-afsp-learning-prototype-network-prospectus.
14. "Columbia Suicide Severity Rating Scale (C-SSRS)," Substance Abuse and Mental Health Services Administration, February 2024, https://www.samhsa.gov/resource/dbhis/columbia-suicide-severity-rating-scale-c-ssrs.
15. "Ask the Question to Prevent Suicide," Avera, https://www.avera.org/services/behavioral-mental-health/suicide-prevention-ask-the-question/.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Summer 2024, Vol. 105, No. 3