

LSUHSC mental health care model reduced symptoms in those most affected by BP oil spill

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A model of care developed by the Department of Psychiatry at LSU Health Sciences Center New Orleans School of Medicine to provide mental health services after the Deepwater Horizon Gulf Oil Spill reduced both mental health and general medical symptoms. The novel approach embedded psychiatrists, psychologists, social workers and telemedicine resources into primary care clinics in the most affected areas. This new model can be used in communities at risk for disasters and rural communities with limited mental health resources. The initiative is featured in the March 2014 issue of the journal, *Psychiatric Services*, now available online.

"After researching existing models of care nationally, we found none fully adaptable to the postdisaster needs of close-knit, rural communities with inadequate availability of [mental health resources](#)," notes Dr. Howard Osofsky, Professor and Chair of Psychiatry at LSU Health Sciences Center New Orleans School of Medicine. "So, we integrated behavioral health with [primary care](#) to build sustainable services along with community resilience. This was especially important given the limited resources and the increase in mental disorders the Gulf Oil Spill compounded in communities still recovering from Hurricane Katrina."

The mental health surveillance conducted by the LSUHSC Department of Psychiatry in communities highly affected by the oil spill from the fall of 2010 through 2012 found even greater increases in psychiatric

symptoms than indicated by the Centers for Disease Control and Prevention. Symptoms included those of posttraumatic stress disorder (PTSD), depression and generalized anxiety disorder. Additionally, residents reported increases in physical symptoms.

Part of the Gulf Region Health Outreach Program funded by the Deepwater Horizon Medical Benefits Class Action Settlement, LSUHSC, with input from stakeholders, provides services in clinics, schools and communities. The model of integrative behavioral health in primary care clinics is based upon a team approach with centralized care management to coordinate the field efforts of the mental health specialists, extended by the use of telemedicine. A network of care tailored to the individual needs of each clinic and provider supports behavioral health screening, acute and emergency care, as well as ongoing treatment. Real-time emergency evaluations of patients are conducted during clinic hours, and telemedicine consultations are conducted 24 hours a day, seven days a week.

"It's an interprofessional stepped-care collaborative where primary care providers can treat behavioral health issues in regular consultation with mental health professionals and clinical decision support," says Dr. Osofsky. "However, if the [behavioral health](#) problem is outside of the comfort level of the primary care provider, treatment is managed by direct assessment by the mental health professional along with on-site and telemedicine care."

The five primary care clinics currently being served refer a total of 50 to 75 new patients a week to the team; the numbers will increase in 2014 with the addition of clinics in affected areas that are being rebuilt.

Significant decreases in psychiatric symptoms were found at the one-month follow-up with further declines at the three-month follow-up. General medical symptoms have also shown significant improvement.

In addition to Dr. Osofsky, coauthors at LSU Health Sciences Center New Orleans include Dr. Joy Osofsky, Professor of Pediatrics and Psychiatry, and Dr. John Wells, Assistant Professor of Psychiatry, along with Dr. Carl Weems at the University of New Orleans.

"These efforts have resulted in fewer hospitalizations and barriers to care, and they provide the highest-quality [mental health care](#), with continuity between primary care providers and specialist [mental health clinicians](#)" concludes Dr. Osofsky.

Provided by Louisiana State University

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