

Getting mental health care at the doctor's office

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Lynn Clemow, associate professor Department of Family Medicine and Community Health, with Rutgers psychology graduate students David Eddie and Jessica Yu at the Family Medicine of Monument Square clinic. Credit: Nick Romanenko, Rutgers University

It was a routine visit: The woman, in her 20s, was there to see her doctor for follow-up care for ankylosing spondylitis, a rare form of arthritis primarily affecting the spine.



She left the New Brunswick office that day with prescriptions for her usual medicines, plus something new: the beginning of an ongoing therapeutic relationship with Jessica Yu, a graduate student in Rutgers' Department of Psychology, who picked up on the young patient's overwhelming anxiety and depression, then began seeing her on a regular basis.

Bringing the two together was an unusual collaborative training program that pairs Rutgers Robert Wood Johnson Medical School and psychologists-in-training at both the university's Graduate School of Applied and Professional Psychology (GSAPP) and the Graduate School-New Brunswick.

Yu, in her fourth year of Rutgers' doctoral <u>clinical psychology</u> program, is taking part in the pioneering program, which gives students intensive experience while allowing the physicians they work with – and the patients they treat – to reap the benefits of the students' knowledge of <u>mental health issues</u> and treatment.

The program places psychology graduate students at Family Medicine of Monument Square, the faculty and residency practice of Rutgers Robert Wood Johnson Medical Group, to work alongside and under the supervision of attending physicians and residents.

"I wanted to learn as much about the different disorders that would present in a family health clinic, and how to communicate with other professionals in a <u>health care</u> setting," says Yu, who in September started her third year in the practicum.

Lynn Clemow, clinical associate professor in the <u>medical school</u>'s Department of Family Medicine and Community Health, created the program four years ago, concerned that many patients coming in for physical ailments such a diabetes were also dealing with underlying



depression, anxiety and other mental and emotional issues.

"Our mental health delivery system is so broken these days that it's really hard to get services for these kinds of problems, meaning much of the responsibility winds up falling to the primary care doctor," Clemow says.

She describes the program as a win-win-win situation.

"The patients get great evidence-based treatment in their doctor's office, the psychology students get intense training in a growth area of psychology and the physicians – both residents and faculty – get teambased experience in delivering an expanded range of services for their patients, addressing a lot of unmet needs in the current health care system."

Terry Wilson, the Oscar K. Buros Professor of Psychology in GSAPP and the Department, of Psychology, School of Arts and Sciences, embraced the undertaking from the start, helping to shape the contours of the program and identify potential participants, embraced the undertaking from the start, helping to shape the contours of the practicum and identify participants.

"The students get exposure to a very diverse clinical population and a wide range of mental and physical problems, and they get excellent supervision in cognitive behavioral therapy, an evidence-based psychological treatment" says Wilson, who served as director of clinical training in the Department of Psychology, when the practicum began.

Medical experts are recognizing the importance of an integrated health system, he adds. "The Rutgers students who have this background will become increasingly relevant and sought after in a wide range of settings: regular hospitals, primary care settings, specialty clinics," he predicts.



Once the physicians greet patients in their examining rooms and determine candidates for a psychological consultation, they do what's called a "warm handoff" – introducing the patient to Yu or any of the 10 other practicum participants on rotation that day.

"Having the doctor connect us makes it more comfortable for the patient," Yu says. The grad student then spends 10 to 15 minutes with the patient, assessing needs, scheduling a future appointment if desired and stressing that the service – typically lasting up to six months – is free.

"It's all about improving the patient's quality of life," says Yu, who recalls her experiences with the woman who was grappling with <u>ankylosing spondylitis</u>.

Using a technique called behavioral activation, Yu helped her patient single out one or two activities she enjoyed on a daily basis, such as going to the gym and planning outings with her mother, all with an eye toward overcoming the crippling isolation the young woman felt.

"At the beginning, I'd given her questionnaires to assess the severity of her symptoms. She originally came in with moderate to severe depression. Over time, her depression score kept going down, and now she's doing great," Yu notes.

David Eddie, a doctoral candidate in clinical psychology and a fellow participant, can't say enough about its far-reaching effects.

Offering mental-health care in a doctor's office helps patients overcome cultural stereotypes or biases that prevent them from seeking help, and offering it free adds additional incentive. "Psychological services can be very expensive," the fifth-year graduate student says. "Some people we're helping couldn't afford it otherwise."



He treated a Rutgers student suffering from panic disorder with agoraphobic, a condition that caused her to miss lectures on campus and significantly impaired her quality of life. After about 20 sessions, during which Eddie offered strategies to reduce her anxiety and helped her challenge her phobic relief, the patient became comfortable enough to sit through lectures and ultimately receive her diploma and get into graduate school.

Alfred Tallia, who chairs the Family Medicine Division at the medical school, lauds the practicum's interdisciplinary nature and foresees that it will set an example for thousands of primary-care practices around the country.

"This is a model we believe will be increasingly reproduced and distributed within an integrated delivery system," says Alfred Tallia, who notes that the program is a model that may eventually be expanded through Robert Wood Johnson Partners, the Rutgers integrated delivery system with the Robert Wood Johnson Health System in Central New Jersey.

Provided by Rutgers University

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