



Handoffs to Mental Health: Could Wellness Ambassadors Help?

Kaitlyn Blair, Mirna Law, Bettina Bernstein D.O.

Philadelphia College of Osteopathic Medicine

BACKGROUND

According to the National Alliance on Mental Illness, nearly half of the 60 million adults and children living with mental health conditions in the US go without treatment.¹ Additionally, there were 174 deaths from suicide in 2017 in Philadelphia. Only 18% disclosed suicidal intent to anyone, 58% had known mental health problems, and 47% had known depressed mood.²

Dysfunctions related to mental health disorders often manifest as executive dysfunction (EF). EF can occur in a major depression disorder, ADHD, anxiety, bipolar disorder, autism, and several other psychiatric or neurological disorders. People with EF often experience difficulty with time management, planning and prioritizing, working memory, attention, decision making, and other abilities necessary for self-care. These difficulties may impair an individual's ability to seek and obtain necessary mental health and/or substance use recovery assistance.

The shortage of mental health professionals and long wait times are significant barriers to accessing mental health care. Reminder phone calls have been found to increase the rate of adherence to scheduled appointments.³

Patients at the PCOM family medicine clinic are often lost to follow-up post referral to mental health services.

PROPOSAL

This proposal aims to increase patients' attendance of their mental health appointments by utilizing trained Wellness Ambassadors (WLAs) to assisting patients in scheduling appointments at convenient times based on the available resources and insurance coverage.

WLAs will be trained in case management and telephonic follow-up interventions, and volunteers will be recruited from mental health programs at PCOM and nearby universities.

Preliminary data will be collected via patient surveys, and all volunteers will receive training and certification in communication, research involving human participants, and HIPAA compliance.

OBJECTIVES

- Obtain preliminary data on the number of patients who scheduled and attended their initial mental health appointment post referral from their PCP.
- Train future mental healthcare professionals in case management and telephonic follow-up interviewing.
- Increase attendance rate of initial mental health appointments.

METHODS

- Preliminary data will be collected via patient survey prior to incorporation of WLAs to determine the baseline of initial mental health appointment attendance rate post referral.
- Volunteers will be students recruited from mental health related programs at PCOM and nearby universities to act as WLAs.
- WLAs will complete training in communication and telephonic interview, Citi, HIPAA compliance, and PCOM's institutional training for research that involves human participants.
- WLAs will sign up for three hour shifts on a weekly basis with the goal of covering at least half the time that the clinic is open.
- Two work-study students will be hired to manage volunteers and schedule appointments.
- All patients of the PCOM family medicine clinic will receive the survey outlined in the "Project Success & Impact" section with a deadline to respond within two weeks.
- Qualification criteria include being a current family medicine patient with a mental health diagnosis or referral, agreeing to participate in a survey, and providing informed consent.

ANTICIPATED OUTCOMES

- Majority of relevant survey respondents who enroll in the study will express that scheduling a mental health appointment without assistance would result in delay of care or losing access to care.
- Those who do not participate will indicate that receiving assistance to schedule their appointment would positively impact their ability to obtain and attend said appointment.
- More than 50% of participants will report being "unlikely" or "very unlikely" to schedule their first mental health appointment without assistance.
- Participants are expected to be 25% more likely to obtain mental health care services than non participants.
- Preliminary data obtained will be used for further research into the impact of mental health disorders as a barrier to accessing mental health care.

FEASIBILITY PILOT

OVERVIEW

In order to explore the feasibility of the presented proposal and gain insight into the process of training potential WLAs, two medical students trained with Clinical Psychologist Dr. Anna Zacharcenko at PCOM family medicine in order to assist patients in scheduling their initial mental health appointments post referral.

Each patient contacted had been referred to mental health services by PCOM family medicine and was selected by Dr. Zacharcenko. Each patient was contacted via telephone. This method was utilized over having a volunteer on stand-by in the clinic to schedule as patients as they were referred due to time constraints of the two participating volunteers.

If the patient answered and gave consent, the WLA stayed on the phone with the patient until their mental health appointment was scheduled.

The scheduling process to ensure the patient had an accessible appointment often included :

- contacting the patient's insurance to determine coverage.
- contacting several mental health care providers / groups.
- ensuring the patient had adequate transportation to the appointment - private or public.
- establishing a method of reminding the patient of said appointment that would work for them.

FUTURE CONSIDERATIONS

- Future Wellness Ambassadors are recommended to be students currently enrolled in programs of study involving mental health at the graduate or undergraduate level.
- Wellness Ambassadors with prior patient interaction experience are preferred.
- It is recommended that WLAs commit to a minimum number of hours to get the most out of the resources spent training WLAs.
- Staying on the phone with the patient until the patient had the appointment scheduled was time consuming, but was the only way we were sure the appointment was scheduled.
- Scheduling the patient before they leave the clinic is absolutely preferential to calling patients.

PATIENT OUTREACH TRAINING

At PCOM Family Medicine on their Behavioral Health model, use of their EHR, phone communication with patients, and HIPAA compliance. Training also included 1-2 hours of shadowing a current PsyD student.

TELEPHONE SCRIPT TEMPLATE

Hello. May I please speak with _____. Miss /Sir(etc). I am calling from your Family Medicine office. To protect your privacy, I need to verify your DOB. (once verified) I am calling on behalf of your PCP and/or Clinical Psychologist, Dr. _____ to ask if you would like assistance with scheduling an appointment with mental health services based on your recent referral.

PATIENT OUTREACH CHARTING TEMPLATE

Volunteer Wellness Ambassador working under the supervision of Dr. _____ placed outreach call to patient. Verified patient's identity through DOB and address. Volunteer introduced self, the purpose of the call, and the role of the behavioral health team. Patient verified having been referred by PCP. Patient reported securing an appointment at a local behavioral health practice (insert name/location) OR patient reported not having scheduled behavioral health appointment OR patient reported missing behavioral health appointment at (insert name/location).

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REFERENCES

- 1) National Alliance on Mental Illness. (n.d.). *The Doctor is Out*. NAMI. Retrieved March 10, 023, from <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/The-Doctor-is-Out>
- 2) Pennsylvania National Violent Death Reporting System (NVDRS) 2017 program data, a state level surveillance system funded and overseen by the Centers for Disease Control and Prevention (CDC). RA-DHPAVDRS@pa.gov
- 3) Shoffner, J., Staudt, M., Marcus, S., & Kapp, S. (2007, June 1). *Using Telephone Reminders to Increase Attendance at Psychiatric Appointments: Findings of a Pilot Study in Rural Appalachia*. Psychiatry Online. Retrieved March 14, 2023, from <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2007.58.6.872>