

A photograph of a stone sign for Baylor College of Medicine. The sign is a long, low, rectangular block of light-colored stone with the words "Baylor College of Medicine" engraved in a serif font. In the background, there is a large, multi-story building with many windows, a fountain with water spraying upwards, and some trees. The scene is outdoors and well-lit.

Baylor College of Medicine

Department of Family and Community Medicine

Mental Health Awareness Training Family Medicine Grand Rounds SAMHSA Grant

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Objectives

1. Recognize the symptoms of anxiety and depression, how they might affect daily functioning, and why COVID-19 has increased their prevalence and severity.
2. Learn key questions to help diverse patients disclose symptoms, even if you can't see them (phone, only) or they don't "complain."
3. Identify non-pharmacological techniques that patients can use to minimize/control symptoms.



Why Do PCPs Need To Address Mental Health Concerns?

- Mental health problems are common
- Stigma is associated with mental health problems
- Wide misconceptions, embarrassment, fear
- Access to mental health is not always on hand
- People with mental health problems often do not seek help
- PCPs can initiate conversation and guide patient to seek help

Why Do PCPs Need To Address Mental Health Concerns?

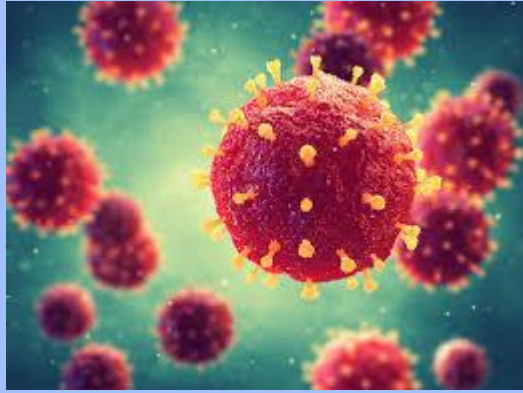
- **64% of adults reported that they want providers to take the time to explain treatment options for mental health conditions. Only 31% reported that their providers did so (Mental Health America, 2020).**

Why Do PCPs Need To Address Mental Health Concerns?

And because
“There is no greater
agony than bearing
an untold story”

Maya Angelou

Mental Health In COVID-19 Times



Mental Health Is...

- “a state of well-being
- in which individuals realize their own abilities,
- can cope with the normal stresses of life,
- can work productively and fruitfully,
- and are able to make a contribution to the community.”

<https://www.cdc.gov/mentalhealth/>

Common Feelings During COVID-19



Common Consequences During COVID-19

- Child Abuse and Neglect
- Intimate Partner Violence



Common Consequences During COVID-19

Substance Use/Misuse

On top of the other risks arising with substance misuse, those with SUD are both more likely to develop COVID-19 and experience worse COVID-19 outcomes, including higher risk of hospitalization and mortality

(Wang, Q., et al., [*Molecular Psychiatry*](#), 2020).



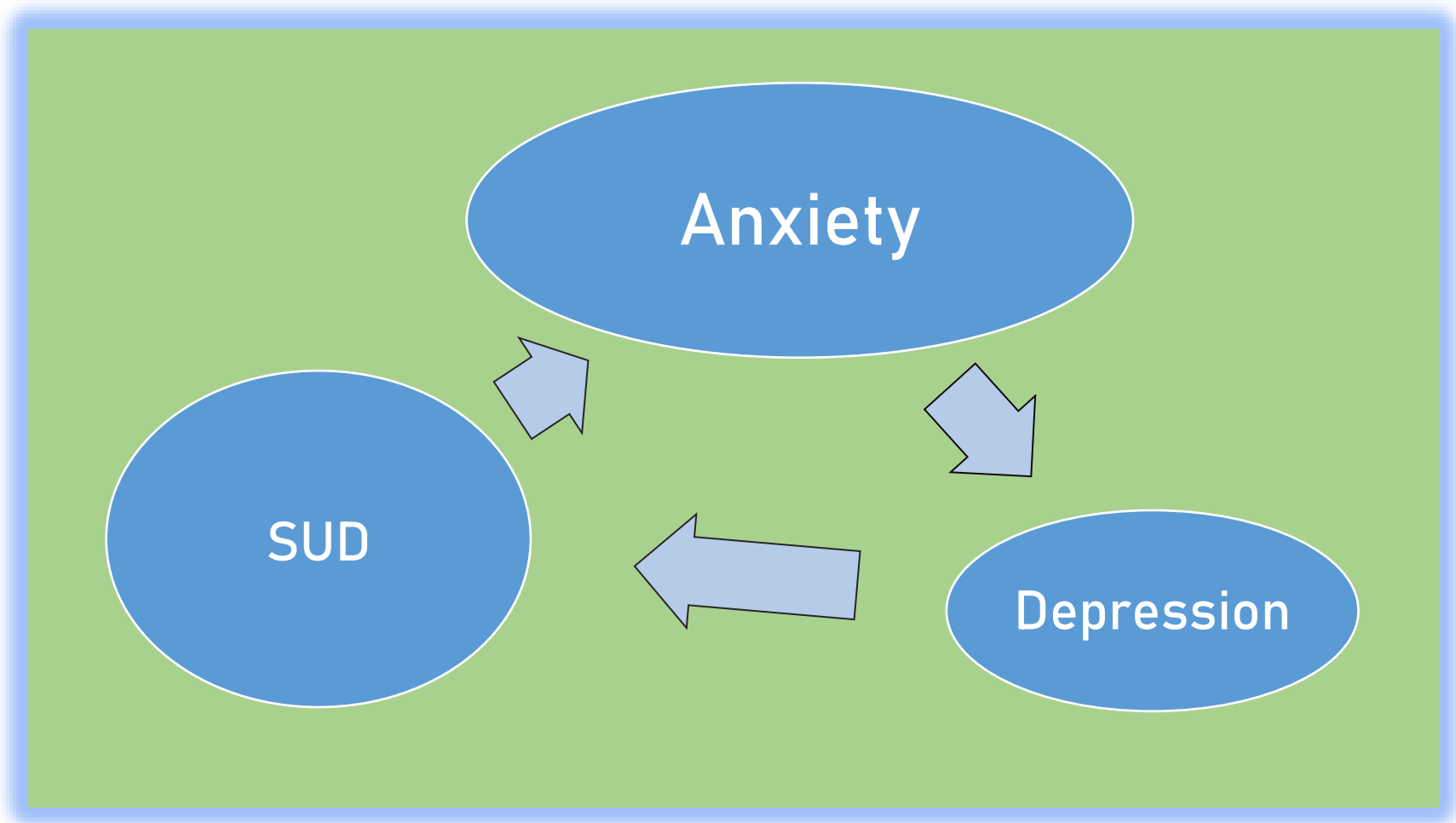
Alcohol Misuse During Pandemic

The predictors that increased consumption of alcohol in Australia were:

- Pre-pandemic heavy drinking
- Being a **woman** *
- Being between the ages of 25–64
- Belonging to a higher income bracket
- Having a **history of mental illness***

Neill E, Meyer D, Toh WL, et al. Alcohol use in Australia during the early days of the COVID-19 pandemic: Initial results from the COLLATE project. Psychiatry Clin Neurosci. 2020.

Common Mental Health Disorders in Adults Before and After COVID-19



State of Mental Health In USA Before COVID-19

EVEN BEFORE COVID-19,

19% OF ADULTS EXPERIENCED A MENTAL ILLNESS,
▲ 1.5 M PEOPLE OVER LAST YEAR'S DATASET.

SUICIDAL IDEATION AMONG ADULTS IS **INCREASING**

▲ .15%
OR OVER 460,000 PEOPLE FROM LAST YEAR.

24% OF ADULTS WITH A MENTAL ILLNESS REPORT AN **UNMET NEED FOR TREATMENT**. THIS NUMBER HAS **NOT DECLINED SINCE 2011**.

9.7% OF YOUTH IN THE U.S. HAVE SEVERE MAJOR DEPRESSION. THIS RATE WAS **HIGHEST** AMONG YOUTH WHO IDENTIFY AS MORE THAN ONE RACE, AT

12.4%

60% OF YOUTH WITH DEPRESSION DO NOT RECEIVE ANY MENTAL HEALTH TREATMENT.
EVEN IN STATES WITH THE GREATEST ACCESS,
1 IN 3 ARE GOING WITHOUT TREATMENT.

EVEN AMONG YOUTH WITH SEVERE DEPRESSION WHO RECEIVE SOME TREATMENT,
ONLY 27% RECEIVE CONSISTENT CARE.

10.8% OF AMERICANS WITH A MENTAL ILLNESS ARE **UNINSURED**. THIS **INCREASED** FOR THE FIRST TIME SINCE THE PASSAGE OF THE AFFORDABLE CARE ACT (ACA) – THE FIRST NUMBERS THAT REFLECT THE TRUMP ADMINISTRATION.

U.S. Adults with a Mental Disorder in Any One Year (Pre-Pandemic)

Type of Mental Disorder	% Adults
Anxiety disorder	18.1
Major depressive disorder	6.8
Substance use disorder	8.1
Bipolar disorder	2.8
Eating disorders	5-10
Schizophrenia	0.3 – 0.7
Any mental disorder	18.5

Only 41% of people with a mental illness use mental health services in any given year

ANXIETY

Anxiety is a normal and often healthy emotion. However, when a person regularly feels disproportionate levels of **anxiety**, it might become a medical disorder.

Anxiety disorders form a category of mental health diagnoses that lead to excessive nervousness, fear, apprehension, and worry.

Generalized Anxiety Disorder (GAD) Symptoms



Excessive anxiety
and worry



Increased muscle
aches or soreness



Impaired
concentration



Fatigue



Irritability



Restlessness



Difficulty sleeping



Anxiety



Anxiety - Symptoms

SYMPTOMS OF ANXIETY

Physical

- Heart pounding
- Flushing
- Shortness of breath
- Dizziness
- Sweating
- Headache
- Dry mouth
- Stomach pains
- Nausea
- Diarrhea
- Muscle aches/pains
- Restlessness
- Inability to relax

Psychological

- Excessive worry
- Irritability
- Impatience
- Feeling "on edge"
- Fatigue
- Vivid dreams
- Mind racing
- Mind going blank
- Indecisiveness
- Difficulty concentrating
- Decreased memory

Behavioral

- Obsessive or compulsive behavior
- Phobic behavior
- Avoidance of situations
- Distress in social situations

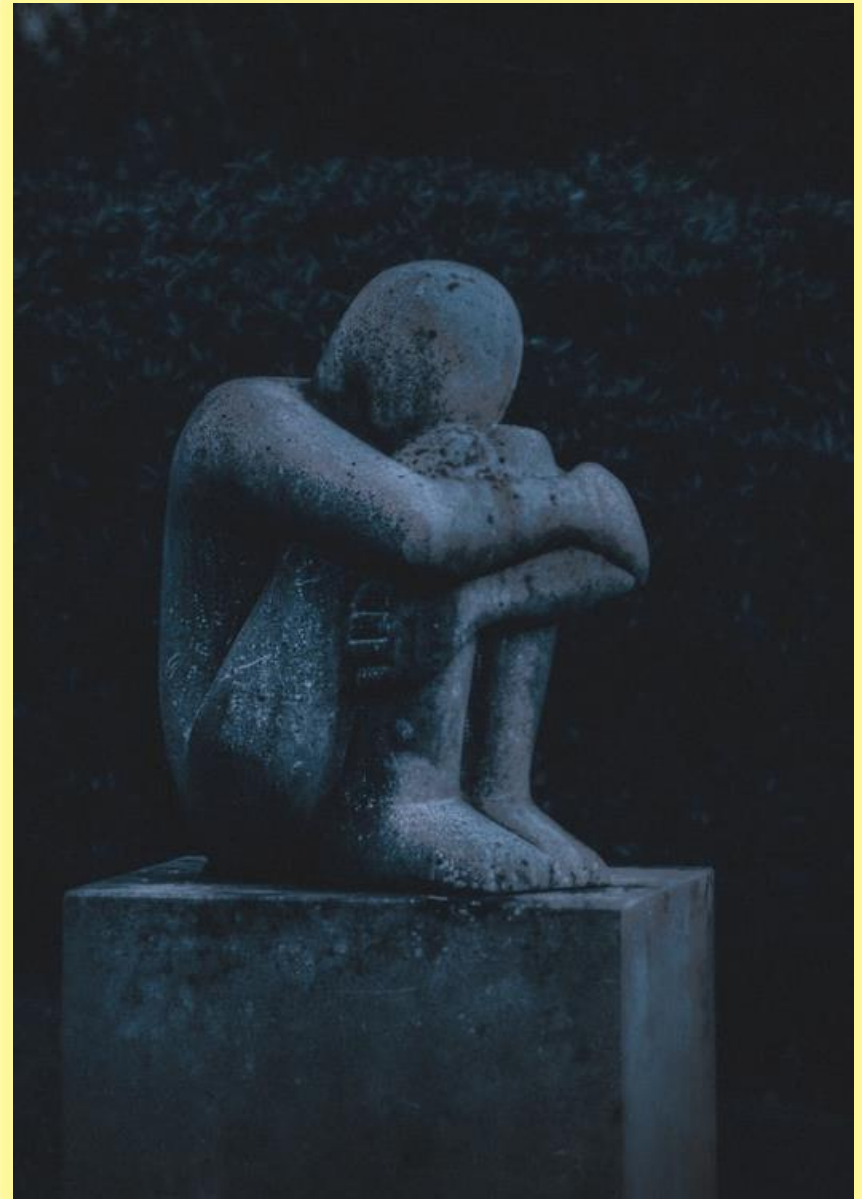


MENTAL
HEALTH
FIRST AID®

Depression

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

Depression can also be associated with thoughts of suicide.



Depression - Symptoms

WHAT TO LOOK FOR: SIGNS AND SYMPTOMS OF **DEPRESSION**

An unusually **sad mood**.

Loss of enjoyment and interest in activities that used to be enjoyable.

Lack of energy and **tiredness**.

Feeling worthless or feeling guilty though not really at fault.

Thinking often about death or **wishing to be dead**.

Difficulty concentrating or making decisions.

Moving more slowly or sometimes **becoming agitated** and unable to settle.

Having **sleeping difficulties** or sometimes sleeping too much.

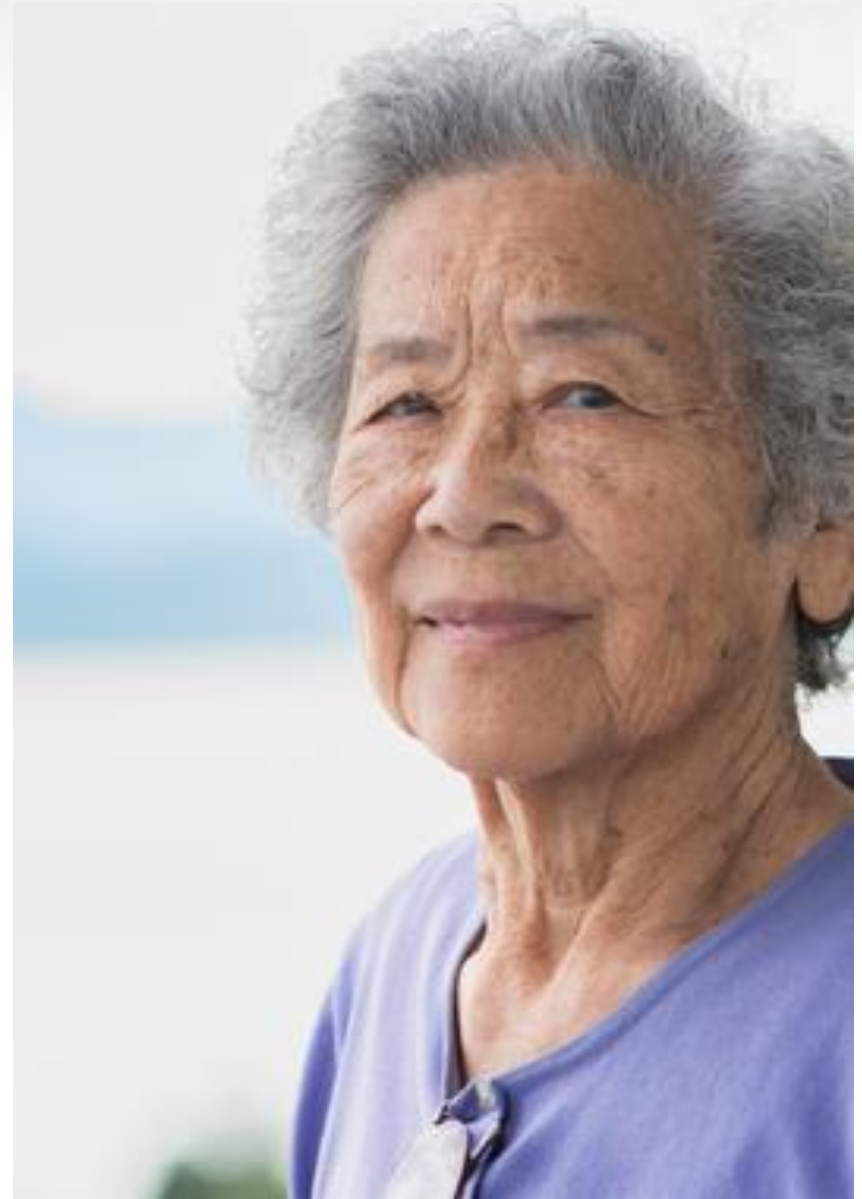
Loss of interest in food or sometimes eating too much.

Changes in eating habits may lead to loss of weight or weight gain.



Depression – Older Adults

- Memory difficulties or personality changes
- Physical aches or pain
- Fatigue, loss of appetite, sleep problems or loss of interest in sex — not caused by a medical condition or medication
- Often wanting to stay at home, rather than going out to socialize or doing new things
- Suicidal thinking or feelings, especially in older men



Depression – Children/Youth

Young Kids:

Sadness, irritability, clinginess, worry, aches and pains, refusing to go to school, or being underweight.

Teens:

Similar symptoms to young kids, plus: feelings of worthlessness, anger, feeling misunderstood, withdrawal from family and peers, poor performance or attendance at school, using recreational drugs or alcohol, eating or sleeping too much, self-harm, loss of interest in normal activities.



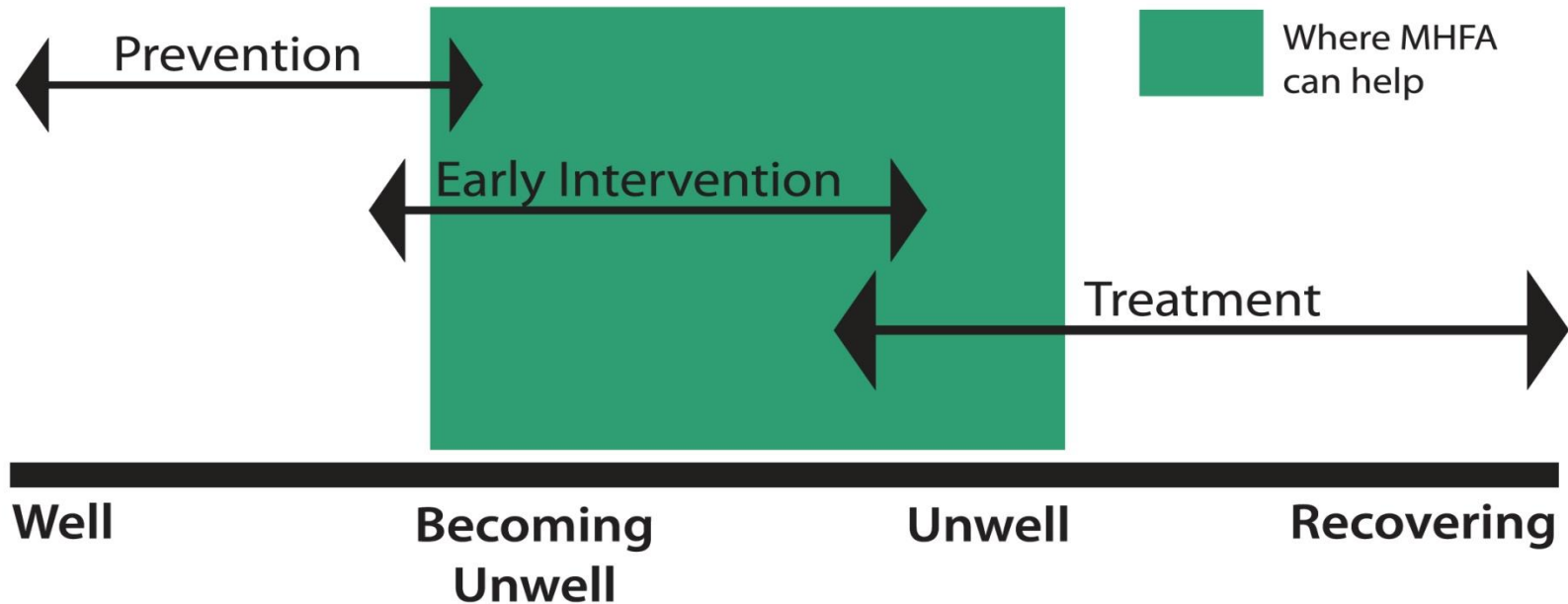
How Can PCPs Address Mental Health Concerns?

Mental Health First Aid Method -ALGEE

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

Each step is adapted to each condition, from suicide, anxiety, depression, bipolar, to substance abuse.

Spectrum of Mental Health Interventions Utilizing MHFA*



Spectrum of mental health interventions from wellness to mental disorders and through to recovery, showing the contribution of MHFA

MHFA=Mental Health First Aid

MHFA Suicide Risk Assessment

➤ Are you thinking about killing yourself? If Yes:

Have you decided how you would kill yourself?

Have you decided when you would do it?

Have you taken any steps to secure the things you would need?

➤ Higher level of planning means higher risk

➤ Lower level does not mean there is no risk

Assess Patient's Symptoms

Based on your conversation with your patient, and observation of patient's body language and behavior (when possible), ask yourself:

- **What are patient's signs and symptoms?**
(crying, withdrawing, argumentative, restless, distracted, etc)
- **What do they suggest?** (grief, depression, anxiety, stress,)
- **What does your patient need in that particular moment?** (to be heard? Resources? 911?)
- **Is your patient using/misusing substances?**

Case

Female in early 30s referred by PCP to counseling.

Patient's PHQ-9 and GAD screening had minimal score.

Pt denied SI/HI. Denied chest pain, GI, difficulties breathing.

Denied use of substances, denied IPV.

She and husband working virtually from home, young children in virtual school.



Complain to physician: Low grade fever

How Can PCPs Address Mental Health Concerns?

You Can:

- ❖ Reduce stigma- normalize MH issues
- ❖ Decrease distress- by listening
- ❖ Increase confidence- establish trust
- ❖ Offer hope- improvement is possible
- ❖ Provide resources- hard copy, links
- ❖ Discuss treatment options- medicine, therapy, combination, support groups, etc.
- ❖ Find immediate help when necessary- 911

Concrete Questions to Ask

- How many hours per week do you work? Go to school? Commute?
- What do you do when you get home?
- At what time do you go to bed and what time do you get up?
(remember: 7-9 hours)
- Do you feel rested when you get up?
- Please describe in one word your relationship with (loved one, if relevant)
- Do you have any time for yourself?

How's your appetite?

Are you happy with your level of physical activity?

If no, what keeps you from being more active?

If person does not work/study:
how's a typical day for you?

What stresses you out?

How does stress show up in your body?

What do you do to handle stress?

Describe a relaxing activity for you?

How often do you do that?

On a scale 1-10, 10 being best,
please rate your life.

What Works?

The Healthy Mind Platter™



The Healthy Mind Platter, for Optimal Brain Matter™

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Evidence-Based Methods to Manage Stress

- ❖ Breathing Techniques
- ❖ Guided Relaxation Techniques
- ❖ Mindfulness Techniques
- ❖ Gratitude Practice
- ❖ Yoga that blends body-mind exercises
- ❖ Tai Chi

people 18-65 need 7-9 hours/night

Ask Patients to Ask Themselves: What Are Your Priorities?

Remind patients that:

IN ORDER TO SAY "YES" TO YOUR
PRIORITIES,
YOU HAVE TO BE WILLING TO SAY "NO"
TO SOMETHING ELSE

Highlighted Resources

There are many smart phone apps to help with relaxation. We recommend the following:

- Free Mindfulness Coach App by Veterans Affairs

<https://mobile.va.gov/app/mindfulness-coach>

- Free Insight Timer <https://insighttimer.com/>

It has lots of great relaxation music, breathing exercises, guided meditations, and more. It also has a subscription to access more.

- ❖ Free Mindfulness Course by a certified instructor:

<https://palousemindfulness.com/MBSR/week1.html>

This site contains a manual, yoga videos, audios with practical exercises, and written exercises

REFERENCES/RESOURCES

Please see separate PDF with
comprehensive list of resources

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