Psychologists and our unique role within the healing professions: Influences on the medical system

ROB ASSIBEY, MD AND ANDREW SMITH, PH.D.

San Joaquin General Hospital

Work and Play

The setting: Dr. Smith's office

PMH Sickle Cell Anemia, lumbar spinal stenosis, opioid-induced hyperalgesia.

Very high doses of maintenance opioids. Frequently takes too many and runs out early

51-year old male

Multiple ED and hospital admissions for extreme pain

Physicians' suspicion for opioid use disorder or malingering

Social determinants of health:

- Born and raised in Sudan, Africa. Moved to US as young adult
- Growing up he saw dead bodies on the street daily
- Is unemployed, lives with and is economically reliant on his parents
- Dad tells him that "African men are strong and stoic."
- Witnessed dad beating mom to near-death multiple times
- Patient is illiterate, was implicated in a crime 20 years ago and now has a felony record
- Is undocumented and doesn't work because he fears deportation
- Is divorced, barely sees his adult children

Think-Pair-Share

What are some possible reasons why he keeps coming back to the ED/hospital in crisis?

What are some intervention options that may help him not have so many pain crises?

The case for psychologists in medical settings

Mental health in the exam room

- 10-20% of population will see PCP for mental health in a course of 1 year
- 10-40% of primary care patients have a diagnosable mental health disorder
- 82% patients with mental illness saw physician in past 12 months
- 12% saw mental health professional in past 12 months (pre-COVID stats)

Medical Care, May 2015; Schubiner et.al, 2018; Primary Care: America's Health in a New Era, 1996

Suicide and medical visits

- 64% of patients who attempt suicide had a healthcare visit within the previous month, 38% within the past week (most saw their PCP)

Presentation of mental illness in exam room

- PCPs often the first to diagnose and treat mental illness
- Majority of patient presentations are with somatic symptoms
- When mental health presentation is primarily somatic, physicians typically miss the mental health diagnosis 50% of the time.

Health Affairs, Feb 2023

Diagnosis and treatment trends

Anxiety/stress-related diagnoses in 38% of PCP visits as of 2014

When mental illness is diagnosed, PCPs prescribe psychotropic meds as first line 72% of the time

Black and Hispanic patients 40% less likely to have mental health concerns diagnosed and treated in PCP visit

Physician treatment numbers

- Average length of primary care visit is 21 minutes
- Mean number of diagnoses is 2.3
- Average number of problems on problem list is 6

Annals Fam Med, 2019

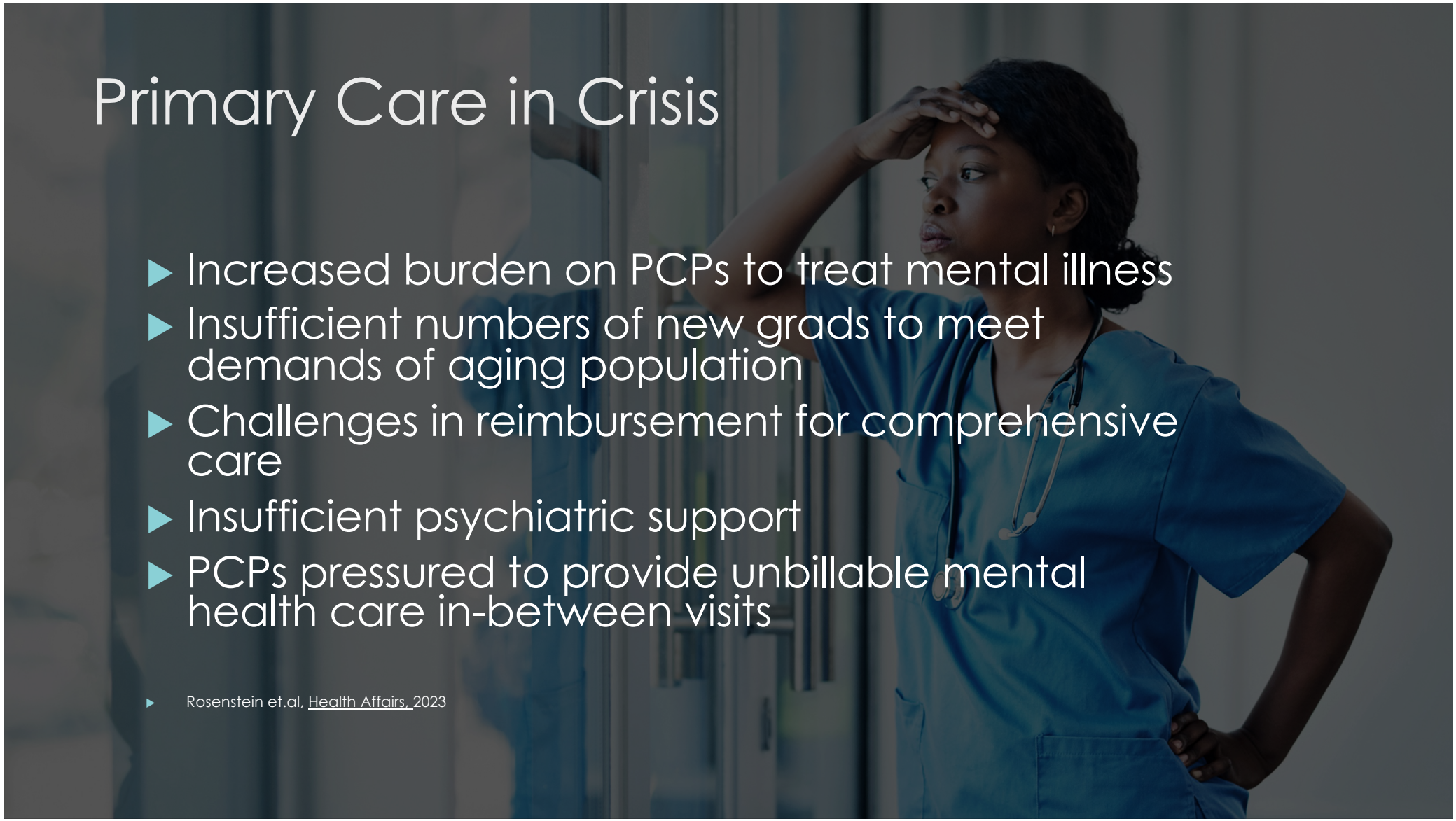
When a physician refers a patient to psychotherapy:

- Over 50% do not follow through.
- Reasons given:
  - Cost
  - Lack of therapist availability
  - Scheduling conflicts
  - Inconvenient office location
  - Shame/stigma
  - Language/cultural barriers

Trends in Physicians

- ACGME Behavioral Science requirements
- Majority of internists do outpatient care without adequate training in mental health
- This leads to under-diagnosis and under-treatment, or over-treatment with medication

Primary Care in Crisis



- Increased burden on PCPs to treat mental illness
- Insufficient numbers of new grads to meet demands of aging population
- Challenges in reimbursement for comprehensive care
- Insufficient psychiatric support
- PCPs pressured to provide unbillable mental health care in-between visits

- Rosenstein et.al, Health Affairs, 2023

Physician burnout

- Around 50% at any given time
- Core components of burnout:
  - Emotional Exhaustion
  - Depersonalization
  - Interpersonal Ineffectiveness
- COVID fallout: high turnover, extra work stress, trauma

I won't go to therapy…

…BUT I'LL TALK TO YOU ABOUT MY PROBLEMS IN THIS MEDICAL OFFICE.

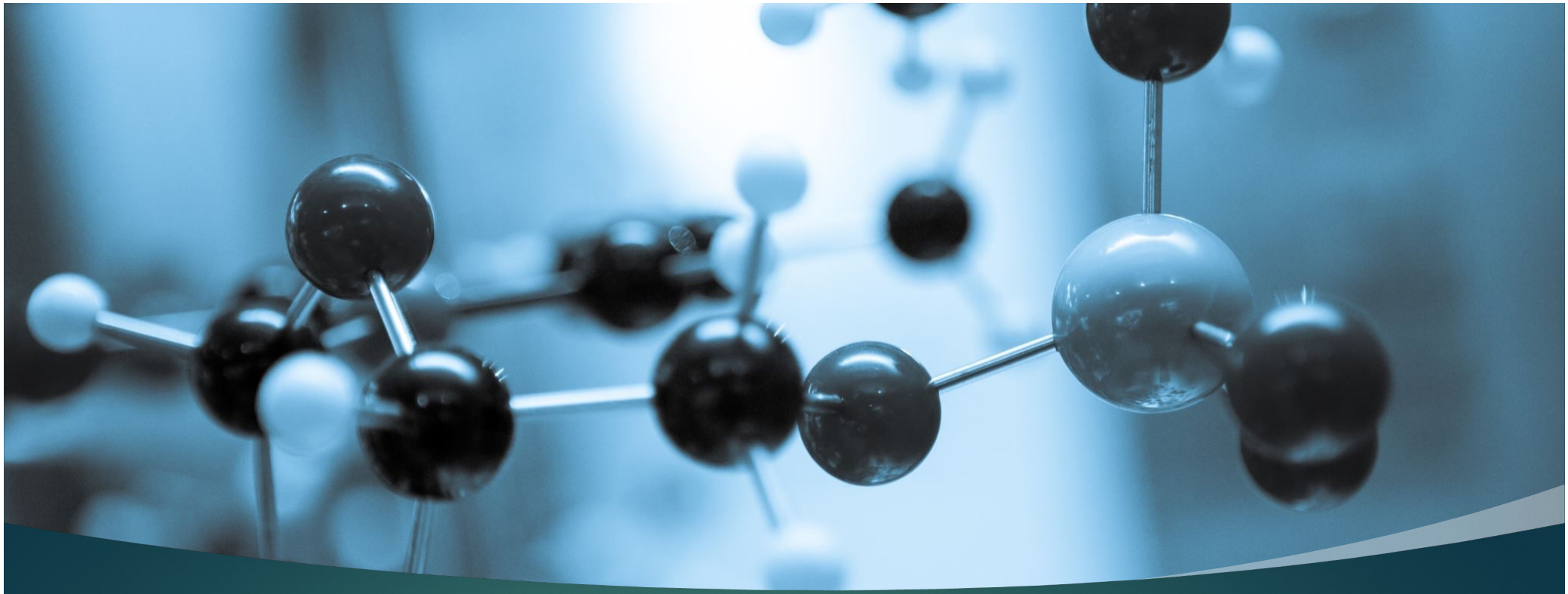
How easy is it to get into a therapist in Sacramento?

With insurance?

Private pay?

How many of you in private practice are currently full or near-full?


How did we get into this mess?



A major reason: the biomedical model

How has this affected psychology/mental health care?

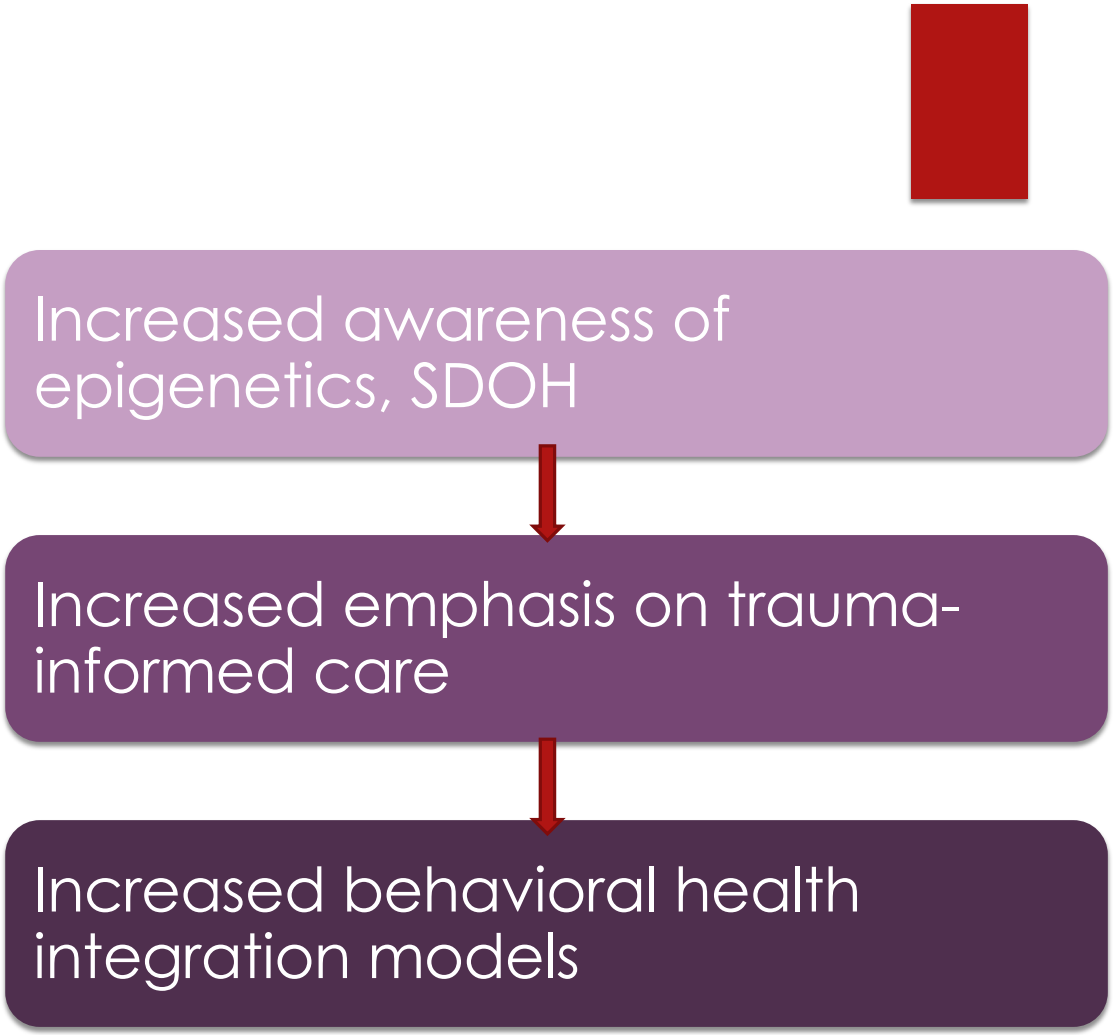
- Insurance-driven care that is tied to diagnosis and evidence-based treatment
- Over-emphasis on DSM narrative of symptoms without context
- Patients that stigmatize therapy, want a medicine fix instead
- Breeds passivity and self-blame for "my genetics"
- Over-medication of the population
- Siloed care

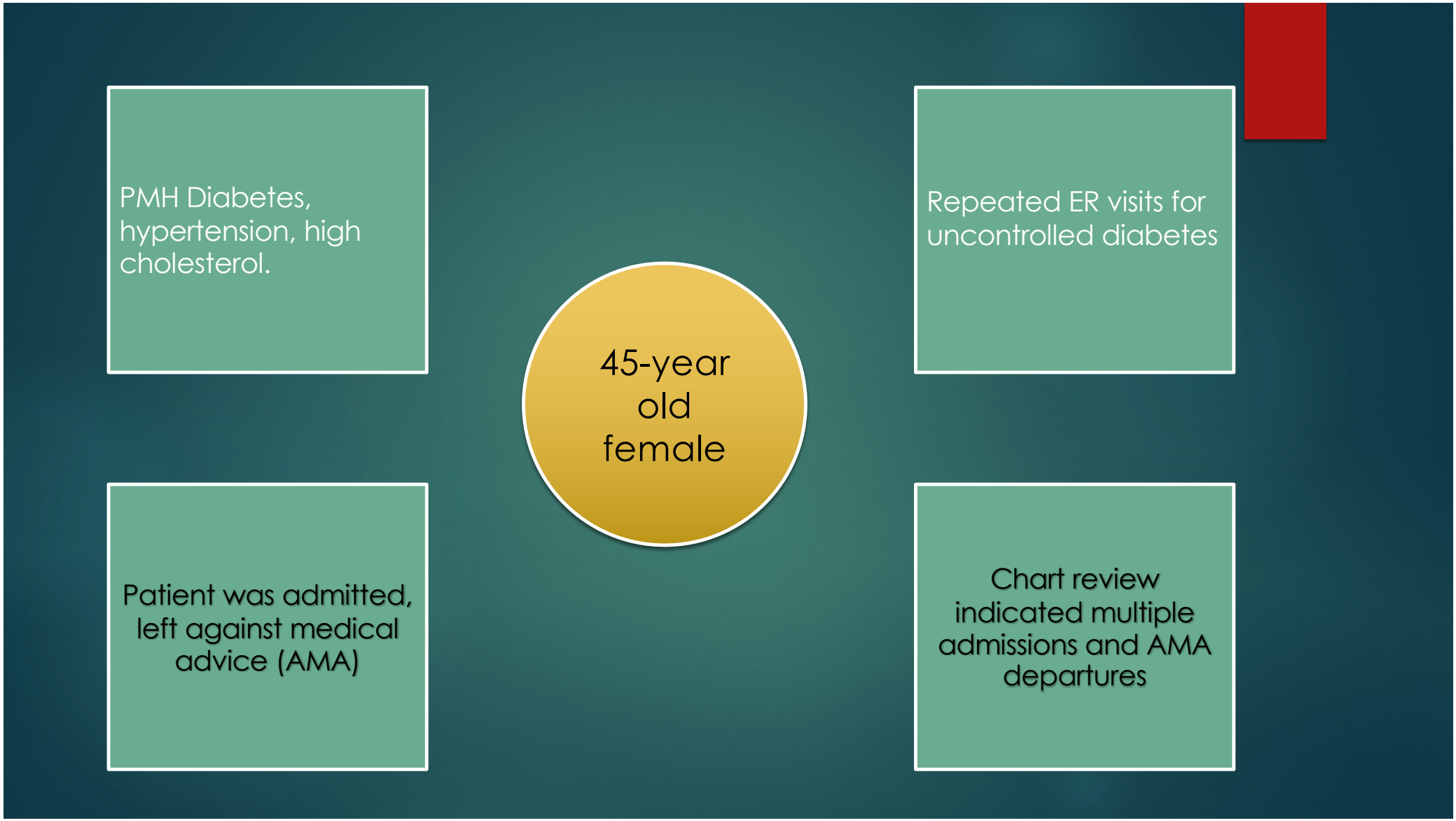
The interface between medicine and psychology: The biopsychosocial model

WHO definition of health

- "The state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Evolution of bio-psycho-social model




PMH Diabetes, hypertension, high cholesterol.
Repeated ER visits for uncontrolled diabetes
45-year old female
Patient was admitted, left against medical advice (AMA)
Chart review indicated multiple admissions and AMA departures

Patient readmitted, provider sits bedside and gathers social history

Patient reveals that dad was brought to clinics and hospital and died at same hospital

Trauma-informed care

Provider offers to be patient's PCP, sets outpatient appointment

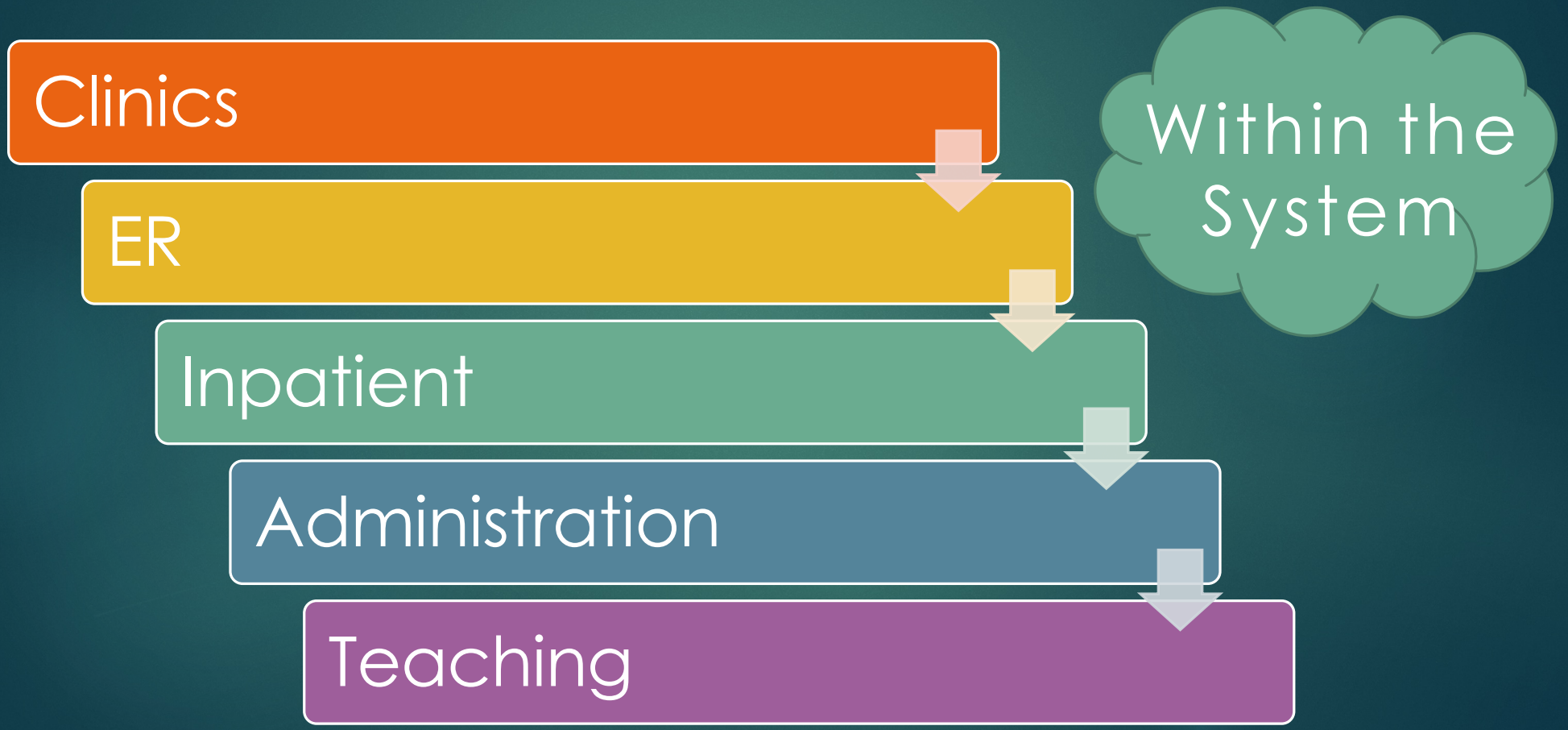
Provider educates patient about exposure therapy, facilitates effective referral to therapy

Medicine and psychology can join forces to treat the whole person

We need to get out of our silos.

How many of you in private practice have regular contact with the patient's physician? Or any contact?

How can psychologists help?



In the clinic

- Warm handoffs
- Assistance in proper diagnosis
- Med recommendations
- Lifestyle recommendations
- Helping facilitate referral to outside resources
- Helping to streamline screenings (e.g. PHQ9)

In the ER

HELPING PHYSICIAN CONSIDER PSYCH ASPECT OF MEDICAL PRESENTATION

HELPING PHYSICIAN CONSIDER SOMATIC PRESENTATIONS (E.G. FACTITIOUS DISORDER)

HELPING TO CALM PATIENTS TO AVOID 5150

On the Inpatient service

1. Help with psych evals
2. Help patients (and physicians) with medical/psychological trauma
3. Help patients and physicians understand Trauma-informed care/addiction to prevent re-admission
4. Aid families in difficult decision-making, coping with stress of sick/dying family member

PMH pancreatitis, Alcohol use disorder, Bowel dysfunction, Intractable Abdominal pain, migraine, lower back pain

Multiple CT scans, same diagnosis of pancreatitis given for admission reason

32 year old female

Multiple ED and hospital admissions for extreme abdominal pain (10 in 9 months)

No-shows for clinic visits or comes in extreme pain and is sent to ED

Psychologist does video visit. Patient reveals early abandonment, adoption, chronic molest throughout childhood

Patient endorses drinking to numb pain. Is agoraphobic due to trauma.

Trauma-informed care

Psychologist teaches about PTSD, begins trauma treatment

Psychologist educates PCP on PTSD, Somatic Symptom Disorder. Hospital admissions drop to 1 the next year.

Administration

1. Helping craft hospital policies to improve the mental well-being of patients (e.g. in ICU)
2. Helping to bridge the silos between medicine and mental health systems
3. Helping to co-train psychology interns with med students and residents
4. Helping to craft wellness policies and activities for medical staff to help with burnout and trauma.

Teaching

- Teaching psychodiagnosis and non-pharmacological treatments
- Consulting on meds for mild-moderate mental illness
- Education on SDOH and trauma-informed care
- Teaching patient interviewing skills e.g. motivational interviewing

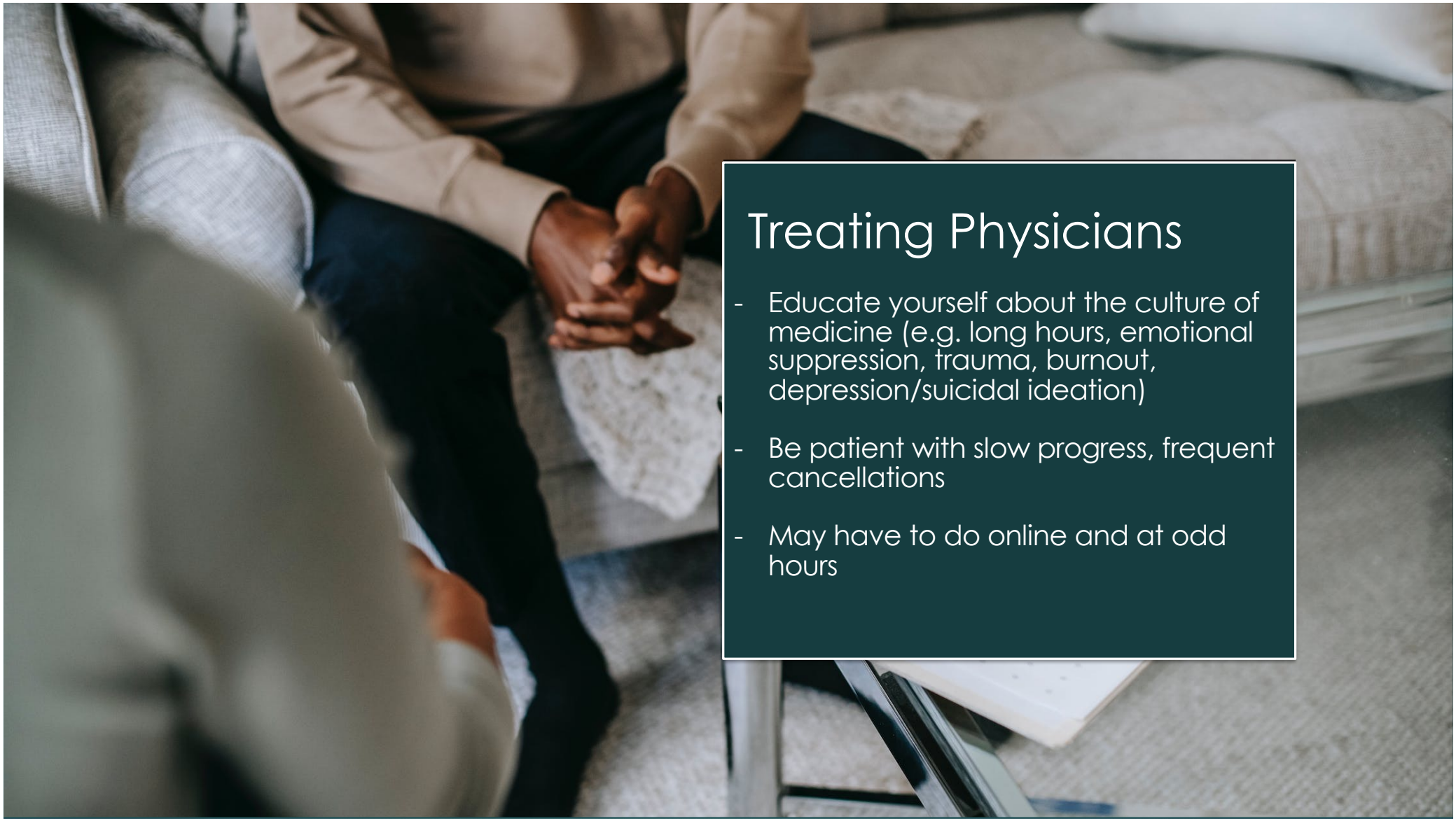
How can psychologists help?

- Clinical Collaboration with PCP
- Treating physicians
- Research on health equity
- Political advocacy
- Teaching biopsychosocial model

Outside the System

Clinical collaboration with PCP

- Establish ties with community physicians
- Educate physician on patient mental health issues
- Fax/speak with nurse/MA with issues/concerns
- Send treatment summary to PCP
- Request medical records to assess patient issues (and PCPs interpretation of patient's symptoms)
- Give note to patient to take to provider



Treating Physicians

- Educate yourself about the culture of medicine (e.g. long hours, emotional suppression, trauma, burnout, depression/suicidal ideation)
- Be patient with slow progress, frequent cancellations
- May have to do online and at odd hours

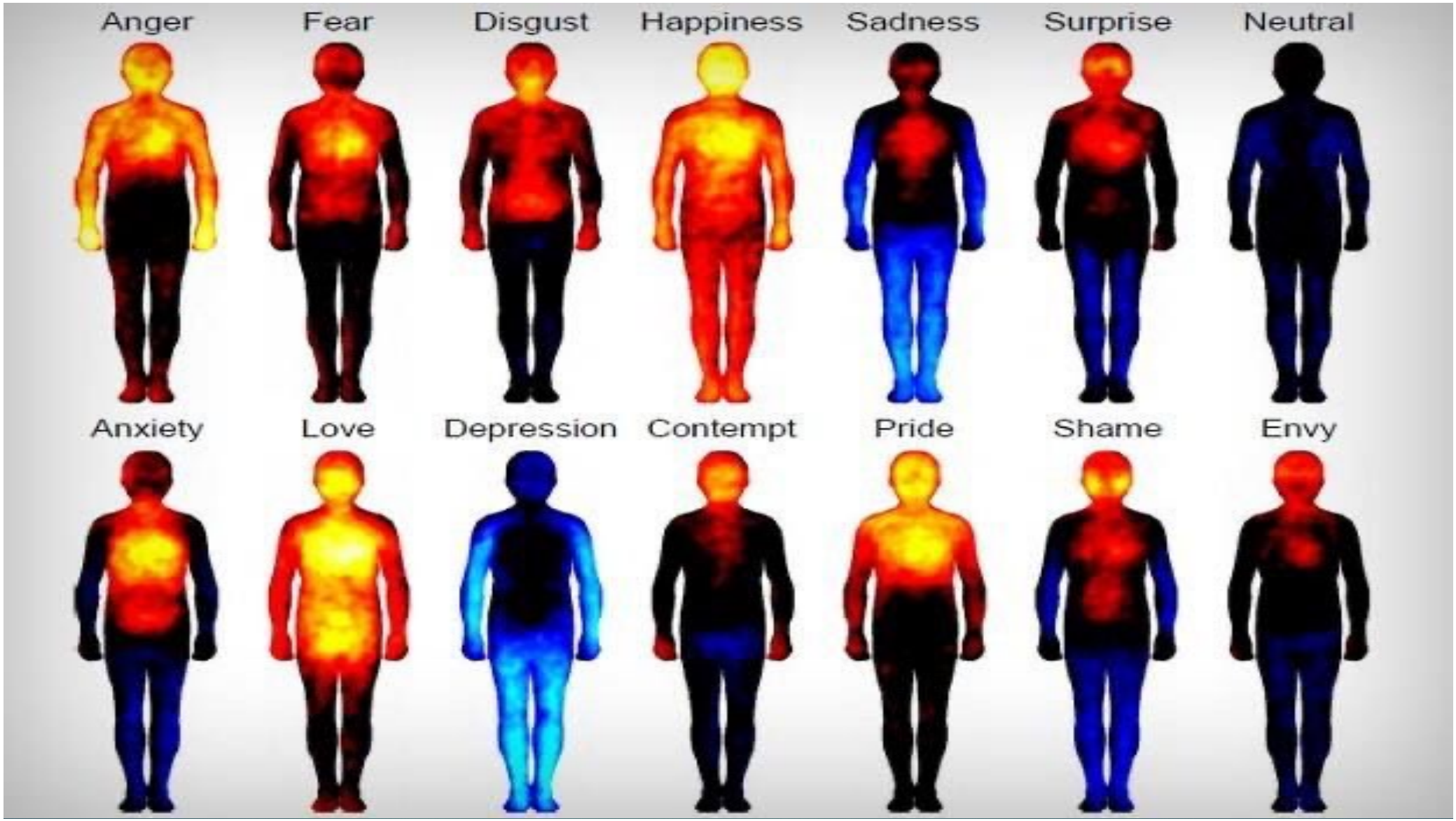
Promoting Diversity, Equity, and Inclusion

Many opportunities to affect change in healthcare through practice, teaching, research and advocacy.

Check out latest issue of American Psychologist

With private therapy patients

- Help patient to advocate with their PCP
- Teach somatic manifestations of feelings
- Give tips for how to streamline medication initiation
- Help anxious patients to onboard medication
- Teach them to consult with pharmacist on med worries.
- Psychoeducation on a biopsychosocial understanding of symptoms


Anger
Fear
Disgust
Happiness
Sadness
Surprise
Neutral
Anxiety
Love
Depression
Contempt
Pride
Shame
Envy

Why psychologists in particular?

Systems-based thinkers

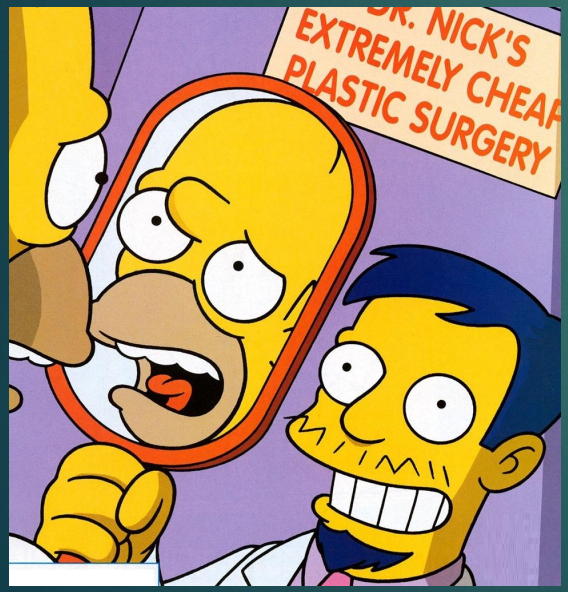
Hierarchical system of care

Patients like using the term "doctor"

Psychologists have key positions in integrated healthcare (e.g. supervision, academic positions, leadership)

Strong research background can contribute to efforts to improve healthcare delivery models

Challenges of working in healthcare



- Professional isolation
- Physician bias
- EMR doesn't recognize mental health
- Open Notes
- Cross-discipline misunderstandings
- Possible "turf battles" with psychiatrists
- Hierarchy keeps physicians on top

More challenges

- Need to be assertive and advocate for self and ideas
- Boundaries/scope of practice
- Infection risk
- Goes against the grain of our training/traditional frames (e.g. 50-minute session)
- Role confusion with patients

Career avenues in healthcare

1. Academic position in residencies/medical schools

2. Addiction Medicine

3. Behavioral healthcare entities:

- A. PCMH
- B. FQHC
- C. HMOs
- D. Psychedelic-Assisted Psychotherapy

For more information

- APA Division 38: Health Psychology
- *Health Psychology* scholarly journal
- California Society of Addiction Medicine website
- California Academy of Family Physicians
- Family Docs Podcast, hosted by Dr. Rob Assibey
- Call/email me (Andrew Smith, Ph.D.): 916-214-8560 arsmith@sjgh.org

Questions?

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