

An Integrated Health Program for College Health

Counseling and Mental Health Center (CMHC)

University Health Services (UHS)

The Division of Student Affairs

The University of Texas at Austin

CMHC

UT COUNSELING AND
MENTAL HEALTH CENTER
DIVISION OF STUDENT AFFAIRS



Cary Tucker, RN, L.C.S.W.
Associate Director, CMHC

Melinda McMichael, M.D.
UHS Staff Physician

Integrated Health Staff

Keith Arrington, L.C.S.W.

Elana Bizer, L.C.S.W.

Michael Bombardier, Ph.D.

Adryon Burton Denmark, Ph.D

Cary Tucker, RN, L.C.S.W

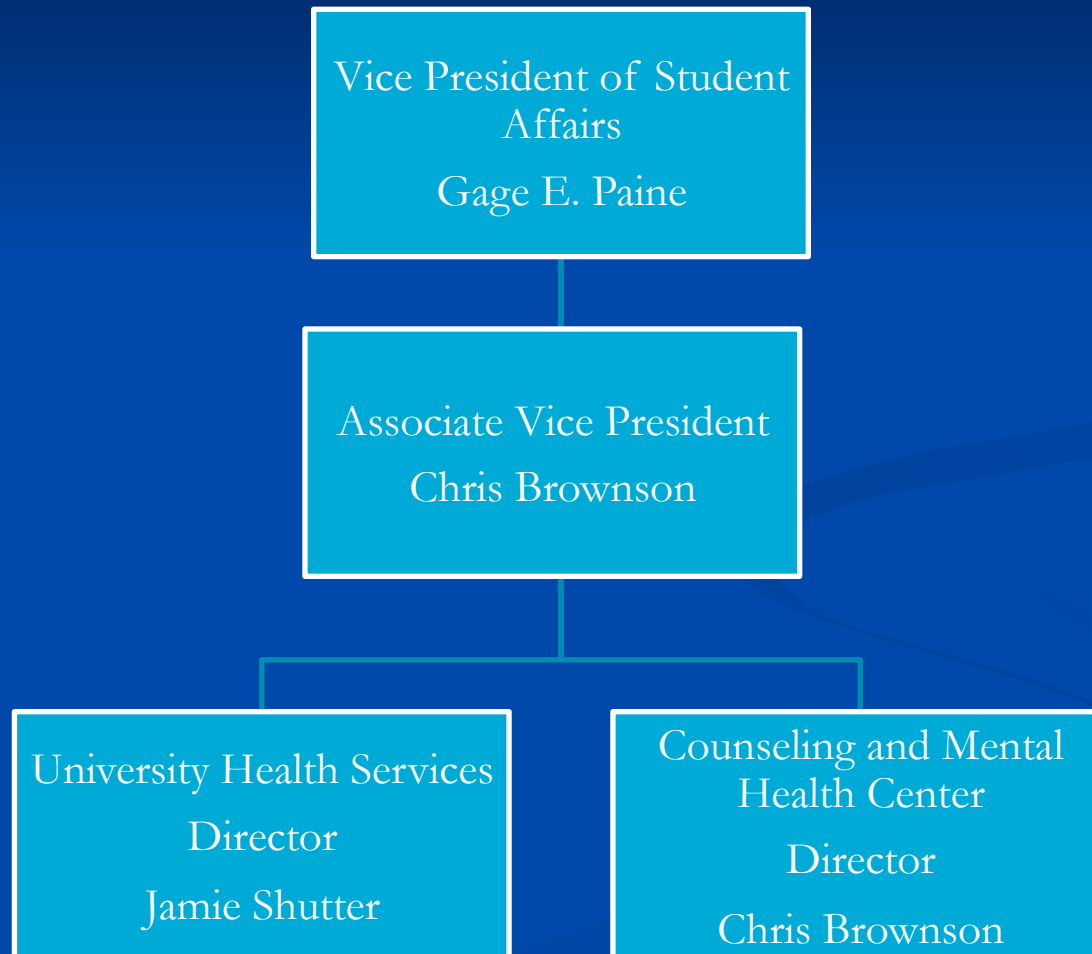
Student Services Building (SSB)



Inside the SSB



Division of Student Affairs Organizational Chart



The University of Texas at Austin

- Approximately 51,000 Students
- Approximately 49% of enrolled students are members of ethnic minority groups, 18% Hispanic, 15% Asian American, 5% African American

UHS Composition

- 3 General Medicine Clinics 12.74 FTE MD
- Women's Health Clinic 7.15 FTE NP/PA
- Sports Medicine Clinic
- Allergy and Immunizations
- Urgent Care
- Health Promotion Resource Center (HPRC)
- Ancillary services include:
 - Lab
 - Radiology
 - Pharmacy

UHS Patient Volume

- Approximately 50,000 patient visits annually – approximately 21,000 unique patients

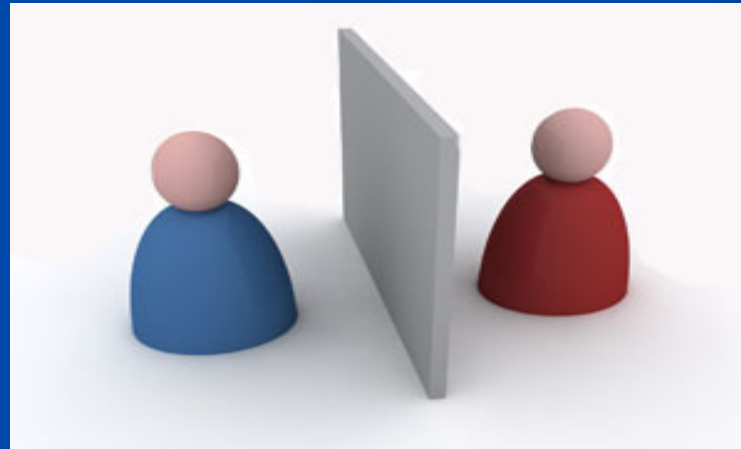
CMHC Staffing

- 15 FTE Psychologists
- 7 FTE Clinical Social Workers
- 2 FTE LPC
- 3 FTE Psychiatrists
- 1-2 FTE Psychiatric Resident
- 16 Staff Therapists
- 4 FTE Psychology Interns
- 4 Social Work Interns
- 5 Individual & Group Therapy Practicum Students

Counseling Center Services and Client Volume

- 5,025 unique clients per year
- 850 appointments per week at peak times
 - triage
 - Individual, group, couples counseling
 - psychiatry
 - Prevention and outreach
 - 24 – hour telephone counseling
 - Referrals to both on- and off-campus resources
- 142 new intakes per week at peak times

Why Integration?



Definition of Integrated Health Care

- “The systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems often occur at the same time.”*

*Texas Health and Human Services. Integration of Health and Behavioral Health Services Workgroup. Report to the 81st Texas Legislature. Retrieved May 2012 from the Hogg Foundation Mental Health Web site: http://www.hhsc.state.tx.us/reports/2010/IntegrationReport_73010.pdf



Integration Goals

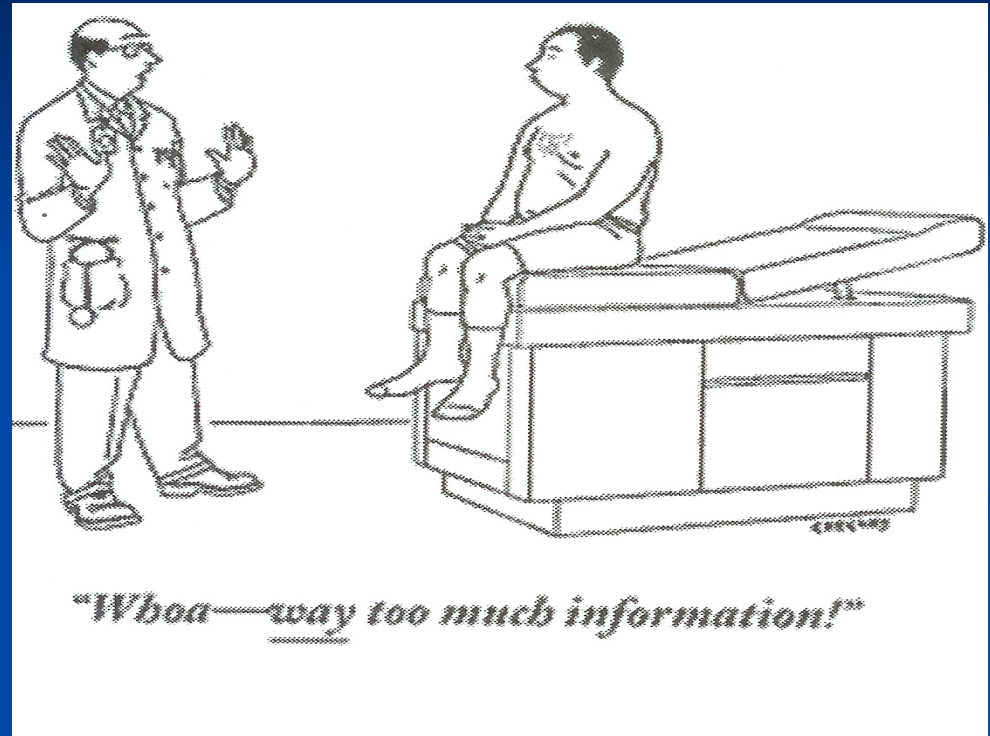
- Improve Communication
- Work Collaboratively
- Serve as a consultative resource for primary care providers
- Improve Quality of Care - Provide seamless, integrated, and collaborative care for students
- Address Mental Health issues in Primary Care setting
- Change the Paradigm – Recognize the MindBody Connection & begin to challenge mind/body schism
- Education
- Optimize use of resources
- Empowerment

How We Help

- Address mental health concerns
- Provide psychological/behavioral interventions for the treatment of physical and chronic health problems
- Provide behavioral/mental health assessment & differential diagnosis
- Teach relaxation/stress management
- Teach mindfulness-based interventions
- Provide crisis intervention; in depth risk assessment
- Increase compliance motivation
- Emphasize a broad definition of health which views optimal health as the integration of physical, psychological, emotional, relational, and spiritual well being

Focus of Integration

■ Co-Location Model*



Hogg Foundation Mental Health. Retrieved May 2012 from the Hogg Foundation Mental Health Web site: http://www.hogg.utexas.edu/uploads/documents/IHC_Resource_Guide1.pdf

Follow Through Rates Spring 2003

	Fall 2002 (Referrals made UHS to IHC)	Spring 2003	Comparison Group Sp '03 (Referrals From UHS to CMHC)
Number Referred	104	156	41
Followed Through	84%	72%	46%
Never Scheduled	3%	3%	34%
Cancel	11%	12%	12%
No Show	3%	7%	7%

Collaboration Logistics

- Patients are seen for initial appointments only by referral from the UHS healthcare provider; follow-up appointments are made by IH staff.
- Strive to maintain a 5 day window of access for initial appointments
- Students who access services in UHS are managed by IH staff unless a referral is needed to another specialty service such as psychiatry
- UHS providers typically refer more students for mental health issues than medical conditions

Collaboration Logistics

- On-call for urgent evaluations or consultations
Monday – Friday 8am-5pm
- Integrated Health counseling notes are shared with all prescribing providers
- Integrated Health counselors attend staff meetings at both agencies (UHS & CMHC) and are considered part of the provider staff at UHS
- Patients are discussed weekly in the Integrated Health Consult Meeting, which includes a CMHC psychiatrist

Logistics

- ROI in initial paperwork giving permission to discuss care with all treating providers; CCAPS 62 is also part of the initial paperwork in IH and CMHC
- UHS Notice of Privacy Practices defines PHI as consisting of medical and mental health information.
- Patients are charged \$5/visit, but are not charged if seen in same day for an urgent evaluation
- Do refer off campus for long-term therapy if needed
- Not formally terminated – terminate an episode of care. Patients are seen for brief counseling, but may return as needed

Fall 2010-Summer 2011

Integrated Health:

- 77 crises
- 417 unique patients in 1060 visits

UHS:

- 50,024 visits (IH included & excluding immunizations)

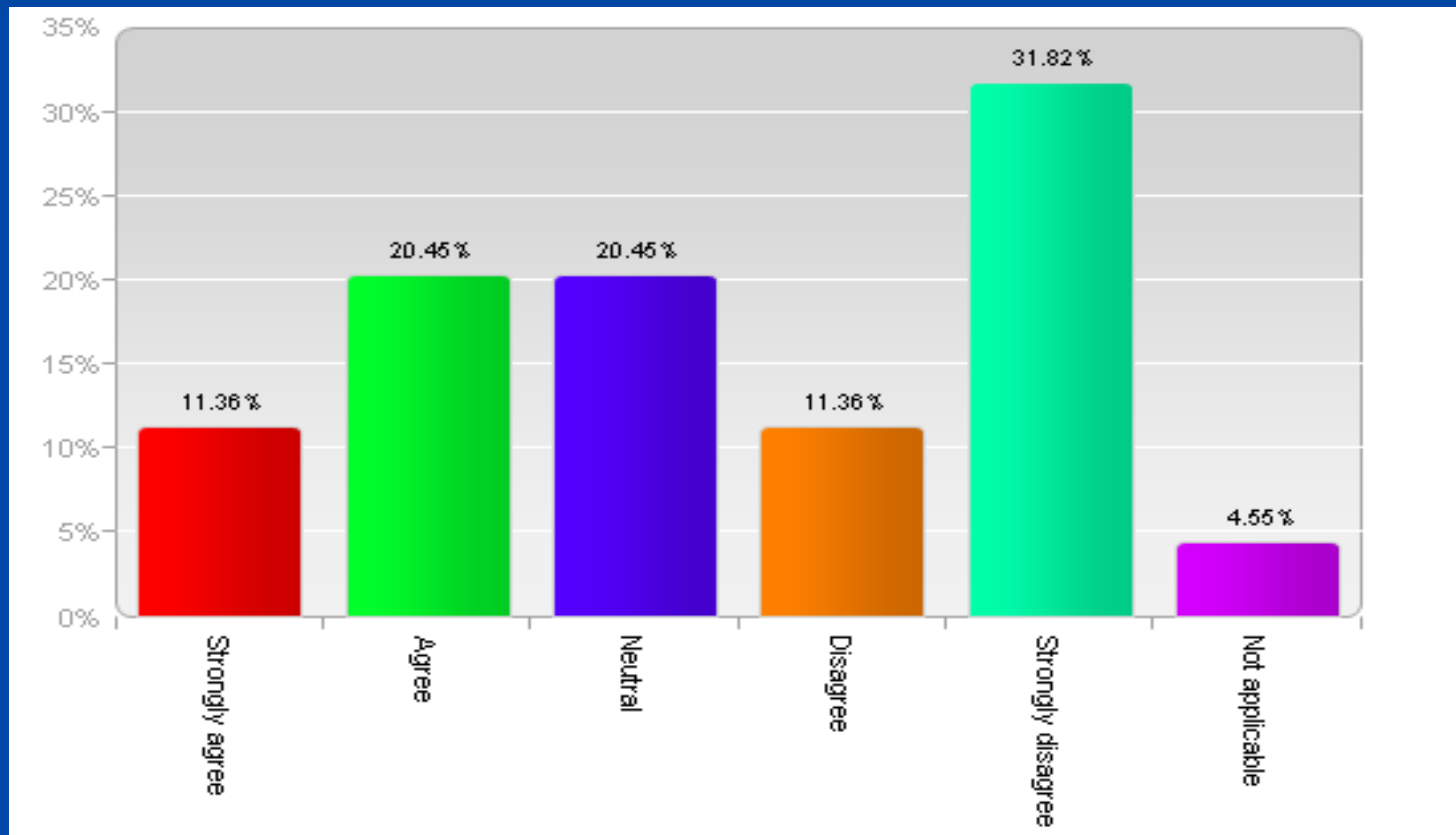


UHS Diagnoses 2010-2011

Diagnosis	Frequency
ANXIETY Count	930
ANXIETY ATTACK Count	17
ANXIETY DISORDER Count	103
ANXIETY DUE TO MEDICAL CONDITION Count	2
DEPRESSION Count	751
DEPRESSION, CHRONIC Count	15
DEPRESSIVE DISORDER, NOS Count	190
DEPRESSIVE DISORDER, RECURRENT, IN REMISSION Count	7
DEPRESSIVE DISORDER, RECURRENT, MODERATE Count	8
DEPRESSIVE DISORDER, RECURRENT, REMISSION UNSPECIFIED Count	2
DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED Count	2
DEPRESSIVE DISORDER, SINGLE EPISODE, IN REMISSION Count	9
DEPRESSIVE REACTION Count	3
GENERALIZED ANXIETY DISORDER Count	58
PANIC DISORDER Count	50
PANIC DISORDER W/ AGORAPHOBIA Count	6
PERFORMANCE ANXIETY Count	42
SITUATIONAL ANXIETY REACTION Count	35
SYNCOPE DUE TO ANXIETY Count	2
Grand Total	2232

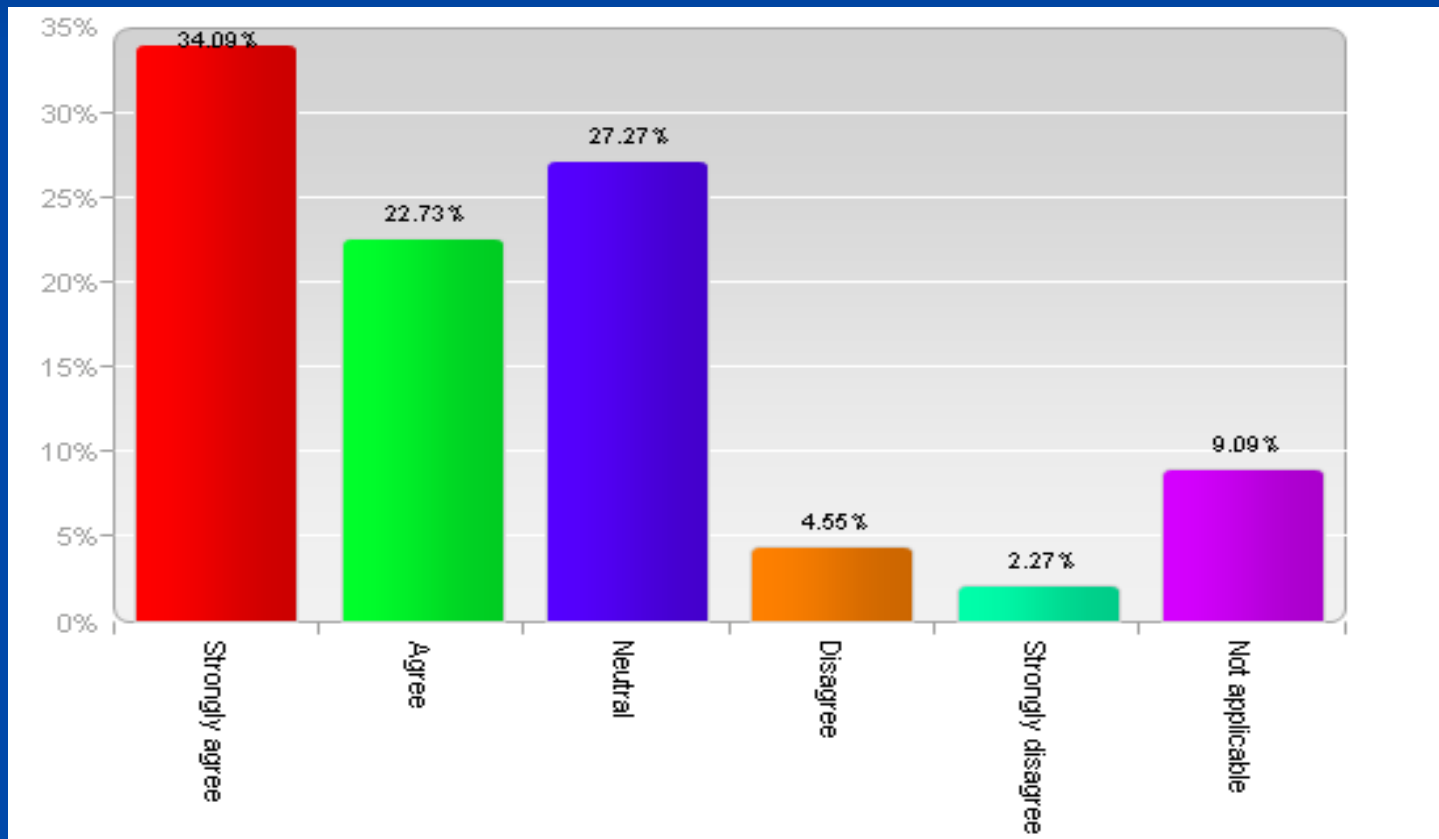
IH Services Satisfaction Survey

Q3. I would be less likely to attend counseling sessions if they were part of UT's Counseling and Mental Health Center on the 5th floor of the SSB.



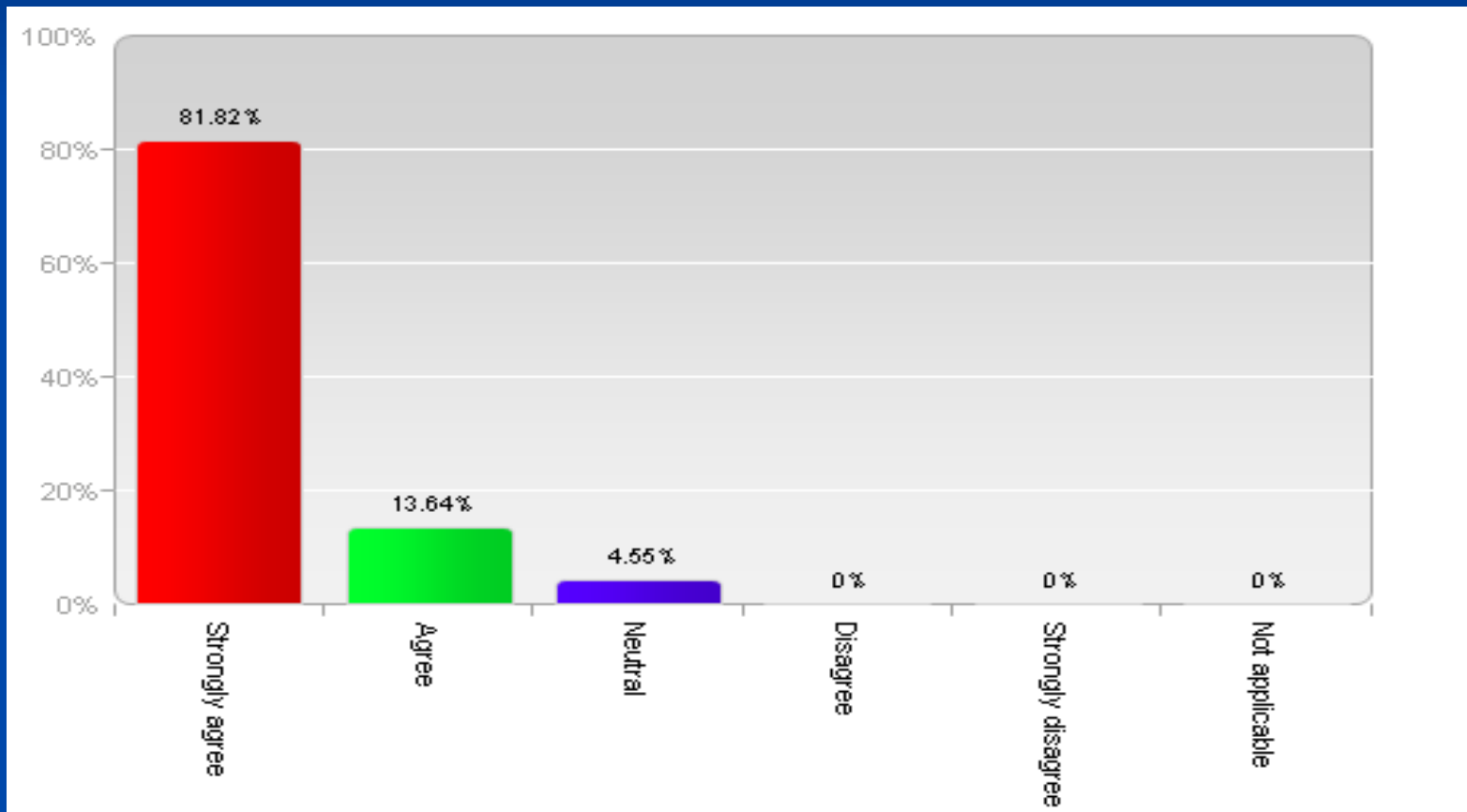
IH Services Satisfaction Survey

Q4. I prefer that my counselor and my UHS health care provider work together collaboratively instead of having these services separated.



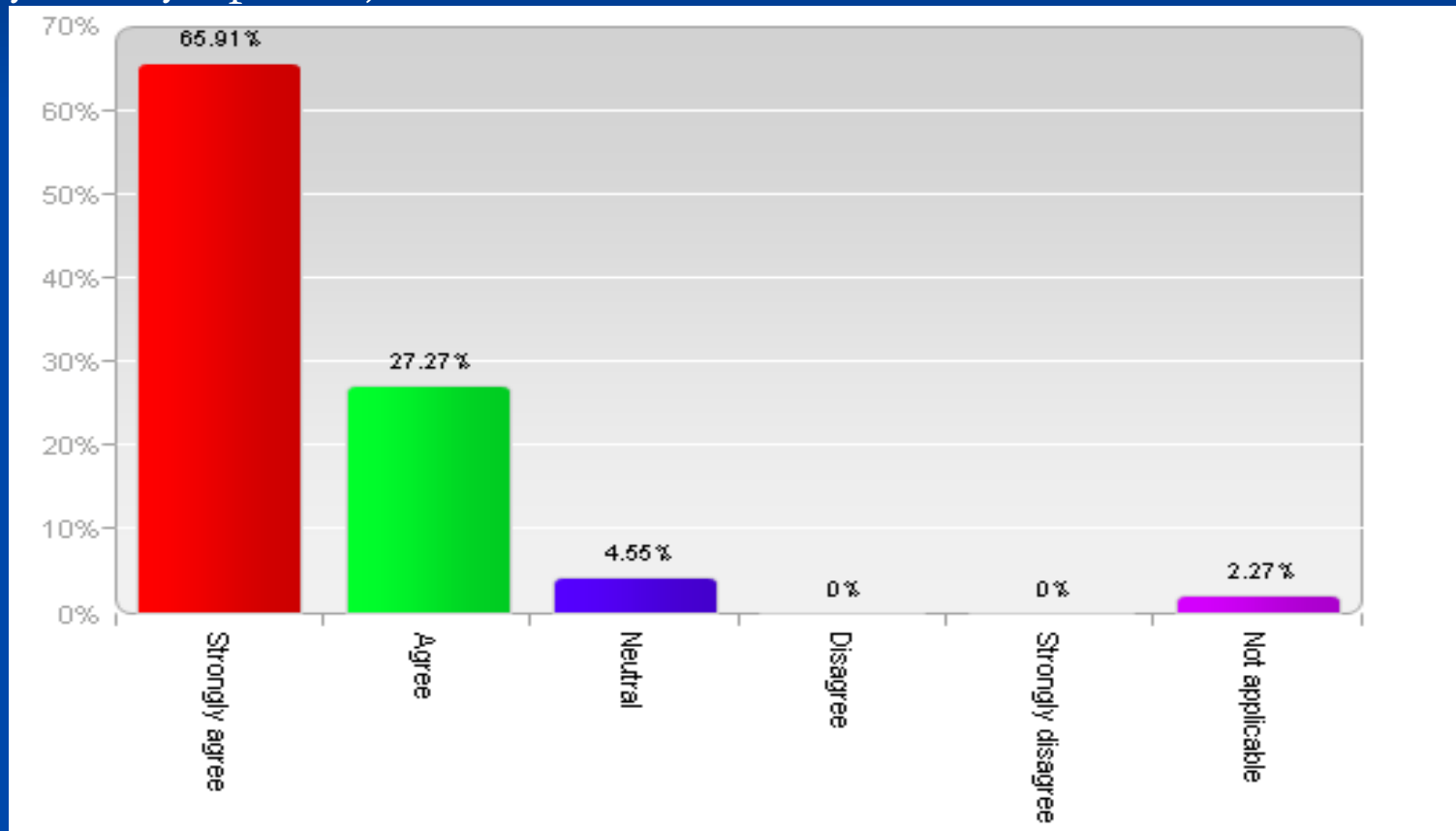
IH Services Satisfaction Survey

Q8. Counseling is helping me recognize the impact of my choices on my health and well being.



IH Services Satisfaction Survey

Q13. Counseling is helping me understand the connection between my mind (psychological/emotional symptoms) and my body (physical symptoms).





“It’s got to come out, of course, but that doesn’t address the deeper problem.”

Primary Care Contact and Suicide

- Across all age groups, contact with primary care providers in the month before suicide averaged approximately 45% (range=20%–76%). The rate of contact with primary care providers within 1 year of suicide averaged approximately 77% (range=57%–90%). For persons age 35 and younger, contact with primary care providers within 1 month of suicide averaged about 23% (range=10%–36%), and an average of about 62% (range=42%–82%) had contact with primary care providers up to a year before their suicide. Rates of contact are much higher for primary care providers, relative to mental health services.
- Use PHQ-9 for depression screen

Jason B. Luoma, M.A.; Catherine E. Martin, M.A.; Jane L. Pearson, Ph.D., Contact With Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence. *Am J Psychiatry* (2002);159:909-916.

Patient A

- 25 yo female grad student presented to PCP with the following symptoms:
“fatigue, no appetite, nausea, vomiting, indigestion, chest congestion, low blood sugar, tingling/weakness in extremities, rapid weight gain”
- On questioning, she admitted to some sadness and disrupted sleep. Had been in counseling as an undergrad for depression, but denied that she was currently depressed.
- Treated for probable gastritis and referred to Integrated Health counselor to help evaluate her fatigue and depression. GI sx improved with medication but continued to reoccur when stressed.
- Pt saw counselor regularly with improvement of her depression and fatigue.

Patient B

- 20 yo female pre-nursing student presented to PCP with one year hx of daily headaches, insomnia, fatigue.
- Had prior HA evaluation with MRI, negative. Current labs and physical exam normal.
- Hx counseling in high school, denied current depressive sx
- Referred to IH for evaluation. Dx with Major Depressive Disorder which had been present for 3-4 years
- Continued counseling, treated with sertraline. Improvement in depressive symptoms and sleep, with resolution of daily headaches.

Patient C

- 37 yo male who had returned to grad school from a full time job
- During the first month of school, pt was seen in Urgent Care with the following sx:
- Visit #1- neck pain, pulsing in body parts, panic- referred for IH evaluation
- Visit #2- chest pain and nausea;
- Visit #3-tingling all over body, muscle tightness, anxiety.
- He had experienced some of these sx in the past; his hometown physician recommended SSRI, but pt refused medication. Had a negative cardiac evaluation in the past.
- Pt saw the Integrated Health Counselor and his UHS PCP on a regular basis during the school. They worked collaboratively to help the patient address his anxiety issues and associated physical concerns without medications, allowing him to finish his degree.

Integrated Health Classes/ Groups

- Optimizing Your Potential:
The MindBody Connection
- Mindfulness-Based
Cognitive Therapy for
Depression
- Mindfulness-Based
Meditation Group
- IH classes are part of the
CMHC group program

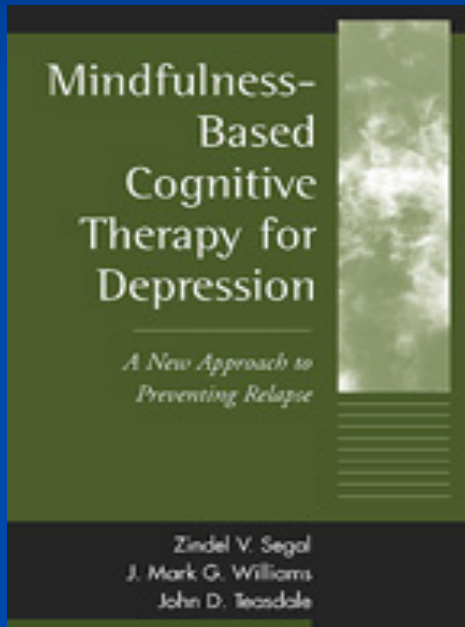


Optimizing Your Potential: The MindBody Connection

- Based on Jon Kabat-Zinn's research on Mindfulness-Based Stress Reduction
- Comprehensive Stress Management/ Self Care
- Psychoeducation combined with experiential component of mindfulness practice
- Referrals include: anxiety, mild depression, health conditions that are exacerbated by stress



Mindfulness-Based Cognitive Therapy for Depression



- Based on the research of Segal, Williams, & Teasdale
- An approach for preventing relapse
- Psychoeducation combined with experiential component of mindfulness practice
- Referrals include: students who are suffering from chronic depression

Other Programs within Integrated Health

- Mindful Eating Program (Eating Disorder and Assessment Team)
- Alcohol and Other Drugs Program
- MindBody Lab (not program, but resource)



Barriers to Integration

- Different cultures and language
- Medical model
- Issues around confidentiality and sharing of information
- Billing issues – in the future

Overcoming Barriers

- Administrative support - “Successful integration requires dynamic, committed, leadership” *
- Strong, Healthy Relationships
- Communication
- Infrastructure that facilitates communication and collaboration
- Same EHR

*Hogg Foundation Mental Health. Retrieved May 2012 from the Hogg Foundation Mental Health Web site: http://www.hogg.utexas.edu/uploads/documents/IHC_Resource_Guide1.pdf

AAAHC Spring 2011

- “The Integrated Health Program, which places therapist and counselors in the medical setting is innovative, effective, and well received by patients, medical providers, and therapists. It meets an ever-growing need.”
- Standard - Cooperation and coordination of medical care with behavioral health care: “Substantial compliance – this is a particularly outstanding aspect of the program.”

Recognition and Gratitude

- Chris Brownson
- David Drum
- Jeanne Carpenter
- Theresa Spalding
- Jamie Shutter
- UHS Providers
- IH Team
- UT Students

In Conclusion

“This is about as good of complete care that can be provided this side of the Jordan River.”

“With Integrated health I feel like I can finally practice the art of medicine in the way it was meant to be practiced”

- Comments from UHS Physicians

Questions

