

Patient Mental Health: Resources for Providers



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My background

- Medical Social Worker for over 20 years
- Experience serving patients in a range of settings (inpatient, outpatient, emergency department, home hospice) and who have a range of severity of mental health symptoms and conditions
- Currently with the UW Department of Psychiatry and Behavioral Sciences

Patient Mental Health & Substance Use

Patients are coming in with more prominent mental health issues

- Existing conditions may be worse
- People who have not had mental health issues are reporting symptoms of depression, anxiety, lack of focus, etc.



The impact of mental illness

Mental illness and substance abuse are responsible for nearly 25% of all health-related disability

**5 times more than diabetes or heart disease

**15 times more than cancer and, cost our country more than \$1.5 trillion / year

Poverty

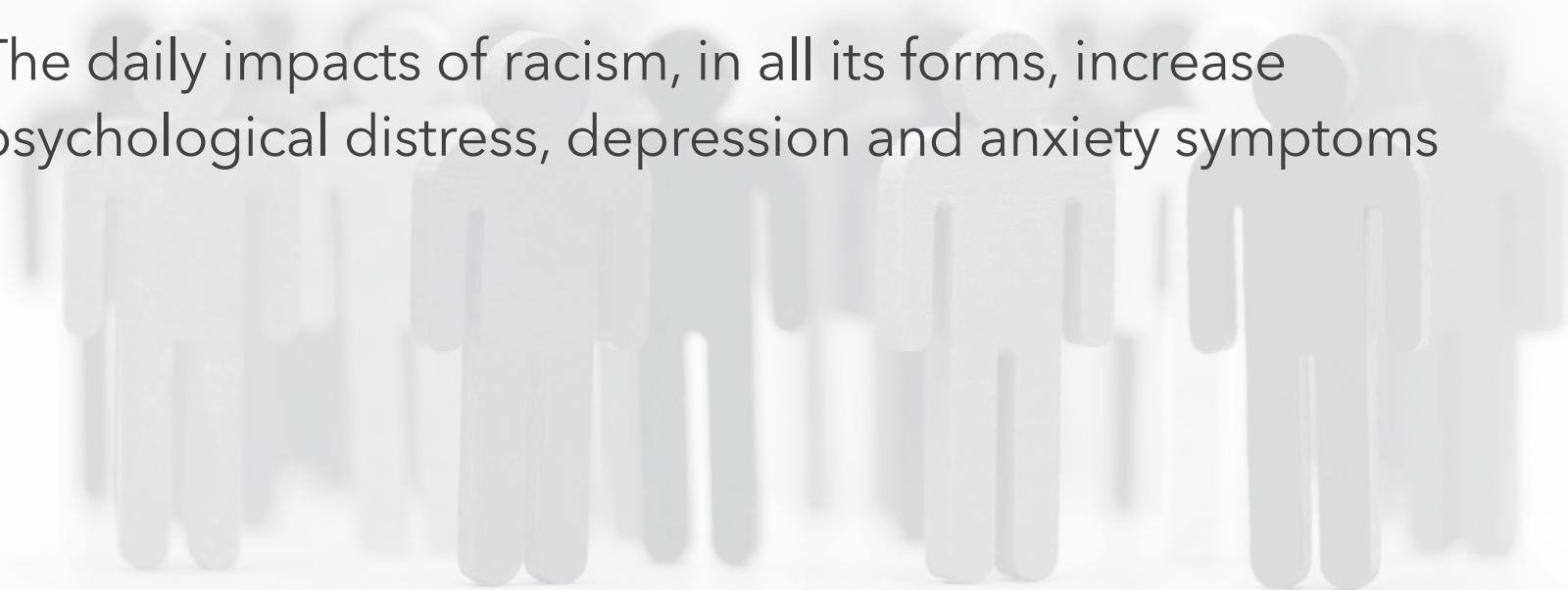
- Depression rates for people living in poverty are twice that of those who are not
- Low income increases the struggle to pay for housing, food, childcare and healthcare
- Too much stress for too long a time can lead to chronic stress, which increases the chances of depression



Racism

The impacts of racism on the health/mental health of people of color are well documented, and is a longstanding epidemic

The daily impacts of racism, in all its forms, increase psychological distress, depression and anxiety symptoms



How can providers help?

We'll talk through different ways to help in this presentation

1. A free resource for providers to call to get clinical advice on the mental health & substance use care of patients
2. Tangible ways to help patients build their resiliency, and thus, their mental health
3. Some free/lower cost therapy options

Psychiatry Consultation Services for Washington State Healthcare Providers

Psychiatry Consultation Line (PCL)

for prescribing providers with adult psychiatry and/or addictions questions

877-WA-PSYCH (877-927-7924) | pclwa@uw.edu

Staffed 24/7

www.pcl.psychiatry.uw.edu

Partnership Access Line (PAL)

for primary care providers with child and adolescent psychiatry questions

866-599-7257 | paladmin@seattlechildrens.org

8am - 5pm, Monday - Friday (excluding holidays)

www.seattlechildrens.org/PAL

Perinatal Psychiatry Consultation Line (PAL for Moms)

for providers with behavioral health questions about preconception planning, pregnancy, postpartum or perinatal loss.

877-PAL4MOM (877-725-4666) |

ppcl@uw.edu

9am - 5pm, Monday - Friday (excluding holidays)

www.mcmm.uw.edu/ppcl

UW Medicine
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

Psychiatry & Addictions Case Conferences (UW PACC-ECHO)

for providers interested in didactic presentations and case-based learning

uwpacc@uw.edu

12:00-1:30 pm, Thursdays

ictp.uw.edu/programs/uw-pacc



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Washington State
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UW Psychiatry Consultation Line (PCL)

FREE consultations for professionals caring for adults with mental health and/or substance use conditions

877-927-7924 (877.WA.PSYCH) | PCLWA@UW.EDU

Available 24/7 for prescribers

8am-5pm weekdays for non-prescribers

- **Free** to the caller and the patient
- Questions answered about:
 - ✓ Assessment
 - ✓ Diagnosis
 - ✓ Medication management
- Staffed by adult & addiction psychiatrists
- Written recommendations provided



pcl.psychiatry.uw.edu



Perinatal Psychiatry Consultation Line (PAL for Moms)

WEEKDAYS 9:00 AM - 5:00 PM | ☎ 877-725-4666 (PAL4MOM) | ✉ PPCL@UW.EDU



mcmh.uw.edu/ppcl

- For all providers in WA with behavioral health questions about preconception planning, pregnancy, postpartum or perinatal loss
- Questions answered about:
 - ✓ Assessment, diagnosis, treatment planning
 - ✓ Pregnancy loss, complications, or difficult life events
 - ✓ Local resources & referrals
- Staffed by UW perinatal psychiatrists
- Free to the caller and the patient
- Written recommendations provided

Funded by:

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What else can you do besides call the PCL?

Sometimes, it's how WE see that patient that helps THEM see themselves differently

Resilience in Patients

Patients come to us seeking relief from pain and distress

- While relieving pain/distress is a component of care, so too is any attention and care we give to the patient's resilience
- Resilience is not something that you are necessarily born with; it can be cultivated over time



Cultivating Resilience in Patients

As a medical provider, you sometimes are the keeper of hope for your patients

- Patients/We can lose our ability to see beyond our own suffering in the moment
- Some of our patients are also isolated, and have few other sources of information other than medical providers



Resilience Can Look Like Something Else

“Being resilient” can sound simplistic. But it is much more nuanced and interesting.

Things that could be examples of resilience:

1. Drug/Alcohol use
2. Personality disorders
3. Estrangement from family

Cultivating Resilience in Patients

Four components of building resilience:

Connection

Wellness

Healthy Thinking

Meaning

Connection



When possible, remind patients to reach out to people in their lives who care about them and can help validate their feelings



Joining groups can be helpful as well. These can be support groups, but can also be civic, faith-based or other groups that could bring a sense of purpose

Connection: Real Life Examples

- Can the patient socialize more with the people they see around them? Shelter residents/staff, soup kitchen volunteers, cashiers, etc. Try saying “hello” to one new person
- Does their migrant community play soccer? (They can be a spectator even if they don't play)
- Meetup Groups are mostly free.
- Does the person have a hobby or a former hobby? Do they identify as having a chronic condition? There are Facebook/Instagram groups and forums for all the above. These can be a way to socialize electronically, at one's own pace (there is free internet access in the library)

Foster wellness



Remind patients about the basics—sleep, nutrition, hydration and exercise. Every little bit counts!

Mindfulness, such as through journaling, meditation, yoga, or a spiritual practice can also be helpful. Spend time ruminating on positive aspects of one's life and/or things to be grateful

Wellness: Real Life Examples

- **If traditional exercise is not an option, can the patient:**

- Take a short walk around the block? (Help them brainstorm around where this would be pleasant to do)
- Stretch in a park?

- **Is journaling or meditation not feasible?**

- Nature is healing—even viewing it from a window. Can the patient spend a minute in or looking at nature? What can they hear, see or smell?

Healthy Thinking

Encourage patients to accept change. The vision, goal or ideal they had envisioned may no longer be possible. Grieve that loss, and focus on what circumstances can be changed

Can the patient remember coping with previous stressful situations? Who or what was helpful? Patients can remind themselves where they have found strength before



Healthy Thinking: Real Life Examples

- Patients who do not appear resilient (but actually are!) often have had difficulties in childhood/early adulthood
 - They survived to make it to today....how did they do that? What helped? Who helped?
- GRIEF is so huge for so many. Grief is healed when received by a kind other.
 - Medical providers can acknowledge the grief of what is lost (the life the patient thought they'd live without diabetes, or a loss of mobility)

Meaning



- Create realistic goals and make small gains towards them, as this can help muster motivation and purpose in the most stressful of times
- Help others. Supporting a friend in need or volunteering can help garner a sense of purpose

Meaning: Real Life Examples

- Not achieving a goal can be demoralizing; some people avoid making them for that reason
 - Keeping goals tiny can help with that, and if successful, build to bigger goals
- Helping someone in need can be for the simplest thing.
 - Giving someone directions on the street.
 - Picking up something someone dropped

Free/lower cost therapy

WA Therapy Fund

- Provides free therapy (6 session) for members of the Black community who are facing economic hardship. Grants for therapy are issued 2-4 times/year. Hardship is defined by the community member seeking care.

- <https://watherapyfund.com/contractedproviders>

Open Path

- Low cost therapy. Client pays a one-time membership fee of \$59, then has access to therapy at reduced rates (\$30-60 for individual therapy, and \$30-80 for couples and families)

- [Affordable Counseling | Affordable Therapy | Open Path Collective](#)

Free/lower cost therapy

NAMI Support Groups (National Alliance for the Mentally Ill)

- [NAMI Seattle | Get Support](#)

Substance Use Support Groups

[Alcoholics Anonymous](#)

[Narcotics Anonymous](#)

[Etc.](#)

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QUESTIONS?

