Improving access and engagement in mental health service utilization: Piloting a community based Mind-Body Wellness Intervention

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Background: Epidemiology of psychiatric disorders

- 26-30% of the U.S. general population have a 12-month psychiatric disorder

- Mood and anxiety disorders are most common
  - Mood disorders: 9.5-11.3%
  - Anxiety disorders: 17.2-19.3%

- Psychiatric disorders are associated with impairments in role functioning, chronic illness, morbidity, mortality due to physical illness, and higher rates of suicide
Background: Epidemiology of psychiatric disorders

- Increased risk -
  - Women, < 50 years old
  - Unemployed, less education and income, public insurance

*samsha.gov
Background:
Trends in mental health service utilization

• The majority (~60%) with psychiatric disorders do not receive treatment

• More likely to receive treatment
  • Previous depression diagnosis, psychiatric comorbidity, longer symptom duration, more severe symptoms, and greater role impairments

• Less likely to receive treatment
  • Younger age
  • Racial/ethnic minorities, less education and income, uninsured/underinsured
Background:
Trends in mental health service utilization

- Mental health service utilization has increased in the last 20 years
- General medicine is growing as a provider
- Numbers of individuals receiving psychiatric medications has increased
- Numbers of individuals receiving psychotherapy has declined
  - Number of psychotherapy visits has declined
Figure 2.6 Past Year Mental Health Service Use among Adults Aged 18 or Older, by Type of Care: 2002-2012
Background:
Barriers to mental health service utilization

- In primary care, antidepressants are the most commonly offered treatments
  - Adherence is poor (40%-75%)
  - Response rate is low (60%)
  - Many do not consider antidepressants acceptable
  - Many prefer to be treated without medication
    - Concerns about side effects (i.e., addiction)

- African-Americans and Hispanics are less likely to find antidepressants acceptable
Background: Barriers to mental health service utilization

- Psychological Barriers -
  - Perceiving a mental health problem and a need for treatment
  - Wanting to solve the problem on one’s own
  - Believing the problem will get better on its own
  - Believing that mental health treatment will not be effective
Background: Barriers to mental health service utilization

- **Stigma**
  - Fear of embarrassment
  - Fear of being identified as “crazy” or “weak”
  - Negative attitudes toward treatment
  - Mistrust of the mental health system

- **Disadvantaged individuals more likely to hold stigmatizing beliefs**
Figure 2.10 Reasons for Not Receiving Mental Health Services in the Past Year among Adults Aged 18 or Older with an Unmet Need for Mental Health Care Who Did Not Receive Mental Health Services: 2012

- Could Not Afford Cost: 45.7%
- Could Handle the Problem without Treatment: 28.2%
- Did Not Know Where to Go for Services: 22.8%
- Did Not Have Time: 14.3%
- Did Not Feel Need for Treatment: 10.2%
- Concerned about Confidentiality: 9.6%
- Might Cause Neighbors/Community to Have Negative Opinion: 9.5%
- Fear of Being Committed/Having to Take Medicine: 9.5%
- Did Not Want Others to Find Out: 8.2%
- Might Have Negative Effect on Job: 8.1%
- Health Insurance Did Not Cover Enough Treatment: 7.9%
- Treatment Would Not Help: 7.3%
- Health Insurance Did Not Cover Any Treatment: 5.5%

Percent among Adults Who Did Not Receive Mental Health Care
FIGURE 4. Individual Determinants of Health Service Utilization
Mind-Body Approaches

- Focus on the relationships between the mind, body, brain and behavior

- Include: acupuncture, massage, meditation, movement therapies, relaxation (breathing), spinal manipulation, tai chi or qi gong, and yoga

- 38% of adults report using mind-body techniques

- Used to treat mental and physical health conditions
Mind-Body Approaches

- Reasons for using mind-body interventions:
  - Combined with conventional treatment it would be helpful (56.1%)
  - Suggested by a conventional practitioner (35.1%)
  - Conventional treatment would not help (21.5%)
  - Conventional methods are too expensive (11.2%)
  - Belief that the interventions works better than conventional medicine
Mind-Body Approaches

- Mind-body interventions are potentially more acceptable among racial/ethnic minorities and disadvantaged individuals
- Congruent with worldview around health
- Racial/ethnic minorities report greater use of prayer and natural/herbal remedies as treatments for health problems
- ~1/3 of African-Americans and Hispanics in primary care reported using mind-body interventions
  - More likely: no insurance, greater financial strain, poorer health status
Mind-Body Wellness Intervention: Project Goals

• Develop a package of complimentary skills and techniques for treating mild to moderate mental health symptoms

• Participants
  • High risk, disadvantaged
  • Mild/Moderate symptoms
  • Resistant to traditional mental health treatment (medication or therapy)

• Reduce stigma associated with mental health treatment

• Improve access and participation in treatment

• Provide collaborative care and integrated skills
Mind-Body Wellness Intervention

- Participants referred to the intervention by Women’s Health social worker
- Collaborate practice plan
- Didactic, daily skill practice, weekly check in
- Manual and audio CD
- Intervention:
  - Breathing
  - Meditation
  - Mindfulness
  - Yoga
  - Sleep Hygiene
  - Behavior activation
  - Distress tolerance
  - Cognitive restructuring
Mind-Body Wellness Intervention - Participants

**Age**

- 18-34: 7
- 35-54: 8
- 55-69: 11

**Race/Ethnicity**

- White: 11
- African American: 12
- Hispanic: 1
- Asian: 1

**Marital Status**

- Married: 10
- Divorced: 8
- Single: 5
Mind-Body Wellness Intervention - Participants

**Education**
- > College: 1
- College: 6
- Some College: 11
- High School: 3

**Employment**
- FT: 6
- PT: 4
- Unemployed: 9
- Retired: 1
- Disabled: 3

**Service Connection**
- Y: 12
- N: 11
Mind-Body Wellness Intervention - Outcomes

- N= 26
  - Active participants = 7
  - Completers = 8
    - 4-6 sessions
  - Drop outs = 11

- Most accepted modules:
  - Breathing
  - Meditation
  - Mindfulness
  - Yoga
Mind-Body Wellness Intervention - Outcomes

- **Benefits**
  - Improved mental and physical functioning
  - Perceived as helpful and easy to understand
  - Enjoyed the weekly contact
  - Caught high risk situations

- **Challenges**
  - Hard to reach participants
  - Difficult to engage participants in weekly practice
  - Participants felt “too stressed” and “too busy” to practice
Mind-Body Wellness Intervention - Next Steps

- K23 NCCAM
  - “The Mind Body Method for Depression Treatment in an Urban Primary Care Clinic”
  - Near North FQHC
  - Women, 18-65
  - Racial/ethnic minorities, low-income, Medicaid
  - Moderate – severe depression

- Evergreen
  - A mindfulness based perinatal depression treatment for a high-risk population of women
  - Prentice Ambulatory Care Clinic (PAC)
  - Women, >18 years old, 24-32 weeks pregnant
  - Racial ethnic minorities, low-income, Medicaid
  - Mild-moderate depression
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