

Are we Crazy?

An Urgent Call for Mental
Health Skill Development in
All NP Education

Current state of healthcare

Mental health providers

Integration of mental health
into primary care/ women's health

Relationship to Chronic disease

Utilizing Unfolding Case Method: Preparation for Case Development

- 1. think of broad range of psychiatric diagnoses and physical illnesses seen in your specialty
- 2. identify which personality disorders are represented in your patient population
- 3. recall frequent “ clinical emergencies”
- 4. identify social health inequities often seen
- 5. make a list in each category

What are Most Common Presentations for Care?

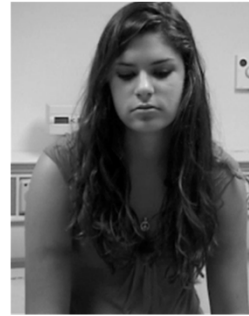
- Depression
- Anxiety
- Suicide risk
- Somatic symptom disorder
- Delirium
- Bipolar disorder to rule out
- Personality disorders /eating disorders
- What are the physical illnesses, stressors and health inequities which are related

	Case 1	Case 2	Case 3	Case 4
Age	28 YO	32 YO	32 YO	62 YO
Gender	female	male	female	female
Ethnicity	Caucasian	Caucasian	Hispanic	African American
Diagnosis	Depression, and PP depression substance abuse,	PTSD, suicidal ideation, substance abuse HEP C	Somatoform disorder, PTSD(sexual assault)eating disorder	Depression, abuse of prescription drugs
Stressors	Unexpected pregnancy, intimate partner violence, drug abuse	Veteran, combat exposure, alcohol abuse, hep C treatment	Immigrant family, 3 children under age of 5, alcohol and drug abuse,	Chronic pain, Father-in-law Alzheimers living with, loss of libido
Physical illnesses	Pregnancy(X Ray tech)	hep C	Obesity, STD	Diabetes, hypertension
Health inequities	Poor childhood, extended family conflict,	Unemployment, family with high expectations for success, smoker, Gender issues as failure	homelessness pending Poverty, minority, immigrant status,	Minority, housing Poultry processing, poor conditions

Designing the Learning Process: Zull's Ideas on the Brain

- Develop teaching process that utilizes the entire brain
- Recall previous experience (locates information in the brain which is stored)- round one of posting
- Add new concepts to stored information- rounds 2 and 3 of posting
- Make case emotionally charged-releases neurotransmitters which embeds case in memory
- Development of habits, regarding clinical care

Turn into Unfolding Case Study or as Complication of Physical Complaint



Case 1: Included in this case

- "I don't know what is wrong with me" 23 yo with complaint of fatigue, frequent crying and fighting with boyfriend , recent change BC pills

Students post round 1 – previous similar case

Then Case unfolds

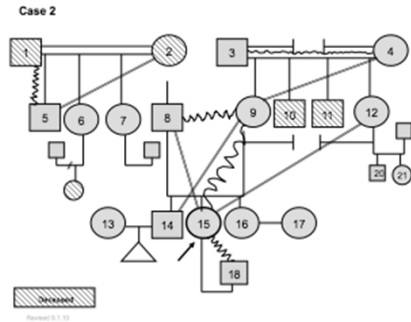
H&P, family genogram reveals

- Xray tech , living w BF (lawyer) mother alcoholic, father attorney, homeless as child, Note bruises on arm,

History and Physical

- **Case 2A: 28 year old Female, presents with complaint of "feeling emotional and gaining weight"**
- **History of present illness:**
 - "I am feeling very emotional. Was switched on BCP 2 months ago when seen by other provider and since then feel like I cry at the drop of a hat. Also it has been difficult to close my pants so I think I am gaining weight ". I am not eating more. I have been exercising less because I feel so tired at the end of the day. I am not sure that I am happy with the new pill. It seems to make my breast tender and more emotional as well as gain weight. I can feel my heart beating all the time. It feels like it will jump out of my chest. Last week I started breathing real fast and couldn't stop. My heart was pounding. It really scared me.

Add family genogram



Genogram 2 key Stevenson/ Ricardo Family

1. Thomas paternal grandfather, worked in a coal mine, loving husband, conflict with oldest son who is homosexual. Died at age 64 of black lung disease
2. Caroline Paternal grandmother, protective of oldest son, obese, good cook, died complications of diabetes
3. Vincent Maternal grandfather, Italian, came to this country as teenager, worked in General Motors auto plant died of HA at age 65
4. Margaret Maternal grandmother, Catholic, from Ireland last 5 years of husbands life they lived apart. She lived with oldest daughter (patients mother) great cook, currently lives in Florida and goes weekly to dog races. COPD/ chronic bronchitis for many years, hoped move to Florida would improve general health. Hx smoking, slight sag of side of face.

Following

- 1. initial brief video or description of complaint
- 2. history and physical
- 3. Genogram with key
- 4. students order lab test and screens

Teaching the consistent use of screens (efficacious and prescriptive)

- **Screens recommended**
- AUDIT Alcohol misuse and abuse
- PHQ 9 Depression
- GAD 7 Anxiety DO
- MDQ (rule out bipolar disorder)
- PHQ-15 Somatic symptom disorder
- Adverse childhood events (ACE)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Heather Stevenson DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things			<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much			<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy			<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating			<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down			<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could notice			<input type="radio"/>	<input type="radio"/>

Lab test results: case 1

Heather Stevenson

**Urine pregnancy test-
positive**

Urine Screen for drugs and illegal substances

Cannabis	positive
<u>Benzodiazopines</u>	positive
All other drugs	Negative

- Students develop problem list as guide for research and posting rounds 2,3**
- Unwanted pregnancy, single mother
 - Depression, anxiety
 - Suicide risk
 - Postpartum depression risk
 - Analysis of genogram
 - Childhood adversity risk
 - Intimate partner violence
 - Drug use in pregnancy
 - Work place environment health hazard
 - Prescribing during pregnancy, postpartum

- Teaching the process
Utilizing SBIRT**
- Screen
 - Brief Intervention
 - Rescreen (3-4 wks) and Refer for
 - Treatment

Utilizing motivational interviewing for screen results and BI (Brief Intervention)

- Teaching principles of Motivational interviewing creating partnership
- “May I give you some feedback? ”
- The spirit of MI

CBT- brief intervention model for primary care – 5 steps

- Step 1. “ tell me what has you distressed” “what has happened”
- Step 2. listening carefully
- Step 3. lay out what you heard and check if this is correct
- Step 4. identify separate concerns
- Step 5. problem solve together

The Elephant in the Room Screening for Suicide : Knowing the Risks

- Analyzing Risk factors- age, gender, race, substance abuse, psychiatric diagnosis, impulsivity
- Analyzing protective factors
- Asking the questions
- Knowing which medications have suicide risks
- Means restriction as intervention
- Knowing how to respond to emergency

Utilizing AHRQ for practice guidelines

The screenshot shows the National Guideline Clearinghouse (NGC) website. At the top, it displays the AHRQ logo and the text 'Agency for Healthcare Research and Quality Advancing Excellence in Health Care'. Below this is a navigation bar with links for 'Home', 'Help', 'Videos', 'RSS', 'Log in', 'Subscribe to weekly e-mail', 'Site map', 'Contact us', and 'For web developers'. The main content area is divided into several sections: a search bar with the text 'Search the site: depression', a 'Sign In to My NGC' section, a 'New This Week' section dated March 16, 2015, and an 'Announcements' section dated March 16, 2015. The 'Announcements' section features a bullet point about a webinar series by the Guidelines International Network North America (GIN-NA).

Depression results

Filter results by: All Years

1-20 of 439 [Next >](#) [Compare Guidelines](#)

1. **EXPERT COMMENTARY Primary Care Depression Guidelines and Treatment Resistant Depression: Variations on an Important but Understudied Theme**
2. **Adult depression in primary care.** 1996 Jan (revised 2013 Sep). NGC:010042
Institute for Clinical Systems Improvement - Nonprofit Organization. [View all guidelines by the developer\(s\)](#)
3. **Practice guidelines for the treatment of patients with major depressive disorder, third edition.** 1993 (revised 2010 Oct). NGC:008093
American Psychiatric Association - Medical Specialty Society. [View all guidelines by the developer\(s\)](#)
4. **Common mental health disorders. Identification and pathways to care.** 2011 May. NGC:008755
National Collaborating Centre for Mental Health - National Government Agency [Non-U.S.]. [View all guidelines by the developer\(s\)](#)
5. **Depression in the long term care setting.** 2003 (revised 2011). NGC:008493
American Medical Directors Association - Professional Association. [View all guidelines by the developer\(s\)](#)
6. **Clinical practice guidelines: depression in adolescents and young adults.** 2011 Feb. NGC:009655
beyondblue: the national depression initiative - Nonprofit Organization. [View all guidelines by the developer\(s\)](#)

Treatment guidelines for depression

1. Establishing and maintaining a therapeutic alliance
2. Psychiatric assessment
3. Safety evaluation including evaluation of suicide risk, level of self-care and dependent care, and risk or harm to self and others
4. Establishing appropriate treatment setting including hospitalization if appropriate
5. Evaluation of functional impairment and quality of life
6. Coordinating care with other clinicians, monitoring status, and tailoring treatment to specific patient needs
7. Assessment of and acknowledgment of potential barriers to treatment
8. Patient and family education

Treatment

1. Pharmacotherapy
 - Selective serotonin reuptake inhibitors (SSRI)
 - Serotonin norepinephrine reuptake inhibitors (SNRI)
 - Mirtazapine
 - Bupropion
 - Nonselective monoamine oxidase inhibitors (MAOIs)
2. Somatic therapies such as electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), vagus nerve stimulation
3. Psychotherapy
 - Cognitive-behavioral therapy (CBT)
 - Interpersonal psychotherapy
 - Psychodynamic therapy
 - Marital and family therapy

Prescribing

- 1. making side effects a + for best results
 - Activating SSRIs
 - Sedating SSRIs
 - Avoiding use of benzodiazepines, hypnotics
- 2. capitalizing on the placebo effect
 - Addressing issue of sexual side effects

Guiding student process using rubric

Grading for Case Studies: Nursing Plans of Care

Name _____ Case# _____ Date _____

Evidence Based practice:

Assessment: 24 points

Identifies complaint from presentation	
Identifies health concerns from H&P	
Identifies genetic risks from genogram	
Identifies etiologic events	
Identifies health longitudes	
Orders correct screening tests, lab tests	

Critical thinking: 24 points

Develops differential diagnosis	
Analyzes genogram for stressors	
Makes appropriate problem list	
Plans interventions	

Clinical Nursing Judgment 42 points

Chooses medication according to case	
Develops intervention R/T stress	
Develops intervention R/T family conflict	
Develops health promotion plan	
Provides psycho education	
Identifies community resources	

Scholarship 18 points

Uses APA format for references	
Translate research into practice	
Identifies potential for agency change	

Grade: _____

Comments: _____

Utilizing Rubrics as Guide

Part 1

- Assessment 24 points
- Identifies complaint from presentation
- Identifies health concerns from H&P
- Identifies genetic risks from genogram
- Identifies epigenetic events
- Identifies health Inequities
- Orders correct screening tools , lab tests

Part 2

- Critical thinking: 24 points
- Develops differential diagnosis
- Analyzes genogram for stressors
- Makes appropriate problem list
- Plans intervention

Part 3

- Clinical Nursing Judgment 42 points
- Prescribes medication at correct dose
- Develops intervention RT stress
- Develops intervention RT family conflict
- Develops health promotion plan
- Provides psycho education
- Identifies community resources

Part 4

- Scholarship 10 points
- Uses APA format for references
- Translates research into practice
- Identifies potential for agency change

references