Help for the nonpsychiatrist

In recent years, much has been made of the fact that primary care physicians and other nonpsychiatrists are on the frontline when it comes to diagnosing and treating people with mental illnesses. An ob/gyn might see a woman experiencing postpartum depression. A pediatrician may find him or herself sifting through the possibilities explaining the behavior of a disruptive child. There’s been concern that these physicians don’t necessarily know all they need to in order to accurately diagnose, treat or appropriately refer patients. Several efforts to support them have sprung up in recent years.

Calls for kids
One is the Minnesota Collaborative Psychiatric Consultation Service. In response to national concern that too many children were taking psychotropic medications, the Legislature in 2010 authorized the Department of Human Services (DHS) to help guide pediatricians, family physicians and others who treat children with mental health problems. Data showed that a high percentage of those kids were only getting prescriptions. “That was a concern for us because we know a lot about what the research says works for kids with certain disorders,” says Pat Nygaard, M.P.H., head of children’s mental health division at DHS.

With experts from across the state, DHS developed a series of protocols for primary care physicians to use with children with a suspected or known mental health problem. They also set dosage thresholds for particular antipsychotic drugs as well as for those used to treat attention deficit disorder and attention deficit hyperactivity disorder. Physicians who prescribe dosages above those thresholds are required to call for a psychiatric consultation.

In addition, DHS began offering training and established a telephone consultation service staffed by psychiatrists. Physicians with questions about a patient may contact the service voluntarily.

The call center operates Monday through Friday from 7 a.m. to 7 p.m.; calls are returned within four hours. The physician making the call can be reimbursed for the time spent on the consultation. Calls about children on fee-for-service Medicaid are given priority. But physicians may call about any patient of any age.

Since the service launched, the majority of calls have been from physicians mandated to make them. Nygaard says she and others would be pleased if more physicians voluntarily sought help. And she’d like to see more physicians trained to use the protocols. “We want to get kids who need medications to get on them immediately. But there’s tons of research about anxiety, depression and disruptive behavior that says there are psychosocial treatments that work without medication,” she says. “We have to give primary care physicians some other tools to work with.”

Help for moms (and moms-to-be)
For a number of years, Hennepin County Medical Center (HCMC) ran the Provider Education Service, which supported physicians and others who care for women suffering from mental illnesses during and after a pregnancy.

In April, that service morphed into the Mother-Baby HopeLine. The HopeLine is one facet of HCMC’s new Mother-Baby
treatable conditions such as depression and anxiety, and in some cases, it increases the risk for self-harm or suicide," she says. Physicians, other providers and family members themselves can call the Hope-Line and ask questions about a condition or where to find help. They will be asked to leave a message, and a member of HCMC’s mental health staff will call back within two business days. Since the Hope-Line launched, HCMC has received more than 100 calls from women and 40 from health care providers.

Program, which offers inpatient and outpatient treatment and other services for women suffering from mental health problems during pregnancy and after giving birth. One in eight women experience significant depression and anxiety during that period, according to Helen Kim, M.D., director of the program.

Kim says physicians, pharmacists and the women themselves don’t always know the latest about the safety of medications, and thus women often are encouraged to stop or avoid taking them. “This leads to needless suffering, delayed treatment for highly treatable conditions such as depression and anxiety, and in some cases, it increases the risk for self-harm or suicide,” she says.

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