Diagnosing and Treating Mental Health Conditions in Primary Care: Implications for Training

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BACKGROUND

• Most family physicians engage in initial diagnosis and treatment of mild to moderate mental illness (Oyama et al., 2012) and the majority of patients stay in primary care for treatment (Brody et al., 1997).

• Most KU family medicine graduates stay in Kansas and practice in rural or midsize areas without many specialty mental healthcare resources (Kellerman, 2014).

• **Need:** prepared KUSM-W family medicine residents who can independently manage patient mental health.

• **Purpose:**
  • Determine resident and community physician overall comfort level diagnosing and treating mental health .

  • Compare resident and community physician comfort levels with diagnosis and treatment.

  • Determine if PGY plays a role in resident comfort level with diagnosis and treatment.

METHODS

• Cross-sectional, prospective survey that sampled current KUSM-Wichita FM residents and family medicine residency graduates.

• Link to online survey sent to 86 residents and 96 community physicians.

• Demographic variables
  1. Sex
  2. Age
  3. Residency Faculty Status
  4. PGY or Post –residency years in practice
  5. Practice Location

• Online survey of self-reported comfort level (1=Not at all; 4=Very) diagnosing and treating 7 mental health conditions.

  1. Geriatric Psych   5. Bipolar Disorder
  2. Major Depression   6. Psychosis
  3. ADHD   7. Substance Abuse
  4. Anxiety

• Analyses included two-way ANOVAs and ANCOVA.

Table 1. Respondent Characteristics

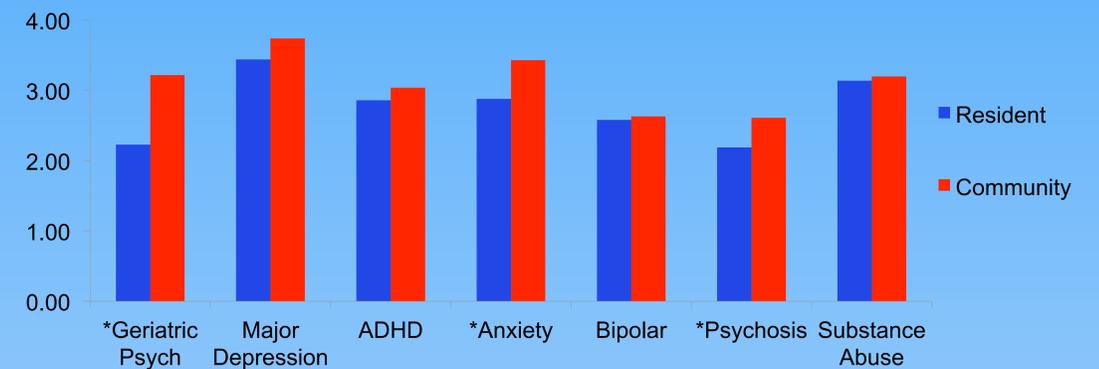| Variable	Resident Physician Mean (SD) (%n= 43)	Community Physician Mean (SD) (%n=46)
Female	58.5%	41.3%
Age	28.9 (2.7)	48.6 (11.6)
PGY 1	44.2%	n/a
PGY 2	30.2%	n/a
PGY 3	25.6%	n/a
Post Residency Years in Practice	n/a	19.4 (9.8)
Practice Location		
Small Rural	0.0%	24.4%
Midsize Rural	11.6%	17.8%
Suburban	0.0%	15.6%
Urban	88.4%	40.0%
Residency Faculty	n/a	41.3%

1. Community physicians feel most comfortable diagnosing and treating depression, anxiety and geriatric depression, compared to other mental health disorders (p<.05, **Fig 1 & 2**).

2. Residents feel most comfortable diagnosing and treating depression and anxiety, compared to other mental health disorders (p<.05, **Fig 1&2**).

3. Community physicians feel more comfortable than residents diagnosing geriatric psychiatric problems, anxiety, and psychosis. (p<.007, **Fig 2**).

4. Community physicians feel more comfortable than residents treating all disorders measured except substance abuse (p<.007, **Fig 2**).

5. PGY3s are significantly more comfortable than lower PGYs diagnosing depression, ADHD, and anxiety (p<.05, **Fig 3**).

RESULTS

Fig 1. Comparison of Comfort Level Diagnosing Mental Illness By Physician Type

(Categories: *Geriatric Psych, Major Depression, ADHD, *Anxiety, Bipolar, *Psychosis, Substance Abuse; Resident vs Community)

Fig 2. Comparison of Comfort Level Treating Mental Illness By Physician Type

(Categories: *Geriatric Psych, *Major Depression, *ADHD, *Anxiety, *Bipolar, *Psychosis, Substance Abuse; Resident vs Community)

Fig 3. Resident Comfort Level Diagnosing Mental Illness By PGY

(Categories: Geriatric Psych, *Major Depression, *ADHD, *Anxiety, Bipolar, Psychosis, Substance Abuse; PGY 1, PGY 2, PGY 3)
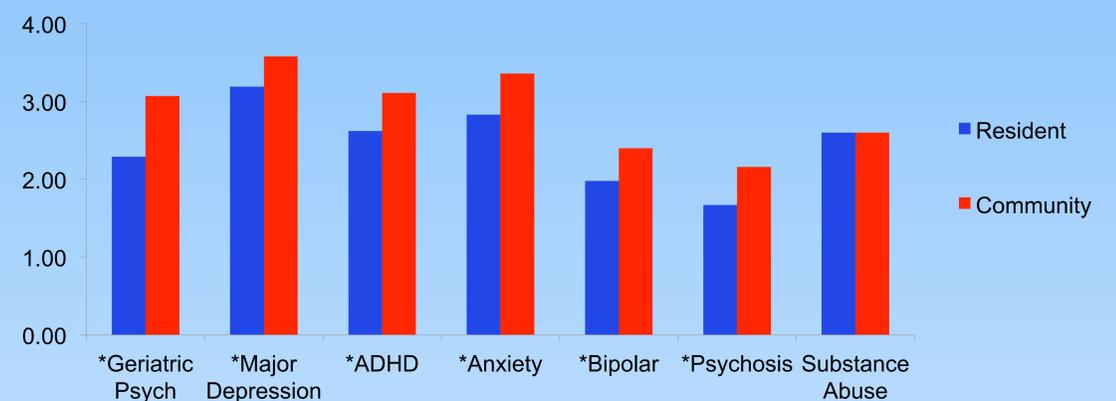
CONCLUSIONS

• All practicing physicians struggle to diagnose and treat bipolar disorder and psychosis, suggesting more training or support.

• Resident physicians struggle with geriatric psych but community physicians do not. This could be exposure and/or experience.

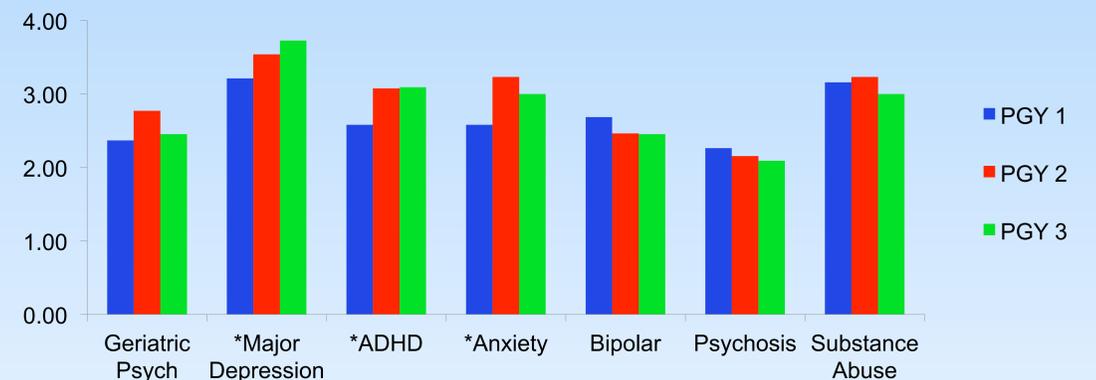## TRAINING IMPLICATIONS

• Work with administration to increase number of geriatric patients seen in clinic.

• Meet with psychiatry department to discuss opportunities for psychiatrists to lecture in noon conference and/or on behavioral rotation.

• Approach psychiatric PharmD about including more on medical management of bipolar disorder on behavioral rotation.

REFERENCES

• Brody DS, et al. Patients' perspectives on the management of emotional distress in primary care settings. *J. Gen Intern Med*, 1997; 12(7):403-6.

• Oyama O, et al. Mental health treatment by family physicians: Current practices and preferences. *Fam Med.* 2012; 44(10):704-711.

• Kellerman, R. (Jan, 2014). *What can we learn from residency program graduates that may influence residency curricula?* In University of Kansas School of Medicine-Wichita, Department of Family and Community Medicine Faculty Development Conference, Wichita, KS.