Practical Ways to Address Mental Health Gaps in Care

MAFP 2025 Spring Update

Jonathan Homans, MD
Child, Adolescent and Adult Psychiatrist
Assistant Professor, Department of Psychiatry and Behavioral Sciences, University of Minnesota

Objectives

- Describe several frameworks/skills to address mental health needs of patients.

- Describe the function of specialized mental health services using patient centered language.

Why am I here?

- There are not (and will never be) enough psychiatrists to meet the needs of our community
- Raising the skill level of all providers is the best way to meet this need
- Psychiatry is not magical – having productive frameworks makes a huge difference.

1) Don't hide behind a policy...set a boundary

Situation: Patient calls in for refill, yells at staff...

Patient uses a racial/gender slur to describe medical assistant...

Framework: How to set a boundary

1) Know and understand your core values *** (My biggest ones are equity, meeting peoples' needs, providing excellent care)

2) Translate this to a "Need"

3) Express this need, and reinforce

4) Feel AWESOME (even if people get upset!)

Application: My goal is to provide excellent medical care, to do that I need a team, and for that team to work everyone needs to be treated with respect. So, when you say "***" it is more difficult to provide excellent care. I need you to do this instead...

Tawwab, N. G. (2021). *Set boundaries, find peace: a guide to reclaiming yourself.* TarcherPerigee, an imprint of Penguin Random House LLC.

2) "Anxiety" is incredibly non-specific

Situation: "my anxiety is really bad, you have to help!!!!!!!"

Framework: "Anxiety" is a giant bucket term- that could represent:

Worries, fear, PTSD, ADHD, depression, OCD, substance withdrawal, respiratory failure, psychosis, caffeine, boundary violations, burnout, abuse/domestic violence, panic attack etc…

We need to ask the *usual* questions to figure out what someone is actually experiencing- think of how you ask about pain.

Application: "When this is happening- what does it feel like?"

"When does it happen?" "what makes it worse/better?"

Tawwab, N. G. (2021). *Set boundaries, find peace: a guide to reclaiming yourself.* TarcherPerigee, an imprint of Penguin Random House LLC.

3) "Anxiety" is not a disorder

Situation: "my anxiety is really bad, you have to help!!!!!!!"

Framework: Anxiety is a normal, healthy, and intolerable feeling that our brains deploy to help us navigate our world. Similar to the pain we feel when getting sand in our eye, anxiety serves to keep us safe and let us know when things are wrong- but unlike sand in the eye- it can be really difficult to figure out what is driving anxiety- most common are

1) Relationships

2) Boundary crossing/violations

Application: "anxiety is like a smoke alarm- sometimes it is burnt toast, sometimes it is actually a fire. When a smoke alarm goes off, the best response is not to just remove the batteries".

4) PRN medications for Anxiety- Mostly bad

Situation: Benzodiazepines, hydroxyzine…

Framework: Benzodiazepines are great for colonoscopies- you know when its coming, its not that often, and you don't want to remember most of it.
Benzos take 45-60 minutes to kick in (Behavioral interventions are faster!)
Brains get used to their positive effects quickly

Application: "anxiety is like a smoke alarm- sometimes it is burnt toast, sometimes it is actually a fire. When a smoke alarm goes off, the best response is not to just remove the batteries".

5) Thoughts, Emotions and Behaviors are different! (and interrelated)

Situation: "You have to fix my anxiety now, it's intolerable"

Framework:

Thoughts

Behaviors ⟷ Emotions
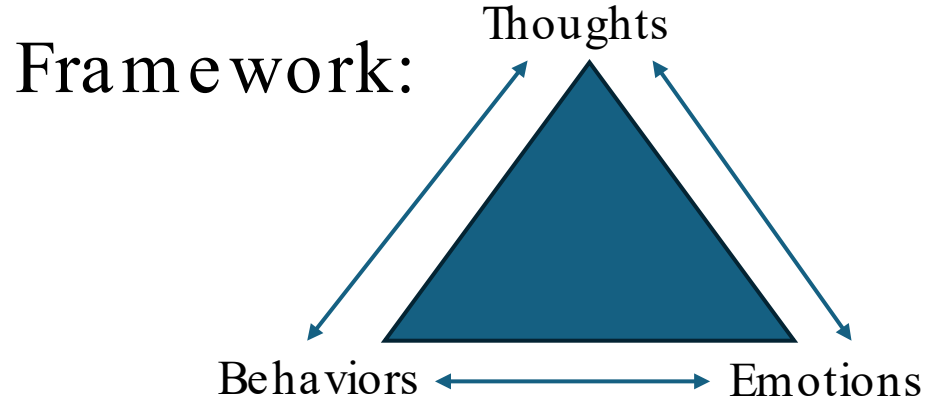
Application: https://docs.google.com/spreadsheets/d/1GYkH_EnpteAOjBrf-OicjA_H7jEjUrvp9Jnh-

Event	Thoughts	Emotions	Behavior
Ex: While finishing up charting at night, I recieved an "urgent" message from billing about an incorrect telemedicine attestation statement	No matter how hard I work, someone will allways tell me I am doing a bad job. What is the point?	Shame, resentment, frustration	Did not respond to message, shut down EMR, stayed up late watching '90's sitcom

6) TIPS skills are really good

Situation: "I can't deal with this anxiety"

Framework: Part of DBT (Dialectical Behavioral Therapy),

Temperature*: Ice to face- fastest way to decrease heartrate and blood pressure- put ice on cheekbones for 5-10 minutes, activates dep water diving reflex through parasympathetic fibers that run through maxillary sinuses. Effective at taking anxiety from a 10 down to an 8.

Intensive Exercise:

Paced Breathing*: NOT taking deep breaths! Anxiety increases respiratory rate, which constrains exhalation leading to air trapping that produces a suffocation response. Goal is to increase exhalation to disrupt this. Start with 4 seconds in, 4 seconds out (while watching the clock), increase exhalation phase with a goal of 8 seconds out.

Progressive muscle relaxation: Starting with hands or feet- focus and release tension and then move on to the next body part.

Application: Highest yield are Temperature (ice-to-face) and paced breathing –and you can pair them up! These are faster, with less downside and are more adaptive than any PRN medication.

https://in.nau.edu/wp-content/uploads/sites/202/TIP-Skills.pdf

7) ADHD is not about grades

Situation: "they are still getting A's, so they can't have ADHD"

Framework: ADHD is a clinical diagnosis centered around executive function (and mostly relating to cognitive organization). The largest impacts on quality of life are:

1) Burnout – can look like depression

2) Relationships - often looks like stress or anxiety

Application:

Consider ADHD in people who are overwhelmed- especially if they are from groups that are under-diagnosed (Female, Black, inattentive predominant symptoms).

8) Stimulants for ADHD are not like other controlled substances

Situation: 15 year-old you are prescribing concerta for ADHD reports alcohol and THC use.

Framework: Stimulants are controlled substances that do get misused... BUT

1) "Misuse of stimulants"- "stimulant misuse was estimated to range between 13 – 23%, approximating around 17% on average ... Studies consistently indicate that the main motivation college students report for misusing prescription stimulants is cognitive and academic enhancement"[1]

2) Stimulants CLEARLY DECREASE rates of problematic substance use- "We investigated long-term associations between stimulant ADHD medication and substance abuse by comparing patients on medication with those not on medication... **Those on medication did not have increased rates of substance [misuse] ...** on the contrary, **the rate of [misuse] .... was lower for those on medication** ... After controlling for age, sex and medication in 2009, the **substance [misuse] rate was decreased 48%** (Hazard Ratio [HR]=0.52, 95% confidence interval [95% CI]: 0.42–0.66). The association remained decreased at 31% when we controlled for other potential confounders (SES, substance abuse, psychiatric disorder, and criminal convictions before 2006; HR=0.69, 95% CI: 0.57–0.84). [2]

Application: Don't automatically discontinue stimulants in the face of substance use. Do- educate about the negative cognitive impacts of substances and consider actions to decrease risk of diversion (parents should keep supply).

Weyandt LL, Oster DR, Marraccini ME, Gudmundsdottir BG, Munro BA, Rathkey ES, McCallum A. Prescription stimulant medication misuse: Where are we and where do we go from here? Exp Clin Psychopharmacol. 2016 Oct;24(5):400-414. doi: 10.1037/pha0000093. PMID: 27690507; PMCID: PMC5113141.

1) Chang Z, Lichtenstein P, Halldner L, D'Onofrio B, Serlachius E, Fazel S, Långström N, Larsson H. Stimulant ADHD medication and risk for substance abuse. J Child Psychol Psychiatry. 2014 Aug;55(8):878-85. doi: 10.1111/jcpp.12164. Epub 2013 Oct 25. PMID: 25158998; PMCID: PMC4147667.

- Set Boundaries
- Anxiety is non-specific
- "Anxiety" is not a disorder
- PRN anxiety medications are mostly bad
- Thoughts, Emotions and Behaviors are different
- TIPS skills are really good
- ADHD is not about grades
- Stimulants are not like other controlled substances

Thank you! Homa0042@umn.edu