



# Effects of Training Primary Care Clinicians to Diagnose and Treat Psychiatric Illness:

## A Closer Look at the UC Davis / UC Irvine Train New Trainers Primary Care Psychiatry Fellowship

Tanya Selvam, Young Kang, Glen Xiong MD, Shannon Suo MD

Division of Psychiatry, Department of Medicine, University of California Davis



### INTRODUCTION

Traditionally, mental health and physical health have been treated as separate entities with the medical specialty of psychiatry bridging the gap between these physical and mental realms. While one of the aims of primary care is to address a patient through a holistic perspective rather than as a constellation of diseases, primary care clinicians are not extensively trained to diagnose and treat psychiatric illnesses. Some studies have suggested that primary care providers under-diagnose psychiatric illness. Only 5% to 60% of depressed patients in primary care settings are correctly identified and treated. Furthermore only 22% of these physicians intend to attend CME on depression and fewer 8% intend to change their care of depressed patients in the next 6 months. Concurrently, the majority of patients with known psychiatric illnesses will receive care within a primary care setting. Another concern with the current paradigm is the deleterious effect stigma held by primary care providers has in creating a “major barrier” to seeking care or treatment participation.

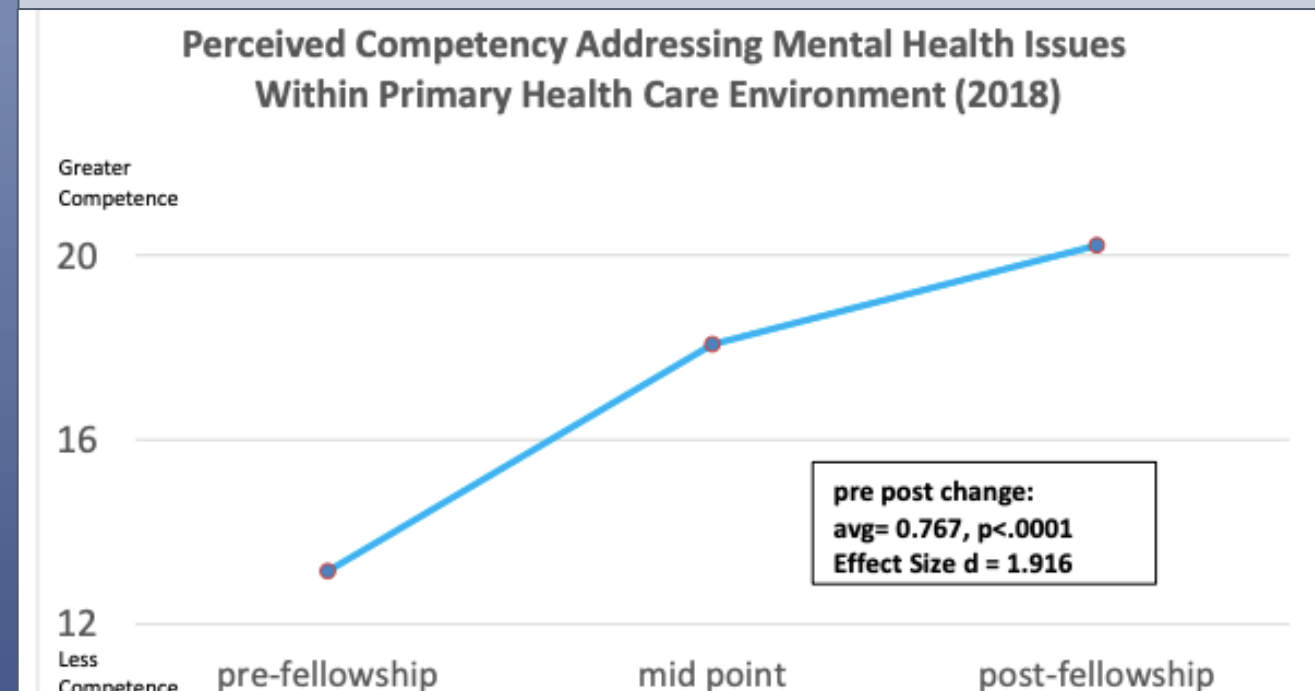
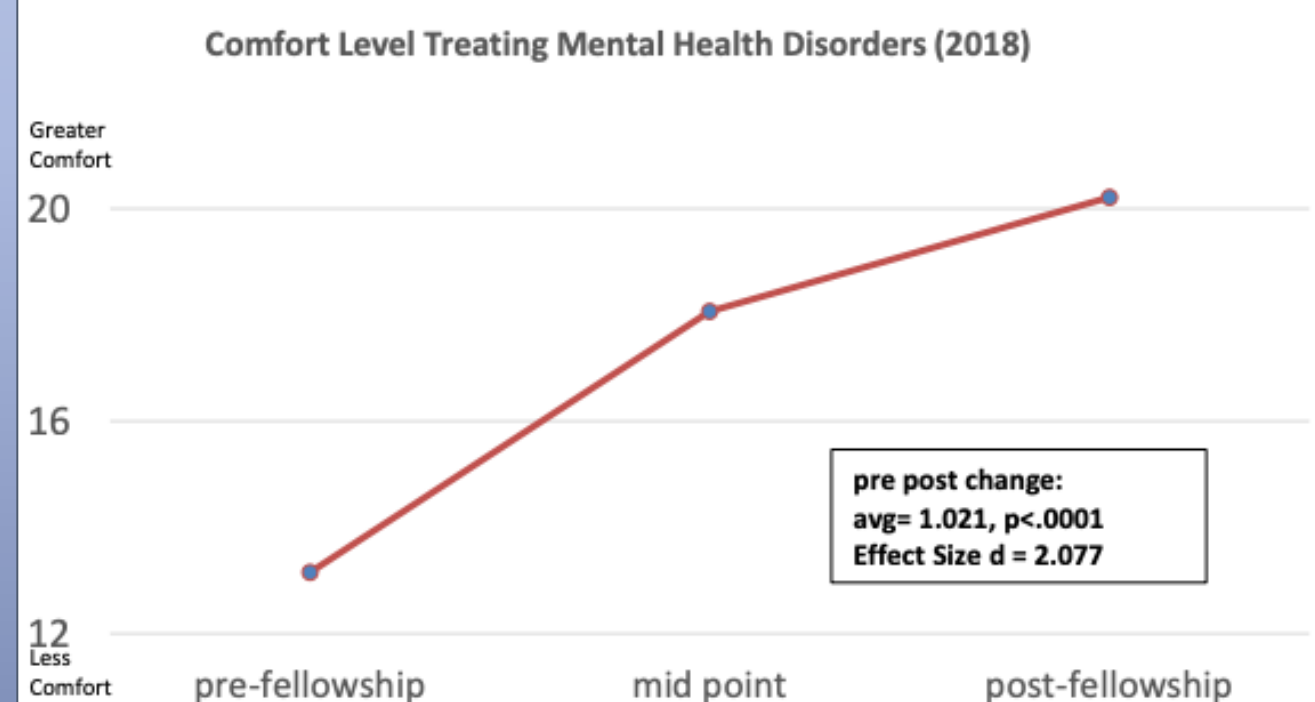
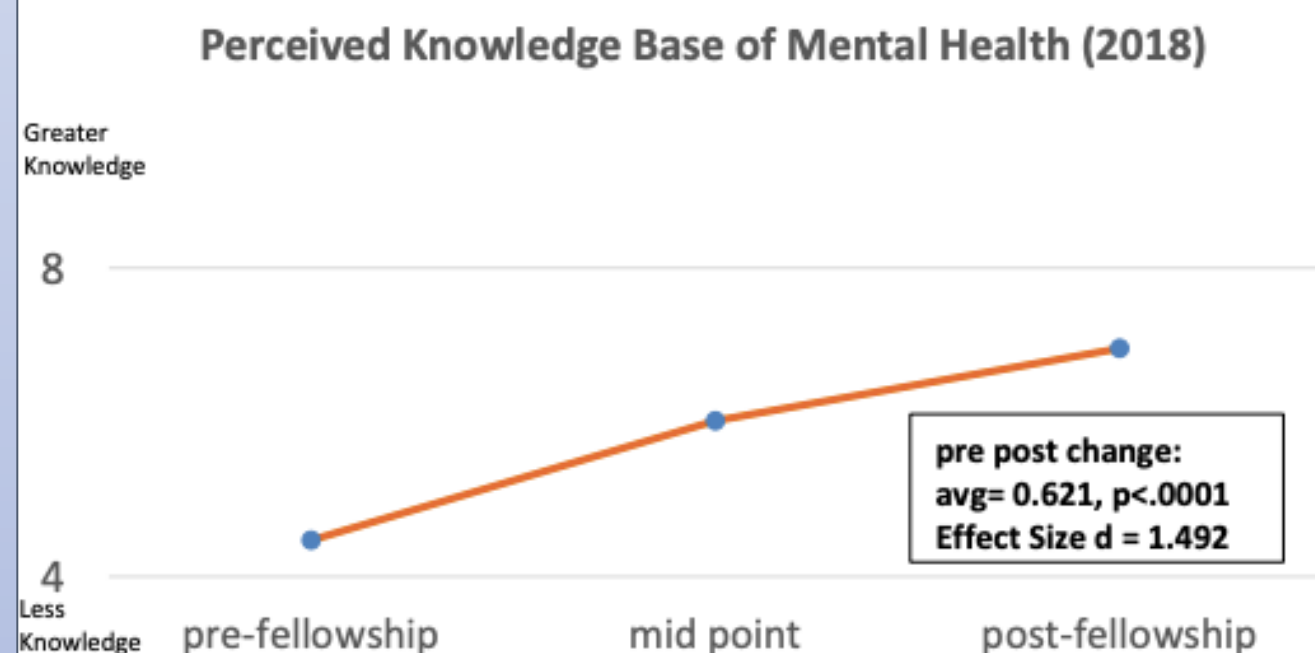
To address this critical lack of education, the UC Davis / UC Irvine Train New Trainers Primary Care Psychiatry Fellowship was developed. It is a one-year longitudinal program with over 50 hours of instruction, and a curriculum that includes case-based tele-education, monthly mentoring sessions with faculty and traditional didactic training. Particularly groundbreaking is the additional program objective of training fellows to teach what they have learned to their primary care colleagues.

### METHODS

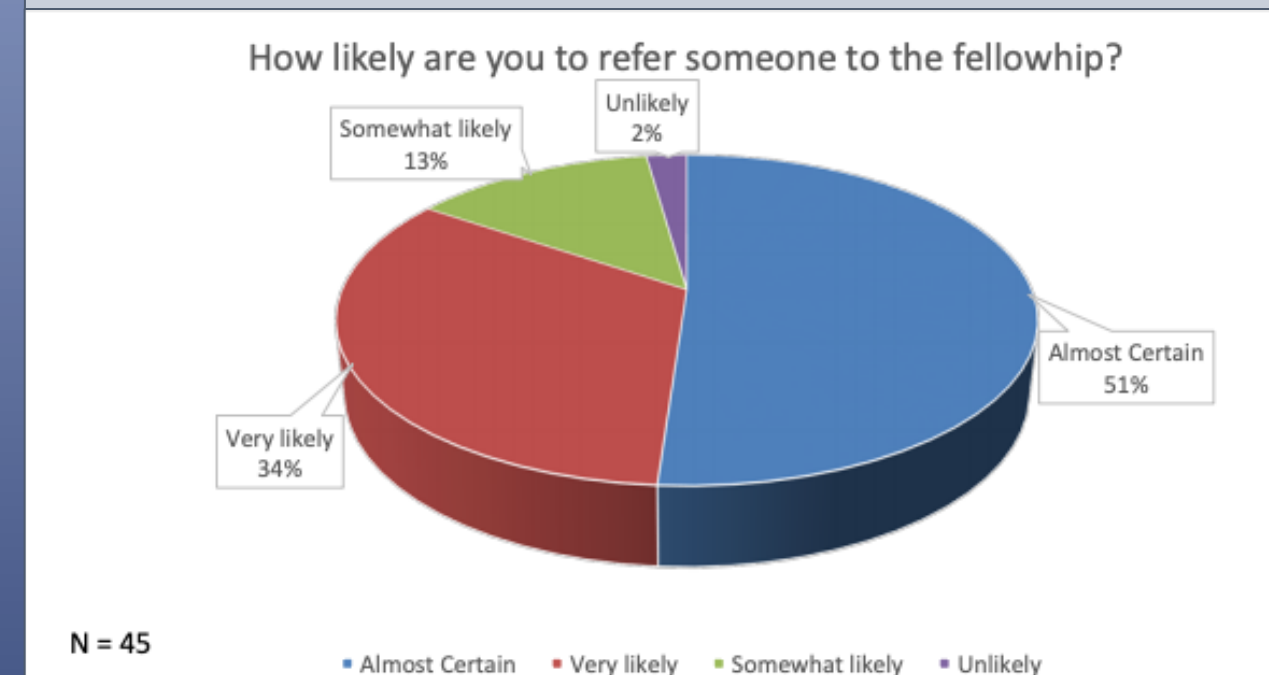
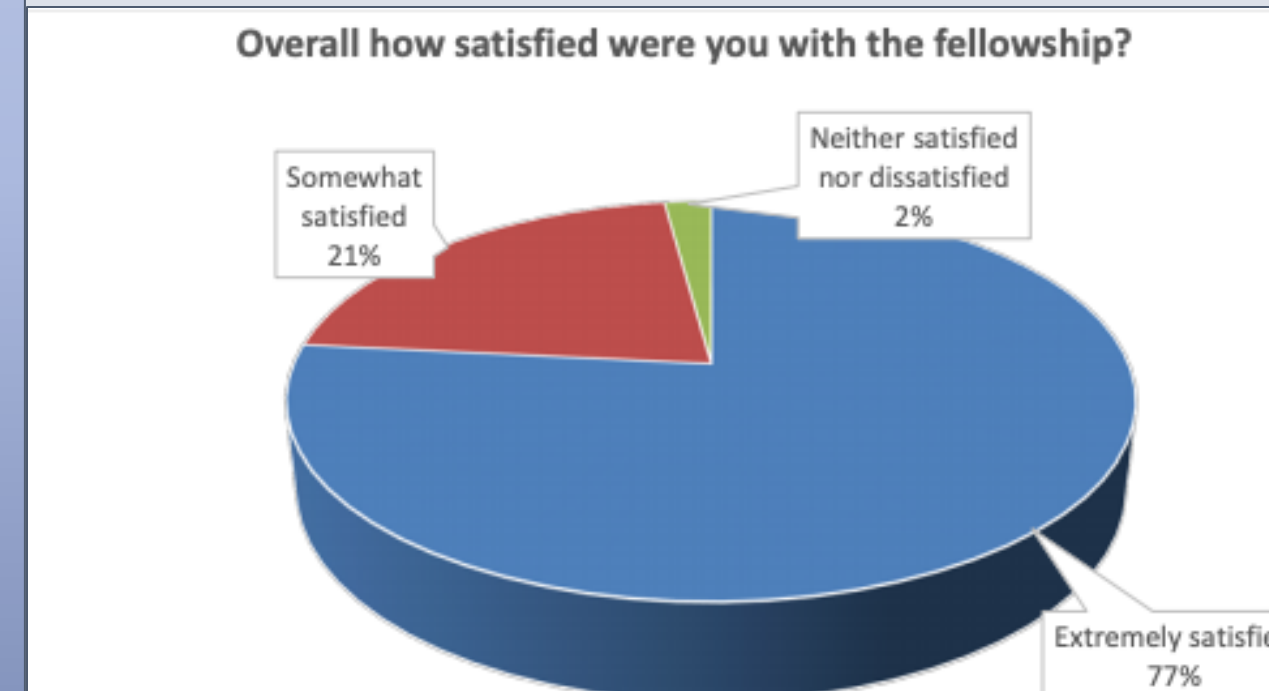
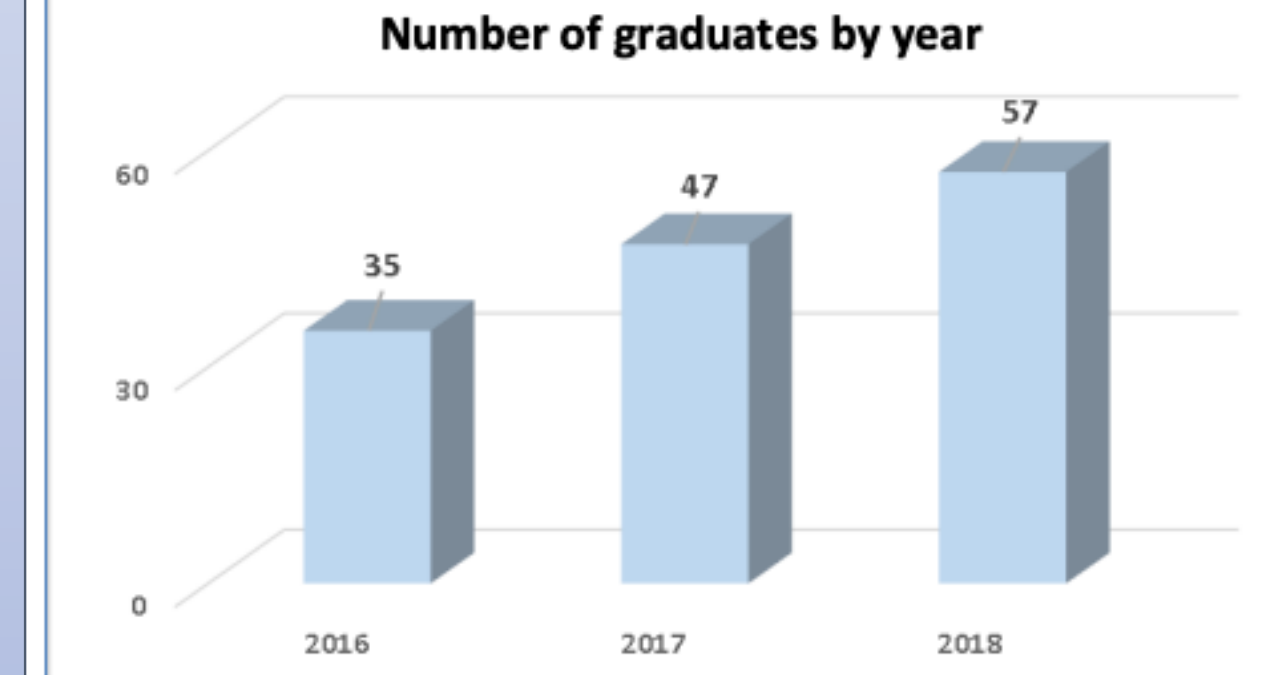
Within the 2018 cohort, Train New Trainers fellows completed 4 surveys comprised of 72 questions administered at 3 specific timepoints: pre-fellowship, mid-point, and post-fellowship. In order to assess fellow’s fund of psychiatric knowledge, stigma of mental health, self-efficacy and comfortability with regard to providing quality psychiatric care, the surveys provided were as follows:

- Fund of Knowledge
- Opening Minds Stigma Scale for Health Care Providers
- Perceived Self-Efficacy Scale
- Primary Health Center provider Mental Health Center Questionnaire

### RESULTS



### RESULTS



### CONCLUSIONS

The TNT program resulted in statistically significant increases in fund of knowledge, comfortability, and self-efficacy in treating psychiatric illness. Additionally, based on qualitative feedback provided, fellows stated they were better able to connect with their patients having reduced or eliminated some of the intimidation of providing psychiatric care. This model of traditional didactic learning combined with mentorship and support in conveying acquired knowledge to colleagues is groundbreaking in eradicating barriers to psychiatric care in the primary care setting.

### FUTURE STUDIES

- Examine how attitudes, fund of knowledge, and comfortability with managing psychiatric illness are for clinicians who have not voluntarily enrolled in an educational program, but rather one that is required
- Stratify how self-efficacy in treating psychiatric illness increases with respect to diseases other than depression, such as active psychosis
- Address the strengths and weaknesses of the TNT curriculum in order to further refine how primary care clinicians are trained to manage psychiatric disease.

### REFERENCES

1. Crowley RA, Kirschner N, for the Health and Public Policy Committee of the American College of Physicians. The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: Executive Summary of an American College of Physicians Position Paper. *Ann Intern Med.* 2015;163:298-299.
2. Gerrity, M., Williams, J., Dietrich, A., and Olson, A. Identifying physicians likely to benefit from depression education: a challenge for health care organizations. *Medical Care.* Vol 39, Number 8, pp 856-866. 2001
3. Modgill et al. (2014) Opening Minds Stigma Scale for Health Care Providers (OMS-HC): Examination of psychometric properties and responsiveness. *PMC Psychiatry,* 14:120.
4. Murray K, et al. (2013) Primary health center provider mental health questionnaire. The Ohio State University College of Medicine. National Medical Fellowship Primary Care Leadership Program Scholar.
5. Wang PS, Berglund P, Olfson M, et al. Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry* 2005b;62:603-13.
6. Young AS, Klap R, Sherbourne CD, et al. The quality of care for depressive and anxiety disorders in the United States. *Arch Gen Psychiatry* 2001;58(1):55-61.