

Evolution of Availability for Tele Mental Health Care in Primary Care

Laura B. Langston, MHA and Candace Sprouse-McClam, PhD, LISW-CP (S), LCSW
Medical University of South Carolina, Charleston, South Carolina

OPPORTUNITY

One in five adults and one in six youth experience mental illness each year with 13.9% of US adults meeting the criteria for alcohol use disorder and 3.9% for another drug use disorder. In South Carolina (SC), the lack of access to mental health (MH) providers is apparent with the state included with the six worst states for MH. SC has the fewest MH treatment centers nationwide and highest percentage of youth with depression who do not receive care. Untreated mental disorders, such as anxiety and depression, have significant negative effect on patients and families' lives.

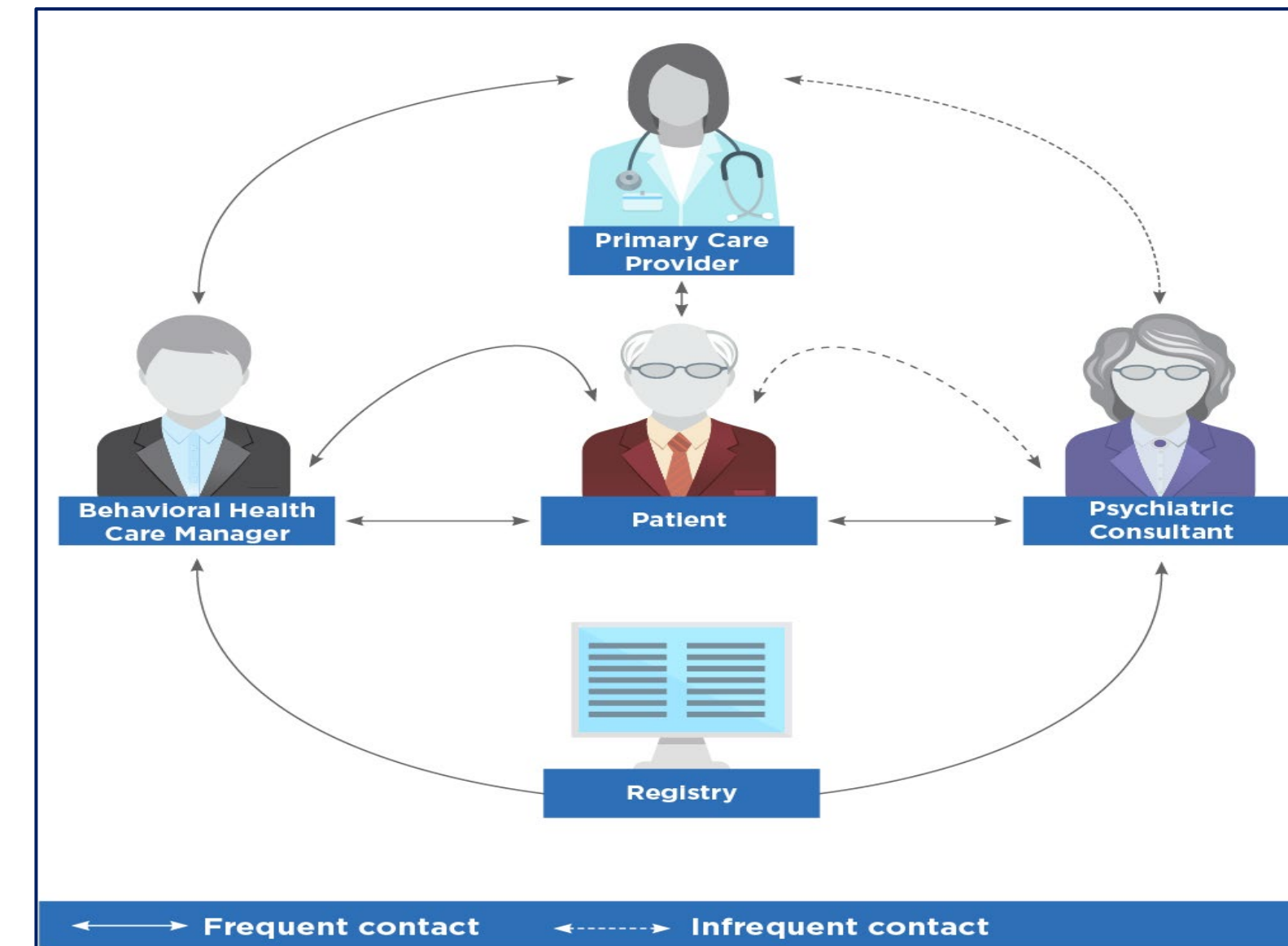
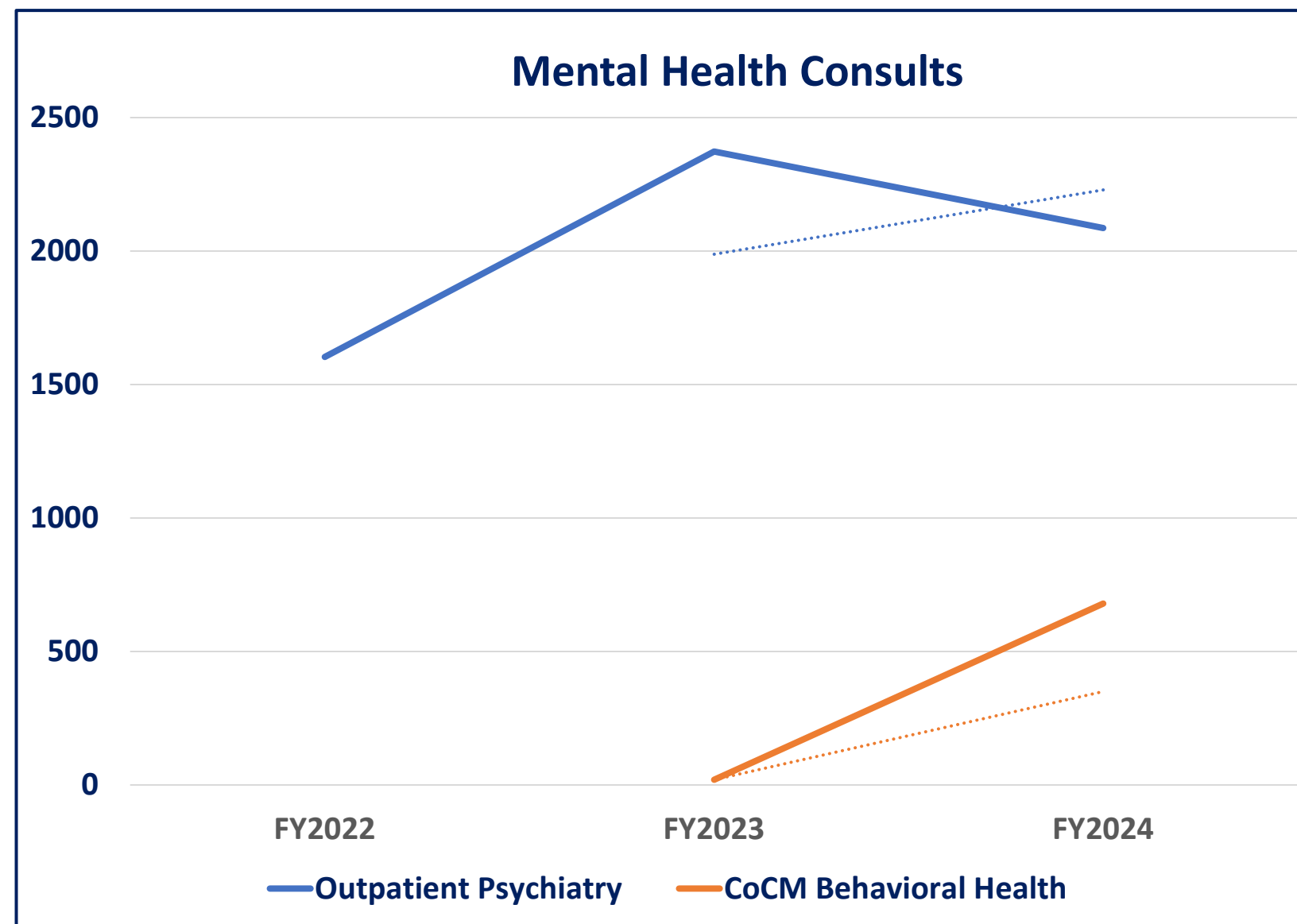
METHOD

Acuity only worsened since the pandemic. A primary reason is a drastic shortage of psychiatry and mental health providers. In SC, 43% of counties have zero psychiatrists and nearly the same percentage has only one or two. Addressing this problem of care accessibility, in 2021, the Center for Telehealth's Outpatient Telepsychiatry service partnered with the University's College of Nursing grant funded PARTNER program for a training program providing multi advanced care nurse practitioners for psychiatric patient treatment and the Center received a HRSA grant to fund a Collaborative Care Management (CoCM) pilot program implementing behavioral health services with psychology trained social workers delivering MH patient care. These services currently include six practitioners delivering daily, integrated, collaborative patient care.

BENEFITS

A primary benefit for patients is accessibility with reduced wait lengths as currently patients can be treated within the week of a MUSC telehealth referral which also helps avoid costly emergency care treatment. Primary care providers benefit with gaining knowledge about medication options and effective treatment recommendations, referral and resources access for their patients, and help with complex patients. Communities benefit by reduced social stigma surrounding psychiatry care and a decrease in overall healthcare expense. Collaborative care can improve quality and outcomes of care across a wide variety of mental health conditions.

At MUSC, since 2014, the integrated, collaborative, tele mental health treatment services available to primary care evolved from a single psychiatry provider with limited availability to multi-disciplinary mental health providers with support staff providing full time daily mental health patient treatment.

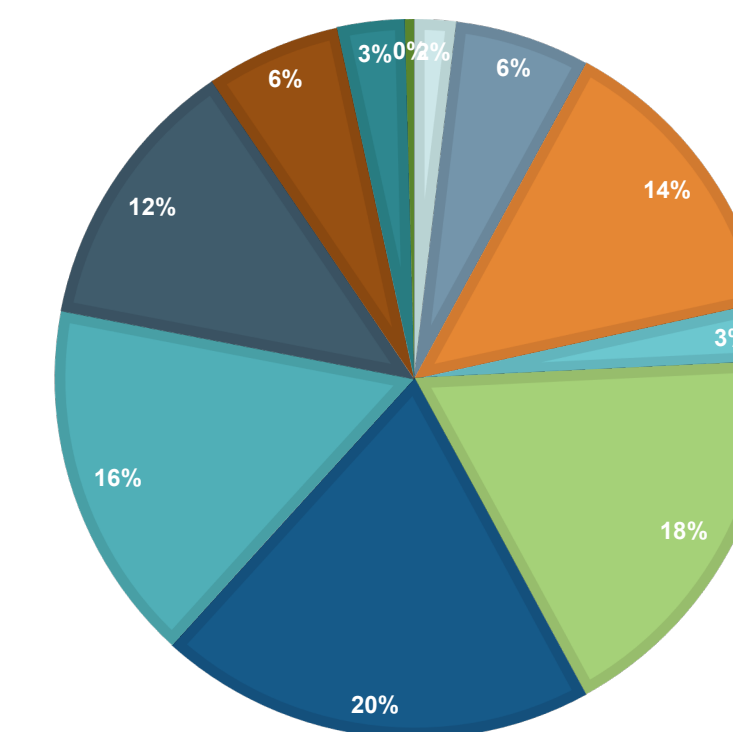


Diagnoses

- Anxiety Disorders
- Bipolar Spectrum Illness
- Medication Management
- Depression/Depressive Disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- ODD, Conduct Disorder, IED, Disruptive Mood Dysregulation Disorder
- Suicidal Ideations, Self-Harm Thought or Behaviors
- Obsessive Compulsive Disorders (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Psychosis/Hallucinations
- Sleep Disorders
- Autism

CY 2023 & CY 2024 (through September)
Patient Consults @ 4,940+
Primary Care Clinics @ 91
Ages 2 to 85+ years

- AGES
- 2-6
- 7-11
- 12-17
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- 85+



RESULTS

Over the last 10 years, Outpatient Telepsychiatry has flourished by providing 12,000+ consults serving a current 74 practices with patients from all 46 SC counties. The 2021 provider expansion resulted in an increase of 14% completed consults over the previous year with a 23% sustained completed consult increase. CoCM is a model for treating behavioral health in the context of primary care with strong evidence base with over 90 clinical trials. The pilot began in 2023 with four rural primary care practices in the SC PeeDee region and has since expanded to 18 SC clinics completing 1,090+ consults with patients primarily from underserved, rural SC counties. In FY2024, collaborative care mental health services were integrated into 91 statewide primary care practices providing 2,750+ patient treatment consults with the patients ranging in ages from 2 to 85+ years.

CONCLUSION

MUSC's Center for Telehealth's mental health services for SC patients are effective because of efficient use of limited resources, the focus on primary care in underserved communities, and improving accessibility to care via telehealth treatment delivery. Behavioral health care equity is being realized in SC communities through these mental health collaborative care initiatives which substantially contribute toward telehealth innovation and, through synergy, are positioned for continued rapid expansion.

REFERENCES

American Psychiatric Association. September 6, 2024. <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

Beeber LS. Mental Health Issues and Substance Use in the United States: Pulling the Power Levers. Journal of the American Psychiatric Nurses Association. 2019;25(1):19-26. doi:10.1177/1078390318811572

Behavioral Health Services in South Carolina. Behavioral health service providers by county. March 9, 2023. <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/south-carolina/index.html>

Pal, Meera and Smith, Kelly Anne. The Worst States for Mental Health Care 2024. Forbes Advisor. May 3, 2024. <https://www.forbes.com/advisor/health-insurance/worst-states-for-mental-health-care>