



# Breaking the Barrier

## The PA's Role and Mental Health



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at State Hospital South in Blackfoot, Idaho

# Disclosure & Conflicts of Interest

Todd Allen, MBA, MMS, PA-C, has no financial or other relevant commercial relationships to disclose.

# Learning Objectives

**At the end of this session, participants should be able to ...**

1. Recognize the importance of mental health as part of overall health.
2. Explain the role and contributions of certified PAs to screen, manage, and, when needed, coordinate and refer for mental health care.
3. Describe tools and resources to enhance PA readiness to provide mental health services and to support integration of mental health in practice.
4. Discuss current and emerging issues related to the health professions and mental health.



# *Partners in Mental Health*



# **Why Mental Health Matters**



**Fact:** 43.8 million adults experience mental illness in a given year.

2018



1 in 5 adults in America experience a mental illness.



Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.



One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

# Epidemiology



**51.5M**  
**people**

**13.1M**  
**people**

# Challenging Stigma

More than

**55%**

**of those affected by  
mental illness did  
NOT receive  
treatment in 2019**

Persons with SMI

**11x**

**MORE likely to be a  
victim of violent  
crime than the  
general population**

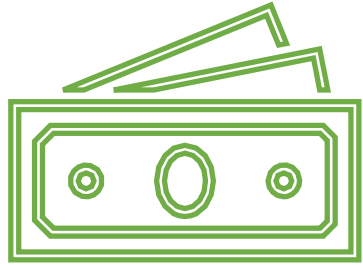
Suicide is the  
**2<sup>nd</sup>** leading  
cause of death  
for ages 10 to 34

Suicide is the  
**10<sup>th</sup>** leading  
cause of death  
in US adults

In 2018, there were an estimated  
**1.4 million** suicide attempts

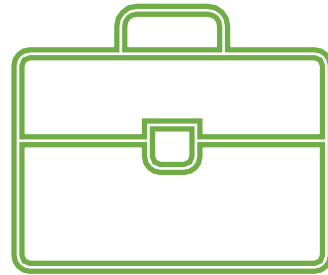


# Impact – Economy

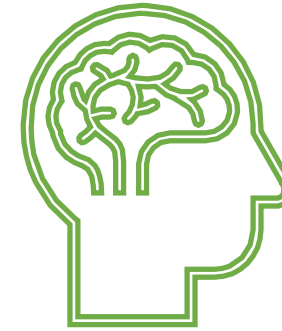


**\$210.5 billion  
annually**

Total economic  
burden of MDD



**Nearly HALF**  
of these costs  
are attributed to  
absenteeism and  
presenteeism



**62% of costs**  
incurred were from  
co-occurring  
disorders

# Workforce Supply

- Shortages of mental health professionals
- Aging of the current workforce
- Limited/low rates of reimbursement
- Burdensome documentation requirements
- Restrictive regulations affecting the ability to practice at full scope
- Perceptions of outcomes as long-term, hard to measure, and no “cure”
- Burnout

**122M**

live in Mental Health Shortage  
Areas, as of February 2021

What percentage of U.S. adults experienced mental illness in 2019?

- a. 5.2%
- b. 13.9%
- c. 20.6%
- d. 31.8%

What percentage of U.S. adults experienced mental illness in 2019?

- a. 5.2%
- b. 13.9%
- c. 20.6% (About 1 in 5 adults, 51.5 M people)**
- d. 31.8%



# *Partners in Mental Health*



## **Why PAs?**



# Why PAs?

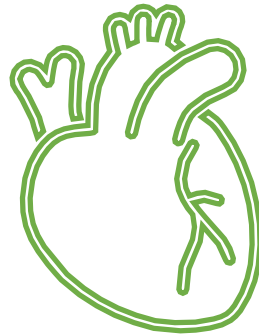
- Expand access to care
- Practice in all settings and specialties
- Educated in the medical model
- Are collaborative care providers
- Manage and prescribe related to whole-person care
- Focus on prevention
- Improve patient satisfaction



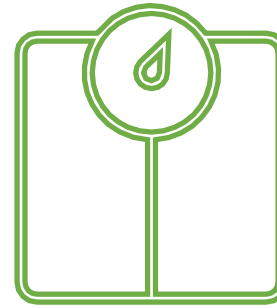
# Every PA is a Psych PA



Rates of depression are **2x higher** in individuals with diabetes

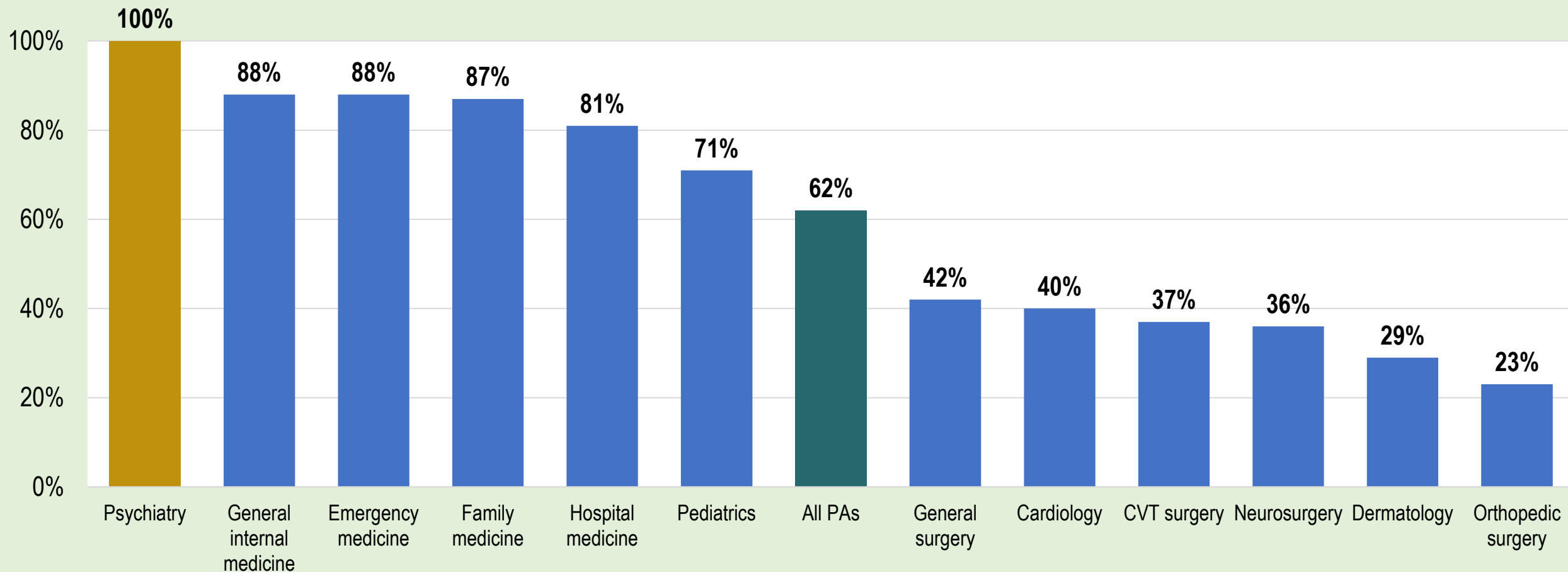


Physiologic effects such as increased cardiac reactivity and heightened levels of cortisol can lead to **atherosclerosis**

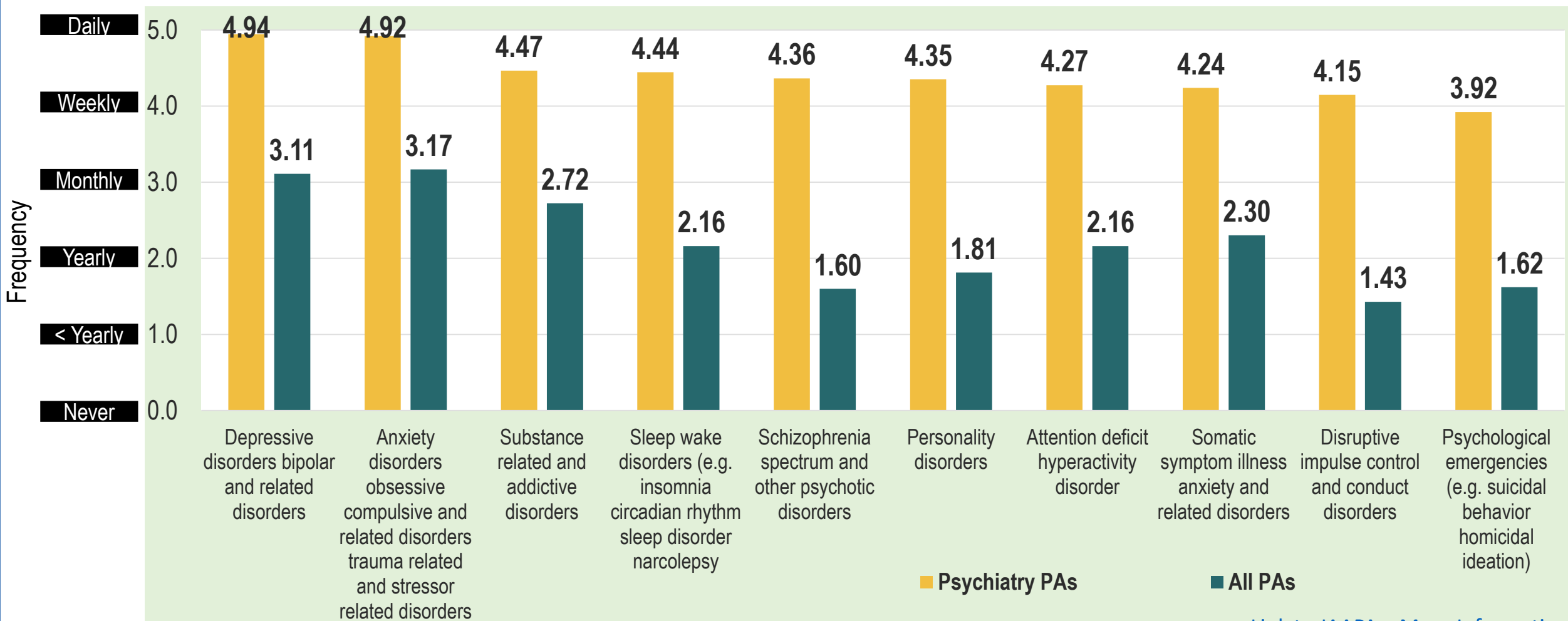


Obesity is associated with **25% increased** odds of mood and anxiety disorders

# Percent of PAs Evaluating Patients with Psychiatric Symptoms *at Least Weekly*



# Top 10 Diseases & Disorders Seen by Psychiatry PAs & Comparisons to All PAs



[Link to JAAPA – More Information](#)



# *Partners in Mental Health*



## **Precipitating/Risk Factors**



# The History

- Various risk factors for mental illness may be identified through a basic history
- Patients at high risk for developing mental health disorders may not openly offer information leading to that risk assessment
- Important to ask the right questions and be direct especially regarding thoughts of self harm or suicide

# Predisposing Risk Factors

- Genetic predisposition or a positive family history of mental health issues
- Perinatal insult
- History of sexual, physical or emotional abuse
- Chronic co-occurring medical issues
  - Chronic pain (50% of these patients have serious thoughts about suicide)
  - Diabetes
  - Cancer
  - Traumatic brain injury

# Environmental Risk Factors

- Socioeconomic strain
- High stress lifestyle
- Lack of access to healthcare and other resources
- Bereavement
- Substance abuse

## Take-Home Message

When thinking about all PAs, in all practice settings, what percentage are evaluating patients with psychiatric symptoms at least weekly:

- a. 45%
- b. 62%
- c. 74%
- d. 89%

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**Mental Health  
& Overall Health**

# The Mind-Body Connection

- Historically a clear distinction between “mind” and “body”
- Increasing evidence of reciprocal influence on each other
  - Poor mental health can negatively impact physical health
  - Poor physical health can lead to development of mental illness
  - Lifestyle factors can influence both, physical and mental health

- Promotes release and uptake of endorphins
- Anti-inflammatory effects protective for chronic disease
- Effective for reduction of anxiety
- Effective antidepressant for some people
  - Studies suggest potential to reduce risk of relapse

- Mood may impact dietary intake
- Dietary intake may impact mood
- Omega-3 fatty acids, B vitamins, some minerals and amino acids are precursors to neurotransmitters
- Nutritional neuroscience emerging discipline
- Poor diet can lead to physical health problems

- People with mental illness use tobacco at higher rate than individuals with no underlying mental illness
- Nicotine has mood altering effects
- Cigarette smoke can interfere with effectiveness of some medications in some patients
- Smoking increases physical health risks
  - Respiratory
  - Cardiovascular
  - Cancer

5 Mortality 15



- **Cardiovascular**

- High blood pressure
- Heart disease

- **Respiratory**

- Asthma

- **Integumentary**

- Eczema
- Psoriasis
- Immune system

- **Neurological**

- Headaches
- Chronic Fatigue Syndrome
- Alzheimer's Disease

- **Gastrointestinal**

- GERD
- IBS

- **Musculoskeletal**

- Chronic Pain Conditions

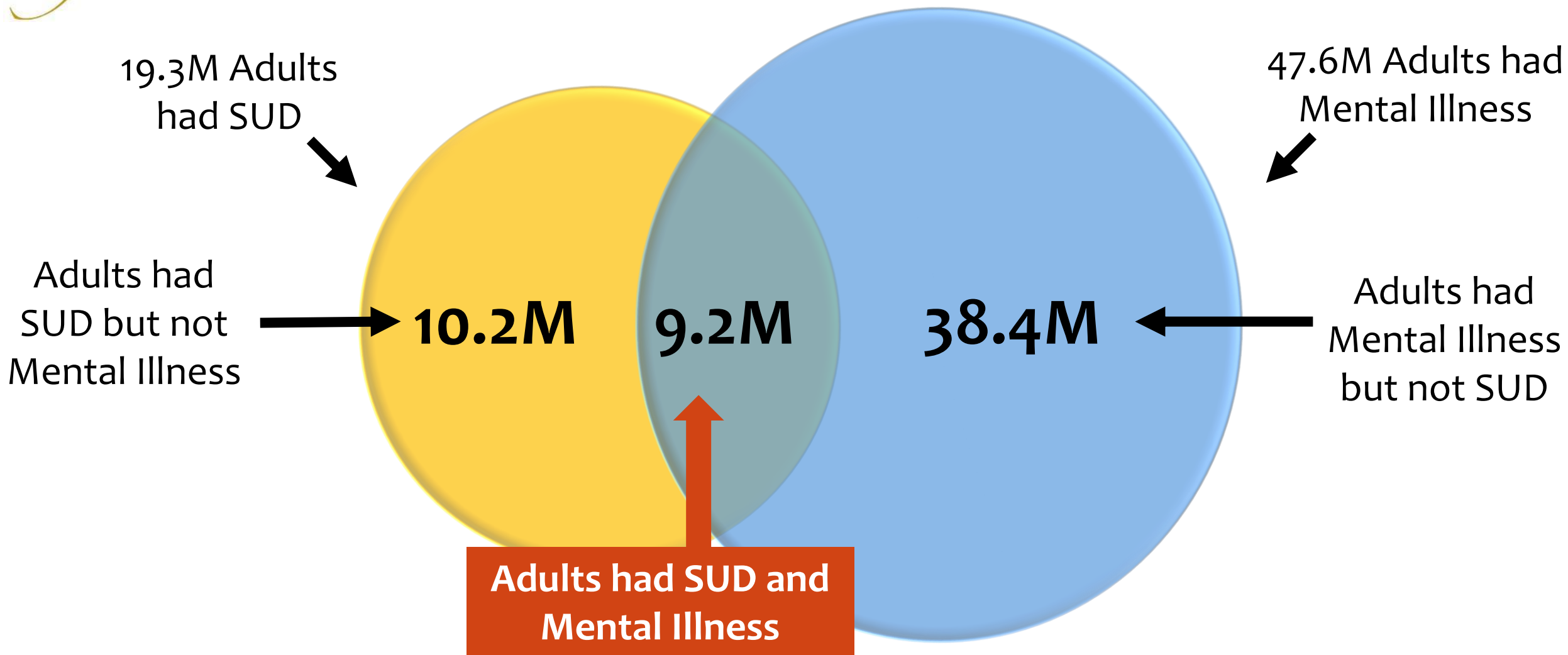
- **Women's Health**

- Postpartum depression
- Pelvic pain
- Infertility

- **Obesity**

- **Sleep**

# Substance Use & Mental Illness



# Complications in Treatment

- Compliance with treatment plan challenging for those with mental illness
- Cognitive decline in SMI population with multiple relapses
  - Cognitive symptoms can also be part of mood/anxiety disorder
- Low energy and motivation key symptoms in depression
- Polypharmacy
- Support structure lacking



# *Partners in Mental Health*



# Screening Tools

# Patient Health Questionnaire (PHQ-9)

	Not at all	Several days	More than half the days	Nearly every day
1. Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Generalized Anxiety Disorder (GAD-7)

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ =

Total score    \_\_\_\_\_



# Mood Disorder Questionnaire (MDQ)

**Instructions:** Check (☑) the answer that best applies to you.

Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family in trouble?	<input type="radio"/>	<input type="radio"/>

# Columbia-Suicide Severity Rating Scale (C-SSRS)

**Instructions:** Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Suicidal and Self-Injury Behavior (Past week)		Clinical Status (Recent)			
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	Lifetime	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	Lifetime	<input type="checkbox"/>	Helplessness*
<input type="checkbox"/>	Aborted attempt	<input type="checkbox"/>	Lifetime	<input type="checkbox"/>	Feeling Trapped*
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	Lifetime	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Self-injury behavior w/o suicide intent	<input type="checkbox"/>	Lifetime	<input type="checkbox"/>	Mixed affective episode
Suicide Ideation (Most Severe in Past Week)		<input type="checkbox"/>		<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Wish to be dead	<input type="checkbox"/>		<input type="checkbox"/>	Highly impulsive behavior
<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>		<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)	<input type="checkbox"/>		<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Suicidal intent (without specific plan)	<input type="checkbox"/>		<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Suicidal intent with specific plan	<input type="checkbox"/>		<input type="checkbox"/>	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
Activating Events (Recent)		<input type="checkbox"/>		<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Recent loss or other significant negative event	<input type="checkbox"/>		<input type="checkbox"/>	Aggressive behavior towards others
	Describe:	<input type="checkbox"/>		<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
		<input type="checkbox"/>		<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
<input type="checkbox"/>	Pending incarceration or homelessness	<input type="checkbox"/>		<input type="checkbox"/>	Sexual abuse (lifetime)
<input type="checkbox"/>	Current or pending isolation or feeling alone	<input type="checkbox"/>		<input type="checkbox"/>	Family history of suicide (lifetime)
Treatment History		Protective Factors (Recent)		<input type="checkbox"/>	Identifies reasons for living
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments	<input type="checkbox"/>		<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment	<input type="checkbox"/>		<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Noncompliant with treatment	<input type="checkbox"/>		<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Not receiving treatment	<input type="checkbox"/>		<input type="checkbox"/>	Belief that suicide is immoral, high spirituality
Other Risk Factors		<input type="checkbox"/>		<input type="checkbox"/>	Engaged in work or school
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Engaged with Phone Worker *
		Other Protective Factors		<input type="checkbox"/>	
		<input type="checkbox"/>			

- Alcohol Use Disorders Identification Test (AUDIT)
- Brief Screener for Tobacco, Alcohol, and other Drugs
- CAGE (Cut down, Annoyed, Guilty, Eye opener) Questionnaire
- CRAFFT (Car, Relax, Alone, Forget, Family or Friends Trouble)
- NIDA Drug Screening Tool (NIDA-Modified ASSIST)



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# **Serious Mental Illness: When and How to Refer**

# Illness to Recognize

- Schizophrenia
- Post Traumatic Stress Disorder
- Depression with Psychosis
- Bipolar Disorder
- Substance Use Disorder
  - Opiates (Suboxone treatment, methadone treatment)
  - Alcohol (Inpatient vs. Outpatient treatment)
- Depression with Suicide Attempt
- Treatment-Resistant Depression

## Illnesses to recognize – contd.

- Recurrent Panic Disorder
- Eating Disorders
- Personality Disorders
- Behavioral Disturbances Associated with Autism
- Specific Phobias
- Pediatric Conduct or Mood Disorder



# Know Local Psychiatric Providers

- Call the provider on the phone
- Explain the concern you have about your patient and your suspected diagnosis
- Try to set up an appointment with the provider
- If unable to get an appointment or if you have a legitimate concern for safety now – call 9-1-1



When should a PA refer their patient to a psychiatry specialist?

- a. When a patient screens positive for Post-traumatic stress disorder
- b. When a patient screens positive for eating disorders
- c. When a pediatric patient demonstrates conduct or mood disorder
- d. All of the above

When should a PA refer their patient to a psychiatry specialist?

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**Mental Health in the Now**

- Opportunities and Benefits
  - Increased utilization due to current environment
  - Improved access to care
  - Decreased delay in treatment



# Telehealth and Mental Health

- Limitations and Barriers
  - Assessment of the patient via telehealth or over the phone should be the same as an in-person assessment
  - Assure HIPAA compliant technology with an encrypted service and data transmission
  - Barriers may include insurance reimbursement and one's comfort level utilizing technology-based care systems

- Be aware of an increase in anxiety, depression and substance use/abuse in your patients
  - increase in fear
  - loss of routine
  - financial strain
  - distance from social support system
- Normalize emotions
- Encourage sleep and nutrition
- Encourage technology as a way to connect
- Employ provider burnout prevention strategies

- Recognize the signs of provider burnout
  - emotional exhaustion
  - depersonalization
  - lack of personal accomplishment
- May present physically, emotionally and socially
- No provider is immune
- Must manage your own mental health in order to effectively care for others
- Be aware of your colleague in need







# *Partners in Mental Health*



## **Resources**



## Goals

- Enhance educational approaches
- Strengthen practice & foster integration
- Raise awareness within/beyond the PA profession
- Support the movement

- **nccPA Health Foundation**

- Launched mental health \$1000 outreach grant
- Launched mental health PA spotlight
- Released Summit Proceedings
- Supported Steering Committee

- **PA Foundation**

- Trained PA Mental Health First Aid Fellows
- Launched mental health focused IMPACT grant
- Launched Vital Minds mental health podcasts, including collaboration with nccPAHF
- Hosted PA Student SUD Symposium

- **AAPA**

- Supported condition-specific CME
- Continued advocacy
- Fostered new partnerships

- **NCCPA**

- Released new content blueprint
- Mined practice/Profile data

- **PAEA**

- Awarded SAMHSA grant for opioid education & advocacy

- **ARC-PA**

- Updated *Standards*

A large, light green octagon with a dark purple border, containing the text "Get Involved!". A large, dark purple bracket on the left side of the octagon encompasses the list of organizations and their activities, pointing towards the octagon.

**Get  
Involved!**

# Be Resource Ready



**Reach  
out**

- [Suicide Prevention Hotline](#) – 800.273.8255
- [Substance Use Helpline](#) – 800.662.4357
- [Sexual Assault Hotline](#) – 800.656.4673
- [Domestic Violence Hotline](#) – 800.799.7233
- [Trevor Project Support Center](#) – 866.488.7386
- [Crisis Text Line](#): Text HELLO to 741741
- Check for state and local resources too!





# *Partners in Mental Health*



# Questions?



[www.nccpahealthfoundation.net](http://www.nccpahealthfoundation.net)

Email: [ContactUs@nccpahealthfoundation.net](mailto:ContactUs@nccpahealthfoundation.net)

# Additional Resources

- [Mental Health First Aid](#) teaches community members the risk factors and warning signs for mental illness and addiction concerns, how to help someone, and where to turn for help.
- [SMI Adviser](#) provides a clinical support system for serious mental illness, including resources/apps for clinicians and resources for individuals/families.
- [SAMHSA-HRSA Center for Integrated Solutions](#) promotes the development of integrated primary and behavioral health services and includes screening tools for clinicians.
- The [Suicide Prevention Resource Center](#) provides training and resources for professionals serving people at risk for suicide.

# Additional Resources cont'd

- [Zero Suicide](#) offers resources for system transformation based on the belief that suicide death for those under health system care are preventable.
- [American Foundation for Suicide Prevention](#) gives those affected by suicide a community empowered by research, education, and advocacy.
- [Substance Abuse and Mental Health Services Administration](#) offers tools, apps, and resources for mental health conditions.
- [Providers Clinical Support System](#) trains primary care providers in the prevention and treatment of opioid use disorders (OUD) and the treatment of chronic pain. Learn about education, training, and the MAT Waiver.
- [National Alliance for Mental Illness](#) provides advocacy, education, support, and public awareness to all individuals and families affected by mental illness.