




# Medical Social Work and Behavioral Health in Primary Care

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# Healthcare Social Work



## **Traditional Medical**

Inpatient hospital/ER

Discharge planning

Advanced Directives

Palliative Care to Hospice

Perinatal Death

Abuse/Neglect Reporting

Home Health

Dialysis/Transplant



## **Behavioral Health**

➤ Primary Care

➤ Mental health settings

➤ Home Health

➤ Community programs



# Traditional Medical



## Inpatient hospital/ER

Discharge planning

Advanced Directives

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End of Life/Ethics

# End of Life Considerations

- ▶ Advanced Directives
  - ▶ Five Wishes ([www.fivewishes.org](http://www.fivewishes.org))
  - ▶ Designation of a Health Care Surrogate
  - ▶ Ethics Committee
- ▶ NASW Code of Ethics:
  - ▶ **Value:** *Dignity and Worth of the Person*
  - ▶ **Ethical Principle:** *Social workers respect the inherent dignity and worth of the person.*
- ▶ Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

# End of Life Resources

- ▶ Perinatal Loss: <https://www.postpartum.net/get-help/loss-grief-in-pregnancy-postpartum/>

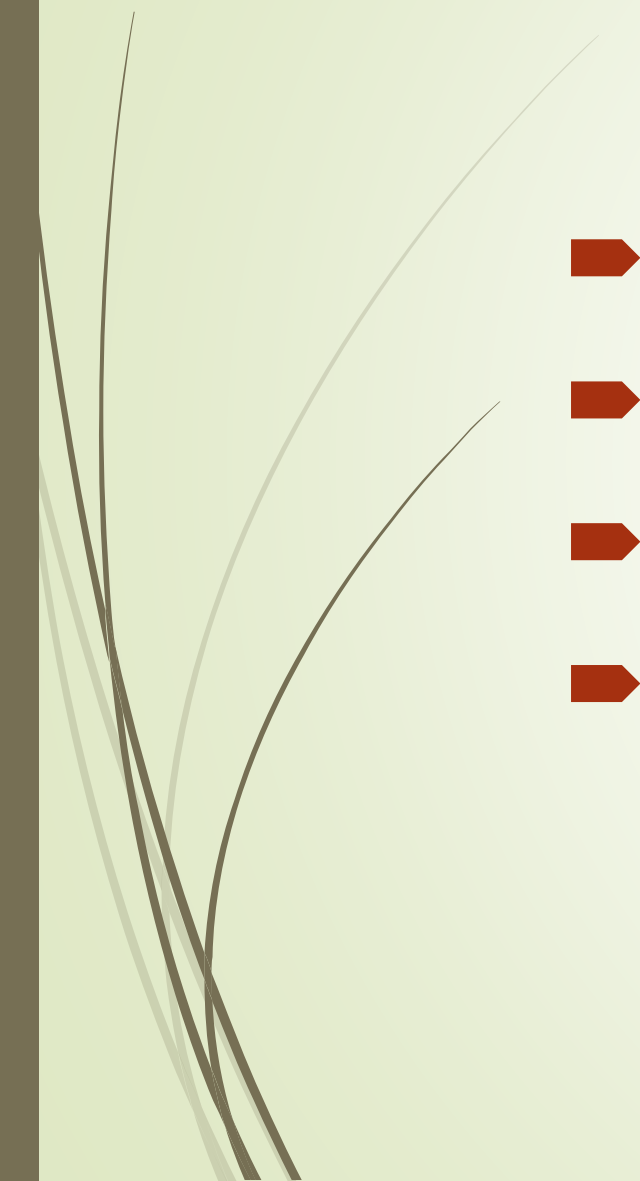
- ▶ **A Physician's Guide to Talking About End-of-Life Care; J Gen Intern Med 2000 Mar**

*A large majority of patients and close family members are interested in discussing end-of-life issues with their physician. Most expect their physician to initiate such dialogue. End-of-life discussions, however, must go beyond the narrow focus of resuscitation. Instead, such discussions should address the broad array of concerns shared by most dying patients and families: fears about dying, understanding prognosis, achieving important end-of-life goals, and attending to physical needs. Good communication can facilitate the development of a comprehensive treatment plan that is medically sound and concordant with the patient's wishes and values. This paper presents a practical 4-step approach to conducting end-of-life discussions with patients and their families: (1) Initiating Discussion, (2) Clarifying Prognosis, (3) Identifying End-of-Life Goals, and (4) Developing a Treatment Plan. By following these 4 steps, communication can be enhanced, fears allayed, pain and suffering minimized, and most end-of-life issues resolved comfortably, without conflict.*

- ▶ *The Education on Palliative and End-of-Life Care* was produced by the Project to Educate Physicians on End-of-Life Care (EPEC).
  - ▶ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SIQ/Downloads/EducationonPalliativeandEnd-of-LifeCare.pdf>



# Behavioral Health

- Primary Care
  - Mental health settings
  - Home Health
  - Community programs
- 



# Primary Care: These are the top 10 diseases or conditions addressed by primary care physicians:

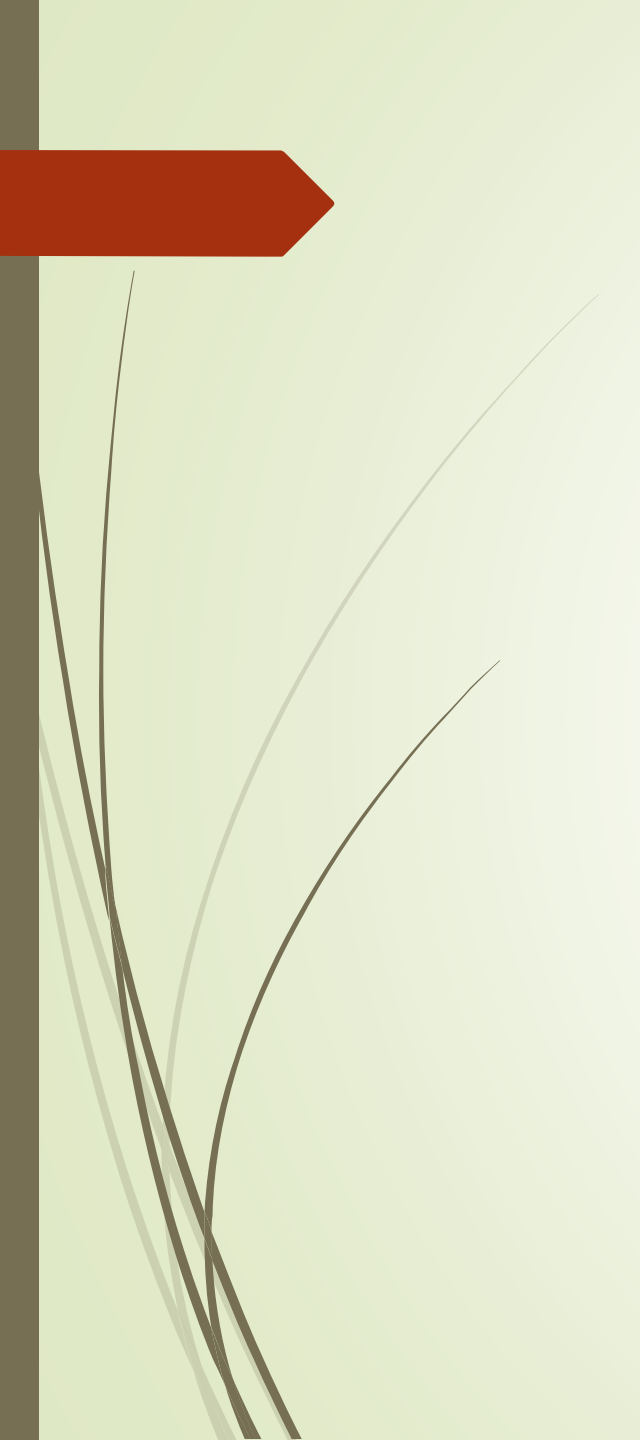
1. Respiratory: leading respiratory concerns include **asthma**, bronchitis, sinusitis and other acute infections
2. Circulatory: hypertension or **high blood pressure** is the leading diagnosis
3. Endocrine: **diabetes**, metabolic diseases and immunity disorders
4. Musculoskeletal: joint disorders, **osteoarthritis** and rheumatism
5. Nervous system and sense organs: ear infections, **migraines** and pink eye
6. Genitourinary: urinary tract (or bladder) infections, menstruation disorders and **menopausal issues**
7. Mental disorders: **attention deficit disorder**, **depression** and **anxiety**
8. Injury/**poison**: contusion or bruises, sprains, strains and open wounds
9. Skin and subcutaneous tissue: eczema, cellulitis (bacterial infection of the skin and tissues beneath the skin) and abscesses (collection of pus build-up within the tissue)
10. Infections and parasitic diseases: viral and **chlamydial infections** and strep sore throat



# Additional issues seen in Primary Care

- Sleep Disturbance/Insomnia/Night Terrors
- Smoking
- ETOH Abuse
- Chronic Pain
- Weight Management
- Bedwetting (*By age 5 or 6, 85% of children can stay dry, but some children still wet the bed from time to time until age 10 or 12.*)





“According to the American Hospital Association), one in four Americans experience a behavioral health illness or substance use disorder each year, and the majority of those individuals also suffer from a comorbid physical health condition. Further, approximately 60 percent of mental health care visits are with a primary care physician and almost half of patients do not follow through when referred to a mental health specialist. “

quoted from article in Psychological Health Center of Excellence by author, Eunice Kimunai/ PH.D., MPH, RN 3/26/2018



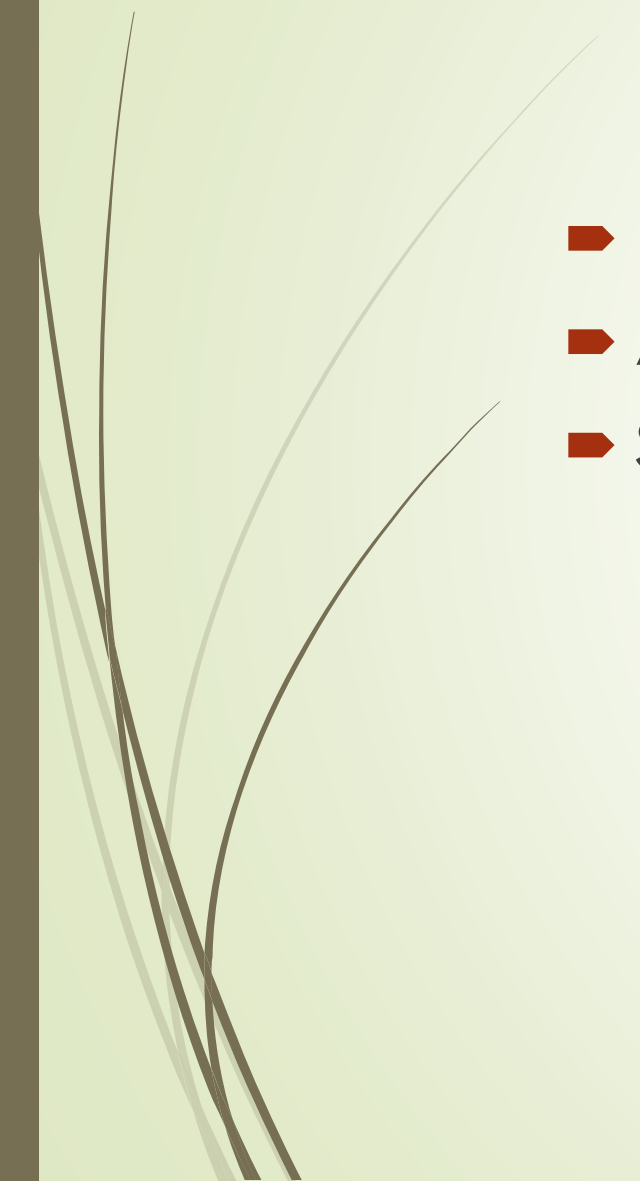
# Integrated Behavioral Health Care (IBHC)

<https://integrationacademy.ahrq.gov/>

- ▶ **Behavioral health** is an umbrella term that includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms, and health behaviors. Behavioral health conditions often affect medical illnesses. **Integrated behavioral health** care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral health care, a part of “whole-person care,” is a rapidly emerging shift in the practice of high-quality health care. It is a core function of the “advanced patient-centered medical home.”
- ▶ Patients with chronic health conditions are more likely to have related behavioral health concerns and often find it easier to improve chronic conditions when these concerns are also addressed.
- ▶ Patients feel it is more socially acceptable and easier to access behavioral health care treatment in a setting they are familiar with, rather than going to a behavioral health setting.



# Characteristics of IBHC

- ▶ Brief, solution focused
  - ▶ Assessment tools
  - ▶ Skills/tools
- 



# Examples

## SLEEP DISTURBANCE

- ▶ Sleep journal
- ▶ Sleep hygiene handouts

## ADHD

- ▶ Vanderbilt
- ▶ School reports
- ▶ Consult on medication with provider
- ▶ Behavioral education




# IBHC RESOURCES

- ▶ Tri-Service Workflow: IBHC Resources and Handouts : <http://www.tswf-mhs.com/app/uploads/2019/05/IBHC-Resource-Links.pdf>
- ▶ DoD Instruction 6490.15: Integration of Behavioral Health Personnel (BHP) Services Into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings  
<https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649015p.pdf>
- ▶ **Measures of Integrated Behavioral Health Care:**  
<https://integrationacademy.ahrq.gov/products/ibhc-measures-atlas/overview-measures-included-ibhc-measures-atlas>



# More resources for common issues

- ▶ Insomnia: <https://www.sleepfoundation.org/>
- ▶ ADHD: <https://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder-adhd-the-basics/index.shtml>
- ▶ ETOH Abuse/Misuse: <https://www.niaaa.nih.gov>
- ▶ Mobile Apps for multiple issues:  
<https://www.ptsd.va.gov/appvid/mobile/index.asp>



# Thank you for your attention and participation.

➤ *Feel free to contact me for any  
questions or comments.*

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