

ADULT MENTAL HEALTH: BEYOND THE DIAGNOSIS SERIES

THE INDIVIDUAL WITH UNDERLYING TRAUMA



Practice Support Program



THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine





“The Light of Irene” was created by sḷáməxʷ

The Surrey-North Delta Division of Family Practice acknowledges that we work within the traditional and ancestral territory of the hən̓d̓əmin̓əm̓ speaking peoples, including the Kwantlen, Semiahmoo, Tsawwassen, Katzie, Kwikwetlem, Qayqayt, and numerous Sto:lō First Nations.

Acknowledging that we are on the traditional territories of First Nations communities is an expression of cultural humility and part of a recognition of our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people in BC.

INTRODUCTIONS



“Mr. Anon! I recognise you
from your avatar.”

Your name & where do you practice

What brings you here tonight?

What do you hope to gain from
tonight’s session?

DISCLOSURES

- **Facilitator:** *No conflicts of interest*
- All Planning Committee and Working Group members completed a Scientific Planning Committee online disclosure form, and disclosures are reported in your learner guide.

TODAY'S LEARNING OBJECTIVES

1. Describe the role of the primary care provider (PCP) in adult mental health.
2. Identify the key principles of trauma-sensitive care.
3. Modify office procedures and physical environment to create a trauma-sensitive practice.
4. Employ active listening skills during patient encounters.
5. Discuss the role of language in perpetuating stigma.

UBC CPD ON-LINE MODULE

Looking Beyond a Diagnosis Mental Health in Primary Care



A compliment to the case study “Individual with Underlying Trauma”

MODULE KEY POINT #1

Stigma is a barrier for both the patient with mental health issues seeking help and the provision of care to those patients.

Reflect on provider bias and mental models about the person you are seeing.



MODULE KEY POINT #2

Consider delivering trauma-informed care in terms of how intake/medical history is obtained, especially where adverse childhood events have occurred and/or when there have been attachment issues, the clinic environment, provider language, and being sensitive to psychological safety.



MODULE KEY POINT#3

Cultural awareness and sensitivity are an important aspect of care, especially to Indigenous and other patients of colour.



MODULE KEY POINT #4

The importance of effective communication skills to build rapport with patient.

Start small, slow down, and listen to the patient with a focus on being curious about the patient's history and current reality. Work with the patient's definition of the problem.



MODULE KEY POINT #5

Team based care is vital to effective AMH care. There are benefits to using a multidisciplinary approach.



Using HDC Discover for Learning and Practice Improvement Focus on Adult Mental Health

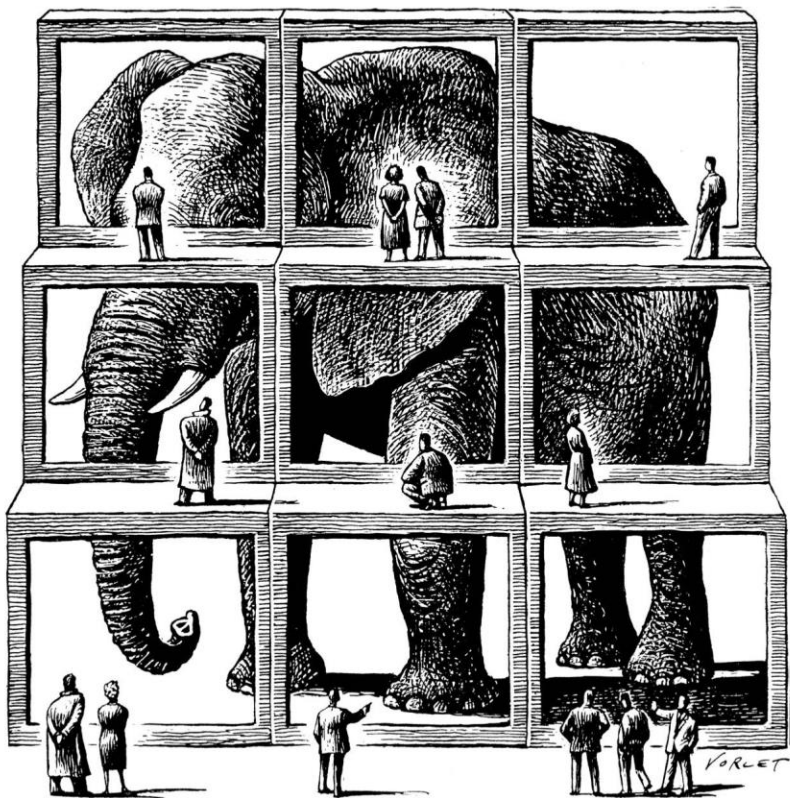
November 2023

Surrey North Delta Division of Family Practice

Why Should We Look at this Data?

- **Helps us understand our community and practice populations better**
- **To better identify patient needs within our community**
- **Allows us to understand the resources required to meet our patient and community needs**
- **Helps us advocate for those supports**

The data doesn't provide answers....



The result we see might not be what we think it is.

The data doesn't provide any answers – rather it suggests the questions that might be asked to better understand what the data might be revealing.

This data is derived from how items are coded in the problem list (not related to billing coding)

SND Division

Male
Female

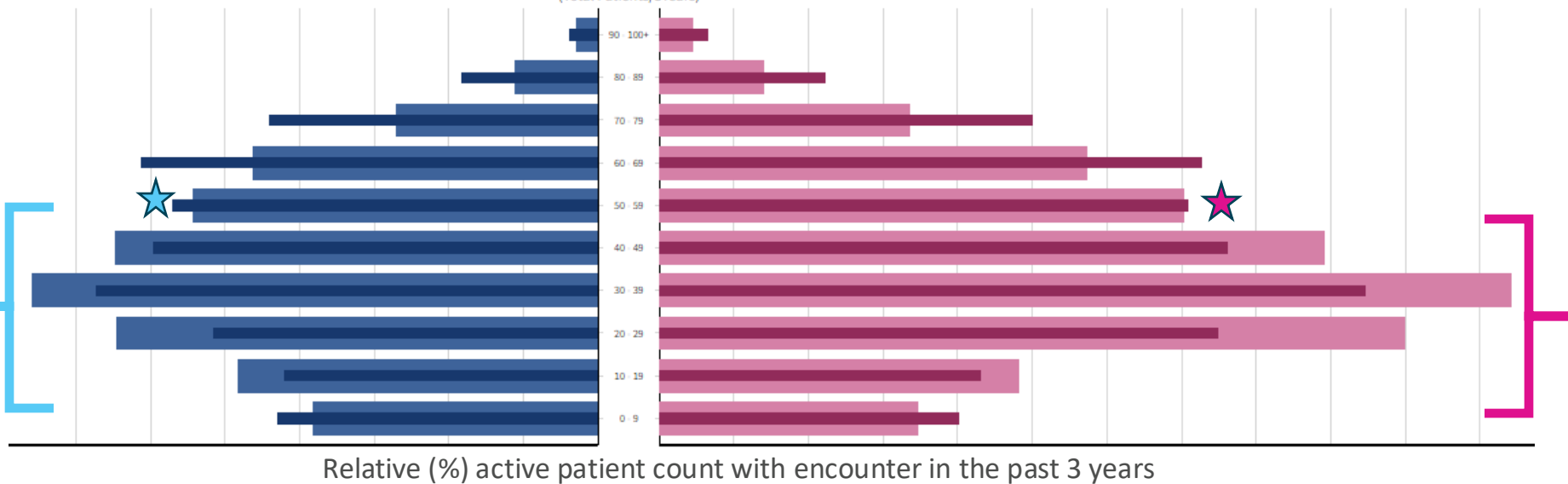
293,341 Patient Lives

All Clinics

Male
Female

2,530,739 Patient Lives

Surrey North Delta vs All Clinics
(Total Patients/3Years)



8 CHSA's in Surrey LHA (233)

2331 Whalley (1 clinic in HDC)

2332 North Surrey (0 clinic in HDC)

2333 Cloverdale (3 clinics in HDC)

2334 Panorama (2 clinics in HDC)

2335 East Newton (2 clinics in HDC)

2336 Fleetwood (1 clinic in HDC)

2337 Guildford (4 clinics in HDC)

2338 West Newton (0 clinics in HDC)

2321 North Delta (3 clinics in HDC)

All contributing to SND Division
aggregate in HDC

Health Service Delivery Area (HSDA)

23 Fraser South



Ministry of
Health



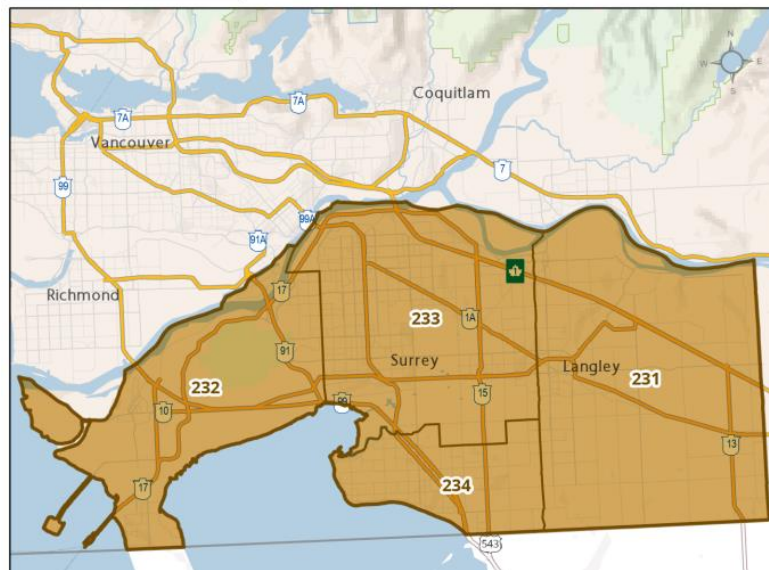
Local Health Area (LHA)

231 Langley

232 Delta

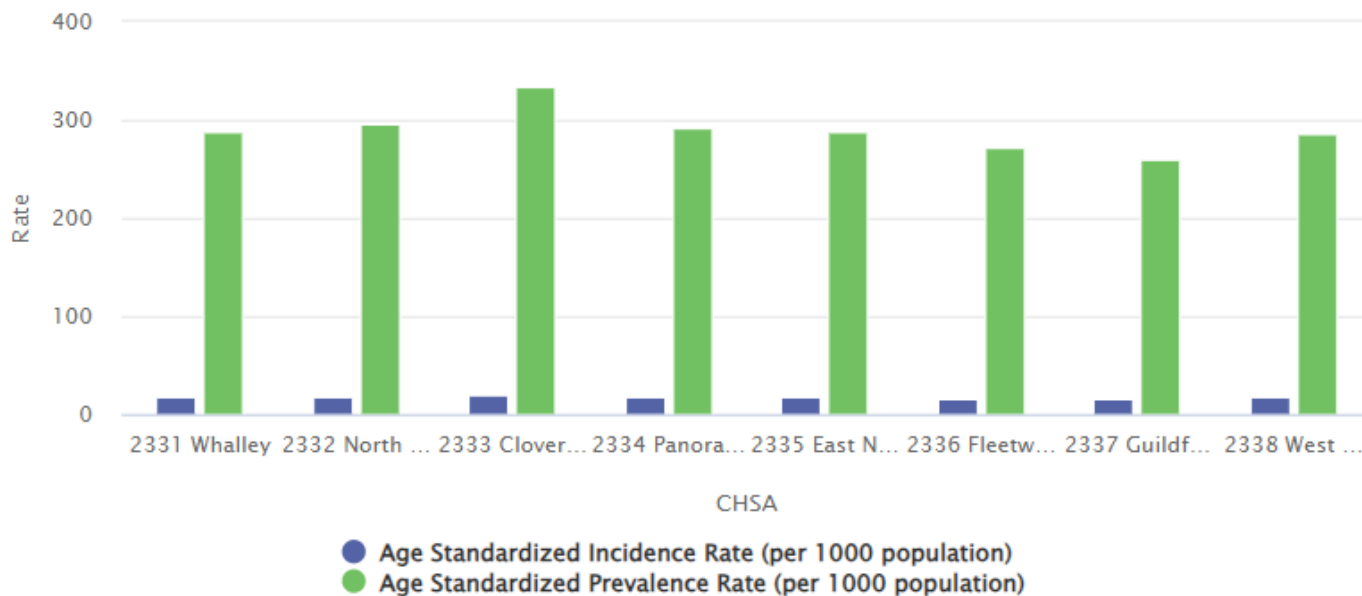
233 Surrey

234 South Surrey/White Rock



Age-Standardized Incidence and Prevalence Rates of Mood and Anxiety Disorders for all CHSAs in Surrey (LHA)

B.C. Chronic Disease Registry (2019/20)

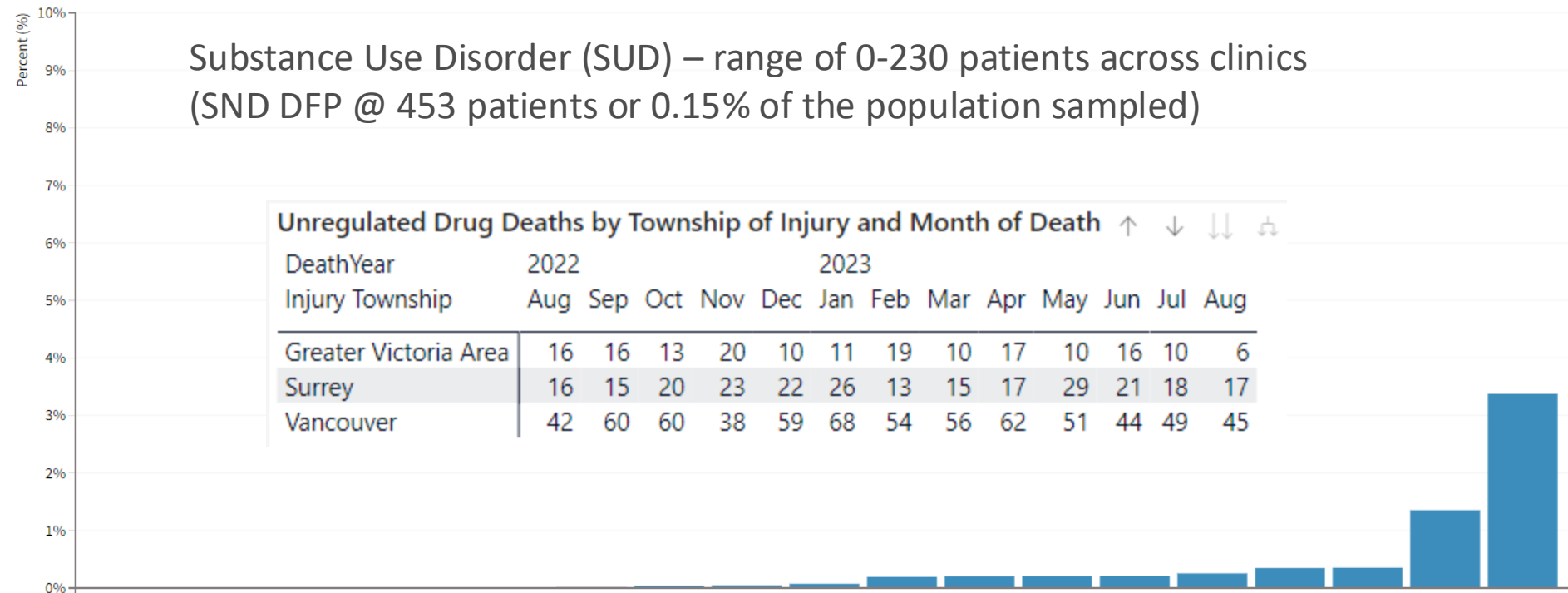


Similar Pattern Across SND Clinics

Substance Use Disorder (SUD) – range of 0-230 patients across clinics
(SND DFP @ 453 patients or 0.15% of the population sampled)

Unregulated Drug Deaths by Township of Injury and Month of Death ↑ ↓ ↕ 🔊

DeathYear	2022					2023							
	Injury Township	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Greater Victoria Area	16	16	13	20	10	11	19	10	17	10	16	10	6
Surrey	16	15	20	23	22	26	13	15	17	29	21	18	17
Vancouver	42	60	60	38	59	68	54	56	62	51	44	49	45



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THOMAS: THE INDIVIDUAL WITH UNDERLYING TRAUMA

Thomas is a 43 year old mid-level manager in a large company with a long history of moderate depression and problems with mild insomnia made worse by recurring nightmares of being chased. He does not drink or use recreational drugs but smokes a pack/day. Thomas experienced a very disruptive upbringing, which he can't recall the details of and was taken from parents to intermittently live with his grandparents from the age of 9 - 15. Thomas gets very upset in situations where there are heated discussions, is quick to anger, and often spirals into guilt and shame followed by withdrawal. This in turn has caused issues in his relationships and work. He feels very detached from family and co-workers and doesn't have strong friendships. You have been trying to work with him for some time and he never seem to be able to follow through on the goals that you set



CASE DISCUSSION: THOMAS



Public Directories



Medical Care Directory

Information about doctors and medical clinics in British Columbia.

[Go to Medical Care Directory](#)




Community Service Directory

Publicly available services and programs, in participating communities.


[Go to Community Services](#)

Clinician Login

 E-mail



Use 1Password

 Password

[Log in to Pathways](#)

[Forgot your password?](#)

[I have an Access Key](#) · [Request access](#)

NEXT STEPS

- Reflect on your learnings and how to apply them in your own practice.
 - Diagnoses and coding to support in the EMR health registries?
 - Pathways orientation?
 - HDC Discover – deeper dive?
- Connect with your practice improvement coach to start defining your QI project (for CME and time compensation).
- How to contact PSP:
 - Submit a Service Request: <https://www.doctorsofbc.ca/service>
 - Email PSP@DoctorsofBC.ca



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ROUNDTABLE REFLECTION

Please consider and share:

1. What is one thing you will take away from this session?
2. How will you change your practice as a result of what you have learned today?
3. What is one word that describes how you feel about starting

SUMMARY



Complete the post-session survey to inform improvements for future sessions and topics

THANK YOU!

"Tell us what you think!"



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Health
Data
Coalition

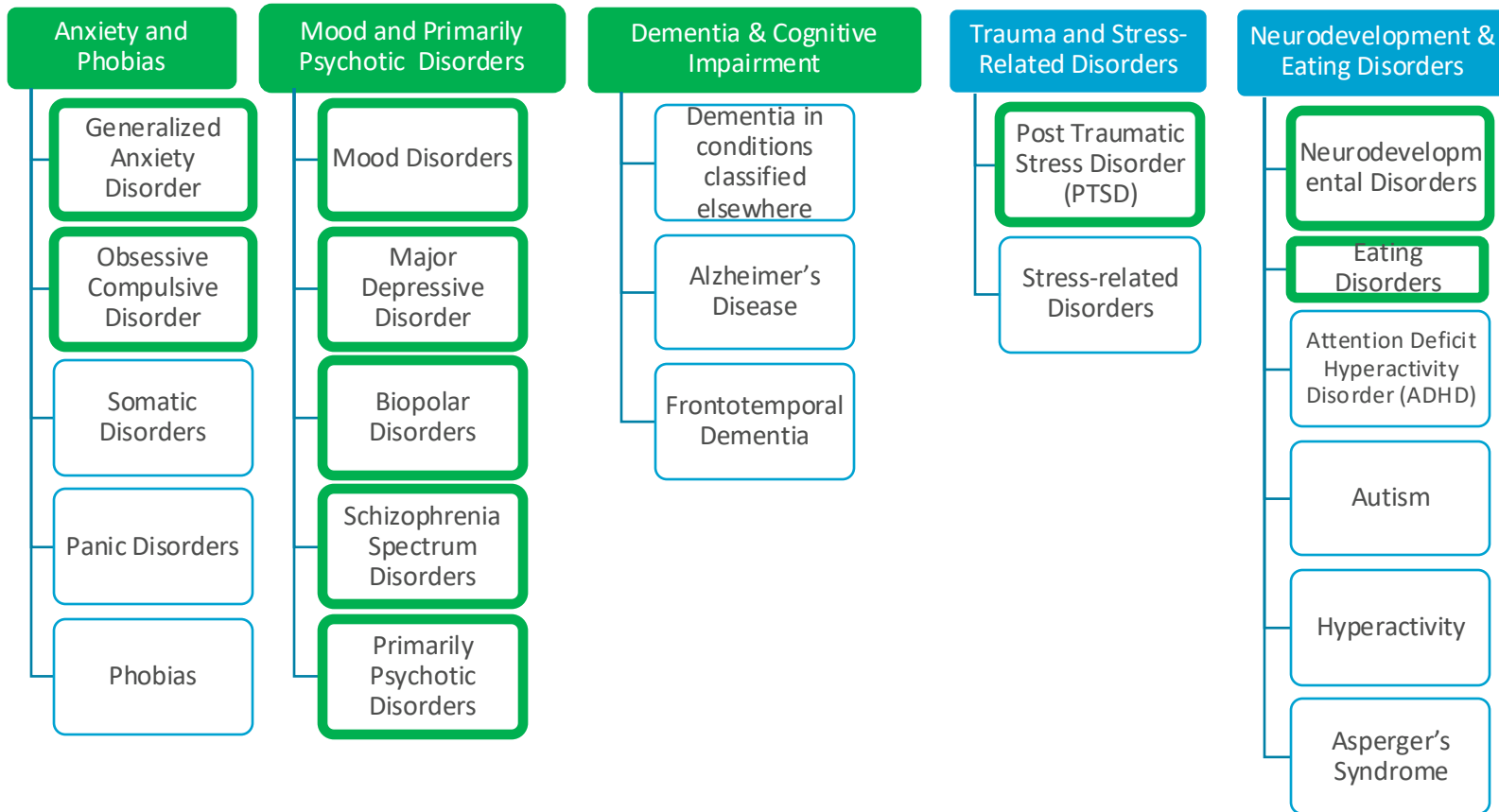
Better Information. Better Care. Better Patient Outcomes.

Extra Slides

ICD 9 Codes for New Mental Health Measures

Anxiety and Phobias	Anxiety and phobias	Starting with 300 or exactly 293.84
	Generalized anxiety disorder (GAD)	Exactly 300.02
	Obsessive compulsive disorders (OCD)	Exactly 300.3
Mood Disorder & Primarily Psychotic Disorders Prevalence	Mood disorders	Starting with 296 or Exactly 311 or 293.83
	Major depressive disorder (MDD)	Starting with 296.2 or 296.3
	Bipolar disorder	Starting with 296, excluding 296.2 and 296.3
	Primarily psychotic disorder	Starting with 295, 297, or 298, or exactly 293.81 or 293.82
	Schizophrenia spectrum disorder	Starting with 295
Dementia – Cognitive Impairment	Dementia – cognitive impairment	Starting with 290 or Exactly 294.10, 294.11, 331.0 or 331.1
Trauma and Stress Disorders	Post traumatic stress disorder (PTSD)	Exactly 309.81
Neurodevelopment Disorders	Neurodevelopment disorders	Starting with 299, 314, 315, 317, 318, 319
	Eating disorders	Starting with 307.1 or 307.5
Other Mental Health Disorders	Sleep disorder	Starting with 327.2

Mental Health – Categories



New Mental Health Measures

Measure Name	Measure Description
Bipolar disorder prevalence	The percentage of active patients with Bipolar Disorder (based on the problem list) recorded in the EMR.
Eating disorders prevalence	The percentage of active patients with Eating Disorders (based on the problem list) recorded in the EMR.
Generalized Anxiety Disorder prevalence	The percentage of active patients with Generalized Anxiety Disorder (based on the problem list) recorded in the EMR.
Major Depression prevalence	The percentage of active patients with Major Depression (based on the problem list) recorded in the EMR.
Mood Disorders & Psychotic Disorders prevalence	The percentage of active patients with a Mood Disorder or Psychotic Disorder (based on the problem list) recorded in the EMR.
Neurodevelopment disorders prevalence	The percentage of active patients with Neurodevelopment Disorders (based on the problem list) recorded in the EMR.
OCD prevalence	The percentage of active patients with Obsessive-Compulsive Disorder (OCD) (based on the problem list) recorded in the EMR.
PTSD prevalence	The percentage of active patients with Post-Traumatic Stress Disorder (based on the problem list) recorded in the EMR.
Schizophrenia prevalence	The percentage of active patients with Schizophrenia (based on the problem list) recorded in the EMR.
Sleep disorders prevalence	The percentage of active patients with Sleep Disorders (based on the problem list) recorded in the EMR.
Anxiety and Phobias patients with Substance Use Disorder	The percentage of active patients with Anxiety and Fear Related Disorders (including Phobias, based on the problem list) who have substance use disorder (based on the problem list) recorded in the EMR.
Generalized Anxiety Disorder patients with Substance Use Disorder	The percentage of active patients with generalized anxiety disorder (based on the problem list) who have substance use disorder (based on the problem list) recorded in the EMR.
Mood Disorder and Psychotic Disorder patients with Substance Use Disorder	The percentage of active patients with a Mood Disorder or Psychotic Disorder (based on the problem list) who have substance use disorder (based on the problem list) recorded in the EMR.

THE PRACTICE FACILITATION ACTIVITY SUMMARY: APPLICATION OF LEARNINGS

Introduction

Purpose

Completing the Summary

Compensation and Mainpro+ Credits

Privacy and Confidentiality

Facilitator and Planning Committee

Conflict of Interest Declaration

Before You Get Started

Engagement

Assessment and Learning

**Develop a Plan to Test your Change Idea
(Improvement Goal 1)**

Test and Measure the Plan

Implement and Sustain the Change

Time Tracker

Post Practice Facilitation Cycle Reflective
Questionnaire

QI Project Closure



Practice Support Program

Practice Facilitation Cycle Record and Activity Summary

Physician/Team member name:

Dr. One Doctor

Facilitation Cycle ID: 17294

Develop a Plan to Test your Change idea (Improvement Goal 1)

During this stage, you will work with PSP to document your plan for improvement.

Problem statement (Now that you have assessed the current state of your practice and/or learned new skills/tools/knowledge, what is an existing problem that you want to address? Or what aspect of care in your practice do you want to improve?)*

Aim statement (What are you trying to accomplish through this improvement project? Please provide an aim that is SMART – specific, measurable, achievable, realistic and time-bound.)*

Define measures that will be used to monitor the impact of this QI project. (How do you know that a change is an improvement? Click [here](#) for definitions of outcome, process and balance measures) *

Create

Measure	Measure Type	How and when will the practice measure	Baseline	Post-implementation	Measure Name ↑
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There are no records to display.

What are the key steps you plan to take to test and measure your change idea(s)?

Create

Task Order ↑	Anticipated challenges	Key steps/tasks	Assigned to	Timeline	Step/task completed	Comments
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There are no records to display.

Previous

Next

Save Progress

INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) MODEL FOR IMPROVEMENT

