

## **What I Learned from a Day at Mosaic**

A Behavioral Health Specialist's Introduction to Primary Care

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1. There is no privacy as we expect to have in behavioral health. Just get over it.
2. Your job as a behavioral health specialist is to help the physician. The physician's relationship with the patient is the primary relationship and your job is to support that relationship.
3. The interactions are brief (15-30 mins.) but long-term. Physicians may have worked with a family for 20 years. Interventions need to be adapted to that very different relationship timeline. Behavioral health clinicians are used to relationships which are relatively intense, but which last only three to twelve months.
4. There are three keys to the relationship of the behavioral health consultant with the patient: (1) motivation, (2) motivation, and (3) motivation.
5. Around half the people I saw were in need of mental health and/or substance abuse services, but not one was interested in going to mental health for help. Three of the patients were high utilizers of both the ER and the primary care clinic, with significant psycho-social needs driving the utilization.
6. A referral by a physician to mental health is rarely seen by the patient as a legitimate and useful referral. To some extent the patient is correct as few of these patients would be seen as a priority by the community mental health program.
7. Many people were experiencing physical symptoms from significant life stressors. Because they are trying to address the physical symptoms while both they and the medical system ignore the life stressors, everyone ended up frustrated. The people in the medical system are frustrated because the patient's problems do not get solved and the problems are "all in their head." The patient is frustrated because they feel unheard by the medical providers and feel that their very real distress is dismissed and invalidated.
8. Cartesian Dichotomy, the assumption that the mind and the body are separate, still runs rampant in the medical field. I heard a number of times references to physicians (not the one I was following) telling patients that their problems were all in their heads. In a modern medical setting this is just a stupid statement that is used to justify that there are few resources to address the interaction of cognitive/behavioral patterns in exacerbating or ameliorating bodily functioning. The error of "either/or" thinking, viewing a problem as either a physical problem or a mental health problem, is endemic in medicine as it is in society in general. At least half the people I saw that day clearly were experiencing a complex interaction between their physical symptoms and their psychological and social functioning. This gap was clearly the driver in poor prognoses and added costs.

9. A primary intervention a behavioral health consultant will do is to reframe the problem from one that is primarily a physical problem to a problem of life stressors that are impacting the patient's health. One of the life stressors impacting the patient's health is their frustration with the medical system they are trying to use to solve their problems.
10. One of the first things a behavioral health consultant should do in a primary care clinic is to set up a "*Stress and the Body*" class. The class should come in two forms. The first should be an hour long Introduction to Stress and the Body for patients to be introduced to the idea. The second should be an eight week class that more thoroughly teaches people to identify the interaction between how they manage their stress and their medical symptoms, and increases their "tool box" of coping skills that can make them more resilient to stress.
11. Mosaic staff need to be trained in standardized screening for behavioral health issues including the SBIRT and the PHQ-9.
12. A behavioral health consultant would be greatly helped by using a peer support staff, such as our Community Links Specialist model.
13. It is important that the behavioral health consultant be willing to do anything to be helpful. My most effective intervention was done while helping the physician and nurse spread lubricant while they were putting on a cast. People who punch walls often have substance abuse problems.
14. The two most important qualities for a behavioral health consultant will be flexibility in approach and the experience to quickly pick up on a wide range of psycho-social problems.
15. Being a behavioral health consultant at a primary care clinic could be a lot of fun for the right person.