

The Connecticut Mental Health Transformation Initiative  
Early Mental Health Screening Workgroup  
April 5, 2006

Convener: Dianne Harnad

Major Topics/Discussion Points:

It was noted that since the last meeting an outline was organized focusing upon improved mental health screening within the normal primary care practice. The issue of how best to promote collaboration among care providers was highlighted, as was key importance of helping primary care physicians to help their clients overcome social stigma and its influence upon decisions to pursue suitable care. It was noted that primary care physicians should not be acting as mental health professionals, but rather know how to effectively screen and refer when needed. It was further noted that the use of financial incentives may help encourage improved screening and referral practices. A workgroup member proposed looking into what practices primary care physicians might be employing to distinguish mental illness from physical problems.

A workgroup member asked for illustrative examples of infrastructure versus non-infrastructure changes from those most closely tied to the vision of the evaluation, and specifically, what a large-scale infrastructure change would look like. Dianne noted that such changes would involve planning, needs assessment, systems coordination, data integration, building capacity for specialty services, offering more training to staff, workforce development, and policy changes. She distinguished these things from non-infrastructure changes such as those aimed at the level of direct services.

Barriers/Problems Identified:

Workgroup members highlighted the stress and multiple challenges families often face when attempting to support and provide care to family members with mental illnesses. Such challenges may foster fear of potential onset across generations, though this phenomenon has not yet been effectively measured.

Ideas/Recommendations:

A workgroup member noted that a key mission of the transformation initiative is to favorably impact primary care practice with respect to how mental illness is considered, screened, referred, and treated, particularly as primary care providers are currently the most common source of treatment for mental illnesses via prescriptive medications. With respect to children, FDA guidelines compel primary care providers to exercise more caution and deference in the care they provide. Comparable policy changes concerning screening and referrals of adults with mental illness may lead to better care. In addition, given insurers' interest in compressing primary care visits, greater incentives for expediting screening/referrals, and corresponding reimbursement, may also help. Finally, employing consultants within primary care facilities to affect policies and regulations

changes around reimbursement might contribute to favorable long-term changes in practice. Consultation interventions may hold more promise for infrastructure transformation than provider training insofar as it can be implemented more consistently and meaningfully within the course of routine practice.

A workgroup member suggested using particular levels of analysis as a frame for considering systems change efforts, including program, practice, system, and individual lifecycle. Constructing a matrix including task items such as screening, assessment, referral and intervention could help to identify deficits in the current healthcare system.

Workgroup members also highlighted the importance of adding gender diversity to consideration of culturally competent interventions, developing more holistic and integrative practices, being mindful of generational and lifespan development particularly around foster care practices, and of building upon existing infrastructure in efforts to transform mental healthcare.

#### Transformation Activities in Connecticut Discussed in the Meeting:

##### To Do/Tasks:

Participants broke into four groups to conduct exercises to gain further clarification of themes identified in the prior workgroup meeting.

##### Next Meetings:

Wednesday 4-26-06 10am-12pm

Wednesday 5-10-06 10am-12pm

Wednesday 5-24-06 10am-12pm