

# UST Behavioral/Mental Health Interest Group: Training future healthcare professionals to support individuals with mental illness

Ming May Zhang<sup>1, 2</sup>, Sarah Meade<sup>1, 2</sup>, Sumanya Kumar<sup>1, 3</sup>, Apoorva Sajan<sup>1, 4</sup>

Urban Health/AHEC Scholars<sup>1</sup>, University of Connecticut School of Pharmacy<sup>2</sup>, University of Connecticut School of Medicine<sup>3</sup>, Quinnipiac-PA Program<sup>4</sup>

## Abstract

- The growing prevalence of behavioral and mental health disorders makes it increasingly important for healthcare professionals to receive adequate training to support patients with these illnesses. In 2020, CT AHEC's Urban Service Track (UST) scholars formed an interdisciplinary Behavioral/Mental Health interest group. This student-led, student-centered group was created to develop participants' interest and experience in the behavioral/mental health field.
- In accordance with students' identified interests, the group focused on healthcare approach, clinical cases, and new and practical information to use in patient care. Meetings consisted of case-based discussions that featured interprofessional content experts and interactive question/answer sessions.
- After 4 months of meeting within the interest group, participants were surveyed to assess how involvement in the group had affected student satisfaction, perceived clinical and professional utility, and interest in working in the behavioral health field.
- The majority of respondents agreed or strongly agreed that they were satisfied with the experiences gained through the interest group and that their involvement had increased their clinical skills, professional development, and interest in working in behavioral health. Current data therefore supports the continuation of this interest group for future UST cohorts.

## Background

- According to the National Alliance on Mental Illness, 1 in 5 US adults experiences mental illness each year. In addition to the burden of their primary disease, individuals with mental illness are more likely to experience cardiovascular and metabolic diseases and substance use disorder. Despite the high prevalence and toll of mental illness, 55% of U.S. counties do not have a single practicing psychiatrist, and only 44% of U.S. adults with mental illness received treatment in 2019.<sup>1</sup> There is an evident and emerging need for increased healthcare resources to combat mental illness.
- During the academic year of 2020-2021, UST scholars formed a Behavioral/Mental Health interest group, an interprofessional team of 19 healthcare students representing the University of Connecticut Schools of Pharmacy, Nursing, Medicine, Dental Medicine, and Social Work, as well as Quinnipiac University's Physician Assistant Program.
- This group was initiated to explore and expand participants' self-identified interest in behavioral/mental health and to allow them make an impact in the field as student healthcare professionals.

## Objectives

The goals of the Behavioral/Mental Health interest group were as follows:

- Reinforce the importance of interprofessionalism in caring for patients with behavioral/mental health conditions
- Provide participants with new and practical patient care information
- Increase participant interest in working in the behavioral health field
- Increase participants' clinical skills
- Support participants' professional development

## Methods

- The interest group met on a monthly basis via video conferencing.
- Initial meetings established the group's goals and focus, based on group members' interests.
- Later meetings explored broad behavioral/mental health topics, such as medication-assisted treatment, child/adolescent psychology, and eating disorders.
- Group leads prepared monthly clinical cases, featuring patients presenting with the mental illness of interest.
- Every month, guest speakers were invited to provide their expertise on the topic and describe how they would address the given patient case (See **Figure 1** for example case).
- To emphasize the importance of interprofessional care and increase the scope of the discussion, experts were recruited from a variety of healthcare professions.
- For example, for the medication-assisted treatment discussion, the guest speakers' backgrounds were:
  - Family medicine physician
  - Addiction psychiatry specialist
  - PhD LCSW
  - PharmD
- After each guest speaker presented, interest group members participated in an interactive Q/A session to further explore the topic.

### Figure 1. Example of a patient case reviewed during group meetings

**Subjective:** Pt has a 4-year hx of opioid use disorder beginning at age 19. Last year, their brother was killed in an act of gang violence and their use began to increase. Prior to initiating suboxone they were using 100-150 mg of opioids by mouth per day. They have never used heroin and do not use any other substances. Their habit was financed by income from work. They have overdosed 3 times since they began using, always by themselves. They began 4mg/1mg suboxone five days ago and report no physical symptoms and very little cravings today. They have distanced themselves from other people in their lives that use and have a strong support system consisting of family, partner, and therapist.

**Objective:** The patient appears well and is in no apparent distress. Hx of intermittent explosive disorder and PTSD. Current meds are 0.1 mg clonidine PO BID and 30 mg mirtazapine PO HS.

**Assessment:** Pt has an opioid use disorder and is responding well to medication assisted treatment.

**Plan:** Continue suboxone, f/u in 2 weeks.

## Results

A Google Form survey was sent out to Behavioral Health Interest Group members to assess their involvement or satisfaction with the group. Each survey item offered the following responses:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

A total of 10 out of 16 group members responded to the survey, resulting in 62.5% participation. Members were given 7 days to submit responses. The following figures and tables show detailed information on the questions and responses given.

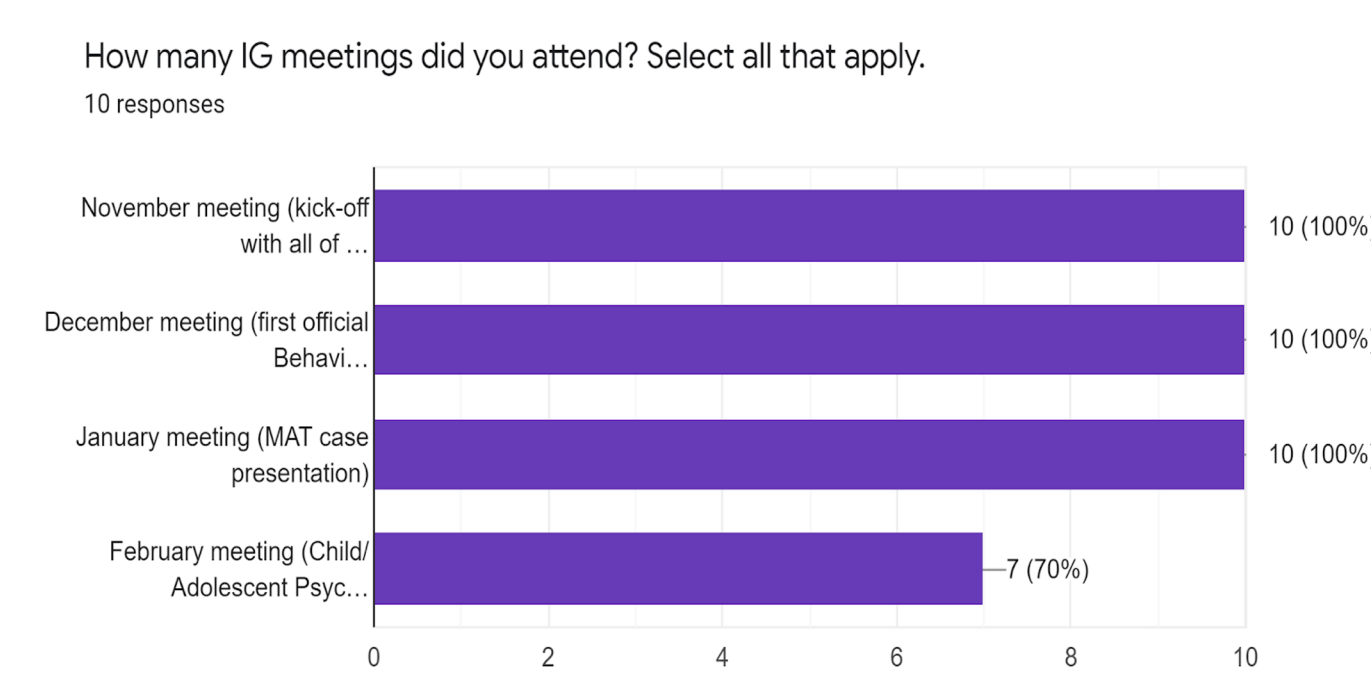


Figure 2. Attendance

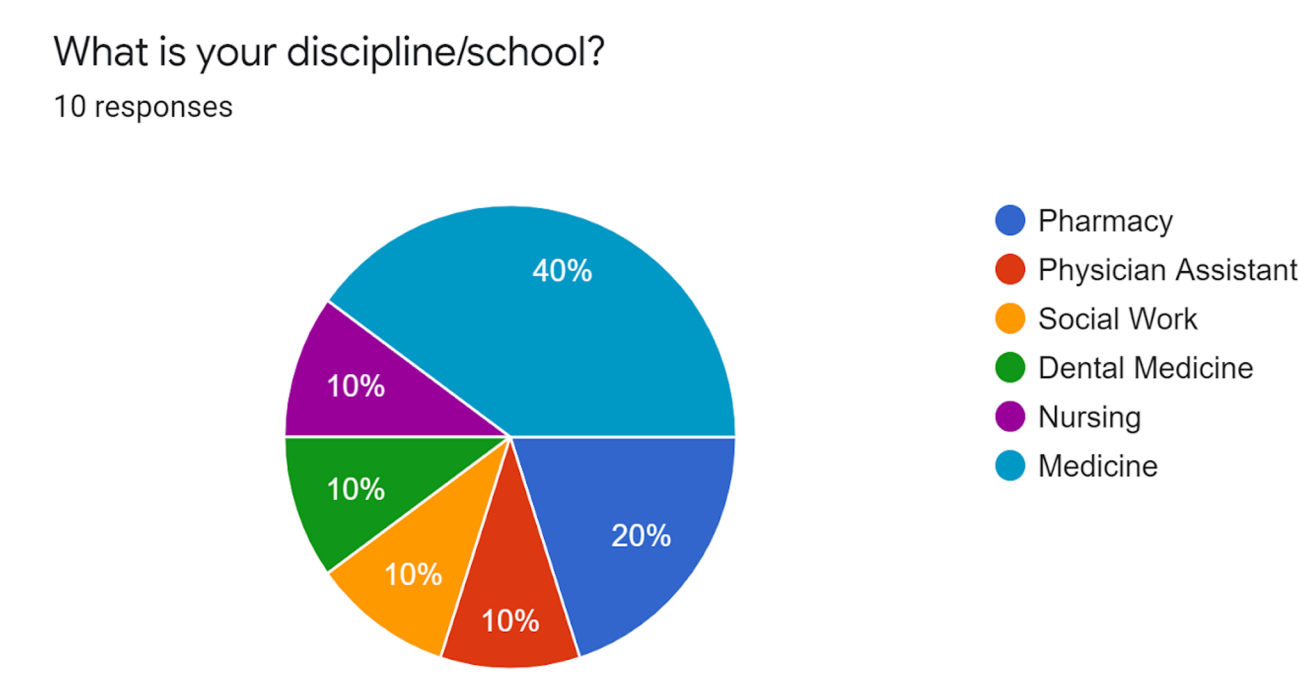


Figure 3. Breakdown of Discipline or School

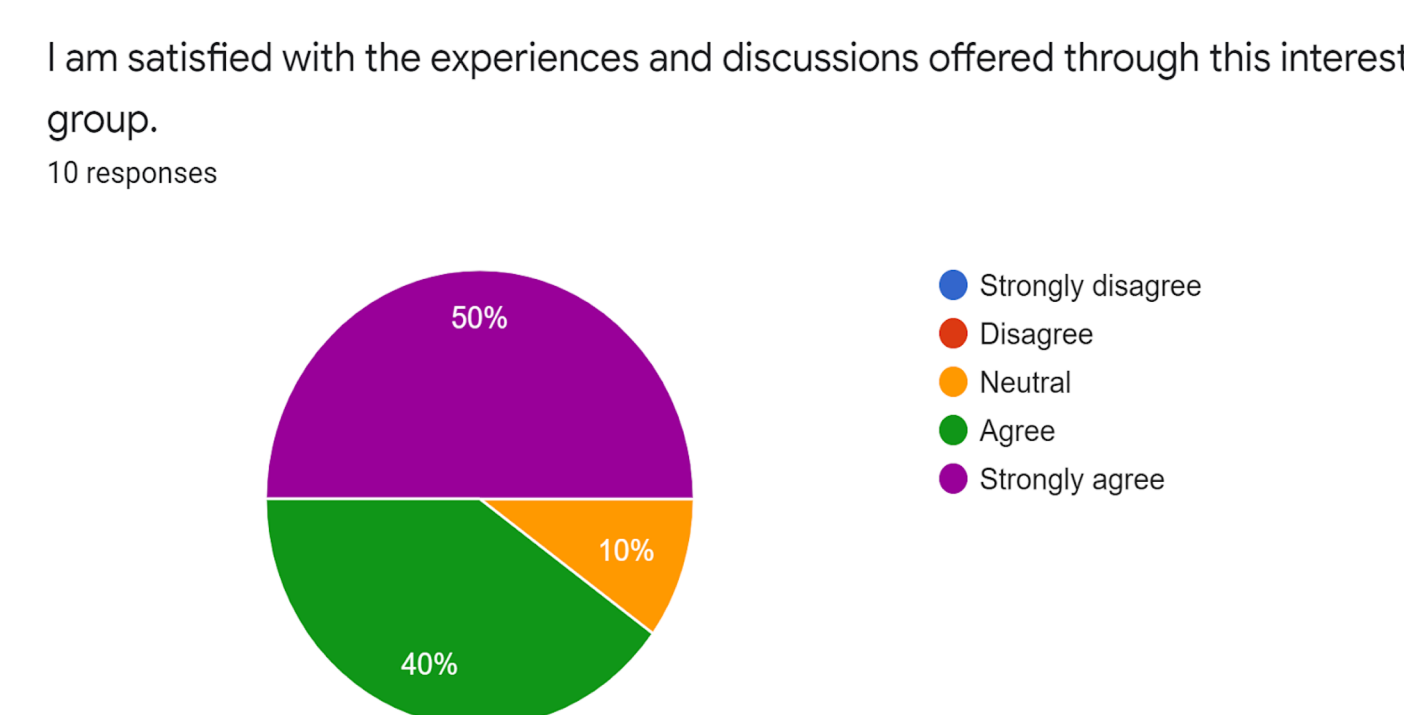


Figure 4. Experiences and Discussions Offered

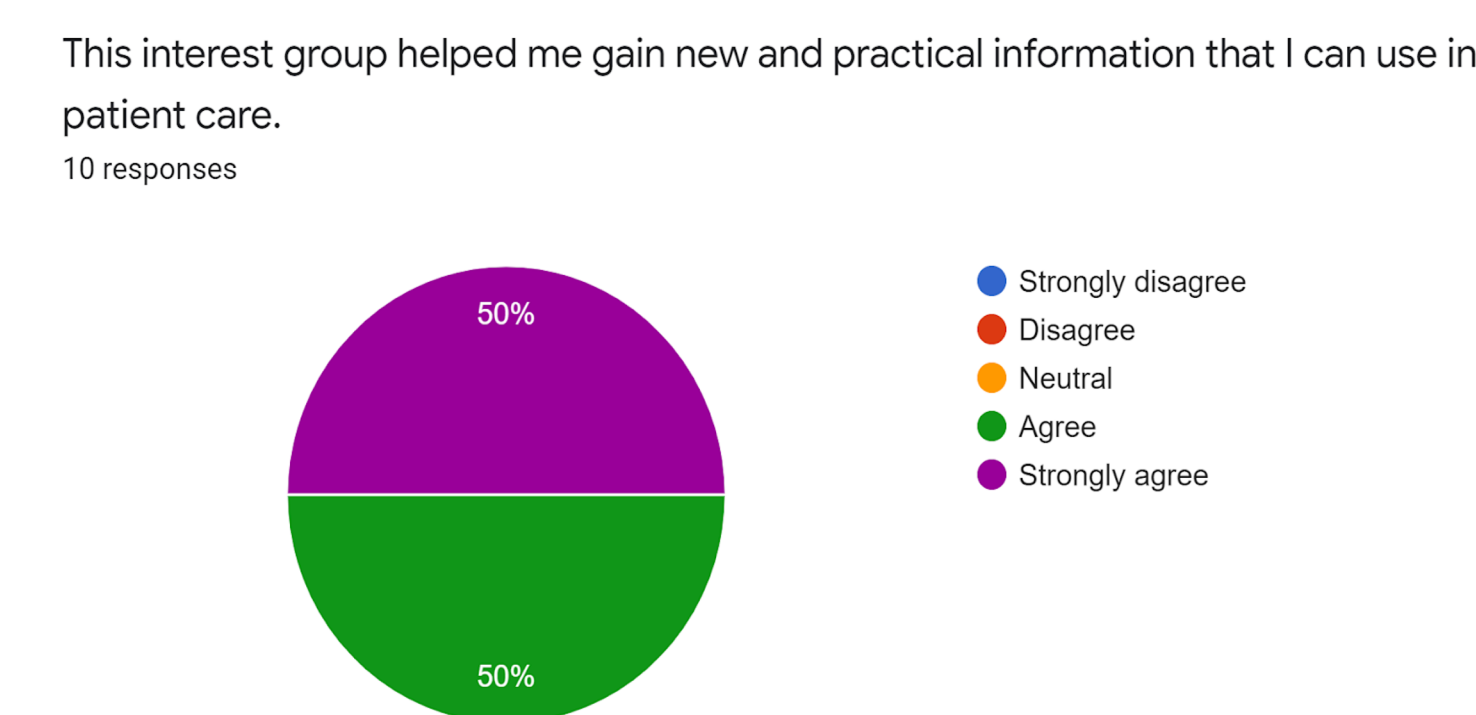


Figure 5. Presentation of New and Practical Information

Involvement in this interest group has increased my clinical skills as a healthcare student. 10 responses

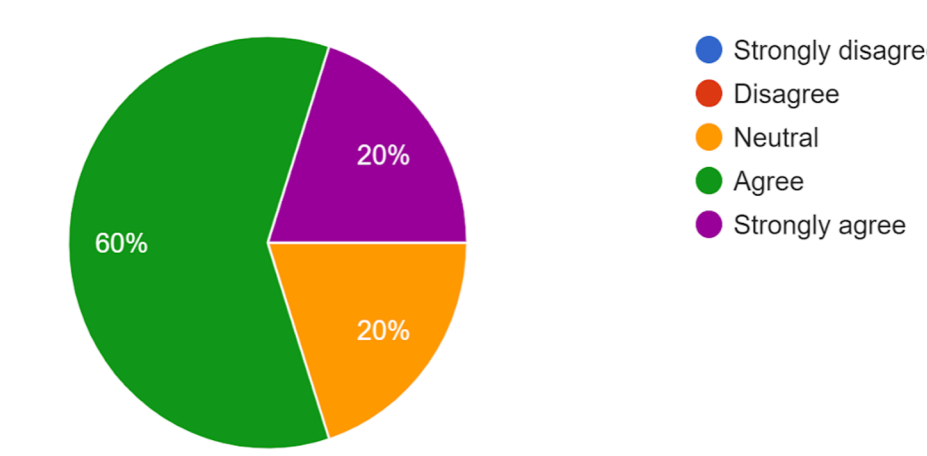


Figure 6. Clinical Skills

This interest group has increased my interest in working in the behavioral health field. 10 responses

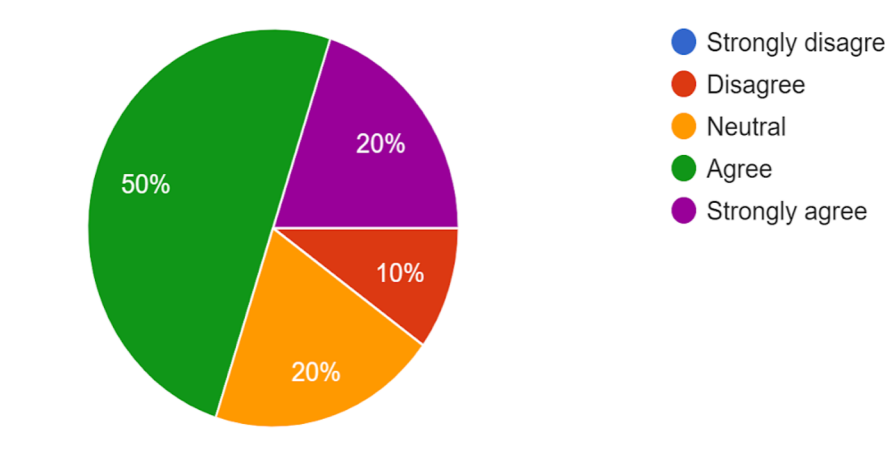


Figure 8. Increased Interest in Behavioral Health

Involvement in this interest group has increased my professional development. 10 responses

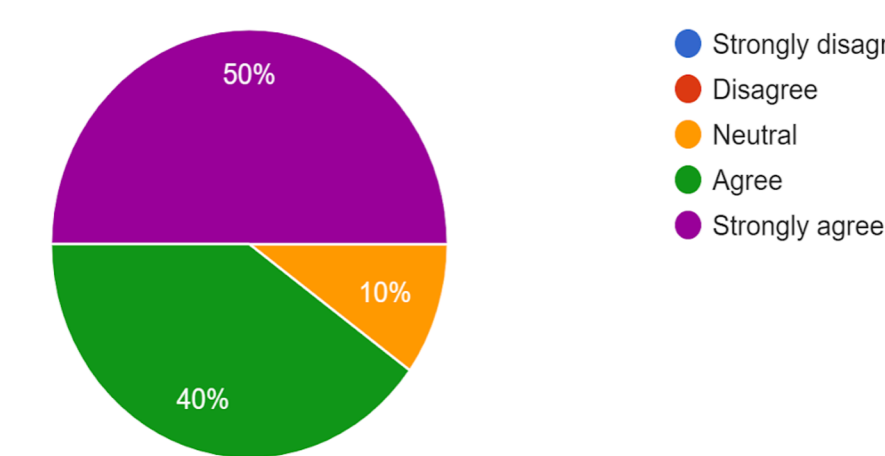


Figure 7. Professional Development

This interest group reinforced the importance of interprofessionalism in caring for patients with behavioral/mental health conditions. 10 responses

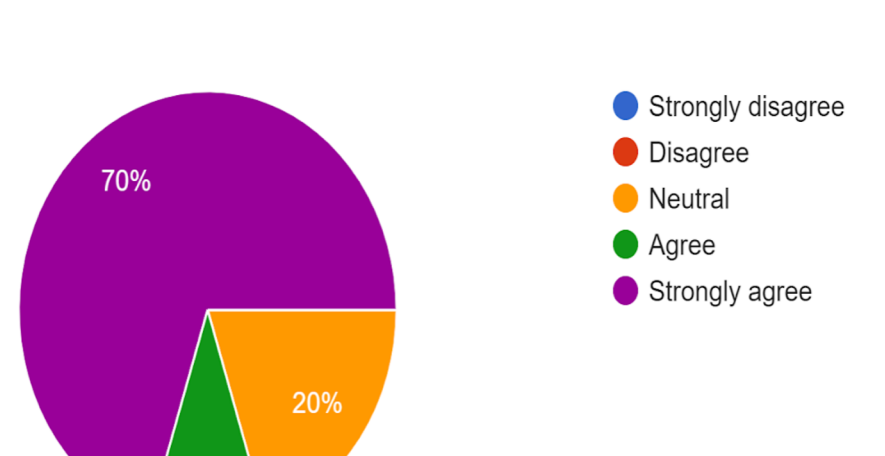


Figure 9. Interprofessionalism

## Discussion and Future Directions

### Major Takeaways:

- Interprofessionalism in mental health care is important to get multiple perspectives on how to provide optimal care to patients struggling with mental illnesses.
- Multiple opportunities for healthcare professionals to advocate for mental health and behavioral health patients, such as health-related resources and interaction with health policy, are often underutilized.
- Mental health care and treatment is complex, making it necessary to include a multidisciplinary approach to fully understand the patient's background and needs.

### Positive experiences:

- Learning about proper language to use to end stigma associated behind mental health language in healthcare.
- Complex patient cases reviewed by healthcare professionals was beneficial to see different input based on different professions.

### Future improvements:

- Incorporating more volunteer opportunities to help local patient populations and increase student involvement.
- Increased variety in meeting structure by having more involvement from student members to increase participation and take pressure off interest group leaders.
- Starting interest groups during the beginning of fall semester instead of waiting until December for increased exposure in the different areas of mental health.
- Incorporating more question-based meetings with breakout groups to encourage discussion from group members during patient cases.

### Future directions:

- Our interest group monthly meetings and member feedback helps future healthcare professionals interested in behavioral health to better understand the needs and goals of future healthcare professionals.
- Future interest group leaders are welcome to take our feedback from members to cater group meetings and student engagement towards their group members.
- COVID-19 has provided our group members and interest group leaders with the challenge of virtual meetings to follow social distancing protocols. Our transition into virtual life lays a pavement for future group members with transportation issues an opportunity to conveniently be involved in behavioral health case discussions.

## References

- Mental Health By the Numbers. National Alliance on Mental Illness. <https://www.nami.org/mhstats>. Updated March 2021. Accessed March 16, 2021.

## Acknowledgements

Special thanks to our UST Alumni Partner, Shanthi Rao, MSW ([shanthiom64@gmail.com](mailto:shanthiom64@gmail.com)); our UST Senior Coach Jessica Weeks, MS-IV ([weeks@uchc.edu](mailto:weeks@uchc.edu)); and our community contacts for supporting CT AHEC student projects