Depression & Crisis Intervention

Medica Behavioral Health

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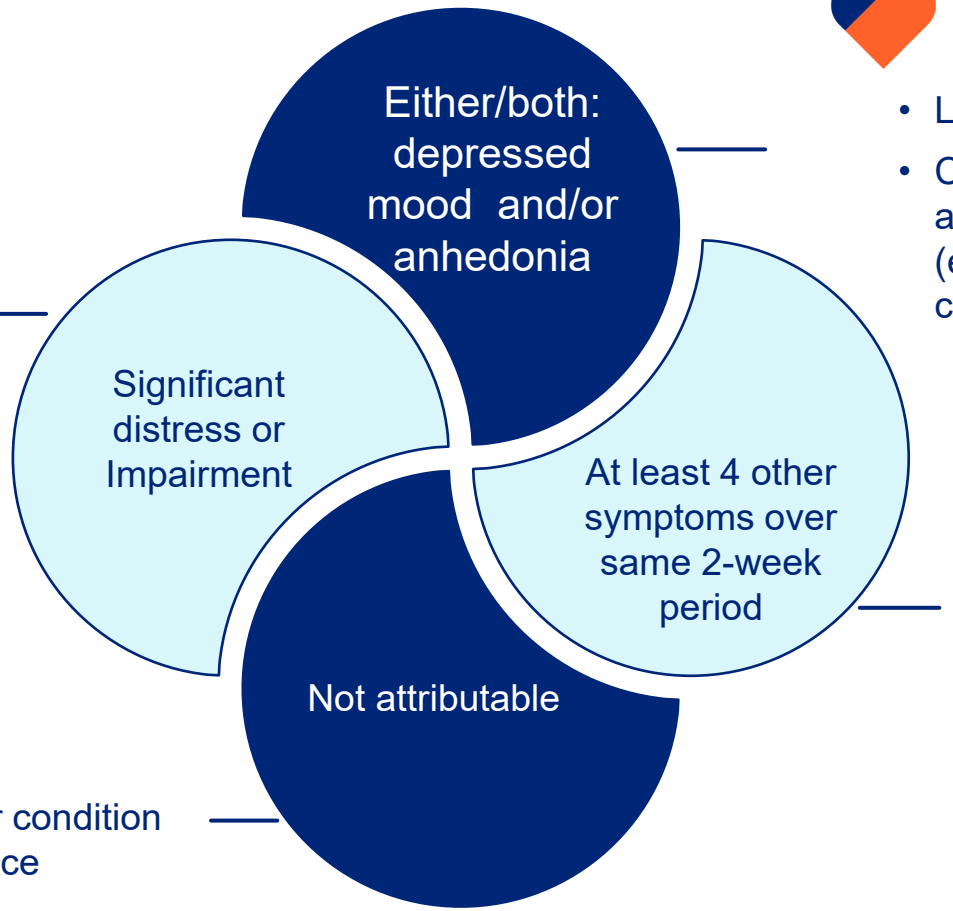
Agenda

1. Overview of Depression
2. Reducing Stigma
3. Basic Interventions
4. Suicidal risk factors and Interventions
5. Resources Available

Types of Depression/ Symptoms

- Major depressive disorder
- Persistent depressive disorder (dysthymia)
- Perinatal depression
- Seasonal affective disorder
- Depression with symptoms of psychosis

Major Depressive Disorder per DSM 5



- Loss of interest or pleasure
- Can be present as anger and/or irritability in some (especially men or children)

- In social, occupational, etc.

- Weight loss (not due to dieting) or gain (5% over a month, e.g.) OR inc/dec appetite
- Insomnia/hypersomnia
- Psychomotor agitation/retardation (as observed by others)
- Fatigue/loss of energy
- Worthlessness/inappropriate guilt
- Diminished ability to think/concentrate
- Thoughts of death/SI/suicide attempt

- To another condition or substance

Statistics on Depression

Will experience a major depressive episode in their life	Adults each year suffer from clinical depression	Is the leading cause of disability for ages
1 in 6	Up to 16 million	15 to 44

Statistics on Suicide

Suicide is the 11th leading cause of death in the U.S.	In 2021 48,183 Americans died by suicide	In 2021, there were an estimated 1.70 million suicide attempts	On average there are 132 suicides per day

[Psych Hub: Major Depressive Disorder]

Reducing Stigma

1. Talk openly about mental health.
2. Be conscious of language and encourage others to do the same.
3. Encourage equality between physical and mental illness.
4. Be aware of and actively address systemic stigma.
5. Challenge your own self-stigma through education and building relationships with people who have lived experience of mental illness.

Why does it matter?

According to the APA stigma results in reduced hope, lower self-esteem, increased symptoms, difficulties at work, and a lower likelihood of engaging (and remaining connected to) treatment.

Basic Interventions: When someone first reports depression

Reduce Stigma

"I'm so glad you're telling me about how much has been going on and how you're feeling. Thank you for sharing this with me."

Express Empathy

Focus on understanding and expressing empathy, not on "fixing" or trying to change their feelings.

Provide Active Listening & Validation of feelings and experiences

Start with curiosity

- Have you felt this way before? If so, what has worked for you in the past?
- Is there a specific stressor or situation that you think triggered this feeling for you? Do you know what I (or others) can do that would be helpful in this moment?

Provide Options & HOPE

- Encourage member to see primary care provider
- Offer MBH referral
- Encourage utilization of natural support network

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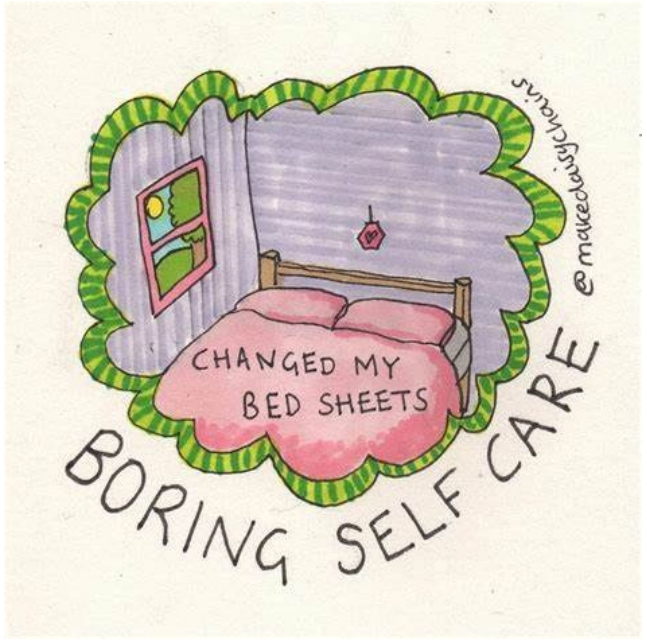
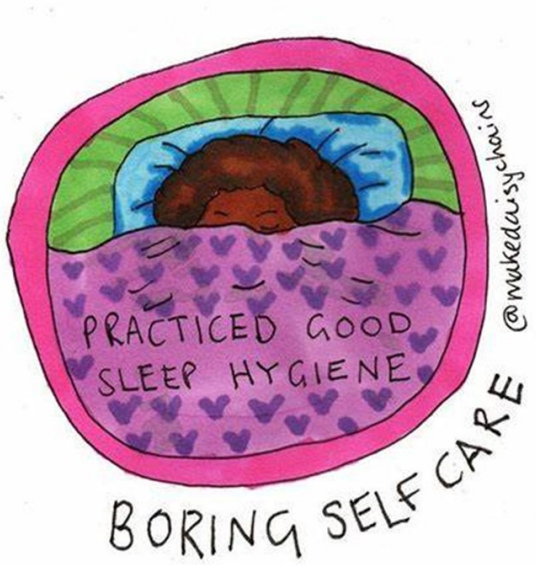
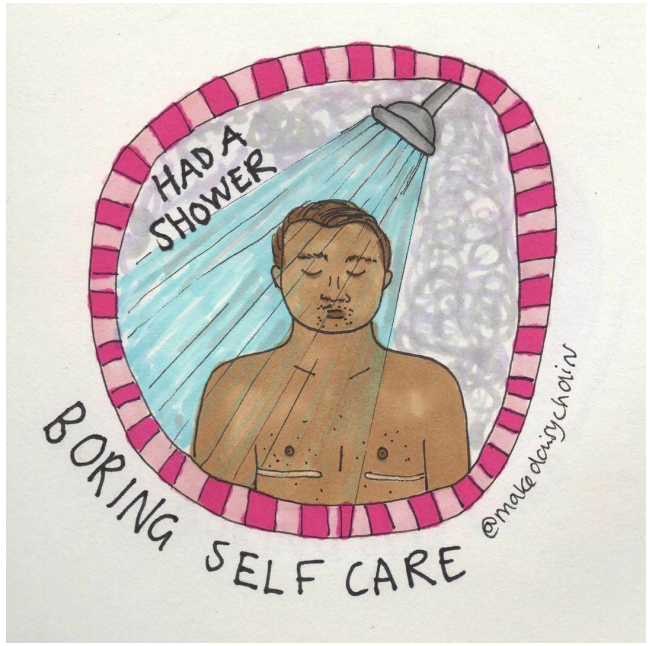
Basic interventions, continued

- Provide active listening and validation of feelings and experiences.
- Gently offer reframing for negative thoughts.
- Encourage the creation of small rewarding goals and engagement in enjoyable activities.
- Emphasize the importance of basic self care.
  - Basic Hygiene
  - Exercise
  - Sun Exposure
  - Eat & Hydrate
  - Practice Sleep Hygiene
  - Avoid mood altering chemicals







People With Other Chronic Medical Conditions Are At Higher Risk Of Depression

Depression is common among people who have chronic illnesses such as:

- Alzheimer's disease
- Autoimmune diseases, including systemic lupus erythematosus, rheumatoid arthritis, and psoriasis
- Cancer
- Coronary heart disease
- Diabetes
- Epilepsy
- HIV/AIDS
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Stroke

- Research suggests that people who have depression and another illness tend to have more severe symptoms of both illnesses.
- Symptoms may decrease as they adjust to or treat the other condition.
- Collaborative care approach that includes both mental and physical health care can improve overall health.

Risk Factors For Suicide In Adults

People of all genders, ages, and ethnicities can be at risk. The main risk factors for suicide are:

- Depression, other mental disorders, or SUD
- Chronic Pain
- Personal History of Suicide Attempts
- Family History of a Mental Health D/O or SUD
- Having Recently Been Released from Jail or Prison
- Presence of Guns In The Home
- Exposure to Family Violence, including physical or sexual abuse
- Family History of Suicide

What are the warning signs of suicide? If you're really struggling, how will I know?

- Wanting to die or wanting to kill themselves
- Feeling empty or hopeless or having no reason to live
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Taking great risks that could lead to death
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits

What Treatments And Therapies Are Available For People At Risk For Suicide/Depression?

Effective, evidence-based interventions are available to help people who are at risk.

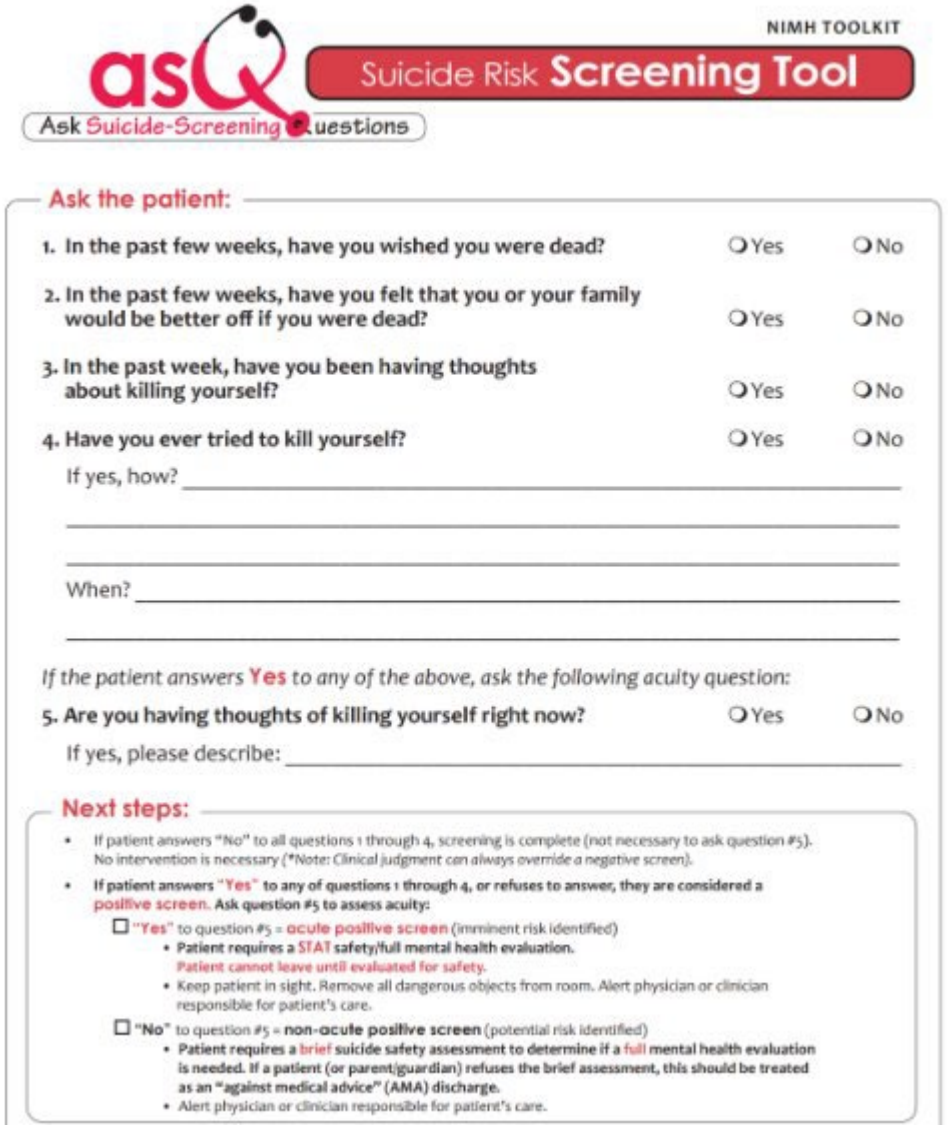
- **Safety planning**
- **Follow-up phone calls**
- **Psychotherapies**
  - Cognitive behavioral therapy (CBT)
  - DBT
- **Medication**
  - Encourage the member to talk with a health care provider to make sure they understand the risks and benefits of the medications there taking.
- **Collaborative Care**

How to ask about suicide risk...

1. ASK DIRECTLY
2. Talking about it does not increase risk
3. Risk = intention + Plan + Means

- A suicide assessment should include direct questions about plans, risk factors, protective factors, triggers, and warning signs.

- When suicidal ideation is present, ask direct questions, such as “Have you tried to kill yourself in the past?” “If you were going to kill yourself, how would you do it?” “What helps you when you’re having thoughts of suicide?”



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ❍ Yes ❍ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ❍ Yes ❍ No
3. In the past week, have you been having thoughts about killing yourself? ❍ Yes ❍ No
4. Have you ever tried to kill yourself? ❍ Yes ❍ No

If yes, how? _____

When? _____

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ❍ Yes ❍ No

If yes, please describe: _____

Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- **If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ “Yes” to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
  - ☐ “No” to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. If a patient (or parent/guardian) refuses the brief assessment, this should be treated as an “against medical advice” (AMA) discharge.**
    - Alert physician or clinician responsible for patient’s care.

5 Action Steps for Helping Someone in Emotional Pain

ASK

"Are you thinking about killing yourself?"

KEEP THEM SAFE

Reduce access to lethal items or places.

BE THERE

Listen carefully and acknowledge their feelings.

HELP THEM CONNECT

Call or text the 988 Suicide & Crisis Lifeline number (988).

STAY CONNECTED

Follow up and stay in touch after a crisis.

National Institute of Mental Health

nimh.nih.gov/suicideprevention

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When To Reach Out For Help Or Recommend ER

When someone is having suicidal thoughts, they should always be taken seriously and assessed thoroughly.

If you're having any concerns when someone expresses suicidal thoughts reach out to MBH crisis line, 988, or 911

1. Thoughts + Plan + Intent + Means = 911 / ER
2. Thoughts + Plan + Unsure of intent, substance use, or signs of psychosis = 911 / ER
3. Thoughts + Plan without intent or current means = MBH
4. Ongoing passive thoughts without intent or plan = Offer resources including MBH call or staff consult with MBH for next steps

Behavioral health crisis line

Reach out to a counselor in times of stress and anxiety 24 hours a day, seven days a week.

1-800-848-8327 (TTY: 711) (this call is free).

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Outreaching To MBH Crisis Line

- When the member calls **1-800-848-8327** (Medica Behavioral Health Intake Line) They will be asked :
  - Are you calling as a healthcare professional: yes or **no**
  - Do you currently have concern for your safety, hurting yourself or hurting someone else? **Yes** or no
    - If they say yes then they will be transferred to our intake team. It shows them that the person said yes to crisis but they still need to gather identifying information such as name, DOB, and address. They will gather basic information on the reason for the call and then transfer the call to our crisis line where they are all trained clinicians.
- Our main goal is to assess to make sure the member is safe and then assisting the member with developing a plan.
- We can help with finding any **Higher Level Of Care providers**
- Assisting with locating a **sooner appt**
- Providing **education** around MH and CD
- Assessing for safety and assisting with developing **safety plans**
- Providing **resources**
- We have access to **crisis outreach numbers**
- Provide follow up calls to **assess** members needs were met

Resources

NAMI
www.NAMI.org

National Institute of Mental Health
https://www.nimh.nih.gov/

Liveandworkwell.com

Mental Health America:
https://mhanational.org

SAMHSA.gov

MN County Crisis Lines:
https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp

Wellness in the Woods
www.mnwitw.org

Mental Health Warmline Directory
https://warmline.org/warmdir.html#directory

National Suicide & Crisis Lifeline
https://988lifeline.org/

Suicide Prevention Hotlines For Specific Issues (apa.org)

Because many suicidal acts are impulsive, suicide prevention hotlines can play a crucial role in de-escalating crises and saving lives.

- The 988 Suicide and Crisis Lifeline, formerly the National Suicide Prevention Lifeline, is a key resource for people who are suicidal or experiencing other mental health crises. The lifeline's new 3-digit number (988) is as easy to remember as 911
- **In addition to 988, these hotlines can help individuals in high-risk populations:**
  - **AgriStress Helpline** (833-897-2474) provides support to farmers and ranchers in Missouri, Pennsylvania, Texas, Virginia, and Wyoming. Agricultural workers are among the top five industry groups with the highest suicide rates, according to a 2020 study by the U.S. Centers for Disease Control and Prevention.
  - **National Maternal Mental Health Hotline** (833-9-HELP4MOMS) offers help before, during, and after pregnancy. Suicide accounts for up to 20% of maternal deaths, making suicide deaths more common than deaths by postpartum hemorrhage or hypertensive disorders, according to a 2022 report by 2020 Mom, a nonprofit group that aims to improve maternal mental health care.
  - **Physician Support Line** (888-409-0141) offers peer support to medical students and physicians, who faced a higher risk of suicide than individuals in other professions even before the intense stressors of the COVID-19 pandemic.
  - **Trans Lifeline** (877-565-8860) provides peer support and advocacy for the trans community. Forty-five percent of LGBTQI+ youth have seriously considered suicide in the last year, with the percentage trending upward over the past three years, according to a 2022 Trevor Project survey.

Reserved Psychiatry Appointment

- Available to all MN residents with Medica insurance
- Virtual 1 hour appointment
- Needs email address and video capability
- Provider sends paperwork ahead of time by email
- Members within driving distance of metro may be able to arrange for an in-person appointment
- Suboxone treatment also available

- Call MBH Intake **800-848-8327** and ask to speak with a Care Advocate to make a Reserved Psychiatry Appointment

Behavioral Case Consultation for CC's

- When you are working with a member experiencing BH symptoms and you would like to consult with BH clinical staff at MBH about the case
- When you have a question about a specific MH diagnosis or a substance abuse issue
- When you have questions about new or worsening symptoms and would like some ideas on next steps, approaches with the member, etc.
- Not for crises or urgent needs

- Complete the ***Behavioral Case Consultation for MBH*** form and email to mbh_caseconsultation@optum.com

* If member just needs to find behavioral providers, call MBH Intake at **800-848-8327**

Medica Substance Use Disorder (SUD)

Medica partners with Mental Health Resources (MHR) to provide this exclusive service to Medica members.

The Substance Use Disorder (SUD) program, unique to Medica members, delivers face-to-face, intensive support for Medicaid and Commercial* individuals (call to confirm eligibility). The Medica SUD Program is designed to assist members who would benefit from additional SUD interventions beyond their current providers and/or

Who to Refer:

- For most Medica members in Minnesota
- History of multiple SUD treatment episodes encompassing all levels of care
- At risk for continued use, readmission and/or ongoing treatment episodes
- Lack of supports

To Make a Referral to the Medica SUD Program or For More Information Please Contact:

Jane Wilka-Pauly, Provider and Community Liaison, 612-476-6426
E-Mail: Jane.Wilka-Pauly@Optum.com
or
Medica Behavioral Health
1-800-848-8327

What is the Medica SUD Program?

- Long Term Program – 6 month to several years for members with an SUD diagnosis
- Client-centered programing offering both harm reduction and abstinence-based approaches based on individual's needs
- Coordination of care across medical, behavioral and substance use providers
- Connect members to providers and community-based supports beyond the scope of , ARHMS , TCM, and Waiver Services

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ICBS

Intensive Community Based Services

Medica's ICBS program delivers face-to-face intensive and virtual support for Medicaid and Commercial[a] individuals. ICBS is designed to assist members who would benefit from additional interventions beyond their current providers and/or supports.

Who to Refer:

- For most Medica members in Minnesota
- History of multiple admissions to higher levels of care (Mental Health Inpatient or Emergency Departments)
- At risk for readmission
- Frequent crises
- Lack of supports
- Homelessness

To Make a Referral to ICBS or For More Information Please Contact:

Jane Wilka-Pauly

Provider and Community Liaison

Telephone: 612-476-6426

E-Mail: Jane.Wilka-Pauly@Optum.com

or

Medica Behavioral Health

1-800-848-8327

What is ICBS?

- Intensive, Short-Term [b] Intervention
- Does not require an SPMI Diagnosis
- ICBS workers can assist with transportation
- Combination of case management and skills support
- Coordination of care across medical and behavioral health providers
- Connect members to providers and community-based supports in addition to ARHMS, TCM, and Waiver Services

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MSHO Referral Criteria

The member has had 2 or more of the following types of admissions in 6 months:

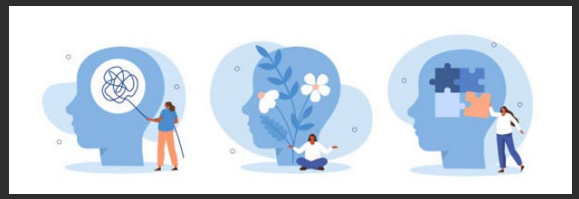
MH or SUD Residential

Psychiatric Inpatient (IP)

SUD IP (Withdrawal Management)

2 Emergency Room Visit for MH or SUD reasons

Eating Disorder IP (MH & Medical)



Anyone in need of case management for Mental health or Substance use.
Exception...
Members w/ primary diagnosis of Alzheimer's & Dementia will be screened for their or their guardian's ability to patriciate in telephonic case management.

Referral for Medica Behavioral Health Case Management for MSHO Members

There are multiple ways you can make a referral to the Medica Behavioral Health Case Management Team.

1. Email to integrated_solutions@optumhealth.com
2. Call into the Case Management line and leave a voicemail at 877-495-9422
3. Complete a referral in OSSM (with prior access)

Excluded plans:MSC+, SNBC, Prime Solutions (Medicare), SNBC-E (Medicare)

Please Include:

Referral Source

Name and Title of Care Coordinator Submitting Referral:
E-Mail & Phone Number of Submitter:

Member or Responsible Party Information

Name:
DOB:
Phone Number:
Reason for Referral, please see referral criteria:
Is the member aware that Behavioral Health Case Management will be calling?
Please provide information on the member's mental health and medical diagnosis:
List of Providers commonly used by the member:
Please provide information regarding any significant behavioral health care events or past behavioral health treatment history:
Please share any other notable information you'd like MBH to know about the member:

Journey

Susan is a 76-year-old MSHO member living in the community and managing depression, anxiety and reports memory concerns.

[1]Member's name was changed for this presentation.

Identification and enrollment

Susan is engaged with MBH's general CM program after an inpatient stay.

Assessment

MBH connected with Susan who reported her biggest concern was after her inpatient stay she didn't feel she was put on the right medication for her depression. Susan had stopped taking her medications because they were making her feel ill. Susan was experiencing an increase in stress, confusion, anxiety and depressed mood.

Collaborative care

While talking to Susan the CA provided education around medications and getting connected with another psychiatrist. CA sent psychiatry referrals to member and followed up with member on scheduling an appt. CA collaborated with member's CC and updated her CC on members concerns and goal on wanting to see a psychiatrist.

Follow-up support

CM has been providing ongoing support and has coached Susan on putting reminders on her calendar.

CM and CC did offer and educate Susan on options for in home services and member has declined at this time.

Current state/outcome

Susan has been able to obtain a new psychiatrist and she was put on different medications and is continuing to meet with her therapist. Susan reports that she is now doing "ok". Reported no current concerns with MH symptoms.

Questions?
Discussion?

Erin McLaughlin, LICSW
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