Utilization of Integrated Mental Health Services by Cardiac Rehabilitation Patients

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Abstract

Introduction: Although psychological complaints, such as stress and depression, are common and predict adherence to Cardiac Rehabilitation (CR), few studies have examined the co-location of mental health services in CR settings and how many patients would utilize mental health services if available on-site. Purpose: The purpose of this study is to determine utilization of mental health services when offered in a CR setting. This information is likely to inform other CR facilities about the uptake of mental health services and the mechanisms by which to implement mental health services. Design: This is a descriptive study. Sample: 386 CR patients at a southern private hospital were informed about the availability of mental health services within the CR clinic from March 2013 to October 2015. Methods: Patients were informed about the presence of a mental health social worker on-site by a nurse practitioner conducting the patient intake interview. Individuals were referred to the social worker for services. Social worker recorded the referral issue and what services were provided. Results: A sample of 63 CR patients were referred for services. After the initial intake interview with the social worker, 46% of the patients declined additional services and 65% received additional services. Of those who received more than one session of services, 33% received cognitive behavioral therapy with motivational interviewing to address depression and stress as part of a clinical trial. Of the remaining individuals, 34% engaged in brief psychotherapy and 22% required referral for social services or case management. Conclusions: Results suggest that a number of CR patients will utilize social work services to address psychological or social service needs. Implications: This on-site project aided in mental health referrals. The study, social workers were able 2 days a week allowing patients to complete their exercise session and subsequently their private counseling session. Our staff learned to be better prepared for crisis intervention, addressing community resource needs, and dealing with mental health needs. We implemented new screening tools (PHQ-9, Rate your plate, and Dartmouth COOP) used for National Registry data collection, improving our screening methods and the reliability of results for patient outcomes. The question this study has raised is: What are the benefits of having all Cardiac Rehabilitation staff formally trained in psychosocial assessment and wellness counseling versus the utilization of a social worker for ongoing assessments and planning?

Methods

- A Cardiac Rehabilitation RN met with new patients during intake
  - 1) If patients reported mental health or social service needs OR
  - 2) Mental distress was observed
- The patient was offered to be introduced to meet with the social worker in a private room within the cardiac rehabilitation facility.
  - Some patients chose to forego an introduction and preferred to follow-up with their physician or did not want further mental health assistance.

Results

Types of Services Provided (n=40)

- Counseling for Depression: 33%
- Brief Counseling for Other Issues: 22%
- Social Service Referral / Case Management: 34%

Discussion

- There is a need for mental health services within cardiac rehabilitation.
- Integrated care seems to be a potential way of improving access to care as many patients are unlikely to seek counseling services on their own.
- The provision of counseling services within Cardiac Rehabilitation Settings may improve compliance with services.
- Moreover, the provision of mental health services within cardiac rehabilitation settings may decrease burden on staff.

Research Questions

- What are the mental health and social service needs of patients in a midsize cardiac rehabilitation unit in a southern state?
- Would patients utilize integrated geriatric mental health services in a cardiac rehabilitation setting?

Participant Flow Chart

- Eligible for Clinical Trial
- Accept Participation (n=13)
- Decline Participation (n=13)
- Express Desire for Ancillary Services?
  - Declined Services (n=23)
  - Desired Services (n=20)
  - Desired Services (n=14)
  - Desired Services (n=7)
- Receive Clinical Trial Protocol (n=13)
- Ancillary Services Provided (n=27)
- Express Desire for Ancillary Services?
- Referrals Screened (n=40)
- Eligible for Clinical Trial?