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Treatment of Patients with a Mental Illness in a Primary Care Setting: Does it Increase the Provider's Stress?

Chloe I. Jones

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Treatment of Patients with a Mental Illness in a Primary Care Setting: Does it Increase the Provider's Stress?

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Abstract

Purpose/Aims:

The purpose of this study is to survey primary care providers regarding their perceived stress related to treating patients with a mental illness. The specific aim is to determine whether or not primary care providers experience stress while treating patients with a mental illness.

Background/Significance:

Accessibility to mental health care is a growing problem in our country. It is increasingly becoming common for patients with a mental illness to present for treatment in a primary care setting. Many factors lead patients with a mental illness to seek treatment in a primary care setting, such as presenting symptoms or chronic conditions, stigmas involved with mental illness, and untimely access to a mental health facility. Despite the growing numbers of patients with a mental illness in primary care settings, primary care providers are often uncomfortable addressing mental health issues (Butler & Kane, 2008). Since these providers do not specialize in mental health, they have, at best, received a minimal amount of education in this specific area. Williams et al. note that staff in primary care settings have received very little previous training in mental health, and an urgent need exists to ensure that these staff can address the mental health problems within their communities (Williams, Ryzhkova, Proselkova, Zakroyeva, Gask & Goldberg, 2012). This need for more education suggests that the primary care providers may not be appropriately equipped to properly diagnose treat, and manage patients with a mental illness. Without proper knowledge and experience, the providers may not have the necessary confidence in their abilities to know that they are correctly caring for and treating their patients with a mental illness. The lack of confidence and comfort in accurately treating and diagnosing patients with a mental illness may affect the stress levels of primary care providers.

Methods:

This study will be descriptive and cross sectional. A purposive sampling of primary care providers from Central Appalachia will be used to obtain the data for this study. The recruitment for this study will take place at a nurse practitioner association meeting as well as a nurse-managed community health center. A demographic survey (consisting of age, gender, education level, and experience in primary care) and the Perceived Stress Scale (PSS) will be collected from each participating primary care practitioner. The 10-item PSS asks questions about perceived stress related to treating patients with a mental illness. The PSS uses a Likert scale with response options that range from never, almost never, sometimes, fairly often, and very often. Each item will be scored based upon the response to each item. The data collected from the demographic survey and the 10-item questionnaire will be analyzed using descriptive statistics.

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Background and Significance:

Primary care providers are faced with all types of patients with a wide variety of complaints. Many of these patients present with issues that are familiar to the providers. It is increasingly becoming common for patients with mental illnesses to present for treatment in a primary care setting. Despite the growing numbers of patients with a mental illness in primary care settings, primary care providers are often uncomfortable addressing mental health issues (Butler & Kane, 2008).

The Agency for Healthcare Research and Quality is committed to providing comprehensive, integrated healthcare in the primary healthcare setting (AHRQ, 2013). With a commitment of the AHRQ being to provide quality healthcare in primary healthcare settings, the issues with integration of mental health into primary care need to be addressed. “Approximately 25 percent of American adults suffer from a mental disorder in any given year and close to half of the adult population have one or more chronic medical conditions” (Druss, 2011, pg. 5). Many factors lead patients with a mental illness to seek treatment in a primary care setting, such as physical symptoms or chronic conditions. Accessibility to mental health care is a growing problem in our country. Clients with a mental illness often do not have timely access to a mental health treatment facility. Other factors leading patients with mental illnesses to primary care include stigmas involved with mental illness or the presenting symptoms may simply lead them to turn first to a primary care facility. “With primary care being the first point of contact for many experiencing illness, community nurses are well placed to identify any interdependent facets of the primary illness that may have prompted the consultation. For example, it is not uncommon for those who may experience unexplained pain, to also

have anxieties about what may be causing it, or to feel low in mood due to the effects of the pain (Academy of Medical Royal Colleges (AMRC), 2009)” (Currid, Turner, Bellafontaine & Spada, 2012, pg. 21). However, primary care providers may feel uncomfortable with diagnosing and providing treatment for patients with mental illnesses. In a survey of family practitioners, only 48% responded that they felt “mostly confident” and 35% responded that they were “confident” in their abilities to appropriately manage depression (Williams, Rost, Dietrich, Ciotti, Zyzanski, & Cornell, 1999). Since primary care providers do not specialize in mental health, they have only received a small amount of training in mental health, if they have received any training at all. Many primary care provider programs, such as Georgetown University’s Family Nurse Practitioner program, do not offer or require a psychiatric course in their curriculum. Williams et al. (1999) note that staff in primary care have received very little previous training in mental health, and an urgent need exists to ensure that staff can address the mental health problems within their communities. While they have a basic knowledge of mental health, they may not be proficient and comfortable in treating patients with a mental health illness. However, in many cases, these primary health care providers do care for these patients to the best of their abilities.

Research Question/Specific Aims:

This study’s aim is to answer the question: Does treating patients with mental illnesses cause increased stress to primary care providers? This study specifically wants to evaluate how primary care providers are affected by treating patients with mental illnesses. If the primary care providers are affected and feel that their stress levels are increased, this information can help to lead future studies to explore what can be done to

alleviate this stress. The ultimate goal is to determine whether or not treating patients with a mental illness causes stress to the primary care providers.

Purpose:

The integration of mental health into primary care can have an effect on the primary care provider. Other studies that have been done have demonstrated a need for more education on mental health, suggesting that providers may not be appropriately equipped to properly diagnose, treat, and manage patients with a mental illness (Williams, Ryzhkova, Proselkova, Zakroyeva, Gask & Goldberg, 2012). Without proper knowledge and experience, the providers may not have the necessary confidence in their abilities to know that they are correctly treating and caring for their patients with a mental illness.

The lack of confidence in accurately diagnosing and treating patients with mental illnesses may affect the stress levels of primary care providers. If the providers are not confident in their abilities to manage patients with mental health illnesses, they may become uneasy or uncomfortable with these patients. If this is the case, appointments with patients with mental illnesses may put them in a stressful scenario. With the ultimate goal of all patients gaining an improved quality of life or overall well-being, providers may be asking themselves questions such as: “Did I diagnose that client properly?” “Did I prescribe the correct medication to properly meet his/her needs?” “Did the depressed patient have suicidal ideation?” “Were my treatments helpful?” These thoughts are likely to cause primary care providers to have stressful feelings.

This study explores whether or not encountering patients in need of psychiatric treatment causes increased stress to primary care providers.

Definitions:

Dependent Variable: The stress levels of primary care providers.

Independent Variable: Caring for and treating a client with a mental health illness.

Literature Review:

It is evident that mental health disorders are prevalent in communities across the United States. “The recent National Institute for Health and Clinical Excellence guidelines for Common Mental Health Disorders highlights that Common Mental Disorders (CMD), such as anxiety and depression can be found in one in six people in the community at any one time”(Currid & Horgan, 2012, pg. 20). With many of these patients, primary care is often the first portal of entry for addressing their mental health illness. The subject of integration of mental health into primary care is a relevant topic and many aspects of this topic have been researched. Most patients, even patients with a mental health illness are often seen first in a primary care facility, or even treated exclusively in a primary care setting. According to a study done in 2005, mental health specialists see only 20 percent of adult patients with mental illnesses and many patients prefer to be treated by their primary care provider (Wang, Lane, Olfson, Pincus, Wells, & Kessler 2005). “In reality, patients are often more likely to seek mental health treatment in primary care settings rather than in specialty mental health settings, especially older adults and minority populations, in part because of the stigma associated with mental health diagnoses and with receiving care from behavioral health specialists” (Rust & Shim, 2013, pg. e1). Because patients with a mental health illness are so often seen in primary care, it is recommended that patients be screened on a regular basis for mental health disorders in the primary care setting (Allen, 2011). Vast research has been done to support the idea that patients with mental illnesses are often being seen and treated in

primary care. Both patients with serious mental health illness and those with low-level recurrent symptoms are being managed and seen in primary care (Saxton, 2013).

Since primary care is often a place of treatment for patients with mental illnesses, a concern is whether or not primary care providers are prepared to properly treat and manage these patients. A large responsibility exists for primary health care facilities. “All staff in primary care have a role to play in the detection and support of those with mental disorders, regardless of the severity of the illness...this may be a new and emerging role in meeting the evolving needs of patient-led health care” (Currid, Turner, Bellafontaine & Spada, 2012, pg. 21). To ensure that all patient’s needs are adequately met, many variables need to be addressed including poor mental health care access, detection, prevention, promotion, and treatment. Without a change in these variables, many patients with a mental illness may continue to be negatively affected (Currid, Turner, Bellafontaine & Spada, 2012).

With the necessity for many issues to be addressed in the primary care setting, education and training are often topics of research. Primary care staff members in many regions lack appropriate training in mental health. However, there is still a need to ensure that they are able to appropriately address patients with a mental illness within their communities (Williams, Ryzhkova, Proselkova, Zakroyeva, Gask & Goldberg, 2012). “Over the years, the literature has highlighted the need for mental health education in skills such as recognition and assessment of mental illness, cultural competence, brief interventions, monitoring side effects of medication, preventative measures, psycho-education and ‘referring on’ to specialist services” (Currid, Turner, Bellafontaine & Spada, 2012, pg. 23). Education could be key in providing proper care

to these patients with a mental illness. “Effective diagnosis and treatment [of mental health patients] in primary care settings can substantially improve whole-person outcomes” (Rust & Shim, 2013, pg. e2). All of the literature reviewed suggests that mental health care is becoming an increasing part of primary care, but there are concerns about the improvement of education, mental health screenings, and proper diagnosis and treatment.

Theory/Concept:

This study falls under the metaparadigm concept of the nurse. The nurse (primary care provider) is the focus of this study. This study examines the feelings of the primary care provider and how a particular type of patient affects their stress levels. The patient is involved since the type of patient the primary care provider cares for will be part of the inclusion criteria. However, the patient is not the main focus.

Research Methods:

Design: This study is a descriptive, cross sectional study; only collecting data one time. A purposive sampling of primary care providers at the study site was used to obtain the data for this study. A total of 7 surveys were distributed and completed. Demographic data (age, gender, education, and experience in primary care) and a 10-item Perceived Stress Scale (PSS) were included in each survey.

Population: For this project, the population was comprised of primary care providers within the North East Tennessee Nurse Practitioners Association (NETNPA) and at the Johnson City Community Health Center (JCCHC), an ETSU nurse managed clinic.

Sample: The sample for this project included 7 primary care providers from the NETNPA and JCCHC. The goal of having all of the qualified participants to respond to

the survey was achieved.

Inclusion and Exclusion criteria: Inclusion criteria for the study is primary care providers that have experienced treating a patient with a mental illness. Exclusion criteria are primary care providers that may meet the inclusion criteria, but are not treating patients at the study sites for this project.

Study Site: Johnson City Community Health Center, North East Tennessee Nurse Practitioners Association Meeting

Instruments: A 10-item Likert-style Perceived Stress Scale (PSS) that focuses on perceived stress levels of the primary care providers in regards to treating patients with a mental illness. Demographic data was also collected from the participants.

Data Collection: The surveys including the demographic data and questionnaires were distributed to each of the participants within the study's population. Demographic data collected included age, gender, education, and experience in primary care. A 10-item PSS was also included in each survey. The 10-item scale asks questions about perceived stress related to treating patients with a mental illness. The responses of each of the 10 items have five Likert scale options. These range from never, almost never, sometimes, fairly often, and very often. Each item was scored based upon the response to each item.

Data Analysis: The data collected from the demographic survey and the 10-item questionnaire were analyzed using descriptive statistics.

Results:

Seven out of seven primary care providers responded to the survey, making the response rate 100%. Twenty nine percent of respondents had a doctoral degree, with the remaining 71% having a Master's degree. Six out of the seven respondents were female

and ages ranged from 34-66. The years of experience in primary care in the sample of primary care providers ranged from less than one to forty one years. The respondents also self reported what type of training they had received in mental health (see Appendix C for responses of the primary care providers). The training received included classes in their degree courses (ranging from undergraduate to graduate), extra seminars or classes, and experience in an inpatient psychiatric ward. Table 1 describes the demographic data of the survey sample. N represents the number of participants in each category.

Table 1

Demographic Data

Descriptive Statistics	Frequency N (%)
Age	
<30	0 (0%)
30-40	2 (29%)
40-50	1 (14%)
50-60	2 (29%)
60-70	2 (29%)
>70	0 (0%)
Gender	
Male	1 (14%)
Female	6 (86%)
Years Experience in Primary Care	
0-5	4 (57%)
5-10	0 (0%)
10-15	1 (14%)
15-20	1 (14%)
>20	1 (14%)
Highest Degree Achieved	
Master's	5 (71%)
Doctorate	2 (29%)

Each participant filled out a 10-item PSS that measured their individual perception of stress related to treating patients with a mental illness. Each of the ten items is scored on a 5-point scale where 0=never, 1=almost never, 2=sometimes, 3=fairly often, and 4=very often. Score totals can range from 0 to 40, where scores of around 13 indicate an average score and scores of 20 or higher indicate high stress. These questions focus on how often a person has felt or thought a certain way (Cohen, 1994). Of the respondents, 29% scored above 20, indicating a high level of stress while treating patients with a mental illness. Another 29% scored 14, indicating average stress levels and 43% scored less than 13, indicating below average stress levels (see Appendix D for individual scores of the primary care providers).

Further analysis was done on each survey to determine whether or not there was a significant correlation between survey scores and demographic data. Each demographic category including gender, age, years of experience in primary care and level of education was analyzed against the scores of the surveys. Table 2 illustrates the results of this analysis. With a significance level of .05, none of the results showed significant correlations.

Table 2

Correlations Between Scores and

Score Differences	Test Used	Significance
Years of Experience (≥ 10 and < 10)	Mann-Whitney U Test	.229
Age Groups (≥ 40 and < 40)	Mann-Whitney U Test	.571
Gender	Mann-Whitney U Test	1.000
Education Level	Mann-Whitney U Test	.095

Discussion:

The survey results showed variation between the responding primary care providers. The scores of the surveys had extremely varied results with scores ranging from 2 to 23, with a mean score of 13.14. There were no trends noted between demographics and the scores of respondents.

The demographic survey revealed that respondents also had various types of training in mental health. Two of the respondents indicated they had received formal courses in their undergraduate programs. Two other respondents indicated that they received formal courses in mental health within their graduate degree programs. Two others indicated receiving formal course in a program, but did not indicate whether this training was in an undergraduate or graduate program. One respondent did not indicate having any formal courses within a degree program. Three of the seven respondents indicated taking supplemental training in mental health such as seminars and Continuing Medical Education courses. Each respondent within the sample indicated having some training in mental health. The major limitation of this study was that data was only gathered at two study sites, both in Northeast Tennessee. This limitation greatly restricted the sample size and the results can only be generalized within this specific population.

In the future, this study could be expanded upon in many ways. Simply implementing the study with a larger and broader study sample would be beneficial for more generalized and significant results. This study could also lead to other prospective studies to determine the specific causes of provider stress while treating patients with mental illnesses or studies to determine ways to eliminate stressors or manage this stress.

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Appendices*Appendix A***Appendix A: Demographic Information**

Demographic Information

Age: _____

Gender: Female _____ Male _____

What is the highest degree achieved?

_____ Bachelors

_____ Masters

_____ Doctorate

_____ Other

Number of years experience in primary care:

What type of training, if any, have you had in mental health?

*Appendix B***Appendix B: Stress Scale**

INSTRUCTIONS:

The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an “X” over the circle representing HOW OFTEN you felt or thought a certain way. **Answer each question in regard to treating mental health patients.**

1. In the last month, how often have you been upset because of something that happened unexpectedly?

0 Never
1 Almost Never
2 Sometimes
3 Fairly often
4 Very often

2. In the last month, how often have you felt that you were unable to control important things?

0 Never
1 Almost Never
2 Sometimes
3 Fairly often
4 Very often

3. In the last month, how often have you felt nervous and “stressed”?

0 Never
1 Almost Never
2 Sometimes
3 Fairly often
4 Very often

4. In the last month, how often have you felt confident about your ability to handle problems?

0 Never
1 Almost Never
2 Sometimes
3 Fairly often
4 Very often

5. In the last month, how often have you felt that things were going your way?
- 0 Never
 - 1 Almost Never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
6. In the last month, how often have you found that you could not cope with a situation?
- 0 Never
 - 1 Almost Never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
7. In the last month, how often have you been able to control irritations that you are experiencing?
- 0 Never
 - 1 Almost Never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
8. In the last month, how often have you felt that you were on top of things?
- 0 Never
 - 1 Almost Never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
9. In the last month, how often have you been angered because of situations that were outside of your control?
- 0 Never
 - 1 Almost Never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often

10. In the past month, how often have you felt difficulties were piling up so high that you could not overcome them?

- 0 Never
- 1 Almost Never
- 2 Sometimes
- 3 Fairly often
- 4 Very often

This scale has been modified from its original version, the Perceived Stress Scale.

Cohen, S., Kamarck, T., & Mermelstein, R. (n.d.). Retrieved from <http://www.psy.cmu.edu/~scohen/globalmeas83.pdf>

*Appendix C***Appendix C: Responses from participants regarding the type of training they had in mental health.**

- 1) "1 undergrad course."
- 2) "Training in program, several CME's."
- 3) "Initial training in nursing school, class on how to deal with agitated patients (de-escalation)."
- 4) "Seminars, inpatient psychiatric ward."
- 5) "Minor MSN psych"
- 6) "Classes in degree program."
- 7) "Graduate."

*Appendix D***Appendix D: Individual Perceived Stress Scale Scores**

1) 8

2) 9

3) 14

4) 2

5) 23

6) 14

7) 22

Appendix E

Appendix E: ETSU Institutional Review Board Approval Letter



East Tennessee State University
Office for the Protection of Human Research Subjects • Box 70565 • Johnson City, Tennessee 37614-1707
Phone: (423) 439-6053 Fax: (423) 439-6060

IRB APPROVAL – Initial Exempt

July 7, 2014

Chloe Craine-Jones

RE: Treatment of Patients with a Mental Illness in a Primary Care Setting: Does it increase the provider's stress?

IRB#: 0614.2e

ORSPA#: ,

On **July 7, 2014**, an exempt approval was granted in accordance with 45 CFR 46.101(b)(2). It is understood this project will be conducted in full accordance with all applicable sections of the IRB Policies. No continuing review is required. The exempt approval will be reported to the convened board on the next agenda.

- New Exempt submission, CV, Stress scale, Demographic Information, Letters of support, Short form consent

Projects involving Mountain States Health Alliance must also be approved by MSHA following IRB approval prior to initiating the study.

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,
George Youngberg, M.D., Chair



Accredited Since December 2005

*Appendix F***Appendix F: Letters of Support**

Practice Network P.O. Box 70403 Johnson City, TN 37614-1700
423-439-7184

April 10, 2014

RE: Treatment of Patients with a Mental Illness in a Primary Care Setting: Does it increase the provider's stress?

This letter supports Chloe Jones, East Tennessee State University, University Honors Scholar, Nursing Honors in Discipline Scholar and her mentor, Dr. Judith Rice, research proposal to be conducted at JCCHC. The clinic is one of ten in the College of Nursing Practice Network of Nurse Managed Clinics serving underserved in northeast Tennessee and is a Federally Qualified Health Center serving community health center, migrant, and homeless populations under Section 330 funding HRSA grant funding #H80CS00840.

The clinic is a prime setting for this project as the services necessary for ongoing evaluation and treatment for the primary care patients with the third leading diagnosis being depression. The findings of this study will provide insight into how our NPs cope with management of mental health as a chronic illness.

Sincerely,

Dr. Patricia M. Vanhook, RN, FNP-BC, FAAN
Associate Dean, Practice and Community Partnerships
East Tennessee State University College of Nursing
Vanhook@etsu.edu

April 23, 2014

To Whom It May Concern:

This letter is to support Chloe Jones and her mentor, Dr. Judith Rice, in her research study to be conducted with the practitioners of the Northeast Tennessee Nurse Practitioner's Association. Chloe Jones is a University Honors Scholar and a Nursing Honors in Discipline Scholar at East Tennessee State University and her research topic is entitled *Treatment of Patients with a Mental Illness in a Primary Care Setting: Does It Increase the Provider's Stress?* Collecting data from the Northeast Tennessee Nurse Practitioner's Association will give Chloe access to practitioners working in various facilities and areas across the region.

Sincerely,

Handwritten signature of Lisa Fleming, FNP

Lisa Fleming
President
Northeast Tennessee Nurse Practitioner's Association