EXPLORING COMMUNITY MEMBER EXPERIENCES WITH MENTAL HEALTH CARE IN ORDER TO IMPROVE MEDICAL EDUCATION.

TT Nguyen (M.D., GS), FO Adegbeye (M.D., GS), AS Hall (M.D., GS), K Jabbari (M.D., GS), S Collins (M.D., GS), PN Le (M.D., GS), NW Ewing, MS, TB Nguyen, JJ Meredith, MBA, R Merenstein, B.A., M.A., and V Atchity Ph.D., M.A., Department of Family Medicine, University of Colorado School of Medicine, Aurora, CO

BACKGROUND

Medical school curriculum varies across the United States, but physicians regularly admit that they do not feel adequately prepared to treat mental illness or navigate the family dynamics inherent to the mental illness experience in their daily practice (1).

By reducing pre-clerkship education to one year, the University of Colorado School of Medicine (CU SOM) has reduced already limited pre-clinical coursework in psychiatry and mental health care. The importance of caregivers and family members in the experience of mental illness is not a specific learning objective in pre-clinical education.

The objective of this community-based participatory research study is to identify issues facing patients with mental health problems in the Denver Metro area that could be mitigated through changes in medical school education.

SPECIFIC AIMS

To describe the attitude and beliefs of the mental health care received and the impact of the current mental health system on patient and family wellbeing.

To determine the gaps and barriers faced by community members attempting to receive care.

To identify potential opportunities for improving mental health medical curriculum.

RESULTS

Qualitative thematic analysis and Natural Language Processing (NLP) were used to analyze and interpret the results. The qualitative thematic analysis done by the 2-3 independent researchers identified about 70 key topics and developed 50-60 innovative solutions based on the key topics. Furthermore, the results depicted by NLP were consistent with the qualitative thematic analysis done by the 2-3 independent researchers. Although NLP analysis is still ongoing, the preliminary data is shown below.

Barriers on the macro-level include difficulty navigating insurance, involvement of the criminal system, lack of medical expertise, policy and economic struggles, etc.

Barriers on the meso-level include poorly funded mental health community programs, lack of providers and psychiatric beds, inequitable access to care that are variable among different groups of people (i.e. homelessness, substance use, dual diagnoses), lack of engagement, etc.

Barriers on the micro-level include family burden, maintaining relationships, social isolation, relationship to providers, poor basic needs, etc.

In conclusion, we have identified barriers at every entry point of the mental health system that highlight the interdependence of various social structures and infrastructure and how they impact access to mental health care. From the results, we discussed each barrier and developed 50-60 innovative solutions that could mobilize students to help bridge the gap between the micro-, meso- and macro-level while integrating an invaluable learning experience for medical students. These are areas of learning that should be investigated.

Continuing to engage with community can inform an overall mental health curriculum and help identify potential opportunities for medical students to serve as advocates for patients with mental illness and their families and/or caregivers. Overall, our data support a novel service-learning curriculum that could potentially mitigate these issues and could impact the medical education system, as well as the mental health system, on a state and national level.

CONCLUSIONS

In conclusion, we have identified barriers at every entry point of the mental health system that highlight the interdependence of various social structures and infrastructure and how they impact access to mental health care. From the results, we discussed each barrier and developed 50-60 innovative solutions that could mobilize students to help bridge the gap between the micro-, meso- and macro-level, while integrating an invaluable learning experience for medical students. These are areas of learning that should be investigated.

Continuing to engage with community can inform an overall mental health curriculum and help identify potential opportunities for medical students to serve as advocates for patients with mental illness and their families and/or caregivers. Overall, our data support a novel service-learning curriculum that could potentially mitigate these issues and could impact the medical education system, as well as the mental health system, on a state and national level.

NEXT STEPS

We are currently conducting 3 follow-up studies and building a service-learning course that will launch in January 2022 through the Trek Curriculum 60-hr service-learning requirement. Our follow up studies include:

1) Qualitative research consisting of one-on-one 1-hr virtual interviews from community members through the NAMI database.
2) Survey for University of Colorado medical students and University of Colorado residents in primary care and psychiatry to assess medical education.
3) Focus groups to assess some of the innovative solutions.

REFERENCES


ACKNOWLEDGEMENTS

To the Denver Metro community members who have shared their personal stories, and to all the NAMI (National Alliance on Mental Illness) chapters in the Denver Metro area.

To the qualitative researchers, data analysts, and medical students who have contributed to the project.

To the NAMI (National Alliance on Mental Illness) for providing the data for analysis.

To the University of Colorado School of Medicine for providing the resources and support for the project.