

Background

Current state: Education was not being provided to staff (Mission Partners) targeting how to address the behavioral health needs our patients are experiencing. Nor were they given the tools and knowledge necessary for use in behavioral health crises.

Desired state: Mission Partners will incorporate knowledge learned from interactive methods that focus on behavioral health disease states and will treat their patients therapeutically and empathically using communication best practices while keeping themselves and their patients safe.

Patients seeking care at health care facilities not only need their medical health care essentials addressed, but “the majority of patients receiving services through their health care provider also suffer from psychological and psychosocial problems” (Wodarski, 2014, p. 302).

29% of Adults with Medical Conditions also have Mental Health Conditions (Druss & Walker, 2011).

Methods

PHASE 1: OSF learning module: ‘Behavioral Health 101’ assigned to ALL Mission Partners – focuses on common BH diagnoses and patient presentations

PHASE 2: Interactive Tablet App: “Supporting Individuals in Behavioral Health Crisis” assigned to patient facing Mission Partners - includes pre survey, post survey and post test

Interactive app will engage patient facing clinicians and give them the communication tools they need to successfully connect, intervene, and de-escalate the person suffering from a behavioral health crisis.

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Meet John: John is a friend of yours who just broke up with his significant other. He has been acting withdrawn from normal activities and depressed. A mutual friend asks you to go check on him. His apartment is a mess and he is in dirty clothes. You see empty pill and alcohol bottles... *WHAT DO YOU DO?*

Meet Bonnie: Bonnie just stepped up to the counter to order her food for lunch. She is very angry because she had to wait for 15 minutes to order and now she will be late to pick up her children. She starts to get louder, her face is getting red and she is starting to tremble. She is demanding her food immediately and she hasn’t even finished ordering... *WHAT DO YOU DO?*

Meet Carl: Carl is a co-worker leading a workgroup tied to important strategic initiatives for the company. He has a meeting in 20 minutes in which he has to discuss some timeline delays in the project. He is sweating and fidgeting. He is breathing fast and appears very nervous. His hands are starting to shake... *WHAT DO YOU DO?*

Meet Angela: Angela is here for an urgent care visit with a wound that needs rechecked. During the encounter, she begins to act paranoid by speaking loudly and stating “This is the wrong medication, you are trying to hurt me! Get away!”... *WHAT DO YOU DO?*



Results

The learner will control their own avatar and interact with patient avatars to select communication options and physical locations in the room that either promote or inhibit escalation of the patient avatar's behavior. The learner's avatar will ideally encourage therapeutic rapport and de-escalate the patient's behavior.

Learners will employ specific techniques to converse with the avatars who will respond with diverse emotions and reactions in multiple different behavioral health scenarios, for example: suicidal ideation and intent, panic attack, delusions, etc.

Conclusions

App to roll out in July 2017!

Learners will feel more

- confident in their communication skills
- knowledgeable of symptoms and treatment of common behavioral health disorders
- aware of community resources that exist for patient referral and support.

Future plans include offering the use of the app to other patient facing disciplines outside of health system i.e.: first responders

References

Druss, B.G. and Walker, E.R. (2011). *Mental Disorders and Medical Comorbidity*. Research Synthesis Report No. 21. Princeton, NJ: The Robert Wood Johnson Foundation.

Wodarski, J.S. (2014). The Integrated Behavioral Health Service Delivery System Model. *Social Work In Public Health*, 29(4), 301-317. doi:10.1080/19371918.2011.622243