

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



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## 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.

## METHODS

In the initial phase of this project, we collaborated with Mental Health Colorado and reviewed 70 online public testimonies from the Colorado Behavioral Health Task Force.

Qualitative Research:  
Thematic Analysis  
+ Natural Language  
Processing

Two members of the research team will independently analyze all public testimonies, interviews, and focus groups

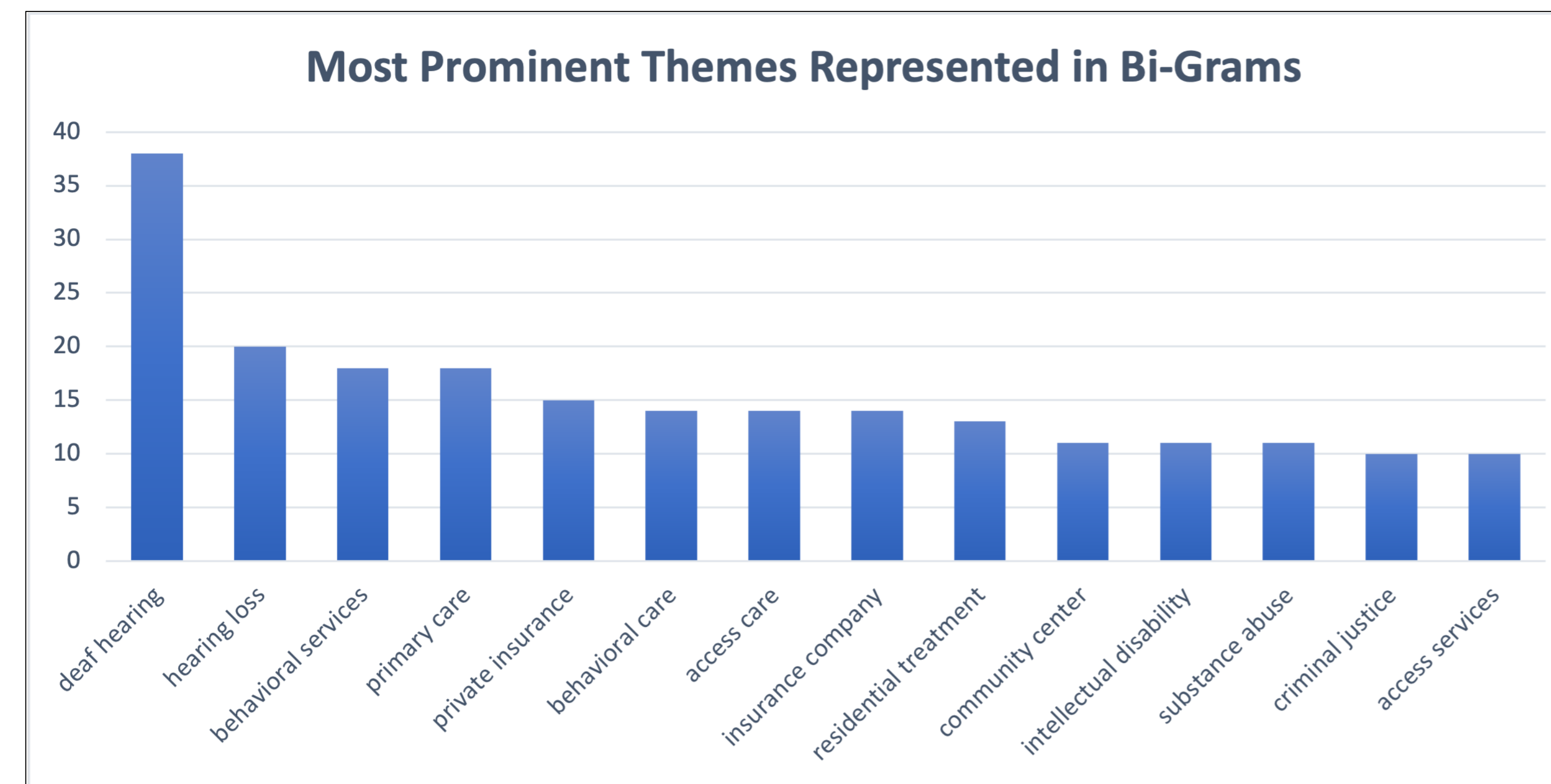
Transcripts will be read by a third researcher, and inconsistencies will be discussed and resolved

Extract themes and solutions geared towards the question:

"How can we mobilize students to address the themes and improve the medical education system?"

## RESULTS

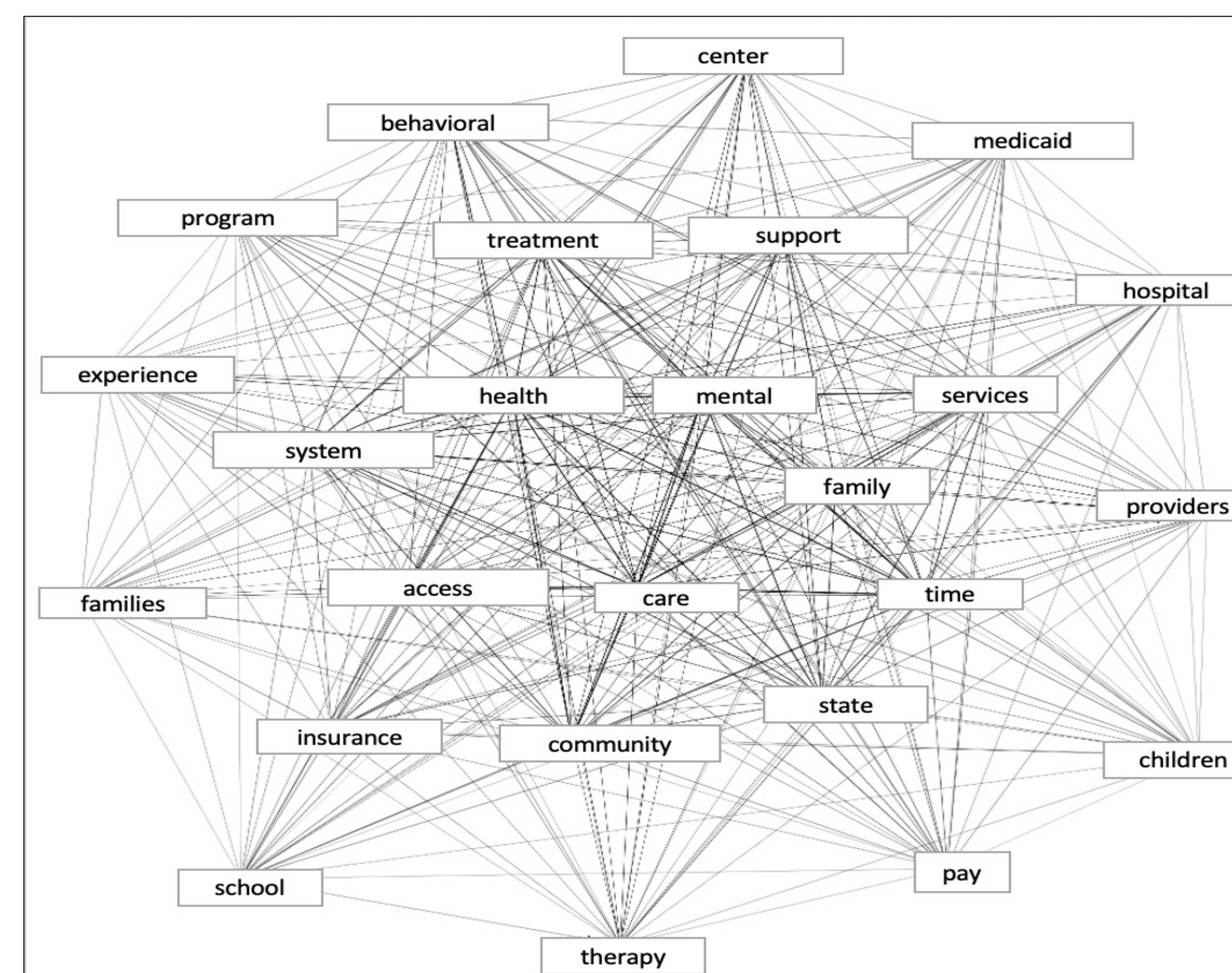
Qualitative thematic analysis and Natural Language Processing (NLP) were used to analyze and interpret the results. The qualitative thematic analysis done by the 2-3 independent researchers identified about 70 key topics and developed 50-60 innovative solutions based on the key topics. Furthermore, the 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.



## 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

- 1) Schraeder, K.E., Brown, J.B. & Reid, G.J. Perspectives on Monitoring Youth with Ongoing Mental Health Problems in Primary Health Care: Family Physicians Are "Out of the Loop". *J Behav Health Serv Res* 45, 219–236 (2018). <https://doi.org/proxy.hsl.ucdenver.edu/10.1007/s11414-017-9577-4>

## ACKNOWLEDGEMENTS

