Follow Up After ED Visit for Mental Illness (FUM)*

According to the National Institute of Mental Health, an estimated 52.9 million adults in the United States (21.0% of the adult population) experienced a mental illness in 2020.¹ Given the prevalence of patients with mental health needs, it is important for healthcare providers to be aware of how to have conversations about their patients' mental health.

What resources does Highmark have available?

The Behavioral Health Toolkit for Primary Care Physicians will help you provide behavioral health care for a range of diagnoses. You can access the toolkit here for further information: Provider Resource Center (highmarkprc.com)

What are some benefits of the follow-up visit?

Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions.²

Resources for Physicians

Support Hotlines

• Physician Support Line

Self-Care for Providers

- <u>Physician Burnout | American Psychiatric Association</u>
- Healthcare Professional Burnout, Depression, & Suicide Prevention | ASFP
- Quick Ways to Manage Your Stress | American Psychological Association
- "Open Your Heart Conversation Starter" | Physicians Foundation Vital Signs
- Support for Public Health Workers and Health Professionals | CDC

Resources for Patients

Locating Affordable Care / Pricing Transparency

- Find a Therapist (Filter by Sliding Scale) | Psychology Today
- Find Support Groups | Mental Health America

BH Crisis Support Hotlines

- <u>988 Suicide & Crisis Lifeline</u>: 988 or 800-273-TALK (8255)
- National Maternal Mental Health Hotline: 833-TLC-MAMA (833-852-6262)
- <u>The Trevor Project</u>: 866-488-7386 OR Text START to 678-678
- Veterans Crisis Line: 800-273-8255 (Press 1)
- <u>Crisis Text Line</u>: Text HOME to 741741
- National Guidelines for Child and Youth Behavioral Health Crisis Care

See next page for tips on how to engage patients in conversation during the visit



Patient-Provider Conversation Guide

Providers who take the time to engage in meaningful conversations with patients during follow-up appointments after an ED visit for a mental health concern can make all the difference in their recovery.

- **Remind the patient of their upcoming appointment.** It is important to personalize these messages to make the patient feel more engaged in their care (*i.e. if texting an appointment reminder message, use the patient's name, if possible*).
- Encourage them to bring any discharge papers they may have received with them to the visit.

• Express concern for the patient's well-being and ask about their experiences leading up to their emergency room visit. Ask about any changes in their symptoms or overall functioning since their visit to the emergency room.

• Ask the patient if they were aware of other options for seeking help and if they had any barriers or challenges in accessing primary care or mental health resources. Offer support in finding alternative resources if necessary. If the patient expresses concern about affordability of specialty behavioral healthcare, some providers offer a "sliding scale" of copay. Group therapy may also be an affordable option (see "Resources for Patients" for more information).

Close & Connect

Recognize &

Empathize

Ask &

Assess

- Close the conversation by offering to help the patient schedule an appointment with a mental health specialist, if necessary.
- Follow up with the patient to ensure that they have been able to schedule an appointment and provide additional support if needed. Ask if the patient has any questions, and be sure to follow up with any additional resources or referrals the patient may need.

Conversation Techniques

- Use open-ended questions to encourage the patient to talk about their experiences and feelings. ³
- Use active listening skills, such as nodding and making eye contact, to show that you are paying attention and understanding what the patient is saying. ³
- Avoid using diagnostic labels or language that might make the patient feel stigmatized as they explain their experience.

Sources:

¹ National Institute of Mental Health. (n.d.) Mental Illness. Retrieved from <u>https://www.nimh.nih.gov/health/statistics/</u> <u>mental-illness</u>

² NCQA HEDIS MY 2024, HEDIS measure for FUM;

https://www.ncqa.org/hedis/measures/followup-after-emergency-department-visit-formental-illness/

³ American Psychiatric Association. (2006). *Practice Guideline For The Psychiatric Evaluation of Adults*. American Journal of Psychiatry, 163(8), 1-56.

Visit

Before

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