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Practitioner assessment of mental health in dermatologic disease

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Abstract

Patients with certain dermatologic skin diseases have been found to be at increased risk for depression and suicidal ideation. As there is not much information available on mental health interventions taken in dermatologic practices, we conducted a survey to assess the extent to which dermatologists monitor and follow up with the mental health of their patients. We discovered that dermatologists are aware of mental health issues associated with these dermatologic diseases but have no standard of care for their assessment. By obtaining this information, we can enable ourselves to fill in these deficiencies to help improve patient care.

Keywords: acne, atopic dermatitis, epidemiology, health services research, psoriasis, psychology, psychiatry, public health

Introduction

Patients with certain dermatologic diseases such as acne, psoriasis, and atopic dermatitis are at increased risk for mental health issues, including depression and suicidal ideation [1,2]. Thus, it seems prudent for clinicians to specifically address these conditions. Dermatologists play a critical role in patient care, so we attempted to evaluate to what extent dermatologists monitor mental health within their practices. Gathering these data may aid in identifying patient care or educational gaps within dermatology to help improve clinical care.

When assessing mental health, screening for depression specifically among adult patients has been shown to facilitate its diagnosis [3]. Alone, screening has a low impact on the management of depression [4]. However, patients who receive follow-up and collaborative intervention after screening show improvement in depressive symptoms in the primary care setting. These interventions included access to mental health providers such as psychiatrists [3].

Although depression can be screened and managed appropriately in primary care, these data are limited for dermatology. Dermatologists might face certain barriers in evaluating mental health within their practices, limiting their ability to provide more comprehensive care. These barriers may include but are not limited to time restraints, limited access to mental health resources, and lack of knowledge. Dermatologists often have busy schedules which can limit time allotted for patient interactions. Therefore, in a short amount of time, it might be difficult for dermatologists to fully address mental health care. In addition, these practitioners may not be aware of the utility of screening measures to assess for mental health issues such as depression. This lack of awareness can contribute to less mental health resource utilization, preventing patients from receiving exceptional care. Owing to these barriers, mental health might be overlooked in dermatologic disease, which can explain the deficiency of literature surrounding this matter. The lack of literature measuring the current standard of care for mental health intervention in dermatology helped to guide the creation of our survey.

We hypothesized that a high percentage of dermatologists will recognize that there are mental health issues associated with acne, atopic dermatitis, and psoriasis, but a low percentage will take specific action for monitoring.

Discussion

We performed a descriptive epidemiologic survey study. Institutional Review Board exemption was obtained prior to initiating the study. Dermatologists and their physician extenders (nurse practitioners and physician assistants) were identified from the Cleveland Dermatologic Society and Ohio Dermatologic Association rosters, with a focus on the Northeast Ohio area. Those from the rosters who responded to the survey were included in the study. Participants were asked to complete a nine-question survey (Box 1) via email requests. Three requests total were sent, once every three weeks over a nine-week period in late 2019. The survey was administered using Qualtrics survey software (SAP). Data were collected anonymously and collated into a password protected file. Participants were not compensated for their participation in the survey. No information about research purpose and design was hidden from the participants.

Of 356 subjects recruited, a total of 50 participated (14%). All participants in the study were physician dermatologists with 16% having been in practice for 0-5 years, 22% for 6-20 years, and 62% for 20 or more years. Ninety-eight percent of dermatologists were aware of mental health issues associated with acne and psoriasis, whereas ninety-six percent were aware of mental health issues associated with atopic dermatitis.

Figure 1 depicts specific methods used by dermatologists to assess mental health. "General questioning" is used by the majority for all three dermatologic diseases assessed (acne, atopic dermatitis, psoriasis). Only one participant in this study used an assessment instrument for mental health screening and only for the assessment of acne. A low percentage of dermatologists do not use any measures to assess mental health at all in their practices.

If a mental health problem is identified, 54% of dermatologists use referrals, 24% work with other providers, and 22% use other methods to care for their patients. These other methods include prescribing antidepressants, integrating care with psychiatry, and counselling.

Conclusion

Certainly, dermatologic diseases have a significant impact on the mental health of patients. Results of this survey show that most dermatologists are aware of mental health conditions associated with acne, atopic dermatitis, and psoriasis. Although referrals are used by the majority once a mental health issue is noted, there seems to be no specific standard of care for taking care of or identifying mental health issues within dermatology practices. We suggest that a better understanding of mental health instruments such as the Patient Health Questionnaire-9 may be useful in dermatology practices to improve patient care [5]. Acknowledging relatively low participation in this survey, we believe these data are likely generalizable for utilization in clinical care and in continuing medical education. Our goal of optimized patient care includes mental and physical health. Although we did not specifically address an effective follow-up approach, this is certainly critical when mental health issues such as

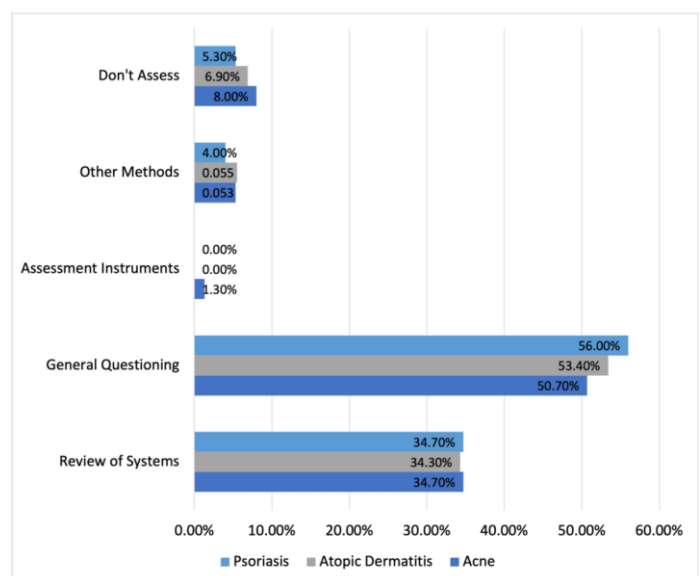


Figure 1. Measures used for assessment of mental health.

Box 1. Survey questions.

1. Please select your occupation
 - a. Physician
 - b. Nurse Practitioner
 - c. Physician Assistant

2. How many years have you been in practice? _____

3. Are you aware that there are mental health issues related to acne?
 - a. Yes
 - b. No
 - c. Additional comments _____

4. How do you assess mental health with regards to acne? Check all that apply.
 - a. Review of Systems
 - b. General Questioning (Documented or Undocumented)
 - c. Mental health assessment instruments (PHQ-2, PHQ-9, etc.)
 - d. Other Methods
 - i. Please explain _____
 - e. Don't assess (Not in scope of practice)
 - f. Additional comments _____

5. Are you aware that there are mental health issues related to atopic dermatitis?
 - a. Yes
 - b. No
 - c. Additional comments _____

6. How do you assess mental health with regards to atopic dermatitis? Check all that apply.
 - a. Review of Systems
 - b. General Questioning (Documented or Undocumented)
 - c. Mental health assessment instruments (PHQ-2, PHQ-9, etc.)
 - d. Other Methods
 - i. Please explain _____
 - e. Don't assess (Not in scope of practice)
 - f. Additional comments _____

7. Are you aware that there are mental health issues related to psoriasis?
 - a. Yes
 - b. No
 - c. Additional comments _____

8. How do you assess mental health with regards to psoriasis? Check all that apply.
 - a. Review of Systems
 - b. General Questioning (Documented or Undocumented)
 - c. Mental health assessment instruments (PHQ-2, PHQ-9, etc.)
 - d. Other Methods
 - i. Please explain _____
 - e. Don't assess (Not in scope of practice)
 - f. Additional comments _____

9. What do you do if there is a problem related to mental health in dermatologic disease?
 - a. Referrals
 - b. Working with other providers
 - c. Other methods
 - i. Please explain _____
 - d. Additional comments _____

depression or suicidal ideation are identified. By grasping the current state of mental health assessment in dermatology from the practitioner's viewpoint, we hope to fill deficiencies in care to provide better, more complete care for patients in the future.

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Potential conflicts of interest

Gurkiran Singh, BS has no interests to declare. Eliot Mostow MD MPH is Associate Editor of the Dermatology Channel of practiceupdate.com (Elsevier).