

“Tell me your life story, I’m listening, I see you.”

Enhanced curriculum in Human Behavior & Mental Health puts Sutter Family Medicine Residency Program on a fast-track toward health equity

We are a mosaic of our experiences, lifestyle, social and family connections, education, successes and failures. Apply those factors to our degree of health and wellness, and it becomes a complex formula that clinicians commonly describe as the patient experience.



Learning the skills to assess these factors and deliver compassionate, personalized care to patients is something that Sutter’s resident physicians aim to perfect as part of the Family Medicine Residency Program and a newly enhanced **Human Behavior & Mental Health curriculum**.

“We encourage faculty and residents to think about context, systems and dynamics within population health in order to address social determinants of health and achieve health equity,” says **Samantha Kettle, Psy. D.**, a faculty member of Sutter’s Family Medicine Residency Program.

The art of medicine—that combination of empathy and science—comes naturally to her. A clinical psychologist by training, she and colleague **Andy Brothers, M.D.**, a Family Medicine physician in Sacramento and faculty member of the residency program, are bringing health equity to the patient experience and training Family Medicine residents in Sacramento and Davis to care for patients using a holistic, systems-thinking approach.



Seven family medicine residents each year across the two sites learn to screen patients for social determinants of health (such as financial challenges, environmental and physical conditions, transportation needs, access to care and social factors) that may impact patients’ risk of mental health concerns such as depression and anxiety, substance use disorder and suicide. They are taught to empathically listen, gently question and ascertain their patients’ health risks and needs based on factors like food scarcity,

homelessness and interpersonal violence.

“Assisting patients with mental health issues, substance misuse and behavior change are key elements in our Family Medicine clinics,” says Dr. Brothers, who notes that the program’s behavioral scientist regularly precepts with physician faculty during continuity clinic and inpatient rounds. “This enables ongoing, real-time feedback about doctor-patient communication, contextual factors, psychosocial

issues and mental health disorders.”

This year’s residents—comprising 21 primary care learners at Sutter Medical Center Sacramento and Sutter Davis Hospital—select from electives including addiction medicine, psychotherapy, chronic pain, corrections medicine, lifestyle and self-management strategies, spirituality in medicine and well-being. On any given day, their training may take them from a homeless encampment to an elderly care center or community partner organization.

Residents learn early on the importance of addressing multiple concerns in a visit, as well as the psychosocial context of the patient and cost-effective medication management.

And in a community as diverse as the Sacramento Valley Area, statistics suggest these environmental factors play an integral role in the health and wellness of its residents. Consider these facts:

- According to California Department of Health Care Services, 15.9% of Californian adults suffer from a mental health disorder
- Nearly two million Californians are suffering from a serious mental illness
- Substance use disorder affects 8.8% of Californians
- The prevalence of mental health disorders varies by economic status as well as race/ethnicity:
 - Adult members of households below 200% of the federal poverty level are 150% more likely to have a mental health disorder, and are at even greater risk of severe mental illness
 - Native Americans and Latinos are the most likely to have mental health disorders (20%), followed by Blacks (19%), Whites (14%), and Asians (10%)
- A community health needs assessment of the Sacramento area identified access to mental/behavioral/ substance abuse services as a significant community health need. The homeless population is increasing in the region, a dramatic rise in prescription drug use is contributing to mental health issues, Sacramento County mental health services are severely lacking and the opioid addiction crisis continues.

Dr. Kettle was recently awarded a large, three-year financial grant from Medi-Cal and the California Department of Health Care Services to continue her work in Behavioral Health Integration (BHI) in the residency program. This builds on her highly successful BHI pilot project, which provides more seamless care and demonstrated significant improvements in treatment outcomes and patient and clinician satisfaction for patients with depression and/or anxiety.

“We value service to the underserved and disenfranchised populations. Taking care of our local population’s health is not only compassionate, it’s a moral imperative,” says Dr. Kettle. “Many residents have entered our program to continue their quest in helping the underserved and those in marginalized communities.”



Third-year Sutter Family Medicine chief resident **Mehwish Farooqi, M.D.**, is studying optimal ways to screen for post-partum depression (PPD) using an approach developed through the ROSE (Reach Out, Stay Strong, Essentials for mothers of newborns) PPD prevention program.

PPD is common and can have lasting consequences. Outpatient clinics offering prenatal care are an opportune place to provide PPD prevention because most women visit while pregnant. ROSE is a group educational intervention to prevent PPD, delivered during pregnancy. ROSE has been found to reduce cases of PPD in community prenatal settings serving low-income pregnant women.

“As someone passionate about obstetrical care and prenatal care, I am thrilled to be implementing ROSE within our clinic,” says Dr. Farooqi.

She notes that “Women are most vulnerable to mental health concerns during the fourth trimester of pregnancy or the post-partum period. With rates of PPD being as high as one in seven women, there is a clear benefit to offering education to women in a safe, non-judgmental space. I am very excited to be part of this opportunity to study PPD through Sutter’s Family Medicine Residency Program. We are committed to improving access to care for people in underserved communities; this research exemplifies the many projects aimed at delivering top-quality care to *all* patients.”

Dr. Kettle recognizes the organizational support that has been instrumental to building the new curriculum. “Sutter has clearly demonstrated a commitment to health equity and social justice that has propelled our residency program toward a future vision of health care in which all patients are cared for as unique individuals with unique life stories, struggles and successes,” she says. “We are fortunate to be supported in training residents with this approach.”

“We are proud that Sutter Health and our Family Medicine Residency Program have dedicated time and resources to advance health equity initiatives and brainstorm new ideas moving forward,” says Dr. Brothers.

[Learn more about Sutter’s Family Medicine residency program.](#)