

# Creating a Resident Elective in Psychiatric Management of Patients with Sickle Cell Disease: An Educational Case Report

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## Background

- Sickle cell disease (SCD) is a group of inherited hemoglobinopathies.
- SCD affects an estimated 100,000 people in the United States.
- Access to mental health staff is recommended as an optimal component of comprehensive SCD treatment centers.
- Nearly 80% of training programs do not include outpatient consultation-liaison psychiatry.
- Psychiatry resident experiences with SCD patients are generally minimal.

## Goals

- Develop a one-year-long half-day elective for a PGY-2 resident in the Massachusetts General Hospital (MGH) and McLean Hospital adult psychiatry residency program.
- Learn about psychiatric needs of adult patients with SCD.
- Explore how psychiatrists can become integrated into multidisciplinary subspecialty teams.

## Methods

- Spoke with clinicians with experience in the psychiatric management of patients with SCD.
- The following core elements emerged:

Attend MGH SCD Comprehensive Treatment Center team monthly meetings

Identify opportunities for direct care of patients with SCD

Seek education about other integrated models of care

Receive mentorship from national experts in the field

## Discussion

### MGH SCD Comprehensive Treatment Center monthly meetings

- Met with SCD treatment team members and attended clinical meetings which included hematologists, nurse navigators, social workers, primary care providers, and transfusion medicine specialists.
- Meetings facilitated better understanding of the needs of patients, including the lack of integrated adult psychiatry services at MGH.
- Patients with SCD have many psychiatric comorbidities, including depression, anxiety, complexities of opioid use, substance use concerns, and demoralization.
- Discussed patient experiences including mistreatment in medical settings and patient stigma towards psychiatry.

### Opportunities for direct care of patients with SCD

- An opportunity was identified to work with a patient with SCD in the resident's outpatient clinic due primary SCD team's concern for anxiety symptoms.
- Patient felt the symptoms were in proportion to the severity of their SCD and not pathologic.
- Limitations included frequent medical hospitalizations limiting engagement in outpatient appointments, ultimately with only one intake visit.

### Education about integrated models of care

- Elective supervision with MGH psychiatry faculty and outside faculty at Johns Hopkins elucidated models of integrated care, such as embedded psychiatric services in the MGH HIV clinic, as well as common barriers including funding and provider availability.

### Mentorship from national experts in the field

- Mentorship from national experts at Johns Hopkins broadened understanding of clinical management.
- Challenges of this experience included identifying experts in adult SCD psychiatry at MGH and in Boston.
- There are additional virtual resources that trainees can utilize, such as community healthcare telementoring programs.

## Conclusions

- Building this elective involved early collaboration with subspecialty treatment team members, identifying opportunities to engage directly with patients, and accessing experts in the field, which required identifying national contacts outside of the home institution.
- Next steps include identifying additional opportunities to work with patients with SCD in clinic, engagement in research projects with the goal of better characterizing the extent to which mental health services are available to patients with SCD and partnering with institution leadership to help shape future psychiatric services for adult patients with SCD at MGH.

## Citations

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