CASE STUDY: Connecting a Patient to Behavioral Health Resources Makes a Difference

**Dx**
Patient is a 38-year-old female suffering from major depressive disorder. She was referred to the AmeriCorps Community Health Coordinator (CHC) by the assigned Care Coordinator. The patient was contacted by the CHC and agreed to an in-home visit. During the first home visit, the patient informed the CHC she was suffering from serious depression as well as grief due to a close family member’s recent death. The patient was not seeing a psychiatrist and had not taken her depression medication for over a month.

**Intervention**
The CHC assisted the patient in obtaining her medication and is in the process of finding a new psychiatrist for the patient. Due to very few psychiatrists in the area with any availability, the CHC offered the patient other forms of individual and group therapy, as well as grief counseling through a Mercy hospital’s Community Care Program.

At first the patient expressed no interest in any type of therapy in a group setting. She stated that a group setting would be extremely uncomfortable for her and felt it would not be helpful. The CHC referred the patient to the County Office of Behavioral Health’s Certified Peer Specialist Service. This service is a one-on-one peer counseling that focuses on education, support, advocacy, encouragement, skill building and more in order to foster growth and recovery.

**Results**
The CHC contacted the patient after her first visit with the certified peer specialist, and she felt it was extremely helpful and was looking forward to the next visit. With encouragement from the certified peer specialist, the patient has since undergone a “stress test” at a Mercy hospital and is planning to attend group therapy sessions at the wellness center – an option she had previously rejected. Since the certified peer specialist started working with the patient, her attitude is more hopeful and she is more willing to take action in her own recovery.