Common Concerns about Sharing Mental Health Notes

Automatic Thoughts Balanced by Lived Experiences

A conversation between Shobha Sadasivaiah, M.D., MPH, and Stephen F. O'Neill, LICSW, BCD, JD, on controversies surrounding mental health Open Notes. Dr. Sadasivaiah researched lay press articles covering the topic of mental health Open Notes. She summarizes the themes she collected, and Steve shares his perspective and experiences.

Dr. Sadasivaiah is a clinical informaticist of the Office of Health Informatics and Director of Patient-Facing IT at the San Francisco Department of Public Health, University of California San Francisco and Clinical Assistant Professor of Medicine.

Steve is the Associate Director of the Ethics Support Service at Beth Israel Deaconess Medical Center, as well as the Social Work Manager for Psychiatry, Primary Care and Infectious Disease.

Here is a summary of their conversation. Please watch the full video here.

AUTOMATIC THOUGHTS ABOUT OPEN NOTES	LIVED EXPERIENCES OF OPEN NOTES
Open notes causes harm. **yipyap** jardine1678 • July 7, 2014 This sounds like an interesting concept that could prove helpful in some instances but....might there start to be instances where certain therapists know that all their patients will have complete access to their own records, anytime they want? And if so, might the therapists self-censure, if only because they fear that if the patient were to read certain insights from the therapist, that it could cause the client to withdraw, become more closed-up during sessions, become angry, feel let down by the therapist, or worse, want to exact violence on the therapist?	This is a very typical concern. When Open Notes first came out, this represented about 90% of the concerns voiced. The consensus was it was going to be ruining therapy in all sorts of ways and be averse to patient well-being. So far across the country, we have not seen evidence of this. No harm or violence have resulted to mental health providers.
Providers will change how they write notes and important information will be lost. **Dagwood** San Diego • July 7, 2014 Can't say I approve. Therapists will be writing "to the client" now, which may not be the content best suited to best treatment. Psychotherapy is a demanding and sophisticated art, with it's own language and understandings. This project disrespects it and may not be the best for the clients. Therapists should speak freely with clients and be transparent that way, in language shaped for each client, without robbing the doctor of her need to codify clinical material.	Initially, when Open Notes started five years ago, there was concern that providers would write in a way to safeguard themselves, leading to defensive psychiatry or defensive mental health. A workgroup developed to create a thesaurus for patient-friendly language that would be put in the chart. The workgroup disbanded after several months because they found the thesaurus completely unnecessary. The fear many clients have when they first start therapy is, "will my therapist understand me," and that is part of the therapy itself. Our view is that Open Notes is a vehicle for helping to have a better dialogue with patients and lead to a better partnership.

It will change the therapeutic relationship between the provider and the patient. **danny dude** california • July 7, 2014 not everything a therapist writes is countertransference. However, showing EVERYTHING you write to your client is a great way to solidify transference and ensure it can never be fully addressed. Why not just tell them everything we think as soon as we think it? The answer is: because that's not clinically sound. Neither is this.	Patients look for concordance between what is said in the office and what is in the note. Patients say that when they see the concordance it strengthens the alliance a great deal. It also presents an opportunity to clarify misunderstandings. This is one way to improve the dialogue and assure the patient that the provider is not hiding anything from them.
Sharing notes will create double charting. **Susan** Piedmont, CA • July 7, 2014 This will lead to a two charts situation. One, the old chart, is now the "letter to the patient" chart. The other, which will be secret, will be the real chart, to guide the therapist in treatment. **Christopher Simmons** Marina del Rey, CA • July 8, 2014 It seems to me that if therapists are aware that their notes may be read by the patient that the therapists may feel pressure to write things that please or reassure the audience rather than write down pure, unbiased information about the patient's condition. Could this lead to two sets of notes, one (official) set that is geared toward encouraging the patient and another (secret) set where serious doubts and concerns are expressed without sugar-coating them?	There are clinically major kinds of therapies. This fear is likely mostly related to psychodynamic therapy. Many therapists keep side notes -- what we call psychotherapy notes -- of what we are experiencing, we use counter transference in a direct way to work with the patient. We have not found this practice to change with the adoption of Open Notes. We have not seen therapists keeping two sets of notes unless they did previously. Some therapists write things in the notes as a reminder to themselves, and this has not changed at all.
Open Notes is not appropriate for sensitive conditions. **sfdphd** San Francisco • July 7, 2014 Depends on the patient. I'm fine with the people who are rational seeing my notes, but the ones with anger management issues, psychotic features, and personality disorders will have serious reactions to such information. They have trouble handling their own reality, let alone the view of the therapist.	At Beth Israel, we did not find this in practice. For the staff, when this started, we found we decreased calls to our legal department when we made notes immediately available to patients, their families and caregivers. The transparency was remarkably helpful, particularly in volatile situations. Instead of patients leaving the practice, we found they were reassured by having access to their notes. The one population where it may be an issue is patients dealing with domestic violence (DV), but that has always been an issue. This is one of the reasons DV programs across the country are free and don't use insurance to mitigate this issue. But we also talk with the patient if we have open notes.

Mental health is different from physical health. **Debra** Grosse Pointe, MI • July 7, 2014 Knowing the patient will read the notes will change the notes. Therapists understand that their impressions of a patient/client is evolving, so reading individual notes isn't always in a client's best interest. Some things written in notes could be harmful if read while in a vulnerable state or when misinterpreted. Reading a note written by a therapist is not the same as reading a note about one's broken arm or appendectomy. The result will likely be notes that become more feedback for clients rather than candid thoughts meant for therapists' reference.	It is different and yet it overlaps. We have learned that the more information you can give to a patient, the better armed they are to handle it. For example, Dialectical Behavioral Therapy (DBT) is the evidence-based treatment for Borderline Personality Disorder (BPD). DBT is predicated on the patient knowing and learning about their condition, recognizing when they are in that black-and-white, all-or-nothing kind of the mode. That is part of the notion here, just like in physical health -- we have an obligation to fully inform patients in both realms.
Isn't in-person communication preferable? **Asher B.** Santa Cruz • July 8, 2014 A poor idea in most cases because notes do not convey meaning in the way that in-person communication can. The nonverbal information and the context are stripped away. In a given session I might listen, nod sympathetically, offer an insight, express a concern, suggest a change, gesture with my arms, remind the client of prior life experiences that appear related, all for 30 minutes, and my note might say, "Client reports ongoing anxiety." At home the client might easily read that and feel cheapened, labeled and demeaned, which is exactly the opposite of the desired outcome.	For some patients, it isn't always good for them to read the notes by themselves. The analogy we use is like when medication is prescribed -- it will benefit most and could have side effects for some. Our jobs as clinicians is to decide who might have side effects. For example, I had a patient in group therapy who didn't do well after she read the group notes; it was actually the other patients in the group who suggested she read them before attending group or individual therapy. That way she had a place to process her reactions. She discovered she was misinterpreting the information, and the group and her therapist could give her that feedback. It turned out to be quite helpful for her. This isn't a one-size-fits-all. It's another tool in the clinician's toolbox; the clinician decides how to best use it with each client.