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INTRODUCTION TO INTEGRATED PHYSICAL AND MENTAL HEALTH CARE

National health care reform and mental health parity legislation, as well as electronic medical records (EMRs), have set into motion systems of care that recognize and even require the collaboration of mental health care within medical settings. Similarly, SAMSHA has supported demonstration projects that integrate primary medical care into mental health treatment settings. NCQA has developed recognition requirements for the Patient-Centered Medical Home (PCMH) - which includes behavioral health care integration - and the Joint Commission is also setting standards for the PCMH. Likewise, AHRQ is focused on outcomes data that support collaborative models.

Mental health care providers in integrated care settings include licensed clinical social workers, psychologists, licensed counselors, and psychiatrists. Psychiatric nurses absolutely must be included in staffing patterns and funding arrangements in integrated health care programs. Therefore, we need to become experts and participants in the development of these evolving models of care. To assist in this task, the APNA Board of Directors has compiled this section of resources and information.

[Integration FAQ](#) | [Video: Policy Implications of Integrated Care](#)

Frequently Asked Questions

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1. What is Behavioral Health Integration?

In Behavioral Health Integration, a behavioral health specialist joins the medical team of a practice or service and provides mental health/behavioral health services as a part of that team. This is most commonly done in primary care. Behavioral Health Integration can also occur when primary care services are integrated into Behavioral Health treatment settings.

2. How does Behavior Health Integration differ from traditional behavioral health care?

Behavioral Health Integration does not just add the capacity for behavioral health services. It offers significant quality enhancements as well.

Behavioral Health Specialists provide rapid access to evaluation, treatment and referral for behavioral health disorders for all of the patient populations, regardless of insurance obstacles. Almost all patients are seen more quickly in an integrated setting.

Rapid access to services means earlier identification and treatment initiation, and reduced morbidity and medical costs through fewer office and ED visits, inpatient hospitalizations, and lost days of work.

Designed for quick, even same-day access, the model emphasizes the use of a "warm hand off" in which the counselor makes face-to-face contact with the patient in the treatment room of the medical home and either offers a brief intervention and/or arranges for quick follow up care.

Behavioral Health Integration can serve a different type of patient population than is served in the traditional settings. Presenting problems include the full range of psychological challenges as they occur in physical illness, phases of life issues, and psychiatric and substance abuse disorders. Complex cases are referred promptly to the appropriate providers or level of care.

The Behavioral Health Specialist is concerned with the behavioral health of the entire medical team and the community which the practice serves, not just those patients referred for services. Patient and staff education, screening, prevention interventions and community outreach are all functions included in the model of care.

3. What are the advantages of Behavioral Health Integration?

- Provides holistic, patient-centered care.
- Provides improved continuity of care in a comprehensive, cohesive service delivery system
- Provides proper care for co-morbid disorders. Many physical and mental disorders are co-occurring, especially chronic conditions
- Normalizes behavioral health care and decreases stigma
- Provides convenient "one stop" shopping
- Research indicates that integrated behavioral care produces results which include a decrease in patient depression levels, improvement in quality of life and lower rates of psychiatric hospitalizations.
- Provides care for people with serious mental illness who on average die 25 years earlier than the general population
- Integrated behavioral healthcare improves medical outcomes.
- Primary care may be the first line and only access for many people with mental illness.
- Improves both medical and mental health providers' care
- Improves the identification of subclinical and clinical mental illness
- Enhances the recognition of substance abuse problems that are associated with accident related injuries, gastritis, liver abnormalities, diabetes, hypertension and cardiac problems
- Decreases unnecessary medical utilization and inappropriate specialty referrals
- Presents a way to intervene early and prevent longer term disability
- Improves the skills of the medical providers and staff in recognizing and treating people with mental health conditions
- Improves the skills of mental health specialists in recognizing and treating the psychological effects of physical conditions
- Addressing behavioral health aspects of problems often results in lower healthcare costs
- Addressing emotional factors decreases their impact on autoimmune diseases
- Improves patient, physician and staff satisfaction
- Improves patient compliance with the medical treatment regimens
- Improves services to the underserved
- Enhances patients' coping skills and self-management and promotes healthier lifestyle choices.

4. What are the functions of an Integrated Behavioral Health Specialist?

- Provides education to the medical team related to the integration model(s) and behavioral health assessment and intervention
- Provides education to patients and the community about prevention and the early identification of behavioral health symptoms
- Screens and assesses patients for behavioral health disorders
- Provides brief psychotherapy
- Refers complex cases to appropriate level of care.
- Supports the caregivers in healthy interactions and positive communication

5. What are the models of Behavioral Health Integration?

New models of Behavioral Health Integration are evolving as the unique needs of each care setting impacts the needs for that population. Historically, there have been the following models: referral, collaborative, co-located, reverse co-located and the fully integrated models.

6. What are some of the barriers to Behavioral Health Integration?

- Stigma
- Difficulty with payment

- Cost
- Seriously mentally ill issues
- Insurance
- Unrealistic expectations
- Privacy and confidentiality
- EMR (help and a barrier)

7. What are the qualifications of the Behavioral Health Specialist?

The Behavioral Health Specialist or Integrated Clinician can be any of the following:

- Psychiatric APRNs
- LCSWs
- Licensed Counselors
- Psychiatrists
- Psychologists
- Marriage and Family Therapists

It is important for the clinician to be well oriented to the goals of integration, regardless of discipline.

8. What is Health Behavior Counseling?

Health Behavior Counseling is a combination of education, coaching and counseling that supports and promotes positive health behaviors and a better adherence to the treatment plans.

Video: Policy Implications of Integrated Care



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