



No Health without Mental Health
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BEHAVIORAL HEALTH INTEGRATION FROM THE PATIENT'S PERSPECTIVE

DEAR PATIENT, MENTAL HEALTH AND ALCOHOL/DRUG CARE COMING TO YOUR PRIMARY CARE CLINIC:

WHAT TO EXPECT – BENEFITS YOU'LL GAIN - YOUR ROLE

There is a new, and in some cases, improved, change coming to your primary care clinic soon: receiving mental health and drug and alcohol care right in the same place and often on the same day. Treating the whole person in one place, primary care, versus having to go to several sites for physical and mental health/substance use care. Up to now, nearly all primary care patients with these problems were referred out to mental health professionals who may or may not have coordinated that behavioral care with your primary care doctor. External referral for BH care may still happen for patients with serious mental illness.

What is new, and in some cases, improved, is that the majority of patients with mild or moderate BH problems may now receive care right in their primary care facility. This will build on the trusted relationships patients already have with their medical doctor, and the comfortable primary care space with its private, confidential setting with the patient's longtime health history in mind. And for those clinics already incorporating mental health/substance care, the services will expand, allowing for better communications between medical and mental health professionals and more rigorous follow-ups on how patients are doing.

Step 1: The Big Picture

This new innovation of integrated care will apply only to primary care patients who have BOTH a medical and mental/substance problem. If a primary care patient has only medical issues, this innovation will not apply. Even so, it is important to be aware of as you may have family members for whom this integrated care service may be relevant. Primary care patient populations across the country differ in many ways so data shows integrated care services will likely be relevant to 20%-40% of a clinic's patients.

It's important to bear in mind there is no one template for all clinics for how mental/substance treatments will be delivered. Every medical clinic is a unique environment with varying characteristics such as health staff's personnel backgrounds, practice's financial resources, geographic location, patient population needs, health insurance plans, e.g. commercial, Medicare, Medicaid, etc. In some cases, integrated care will mean a mental health professional is physically present in your clinic able to provide care to patients and consultative support to your PCP; in other cases, the mental health professional will be offsite, but still able to offer BH consultative guidance to your medical doctor regarding medications and treatment interventions for your mental/substance issues via a team care approach. This is a

subject you'll be hearing more about: receiving care from a *team* of health works wrapped around you the patient.

Regardless of the integrated care approached used in your clinic, your medical doctor will always remain the quarterback of the care team re both your medical and mental/substance care, after receiving advice and recommendations from the mental health consultants. That said, you, as the patient, always have the final say on all your healthcare medications and treatment

You should expect that the integrated care you receive will be supported by strong scientific data and studies, proving the intervention's effectiveness for most people. Primary care doctors are encouraged to choose an integrated care approach from among a selection of evidence-based options which they think works best in their clinic and for their particular patients which can address their patients' needs.

Currently there are only a few evidence-based integrated care models or approaches as this is a new developing area of medicine. We need more research to develop additional innovative approaches to integrated care. With the COVID pandemic aftermath, this is a research priority getting more attention.

The integrated mental/substance care services you will receive from the healthcare team will wrap around you as the patient. As the patient, you are a key member of that care team, vital to the treatment's effectiveness. The makeup of the care team will vary from practice to practice but would generally consist of you, your medical doctor, a medical assistant, a mental health/substance consultant, onsite or offsite, nurse, social worker, case managers, and case management support.

Step 2: Bring Up Your BH Issues with Medical Doctor

The first step the clinic care team will undertake is to identify which of its patients have a mental health/substance issue. So it is very important that you as a patient come to your medical visit ready to raise and discuss your mental health, substance and social stressor issues with your physician in the exam room. If your medical doctor doesn't make time to listen and ask questions, and/or show interest in your mental/substance issues, consider finding another high-quality medical practice. Ideally you want to be seeing a high-quality physician who is open to learning new skills, and can combine deep experience with new insights.

Recent studies have revealed that often medical and mental health/substance issues occur together in clusters. For example, depression may often occur with diabetes or coronary heart disease. Or, depression may frequently occur with chronic pain and substance use problems.

With integrated care, your care team will try to treat all your medical and mental health issues in a coordinated way, including monitoring and tracking your symptoms and adjust the treatment plan when needed to ensure progress towards improvement or recovery. The whole care team will work off of a shared care plan and a shared secure electronic health record.

Step 3: Complete Patient Questionnaires

As part of identifying your mental health/substance issue, at the start of your clinic visit you will first be asked to complete a patient questionnaire or screening survey on mental health/substance. Most of these questionnaires are surveying signs of depression or anxiety or alcohol or drug misuse. If you show symptoms of such a condition your care team usually a RN or social worker will do an assessment that will then be discussed between you and your medical doctor in the exam room. One of the situations care teams will also look for are so-called social drivers of health, social factors that have the effect of impeding our good health. For example, poverty, poor housing, health food deserts, physical or emotional abuse, domestic violence, etc. The care team will note signs of these social barriers to health and try to put the patient directly in touch with organizations in the local community that can help.

Step 4: Key Elements of Care

From the patient perspective, the mental/substance services available at your primary care clinic will vary from clinic to clinic. Even so, there are several key elements you should look for that mean the care is high-quality and based on good scientific data. They include a team of care workers in the practice that coordinates and communicates among you and themselves and works as a team; repeated monitoring and tracking of your relevant symptoms and adjustment of your treatment plan if needed until improvement.

Step 5: Mental Health Consultant Present in the Clinic

Medicine has to date developed two proven models to integrating mental/substance care in the primary care clinic. One involves a mental health professional, usually a psychologist or a social worker, physically present in the clinic to assist and consult with your medical doctor and perform assessments and interventions and offer ongoing consultative advice to the physician on mental health and substance use treatments and techniques proven effective.

Once the patient survey and assessments are completed and given to the medical to discuss with the patient in the exam room, the doctor may ask the mental health consultant to join he/she and the patient in the exam room. This request might be communicated through intra-office instant messaging to help preserve privacy.

The physician introduces the mental health professional to the patient in an endorsing manner, and explains their role, and, if the patient agrees, that consultant can then assist with the patient's specific mental health/substance symptoms, or functional improvement, in a 15-20 min focused intervention. For example, the consultant may assist the patient on how to use behavioral techniques such as motivational interviewing, or behavioral activation, or problem-solving to help with patient's own self-care. These techniques can help motivate the patient in their health self-management and learn ways to improve social contacts and pleasurable activities both very important to a healthy life.

When patient follow-up is needed beyond the exam room visit, there may also be scheduled 30 min individual appointments with the consultant for brief psychotherapy. Thereafter, follow-up of the patient's behavioral health status will follow a consultant approach where the patient's status is

followed by both medical and mental health professionals until the patient's functioning or symptoms improve. If a patients' mental health concerns still do not improve, they may be referred to a mental health specialist outside the clinic for a higher intensity level of care. Importantly, in that case the medical doctor should have established arrangements in place to communicate and coordinate with the external mental health specialist and stay abreast of that specialty care, until the patient returns to the primary care clinic for all their care mental and physical.

One of the chief benefits of the onsite consultant approach is that it also aims to improve the whole clinic care team's knowledge and experience of mental health/substance conditions in general, which in turn can benefit all of the clinic's patient population.

Step 6: The Offsite Mental Health Consultant

The other approach features an offsite mental health specialist, usually a psychiatrist, who, once a patient has screened positive for a mental health/substance problem, supervises the clinic's care manager on mental health care and medications. This psychiatrist also gives continuous recommendations to the medical doctor on the mental/substance care treatment. Both approaches fit well together and can both be used in a clinic that has the resources. In both cases the mental health professional is an integral part of the primary care team.

Numerous outcome studies, as well as patient feedback, have shown that the central, coordinating role of the care manager is vital to improved patient health results. The care manager is at the very hub of the patient, medical doctor, mental health consultants and staff coordination and communication process, and helps patients navigate the health system. The care manager may be a nurse, a social worker or even a psychologist. In the offsite consultant approach, the care manager keeps the medical doctor informed on the patient's status and also, crucially, educates the patient, links them to community services and helps monitor and track patient progress all the while reporting back to the medical and mental health professionals.

At each care manager-patient session, both discuss the patient's functional status and work together to develop a practical, individualized, written plan to increase the patient's self-care activities. The care manager checks with the patients on medications taken and discusses any concerns or problems and works to simplify dosage schedules, or tie taking medications to other daily tasks. If cost is a concern for patients, the care manager can work with them to ensure medications are ordered in generic form and ordered through a pharmacy offering low copayments.