Integrating Mental Healthcare and Primary Care in a Rural Community: A Successful Campus Community Partnership

American Public Health Association, November 1, 2011

Seven Reasons for Integrating Mental Health into Primary Care (World Health Organization, 2008)

- The burden of mental disorders is great. Mental disorders are prevalent in all societies. They create a substantial personal burden for affected social hardships that affect society as a whole.
- Mental and physical health problems are interwoven. Many people suffer from both physical and mental health problems. Integrated primary care services help ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people with mental disorders.
- The treatment gap for mental disorders is enormous. In all countries there is a significant gap between the prevalence of mental disorders and the number of people receiving treatment and care. Integrated mental health helps close this gap.
- Primary care for mental health enhances access. When mental health is integrated into primary care, people can access mental health services closer to their homes, thus keeping their families together and maintaining their daily activities. Primary care for mental health also facilitates community outreach and mental health promotion, as well as long-term monitoring and management of affected individuals.
- Primary care for mental health promotes respect of human rights. Mental health services delivered in primary care minimize stigma and discrimination. They also remove the risk of human rights violations that can occur in psychiatric hospitals.
- Primary care for mental health is affordable and cost effective. Primary care services for mental health are less expensive than psychiatric hospitals, for patients, communities and governments alike. In addition, patients and families avoid indirect costs associated with seeking specialist care in distant locations.
- Primary care for mental health generates good health outcomes. The majority of people with mental disorders treated in primary care have good outcomes, particularly when linked to a network of services in the community.

World Health Organization. (2008) *Integrating mental health into primary care: a global perspective*. Geneva Switzerland: WHO Press.

Models of Primary Care Behavioral Health

Gatchel and Oordt (2008) identified Models of PC Mental Health. Models fall on a continuum dependent on individual setting, 'buy in' from organizational leadership, financial arrangements and skills and preference of provider staff.

- Co-located Clinics Model – Two separate organizations that may share space. MH provider is not integrated into primary care clinic.

- MH as Primary Care Provider Model - MH is a provider within the primary care clinic. MH collaborates with the physician but is an independent provider responsible for mental health care of the patient.

- Behavioral Health Consultant Model
    - -MH is a member of primary care and is called on to provide expertise for behavioral, emotional, and psychosocial aspects of the health care plan.
    - -MH sees patients for evaluation and makes recommendations to the primary care manager (physician or NP).

- -MH may provide treatment or may employ short-term treatment with referral for longer term needs.

- Staff Advisor Model – MH as a consultant to medical providers only. MH is available by pager to consult with medical staff. MH has no independent contract with patient for evaluation or treatment.

- Combined Model – Stepped-care approach
  -Medical provider consults with MH to formulate treatment plan
  -MH sees patient for further evaluation and development of plan when progress is limited.
  -MH engages patient in treatment protocol (therapy).

Gatchel, R. J., Oordt, M. S. (2008). *Clinical Health Psychology and Primary Care: Practical Advice and Clinical Guidance for Successful Collaboration.* Washington, DC: American Psychological Association.

Community Campus Partnerships for Health (CCPH) - Principles of Good Community-Campus Partnerships

- Partners have agreed upon mission, values, goals, and measurable outcomes for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds upon identified strengths and assets, but also addresses areas that need improvement.
- The partnership balances power among partners and enables resources among partners to be shared.
- There is clear, open and accessible communication between partners, making it an ongoing priority to listen to each need, develop a common language, and validate/clarify the meaning of terms.
- Roles, norms, and processes for the partnership are established with the input and agreement of all partners.
- There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.
- Partners share the credit for the partnership's accomplishments.
- Partnerships take time to develop and evolve over time

For more information see: Community Campus Partnerships for Health website at:
http://depts.washington.edu/ccph/principles.html#principles

Core Competencies for Interprofessional Collaboration and Practice: Report of an Expert Panel (May, 2011) – sponsored by the Interprofessional Education Collaborative

Core Competencies for Interprofessional Collaboration and Practice (IPEC, 2011)

- *Work with individuals of other professions to maintain a climate of mutual respect and shared values.*

- *Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.*

- *Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.*

- *Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.*

Retrieved on October 11, 2011 from http://www.aacn.nche.edu/education-resources/IPECReport.pdf