

## Sigma's 30th International Nursing Research Congress

### Integration of Behavioral Health Into Adult Primary Care

**Kim Elaine Backman, RN<sup>1</sup>**

Katherine Reddy, RN<sup>2</sup>

Elizabeth Wehrli, RN<sup>2</sup>

Joan Killeen, RN<sup>2</sup>

*(1)Dr. Susan Glodstein c/o Stony Brook School of Nursing, Stony Brook University, Stony Brook, NY, USA*

*(2)Stony Brook School of Nursing, Stony Brook University, Stony Brook, NY, USA*

**Purpose:** The purpose is to demonstrate the benefits of integrating behavioral health into adult primary care and investigate the challenges and barriers of implementation.

**Background:** The current United States healthcare system is fragmented, limiting access to mental health services and neglecting to address comorbid diagnoses that may be present and deteriorating to many individuals. Screening for mental health and wellness is just as significant to preventative treatment as screening for common physical health problems, as both can be equally detrimental. Integrated behavioral health care is a model of patient care that is person-centered and focuses on providing mental health services in the primary care setting. This model has the potential to improve outcomes for millions of Americans that suffer from these comorbid physical and mental health problems (Grazier, Smiley, & Bondalapati, 2016). While there are barriers to integrating mental health services into the world of primary care, there are benefits that can far outweigh the challenges faced by providers.

**Methods:** A literature review of 45 articles was conducted to investigate the challenges, barriers, facilitators and benefits of an integrated behavioral health care model. Three databases (Pubmed, CINAHL, and MEDLINE full text) were searched with the keywords: primary care, behavioral health, integrated care, integrative health, mental health, integration, psychiatry, patient satisfaction. Relevant articles were published between 2004 and 2019. The focus of the review is on the adult population including those from low socioeconomic areas with underlying depression, anxiety, trauma, and substance use disorders.

**Findings:** Upon review of the literature, both the barriers and benefits of an integrated behavioral health care model were identified. Individuals with mental health disorders often present with symptoms in the primary care setting. These individuals can be identified through screening during primary care visits, and be provided with early intervention, education, and referral to treatment. Primary care providers are ill-equipped to manage complex mental health needs of these individuals, therefore when integrating behavioral health there are qualified providers available for consultation or warm hand-off. Mental and physical health are interwoven, therefore by integrating care individuals can be treated in a holistic manner and mental health services will become more easily accessible (World Health Organization, 2008). Some of the many challenges and barriers include provider resistance due to time constraints, knowledge deficits, and resistance to change. The large volume of individuals in need of mental health services and the limited number of qualified providers is a barrier to implementation of the integrated behavioral health care model. Also, financial barriers regarding state and federal policies that affect reimbursement are another significant hindrance to integrated care.

**Practice Implications/Conclusion:** Review of these studies clearly indicate the importance and benefits of integrating behavioral health into primary care settings. Behavioral health is based on a biopsychosocial disease model, which includes biological, psychological, and social factors when evaluating an individual's level of wellness. Therefore, it is imperative that multiple health disciplines are involved in patient care to provide the most optimal care and promote overall wellness. A model of integrative care requires a collaborative effort from providers and a team-based approach to promote optimal wellness for patients.

---

**Title:**

Integration of Behavioral Health Into Adult Primary Care

**Keywords:**

Integrated care, behavioral health and mental health

**References:**

Abel, W.D., Richards-Henry, M., Wright, E.G., & Eldemire-Shearer, D. (2011). Integrating mental health into primary care an integrative collaborative primary care model—the Jamaican experience. *The West Indian Medical Journal*, 60(4), 483–489. Retrieved from [caribbean.scielo.org/scielo.php?script=sci\\_arttext&pid=S0043-3144201100040020](http://caribbean.scielo.org/scielo.php?script=sci_arttext&pid=S0043-3144201100040020)

Barrett, K., & Chang, Y. (2016). Behavioral interventions targeting chronic pain, depression, and substance use disorder in primary care. *Journal of Nursing Scholarship*, 48(4), 345-353. <https://doi.org/10.1111/jnu.12213>

Baumann S.L. (2004). Integrating psychiatry in inner-city primary care with psychiatric nurse practitioners. *Clinical Excellence for Nurse Practitioners*, 8(3), 103–108. Retrieved from [https://www.researchgate.net/publication/287053638\\_Integrating\\_psychiatry\\_in\\_inner-city\\_primary\\_care\\_with\\_psychiatric\\_nurse\\_practitioners](https://www.researchgate.net/publication/287053638_Integrating_psychiatry_in_inner-city_primary_care_with_psychiatric_nurse_practitioners)

Belsher, B.E., Jaycox, L.H., Freed, M.C., Evatt, D.P., Liu, X., Novak, L.A., . . . Engel, C.C. (2016). Mental health utilization patterns during a stepped, collaborative care effectiveness trial for PTSD and depression in the military health system. *Medical Care*, 54(7), 706-713. <https://doi.org/10.1097/MLR.0000000000000545>

Berge, J.M., Trump, L., Trudeau, S., Urtzan, D.S., Mandrich, M., Slattengren, A., . . . Wootten, M. (2017). Integrated care clinic: Creating enhanced clinical pathways for integrated behavioral health care in a family medicine residency clinic serving low-income, minority population. *Family, Systems, & Health*, 35(3), 283-294. <https://doi.org/10.1037/fsh0000285>

Bridges, A.J., Gregus, S.J., Rodriguez, J.H., Andrews, A.R., Villalobos, B.T., Pastrana, F.A., & Cavell, T.A. (2015). Diagnoses, intervention strategies, and rates of functional improvement in integrated behavioral health care plans. *Journal of Consulting and Clinical Psychology*, 83(3), 590-601. <https://doi.org/10.1037/a0038941>

Buche, J., Singer, P., Grazier, K., King, E., Maniere, E., & Beck, A. (2017). Primary care and behavioral health workforce integration: Barriers and best practices. *Behavioral Health Workforce Research Center*, 1(1), 1-16. Retrieved from [http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/02/FA2P3\\_Team-based-Care-Case-Studies\\_Full-Report.pdf](http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/02/FA2P3_Team-based-Care-Case-Studies_Full-Report.pdf)

Butler, M.P., Kane, R.L., McAlpine, D., Kathol, R.G., Fu, S.S., Hagedorn, H., & Wilt, T.J. (2008). Integration of mental health/substance abuse and primary care. Retrieved from <https://www.ahrq.gov/downloads/pub/evidence/pdf/mhsapc/mhsapc.pdf>

Christian, E., Krall, V., Hulkower, S., & Stigleman, S. (2018). Primary care behavioral health integration: Promoting the quadruple aim. *North Carolina Medical Journal*, 79(4), 250-255. <https://doi.org/10.18043/ncm.79.4.250>

- Chwastiak, L.A., Jackson, S.L., Russo, J., DeKeyser, P., Kiefer, M., Belyeu, B., . . . Lin, E. (2017). A collaborative care team to integrate behavioral health care and treatment of poorly-controlled type 2 diabetes in an urban safety net primary care clinic. *General Hospital Psychiatry*, 44, 10-15. <https://doi.org/10.1016/j.genhosppsych.2016.10.005>
- Corso, K.A., Bryan, C.J., Corso, M.L., Kanzler, K.E., Houghton, D.C., Ray-Sannerud, B., & Morrow, C.E. (2012). Therapeutic alliance and treatment outcome in the primary care behavioral health model. *Families, Systems, & Health: The Journal of Collaborative Family HealthCare*, 30(2), 87-100. <https://doi.org/10.1037/a0028632>
- Davis, M.M., Gunn, R., Gowen, L.K., Miller, B.F., Green, L.A., & Cohen, D.J. (2018). A qualitative study of patient experiences of care in integrated behavioral health and primary care settings more similar than different. *Translational Behavioral Medicine*, 8(50), 649-659. <https://doi.org/10.1093/tbm/ibx001>
- Ede, V., Okafor, M., Kinuthia, R., Belay, Z., Tewolde, T., Alema-Mensah, E., & Satcher, D. (2015). An examination of perceptions in integrated care practice. *Community Mental Health Journal*, 51(8), 949-961. <https://doi.org/10.1007/s10597-015-9837-9>
- Engel, C.C., Bray, R.M., Jaycox, L.H., Freed, M.C., Zatzick, D., Lane, M.E., . . . Katon, W.J. (2014). Implementing collaborative primary care for depression and posttraumatic stress disorder: Design and sample for a randomized trial in the U.S. military health system. *Contemporary Clinical Trials*, 39(2), 310-319. <https://doi.org/10.1016/j.cct.2014.10.002>
- Fondow, M., Zeidler-Schreiter, E., Thomas, C., Grosshans, A., Serrano, N., & Kushner, K. (2017). Initial examination of characteristics of patients who are high utilizers of an established primary care behavioral health consultation service. *Families, Systems, & Health: The journal of Collaborative Family HealthCare*, 35(2), 184-192. <http://dx.doi.org/10.1037/fsh0000266>
- Fortin, M., Zhirong, C., & Fleury, M.J. (2018). Satisfaction with primary and specialized mental health care among patients with mental disorders. *International Journal of Mental Health*, 47(2), 97-117. <https://doi.org/10.1080/00207411.2018.1448661>
- Funderburk, J.S., Fielder, R.L., Demartini, K.S., & Flynn, C.A. (2012). Integrating behavioral health services into a university health center: Patient and provider satisfaction. *Families, Systems, & Health: The Journal of Collaborative Family HealthCare*, 30(2), 130-140. <http://dx.doi.org/10.1037/a0028378>
- Funderburk, J.S., Pigeon, W.R., Shepardson, R.L., & Maisto, S.A. (2019). Brief behavioral activation acceptability, engagement, and treatment response. *Psychological Services*, 16(1). Retrieved from <http://dx.doi.org/10.1037/ser0000328>
- Getler, A.A., Joseph, R.C., Grunebaum, J., Grunebaum, H., & Eder, G. (2001). Innovations in primary care mental health. *Families, Systems, & Health*, 19(4), 459-466. <http://dx.doi.org/10.1037/h0089563>
- Grazier, K.L., Smiley, M.L., & Bondalapati, K.S. (2016). Overcoming barriers to integrating behavioral health and primary care services. *Journal of Primary Care & Community Health*, 7(4), 242-8. <https://doi.org/10.1177/2150131916656455>
- Kearney, L.K., Wray, L.O., Dollar, K.M., & King, P.R. (2015). Establishing measurement-based care in integrated primary: Monitoring clinical outcomes over time. *Journal of Clinical Psychology in Medical Settings*, 22(4), 213-227. <https://doi.org/10.1007/s10880-015-9443-6>

Kroenke, K., & Unutzer, J. (2017). Closing the false divide: Sustainable approaches to integrating mental health services into primary care. *Journal of General Internal Medicine*, 32(4), 404-410. <https://doi.org/10.1007/s11606-016-3967-9>

Lake, J., & Turner, M.S. (2017). Urgent need for improved mental health care and a more collaborative model of care. *The Permanente Journal*, 21. <https://doi.org/10.7812/TPP/17-024>

Landoll, R.R., Maggio, L.A., Cervero, R.M., & Quinlan, J.D. (2018). Training the doctors: A scoping review of interprofessional education in primary care behavioral health. *Journal of Clinical Psychology in Medical Settings*. <https://doi.org/10.1007/s10880-018-9582-7>

Landoll, R.R., Nielsen, M.K., Matthew, K., & Waggoner, K.K. (2017). US air force behavioral Health optimization program: Team members' satisfaction and barriers to care. *Family Practice*, 34(1), 71-76. <https://doi.org/10.1093/fampra/cmw096>

Landoll, R.R., Nielsen, M.K., Waggoner, K.K., & Najera, E. (2018). Innovations in primary care behavioral health: A pilot study across the U.S. air force. *Translational Behavioral Medicine*, 9(2), 266-273. <https://doi.org/10.1093/tbm/iby046>

Langhinrichsen-Rohling, J., Selwyn, C.N., Jackson, S., Johns, K., Wornell, C., Finnegan, H., & Smith-West, M.B. (2017). The prevalence and mental and physical health correlates of post-traumatic stress disorder symptoms in vulnerable and under resourced primary care patients referred to a behavioral health provider. *Journal of Public Health Management and Practice*, 23, S32-S39. <https://doi.org/10.1097/PHH.0000000000000654>

Miller-Matero, L.R., Dykuis, K.E., Albujoq, K., Martens, K., Fuller, B.S., Robinson, V., & Willens, D.E. (2016). Benefits of integrated behavioral health services: The physician perspective. *Families, Systems, & Health: The Journal of Collaborative Family HealthCare*, 34(1), 51-55. <http://dx.doi.org/10.1037/fsh0000182>

Morozova, O., Dvoriak, S., Pykalo, I., & Bottum, K. (2017). Primary healthcare-based integrated care with opioid agonist treatment: First experience from Ukraine. *Drug and Alcohol Dependence*, 173, 132-138. <https://doi.org/10.1016/j.drugalcdep.2016.12.025>

National Institute of Mental Health (2019). *Mental Illness*. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

Padwa, H., Teruya, C., Tran, E., Lovinger, K., Antonini, V.P., Overholt, C., & Urada, D. (2016). The implementation of integrated behavioral health protocols in primary care settings in project care. *Journal of Substance Abuse Treatment*, 62, 74-83. <https://doi.org/10.1016/j.jsat.2015.10.002>

Possemato, K., Johnson, E.M., Beehler, G.P., Shepardson, R.L., King, P., Vair, C.L., ...Wray, L.O. (2018). Patient outcomes associated with primary care behavioral health services: A systematic review. *General Hospital Psychiatry*, 53, 1-11. <https://doi.org/10.1016/j.genhosppsych.2018.04.002>

Ramanuj, P., Ferenchik, E., Docherty, M., Spaeth-Rublee, B., & Pincus, H.A. (2019). Evolving models of integrated behavioral health and primary care. *Current Psychiatry Reports*, 21(1), 4. <https://doi.org/10.1007/s11920-019-0985-4>

Ray-Sannerud, B.N., Dolan, D.C., Morrow, C.E., Corso, K.A., Kanzler, K.E., Corso, M.L., & Bryan, C.J. (2012). Longitudinal outcomes after brief behavioral health intervention in an integrated primary care clinic. *Families, Systems, & Health: The Journal of Collaborative Family HealthCare*, 30(1), 60-71. <http://dx.doi.org/10.1037/a0027029>

Sadock, E., Auerbach, S.M., Rybarczyk, B., & Aggarwal, A. (2014). Evaluation of integrated psychological services in a university-based care clinic. *Journal of Clinical Psychology in Medical Settings*, 21(1), 19-32. <https://doi.org/10.1007/s10880-013-9378-8>

Salloum, I.M., & Khazai, L. (2015). The integration of mental health and primary care: A person-centered approach. *World Medical Journal*, 61(3), 109–113. Retrieved from [https://www.researchgate.net/publication/283466185\\_The\\_Integration\\_of\\_Mental\\_Health\\_and\\_Primary\\_Care\\_A\\_Person-centered\\_Approach](https://www.researchgate.net/publication/283466185_The_Integration_of_Mental_Health_and_Primary_Care_A_Person-centered_Approach)

Satcher, D., & Rachel, S.A. (2017). Promoting mental health equity: The role of integrated care. *Journal of Clinical Psychology in Medical Settings*, 24(3-4), 182-186. <https://doi.org/10.1007/s10880-016-9465-8>

Schnurr, P.P. (2016). Extending collaborative care for posttraumatic mental health. *JAMA Internal Medicine*, 176(7), 956-957. <https://doi.org/10.1001/jamainternmed.2016.2537>

Soltis-Jarrett, V. (2016). Patient-Centered homes and integrated behavioral health care: Reclaiming the role of “consultant” for psychiatric-mental health nurse practitioner. *Issues in Mental Health Nursing*, 37(6), 387-391. <https://doi.org/10.3109/01612840.2016.1172686>

Soltis-Jarrett, V. (2019). The TANDEM3-PC: The foundation for an innovative, integrated behavioral health NP-led model of practice in rural primary care. *Archives of Psychiatric Nursing*, 33, 2–10. <https://doi.org/10.1016/j.apnu.2018.08.007>

Soltis-Jarrett, V., Shea, J., Ragaisis, K. M., Shell, L. P., & Newton, M. (2017). Integrated Behavioral Healthcare: Assumptions, Definition and Roles: Position Paper From the International Society of Psychiatric-Mental Health Nurses. *Archives of Psychiatric Nursing*, (5), 433. <https://doi-org.proxy.library.stonybrook.edu/10.1016/j.apnu.2017.06.002>

Uga, A., Kulkarni, S., Heeramun, V., & Bottum, K. (2017). Evaluation of a model of integrated care for patients with chronic medical and psychiatric illness. *Psychosomatics*, 58(4), 437-440. <https://doi.org/10.1016/j.psym.2017.02.007>

Unutzer, J., Chan, Y.F., Hafer, E., Knaster, J., Shields, A., Powers, D., & Veith, R.C. (2012). Quality improvement with pay-for-performance incentives in integrated behavioral health Care. *American Journal of Public Health*, 102(6), e41-5. <https://doi.org/10.2105/AJPH.2011.300555>

Vogel, M., Kanzler, K., Aikens, J., & Goodie, J. (2017). Integration of behavioral health and primary care: Current knowledge and future directions. *Journal of Behavioral Medicine*, 40(1), 69-84. <https://doi.org/10.1037/a0028378>

Ward, M.C., Miller, B.F., Maroni, V.C., Kaslow, N.J., & Farber, E.W. (2016). The role of behavioral health in optimizing care for complex patients in the primary care setting. *Journal of General Internal Medicine*, 31(3): 265-267. <https://doi.org/10.1007/s11606-015-3499-8>

Williams, D., Eckstrom, J., Avery, M., & Unutzer, J. (2015). Perspectives of behavioral health clinicians in a rural integrated primary care/mental health program. *Journal of Rural Health*, 31(4), 346-353. <https://doi.org/10.1111/jrh.12114>

Integrating Mental Health into Primary Care: A Global Perspective. (2008). Retrieved from [https://www.who.int/mental\\_health/resources/mentalhealth\\_PHC\\_2008.pdf](https://www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf)

Zallman, L., Joseph, R., O'Brien, C., Benedetto, E., Grossman, E., Arsenault, L., & Sayah, A. (2017). Does behavioral health integration improve primary care providers' perceptions of health-care system

functioning and their own knowledge? *General Hospital Psychiatry*, 46, 88-93. <https://doi.org/10.1016/j.genhosppsy.2017.03.005>

### **Abstract Summary:**

Integrated behavioral health is a model of care that focuses on providing mental health services in the primary care setting. This presentation investigates both the challenges and facilitators of this model while demonstrating the benefits of integrative behavioral health.

### **Content Outline:**

#### **1. Background:**

- What is Integrated Behavioral Health Care? Integrated behavioral health occurs when primary care providers and mental health specialties work together to address the physical and mental health needs of a patient.
- Why integrate behavioral health into primary care? Individuals present to primary care with a variety of complex symptoms and the collaboration of specialties allows for cohesive treatment of comorbid disorders. The current healthcare system is fragmented and restricts access to mental health services.
- How integrated behavioral health care works and how its implemented.
- The role of the Psychiatric Mental Health Nurse Practitioner in Integrated Behavioral Health.

#### **2. Challenges and Barriers**

- Financial - Insurance reimbursement issues, traditionally different specialties are reimbursed separately, integration requires additional staff and larger office spaces
- Poor or lack of communication among providers
- Role identification when collaborating
- Organizational/Political issues
- Overall resistance to change
- Traditional healthcare system is fragmented
- Limited studies have been done on real-world application of integrating behavioral health into primary care
- There is a shortage of psychiatric providers and a large volume of referrals
- Electronic medical records - traditionally fragmented design

#### **3. Statistics**

- One in four adults and one in five children suffer from a mental health problem or psychiatric illness in any given year (Soltis-Jarrett, Shea, Ragaisis, Shell, & Newton, 2017).
- More than 50% of individuals meet the criteria for two or more psychiatric illnesses (Soltis-Jarrett, Shea, Ragaisis, Shell, & Newton, 2017).
- Individuals with severe and persistent psychiatric illness shown to die 25 years earlier than the general population (Soltis-Jarrett, Shea, Ragaisis, Shell, & Newton, 2017).
- In 2017, less than half (46.2%) of adults with a mental illness received mental health services (National Institute of Mental Health, 2019).
- In 2017, adults aged 18-25 years with a mental illness were less likely to receive mental health treatment than adults aged 26 and older (National Institute of Mental Health, 2019).

#### **4. Facilitators**

- Healthy People 2020 Social Determinants of Health: A goal is to promote improved health for all and increase access to healthcare.
- US Department of Health and Human Services Health Resources and Services Administration advocates for integration.
- Yearly physicals or sick visits to primary care provide opportunity to screen for mental health problems and psychiatric illness.

## 5. Benefits

- Early identification and referral to treatment
- Low “no-show” rates for appointments
- Decrease in stigmatism
- Ease of access (Miller-Matero et al., 2016).

## 6. Implications for Future Practice

- Screening tools: CAGE, SBIRT, PHQ-9, GAD-7, AUDIT-10, DAST-10
- Training for ICD codes

First Primary Presenting Author

***Primary Presenting Author***

Kim Elaine Backman, RN  
Stony Brook University School of Nursing  
Student  
Stony Brook NY  
USA

**Author Summary:** As a graduate student, Kim became involved with an Integrated Behavioral Health Grant. Working under this grant allowed Kim the opportunity to understand the challenges that the underserved communities face on a daily basis. She believes there exists a critical need for dedicated practitioners in the field of behavioral health, but even more so in the vulnerable populations whose mental health complications are further exacerbated by their lack of resources.

Second Secondary Presenting Author

***Corresponding Secondary Presenting Author***

Katherine Reddy, RN  
Stony Brook University School of Nursing  
Student  
Stony Brook NY  
USA

**Author Summary:** For her final year of graduate school Katherine participated in a Health Resources and Services Administration Integrated Behavioral Health Workforce and Training grant where she completed an internship of over 360 hours in an integrative healthcare setting in Central Islip, NY. As a result of her experience, Katherine is an advocate for integrating behavioral health into primary care and is dedicated to her career in community mental health nursing.

Third Secondary Presenting Author

***Corresponding Secondary Presenting Author***

Elizabeth Wehrli, RN  
Stony Brook University School of Nursing  
Student

Stony Brook NY  
USA

**Author Summary:** After witnessing first-hand, the detrimental effects that PTSD inflicts among current and former members of the military, Elizabeth became increasingly aware of the mental health crisis that has been occurring in the military, leading to high suicide rates. As a result, she developed immense passion, making it her mission to further her career with the goal of becoming an advanced healthcare provider to assist with fighting the war against suicide on the home front.

Fourth Secondary Presenting Author

***Corresponding Secondary Presenting Author***

Joan Killeen, RN

Stony Brook University School of Nursing

Student

Stony Brook NY

USA

**Author Summary:** Joan Killeen has worked in a variety of settings in her 20- year nursing career. She has experienced the challenge of access to treatment for patients with mental health problems and the deterioration that occurs as a result. This has continuously fueled her passion to make the process more accessible without stigma to the vulnerable individuals who struggle daily.