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 in 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:


functioning and their own knowledge? General Hospital Psychiatry, 46, 88-93. https://doi.org/10.1016/j.genhosppsych.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 it's 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
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**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
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**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
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
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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.