Why primary care services to mental health populations?

- High rates of physical illness in mentally ill
- Premature mortality
- Low quality of medical care to patients with mental illness
- Costly physically ill with mental illness – “High Utilizers”
- Access problems
Premature Mortality in Adults with Schizophrenia in the US

**Patient Level Factors**

- Lack of motivation, apathy
- Cognitive Impairment
- Comorbidity
- Fear and Distrust
- Lack of perceived need for health care
- Poor social, communication skills
Provider Level Factors

Lack of knowledge about specific disorders

Attribute physical sx to mental illness and miss the problems

Why bother? "Just treat the schizophrenia and leave the rest".

Fear and Distrust

Take too long, high no-show, impacts bottom line

Roles for PCPs in CMHCs

| Direct Care | • Chronic Medical Conditions  
|            | • Preventive Care           |
| Collaboration | • Psychiatric Providers  
|             | • Care Managers, Case Managers, |
| Population Based Care | • Establishing Priorities  
|                  | • Track Outcomes, Adjust Care |
| Education | • Non Medical and Medical Staff  
|           | • Patients                  |
| Leader | • Champion Health Care  
|        | • Help Shape System of Care |

integration.samhsa.gov
Approach to the Exam – Reset Expectations

**Longer appointment**
Due to aspects of illness such as poverty of speech, apathy, disorganization, positive symptoms make it harder to get accurate history. 2-4 appts per hour, smaller panel size - half

**Sensitive to Trauma**
Especially sexual trauma in women. Be ready for emotional response to exam, take time to explain and go slow

**Avoid Bombardment**
Start with one or two goals and move through the list over the course of multiple appointments - plenty of pent up need has to be managed carefully

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**Concerns in Approaching the Exam**

<table>
<thead>
<tr>
<th><strong>Providers View</strong></th>
<th><strong>Patients View</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>WE DON’T UNDERSTAND THEM</td>
<td>THEY DON’T UNDERSTAND ME</td>
</tr>
<tr>
<td>THEY ARE MENTALLY ILL</td>
<td>THEY ARE INCOMPETENT</td>
</tr>
<tr>
<td>THEY TAKE TOO LONG</td>
<td>THEY AREN’T PATIENT WITH ME</td>
</tr>
<tr>
<td>THEY DON’T DO WHAT WE SAY</td>
<td>THEY WANT TO CONTROL ME</td>
</tr>
<tr>
<td>THEY SCARE ME</td>
<td>THEY SCARE ME</td>
</tr>
</tbody>
</table>
Help All Staff View Lifestyle Issues as Their Mission

Something **YOU** want to do
Reasonable amount of information
Behavior-specific

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**Staff Training – Get Creative**

- Brown bag lunches
- Show staff how to use BP cuffs
- One pagers – Diabetes, Hypertension
- Education to give to patients
- E-mail blasts to all staff – latest news
- Articles/websites
- “Med Spots” at staff meeting (15 minutes)
- Case – To – Care Training


Educate Patients

Psychiatric Providers’ Responsibilities

- **Minimize**: Effects of SGAs and other psychotropic medications
- **Screen**: For Illness (APA/ADA Guidelines, etc.), others
- **Counsel**: Lifestyle Modification – smoking, weight loss
- **Treat**: Some chronic medical conditions with adequate training/consultation if desired
Engage Psychiatric Providers

- Shared patients, shared illnesses – they can counsel, switch meds, minimize side effects, treat – work in partnership with PCP
- Patients see them as their “doctor” and may want their approval first before starting medications from PCP
- Complications of psych meds and medical comorbidities require discussion among colleagues

TIPS
- *Staffing complicated patients together is encouraged
- *Go to medical staff meetings – be part of their team
- *Educate – help restore their skills in treating chronic medical problems – help them be more well-rounded medical providers

Leadership

- You can be one of the champions for health care change by bringing your knowledge of general medicine into the behavioral health environment
- PR, PR, PR – can be difficult sometimes to get the team to follow
Training PCPs to Work in CMHCs


Modules

**Module 1:** Introduction to Primary and Behavioral Health Integration  
**Module 2:** Overview of the Behavioral Health Environment  
**Module 3:** Approach to the Physical Exam and Health Behavior Change  
**Module 4:** Psychopharmacology and Working with Psychiatric Providers  
**Module 5:** Roles for PCPs in the Behavioral Health Environment
“Everyone Wants to do Integrated Care Until they Learn they have to Change Their Practice”
Integration Scores for PBHCI Grantees: Culture was Lowest

PCPs who are a “good fit” for this work

- Flexible
- Adapts well to behavioral health environment
- Likes working with patients with mental illnesses
- Enjoys being part of a team
- Want to make a difference in a health disparity group
- Prefer to use data to drive care including utilizing a “treat-to-target” approach to meet goals
PCP Best Suited for This Work

“My observations are that the key variable is a seasoned/experienced, confident provider who may not fully understand but isn’t frightened or put off by issues of mental illness - we’ve had multiple folks fitting this description who have functioned very well in behavioral health-based primary care clinics.

PBHCI grantee, Colorado

Case Study/Scenario
For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail integration@thenationalcouncil.org