

<h2>Collaboration/Integration of Primary Care Programs and Mental Health Programs in Rural Areas: Future thinking!</h2> <hr/>	
<p>Stephen Kliewer, MSMHC, D.Min. Wallowa Valley Center for Wellness Wallowa County, Oregon</p>	

<h2>Why Explore this Issue?</h2> <hr/>	
<ul style="list-style-type: none">▪ People with mental illness often have significant medical issues One study found that 93% of 42 people participating in an outpatient mental health program had at least one medical issue requiring some level of care and that only 11% of the men and 26% of the women were having their health needs adequately addressed (Roca, Breakey, Fisher, 1987). <p>A more recent study found a chronic health condition in 74% of a population with SMI (Jones et al., 2004).</p>	

<h2>“Why?”</h2> <hr/>	
<ul style="list-style-type: none">▪ Research has shown that people with mental illness often present at primary care settings and never receive professional mental health care. Campbell, 2005; Norquist, 1996	

Why?

- Many mental health clients enter the system of care through the gateway of the mental health program and consider the MH clinic their “medical home”. This group often distrusts the PCP and does not access adequate care.

Roca, Breakey, Fisher, 1987, Hyland et al

Barriers to Mental Health Care in Rural Areas

- **Attitudes Toward Mental Illness and Stigma** - Negative views of mental illness, even on the part of those with such illness, and the stigma attached to psychiatric diagnoses constitute a significant barrier to mental health care resulting in an underuse of services. Bachrach, 1983; Letvak, 2002; Jones & Parlour, 1985, Sweeny & Kisely, 2003, Judd et al., 2006, McMillan, 2006, Komiti et al., 2006
- **Lack of Confidentiality** - The fear of exposure, an issue closely related to stigma, is another factor that seems to affect access to mental health care in rural areas. APA, 1995
- **Financial Barriers** -- Various studies have determined that rural residents tend to be poorer than those in urban or mixed rural/urban areas. Merwin et al., 2006; Reschovsky & Staiti, 2005.

Barriers to Comprehensive Care

- **Lack of Mental Health Training for Primary Care Providers**
In spite of recent changes in training many primary care physicians do not have the training necessary to identify or respond to people with mental illness who present in their practices. In one study 80% of the physicians surveyed did not feel confident re: mental health issues. Hodgins et al., 2005; Seaburn, Lorenz, Gunn, Jr., Gawinski, & Mauksch, 1996 Steele et al., 2003
- **Lack of Training of MHPs Related to the Primary Care System** – It is often difficult for MHPs to function effectively within or work with the PCP system due to significant differences between the two systems and the way they approach care. This makes it difficult for good collaboration. Hamberger et al. 1999; Patterson et al., 1998

Initial Solutions.

- Training of PCPs
- Training of MHPs
- Standardized screening/evaluation tools
- Improved communication
- MHP consultation to PCPs
- PCP consultation to MHPs
- Communication tools to aid in collaborative care

Future Options

- Colocation - the actual placement of the service.
- Collaboration – cooperation/consultive relationships between the providers from each sphere
- Integration – where the person from one sphere of care is considered to be part of the care team.

Robinson & Reiter, 2007

Practice Implications

- **Practice Location:** Since there are significant issues that tend to keep people from accessing care it becomes important to think about ways to get delivery of care to people in ways that minimize transportation issues, protect confidentiality, reduce stigma, and provide ease of movement from primary health care to mental health care.
- **Treatment formats.** There is a need to rethink how treatment is delivered. It may be important to look at sessions that are shorter than the traditional 50-minute hour. This would be especially true if the clinician is working within the primary care setting where 10-20 minute sessions are the norm.

Practice Implications con't.

- **There is need for the various disciplines to broaden their knowledge base.** In order for primary care providers to work effectively with mental health professionals it will be important for the PCPs to gain extra training related to mental health. This may include increased training related to the nature of mental illness, and information about specific illnesses; training related to screening and assessment including the use of validated tools; training in psychopharmacology; and training related to evidence-based practices. Mental Health providers need to become more familiar with the primary care culture and learn to make some adaptations when working within primary care. MHPs also need more information about physical health issues as they relate to people with mental illness
