Integration of Mental Health Care into Primary Care: A Qualitative Analysis

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Introduction

The mental health population is underrepresented in all aspects of public health, especially health literacy. An already vulnerable group, the lack of health literacy creates a double burden and further prevents this population from increasing their health outcomes (1). Stigma associated with mental illness may also hinder those who want to seek help (2).

The I-CARE Physical Health Integration Pilot aims to create greater health literacy among the mental health population while improving mental health and physical health outcomes, stigma and access to health care services.

It will follow the person-centered medical home (PCMH) model introduced by the American Academy of Pediatrics in 1967. The PCMH is an integrated health model in which the primary care physician directs the clients' healthcare and treatment is delivered in collaboration with specialists and mental health providers (3). This model has been found to be effective for treating mental health disorders and increasing health literacy.

Evaluation of the PCMH model has demonstrated that patients in this setting have better health outcomes due to greater care management, increased contact with providers and more easily accessible services. In addition, the PCMH carries less stigma than traditional mental health settings, thus encouraging individuals to pursue greater health literacy (4).

The I-CARE Physical Health Integration Pilot was implemented in 5 federally qualified health centers in March 2011 in San Diego County. Collaborative care includes a physician, nurse, behavioral health consultant, drug and alcohol counselor and peer support specialist (PSS).

Purpose

1. Program evaluation will answer the following questions:
   a) How does moving stable mental health patients into a medical home within the Integrated Primary Care setting affect both mental health and physical health outcomes?
   b) How does integrating stable mental health patients into a primary care setting affect the satisfaction of mental health individuals and clinic staff?
   c) Does the integrated setting expand access to physical and mental health services?
   d) Does integrated setting reduce mental health stigma?
   e) Does integrated setting increase health literacy?

Methods

A mixed methods approach that incorporates both quantitative and qualitative methods was used for evaluation but only qualitative methods will be discussed.

Methods contd.

Recruitment: Participants were recruited from 5 federally qualified health centers. Recruitment flyers was distributed at each center. Participants received a $15 Target gift card as compensation for their time.

In-depth Interviews: Interviews were conducted with patients, staff, and physicians to gather their perceptions and experiences with the integrated health system and PCMH. Interviews were generally 30-60 minutes long.

Exploratory Focus Groups: Patient focus groups consisted of 4-6 patients and covered patients' experiences with integrated healthcare, including concerns, expectations, perceived benefits and drawbacks, and impact on mental and physical health recovery. Staff/Physician focus groups were conducted with I-CARE staff and will cover any concerns about providing care to mental health patients, readiness to deliver care, mental health stigma, expectations, perceived benefits and drawbacks, and impact on patients' mental and physical health recovery.

Results

Based on the qualitative data from interviews and focus groups, there were mixed feelings about the transfer into integrated care. Some individuals expressed positive feelings:

> "When they told me that I was graduating, I was so happy because I knew I was stable" – *I-CARE patient*

> "I thought it was a good idea first of all… Like the idea of doctor and therapy working together so it's like, you know, mind body place." – *I-CARE patient*

Others expressed feelings of concern and anxiety over the transfer:

> "I took it kind of like I was getting kicked out kind of thing but they're saying it was a good thing for me because…coming here now I get medical treatment." – *I-CARE patient*

The majority of I-CARE clients liked the convenience of having mental and physical health services available to them in one location.

> "Everything is under one roof. ..You have the therapist, you have a doctor, you have – it's like a team working together on your plan. They do it with care and concern and they don't judge you and they have that patience with you." – *I-CARE patient*

Other perceived benefits of ICARE include cost and availability of physicians and PSSs.

> "They [I-CARE] don't turn me away. They don't say that I'm not qualified for this because I make too much" – *I-CARE patient*

Results contd.

> "That's comforting to have a primary [doctor] cause I haven't had a doctor in 5 years." – *I-CARE patient*

> "He's really good, he gave me information about school, and about a place where I can take free classes for stress exercises… It helps me." – *I-CARE patient*

Staff expressed how integrated care increased their mental health literacy:

> "Amongst those [staff] who are doing I-CARE my sense is people have enjoyed it, have found it educational…The opportunity to do the webinars and the opportunity to expand their skill set and also to be able to see these patients holistically" – *I-CARE staff*

And patients expressed better understanding of their physical health:

> "She gave me print outs of the symptoms and they all match what I was experiencing. She prescribed the medications, I took them, and it was gone" – *I-CARE patient*

Discussion

Although some individuals were hesitant to transfer to I-CARE, over time, many adjusted quickly to their new clinics and expressed preference for their I-CARE clinic over their previous clinic. Other re-occurring themes from interviews and focus groups were positive PSS experiences, low cost of I-CARE and the availability of doctors. Patients appreciated the availability of a PSS and reported their role enabled them to better adjust to I-CARE and encouraged them to be more proactive of their health.

Suggested improvements for I-CARE included availability of social groups and clubs, more information for patients during the transfer, and a less abrupt transition from previous clinic to I-CARE. Overall, patients were pleased with the physical health care included in I-CARE and physicians and staff admitted increasing their health literacy in mental health.

The PCMH and integrated care system was used on the mental health population in this study, but it can be applied to other populations to improve health literacy and health outcomes.

References

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