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The VA Center for Integrated Healthcare periodically highlights recent publications in the area of primary care mental health integration (PCMHI). The studies described in this issue investigate core elements of integrated primary care, including referral management, self-management, and modifying empirical treatments. I am proud to note that all three featured articles involved CIH investigators.

Happy Holidays
Laura O. Wray, PhD, Executive Director

1. The implementation and testing of a referral management system to address barriers to treatment seeking among primary care veterans with PTSD. ([Link to Abstract*](#)). Published in: Psychological Services. Advance online publication. doi: 10.1037/ser0000150. Possemato, K., Johnson, E. M., Wray, L. O., Webster, B., & Stecker, T. (2017).

Primary care (PC) patients with PTSD often face barriers to seeking treatment. Possemato and colleagues tested a referral management system (Coordinated, Alternative Pathway to Engagement; CAPE) for PC patients with PTSD. CAPE involves: 1) 1-session of cognitive behavioral therapy to address treatment-seeking beliefs, 2) phone contacts to promote appointment attendance, and 3) trainings of PC staff on implementing clinical practice guidelines for PTSD. Individuals who received CAPE were more likely to initiate evidence-based psychotherapy and medication for PTSD. PCMHI team members can consider implementing CAPE in collaboration with their PTSD and PC teams to help promote increased engagement in evidence-based treatment for PTSD.

2. Self-management strategies for stress and anxiety used by nontreatment seeking veteran primary care patients. ([Link to Abstract*](#)). Published in: Military Medicine, 182 (7). doi: 10.7205/MILMED-D-16-00378. Shepardson, R. L., Tapio, J., & Funderburk, J. S. (2017).

The majority of patients with anxiety never seek treatment, and commonly report that they prefer to use self-management strategies, though the extant literature examining these strategies is limited. Shepardson and colleagues investigated self-management for anxiety in primary care veterans. Self-management strategies included: self-care (e.g., exercise, relaxation), cognitive strategies (e.g., thought redirection), avoidance strategies (e.g., substance use, avoiding anxiety provoking situations), connectedness (e.g., socializing, volunteering), pleasurable activities (e.g., listening to music), and achievement. Self-care was rated as the most helpful, followed by connectedness. PCMHI providers may wish to consider how self-care activities and promotion of connection with others may help supplement other treatment approaches.

3. Brief cognitive behavioral therapy for insomnia delivered to depressed veterans receiving primary care services: A pilot study. ([Link to Abstract*](#)). Published in: Journal of Affective Disorders, 217, 105-111. doi: 10.1016/j.jad.2017.04.003. Pigeon, W. R., Funderburk, J., Bishop, T. M., & Crean, H. F. (2017).

This pilot study employed a brief, primary care based cognitive-behavioral therapy for insomnia (CBT-I) that included two in-person appointments and two telephone follow-ups. Veterans in the CBT-I condition reported improved sleep compared to their baseline (e.g., insomnia severity, sleep efficiency) consistent with longer CBT-I protocols in non-depressed patients. In this small sample only number of awakenings was significantly better in the CBT-I condition versus the sleep hygiene-only control at 3 months. The article provides early evidence for the feasibility and positive outcomes of completing brief CBT-I with primary care patients with depression, laying a foundation for larger scale studies in the future.

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The VA Center for Integrated Healthcare periodically highlights three recent publications in the area of primary care-mental health integration (PC-MHI). This CIH research update focuses on pragmatic tips and recommendations for a clinical audience to support best practices of PC-MHI providers including articles discussing quality improvement, program evaluation, and ethics of PC-MHI.

Laura O. Wray, PhD, Executive Director

1. Narrative review of provider behavior in primary care behavioral health: How process data can inform quality improvement. ([Link to Abstract*](#)). Published in: Families, Systems, & Health. Advance Online Publication. doi: 10.1037/fsh0000263. Beehler, G.P., Lilienthal, K.R., Possemato, K., Johnson, E.M., King, P.R., Shepardson, R.L.,...Wray, L.O. (2017).

This narrative review of Primary Care Behavioral Health (PCBH) describes provider behaviors critical for implementation of the model. Common strengths (i.e., therapeutic alliance, functional assessments) and areas for growth (i.e., brief, time-limited care; treatment of behavioral health concerns; use of standardized measures; and collaboration) for PCBH provider behaviors are discussed. The discussion focuses on how to use these results to inform local quality improvement with suggestions of process indicators, data sources, and potential targets for each of the areas for growth above. Improving PCBH provider fidelity to the model is critical for implementation success.

2. Real-world program evaluation of integrated behavioral health care: Improving scientific rigor. ([Link to Abstract*](#)). Published in: Families, Systems, & Health, 35, 114-124. doi: 10.1037/fsh0000253. Funderburk, J.S., & Shepardson, R.L. (2017).

Part of a special issue on program evaluation, this article uses two case examples to provide suggestions for how conduct program evaluation in integrated behavioral health settings to provide better quality data to clinicians and administrators. Purpose, importance, and utility of program evaluation are reviewed along with a discussion of common challenges. Pragmatic tips are discussed across phases of program evaluation planning, implementation, and maintenance. Some suggestions include strategic planning, use of conceptual frameworks, comprehensive measurement of outcomes, and measuring program delivery and adherence.

3. Special ethical considerations for behavioral health consultants in the primary care setting. ([Link to Abstract*](#)). Published in: Professional Psychology: Research and Practice. Advance online publication. doi: 10.1037/pro0000133. Fivecoat, H.C., Cos, T.A., & Possemato, K. (2017).

This article presents unique ethical considerations for behavioral health consultants working within primary care including challenges and recommendations for ethical practice. A summary of guidelines from relevant ethical codes, examples of potential ethical dilemmas for behavioral health consultants, and suggestions for resolution of these dilemmas are used to discuss responses to concerns from seven broad ethical domains of concern. The specific recommendations are informed by review of the literature and clinical experience. Some suggestions include how to discuss the behavioral health consultant role with providers and clients, appropriate documentation of clinical findings, building competence in primary care behavioral health skillsets, and frequent monitoring and referral strategies for high risk patients.

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The VA Center for Integrated Healthcare periodically highlights three recent publications in the area of primary care-mental health integration (PC-MHI). This month we present the findings of three studies that help us to think about future directions for research and clinical innovations in integrated care. As our system works to implement innovations such as Measurement Based Care (MBC) and brief behavioral interventions, we need to be mindful of the varying needs of different patients and clinic settings.

Laura O. Wray, PhD, Executive Director

1. Mental health measurement among women veterans receiving co-located, collaborative care services ([Link to Abstract*](#)). Published in: Psychology, Health & Medicine. Advance online publication. doi: 10.1080/13548506.2017.129089. Lilienthal, K.R., Buchholz, L.J., King, P.R., Vair, C.L., Funderburk, J.S., & Beehler, G.P. (2017).

This study used electronic medical record data to explore rates and predictors of mental health measurement (i.e., PHQ9, GAD7) among women receiving co-located collaborative care services. Overall, rates of documented symptom measurement among women Veterans were low (i.e., 8%). Women Veterans with depression were less likely to have documented symptom measurement, while those with more frequent appointments and treatment receipt at a VAMC versus a CBOC were more likely to have documented symptom measurement. Barriers such as lack of provider time, lack of resources, and patient complexity may differ across settings and should be considered in VHA efforts to implement measurement-based mental health care.

2. Brief cognitive behavioral therapy for insomnia delivered to depressed veterans receiving primary care services: A pilot study ([Link to Abstract*](#)). Published in: Journal of Affective Disorders, 217, 105-111. doi: 10.1016/j.jad.2017.04.003. Pigeon, W.R., Funderburk, J., Bishop, T.M., & Crean, H.F. (2017).

Researchers at the VA Center of Excellence for Suicide Prevention and CIH developed a novel intervention to treat insomnia and depression among veterans in primary care settings. Brief CBT-I is a four session protocol, with two, 20-40 minutes sessions delivered in-person and two, 15-20 minute sessions delivered by phone. The protocol contains psychoeducation, sleep hygiene, cognitive therapy, stimulus control, and stimulus restriction. In comparison to a sleep hygiene control, Brief CBT-I had large effects on insomnia severity, sleep efficiency, number of awakenings, and time awake after sleep onset. Following more rigorous evaluation, this intervention holds promise as a feasible and effective treatment for sleep in PCMH.

3. Predictors of poor response to depression treatment in primary care ([Link to Abstract*](#)). Published in: Psychiatric Services, 67, 1362-1367. doi: 10.1176/appi.ps.201400285. Rossom, R. C., Solberg, L. I., Vazquez-Benitez, G., Whitebird, R. R., Crain, A. L., Beck, A., Unützer, J. (2016).

The majority of depression is treated in the primary care setting. This study followed 792 patients receiving usual primary care for depression (consisting mostly of antidepressant medication) in 83 non-VA clinics. At six months, only 47% of patients obtained depression remission or response. Patients were significantly less likely to experience remission or response if they had poorer physical health or were unemployed. Younger patients and those with mild depression were more likely to achieve remission. These findings inform PCMH staff about which patients may benefit from antidepressants alone and when brief psychotherapy should be considered in addition to antidepressants.

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Recent Findings in Primary Care Mental Health



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The VA Center for Integrated Healthcare periodically highlights key findings from three recent publications in the area of primary care mental health integration. The articles summarized below illustrate the potential to expand the reach of services and increase patient engagement by delivering care via telephone and mobile apps. We hope you find these articles informative and useful in inspiring ideas to leverage technology that can expand access to PC-MHI services.

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1. Rollman et al. (2017). Telephone-Delivered Stepped Collaborative Care for Treating Anxiety in Primary Care: A Randomized Controlled Trial. ([Link to Abstract](#)*). Published in: Journal of General Internal Medicine, 32(3), 245-255. Rollman, B.L., Belnap, B.H., Mazumdar, S., Abebe, K.Z., Karp, J.F., Lenze, E.J., & Schulberg, H.C. (2017).

This article describes a randomized controlled trial of collaborative care management (CM) for anxiety in primary care. This model included an alert system to remind primary care providers about the available intervention at the time of the encounter, much like using a VA case finder but in real time. Findings indicated greater improvement in mental health quality of life and mood for those participating in CM. This study demonstrates the importance of expanding care management beyond depression. Although participants were offered anxiety self-management workbooks, less than 20% used them. Findings suggest the web-based interventions and mobile apps may expand intervention reach.

2. Possemato et al. (2017). Development and refinement of a clinician intervention to facilitate primary care patient use of the PTSD Coach app. ([Link to Abstract](#)*). Published in: Translational Behavioral Medicine, 7(1), 116-126. Possemato, K., Kuhn, E., Johnson, E.M., Hoffman, J.E., & Brooks, E. (2017).

Researchers at the Center for Integrated Healthcare developed a novel intervention incorporating clinician support and a self-management mobile app ([PTSD Coach](#)) for patients with PTSD. The PTSD Coach app includes evidence-based assessment, psycho-education, and cognitive behavioral strategies and is combined with a standardized 4-week, 30 minute session protocol. The app format reduces patient barriers related to stigma, convenience, and accessibility, while the PCMHI clinician increases engagement. The researchers obtained feedback from providers, patients, and interventionists on implementation barriers, treatment acceptability/satisfaction, and treatment manual refinements. This study illustrates how stakeholder feedback can be used to improve interventions and facilitate implementation of interventions for PTSD in PC-MHI settings.

3. Mavandadi et al. (2017). A randomized pilot trial of a telephone-based collaborative care management program for caregivers of individuals with dementia ([Link to Abstract](#)*). Published in: Psychological Services, 14(1), 102-111. Mavandadi, S., Wright, E.M., Graydon, M.M., Oslin, D.W., & Wray, L.O. (2017).

Researchers at the VISN 4 MIRECC and CIH are adapting telephone care management to support and educate caregivers of primary care patients with dementia. This study demonstrates how PCMHI services can be extended beyond traditional mental health concerns. The intervention used telephone delivery and mailed workbooks to reduce barriers to access for busy caregivers, who are integral members of Veterans' care teams. Findings indicated significant reduction in caregiver distress and improvements in overall coping. The telephone format, along with the brief duration (3 months), and use of manualized modules (e.g., psycho-education, problem-solving, coping skills), enhances feasibility for PCMHI providers.

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Recent Findings in Primary Care Mental Health



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The VA Center for Integrated Healthcare periodically highlights three recent publications in the area of primary care-mental health integration (PC-MHI). The articles summarized in this issue of *CIH Recent Findings* help us to consider important stakeholder perspectives and experiences. I hope you will take a moment to consider the ways these findings can help guide your efforts to improvement quality and advance the implementation of integration.

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1. Veterans' mental health beliefs: Facilitators and barriers to primary care-mental health use. ([Link to abstract*](#)). Published in: *Families, Systems, & Health*, 34 (4), 404-413. Wray, L.O., Pikoff, E., King, P.R., Hutchison, D., Beehler, G.P., & Maisto, S.A. (2016).

Our team at the VA Center for Integrated Healthcare conducted a series of focus groups that provide insight into the way Veterans decide whether or not to engage in PCMH. Facilitators to engagement in care included the balance between Veterans' distress and their self-appraised personal resources, and, referrals by other Veterans or trusted primary care providers. Negative beliefs about MH care and a strong desire to independently solve problems were barriers to engaging in care. Public health campaigns about MH self-management resources, including PCMH, and Veteran Peer Support Specialists in PACT could both play important roles in helping Veterans overcome barriers to engaging in mental health care.

2. Racial/Ethnic Differences in Primary Care Experiences in Patient-Centered Medical Homes among Veterans with Mental Health and Substance Use Disorders. ([Link to abstract*](#)). Published in: *Journal of General Internal Medicine*, 31 (12), 1435-1443. Jones, A.L., Mor, M.K., Cashy, J.P., Gordon, A.J., Haas, G.L., Schaefer, J.H., & Hausmann, L.R. (2016).

Results of the national VHA survey of PACT patient health care experiences were analyzed with special focus on racial/ethnic minority Veterans with Mental Health or Substance Use Disorders (MHSUDs). Positive care experiences in PACT were frequently reported. However, Veterans with MHSUDs reported relatively fewer positive experiences with access care and more negative experiences with self-management support and care comprehensiveness. Experiences of racial/ethnic minority Veterans with MHSUDs varied significantly by race/ethnicity and the dimension of care. These findings suggest that PCMH programs should address the needs of ethnic/minority Veterans and serve as subject matter experts to the full PACT team in order to improve the quality of care for all Veterans.

3. From Our Practices to Yours: Key Messages for the Journey to Integrated Behavioral Health. ([Link to abstract*](#)). Published in: *Journal of the American Board of Family Medicine*, 30 (1), 25-34. Gold, S.B., Green, L.A., & Peek, C.J. (2017).

This manuscript reported on lessons learned from a program evaluation of new integrated care practices across Colorado. Themes included the importance of: portraying integration as essential to delivery of comprehensive, patient-centered care; delineating staff roles and clinical protocols in advance, knowing they will need to be adapted; building an inclusive and empowered team; developing change management strategies and a culture of continuous evaluation; and, using data-driven approaches to facilitate improvement and promote accountability. VHA implementers of PCMH will find these themes to be quite familiar but they serve as a good reminder.

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