Article #1

Citation:

Pomerantz, A.S., Kearney, L.K., Wray, L.O., Post, E.P., & McCarthy, J.F. (2014). Mental health services in the medical home in the Department of Veterans Affairs: Factors for successful integration. *Psychological Services, 11*(3), 243-253. http://dx.doi.org/10.1037/a0036638

***See Attached "Pomerantz et al., 2014" Article**

Summary:

This article provides an overview of studies evaluating the implementation of Primary Care Mental Health Integration (PC-MHI) and Patient Aligned Care Teams (PACTs) in the VA system in relation to highly-relevant, patient-related outcomes (e.g., increased identification of mental health disorders, increased involvement in mental health treatment, decreased no-shows and wait times). In consideration of these empirical findings, the authors also discuss factors that appear to be critical to successful implementation of integrated care (e.g., adequate infrastructure and staffing; engagement of primary care and mental health providers; comprehensive education pertaining to integrated care).

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Article #2

Citation:

Funderburk, J.S., Kenneson, A., & Maisto, S.A. (2014). Identifying classes of Veterans with multiple risk factors. *Military Medicine, 179* (10), 1119-1126. doi: 10.7205/MILMED-D-14-00119

Hyperlink:

Identifying Classes of Veterans With Multiple Risk Factors

Summary:

The present study identified three clusters of Veterans based on the likelihood of screening positive for co-occurring risk factors: 1) the "Low Treatment Need" group (i.e., low probability of positive screens); 2) the "Moderate Treatment Need" group (i.e., individuals likely to smoke and/or score positive on the AUDIT-C, but low probabilities for other positive screens); and, 3) the "High Treatment Need" group (i.e., high likelihood of scoring positive on PHQ-2 and/or PTSD-PC screen; moderate risks of smoking and positive AUDIT-C scores). The "High Treatment Need" group was found to have a higher number of subsequent mental health visits and emergency department visits relative to both of the other groups and a higher number of primary care visits than those in the "Moderate Treatment Need" group, indicating the opportunity for intervention in a variety of settings for high-risk patients, while intervention should be aimed in primary care settings for those in the lower treatment need groups.

Article #3

Citation:

Torrence, N.D., Mueller, A.E., Ilem, A.A., Renn, B.N., DeSantis, B., & Segal, D.L. (2014). Medical provider attitudes about behavioral health consultants in integrated primary care: A preliminary study. *Families, Systems, & Health*. Advance online publication. http://dx.doi.org/10.1037/fsh0000078

***See Attached "Torrence et al., 2014" Article**

Summary:

This study assessed primary care providers' (PCPs) attitudes and perceptions of integrated behavioral health clinicians (BHCs) by asking PCPs to provide their views of integrated BHCs in relation to perceived importance, helpfulness in discussing and treating behavioral health issues, perceived impact on patients and efficiency. Primary results revealed that PCPs who interacted more frequently with BHCs were more likely to endorse having increased comfort in discussing mental health issues with patients, while physicians relative to midlevel providers were more likely to simultaneously endorse "strongly agree" to BHCs effectively helping their patients address their mental health problems and BHCs as an important part of their practice.

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