Recent Findings in Primary Care Mental Health

CIH Center for Integrated Healthcare

December 2015

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

The VA Center for Integrated Healthcare is pleased to highlight key findings from three recent publications in the area of primary care-mental health integration. We hope you will find each to be interesting and useful. In this issue, I am happy to showcase work from our center in addition to an important publication on STRONG STAR. Our next bi-monthly publication will be issued in February. Happy New Year!

Laura O. Wray, PhD, VHA/CM, Executive Director,
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1. A randomized clinical trial of primary care brief mindfulness training for Veterans with PTSD. (Link to abstract*). Published in *Journal of Clinical Psychology (*Epub Ahead of Print). Possemato, K., Bergen-Cico, D., Treatman, S., Allen, C., Wade, M., & Pigeon, W. (2015).

Dr. Kyle Possemato at the VA Center for Integrated Healthcare and her colleagues found that Veterans in primary care receiving brief mindfulness training (4 weekly, 90-minute group sessions) had larger decreases in PTSD and depressive symptoms compared to patients receiving Primary Care Mental Health (PCMH) treatment as usual. The effects were maintained at 8-week follow-up. Study results suggest the potential usefulness of brief mindfulness interventions (e.g., body scan, sitting meditation) for Veterans with PTSD in VA PCMH settings. Mindfulness training provides an alternative to trauma-focused approaches and thus may help engage Veterans who are reluctant to talk about their trauma(s) in treatment. Effective, brief PCMH treatment experiences may also help Veterans transition to more intensive forms of PTSD treatment.

2. Veterans Health Administration's MOVE! weight management program: primary care clinicians' perceptions of program implementation. (Link to abstract*). Published in *Military Medicine, 180* (10), 1027-1033. Arigo, D., Funderburk, J., Hooker, S., Dundon, M., Evans-Hudnall, G., Dubbert, P.,...O'Donohue, J. (2015).

This study, co-authored by Dr. Jennifer Funderburk at the VA Center for Integrated Healthcare, Dr. Margaret Dundon at the VA National Center for Health Promotion and Disease Prevention and their colleagues, suggests that clinicians who are directly involved in MOVE!, relative to those who are not, perceive it as having more favorable outcomes. Clinicians reporting less knowledge of MOVE! rated it as less effective and Veterans as less satisfied. Increasing clinicians' knowledge of MOVE! may facilitate a larger number of higher quality referrals. Active strategies to improve clinicians' knowledge and perception of MOVE! may help increase implementation and improve patient outcomes.

3. Treatment of active duty military with PTSD in primary care: a follow-up report. (Link to abstract*). Published in *Journal of Anxiety Disorders, 36,* 110-114. Cigrang, J.A., Rauch, S.A., Mintz, J., Brundige, A., Avila, L.L., Bryan, C.J.,...STRONG STAR Consortium (2015).

This study found that patients receiving a brief prolonged exposure (PE) intervention adapted for primary care (4 to 6, 30-minute sessions) had significant decreases in PTSD and depressive symptoms, and the effects were maintained at one year follow-up. Findings support the feasibility and utility of a brief PE intervention in primary care settings, which may act as the first step in a stepped care approach to mental health care. Brief interventions such as this hold potential to increase the reach of treatment for Veterans with PTSD symptoms.

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Recent Findings in Primary Care Mental Health

CIH Center for Integrated Healthcare

October 2015

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

The VA Center for Integrated Healthcare is pleased to highlight three recent publications in the area of primary care-mental health integration. This month, I would like to call your attention to a recent special issue of the Journal of the American Board of Family Medicine featuring studies providing compelling support of primary care-mental health integration. Article #3 is from that special issue. Our next bi-monthly publication will be issued in December.

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1. Integrated care programs for patients with psychological comorbidity: A systematic review and meta-analysis. (Link to abstract*). Published in *Journal of Psychosomatic Research (*Epub Ahead of Print). Lemmens, L.C., Molema, C.C.M., Versnel, N., Baan, C.A., & de Bruin, S.R. (2015).

This meta-analysis examined 15 studies of integrated care programs to determine effectiveness of care for comorbid somatic and psychological concerns. Results suggested that integrated care patients were more likely to recover from depression than usual care patients. Additionally, authors found that integrated care was superior to usual care on measures of cost effectiveness, patient satisfaction, and emotional well-being. This review also noted that programs which incorporate self-management support are particularly beneficial for patients with comorbid depression and somatic concerns.

2. Brief behavioral interventions for symptoms of depression and insomnia in university primary care. (Link to abstract*). Published in *Journal of American College Health, 63* (6), 398-402. Funderburk, J.S., Shepardson, R.L., & Krenek, M. (2015).

This report from researchers at the VA Center for Integrated Healthcare examined the effect of either modified Behavioral Activation (BA) on depressive symptoms or Stimulus Control (SC) for insomnia in a university primary care setting. Significant decreases in symptoms were found at 2-week follow-up for both groups. These findings demonstrate both the feasibility of using brief evidence-based BA and SC in primary care settings, as well as preliminary effectiveness of these interventions in reducing depressive symptoms and insomnia, respectively.

3. Integrating behavioral health and primary care: consulting, coordinating, and collaborating among professionals. (Link to abstract*). Published in *Journal of the American Board of Family Medicine, 28* (S1), S21-S31. Cohen, D.J., Davis, M., Balasubramanian, B.A., Gunn, R., Hall, J., deGruy III, F.V.,...Miller, B.F. (2015).

This qualitative study investigated how clinicians from differing backgrounds work together to implement integrated care. Three interpersonal strategies were identified: consulting (such as seeking advice and corroborating perceptions of patient needs); coordinating (working in a back-and-forth fashion on patient issues); and collaborating (interacting to discuss and jointly care for patients). Contextual factors such as having sufficient time, staffing, use of brief interventions, proximity of staff, and use of electronic health records were found to influence these strategies. The authors suggest that organizations should create environments to support these types of professional interactions.

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Recent Findings in Primary Care Mental Health

CIH Center for Integrated Healthcare

August 2015

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

The VA Center for Integrated Healthcare is pleased to highlight three recent publications in the area of primary care-mental health integration. Key findings from each paper are highlighted below. We hope you will find each to be interesting and useful. In this issue, I am happy to highlight work from our center as well. Our next bi-monthly publication will be issued in October.

Laura O. Wray, PhD, VHA/CM, Executive Director,
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1. Using the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ) to identify practice patterns. (Link to abstract*). Published in *Translational Behavioral Medicine* (Epub Ahead of Print). Beehler, G.P., Funderburk, J.S., King, P.R., Wade, M.W., & Possemato, K. (2015).
In this study, researchers at the VA Center for Integrated Healthcare examined responses to the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ) in order to identify practice patterns of primary care mental health providers. Five unique patterns were identified across domains related to intervention; practice management; referral management and continuity of care; and interprofessional consultation, collaboration, and communication. Results suggest that notable variability in self-reported practices exists, and that integrated mental health providers may benefit from increased training and quality improvement efforts related to interdisciplinary collaboration and brief, time-limited treatment.

2. Organizational correlates of implementation of colocation of mental health and primary care in the Veterans Health Administration. (Link to abstract*). Published in *Administration and Policy in Mental Health and Mental Health Services Research,* 42, 420-428. Guerrero, E. G., Heslin, K. C., Chang, E., Fenwick, K., & Yano, E. (2015).
This study examines the role of organizational factors (e.g., policies/ procedures, organizational context/ culture, and clinical leaders' perceptions) in predicting the implementation status of co-located mental health care in VA primary care settings. Of all factors examined, training primary care providers in depression care was the only significant predictor of primary care-mental health (PCMH) service implementation. This study highlights the importance of sufficient training in depression care, as well as areas of future work that may identify factors that are more closely associated with successful PCMH service implementation.

3. A web-based self-management program for recent combat Veterans with PTSD and substance misuse: program development and Veteran Feedback. (Link to abstract*). Published in *Cognitive and Behavioral Practice,* 22 (3), 345-358. Possemato, K., Acosta, M. C., Fuentes, J., Lantinga, L. J., Marsch, L. A., Maisto, S. A., ...Rosenblum, A. (2015).
This article from Dr. Possemato at the VA Center for Integrated Healthcare and colleagues reports on the development of a web-based cognitive-behavioral therapy skills program to improve Veterans' self-management of PTSD symptoms and substance misuse. Findings from expert clinician and Veteran focus groups and interviews provide guidance for clinicians who are interested in developing or providing technology-based treatment, for example, to obtain feedback from patient stakeholders, and to employ highly interactive and private interventions to best engage clients.

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Recent Findings in Primary Care Mental Health

CIH Center for Integrated Healthcare

June 2015

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

The VA Center for Integrated Healthcare is pleased to highlight recent research on Primary Care Mental Health. We hope that you will find these works both interesting and useful in your clinical practice. Our next bi-monthly publication will be issued in August.

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1. Primary care residents lack of comfort and experience with alcohol screening and brief intervention: a multi-site survey. (Link to abstract*). Published in *Journal of General Internal Medicine,* 30 (6), 790-796. Le, K.B., Johnson, J.A., Seale, J.P., Woodall, H., Clark, D.C., Parish, D.C., & Miller, D.P. (2015).

This research study highlights brief alcohol interventions as one important area that integrated behavioral health providers can help provide additional assistance to the medical teams. Only 21% of primary care residents felt confident helping at-risk drinkers cut down or quit using alcohol and only 24% regularly utilized the recommended components of a brief alcohol intervention. Commonly reported barriers were lack of training and time, therefore, integrated behavioral health providers can help by providing education to providers/medical residents on delivery of brief alcohol interventions to patients .

2. Potential impact of incorporating a patient-selected support person into mHealth for depression. (Link to abstract*). Published in *Journal of General Internal Medicine,* 30 (6), 797-803. Aikens, J.E., Trivedi, R., Heapy, A., Pfeiffer, P.N., & Piette, J.D. (2015).

This research study suggests that integrated behavioral health providers can consider utilizing a support person (i.e., supportive family member or friend) from outside the patient's home in conjunction with depression care management. Results indicate that a support person in conjunction with weekly interactive voice response self-management for depression telephone calls (mHealth) significantly improved the patient's adherence to medication or likelihood of achieving remission.

3. The experience of primary care providers with an integrated mental health care program in safety-net clinics. (Link to abstract*). *Published in Family & Community Health,* 38 (2), 158-168. Bentham, W.D., Ratzliff, A., Harrison, D., Chan, Y.F., Vannoy, S., & Unützer, J. (2015).

For those integrated behavioral health providers new to a primary care clinic, this research study highlights the increased satisfaction primary care providers report when mental health resources are available within integrated care. In addition, three suggestions were also highlighted to improve the implementation of integration: 1) provide a clear orientation of the program to medical providers, 2) develop defined workflow processes to facilitate care, and 3) provide education to medical providers both formally and informally.

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Recent Findings in Primary Care Mental Health

CIH Center for Integrated Healthcare

April 2015

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

The VA Center for Integrated Healthcare is pleased to present the latest research update on Primary Care Mental Health. We have highlighted important implications of three select studies in the hope that you will find these works both interesting and useful. Our next bi-monthly update will be published in June.

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1. Diagnoses, intervention strategies, and rates of functional improvement in integrated behavioral health care patients (Link to abstract*). Published in *Journal of Consulting and Clinical Psychology* (Epub Ahead of Print). Bridges, A.J., Gregus, S.J., Hernandez-Rodriguez, J., Andrews, A.R., Villalobos, B.T., Pastrana, F.A., & Cavell, T.A. (2015).

Two or more sessions of integrated mental health care were associated with significant improvement in patients' Global Assessment of Functioning (GAF) scores, with the greatest gains found for those receiving 3-8 sessions. The greatest and most rapid symptom improvement were found among patients receiving behavioral or cognitive-behavioral interventions (vs. other therapy approaches).

2. Outcomes of a partnered facilitation strategy to implement primary care - mental health. (Link to abstract*). Published in *Journal of General Internal Medicine,* 29 (4), 904-912. Kirchner, J.E., Ritchie, M.J., Pitcock, J.A., Parker, L.E., Curran, G.M., & Fortney, J.C. (2014).

This study applied implementation facilitation (IF; i.e., expert consultants who offer a variety of provider- and system-focused supports and resources) to primary care mental health integration clinics. Compared to clinics who did not receive IF, those clinics that received IF showed significant improvements in both the proportion of primary care providers who referred patients to integrated mental health providers and the number of primary care patients who ultimately engaged in integrated mental health care.

3. Collaborative care for pain results in both symptom improvement and sustained reduction of pain and depression. (Link to abstract*). Published in *General Hospital Psychiatry,* 37, 139-143. Thielke, S., Corson, K., & Dobscha, S.K. (2015).

Patients receiving a care management intervention for chronic musculoskeletal pain had significantly greater odds of symptom reduction in depression and pain interference versus patients receiving primary care treatment as usual. Additionally, patients in the intervention group experienced sustained reduction in both pain intensity and pain interference symptoms through the 6-12 month follow-up interval.

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February 2015

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

This email is the first issue of a new Center for Integrated Healthcare communication to be released six times per year. Our intent is to highlight important clinical implications of recently published research on the topic of mental healthcare in the primary care setting. We hope you will find it interesting and helpful.

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1. Medical provider attitudes about behavioral health consultants in integrated primary care: A preliminary study (Link to abstract, full article attached). Published in *Families, Systems, & Health*. Advance online publication. Torrence, N.D., Mueller, A.E., Ilem, A.A., Renn, B.N., DeSantis, B., & Segal, D.L. (2014).

Primary care providers (PCPs) who interacted more frequently with behavioral health clinicians (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 view BHCs as effectively helping their patients address their mental health problems and BHCs as an important part of their practice. *please see attached article named: "Torrence et al 2014.pdf"

2. Insomnia treatment experience and preferences and Veterans Affairs primary care patients (Link to abstract, Full Article Attached). Published in *Military Medicine*, 179 (10), 1072-1076.Shepardson, R.L., Funderburk, J.S., Pigeon, W.R., & Maisto, S.A. (2014).

Investigators at the VA Center for Integrated Healthcare found that, among Veterans with self-reported insomnia in the past 12-months, the most preferred treatment approach was to work it out on one's own (84%), followed by consulting a primary care provider (PCP) (79%) and talking to a behavioral health provider (BHP) (47%), while the most preferred treatment modality was a one-on-one meeting with a PCP (73%) , followed by a one-on one meeting with a BHP (52%) and getting a full evaluation at a sleep disorders center (39%). *Please see attached article named: "Shepardson et al. 2014.pdf"

3. Mental health service utilization by Iraq and Afghanistan Veterans after entry into PTSD specialty treatment (Link to full text). Published in *Psychiatric Services,* 65 (8), 1066-1069. Aakre, J.M., Himelhoch, S., & Slade, E.P. (2014).

Receiving mental health treatment (including PC-MHI) prior to referral to PTSD specialty treatment increases service utilization. A patient who has received previous services had significantly more visits to outpatient mental health programs, more time in residential treatment facilities, and more time on psychotropic medications relative to patients who has not received previous services.

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