The VA Center for Integrated Healthcare (CIH) periodically highlights recent publications in the area of primary care-mental health integration (PC-MHI). Our current issue highlights three research reviews. Taken together these reviews suggest that PC-MHI providers should routinely engage in program evaluation efforts, deliver more brief interventions to help patients quit smoking, and look for novel uses of technology to help solve common barriers to integrated care.

Laura O. Wray, PhD, Executive Director


This review found major scientific evidence gaps in patient and implementation outcomes associated with Primary Care Behavioral Health (PCBH) and described a role for front-line PCBH providers to help alleviate these gaps. Recommendations include implementing routine program evaluation systems that measure patient care outcomes (i.e., implement measurement-based care), provider fidelity indicators (e.g., appointment length <30 minutes), and clinic level factors (e.g., penetration rate, same-day access). The VA Center for Integrated Healthcare is available to any PC-MHI program for consultation and partnership to design and implement local program evaluation efforts (e-mail CIH at: CIHConsultation@va.gov).


Conducted by investigators at the VA Center for Integrated Healthcare, this meta-analysis found a strong evidence base for the effectiveness of brief tobacco cessation interventions delivered in integrated primary care. Brief Motivational Interviewing and Cognitive Behavioral Therapy were the most commonly used approaches to smoking cessation. Patients receiving PC-MHI services would benefit from more frequent delivery of these effective brief smoking cessation treatments. An example Tobacco Use Cessation protocol for use in PC-MHI settings is available on the CIH website.


This review describes numerous telehealth solutions that can assist with integration of mental health into primary care, such as telehealth delivery of integrated care, mobile apps, clinical decision support systems, and e-consults. These technologies can help to address workforce shortages by making practice more efficient. They can also extend access to patients who are not able or willing to present for services within the clinic. VA’s mobile apps for mental health and online interactive trainings provide a supplement to in-person PC-MHI interventions.

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Our current issue includes three articles that underscore the flexibility and broad applicability of PC-MHI to address a wide array of patients' concerns. These articles illustrate how integrated care is well-suited to address not only common mental health concerns but healthy lifestyle changes and healthy relationships.

**1. Toward a Unified Integration Approach: Uniting Diverse Primary Care Strategies Under the Primary Care Behavioral Health (PCBH) Model.** [Link to Abstract*]

This paper reviewed how Primary Care Behavioral Health (PCBH; known as co-located, collaborative care [CCC] in VA) can provide a platform for clinical pathways, or team-based approaches to care that use evidence-based interventions to address specific patient populations. Integrated care providers play a key role in clinical pathways by addressing the behavioral components of interdisciplinary treatment for depression, chronic pain, alcohol misuse, obesity, insomnia, or social determinants of health. Step-by-step suggestions are provided in this article to assist integrated care providers in developing their own clinical pathways to assist integrated care teams in quality care improvement.

**2. Addressing Relationship Health Needs in Primary Care: Adapting the Marriage Checkup for Use in Medical Settings with Military Couples.** [Link to Abstract*]

This pilot study tested the effectiveness of a brief Marriage Checkup among military personnel. The Marriage Checkup is delivered by an integrated care provider over three, 30-minute sessions and consists of assessment of relationship strengths and concerns as well as tailored feedback on how couples can improve their relationship health. Participants (n=30) reported clinically meaningful improvements on measures of relationship quality over time. High ratings of patient and provider satisfaction indicate that this intervention may be an emerging tool for integrated care providers to promote healthy relationships.

**3. Willingness to Engage in Health Behavior Change Interventions Among Primary Care Patients Positive For Tobacco Use and At-Risk Drinking.** [Link to Abstract*]

These patients were more receptive to behavioral health treatment focused on reducing their risk of future medical concerns compared to treatment for reducing tobacco or alcohol use specifically. Participants were receptive to integrated primary care services, regardless of the timing of the intervention (e.g., during the primary care visit or subsequently). Integrated care providers should consider emphasizing the general health benefits of reducing tobacco or alcohol use when engaging patients in care.

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