Integrating Behavioral Health and Trauma-Informed Care in Primary care Settings

Linda Ligenza, LCSW
Center for Integrated Health Solutions
National Council for Behavioral Health

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

integration.samhsa.gov
Linda Ligenza, LCSW

- Licensed clinical social worker and Clinical Services Director for the National Council for Behavioral Health.

- Background in clinical, administrative and public policy work based on 30 year career with the New York State Office of Mental Health and subsequently the HHS Substance Abuse Mental Health Services Administration (SAMHSA)

- Provides technical assistance to SAMHSA-HRSA grantees on how to integrate primary care and behavioral health on behalf of the Center for Integrated Health Solutions (CIHS).

- Uses expertise in trauma and trauma-informed care to improve practices, policies, procedures and outcomes.
National Council for Behavioral Health

2500+ Behavioral Health Organizations

- Advocacy
- Education
- Technical Assistance: SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

- Managed by the National Council for Behavioral Health
- Goal: To make integrated care the national standard of practice
- Provides world-class technical assistance and consultation
- Disseminates practical tools, resources, and lessons learned
- Ensure the success of SAMHSA, HRSA, and state funded PC/BH providers
Overview of Presentation

• Understanding the population we serve

• Responding to their needs

• Practical strategies to improve care

• Resources on Trauma and Integration
Understanding the Population We Serve
In the United States:

• 1 in 5 adults experiences a mental illness
  • 18% anxiety disorder
  • 7% major depressive episode

• 1 in 20 adults experiences a serious mental illness
  • 2.6% of adults live with bipolar disorder
  • 1.1% of adults live with schizophrenia

• 1 in 5 youth (13–18) experiences a serious emotional disorder at some point during their life

• Over 20 million adults experience a substance use disorder, and 50.5% had a co-occurring mental illness

National Alliance on Mental Illness (NAMI)
In Primary Care Settings:

- High prevalence of behavioral health conditions
  - Anxiety, depression, substance use in adults
  - Anxiety, ADHD, behavioral problems in children
    - Prevention and early intervention opportunity

- High rates of co-morbid behavioral health conditions in people with common medical disorders
  - Depression common in diabetes, heart disease, asthma
    - Worse outcomes and higher costs if both problems aren’t addressed
The Co-occurrence of Mental Illness with Common Health Conditions

- **High Blood Pressure**: 21.9% with Mental Illness, 18.8% without
- **Smoking**: 36% with Mental Illness, 21% without
- **Heart Disease**: 5.9% with Mental Illness, 4.2% without
- **Diabetes**: 7.9% with Mental Illness, 6.6% without
- **Obesity**: 42% with Mental Illness, 35% without
- **Asthma**: 15.7% with Mental Illness, 10.6% without
Making the Case for Integrated Care

• 60% of adults and 70% of children get NO MH care
• Depression is the 3rd most common reason for a visit to a health center (after diabetes and hypertension)
• Suicide is a major public health issue
• Visits to emergency rooms involving the misuse of prescription drugs have doubled in the last five years
• Mortality rate is significantly higher among people with serious mental illness, who die 20-25 years earlier than those without these conditions

integration.samhsa.gov
Making the Case for Integrated Care (cont.)

• 1/2 of all care for common psychiatric disorders happens in primary care settings
• Populations of color are more likely to seek or receive care in primary care settings rather than specialty behavioral health settings
• Primary Care and ED settings are not prepared to adequately address mental health disorders
• Integrated care can achieve the “Triple Aim”: lower cost, improved health outcomes, improved patient satisfaction
Adverse Childhood Experiences (ACEs) Study
https://youtu.be/v3A_HexLxDY

Life-Long Physical, Social & Behavioral Health Outcomes Linked to ACEs

• Alcohol, tobacco & other drug addiction
• Auto-immune disease
• Chronic obstructive pulmonary disease & ischemic heart disease
• Depression, anxiety & other mental illness
• Diabetes
• High risk sexual activity, STDs & unintended pregnancy

• Intimate partner violence—perpetration & victimization
• Liver and lung disease
• Obesity
• Self-regulation & anger management problems
• Suicide attempts
• Work problems—including absenteeism, productivity & on-the-job injury
Trauma is Characterized by:

- Loss of control
- Feeling unsafe and vulnerable
- Lack of trust
- Disrupted relationships
- Feelings of shame, blame, stigma
Responding to their Needs:
How to Help Individuals Heal and Recover
Trauma-Informed Care: A Paradigm Shift

- Move from stigma, shame, blame to compassion, respect, empathy
- Ask “what happened to you?” rather than “what is wrong with you?”
- Focus on what is strong, rather than what’s wrong
- See all you do through a trauma-informed lens
It’s All About the Relationship

“the patients you can build a relationship with, you can change behavior”

Jeffrey Brenner, MD
Principles of a Trauma-Informed Approach

• Safety
• Trustworthiness and transparency
• Collaboration and mutuality
• Empowerment
• Voice and choice
• Cultural responsiveness

(Fallot 2008, SAMHSA, 2012)
Defining a Trauma-Informed Approach

SAMHSA’s Four “R’s”

- **Realizes** the prevalence of trauma
- **Recognizes** how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- **Resists** re-traumatization
- **Responds** by fully integrating knowledge about trauma into policies, procedures, practices and settings

Trauma-informed Approaches in PC Settings

Be respectful
Take time
Build rapport
Share information
Share control
Respect boundaries
Foster mutual learning
Understand non-linear healing
Demonstrate awareness and knowledge of trauma

*Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*
Treating the ‘whole person’: Integrated Care
**Standard Framework of Integration**

**COORDINATION**
We discuss patients, exchange information if needed
Collaboration from a distance

**CO-LOCATION**
We are in the same facility, may share some functions/staffing, discuss patients

**INTEGRATION**
System–wide transformation, merged practice, frequent communication as a team

*Doherty et al, 2013*
BH Integration in Primary Care Includes:

- Universal Screenings (MH/SU/Suicide/Trauma)
- Clinical teams with embedded behavioral health clinicians
- Prescribing with Psychiatric consultation
- Medication assisted treatment for substance use disorders
- Treatment plans that include mental health/recovery goals
- Wellness services
- Quality Improvement Measures
- Community Linkages
People Receiving Integrated Services Report:

- Improved quality of life

- Greater satisfaction with:
  - Access
  - Attention to their treatment preferences
  - Courtesy
  - Coordination & continuity of care
  - Overall care

Druss et al, Arch Gen Psychiatry. 2001; 58(9): 861-8.
Practical Strategies to Improve Care
Strategies

- Develop Philosophy and Vision - Apply principles and practices of TIC and Integration
- Conduct Staff Training - Cross train all staff on behavioral health (MHFA), integration and TIC
- Use Peer Wellness Coaches – Hire peers and focus on patient wellness (WHAM) as well as staff wellness
- Employ Best Practices (e.g. warm handoffs, no wrong door)
- Revise workflows, environments, policies and procedures, communication systems (team huddles)
- Utilize a data management system (health registries, health report cards)
Philosophy and Vision

• Form a committee made up of leadership, key staff, patients
• Educate yourselves about integration and TIC principles and practices
• Gain consensus by engaging in discussions about what you want your organization to look and feel like
• Get leadership buy-in to include vision statement in organization’s mission/strategic plan
• Share philosophy and vision with staff and patients
Staff Training

Utilize all available opportunities to cross train staff on:

- Impact and prevalence of trauma and principles and practices of TIC (National Council Consultants)
- Health Literacy (Case to Care Training)
- Behavioral Health (Mental Health First Aid-MHFA))
- Wellness (Whole Health Action Management-WHAM))
- Substance Abuse (Screening, Brief Intervention Referral and Treatment-SBIRT)

National Council Website:  https://www.thenationalcouncil.org/
Peer Wellness Coaches

- Activation of self-management skills
- Empowerment and modeling
- Marketing of services
- Engagement and retention
- Wellness group leaders and co-leaders (Whole Health Action Management - WHAM)
Best Practice Approaches

- Build trusting relationships
- Create safe, welcoming and respectful environment and care
- Utilize warm handoffs and ‘no wrong door’ approach
- Share decision-making
- Use infographics, posters and brochures
- Focus on patient and staff wellness
Revise Workflows, Environment, Policies, Practices & Procedures

- Examine your environment to ensure welcoming, safe and comfortable setting
- Locate BH and PC staff in close proximity; use EHR, team huddles and meetings to enhance communication
- Workflows include comprehensive and patient focused screening, assessment, treatment and referral processes
- Policies, practices and procedures reflect TIC and integration principles and approaches
Data Management System

• Share information using EHR
• Use health registries to identify and monitor high need populations and health disparities
• Use data to step up care as needed
• Use trauma data to educate patients and staff
• Collect and monitor adherence to treatment, missed appointments, ED and hospitalization rates
Resources on Trauma and Integration
Trauma Resources

SAMHSA’s Trauma Concept Paper: http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf
SAMHSA’s TIP 57: http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf
National Center for Post Traumatic Stress Disorder (NCPTSD): www.ptsd.va.gov
National Child Traumatic Stress Network (NCTSN): http://www.nctsnet.org
SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) Trauma: www.integration.samhsa.gov
ACEs Too High: https://acestoohigh.com
CIHS Tools and Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org
Thank You!!

Linda Ligenza
lindal@thenationalcouncil.org