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Title

Behavioral Health Provider Perspectives on the Integration of Behavioral Health into Primary Care

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Integrated Behavioral Health (IBH) is a model in which medical and behavioral health providers work together to provide whole person care, usually in primary care settings. Despite success in some community health centers and Federally Qualified Health Centers, IBH is not widely implemented in other settings.

Objective: To identify implementation challenges, strategies, and leadership skills to successfully employ IBH broadly.

Study Design and Analysis: Qualitative interviews identified using purposeful snowball sampling. Immersion-crystallization review to assess thematic saturation was done during data collection. Editing style analysis to identify themes occurred in a group setting.

Setting: Virtual interviews.

Population Studied: Interviewees (n=10) included generalist Behavioral Health Consultants, specialized Behavioral Health Consultants, and Directors of Behavioral Health representing 7 organizations in New Jersey in different settings, e.g., adult primary care, pediatrics, and women's health. All were social workers.

Intervention/Instrument: N/A.

Outcome Measures: Implementation challenges, strategies, and leadership skills for IBH.

Results: Behavioral health providers were remarkedly consistent in strategies identified. Themes were: (1) IBH is an evolving discipline that is complex, ambiguous, and requiring of on-going learning, which some Behavioral Health Consultants use as an asset to explain their role and purpose, (2) Physicians' socialization has lead to the separation of physical and mental care, (3) While leadership buy-in is critical, IBH requires mindset changing of one physician at a time, (4) Behavioral Health Consultants need to initially say "yes" to tasks beyond scope to make their value known, (5) While there are common core strategies for gaining IBH acceptance, Behavioral Health Consultants need to adapt strategies to specific contexts, (6) What makes IBH different from other practice changes is the need to establish patient and staff buy-in at the same time.

Conclusions: Our findings help understand impressions of IBH and identify barriers and facilitators in IBH adoption, particularly in non-FQHC settings. For IBH to be widely disseminated, future physicians need to be socialized to IBH early in their training. Training should also be offered as continuing education for practicing physicians and part of on-boarding. Finally, IBH leaders need to make the Behavioral Health Consultant role less ambiguous.