Integration of Mental Health, Addictions and Primary Care

Policy Brief

Integration of expert, person-centered mental health, addictions and primary care should be the norm in all health care settings, including routine screening, treatment and care coordination for mental illness throughout the lifespan.

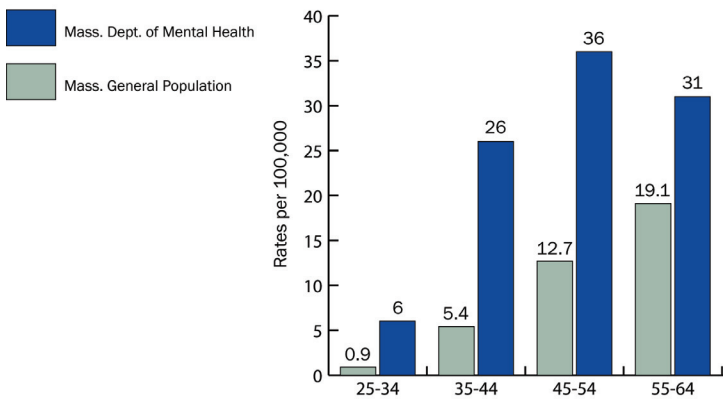
Integration of mental health, addictions and primary care is a NAMI health care priority because well-integrated, person-centered care is integral to promoting early identification and treatment of mental illness and co-occurring disorders and to improving both access to care and health outcomes at every age.

It is vital to integrate care because people living with serious mental illness are at increased risk for co-occurring medical and substance use conditions, yet few receive integrated treatment to address multiple conditions. Disturbingly, people living with serious mental illness served by public mental health systems are dying an average of 25 years earlier than other Americans, largely of treatable health conditions.[1] People diagnosed with schizophrenia, for example, die from heart disease, diabetes and other medical conditions at a rate two to three times greater than the rest of the population. Additionally, 5.6 million adults in 2006 lived with a mental illness and co-occurring substance use disorder, but only 8.4 percent received treatment for both problems.

Integration of care is also critical because primary care settings are where most people get their health care, yet mental illness often goes undiagnosed and untreated by primary care providers. Older adults and others with chronic medical conditions, such as heart disease, diabetes and cancer, are at increased risk for depression, which can shorten life expectancy and increase health care costs. Despite its prevalence, only about 50 percent of depression cases are correctly identified in primary care.[2]

Significantly, one-half of all chronic mental illness occurs by age 14; three-quarters by age 24. However, there is a median delay of a decade between the onset of mental illness and initial treatment, resulting in unnecessarily worsened—even disabling—conditions that are more difficult to treat. In fact, mental illnesses are the leading cause of disability in North America. Integration of care for mental health, addictions and health conditions is essential to enhance health outcomes for people with mental illness and co-occurring conditions and, importantly, to promote early identification and treatment of mental illness and prevent the unnecessary costs and disability that result from treatment delays.

Deaths from Heart Disease by Age–MA Department of Mental Health Enrollees with Serious Mental Illness Compared to MA General Population, 1998-2000



National Alliance on Mental Illness • 3803 North Fairfax Drive, Suite 100
Alrington, VA 22203 • (703) 524-7600 • NAMI Information HelpLine: 1 (800) 950-NAMI (6264)
www.nami.org

Questions to Promote Integration of Care

Prioritize Integrated Care

- Are payers requiring integration and coordination of behavioral health (mental health and addictions services) into primary care settings and primary care into behavioral health settings?

Improve Clinical Practice

- Are care managers/behavioral health consultants and consulting psychiatrists an integral part of primary care settings, especially in medical or health care homes?
- Are medical nurse practitioners, nurse care managers and supervising physicians an integral part of behavioral health settings, especially in health care homes?
- Is telehealth used in a culturally competent manner to provide children, youth and adults with specialty medical or behavioral health needs or to serve geographically remote areas?
- Is an array of evidence-based and other effective services for mental health and co-occurring conditions available and accessible?
- Do behavioral health providers routinely screen for common health conditions?
- Do primary care providers routinely screen for mental illness and substance use conditions?
- Is case management provided to people with serious mental illness or co-occurring conditions?
- Are integrated mental health and addictions services provided in a single setting?

Promote Patient-Centered Care

- Are youth, adults and families affected by mental illness involved in the development of integrated models of care?
- When requested by the individual or a minor's family, is information about previous health conditions shared between primary and behavioral health care providers?
- Are individuals able to designate a behavioral health provider as their medical or health care home?
- Are there primary care and specialty behavioral health providers that are easily accessible for children, youth and adults living with serious mental illness or co-occurring conditions?
- Are health promotion programs on illness self-management, exercise, nutritional counseling and smoking cessation provided to people with serious mental illness and co-occurring disorders?
- Is there a single treatment plan for every individual that includes both medical and behavioral components?

Endnotes

[1]Parks, Joe, *et al*; National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council. Morbidity and Mortality in People with Serious Mental Illness. October 2006.

[2]Levinson Miller, C., *et al*; Barriers to Primary Medical Care among patients at a community mental health center; Psychiatric Services (August 2003) Vol, 54 No. 8

National Alliance on Mental Illness • 3803 North Fairfax Drive, Suite 100
Alrington, VA 22203 • (703) 524-7600 • NAMI Information HelpLine: 1 (800) 950-NAMI (6264)
www.nami.org