

August 1<sup>st</sup>, 2023



# Facilitators and Barriers to Integrating Behavioral Health and Primary Care to Increase Mental Health Utilization and Access in the Asian American Community

---



# Lina Truong, MPH

*2022 Health Equity Scholar*  
(she/her)

# CONTENT

- Background
- Aim
- Methods
- Results
- Recommendations
- Q&A



Logo: use one

# INTRO

Prevalence of mental illnesses and behavioral health utilization in Asian Americans

Factors affecting mental health utilization

Consequences of delayed care

Integrating behavioral health and primary care and gaps in the literature





Identify facilitators and areas of needed support for providers integrating behavioral health and primary care





# METHODS

## **Recruitment, setting, population**

- NeighborCare, ACRS, ICHS

## **Data collection**

- 6 qualitative interviews (4 providers, 2 health care admins)

## **Data analysis**

- Deductive coding
- Constant comparative method
- Content analysis

## PHPDA Interview Guide 2022 #1

**Target Interview Population:** Primary care providers (PCP) includes family physicians, family medicine residents, internists, nurse practitioners, DNPs, LMHCs, case managers and physician assistants.

### Aims:

- (1) Identifying factors that increase mental health access in the Asian American community
- (2) Identifying supports to facilitate mental health access in primary care settings

### Questions

#### *Background*

1. What percentage of your patients do you typically refer to behavioral health services? 2. What does this referral process look like, is it a warm handoff or it is limited to a referral? 3. Does your clinic integrate care between physical and behavioral health (e.g. BH services are located within the clinic)?

#### *Role in Behavioral Health Care*

4. Do patients address their BH concerns with you?
5. How do you approach sensitive BH topics with your clients? How do they respond when discussing these topics?

#### *Barriers and Limitations to BH Access and Integration*

6. Ideally, what do you believe facilitates a successful referral and initiation of BH services in your patients?
7. Do you feel you have the training needed to accurately identify and refer patients to mental health services while centering their cultural needs?

#### *Areas of Support*

8. What support do you need as a provider to integrate BH and physical healthcare services?
9. What resources would you find helpful in providing culturally responsive mental health referrals?

## PHPDA Interview Guide 2022 #2

**Target Interview Population:** Behavioral Health Directors

### Aims:

1. Identifying factors that increase mental health access in the Asian American community
2. Identifying supports to facilitate mental health access in primary care settings

### Questions [Draft]

#### *Background*

1. Does your clinic integrate care between physical and behavioral health (e.g. BH services are located within the clinic)?
2. What does this referral process look like, is it a warm handoff or it is limited to a referral?

#### *Role in Behavioral Health Care*

3. What role does your organization play in facilitating behavioral health services? 4. How does your organization approach sensitive BH topics with patients? How do they respond when discussing these topics?

#### *Barriers and Limitations to BH Access and Integration*

5. Ideally, what do you believe facilitates a successful referral and initiation of BH services in patients?
6. Do you feel the organization's non-behavioral health providers have the resources needed to accurately identify and refer patients to mental health services while centering their cultural needs?

#### *Areas of Support*

7. What support does your organization need to integrate BH and physical healthcare services?
8. What resources would your organization find helpful in providing culturally responsive



# RESULTS

➤ ***Openness to behavioral health services differed by age and requires different levels of support to engage individuals in behavioral health***

*“...Many of... them, they... kind of... look puzzle, like, ‘Where am I at?...Who are you?... They just don't know why they're here, and so it'll take the case manager some... effort to explain to them. What... we do and what are our...roles”. – Outpatient behavioral health clinic therapist, LMHC*





# RESULTS

## ***Factors needed to engage patients with behavioral health referrals***

- Barriers (e.g., provider time constraints, limited staffing, infrastructure, warm hand-offs)
- Facilitators (e.g., training for providers, client-centered, etc)

*“Yeah, so it's just been really hard... I think I've only been successful 1 out of...probably 20 times that I've tried [providing warm hand-offs].”*

– Outpatient primary care provider,  
MD



# RESULTS

## Barriers to integrating behavioral health and access

- Primary care time constraints
- Limited cultural appropriate staff
- Funding requirements
- Lack of appropriate resources

*“There's certain metrics that we're beholden to... And if we don't [meet those metrics], we don't get reimbursed at the same rate.”*

- Outpatient primary clinic director, LICSW



# RESULTS

## Facilitators to integrating behavioral health and access

- Thought recommendations
- Walking with patient through the referral process
- Patient agency
- ‘One-stop-shop’

*“If they are not ready to accept... the term mental health needs, then you focus on their presenting problems. And that's how you build the relationship. I hear you. It must be really hard for you to have that problem. So let's work on that.”*

– Outpatient behavioral health director, MSW



# RECOMMENDATIONS - *SYSTEMIC*

1. Integrated care models that are **more flexible**
2. Incentivize care coordination between organizations and outside providers
3. Broaden who can be considered on the care team and provide reimbursement for their services.
4. Enable the community to become clinicians
5. Valuing and respecting behavioral health providers on a similar level to medical providers (e.g., doctors, nurses)
6. Enabling a pay structure that allows providers to spend more time with patients



*“We also need to be able to broaden who can be on our care team and be reimbursed for their work. Not everybody wants to go to school for a thousand years...”*

— Outpatient clinic director, LICSW

*“If we value lived experience, we should have leaders and our orgs with lived experience. Like, there should be a pathway forward for them that's not dependent on formalized education.”*

— Outpatient primary clinic director, LICSW

*“... They feel like [the] social worker can be... disrespected... You don't have to respect [the] social workers' opinions... That happened probably quite often in the medical setting, like when they work as a team... Doctors think they... have the biggest picture of the patient, the case, and they don't have to listen.... [T]hey welcome social workers input, but they- they don't value it much... That kind of like problem is... reflected on the pay... If your workers get paid much less than other providers, you will be devalued... your opinion, your input, your involvement in client's care will be dismissed... You are not any nurse who is calling in... with a professional knowledge...”*

– Outpatient behavioral health clinic therapist, MSW



# RECOMMENDATIONS - *CLINICAL*

1. Standardized online electronic health record systems are needed for inter-organization care coordination.
2. Providing accessible education on mental health topics to the community
3. Client-centered, client-led care
4. Integrating mental health symptoms into physical health
5. Training for primary care providers and social workers/therapists

*Thank you!*

*Q & A*

