

With the increasing attention given to mental health care in our country today, ASTHO has developed this fact sheet and resource guide to provide an overview of mental health care, focusing on services in the primary care setting. Screening tools, toolkits, and data that are currently being used by primary care physicians, and in primary care setting, such as community health centers, have also been included. ASTHO will continue to work with state health agency staff, state Primary Care Associations, and with the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) to disseminate appropriate information around the integration of mental health in the primary care setting and to provide the necessary support to our members and affiliate organizations as new policies and recommendations are considered and implemented.

Introduction

Nearly 44 million Americans, 26 percent of the population, experience mental health problems in any given year.¹ About five percent to seven percent of adults have a serious mental illness and about five percent to nine percent of children have a serious emotional disturbance.²⁻⁴ In the United States, the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion. Approximately \$63 billion of that amount reflects the loss of productivity as a result of illnesses. But indirect costs also include approximately \$12 billion in lost productivity resulting from premature death and almost \$4 billion in lost productivity for incarcerated individuals and those who provide family care.⁵

Primary Care

Data has shown that a majority of Americans receiving treatment for behavioral health conditions receive it from a primary care physician.⁶ Many behavioral health conditions may be discovered by a primary care physician, even though the original intent of the visit was for a physical ailment. Several factors that contribute to “psychosocial-related medical utilization” include mental health and substance abuse disorders, stress, lack of coping skills and other psychological and social conditions.⁷

It is important to note that several challenges are associated with the integration of mental health services in the primary care setting, especially in the arena of reimbursement for services. The following challenges are examples that policymakers should consider:⁸

- Reimbursement for mental health services from Managed Behavioral Health Care Organizations.
- Reimbursement after an initial mental health screening or diagnosis.
- Limitations in reimbursement for non-physician providers, such as social workers or masters-level psychologists.
- Limitations on billing for mental health services and an additional medical visit on the same day.
- Coding and provider combinations that generate adequate reimbursements from Medicaid/Medicare.

Health Centers

Community Health Centers (CHC) or Federally Qualified Health Centers (FQHC) are federally funded community, migrant, public housing primary care, homeless health centers and other qualified community-based health centers that serve low-income and medically underserved populations. Health centers, including FQHC look-alikes, serve as primary care providers to 15 million medically underserved individuals, while federally funded health centers served about 13.1 million patients in 2004.⁹ Health centers are crucial providers of mental health services for those that are most in need and report as many as 70 percent of patients have a behavioral health disorder.¹⁰

At least 90 percent of federally funded health centers in seven states (Hawaii, Maine, Maryland, Nevada, Utah, Vermont, and Washington) and the District of Columbia provide mental health treatment and counseling onsite, compared to the national average of about 70 percent. In addition, at least 75 percent of federally funded health centers in four states (Hawaii, Maine, Utah, and Wyoming) and the District of Columbia provide substance abuse treatment and counseling onsite, compared to the national average of about 50 percent.¹¹ Alcohol dependence, drug dependence, and mental disorders taken together are by far the most frequently diagnosed encounters at health centers, outnumbering hypertension and diabetes.⁹

Health Disparities Collaboratives- Many health centers are engaged in the Bureau of Primary Health Care's health disparities collaboratives, which work to improve outcomes for patients with chronic conditions including diabetes, asthma, cardiovascular disease, cancer, and depression. At least 78 health centers are participating in a collaborative focused on depression, and many more are participating in collaboratives focusing on other chronic conditions that also include a depression screening component.¹² For more information, visit www.healthdisparities.net/hdc/html/collaboratives.topics.depression.aspx.

Data

Uniform Data Systems (UDS) – All BPHC-supported health centers are required to collect data on all services provided—medical, dental, and behavioral, including mental health and substance abuse. Patient data are available by age, gender, race/ethnicity/language, socioeconomic status, and payment method. For more information, visit <http://bphc.hrsa.gov/uds/data.htm>.

SAMHSA Center for Mental Health Services (CMHS) – This center focuses on the development of data standards that provide the basis for uniform, comparable, high-quality statistics on mental health services. Technical assistance is available to all levels of government on the design, structure, content, and use of mental health information systems, with the ultimate goal of improving the quality of mental health programs and services delivery. For more information, visit www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics.

Screening Tools

Patient Health Questionnaire (PHQ-9) - Used in the depression collaboratives, the PHQ-9 was developed in and for primary care. It is named for the nine signs and symptoms of depression in the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, as criteria for diagnosing major depression, and it provides a severity measure that can be repeated to guide treatment decisions. For more information, and to see the PHQ-9, visit www.depressionprimarycare.org/clinicians/toolkits/materials/forms/phq9/questionnaire/.

Screening for Mental Health —National Alcohol Screening Day® and —National Depression Screening Day - These annual events sponsor screenings across the country and

provide materials that are used in primary care settings and community health centers. The National Depression Screening Day® is the first nationwide, community-based mental health screening program and is the largest provider of mental health screening services in the country. The National Alcohol Screening Day is the largest screening and education program of its kind. Both offer community-based, college and primary care screening sites. For more information, visit www.mentalhealthscreening.org/events/nasd/index.aspx and www.mentalhealthscreening.org/events/ndsd/index.aspx.

Tool Kits

Depression Collaborative Tool Kit - This manual outlines all of the key elements of a system of care for people with depression. It contains a Depression Care Model, an Improvement Model that which consists of three fundamental questions, and a Plan-Do-Study-Act cycle to test and implement changes in real work settings. For more information, visit www.healthdisparities.net/hdc/content/Depression_Apr2002.pdf.

The MacArthur Foundation Initiative on Depression and Primary Care's Depression Tool Kit - This tool kit is intended to help primary care clinicians recognize and manage depression. It includes instruments and information sources to assist with: recognizing and diagnosing depression; educating patients about depression, assessing treatment preferences, engaging their participation and explaining the process of care; using evidence-based guidelines and management tools for treating depression; and monitoring patient response to treatment. For more information, visit www.depression-primarycare.org/clinicians/toolkits/.

National Electronic Library for Health - This resource provides support to primary care professionals, primary care organizations, and local user groups in their delivery of primary care mental health services. It addresses conditions frequently seen in primary care or those that have a high profile, which can be managed effectively by general practitioners and their teams, supported as appropriate by secondary care. For more information, visit www.nelmh.org/home_primary_care.asp?c=16.

Reports/Issue Briefs

The President's New Freedom Commission on Mental Health –This commission was launched to address the problems in the current mental health service delivery system. The commission is charged with studying the problems and gaps in the mental health system and making concrete recommendations for immediate improvements that the federal government, state governments, local agencies, and public and private healthcare providers can implement. For more information, visit www.mentalhealthcommission.gov/reports/Finalreport/toc_exec.html.

Mental Health: A Report of the Surgeon General - A collaboration of SAMHSA and the National Institute of Mental Health, this report reviewed the scientific advances in our understanding of mental health and mental illnesses. The report recognizes the relationship between mental health and physical health and well-being, and encourages everyone in the country to take action, including communities, health and social service agencies, policymakers, employers, and citizens. For more information, visit www.surgeongeneral.gov/library/mentalhealth/home.html.

National Association of Community Health Centers - “Health Centers’ Role in Addressing the Behavioral Health Needs of the Medically Underserved” describes and documents the role of health centers in meeting the behavioral health needs of low-income and at-risk populations, and discusses the importance of service integration and challenges related to funding for these services. This report was used extensively in the Primary Care and Community Health Center portions of this fact sheet. To view the full issue brief, visit www.nachc.com/pubmgr/Files/IB/BehavioralHealthSTIB8.pdf.

National Association of County and City Health Officials (NACCHO) - NACCHO has developed two resources on mental health. These issue briefs are the first in a series of efforts by NACCHO to highlight the link between these two communities.

1. “Guiding Principles for Collaboration between Mental Health and Public Health” encourages the mental health and public health communities to work together to promote overall health and well-being. Several principles, including comprehensive planning, workforce development, and data collection, are identified as key areas to address as officials seek to incorporate public health practices in mental health services.
2. “Supporting Collaboration between Mental Health and Public Health”- provides a historical perspective on the relationship between the mental health and public health communities and background on mental illness. In addition, recommendations for federal, state and local entities are identified to support the integration and coordination of mental health and public health.

Both resources are available at www.naccho.org/topics/hpdp/mentalhealth/Pubs.cfm.

Endnotes

1. The WHO World Mental Health Survey Consortium. “Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders in the World Health Organization World Mental Health Surveys.” (2004) *JAMA*, 291 (21).
2. United States Public Health Service Office of the Surgeon General. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. (2001) Rockville, MD: Department of Health and Human Services, U.S. Public Health Service.
3. Department of Health and Human Services. *National Household Survey on Drug Abuse: Volume I*. “Summary of National Findings; Prevalence and Treatment of Mental Health Problems.” (2002) Substance Abuse and Mental Health Services Administration.
4. Kessler, R. C., Berglund, P. A., Bruce, M. L., Koch, J. R., Laska, E. M., Leaf, P. J. et al. “The prevalence and correlates of untreated serious mental illness.” (2001) *Health Services Research*, 36, 987-1007.
5. Rice, D. P. & Miller, L. S. “The economic burden of schizophrenia: Conceptual and methodological issues and cost estimates.” In: M. Moscarelli, A. Rupp, and N. Sartorius (Eds.), (1996) *Schizophrenia* (pp. 321-334). Chichester, UK: Wiley.
6. Quirk MP, et al. “A Look to the Past, Directions for the Future.” *Spring 2000 Psychiatric Quarterly* 71(1):79-95.
7. Friedman R, et al. “Behavioral Medicine, Clinical Health Psychology and Cost Offset.” (1995) *Health Psychology* 14(6):509-18. 7.

8. Ross, Alexander. Health Resources and Services Administration Bureau of Health Professionals Annual Meeting. June 1-3, 2005.
9. Based on 2004 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
10. NACHC 2004. Based on email communication with Kirk Strosahl, Mountainview Consulting Group, Inc. August 26, 2004; and Brammer C. *Mid-West Clinicians' Network Behavioral Health Survey: A Study of Clinicians' Attitudes Regarding Behavioral Health Needs and Services in Community Health Centers*. (May 2000) Mid-West Clinicians Network Research Team, Midwest Primary Care Association..
11. NACHC, 2004. Based on 2003 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
12. National Association of Community Health Centers. *Health Centers' Role in Addressing the Behavioral Health Needs of the Medically Underserved*. (September 2004)

This publication was made possible through a cooperative agreement with the Health Resources and Services Administration's Bureau of Primary Health Care (#U3OC500171). ASTHO appreciates their support.