PRIMARY CARE
INTERNATIONAL
CONFERENCE

Discussion topic: Inseparable: Primary care and mental health integration

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Why this is important (brief description):
Over 1 billion people worldwide are affected by mental health or substance use disorders, and access to effective psychological treatments remains virtually nonexistent. Fragmented policy and financing, combined with years of underinvestment in mental health, have left care difficult to access and quality uncertain. The demand for mental health support continues to outstrip the availability of trained clinicians, leaving many struggling without help. Primary care is one of the most trusted settings for people to approach a clinician they have a relationship with. Therefore, primary care provides a key opportunity to better integrate and address peoples' mental health needs. The growing need for mental health care globally offers a unique opportunity to reimagine why integration is one solution to this global health problem.
What we think we know (evidence + references):

- Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 75% in many low-income countries - do not have access to the treatment they need.[i] [ii]
- There is 30 years of scientific evidence that establishes the benefits of integrating medical and mental health care, what is referred to as whole person care, including two National Academies of Science Engineering and Medicine reports, one published in 1996 and the second in 2023. When peoples common mental and behavioral health problems are addressed, they have a better quality of life, are better able to engage in self-management activities, if they have a chronic condition, and they use fewer health care resources.[iii] [iv] [v]
- Integrating care in the primary care or mental health care settings is a comprehensive and complicated organizational change, that includes adopting systematic case finding and diagnosis, patient engagement/education, treatment approaches based on emerging evidence, engaging clinicians with different backgrounds (e.g., psychologists) and a range of different types of professionals (e.g., peers) who are sometimes in different locations in treatment and following-up (including adjusting care plans) to ensure that improvement occurs and is sustained. To accomplish this, changes are needed to practice operational processes and workflows, documentation and information sharing, and communication. Effort is required to engage leadership and multidisciplinary teams to ensure that sustainable change is implemented.[vi] [vii]
- To scale and sustain integrated efforts, policy and payment remains one of the most pressing barriers for broad spread adoption. A lack of up-front financing for infrastructure development, implementation, and training as well as a lack of appropriate and flexible financing for sustainable practices remains a need.[viii]
- Who does the work is also vital. Ensuring we have an adequate workforce that's capable of working on a team, with the right competencies, and held accountable to outcomes is foundational for practice level sustainability. Clinicians and practices not properly trained to work together can lead to challenges effectively delivering care.[ix]

- Underlying our attempts to integrate remains how we measure our success. Measuring outcomes that matter to people and families, including getting beyond disease specific measures is an ongoing challenge and opportunity for those looking to integrate.[x] [xi]

Bringing the historically disparate field of mental health and primary care together requires more than just clinical and implementation science, it also requires applying social movement principles to better organize the broader community to take action ensuring integration becomes the standard of care.

Questions for group consideration:

1. How can the primary care make the integration of mental health, onsite, the standard of care?
2. What remain the most significant cultural hurdles to bringing more mental health into primary care?
3. What are the most significant payment or policy changes that still need to be addressed?
4. If you were the leader of a health system, what steps of action would you take to both better invest in primary care and bring more mental health into that setting?
5. What are the remining gaps in our knowledge for integrating care?

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