Increasingly, the responsibility for providing mental health care falls to primary care providers (PCPs). This care process model provides a high-level overview of the mental health integration process, designed to help PCPs provide effective mental health care to their patients.

What is mental health?

“Mental health” is more than the control or absence of mental illness. The definition below clarifies why mental health care is vital for general health:

*Mental health:* A state of successful performance of mental and physical functioning resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and cope with adversity. —U.S. Surgeon General David Satcher, 1999

What is Mental Health Integration (MHI)?

Mental Health Integration (MHI) is collaborative mental health care that is integrated into everyday primary care practice. MHI has the following features:

- **It’s team-based.** Primary care providers and office staff collaborate with care managers and mental health specialists to implement individualized strategies for patients and families. This collaboration improves clinical decisions, helps patients and families receive an array of needed services within the primary care context, and reduces the burden on PCPs. MHI team members and their complementary roles are summarized below.
  - **Primary care provider (PCP):** Initiates the MHI process, prepares the patient/family for the team approach, and leads the team with the help of the clinic manager and staff.
  - **The patient and family:** Act as major partners in treatment, and are provided opportunities for education to help them take an active role.
  - **Care manager:** Follows up with patients and families to educate them and improve treatment adherence, tracks outcomes, and reports to the team.
  - **Mental health specialist (MHS):** This PhD, MSW, APRN, psychiatrist, or other licensed mental health professional works with the PCP to clarify the patient’s diagnosis, help determine complexity, and plan appropriate treatment. During treatment, the MHS consults with the PCP and supports treatment of patients and families.
  - **The National Alliance On Mental Illness (NAMI):** Provides patients and families with education, group-based support, and peer mentoring.

- **It addresses complexity.** Mental health disorders can be comorbid with other chronic diseases such as diabetes or CHF. Integrated treatment within a team environment better manages this complexity.

- **It’s outcome-oriented.** MHI helps the team set meaningful goals, provide appropriate follow-up, and track outcomes.

- **It’s standardized and supportive.** MHI follows a standard, yet flexible, process that facilitates communication and coordination of care, improves access to resources, enhances team members’ existing expertise, and helps members excel in their respective roles.

What’s new in this update?

This brief update focuses on the MHI process of care and accompanies two new documents focused on using and scoring the adult MHI packets and the child/adolescent MHI packets. See page 4 for details.

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Benefits of MHI

- **Higher quality care.** Studies show that an organized system of collaborative mental health care delivery can improve every phase of care—diagnosis, treatment, ongoing monitoring, and management. Such a system also identifies more people needing treatment. It also promotes treatment adherence by reinforcing ongoing patient/family contact and social support.

- **More efficient care.** The MHI model uses behavioral healthcare resources more efficiently. Several studies, focusing on conditions such as depressive disorder and anxiety disorders, have shown that collaborative care costs less and is more effective when compared with traditional behavioral healthcare.

- **Higher satisfaction** for providers, patients, and families. MHI eases the burden on PCPs and staff by giving them additional support, tools, and skills to treat patients and families affected by mental illness. Patients receive more comprehensive, continuous, and convenient care. They also feel less stigmatized — in a primary care context, mental health services are reframed as simply part of good healthcare from their doctor.
Algorithm notes

(a) Importance of timely evaluation and treatment: Patients with mental-health-related concerns should be evaluated and treated as soon as possible.

(b) Baseline Evaluation Packets: The color-coded MHI baseline packets are described below. See page 4 for a list of the tools in each packet.

   Adult Baseline Packet (blue): Assesses for mood disorders, ADHD, anxiety/PTSD, physical symptoms, and family coping style.

   Child/adolescent Baseline packet (yellow): Assesses for ADHD, mood disorders, developmental disorders, anxiety/PTSD, family coping style, and home impairment.

   School Baseline Packet (pink): Assesses for ADHD, comorbidities, and impairment; used by a child’s teacher(s) or school counselor(s).

(c) Assessment, suicide screen: Use the PHQ-9 (question 9 for suicide ideation), plus near-term suicide risk factors such as anxiety/psychotic symptoms, active substance abuse, and access to firearms.

(d) Scoring: With guidance and resources, office staff can score the packets. See page 4 for resources to aid in evaluating packets and determining scores.

(e) DSM-IV summary: A general summary of DSM-IV criteria is available; see the list of resources on page 4.

(f) Tracking scores: The tracking sheets help you record scores for the initial evaluation and two follow-ups.

(g) Stratifying complexity and severity: Use this form to summarize scores, assess overall complexity and severity of the patient’s condition, and record the diagnosis and care plan.

MHI Process Overview

These algorithms outline the use of MHI tools and resources to evaluate and manage mental illness in a primary care setting. The process can—and should—be modified to fit the workflow of an individual office, the needs of a particular patient and family, and the primary care provider’s clinical judgment.

**ALGORITHM: DIAGNOSIS**

**Patient/parent presents with possible mental-health-related concerns**

Via phone

- Schedule appointment. (a)
- Mail MHI Baseline Evaluation Packet to parent/patient to complete beforehand. (b)
  For pediatric patients, explain to parent(s) that diagnosing mental health conditions depends on information from both parents and teachers.

During regular appointment

- Do brief mental health assessment, including suicide screen. (c)
- Schedule follow-up appointment. (a)
- Give MHI Baseline Evaluation Packet to parent/patient to complete before next appointment. (b)
  For pediatric patients, explain to parent(s) that diagnosing mental health conditions depends on information from both parents and teachers.

**PATIENT/PARENT: Provides information by completing MHI packets**

1. Completes the Baseline Evaluation Packet(s) and (for pediatric patients) the parent coordinates evaluation with the child’s school. (b)
2. Brings the completed packet(s) to the appointment.

**PCP: Primary Care Mental Health visit with complete MHI packets**

3. Perform medical history/physical exam.
4. Score the Baseline Evaluation Packet(s). (d)
5. Make initial diagnosis based on DSM-IV criteria. (e)
6. Review the packet and scores with the parent/patient.
7. Record appropriate details on the Score Tracking Sheets (f) and the MHI Stratification and Care Plan. (g)

Go to Treatment Algorithm
**ALGORITHM: TREATMENT**

**Evaluate severity and complexity; determine level of team management**

Use clinical judgment and scoring guides to evaluate severity & complexity (h) and determine team management level (i). Risk of suicide or other danger places patient in highest category.

1. **Mild severity and complexity**
   - **Routine Care**
   - **Treatment Plan**
     - **Who:** PCP, Care Manager as needed, NAMI (j)
     - **What:** Use MHI guidelines and tools to guide care within primary care environment.

2. **Moderate severity and complexity**
   - **Collaborative Care**
   - **Treatment Plan**
     - **Who:** PCP, Care Manager, NAMI (j), consultation with Mental Health Specialist(s) (k) if indicated
     - **What:** Use MHI team as needed to clarify diagnosis, prioritize treatment options, and plan followup.

3. **High severity and complexity OR danger risk**
   - **Collaborative Care or Referral**
   - **Treatment Plan**
     - **Who:** PCP, Care Manager, NAMI (j), face-to-face consultation with Mental Health Specialist(s) (k) highly recommended
     - **What:** Use Mental Health Specialist(s) (mHS) to help stabilize patient/family and guide care. When appropriate, refer patient to MHS. (l)

**Initiate Treatment Plan**

1. Initiate treatment plan at appropriate level of MHI team involvement (see above).
2. Follow the diagnosis-specific care process model when available. (m)

**Ongoing Follow-up**

- With MHI team:
  1. Continue to follow up with patient and monitor progress.
  2. Use appropriate Follow-up Evaluation Packets to evaluate improvement. (n)
  3. Record details on Score Tracking Sheets and encoded data in EMR. (f)

**Reconsider Treatment Plan**

6. Consider stepping up level of team management.
7. Refer to Mental Health Specialist as needed. (k,l)

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**Using scores to evaluate severity and complexity:** The scoring guides (see page 4) provide guidance for this task. General factors that affect complexity include symptom severity, psych and physical comorbidity, impairment, and family relational style.

**Choosing team management:**
Along with the results of the mental health assessment, consider these factors when determining the level of team management:

- Care management benefits people with moderate/severe depression more than those with mild depression.
- Some clinicians have more interest and capability than others in caring for complex or severe cases.
- Resource levels vary among practices and communities.

**National Alliance on Mental Illness (NAMI):** If the patient desires, the Care manager can work with NAMI to arrange for a peer mentor and support group.

**Mental Health Specialist:** PhD, MSW, APRN, Psychiatrist, or other licensed mental health provider

**Referral:** Not all patients can be treated in primary care. Use your clinical judgment and factors such as suicidality to decide whether patients need to be referred for treatment.

**Related CPMs:** Intermountain provides care process models on ADHD, bipolar disorder, and depression.

**Follow-up Evaluation Packets:** The color-coded MHI follow-up packets are described below.

- **Adult Follow-up Packet (green):** Includes all tools in the baseline packet except the Mood Disorder Questionnaire.
- **Child/adolescent Follow-up Packet (tan):** Includes all tools in the baseline packet except assessments of family coping style and developmental disorders.
- **School Follow-up Packet (purple):** Includes the same forms as the Baseline Packet.
MHI Tools Overview

Intermountain’s MHI tools assist in evaluation, care planning, and communication. Standardized packets contain assessments designed to help evaluate symptoms and identify issues that may impact treatment, or to evaluate and track progress and outcomes. Use the packets or choose specific tools based on individual needs.

Baseline evaluation

- **For Adults**
  - Adult Baseline Packet
    - Cover Letter
    - Initial History and Consultation
    - Family Rating Scale
    - Patient Health Questionnaire (PHQ-9)
    - Anxiety/Stress Disorder Symptom Rating Scale
    - Mood Disorder Questionnaire (MDQ)
    - Adult ADHD Self-Report Scale
    - Mood Regulation Symptom Rating Scale

- **For Children and Adolescents**
  - Child & Adolescent Baseline Packet
    - Baseline Evaluation Cover Letter
    - Initial History and Consultation
    - Parental Screen and Family Rating Scale
    - Vanderbilt ADHD PARENT Rating Scale
    - Depression Symptom Rating Scale
    - Anxiety/Stress Disorder Symptom Rating Scale
    - Developmental Disorders Symptom Rating Scale
    - Mood Regulation Symptom Rating Scale
    - Home Impairment Scale

Follow-up evaluation

- **For Adults**
  - Adult Follow-up Packet
    - Follow-up Consultation, which includes evaluation of medication side effects and progress improvement
    - All tools in the Baseline Packet except the Family Rating Scale and mood Disorder Questionnaire (MDQ)

- **For Children and Adolescents**
  - Child & Adolescent Follow-up Packet
    - Follow-up Cover Letter and Follow-up Consultation
    - All tools in the Baseline Packet except the Family Rating Scale and Mood Disorder Questionnaire (MDQ)

Scoring, stratifying severity/complexity, and planning care

- **Adulst**
  - Scoring and Evaluating Adult MHI Forms
  - MHI Stratification and Care Plan: Adult
  - Adult Score Tracking Sheet

- **Children & Adolescents**
  - Scoring and Evaluating Child & Adolescent MHI Forms
  - MHI Stratification and Care Plan: Child & Adolescent
  - Child & Adolescent Score Tracking Sheet

Patient education materials

Intermountain’s patient education materials can also be found by using the topic menu on the clinical programs page linked from intermountain.net or intermountainphysician.org. Choose Mental Health Integration from the topic menu.

- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder
- Autism
- Bipolar Disorder
- Depression
- Mental Health Integration: Mental Health Services In Your Doctor’s Office
- ADHD: Talking To Your Child’s or Teen’s Teachers
- ADHD: Tips for Teachers

Related care process models

Several CPMs provide evidence-based guidance for diagnosis and treatment:

- Management of ADHD
- Management of Bipolar Disorder
- Management of Depression

These can be found on the clinical programs page linked from intermountain.net or intermountainphysician.org. On that page, choose Mental Health Integration from the topic menu at upper right.