

## **Managing Behavioral Health Issues in Primary Care**

Nearly 75 percent of primary care visits include mental or behavioral health components.<sup>1</sup> Behavioral factors related to chronic disease management, mental health issues, substance use, smoking or other tobacco use, as well as the impact of stress, diet, and exercise on health are included in these components.

Although some patients need specialized care for psychological or behavioral health issues, primary care physicians should recognize the potential positive impact of using brief behavioral interventions during appointments with patients who struggle emotionally or face life crises.<sup>2</sup>

An article in *Family Practice Management* indicates that by demonstrating emotional openness, listening carefully, and instilling hope, primary care physicians can provide a supportive environment in which to care for patients experiencing behavioral health issues. "When referrals are necessary, physicians can greatly influence patients' willingness to follow through by highlighting the potential benefits of behavioral health services and explicitly addressing patients' ambivalence and concerns." <sup>3</sup>

Primary care physicians also may consider integrating behavioral health into primary care with the goal of a team-based approach to care. One integration model involves hiring a behavioral health consultant (a psychologist, licensed clinical social worker, or other behavioral health professional) as a member of the healthcare team to support the work of the primary care physician.<sup>4</sup>

The following 15 strategies can assist primary care physicians in caring for their patients who have behavioral health issues.<sup>5</sup>



Be present and emotionally available to patients. Use appropriate physical touch and open body language (e.g., turn away from the computer when speaking to the patient). Assure the patient about confidentiality.



Listen to the patient without interruption or judgment, and use active listening skills such as paraphrasing and reflecting the patient's feelings. Express empathy in a genuine, natural manner to reinforce a strong patient–provider relationship.

Normalize the patient's emotional response and express empathy and concern. Focus on the specific issue you're observing, but avoid labels and psychiatric diagnoses.



Explain to the patient how to use breathing and mindfulness exercises. Breathing and mindfulness exercises are easy to learn and can be very effective, but be sure to check in with the patient at each clinic visit to reinforce their use.

Recommend physical exercise to patients who have behavioral health issues. Explain to the patient how behavioral health is related to physical health concerns. Encourage behavioral activation by helping the patient create a routine or schedule.

Devise a protocol/plan to manage psychiatric and social emergencies that may occur in your practice. Prepare your team for behavioral health emergencies by learning about the petitioning process for involuntary evaluation in your area. Safety of the patient, yourself, and your staff is a top priority.



Periodically assess the quality of care your practice provides to patients who have behavioral health issues and take action to improve care.



Routinely screen patients for behavioral health and substance abuse problems. Use acute care visits to elicit behavioral health concerns.



Work with behavioral and mental health professionals whenever possible to ensure high-quality care for your patients. Consider frameworks for developing these relationships, such as partnerships, co-locating services, or fully integrated care.



Stay current on behavioral health practices and screening recommendations; behavioral health and primary care integration models; trauma-informed care; telehealth and telepsychiatry; and behavioral health disparities and high-risk populations.

Participate in relevant continuing medical education, rely on evidence-based clinical guidelines, use objective screening and diagnostic tools, and implement practice resources.

Be sure to document all behavioral health issues in the patient's health record along with any specialist recommendations and/or referrals. Be sure to track referrals and reports and follow up appropriately.

Offer interpreters and auxiliary aids to assist with patient communication and comprehension for patients who have limited English proficiency or disabilities that impair communication.



Become familiar with your local behavioral health resources, including behavioral health centers and safety net providers. Give patients written and verbal information about how to access these resources. Document the specific information provided in each patient's health record.



Recognize that stereotypes and bias about behavioral health are common and problematic. Find ways to learn more about implicit bias and how it can affect your patients.

## Resources

- Agency for Healthcare Research and Quality: Guidebook of Professional Practices for Behavioral Health and Primary Care Integration: Observations from Exemplary Sites
- Agency for Healthcare Research and Quality: Provider- and Practice-Level Competencies for Integrated Behavioral Health in Primary Care: A Literature Review
- American Academy of Pediatrics: Mental Health Initiatives
- American Medical Association: Behavioral Health Integration Into Primary Care Toolkit
- American Psychological Association: Behavioral Health Integration Fact Sheet
- National Institute of Mental Health: Ask Suicide-Screening Questions (ASQ) Toolkit
- Substance Abuse and Mental Health Services Administration: Evidence-Based Practices
  Resource Center
- The Commonwealth Fund: Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis

## Endnotes

<sup>1</sup> Schrager, S. (2021). Integrating behavioral health improves patient outcomes and makes medical practice more satisfying. Here's one way to do it. *Family Practice Management, 28*(3), 3–4. Retrieved from www.aafp.org/pubs/fpm/issues/2021/0500/p3.html

<sup>2</sup> Sherman, M. D., Miller, L. W., Keuler, M., Trump, L., & Mandrich, M. (2017). Managing behavioral health issues in primary care: Six five-minute tools. *Family Practice Management, 24*(2), 30–35. Retrieved from www.aafp.org/fpm/2017/0300/p30.html

<sup>3</sup> Ibid.

<sup>4</sup> Schrager, Integrating behavioral health improves patient outcomes and makes medical practice more satisfying. Here's one way to do it.

<sup>5</sup> The risk tips in this publication are adapted from the following resources: Sherman, et al., Managing behavioral health issues in primary care: Six five-minute tools; Johnson, J.M., & Stern, T.A. (2014). Involuntary hospitalization of primary care patients. *The Primary Care Companion for CNS Disorders, 16*(3):PCC.13f01613. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC4195632/; American Academy of Family Physicians. (2018). *Mental health care services by family physicians (position paper)*. Retrieved from www.aafp.org/about/policies/all/mental-health-services.html; Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., . . . Thornicroft, J. (2014). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45*(1),11–27. doi: https://doi.org/10.1017/S0033291714000129

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