Abstract

Integrated behavioural health (IBH) represents a paradigm shift for both primary care (PC) and behavioural health (BH) settings. IBH requires a shift towards more routine attention of behavioural health among primary care providers (PCP) and other medically trained staff. Local health data aligns with research data which indicate approximately a third of the general population have a common mental health disorder. Furthermore, upwards to 20% of the general population will seek primary care for BH (mental/substance use) problems. Research supports PCPs deal with patients’ untreated psychological problems – identified or not, taking up PCP time regardless of degree to which problems are explicit focus of practice. Juntos data indicates that 84%-93% of the general population will refuse referrals to BH organizations resulting in high utilizers with unexplained physical symptoms. Furthermore, data indicates patients prefer to receive BH services in PC as it is not perceived as “behavioural healthcare”; thus removing the stigma associated with BH. As a result and in response, the local health organizations such as the local health department, the federally qualified health center, and local mental health authority have adopted the Juntos integrated behavioural health model which employs a highly team-based approach to address behavioural health among clinic patients. This model is employed on-site and with traveling healthcare teams providing services in remote areas of the region. IBH improves identification and treatment of behavioural health problems and chronic disease in the PC setting, generating better health outcomes for patients and decreasing the use of unneeded emergency services.

Biography

Viviana Martinez-Gómez earned her PhD in organizational leadership from Northcentral University in the United States. She has published multiple papers and co-authored a chapter on collaboration and evaluation of collaborative programs along the South Texas-Mexico Border. She is a seasoned administrator and consultant with experience in the IBH model; specializing in integrated best practices. Her research interests include cultural competency, trust among collaborators, collaborative partnerships, leadership succession, and staff development. She has over 10 years’ administrative experience and over 14 years’ experience in prevention, intervention, and treatment of behavioural health disorders (mental and substance use) both in outpatient and residential settings working with special populations ages 5 and over. As the former Director for the Si Texas Juntos for better health project she oversaw a four year research study for non-compliant patients with diabetes and/or depression and integrated health programs looking at best practices.

Publications

1. Prevention Care Management Unit: Telephone Care Management to Improve Appointment Compliance along the South-Texas Mexico Border