

## F. MODELS OF HEALTH AND MENTAL HEALTH INTEGRATION: ACCESS COMMUNITY HEALTH AND RESEARCH CENTER MODEL

Ibrahim Kira, PhD; Adnan Hammad, PhD; Sharifa Abou-mediene, MD

### INTRODUCTION

Integrated physical and mental health care and research in a community network represents a paradigm shift that resulted from the revolutionary advances in our theoretical and applied research. Further, integration highlighted the importance of cross-fertilization between research and practice and translation of research findings to practice and the clinical insights and observation into new advanced research. Integrative health care with research has ecological validity. In this paper, we briefly discuss the evolving models of integration and present the Calgary model and the ACCESS Community Health and Research Center (ACHRC) model, which is evidence-based and ecologically valid.

### BACKGROUND

Health and behavior are determined by the interaction of human genetics, culture and environment. A significant body of evidence refers to the validity of this interaction paradigm.<sup>1</sup> One result of this paradigm is the integration of genes, health and behavior problems, and environmental stressors as one system with different circuits or sub-systems. The direct effects of environmental stressors on health and mental health, as well as the loop of reciprocal effects between them mandate integrating all these elements (environmental stressors or risks, health, mental health etc.) in managing, service planning and provision.

Scientific advances in medicine and behavioral sciences and the translation of these advances to practices are slow due to lack of integration between science and practice.

Unfortunately, the current system of health care in the United States usually

separates mental health from physical health and from scientific progress. Under these circumstances, we experience higher healthcare costs and negative effects on healthcare access and outcomes, and slower translation of scientific advances. Integrated care is a new paradigm shift in how we view health and provide care; it changes the way we conduct research, develop programs and provide education and training to health and mental healthcare professionals.

Ecological and multi-systemic wrap-around holistic and integrated models of care are emerging.<sup>2</sup> Healthcare providers increasingly recognize the need to address behavioral, emotional and environmental effects on physical health to provide effective and efficient services. The environmental or ecological factors include social, political, physical and cultural environments.

### ELEMENTS AND BENEFITS OF INTEGRATIVE HEALTHCARE DELIVERY SYSTEM

Elements of an integrative healthcare delivery system include:

- Early detection by primary screening for both health and mental health disorders;
- Identification of the root cause of the disorders;
- Networking, communication and coordination between different disciplines that are involved in direct care treatment plans and delivery.

Multi-disciplinary health care is more effective and cost-efficient. Primary, secondary and tertiary prevention will be more effective and efficient if it addresses all risk and protective factors. Prevention is important in helping to

develop healthy lifestyles and treatment adherence.

Another promising development is the revolution of information technology and computer-based systems for unified records for health and mental health. Telemedicine technology is yet another development that can enhance the process of integration and consumer outreach.

Still another revolutionary outcome is the alliance between community and university to develop, provide, and promote an evidence-based integrative system of care, which enhances both cost-effective care and science. The development of a scientist/practitioner multidisciplinary model in both medicine and psychology is one of the outcomes of such integration.

Developing an integrated primary care delivery system requires collaboration between mental health professionals, primary care providers, community leaders, environmentalists, and medical and behavioral scientists. Integrating practice and research in health and mental health care is another promising development that enhances discovery and application of evidence-based models of treatment, prevention and integration. One such development is the design and implementation of brief screening tools for health and mental health that can be used in primary care and mental health clinics for mutual referrals. Integration must be evidence-based. Research found positive effects of integration in productivity and in fewer and less costly healthcare visits.<sup>3,4</sup>

### THE EMERGING MODELS AND MOVEMENTS OF INTEGRATED CARE

Varied integration models are emerging. One example is the model from

University Hospital (in Detroit, Michigan) where research is integrated into practice in an academic setting and managed care models combine health and mental health care, for example Blue Cross/Blue Shield, Kaiser and Henry Ford Health System, in a clinic setting. Another model is the Calgary model used in a primary care setting. Another integrative model is known as the *Prescribing Psychologists Movement*.<sup>5</sup> This model, which is now followed in the army as well as in New Mexico and Louisiana, is gaining acceptance. The ACCESS Model of Community Health and Research Center, which takes place in a community setting, is an evolving model. This paper describes two of these emerging models: The Calgary model and the ACCESS model of Community Health and Research Center.

### **THE CALGARY MODEL: PRIMARY CARE PHYSICIAN AND SHARED MENTAL HEALTH CARE**

In this model the family physician (FP) has the initial responsibility of identifying those patients in need for mental health interventions. The FP discusses the case with the mental health clinician (psychologist, psychiatric nurse or psychiatrist) prior to the mental health clinician's interview of the patient. Either the physician or the clinician conducts the patient interview in the physician's office. Usually care is taken to work within the context of the FP's relationship with the patient.

A summary of the mental health clinician's opinion is given to the FP with the patient present. This consultation is designed to allow the FP or patient to reframe symptoms in terms compatible with the patient perceptions, beliefs and resources. When needed, family assessment, referral and brief interventions are conducted. Severe family disturbances are referred out. This model requires the FP to invest

more time with the patient than is typical.

This model increases accessibility and decreases the stigma associated with mental illness. However, participating FPs indicated the need for concurrent training for skill acquisition and maintenance and noted the additional investment of their time.<sup>6</sup>

### **ACCESS COMMUNITY MODEL OF INTEGRATIVE CARE: ACCESS COMMUNITY HEALTH AND RESEARCH CENTER (ACHRC)**

On the administrative level, Michigan supports an integrated health and mental health approach; however, the approach has not yet carried down to the service delivery level. At ACCESS, health and mental health began to be integrated administratively in one unit of operation with the appointment of a director of the community health and research center five years ago. Since then, the ACCESS Community Model of Integrative Care from the ACCESS Community Health and Research Center (ACHRC) is multi-systemic and ecological approach that includes health, mental health and environment and research components in a community setting. This model is still developing within the primary care practices.

### **ACHRC Mission**

The mission of ACHRC is to promote the physical, mental and social health of the community, utilizing a holistic, multicultural approach and respecting the dignity and diversity of those we serve. We believe that a cooperative relationship, which fosters good healthy living at all levels, can best be achieved by an interdisciplinary outreach strategy using high quality healthcare services, educational programs, research, and advocacy.

The ACHRC continues to be the most comprehensive Arab American community-based health and mental health center in North America. Through our 36 health and mental health programs we have provided 83,000 services to 26,000 clients between June 2003 and July 2004.

ACHRC delivers one-stop services to the community that include medical, public health, mental health, environment, research, immigration, social services, employment and legal services. We deliver holistic, community-based, wraparound services. We conduct health and mental health prevention and intervention outreach to community members in their natural environment. The outreach includes home-visits, partnering and coordinating with other community organizations, eg, schools, cultural centers, faith-based organizations, and other community agencies.

### **ACHRC Integration of Health and Mental Health Prevention and Research**

Prevention of health and mental health is currently fully integrated; intervention is still in the process of integration development. An example of prevention integration projects is depression screening and prevention among youth in schools, which is an ongoing integrated project by mental health, health and Dearborn schools. The project is funded by Blue Cross/Blue Shield.

### **ACHRC Integration of Health and Mental Health Intervention**

Current integration of health and mental health interventions includes screening for health while providing mental health services and screening for mental health while providing health services and cross-referrals. In this model, psychiatry and case management are integral parts of mental health. Referrals to neurologists and other needed health services are routinely considered. This includes networking

and coordination with other community agencies, eg, schools and hospitals. Procedures require primary care physician notification of mental health services and psychotropic medication recommended and continuous contact with primary care physicians and other specialists in ACCESS and in the community. The model includes systematic, ongoing data collection to develop a database for health and mental health that aids in gathering the statistics required for grants and funding agencies as well as for outcome and community research.

### Integrating Research and Practice in Health and Mental Health

The scientist practitioner model in the community setting includes conducting research on community health and mental health needs, as well as program evaluation and outcome research in collaboration with area universities. The focus is on discovering community needs to better address them, to evaluate program effectiveness and efficiency, and to determine which interventions work or do not work. The end result is following evidence-based, effective prevention and intervention, enriching basic science by new insights and observations from practice, and faster translation of scientific advances to practice.

ACHRC research projects are conducted with collaboration with academia and are funded by local, state and national funding agencies. Integrating community and university efforts through the scientist practitioner model is essential for both developed services and basic science.

#### *Example of the ACHRC Integration: Youth Health, Mental Health and Research*

In the children's health program, we screen for health and mental health using screening tools for environmental traumatic stressors in youth and their parents. We use Columbia University Diagnostic

Predictive Scales (DPS), which is a computerized tool for mental health screening of youth; it also measures for post-traumatic stress disorder (PTSD), depression, anxiety and complex PTSD.

We refer clients to ACCESS physicians and other community physicians and neurologists and followup on our referrals. Primary physician notification for each client is routinely delivered upon opening the case or changing medication, as noted earlier. In the youth health center, we use the Columbia University screening tool for mental health as well as a newly developed checklist for traumas, risk and protective factors. Accordingly, youth health center refers to mental health those who are at risk after consent has been obtained from parents. Further, we are developing a database for mental health and health screening information; data analysis will be conducted using SPSS.

#### *Examples of Research Projects in Mental Health*

Examples of mental health research projects conducted by ACHRC are:

- The effects of cumulative trauma on Iraqi and African American adolescents' health and mental health. This is an ongoing collaborative research projected conducted by Wayne State and ACCESS.
- Two anti-stigma clinical studies to assess the stigma of mental illness in ACCESS clinic mental health clients.
- Two Iraqi refugee community studies. Research has been conducted on samples of 365 and 501 participants, in collaboration with Eastern Michigan and Wayne State Universities.
- Ongoing research on health and mental health needs assessment in the Arabic community, in collaboration with Wayne State University.

#### *Examples of Research Projects in Health*

Examples of health research project conducted by ACHRC are:

- Increasing knowledge of HIV serostatus in Arabic-speaking high-risk population. This research was funded by the US Centers for Disease Control and Prevention.
- Development/evaluation of Arab American cancer awareness. This research was conducted with Wayne State University and was funded by Blue Cross Blue Shield of Michigan.
- Environmental impacts on Arab Americans in metro Detroit. This project is funded by the National Institutes of Health.
- Arab American youth: tobacco use and intervention. This study is conducted with Wayne State University and funded by National Institute for Child Health and Human Development.
- The epidemiology of diabetes and its risk factors among Arab American community of Dearborn, Michigan. This study has been conducted with Wayne State University and funded by American Diabetes Association.
- Expanding cancer prevention through translation and training. This research was conducted with Michigan State University and funded by Susan G. Komen Breast Cancer Foundation.

In addition, ACHRC collaborative research identified, for the first-time, the problem of water pipe smoking among the Arab American community as a culturally specific health risk and started to plan an intervention and prevention campaign.

## CONCLUSION

The service integration movement is evidence-based and is here to stay, grow and advance. There are several models of integration and the ACHRC community-based integration of health, mental health, and research may have several advantages. It provides a promising model that integrates health, mental health and research components in a community setting. The model is unique, ecologically valid and is worth

developing and disseminating nationwide and internationally. However, the ACHRC model is still in the developmental stage. Continued development and evaluation of our model is underway.

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