Mental health is more than the control or absence of mental illness. Mental health is vital for general health. It is defined as “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. Following are key features of MHI:

- **It’s team-based.** PCPs and office staff collaborate with care managers and mental health specialists to implement individualized strategies for patients and families. This improves clinical decisions, helps patients and families receive services within primary care, and reduces PCP burden. MHI team members and their roles:
  - **Primary care provider (PCP):** Initiates MHI process, prepares the patient and family for the team approach, and leads the team with the help of the clinic manager and staff.
  - **Patient and family:** Act as major partners in treatment, and are provided opportunities for education to help them take an active role.
  - **MHI coordinator:** Orient patients and families to MHI, coordinates MHI team, and enters packet information into the electronic medical record (EMR).
  - **Care manager and/or health advocate:** Follows up with patients and families to educate them and improve treatment adherence, tracks outcomes, and reports to the team.
  - **Mental health specialist (MHS):** A PhD, MSW, APRN, psychiatrist, or other licensed mental health professional who works with the PCP to clarify the patient’s diagnosis and helps determine complexity and plan treatment. Consults with the PCP and supports treatment of patients and families.
  - **National Alliance on Mental Illness (NAMI):** Provides patients and families with education, group-based support, and peer mentoring.

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

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

- **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.

- **It supports Intermountain’s Triple Aim for population health.** The Triple Aim improves the quality of health, enhances the customer experience, and lowers the cost of care.

**BENEFITS OF MHI**

- **Higher quality care.** Studies show that an organized system of collaborative mental health care can improve every phase of care by identifying more people who need treatment, promoting treatment adherence, and reinforcing ongoing patient/family contact and support.

- **Better outcomes.** Patients with depression in routinized MHI clinics were 54% less likely to use higher-order ED visits.

- **Higher satisfaction for patients and providers.** Intermountain compared responses to satisfaction surveys before and after MHI was in place:
  - **Patients** indicated improvement in multiple aspects of care, including physicians listening to concerns and quality of coordinated care.
  - **Providers** reported improvement in a series of operational areas, including ability to detect mental health needs, competence in working on the mental health and social needs of patients, and ability to integrate the MHI team in primary care.

**WHAT’S NEW in this update?**

- **Updated packet tools** (page 4)
- **New care process models for substance use disorder and suicide prevention** (page 4)
MENTAL HEALTH INTEGRATION (MHI) IMPLEMENTATION AND MEASURES

MHI implementation has 3 levels, as identified at right.

The MHI team uses a team-based scorecard and dashboard to measure each of the items listed as clinics move through the implementation process.

The MHI dashboard measures patient outcomes associated with mental health. See page 4 for more information.

ALGORITHM: DIAGNOSIS

PATIENT/PARENT presents with possible mental health concerns

Via phone

• Schedule appointment. (a)
• Mail MHI Baseline Evaluation Packet to parent/patient to complete before appointment. (b)

During regular appointment

• Do brief mental health assessment, including suicide screen. (c)
• Schedule follow-up appointment. (a)
• Give MHI Baseline Evaluation Packet to patient/parent 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.

For adolescent patients, give the PHQ-A with the Baseline Evaluation Packet. (d)

PATIENT/PARENT: Provides information by completing MHI packets

1. Patient/parent completes the Baseline Evaluation Packet(s), and (for pediatric patients) the parent coordinates evaluation with the child’s school. (b)
2. Patient/parent brings the completed packet(s) to the appointment and staff score. (e)

PCP: Primary care mental health visit with complete MHI packets

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

Go to Treatment Algorithm

MHI PROCESS OVERVIEW

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

ALGORITHM NOTES

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

(b) Baseline evaluation packets:
See page 4 for a list of packets and tools in each packet.

(c) Assessment, suicide screen: Use the PHQ-9 or PHQ-A (question 9 of both and questions 12 and 13 of PHQ-A deal with suicide ideation), plus near-term suicide risk factors (e.g., anxiety, psychotic symptoms, active substance abuse, access to firearms). Follow the Suicide Prevention CPM if patients screen positive for suicide.

(d) Adolescent patients: Determine which Baseline Packet to use based on clinical judgment, following these guidelines:
– For younger/less mature patients, give the Child & Adolescent Baseline Packet to the parent to complete, and the PHQ-A to the patient to complete.
– For older/more mature patients, give the Adult Baseline Packet, and replace the PHQ-9 with the PHQ-A.

(e) Scoring: Staff score the packets. See page 4 for resources to help evaluate packets and determine scores.

(f) Tracking scores: The tracking sheets help you record scores for the initial evaluation and two follow-ups (see page 4).

(g) Stratifying complexity and severity: Use this form to summarize scores, assess overall complexity and severity of the patient’s condition, and record diagnosis and care plan (see page 4).
ALGORITHM: TREATMENT

EVALUATE severity and complexity; determine level of team management
Use clinical judgment and scoring guides (see page 4) to evaluate severity and complexity (h) and determine team management level (i). Risk of suicide or other danger places the patient in the highest category.

Mild severity and complexity
Routine Care

Moderate severity and complexity
Collaborative Care

High severity and complexity OR danger risk
Collaborative Care or Referral

Treatment Plan
Who: PCP, care manager/health advocate as needed, NAMI (j)
What: Use MHI guidelines and tools to guide care within primary care environment.

Treatment Plan
Who: PCP, care manager/health advocate, 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 follow up. Discuss and normalize mental health with patient.

Treatment Plan
Who: PCP, care manager/health advocate, 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:
3] Continue to follow up with patient and monitor progress.
4] Use appropriate Follow-up Evaluation Packets to evaluate improvement. (n)
5] Record details on Score Tracking Sheets and encoded data in EMR. (g)

Patient improving?
yes
no

RECONSIDER Treatment Plan
6] Consider stepping up level of team management.
7] Refer to mental health specialist as needed. (k,l)

WHY USE MHI PACKETS?
MHI packets bring together objective evaluation tools to help identify and track mental health symptoms, impairment, and comorbidities that may otherwise be overlooked. The MHI packets and individual tools are not meant diagnose, but are valuable in gathering information needed to make a diagnosis. MHI packets should not be used without clinical judgment and clinical correlation.

The MHI evaluation tools were either derived and used with permission from other well-known and validated sources or created by Intermountain following evidence-based clinical practice and recommendations of nationally recognized organizations. Intermountain clinics have been using these forms for 10 years with positive results.

ALGORITHM NOTES
(h) 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, psychological and physical comorbidities, impairment, and family relational style.

(i) 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.

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

(k) Mental health specialist: PhD, MSW, APRN, psychiatrist, or other licensed mental health provider.

(l) 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.

(m) Related CPMs: Intermountain has multiple care process models on mental health disorders (see page 4).

(n) Follow-up evaluation packets: See page 4 for a list of tools in each packet.
**MHI TOOLS OVERVIEW**

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

## Baseline evaluation

<table>
<thead>
<tr>
<th>For adults</th>
<th>For children and adolescents</th>
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<tbody>
<tr>
<td><strong>Adult Baseline Packet</strong></td>
<td><strong>Child &amp; Adolescent Baseline Packet</strong> **</td>
</tr>
<tr>
<td>• Baseline Evaluation Cover Letter</td>
<td>• Baseline Evaluation Cover Letter</td>
</tr>
<tr>
<td>• Initial History &amp; Consultation</td>
<td>• Initial History &amp; Consultation</td>
</tr>
<tr>
<td>• Family Rating Scale</td>
<td>• Parental Screen &amp; Family Rating Scale</td>
</tr>
<tr>
<td>• Patient Health Questionnaire (PHQ-9)*</td>
<td>• Vanderbilt ADHD Parent Rating Scale</td>
</tr>
<tr>
<td>• Anxiety &amp; Stress Disorder Symptom Rating Scale</td>
<td>• Patient Health Questionnaire (PHQ-C)</td>
</tr>
<tr>
<td>• Mood Disorder Questionnaire (MDQ)</td>
<td>• Anxiety &amp; Stress Disorder Symptom Rating Scale</td>
</tr>
<tr>
<td>• Adult ADHD Self-Report Scale Symptom Checklist</td>
<td>• Developmental Disorders Symptom Rating Scale</td>
</tr>
<tr>
<td></td>
<td>• Parent–Young Mania Rating Scale (P–YMRS)</td>
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<td></td>
<td>• Home Impairment Scale</td>
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* Replace with the PHQ-A for adolescent patients if applicable.
** Give the PHQ-A along with the packet and have the adolescent complete it.

## Follow-up evaluation

<table>
<thead>
<tr>
<th>For adults</th>
<th>For children and adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Follow-up Packet</strong></td>
<td><strong>Child &amp; Adolescent Follow-up Packet</strong></td>
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<tr>
<td>• Cover Letter</td>
<td>• Follow-up Cover Letter</td>
</tr>
<tr>
<td>• Follow-up Consultation, which includes evaluation of medication side effects and progress improvement</td>
<td>• Follow-up Consultation</td>
</tr>
<tr>
<td>• All tools in the Baseline Packet except the Initial History &amp; Consultation, Family Rating Scale, and Mood Disorder Questionnaire</td>
<td>• All tools in the Baseline Packet except the Initial History &amp; Consultation, Parental Screen &amp; Family Rating Scale, and Developmental Disorders Symptom Rating Scale</td>
</tr>
<tr>
<td></td>
<td>• School Follow-up Packet</td>
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<tr>
<td></td>
<td>• Cover Letter</td>
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<tr>
<td></td>
<td>• Vanderbilt ADHD Teacher Rating Scale</td>
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<tr>
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<td>• School Impairment Scale</td>
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</table>

## Scoring, stratifying severity and complexity, and planning care

<table>
<thead>
<tr>
<th>Tools</th>
<th>Adults</th>
<th>Children &amp; adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guide</strong> for scoring packets, determining severity and complexity, and planning care</td>
<td>Scoring &amp; Evaluating Adult MHI Forms</td>
<td>Scoring &amp; Evaluating Child &amp; Adolescent MHI Forms</td>
</tr>
<tr>
<td><strong>Care plan</strong> used to document diagnosis and severity level; provides an integrated picture of the patient’s level of need and MHI team plan</td>
<td>MHI Stratification &amp; Care Plan: Adult</td>
<td>MHI Stratification &amp; Care Plan: Child &amp; Adolescent</td>
</tr>
<tr>
<td><strong>Scoring sheets</strong> used to summarize scores from the packets</td>
<td>Adult Scoring Sheet</td>
<td>Child &amp; Adolescent Scoring Sheet</td>
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</tbody>
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