

**Collaborative
Mental Health and
Primary Care in
Rural and Frontier
Settings**


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**Making a difference in rural
healthcare...**


It is always about the PIE

- Proximity – Treat close to home
- Immediacy – Identify & treat early
- Enthusiastically – Treat with hope



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There is not one Rural America...



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The vision: Integrated Care

- Seamless system of access & delivery
- Collaborative practice and administration
- "Big Picture" whole system planning
- Shared goals, accountability and resources
- Providers collaborate, crossing professional and bureaucratic boundaries
- No wrong door



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Reality check: The way it is

- Service access confusing & complex
- Providers isolated from each other
- Competition between providers for limited health financing resources
- Treatment planned/delivered in isolation
- System of care fragmented



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Why should we care?

Leading causes of Disease Burden in the United States:

1. All cardiovascular conditions
2. All mental illness
3. All malignant diseases (cancer)
4. All respiratory conditions
5. All alcohol use



Mental Health: A Report of the Surgeon General




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It Costs Our Nation Lives & Money...

- The *indirect costs* of all mental illness imposed a nearly \$79 billion loss on the U.S. economy in 1990 (Surgeon General, 1999)
- Major Depression alone ranked second only to heart disease in magnitude of disease burden (Surgeon Gen, 1999)
- Suicide took the lives of 30,622 people in 2001 (CDC 2004)
- 132,353 individuals were hospitalized in 2002 following suicide attempts (CDC 2004)

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How in the world did we get into this mess???

- **Stigma** 
Trentonian (New Jersey), July 10th, 2002
- Professionals trained in isolation from each other
- Behavioral health primarily a public sector responsibility
- Lack of reimbursement parity

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Independent Practice

Professionals/agencies assess, plan, and meet individual health care needs independently.

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Multidisciplinary Practice

Professionals/agencies assess, plan, and meet individual health care needs independently, and then share information with each other.

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Interdisciplinary Practice

A team process based upon *formal collaboration*, where agencies, professionals and persons with health care needs assess, plan, and take action jointly, pooling their knowledge and resources in an *interdependent* manner.

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Darn, I like the sound of that interdisciplinary practice stuff! Why don't we see more of it???

- Fear, loss of identity
- Lack of understanding between agencies, programs, and professions
- Lack of a common vocabulary
- People simply do not know how to work with each other as equals
- Limited skill & willingness to confront and resolve conflict

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So how can we make it work?


- Form should follow function: How do you want to deliver care?
- Shared vision, values, and benefit
- Adequate time and resources
- Build knowledge about each other's skills, strengths, and resources
- Develop mutual respect, confidence and trust
- Learn to address and resolve conflict
- Leadership supports & models partnership

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Collaboration is not a quick fix ...


"We sometimes imagine that organizations are like machines, that we need only to design and build them right and they will be self-regulating and conflict-free. The reverse is actually true. The more we link people, functions, and activities together to create the seamless system, the more expert we must become at managing differences, working through conflicts, and continuously adjusting our relationships and ways of working."

L Hirschorn and T. Gilmore
[The New Boundaries of the "Boundaryless" Company](#)

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So what would this mean to me?

- Collaboration means sharing power
- Partnership allows others to challenge the assumptions of one's professional orientation
- Collaboration means abandoning mechanical decision making. "That's how I've always done it ..." just doesn't cut it.
- Collaboration takes time. Got any to spare?
- Good people in the middle of trying to make integration work are apt to think, "Wouldn't it be easier for me just to do this myself?" The rewards must be obvious and mutually owned.

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Recommendations

- If you want integration to occur, provide incentives to promote the effort.
- Integration efforts take time to ensure communication and coordination, make sure the expenditure of time is understood/supported.
- Funds should be made available to support integrated training, internships, and continuing education.
- "It's stigma stupid ..." It must be addressed.

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Resources

<http://www.depression-primarycare.org>

THE MACARTHUR INITIATIVE ON *depression* Primary Care AT DARTMOUTH & DUKE

<http://impact-uw.org/about/research.html>


IMPACT Evidence-based depression care

<http://www.acestudy.org> The Adverse Childhood Experiences (ACE) Study: Bridging the gap between childhood trauma and negative consequences later in life.

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Questions for Discussion

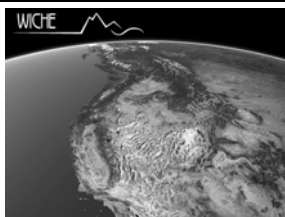
- What are key capacities/competencies to work effectively in different ways, cultures and places?
- Are these innate or teachable? Can an old dog learn new tricks?
- Will collaborative care work for you?



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