

New (and Notable) Research in Integrated Care

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SAMHSA-HRSA **Center for Integrated Health Solutions**

Making Integrated Care Work



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



NEWS & UPDATES

New, Notable Integration Research and Resources

Research evolves at a rapid pace in most healthcare sectors. However, with the current emphasis on the integration of primary care with mental health and addictions care nationwide, the literature related to integration seems to evolve daily — and with new integration efforts emerging in communities nationwide, the need for research surges at an even greater rate.

As the 'national home' of integration, the [SAMHSA-HRSA Center for Integrated Health Solutions](#) (CIHS) strives to share a variety of new, notable, and seminal research associated with integrated health services design and provision, consumer experience, and cost. We share this research via direct [technical assistance](#), the [CIHS website](#), the monthly newsletter [eSolutions](#), and quarterly research emails.

Below are recent and notable journal articles pertaining to integrated healthcare — though the list is far from exhaustive as research evolves daily. To regularly view the evolving research supporting integration, visit the [literature collection](#) of the Agency for Healthcare Research and Quality's Academy for Integrating Behavioral Health and Primary Care.

Please note that many articles require membership or payment to view the entire article and that the following references are for informational purposes and do not constitute endorsement or recommendation by SAMHSA or HRSA.

INTEGRATED CARE OUTCOMES

Primary Care Behavioral Health Consultation Reduces Depression Levels among Mood-Disordered Patients, *Journal of Health Disparities for Research and Practice*, 2012.

[Integrated behavioral healthcare is associated with reductions in both self-reported levels of depression](#)

[and the rate of high-cost medical visits](#). This provides additional support for integrated behavioral health consultative care as an efficacious and cost effective healthcare model.

Comparative Effectiveness of Collaborative Chronic Care Models for Mental Health Conditions across Primary, Specialty, and Behavioral Health Care Settings: Systematic Review and Meta-Analysis, *American Journal of Psychiatry*, 2012.

[Collaborative chronic care models can improve mental and physical outcomes](#) for individuals with mental disorders across a wide variety of care settings, and they provide a robust clinical and policy framework for care integration.

CO-OCCURRING PHYSICAL & BEHAVIORAL HEALTH CONDITIONS

Cancer Incidence in a Sample of Maryland Residents with Serious Mental Illness, Psychiatric Services, 2012.

People with serious mental illnesses have an increased mortality rate and a higher burden of many medical conditions compared with those without serious mental illnesses. Cancer incidence was examined by race, sex, and cancer site in a community-based cohort of adults with schizophrenia or bipolar disorder. However, cancer risk in this population is uncertain.

The Role of Adverse Physical Health Events on the Utilization of Mental Health Services, Health Services Research, 2012.

An adverse physical health event is significantly associated with a more than **threefold increase in provider visits and prescribed medication use** for the treatment of mental health problems. These increases are mainly through office-based physician visits for nonsevere mental health conditions. This relationship is greater among those who experience more severe physical health problems.

Association between Psychological Distress And Mortality: Individual Participant Pooled Analysis of 10 Prospective Cohort Studies, British Medical Journal, 2012.

Psychological **distress is associated with increased risk of mortality** from several major causes in a dose-response pattern. Risk of mortality was raised even at lower distress levels.

Common Mental Disorders and Long-Term Sickness Absence in a General Working Population: The Hordaland Health Study, Acta Psychiatrica Scandinavica, 2012.

Common mental disorders are long-lasting predictors of onset, duration, and recurrence of substance abuse. Anxiety appears to be a more important contributor to long-term substance abuse than previously described in literature.

TREATING MENTAL ILLNESS

Effect of Telephone-Administered vs. Face-to-face Cognitive Behavioral Therapy on Adherence to Therapy and Depression Outcomes among Primary Care Patients: A Randomized Trial, The Journal of the American Medical Association, 2012.

Among primary care patients with depression, **providing cognitive behavioral therapy (CBT) via telephone compared with face-to-face resulted in lower attrition and close to equivalent improvement in depression** at posttreatment. At 6-month follow-up, patients remained less depressed, but were more depressed than those receiving face-to-face CBT. Thus, CBT by telephone improves adherence compared with face-to-face delivery, but at the cost of some increased risk of poorer maintenance of gains after treatment cessation.

ALCOHOL USE

Widening Access to Treatment for Alcohol Misuse: Description and Formative Evaluation of an Innovative Web-Based Service in One Primary Care Trust, Alcohol and Alcoholism, 2012.

Employing **web-based services for people with substance use problems in primary care** was found to be feasible and acceptable to patients, primary care professionals, and commissioners. Users appeared to reduce their alcohol consumption. This model may be of interest to primary care commissioners looking to increase access to alcohol treatments at low cost.

The 5-item Alcohol Use Disorders Identification Test (AUDIT-5): An Effective Brief Screening Test for Problem Drinking, Alcohol Use Disorders, and Alcohol Dependence, Alcohol and Alcoholism, 2012.

AUDIT-5 was found to be very effective in screening for problem drinking, alcohol use disorders, and alcohol dependence among Korean males in clinical settings.

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