Citations and Sources for Mental Health Primary Care

1) "Guidelines for distinguishing between primary and specialty mental health and substance abuse services" VT Dept. of Financial Regulations, Tuesday, October 1, 2013,Reg. I-2013-01
http://www.dfr.vermont.gov/reg-bul-ord/guidelines-distinguishing-between-primary-and-specialty-mental-health-and-substance m
SECTION 1. PURPOSE

Under Vermont Law, a health plan shall apply member co-pays to mental health services and to medical services consistently in its health insurance policies/certificates. The member co-pay applicable to mental health and substance abuse services designated as "primary" when rendered by a mental health care provider shall be no greater than the member co-pay applicable to medical services rendered by a primary care provider. The member co-pay for "specialty" mental health and substance abuse services shall be no greater than the member co-pay applicable to specialty medical services and shall apply only to those mental health and substance abuse services not deemed "primary." The purpose of this regulation is to prescribe guidelines for distinguishing between "primary" and "specialty" mental health and substance abuse services.

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2) "Testimony Before the Massachusetts Department of Public Health Listening Committee Primary Care as a Setting for Improving Access to Behavioral Health Service and for Improving Accuracy in Determining the Need for These Services"; October 20, 2014, Alexander Blount, EdD, Professor of Family Medicine and Psychiatry,University of Massachusetts Medical School
http://integratedprimarycare.tumblr.com/post/104099738394/testimony-before-the-massachusetts-department-of
ABSTRACT:

Integrated Primary Care combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to primary medical care. Because the vast majority of patients in primary care have either a physical ailment that is affected by stress, problems maintaining healthy lifestyles or a psychological or substance abuse disorder, it is clinically effective and cost effective to make behavioral health providers part of primary medical care. IPC allows patients to feel that for any problem they bring, they have come to the right place. By teaming behavioral health and medical providers, IPC is the structural realization of the biopsychosocial model advocated so broadly in Family Medicine and Psychiatry. It is the reunification in practice of the mind and the body, for so long addressed in the separate worlds of medical and mental health treatment.

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3) "Depression Is a Risk Factor for Noncompliance With Medical Treatment Meta-analysis of the Effects of Anxiety and Depression on Patient Adherence", M Arch Intern Med. 2000;160:2101-2107 AFFECTIVEDISORDERS. Robin DiMatteo, PhD; Heidi S. Lepper, PhD; Thomas W. Croghan, MD
http://stressandimmunity.osu.edu/Img/Pubs/107.pdf
ABSTRACT:

Background: Depression and anxiety are common in medical patients and are associated with diminished health status and increased health care utilization. This article presents a quantitative review and synthesis of studies correlating medical patients' treatment noncompliance with their anxiety and depression.

Methods: Research on patient adherence catalogued on MEDLINE and PsychLit from January 1, 1968, through March 31, 1998, was examined, and studies were included in this review if they measured patient compliance and depression or anxiety(withn.10);involved a medical regimen recommended by a non-psychiatrist physician to a patient not being treated for anxiety, depression, or a psychiatric illness; and measured th relationship between patient compliance and patient anxiety and/or depression (or provided data to calculate it).
Results: Twelve articles about depression and 13 about anxiety met the inclusion criteria. The associations between anxiety and noncompliance were variable, and their averages were small and non significant. The relationship between depression and noncompliance, however, was substantial and significant, with an odds ratio of 3.03 (95% confidence interval, 1.964.89).
Conclusions: Compared with non depressed patients, the odds are 3 times greater that depressed patients will be noncompliant with medical treatment recommendations. Recommendations for future research include attention to causal inferences and exploration of mechanisms to explain the effects. Evidence of strong co-variation of depression and medical noncompliance suggests the importance of recognizing depression as a risk factor for poor outcomes among patients who might not be adhering to medical advice.

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4) "No health without mental health" The Lancet, Volume 385, Issue 9965, Pages 303-392 (24–30 January 2015); Martin Prince, Vikram Patel, Shekhar Saxena, Mario Maj, Joanna Maselko, Michael R Phillips, Atif Rahman
http://www.sciencedirect.com/science/article/pii/S0140673607612380
SUMMARY:

About 14% of the global burden of disease has been attributed to neuropsychiatric disorders, mostly due to the chronically disabling nature of depression and other common mental disorders, alcohol-use and substance-use disorders, and psychoses. Such estimates have drawn attention to the importance of mental disorders for public health. However, because they stress the separate contributions of mental and physical disorders to disability and mortality, they might have entrenched the alienation of mental health from mainstream efforts to improve health and reduce poverty. The burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the connectedness between mental illness and other health conditions. Because these interactions are protean, there can be no health without mental health. Mental disorders increase risk for communicable and non-communicable diseases, and contribute to unintentional and intentional injury. Conversely, many health conditions increase the risk for mental disorder, and comorbidity complicates help-seeking, diagnosis, and treatment, and influences prognosis. Health services are not provided equitably to people with mental disorders, and the quality of care for both mental and physical health conditions for these people could be improved.