

Understanding the Issues Regarding Misuse of the Term Behavioral Health

What is the accurate definition of “behavioral health”?

"Given that over one-half of primary care patients have a mental *or* behavioral diagnosis or symptoms that are significantly disabling, given that every medical problem has a psychosocial dimension, **given that most personal care plans require substantial health behavior change** — a Patient Centered Medical Home is incomplete without behavioral healthcare fully incorporated into its fabric."

Baird M, Blount A, Brungardt S, Kessler R. et al. Joint principles: integrating behavioral health care into the patient-centered medical home. *Ann Fam Med*. 2014; 12(2): 184-185 (emphasis added)

In other words, “behavioral health care,” accurately used, is about health behavior change, *whether* in relation to medical or psychological issues that are barriers to health. Behavioral health care includes examples such as motivation to quit smoking, to exercise, to follow a diet, or to follow physical therapy routines; learning new ways to respond to stress; or addressing how to cope with past trauma.

- Mental health and substance abuse conditions are often addressed through health behavior change, and thus many MH/SA conditions come within behavioral health care, just as many other health conditions do. (“Every medical problem has a psychosocial dimension.”)
- On the other hand, many mental health and substance abuse conditions have significant medical components and some may be almost exclusively medical in nature, just as many other health conditions are almost exclusively medical in nature.

What are the problems when the terms behavioral health is (mis)used as synonymous with or as an alternative term for MH/SA?

1. It is **inaccurate**, because it is both under inclusive and over inclusive (see above.)
2. It is **stigmatizing and hurtful to people** with MH/SA conditions because it is usually misinterpreted to mean that the cause of the condition is a behavior (e.g., you drink too much; you are lazy; you are weak; in other words, you made the choices that caused your condition, thus **you are to blame**) **OR** that it is being called “behavioral” because the symptoms take the form of behavior (e.g., you act out; you are violent; in other words, **you are bad**.) Blaming sometimes also occurs for other health conditions (you have heart disease because you won’t exercise; you are obese because you choose to eat too much; you have cancer because you chose to smoke), but not with the relationship to historic stigma that thus continues and exacerbates the stigma and discrimination towards MH/SA conditions.

Why is it important? The consequence of this stigma and discrimination in public attitudes is loss of successful health intervention, because:

1. It diminishes the perceived importance of access to MH/SA health care (parity)
2. It remains the signal largest barrier to people seeking and accepting care