Stigma and Attitudes Toward Working in Integrated Care

INTEGRATED CARE WORKFORCE ISSUE BRIEF **#1**

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Karen W. Linkins, PhD, Jennifer J. Brya, MA, MPP, Gary Bess, PhD, Jim Myers, MSW, Sheryl Goldberg, PhD, MSW

AGD Consulting

Alaina Dall, MA

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KEY CONSIDERATIONS FROM THIS ISSUE BRIEF

The Integrated Behavioral Health Project (IBHP) team fielded a workforce survey to physical and behavioral health providers and students to better understand barriers to integration. This brief, the first in the series, focuses on ***attitudes toward working in integrated care*** as a reflection of the degree to which discriminatory attitudes might be present among various groups of physical and behavioral health professionals toward each other or toward patients/clients. The workforce survey was **completed by 590 students and professionals**, including nurses, physicians, social workers, marriage and family therapists (MFTs), and alcohol and other drug (AOD) professionals. Among the key findings described on this brief:

- Nurses, social workers and psychologists preferred to work in an **integrated mental health setting**, but physicians were most interested in working in an **integrated primary care setting**. MFTs were least interested in working in an integrated setting, regardless of type. AOD professionals expressed interest in working in either type of integrated setting.

- Professionals across sectors agreed that in general, **integrated care promotes accountability for care quality and positive health outcomes**, and most also agreed that it **increases coordination and communication** between primary care and mental health services. They were less certain about the effect of integrated services on reducing stigma.

There is a disconnect between the literature, which suggests a strong tie between integrated services and stigma reduction, and provider knowledge about the impact of integration on stigma reduction for people with mental illness. Growing evidence indicates that providing mental health care in an integrated setting is beneficial for reducing stigma and discrimination within and across provider groups, and contributes to lessening negative attitudes and stigma for persons with mental health and substance use problems. The survey findings clearly support the need to research and share findings about the important connection between integrated behavioral health care and stigma reduction as it relates to providers and their patients/clients.

BACKGROUND

In an effort to advance integrated behavioral health care in California, the Integrated Behavioral Health Project (IBHP) conducted an environmental scan of the training and capacity-building needs across the primary care, mental health, and substance use sectors. The IBHP project was administered by the California Mental Health Services Authority (CalMHSA) with funding from the Mental Health Services Act's Prevention and Early Intervention component. As part of this effort, IBHP researchers developed integrated care workforce surveys for behavioral health and physical health professionals to better understand:

IBHP Workforce Issue Briefs

1. **Stigma and Attitudes Toward Working in Integrated Care**
2. Health Reform and the Transformation of the Delivery of Care
3. Training Needs in Integrated Care

1. Attitudes about and preparedness for working in integrated care settings;
2. Experience coordinating care with providers and staff from other fields of practice;
3. Use of information technology and outcome measurement;
4. Knowledge of health reform and the changing care delivery system; and
5. Priorities and interest in relevant integrated behavioral health training topics.

The broad purpose of this analysis was to identify tangible issues that need attention in order to break down stigma within and across professional groups; to reduce stigma as a barrier to care among patients/clients with behavioral health needs; and to increase knowledge and competency in integrated behavioral health care in California.

Workforce capacity-building is critical to advancing integration and reducing stigma. Since workforce issues are widely identified as barriers to integration, the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) has targeted workforce and development issues related to the provision of integrated behavioral health and general healthcare as one of its major initiatives.[1] Some of the workforce issues identified as barriers to integration include:

- Attitudes and issues related to ***stigma within and across provider groups about working in integrated settings,*** as well as negative attitudes about persons with mental health and substance use problems;
- ***Reluctance to change practice patterns*** in the context of health reform and the transformation of the delivery of care; and
- ***Training needs*** or inadequate skills for integrated practice.[2]

The IBHP team fielded a workforce survey to physical and behavioral health students and workers to better understand these barriers to integration, and they created a series of briefs highlighting the survey findings. This brief, the first in the series, focuses on ***attitudes toward working in integrated care*** as a reflection of the degree to which stigma might be present among various groups of physical and behavioral health professionals. The other two briefs describe 1) Health Reform and the Transformation of the Delivery of Care; and 2) Training Needs in Integrated Care.

This issue brief begins with a literature review related to ways in which stigma creates a barrier for individuals seeking behavioral health care, and continues with a discussion of how integrated care programs contribute to reducing stigma for patients as well as between physical and behavioral health workers. The paper then reports on results from the workforce survey, including a description of the current workforce and professional pipeline, an indication of interest in working in integrated care settings among various professions, and findings related to attitudes about the benefits of integrated care. Although a high percentage of professionals expressed an interest in working in integrated care settings, some were reluctant to share client or patient information with another type of provider when needed, or were uncertain about whether or not integrated care reduced stigma. More training on the benefits of the integrated care model is needed for the pipeline of students, as well as for individuals currently working in the primary care, mental health or substance abuse fields.

LITERATURE REVIEW

Stigma continues to be an obstacle for accessing mental health care. A core value within all MHSA initiatives is the reduction of stigma and discrimination in the workforce and for those seeking the diagnosis and treatment of mental illness.[3] Stigma is a public health problem which keeps people from pursuing needed mental health services.[4] The 1999 Surgeon General Report highlighted shame, stigma, and discrimination as major reasons why people with mental health problems avoid seeking treatment. A poll conducted by the American Psychological Association found that close to one-third (30%) of adult respondents were concerned about others learning about their mental health treatment, and one-fifth (20%) identified stigma as a very important reason for not seeking help from a mental health professional.[5]

There is an emerging body of information suggesting that integrated care programs contribute to a reduction of stigma and discrimination experienced by persons with mental health and substance use problems. Integrating mental health care with primary care services is a strategy for improving access and reducing stigma.[6] The reduction of stigma and discrimination is one of seven key reasons, presented in a 2008 World Health Organization report,[7] for why mental health services need to be integrated into primary care settings. Offering behavioral health services in nontraditional settings encourages participation by people wanting to avoid the stigma surrounding mental health treatment.[8] In addition to helping to minimize stigma and discrimination, mental health care delivered in an integrated setting increases opportunities to improve overall health outcomes.[9]

Stigma keeps people from pursuing needed mental health services. Integrating mental health care with primary care services helps to improve access and reduce stigma. It also reduces stigma among and between professional groups such as primary care, mental health, and substance use providers.

Stigma between provider systems and across professionals creates barriers to integrated and "whole person" treatment. In a recent needs assessment of California's mental health and substance use service systems, researchers found that stigma associated with severe mental illness was the reason that some in the substance use workforce are reluctant to work with persons needing treatment for mental illness. Similarly, people in the mental health field are sometimes hesitant to work with individuals abusing substances.[10] Health and behavioral health care providers are not always in agreement about treatment approach or treatment priorities when addressing the complex needs of patients with chronic physical and mental health conditions, and substance use issues. The value, respect and adoption of various treatment interventions (e.g., pharmacological therapies, counseling, social models) can place practitioners from different fields at odds when trying to work collaboratively on patient goals.

Providing behavioral health care in an integrated setting is beneficial for reducing stigma and discrimination within provider groups and for building their understanding and comfort working across disciplines. In a national survey comparing integrated care with enhanced referral care in primary care settings, clinicians reported that integrated care contributed to improved communication and coordination among staff in addition to decreased stigma for patients.[11]

California is taking steps to bring the systems of care together to enhance care coordination for safety net populations. In California, the California Institute for Mental Health's (CiMH's) Care Integration Collaborative (CIC) supports stigma and discrimination reduction by bringing stakeholders together to focus on coordination of care across behavioral health and primary care, and to learn more about systems of care. Stakeholders include representatives from the local Medi-Cal health plan, primary care, specialty mental health, and substance use disorder treatment, in each of six counties: Los Angeles, Merced, Napa, Nevada, Orange, and Riverside.[12] Care coordination across disciplines is a very complex yet key component of the overall efforts of integrated care, and it contributes to improved patient experience and health outcomes.

Workforce Survey Goals and Areas of Focus

The IBHP Team fielded the workforce survey broadly to the pipeline of students and recent graduates, as well as to the current workforce, using a "viral" or snowball approach to reach nurses, physicians, social workers (SWs), marriage and family therapists (MFTs), psychologists, and alcohol and other drug professionals (AODs). A range of academic programs, professional organizations and associations, and licensing bodies were identified as sources for obtaining potential survey respondents. The process of contacting the various universities and organizations also served to create visibility for survey efforts. The IBHP team pilot-tested the surveys, and in some cases modified the survey based on stakeholder input. The contact organizations helped to disseminate the survey to their students, alumni, or members, by sending emails and by advertising the survey on their websites with an electronic link to the questionnaire. They also publicized the survey in their newsletters and encouraged their members to complete the tool online. The surveys were customized to each professional group, and members answered the questions online using *SurveyMonkey*. A total of 590 surveys were completed (see **Table 1** for the number of respondents by profession).

> The workforce survey was completed by 590 students and professionals, including nurses, physicians, social workers, MFTs, and alcohol and other drug professionals.

Table 1: Number of Individuals Completing the Survey, by Professional Group

Professional Groups	Number	Percentage
Nurses	75	12.7%
Physicians	40	6.8%
Social Workers	188	31.9%
MFTs	83	14.1%
Psychologists	56	9.5%
AOD Professionals	148	25.1%

(n = 590)

With the exception of alcohol and other drug professionals, fewer than half of all respondents worked or interned in integrated care settings (see Figure 1). Three-quarters (75%) of the **AOD professionals** indicated that they were currently working/interning in an integrated care setting such as a residential or outpatient substance abuse treatment program

that included mental health and/or primary care services. Close to one-half of the **nursing professionals** (45%) was working or interning in an integrated care setting such as acute care hospitals, federally qualified health centers (FQHCs), and inpatient psychiatric units. More than one-third (38%) of **social workers** were employed or interned in integrated care settings, including medical clinics with behavioral health services, social service organizations offering mental health services, and school-based clinics. Approximately one-third (33%) of **MFTs**, and one-quarter (25%) of **psychologists** had experience working in integrated settings such as acute psychiatric inpatient facilities, FQHCs, and school-based health centers. Respondents from integrated care settings reported devoting most, if not all, of their time to direct service tasks. This was the case for 73% of social workers, 71% of nurses, 67% of MFTs, 64% of psychologists, and 51% of AOD professionals.

Figure 1: Percentage of Respondents Indicating They Worked or Interned in an Integrated Care Setting, by Professional Group

Profession	Percent	Examples of integrated care settings
AOD Professionals	75%	Residential or outpatient substance abuse treatment programs that included mental health and/or primary care services
Nursing Professionals	45%	Acute care hospitals, FQHCs, and inpatient psychiatric units
Social Workers	38%	Medical clinics with behavioral health services, social service organizations offering mental health services, and school-based clinics
MFTs	33%	Acute psychiatric inpatient facilities, FQHCs, and school-based health centers
Psychologists	25%	Acute psychiatric inpatient facilities, FQHCs, and school-based health centers

KEY FINDINGS

INTEREST IN WORKING IN INTEGRATED CARE SETTINGS

When asked to rate their level of interest in working in various types of integrated care settings, **most practitioners across sectors expressed significant interest in doing so, though they favored certain settings over others** (see **Table 2**). Nurses, social workers, and psychologists preferred a mental health setting integrating primary medical services, followed by a primary care setting integrating behavioral health. Physicians were most interested in a primary care setting integrating behavioral health. AOD professionals expressed strong interest in working in all of the specified integrated care settings. MFTs expressed the least amount of interest working in an integrated care setting, regardless of type. The breakdown of preferences is as follows:

Nurses, social workers and psychologists preferred to work in an integrated mental health setting, but physicians were most interested in working in an integrated primary care setting. MFTs were least interested in working in an integrated setting, regardless of type.

- **Primary care setting (with behavioral health services):** Three-quarters or more of the AOD professionals (84.2%), nurses (81.4%), physicians (75.9%), and social workers (74.3%) expressed moderate to high interest in working in a *primary care setting with integrated behavioral health services.* In contrast, about the same percentage of MFTs (70.8%) expressed little or no interest in working in a primary care setting integrating behavioral health.

- **Mental health setting (with primary care services):** Nurses (88.9%), social workers (86.5%), and AOD professionals (85.2%) were the provider groups most interested in working in a *mental health setting integrating primary care services*. Again, a high percentage of MFTs (80.3%) expressed little or no interest in working in this type of integrated care setting.

- **Other:** By far, AOD professionals were the group most interested in working in *substance use settings integrating primary care and/or mental health* (92.0%) and/or *mental health settings integrating substance use services* (88.0%). One-half of the MFT respondents expressed interest in working in substance use service settings integrating primary care and/or mental health.

Table 2: Interest in Working in Integrated Settings, by Professional Group

Integrated Care Setting	Interest Level	Nurses (N=59)	Physicians (N=29)	Social Workers (N=148)	MFTs (N=65)	Psychologists (N=51)	AOD Professionals (N=114)
Primary Care with Integrated Behavioral Health	No or Little	18.6%	24.1%	25.7%	70.8%	45.1%	15.8%
	Moderate or High	81.4%	75.9%	74.3%	29.2%	54.9%	84.2%
		Nurses (N=63)	**Physicians (N=28)**	**Social Workers (N=148)**	**MFTs (N=66)**	**Psychologists (N=52)**	**AOD Professionals (N=115)**
Mental Health with Integrated Primary Care	No or Little	11.1%	53.6%	13.5%	80.3%	38.5%	14.8%
	Moderate or High	88.9%	46.4%	86.5%	19.7%	61.5%	85.2%
		Nurses	**Physicians (N=28)**	**Social Workers**	**MFTs (N=67)**	**Psychologists (N=51)**	**AOD Professionals (N=117)**
Mental Health with Integrated Substance Use	No or Little	--	57.1%	--	61.2%	60.8%	12.0%
	Moderate or High	--	42.9%	--	38.8%	39.2%	88.0%
		Nurses (N=58)	**Physicians (N=28)**	**Social Workers (N=142)**	**MFTs (N=62)**	**Psychologists (N=52)**	**AOD Professionals (N=125)**
Substance Use with Integrated Primary Care and/or Mental Health	No or Little	36.2%	64.3%	40.8%	50.0%	73.1%	8.0%
	Moderate or High	63.8%	35.7%	59.2%	50.0%	26.9%	92.0%

Notes:
Don't Know/Not Sure responses were excluded from this analysis.
"*No Interest*" and "*Little Interest*" were combined; "*Moderate Interest*" and "*High Interest*" were combined.
"--" signifies that the provider was not asked this question.

ATTITUDES ABOUT THE BENEFITS OF INTEGRATED CARE

To increase exposure and break down stigma within and across professional fields, respondents were asked about their attitudes, assumptions and understanding about the benefits of integrated care, and their comfort working with other professional disciplines (see **Table 3**).

Professionals across sectors agreed that in general, integrated care promotes accountability for care quality and positive health outcomes, and most also agreed that it increases coordination and communication between primary care and mental health. They were less certain about the effect of integrated services on reducing stigma.

Professionals across sectors agree that integrated care promotes care quality and positive health outcomes. The large majority of physicians (90.6%), AOD professionals (88.8%), MFTs (80.5%), and psychologists (73.6%) agreed that "*In general, integrated care promotes accountability for* ***care quality*****."** The statement, "*In general, integrated care promotes accountability for* ***positive health outcomes*****,"** elicited a similar pattern of responses.

The statement presented to nurses and social workers combined the above two issues: "*In general, integrated care promotes accountability for* ***care quality and positive health outcomes."*** Both nurses (89.3%) and social workers (81.7%) agreed. However, there is still room to increase education and awareness regarding the benefits of integrated care with some professional groups.

Providers strongly agree that integrated care increases communication and coordination across departments and between staff. Most of the nurses (93.9%), social workers (87.8%) and AOD professionals (85%) agreed that *"In general, integrated care increases* ***(coordination and) communication*** *between primary care and mental health staff, departments and programs."*

Some providers expressed uncertainty about the connection between integrated care and stigma reduction. In response to the statement, ***"****In general, integrated care decreases* ***stigma*** *for people seeking mental health services"* (the statement for AOD professionals added "and/or SUD services"), there was a large variation in the responses. The highest percentage of AOD professionals (87.3%) agreed, followed by nurses (77.3%), physicians (75.7%), social workers (73.6%), psychologists (71.1%), and MFTs (69.4%). However, for most of the groups of providers (with the exception of AOD professionals), a relatively high percentage of respondents (25% MFTs, 19.2% psychologists, 18.2% physicians, 15.2% nurses, and 12.3% social workers) reported that they did not know or were not sure.

Table 3: Level of Agreement for Statements Regarding Benefits of Integrated Care, by Professional Group

Statement: In general...	Level of Agreement	Nurses (N=65)	Physicians	Social Workers (N=156)	MFTs	Psychologists	AOD Professionals
"Integrated care promotes accountability for **care quality and positive health outcomes**."	Strongly/Agree	89.3%	--	81.7%	--	--	--
	Strongly/Disagree	3.1%	--	5.8%	--	--	--
	DK/NS	7.7%	--	12.8%	--	--	--
		Nurses	**Physicians (N=32)**	**Social Workers**	**MFTs (N=77)**	**Psychologists (N=53)**	**AOD Professionals (N=125)**
"Integrated care promotes accountability for **care quality**."	Strongly/Agree	--	90.6%	--	80.5%	73.6%	88.8%
	Strongly/Disagree	--	0.0%	--	1.3%	11.3%	6.4%
	DK/NS	--	9.4%	--	18.2%	15.1%	4.8%
		Nurses	**Physicians (N=33)**	**Social Workers**	**MFTs (N=76)**	**Psychologists (N=52)**	**AOD Professionals (N=126)**
"Integrated care promotes accountability for **positive health outcomes**."	Strongly/Agree	--	90.9%	--	81.6%	82.6%	90.5%
	Strongly/Disagree	--	3.0%	--	2.6%	7.7%	4.8%
	DK/NS	--	6.1%	--	15.8%	9.6%	4.8%
		Nurses (N=66)	**Physicians**	**Social Workers (N=155)**	**MFTs**	**Psychologists**	**AOD Professionals**
"Integrate care increases **communication** across departments/ programs."	Strongly/Agree	93.9%	--	87.8%	--	--	85.0%
	Strongly/Disagree	3.0%	--	7.1%	--	--	11.0%
	DK/NS	3.0%	--	5.2%	--	--	3.9%
		Nurses (N=66)	**Physicians (N=33)**	**Social Workers (N=155)**	**MFTs (N=75)**	**Psychologists (N=52)**	**AOD Professionals (N=126)**
"Integrated care decreases **stigma** for people seeking mental health services."	Strongly/Agree	77.3%	75.7%	73.6%	69.4%	71.1%	87.3%
	Strongly/Disagree	7.6%	6.0%	14.2%	5.3%	9.6%	7.9%
	DK/NS	15.2%	18.2%	12.3%	25.3%	19.2%	4.8%

Notes:
"Strongly Disagree" and "Disagree" were combined; "Strongly Agree" and "Agree" were combined.
"--" signifies that the provider was not asked this question.
DK/NS= Don't Know/Not Sure

CONCLUSION

There is a disconnect between the literature, which suggests a strong tie between integrated services and stigma reduction, and provider knowledge about the impact of integration on stigma reduction for people with mental illness. There is growing evidence that providing mental health care in an integrated setting is beneficial for reducing stigma and discrimination within and across provider groups, and contributes to lessening negative attitudes and stigma for persons with mental health and substance use problems.

AOD professionals expressed a high level of interest for working in all types of integrated settings, such as mental health settings with substance use services, and substance use settings with primary care and/or mental health services. In contrast, MFTs reported low levels of interest in working in integrated care settings. Even though MFTs are a key sector of the workforce in FQHCs, their services are not reimbursable under Medi-Cal, and the majority of these respondents expressed little or no interest in working in an integrated care setting, including mental health settings with primary care services, and primary care settings with behavioral health services.

There is growing evidence that providing mental health care in an integrated setting is beneficial for reducing stigma and discrimination within and across provider groups, and contributes to lessening negative attitudes and stigma for persons with mental health and substance use problems.

Most respondents across all provider groups attributed benefits to integrated care, saying it promotes accountability for care quality and positive health outcomes, and it improves coordination and communication across disciplines. However, MFTs and psychologists were uncertain about these benefits. With regards to stigma reduction, about one-quarter to one-third of MFTs, psychologists, physicians, nurses and social workers indicated they strongly disagreed with the statement or did not know if integrated care decreased stigma for people seeking mental health services.

IBHP survey findings clearly support the need to research and share findings about the important connection between integrated behavioral health care and stigma reduction as it relates to providers and their patients/clients. Team-based care demands an increase in the level of communication and knowledge across health care professionals to effectively provide care to patients. Greater communication and coordination across disciplines may serve to lessen some of the discrimination and stigma fostered upon mental health providers. Integrated care is also a viable and effective way of enhancing the quality and health outcomes for patients with complex physical conditions, mental health, and substance issues (“triple diagnosis”) while helping to reduce stigma and discrimination.

Endnotes

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