



# Referring Clients Between Physical and Mental Health Services

Welcome! We will begin at 3 minutes past the hour.

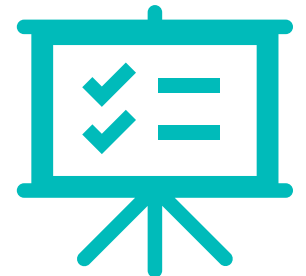
*Last update: November 2024*

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# Learning Objectives

- Understand the connection between physical and mental health
- Recognize the importance of coordinating care
- Utilize screenings to identify clients in need of referral to physical or behavioral healthcare
- Apply methods to support clients facing barrier to quality medical care



# Agenda / Contents

- 1 Why Coordinated Care Matters
- 2 Referring Behavioral Health Clients to Physical Health Services
- 3 Referring Physical Health Clients to Behavioral Health Services
- 4 Improving Client Communication with Medical Providers
- 5 Resources & Conclusion





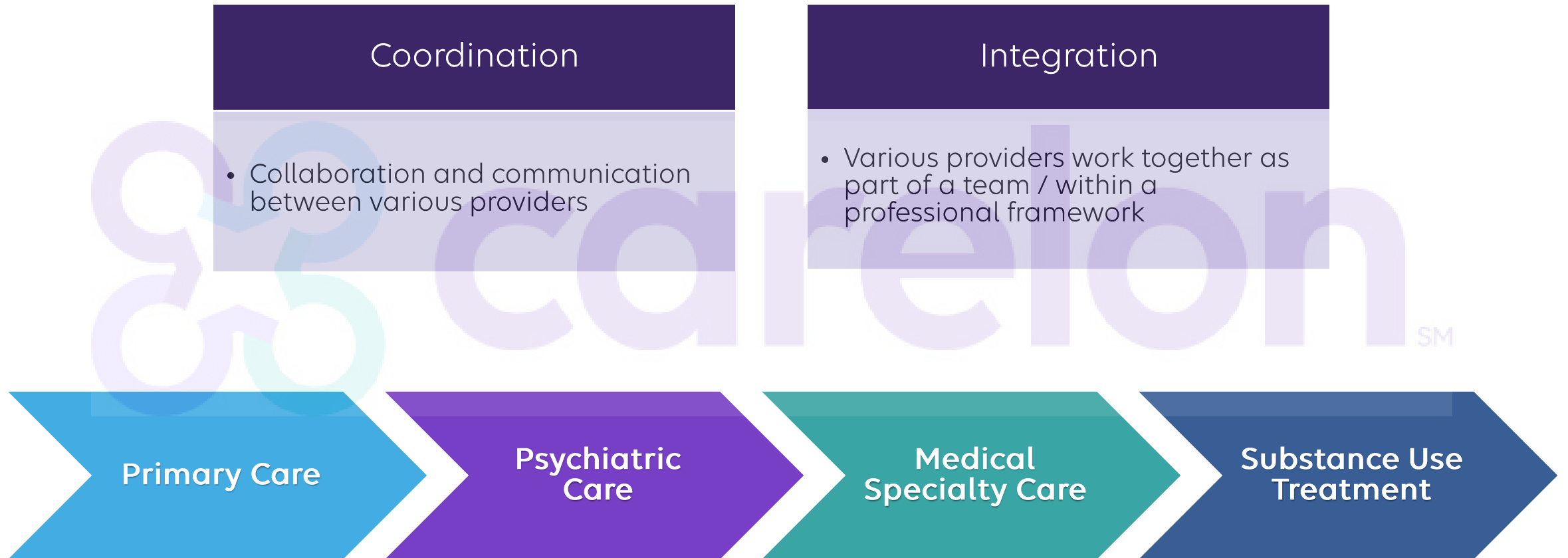
# Chapter 1

## Why Coordinated Care Matters

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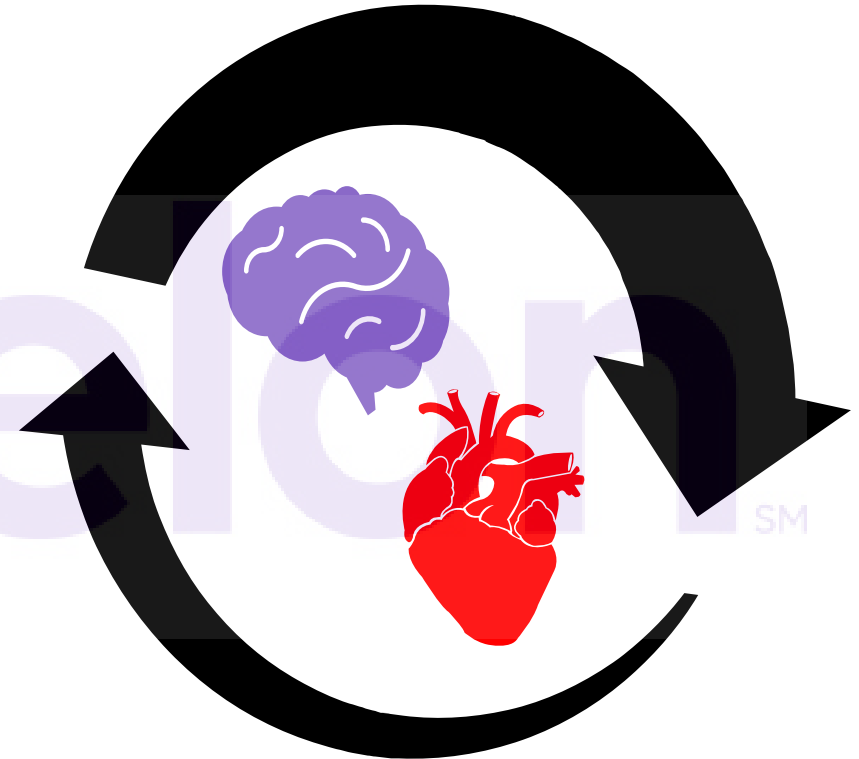
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# Integrated vs. Coordinated Care



# Co-Occurring Mental & Physical Illness

- Life expectancy is decreased by 10-20 years among individuals with serious mental illness (SMI)
- Among people with diabetes:
  - 45% have anxiety symptoms
  - 30% have depressive symptoms
- Among people with heart disease:
  - 20% have depressive symptoms
- A person with a SMI is 85% more likely to die of a cardiovascular disease than the general population



# HAVING A CHRONIC HEALTH CONDITION CAN MAKE YOU MORE LIKELY TO HAVE A MENTAL HEALTH CONDITION

THIS MAY BE DUE TO:

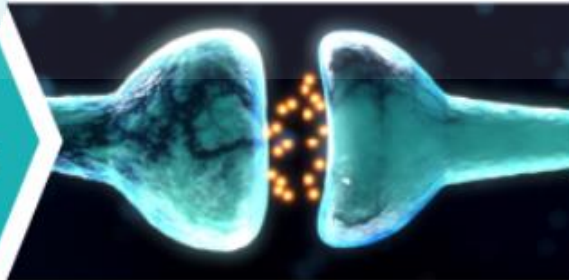
HOSPITALIZATION  
OR REDUCED MOBILITY  
RESULTING IN  
ISOLATION



EXCESSIVE WORRY  
ABOUT MANAGING A  
CHRONIC HEALTH  
CONDITION



CHEMICAL AND  
HORMONAL CHANGES



INFLAMMATION FROM  
LONG-TERM STRESS



Source: [Mental Health America](https://www.mentalhealthamerica.net)



# Having a mental illness can increase risk of impaired physical health or medical disorders.

This may be due to:



Chronic stress



Physical inactivity



Sleep disturbance



Psychiatric medications



Physiological symptoms



Healthcare disparities







# Chapter 2

## Referring Behavioral Health Clients to Physical Health Services

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# Coordinated Care Case Study: Lily

- 71-year-old Korean-American female
- Sees you, her therapist, for Major Depressive Disorder and Generalized Anxiety Disorder treatment
- Takes an anti-depressant via telehealth Psychiatrist
- Struggles with insomnia
- Has not been to a Primary Care doctor in years
- Mentions during latest session she hasn't been feeling well; she is tired, achy, and winded after her daily walks



# Screening Protocols

- Implement screening for general health risk factors and conditions as part of standard protocol
- Screen at intake and at regular intervals throughout treatment

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Have you visited a primary care doctor in the past year?

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Height and weight

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Substance Use: Alcohol, Tobacco and Drugs

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HIV status

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Average sleep per night

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Most recent blood pressure, A1C, and cholesterol measures

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Have you received standard health screenings based on gender/age (mammogram, colonoscopy, etc.)

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History of illness, hospitalization, or surgery

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Existing conditions – are you receiving care?

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Any medications – name and dosage

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# Targeted Screenings for Identified Conditions or Risk Factors

- Your assessment should gather the following information:
  - ✓ If the client engages in behaviors known to increase risk and understands the potential health consequences
  - ✓ How confident the client is of their capabilities to manage their health or risk factors
  - ✓ Information pertinent to specific risk factors, such as: How often they exercise and what kind of exercise they enjoy
  - ✓ What a typical weekly meal plan looks like for them
  - ✓ If they smoke and, if so, how much tobacco they use in a day/week
  - ✓ On a scale of 1-10, how stressful they would rate their job, home life, health situation, etc.

## Cardiac Symptoms

- Chest pain or tightness \*
- Rapid or irregular heartbeats (palpitations)
- Shortness of breath with activity
- Shortness of breath with lying down
- Swelling in their legs
- Bad muscle pain or cramps in their legs with walking

## Metabolic Symptoms

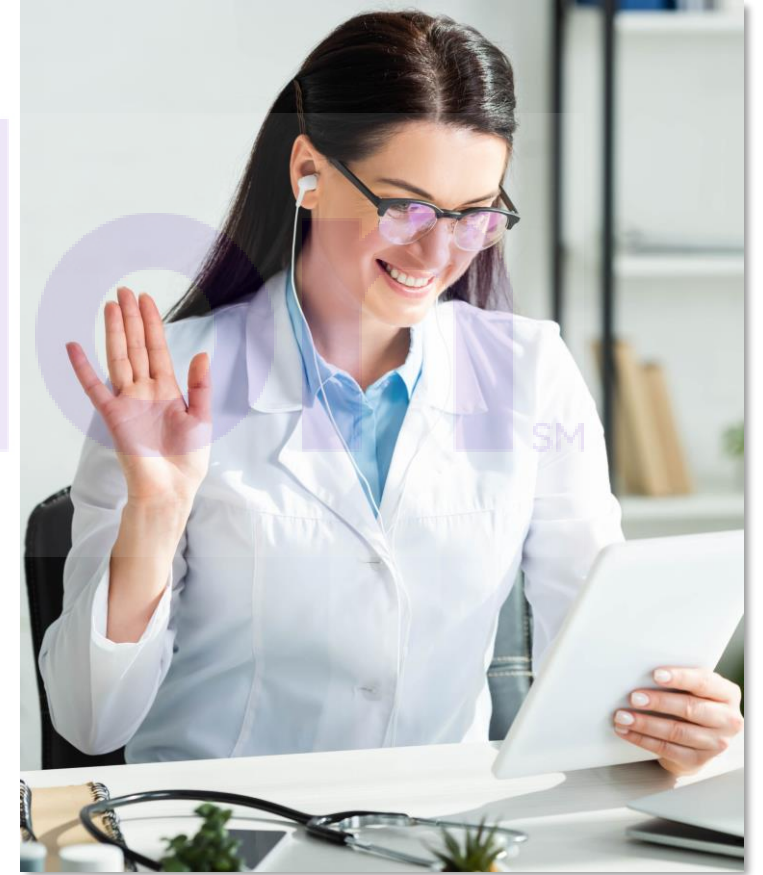
- Needing to urinate very often, especially at night
- Feeling thirsty regularly
- Feeling more tired than usual
- Losing weight without trying to
- Wounds that take longer than usual to heal
- Blurred vision



\*women are less likely to experience chest pain when having a heart attack – dizziness, nausea, and pressure in shoulder, neck and abdomen are more common

# Making A Referral

- Let your client know why you want to refer them to another provider
  - Be transparent
  - Answer questions to the best of your ability
- Be mindful of their insurance / financial situation when possible
  - Refer to in-network providers
  - Have knowledge of sliding-scale options
- Help make the call if your client wants help
- Help them prepare for their first visit
  - Compile information
  - Write down questions to ask



# Coordinated Care Case Study: Lily

- Share your concerns regarding the symptoms she mentioned
- Ask if she has thought about seeing a medical doctor
- Recommend she visit a primary care doctor for a check-up
- If she does not have a doctor in mind, help find options
- Answer questions she may have
  - Risk factors
  - Referral logistics
- Write down things to tell the PCP
  - Current medications / diagnoses
  - Symptoms
  - Family history







# Chapter 3

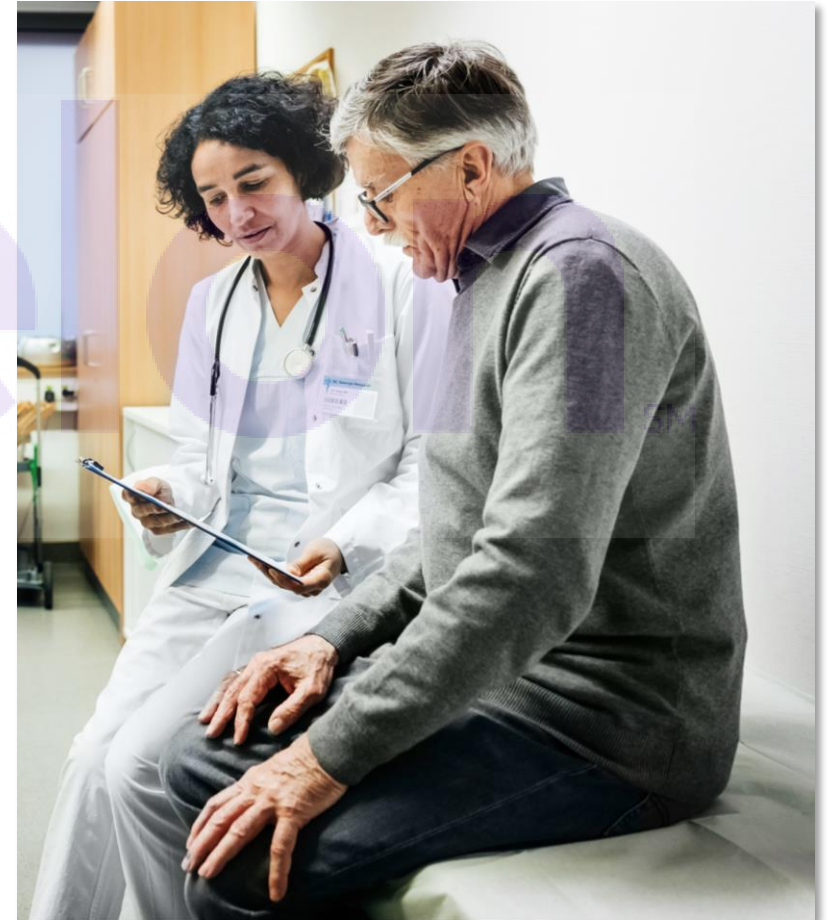
## Referring Physical Health Clients to Behavioral Health Services

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# Screening Protocols

- Clients are unlikely to mention mental health symptoms to a medical provider unless prompted
  - ✓ Mood (depression)
  - ✓ Sleep disturbance
  - ✓ Substance Use
  - ✓ Stress
  - ✓ Mood (mania, instability)
  - ✓ Appetite disturbance
  - ✓ Psychotic symptoms
  - ✓ Trauma / loss
- Screen at intake and at least annually
- Pay attention during times of transition, new diagnosis or treatment regimen, new medications





# Noticing Warning Signs

## Decline in functioning

- Disheveled appearance
- Poor hygiene
- Not going to work / meeting responsibilities

## Decreased attention to medical care

- Poor treatment plan adherence
- Not taking medications as prescribed
- Ambivalence about their own health

## Self-injury

- Cuts, burns, or similar injuries
- Especially in “hidden” areas



# Noticing Warning Signs

## Cognitive concerns

- Confusion
- Incoherent thought processes
- Concentration or memory problems

## Psychosomatic or Neurovegetative symptoms

- Physical symptoms without a known medical cause
- Sleep or appetite changes, low energy, headaches, stomach aches

## Social / Cultural Factors

- Family history
- Refugee or Veteran status
- Sexual, Gender, Racial, and Ethnic Identities
- Poverty



# Coordinated Care Case Study: Trey

- 30-year-old / African-American / Non-binary
- No history of mental illness
- Sees their primary care provider (PCP) annually and when sick
- At this year's annual visit, Trey presents with poor hygiene and appears disheveled – this is abnormal for them
- In paperwork, they indicate depressed mood “often”
- Though they are usually personable and talkative, Trey is very withdrawn during this visit



# How Can Trey's PCP Help?

- Share with Trey that they have concerns about their wellbeing
- Cite specific factors in non-judgmental manor, such as depression noted on screening, change in their mood presentation
- Ask if there's anything else they want to share or talk about
- Screen for risk of suicide
- Recommend talking to a mental health professional
- **Normalize mental health care**
- Help facilitate a referral to an in-network or affordable option
  - Refer to a LGBTQ-friendly provider
- Schedule a follow-up visit outside of routine annual checkups



# Chapter 4

## Improving Client Communication with Medical Providers

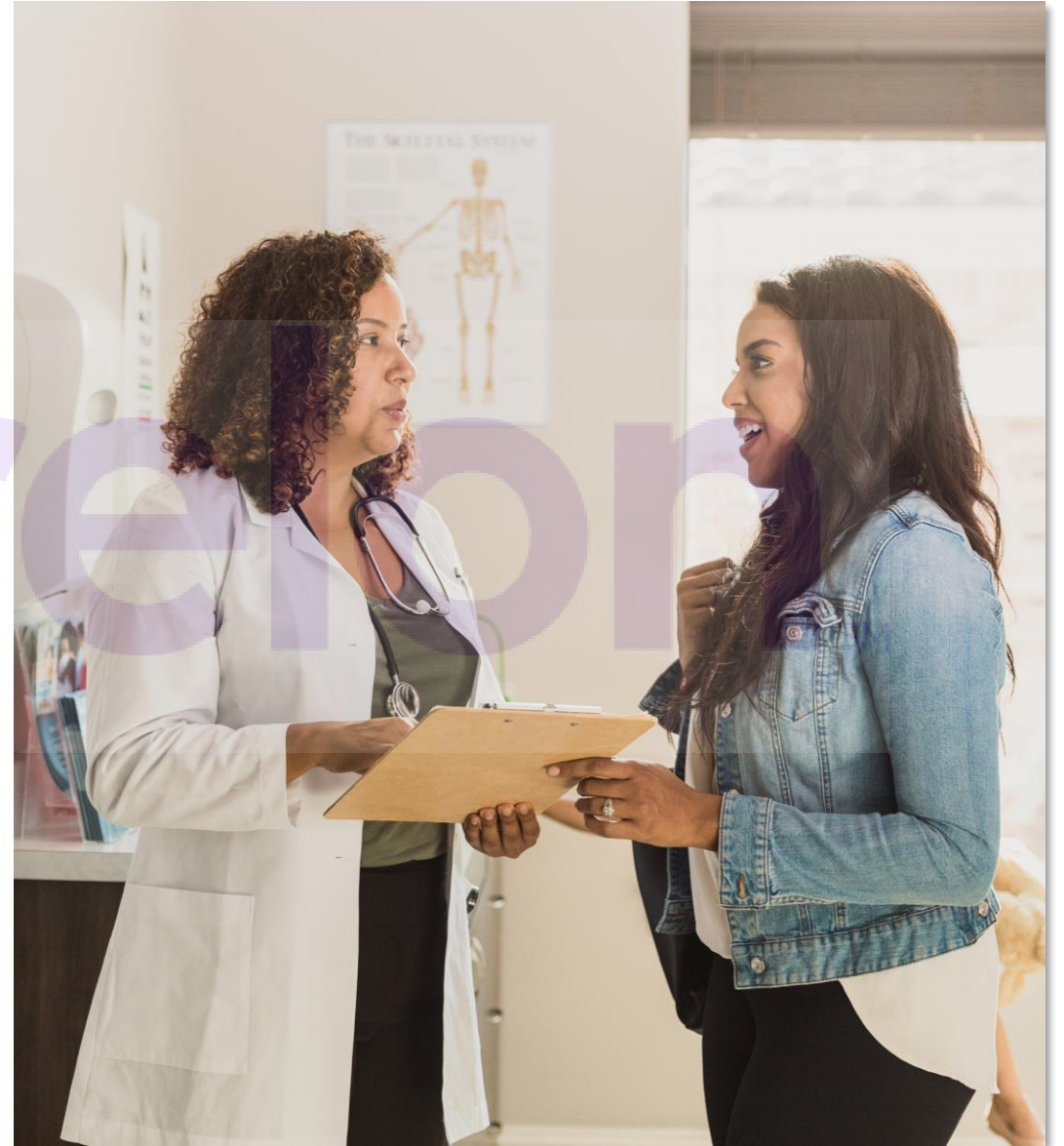


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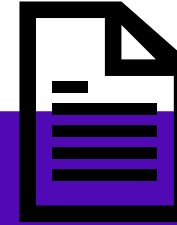
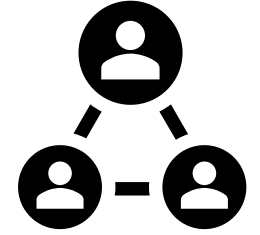
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# Barriers to Receiving Medical Care

- Multiple factors impact engagement and relationship with medical providers
- Some factors can become barriers to care
- Clients with mental illness face specific barriers
- Behavioral health professionals can help clients address barriers
- Results in better care, better outcomes



# Barriers to Receiving Medical Care: System-level Issues



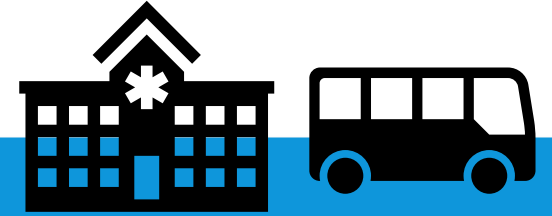
Confusing referral processes

Lack of follow-up, fragmented care

Poor communication / record sharing between providers



# Barriers to Receiving Medical Care: Social Determinants of Health



Healthcare access

Neighborhood and housing

Social and Economic Status





# Barriers to Receiving Medical Care



Client's symptoms

Miscommunication

Stigma



# Helping to Address Barriers

- Focus on provider-client relationship / communication
- Talk with client to learn what relational problems they may be experiencing
  - Active listening
  - Open-ended questions
- Help your client develop a plan to address problems / barriers



Coping Skills  
Training

Interpersonal  
Skills Training

Self-Advocacy  
Skills Training

Health  
Literacy



# Coordinated Care Case Study: George

- 56-year-old Mexican-American male
- Diagnosed with Bipolar II and Type II Diabetes
- Sees you, his therapist, for 1:1 therapy and your colleague, a psychiatrist, for medication management
- Has been struggling with his Lithium levels, manic symptoms
- Recently hospitalized due to Diabetes complications
- You learn that at his last visit with his Endocrinologist, George was nervously pacing in the waiting room. When he was asked to sit down, he yelled at the receptionist and stormed out, leading to his appointment being cancelled.



# Coping Skills Training

## Cognitive restructuring

- Challenge maladaptive thoughts

## Relaxation / Mindfulness training

- Battle anxiety, feel calmer in the moment

## Gradual exposure

- Process feelings, practice coping, increase confidence

## Behavioral experiments

- Client “tests” a maladaptive belief



# Interpersonal Skills Training

## Helpful skills

- Assertiveness
- Effectively making requests
- Conflict resolution
- Establishing trust
- Receiving feedback
- Being realistic



Image by pikisuperstar on Freepik

## Development techniques

- Role playing various scenarios
- Helping client prepare for different outcomes
- Practice agenda setting; prioritizing issues
- Refer to social skills groups



# How Can We Help George?

- 56-year-old Mexican-American male
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# How Can We Help George?

Relaxation /  
mindfulness  
training to  
address pacing

Bring a fidget toy  
or other  
distraction to  
waiting room

Cognitive  
restructuring  
around anxiety

Practice coping in  
your waiting room

Practice conflict  
resolution skills

Ask permission to  
wait somewhere  
pacing won't be  
disruptive



# Self-Advocacy Training

Know their  
rights

Know their  
responsibilities

Know their  
own wants &  
needs

Know they  
deserve  
quality care

Understand  
their strengths  
& challenges

Be able to  
express  
themselves

Persist when  
faced with  
challenges

Behavioral health professionals can help by

- Talking about rights & responsibilities
- Giving encouragement and positive affirmations
- Helping them identify their needs and values
- Practice expressing wants and needs clearly
- Helping access resources (patient advocate, disability services, etc.)



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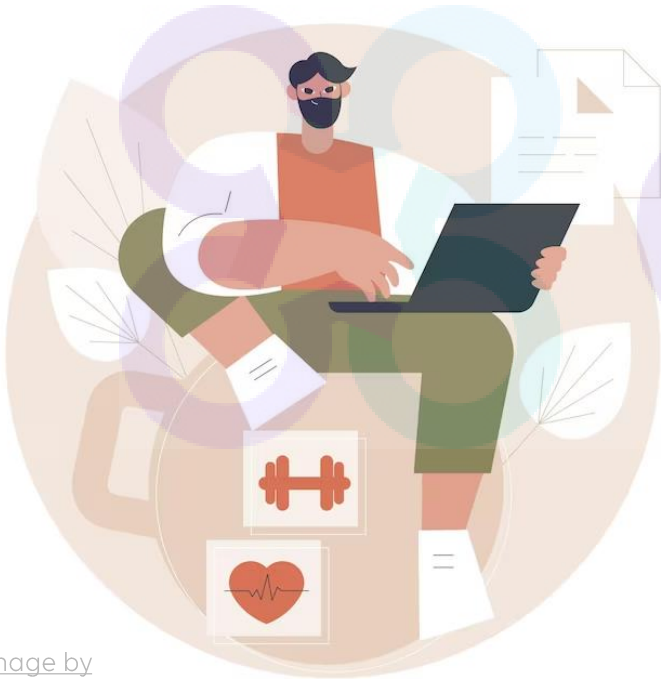




# Health Literacy

The level at which a client is able to locate, comprehend, and incorporate medical information into their knowledge base so that they can recall it when they are making decisions that impact their health.

*(CDC, 2021)*



Behavioral health professionals can help by

- Determining how the client best receives information
- Practice asking for information in their desired format
- Practice repeating information back for clarity
- Encourage taking notes at medical appointments

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# Chapter 5

## Resources & Conclusion

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# Resources

[CDC: Learn More Feel Better Self-Management Education Programs](#)

[Mental Health America: Your Mind Your Body Worksheet](#)

[National Institute of Health: Worksheets for Talking with your Doctor](#)

[SAMHSA: Creating A Healthier Life: A Step-by-Step Guide to Wellness](#)

[NAMI: Hearts and Minds Program](#)



# Write it Down!

[National Institute of Health: Worksheets for Talking with your Doctor](#)

Doctor:		Appt. Date:	
Time:			
Address:		Phone:	
Appointment Details (Most Important to Least Important)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Notes:			

Name of Medication	What It's For	Date Started	Doctor	Color/ Shape	Dose	When and How Often
						SM



## Write it Down!

## Mental Health America: Your Mind Your Body Worksheet

- ◆ 69% were nervous about what would happen if they were diagnosed with a mental health condition. The fear was higher for individuals with other health problems. Additionally, 79% of adults were nervous about what would happen if they were diagnosed with a mental health condition.
- ◆ 72% also feel like they already had enough to deal with and didn't feel like they had the time or energy to deal with a mental illness/another illness.

Having multiple health problems is emotionally taxing. Venting about those fears can help. Use this space to journal out your concerns. What have you been going through in life with your physical health problem or other life problems? What does it mean to you to have mental health concerns? What is scary about this situation? What is scary or difficult about not making the choice to get help?

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**REMEMBER – YOU ARE NOT ALONE. MANY PEOPLE ARE LIKELY TO FEEL THE FEARS AND CONCERNS YOU’RE EXPRESSING.**

There are things we can do that help both our physical problems and our mental health problems. These strategies include reducing our stress, increasing positive relationships, and recommitting to healthy habits (like eating and exercise). What are a few things you can start to do that can help alleviate physical and mental health problems?

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Which of your providers would be helpful to discuss this with from a treatment perspective?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ◆ 63% of adults didn't know how to bring up mental health or how to explain what they were feeling.

Thinking through your symptoms and/or experiences, which ones do you think are most important to talk about with your provider? For example, many people feel like heart palpitations, low energy, or sleep issues are common symptoms for both physical and mental health problems. Doctors also like to know how much these symptoms cause distress and impairment. Use the space below to list your symptoms you want to discuss and rate each symptom based upon how much distress that symptom causes you.

[illegible]

List of symptoms

Level of impairment/distress

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# Key Takeaways

- Mental and physical health are linked in both positive and negative ways – each is essential to the other
- Providers in each realm can help identify clients who may benefit from a different type of care
- Those with a mental illness face additional barriers to quality care, including social determinants of health and stigma
- Behavioral health providers can help facilitate better physical health care for their clients through
  - Coordinating care
  - Coping and interpersonal skills training
  - Encouraging self-advocacy
  - Strengthening health literacy





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