Importance of Behavioral Health Integration for Sexual and Gender Minority People

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Learning Objectives

1. Describe unique combined physical and behavioral health needs of sexual and gender minority health (SGM) populations;
2. Explain the overall importance of behavioral health integration for providing optimal primary care for SGM people;
3. Identify specific behavioral health integration strategies for improving the care of SGM patients in primary care.
Culture, Race, and Language

- Acknowledging intersectional identity is important

- Intersectional identity impacts health experiences of SGM populations

- Terminology/language may not always translate into other cultures
CASE EXAMPLE: K

• 30 y.o. White, nonbinary person assigned female sex at birth, with they/them pronouns, who is partnered with a cisgender woman

• history of depression & anxiety dating back to mid-adolescence, some of which they in hindsight attribute to gender dysphoria (not feeling comfortable with sex assigned at birth and underlying distress at being misperceived and misunderstood)

• attended a women’s college and identified as a lesbian woman until coming to understand their identity as nonbinary and queer halfway through.
CASE EXAMPLE: K (continued)

• history of being significantly overweight and still have an elevated BMI, suspected PCOS, diagnosed with type 2 diabetes in mid-20’s and now on multiple medications for diabetes and for depression
• not interested in pursuing medical affirmation of nonbinary identity, not seeking hormone or surgical interventions---but says this might change in the future.
• partner is supportive of their gender, but comes from a background that equates food with love, so is often making statements or gestures that make it harder for K to attend to their own nutrition.
Minority Stress Framework

- External Stigma-Related Stressors
- General Psychological Processes
- Internal Stigma-Related Stressors
- Behavioral Health Problems
- Physical Health Problems
Minority Stress Treatment Principles for Behavioral Health Clinicians

• Normalize adverse impact of minority stress
• Facilitate emotional awareness, regulation, and acceptance
• Empower assertive communication
• Restructure minority stress cognitions
• Validate unique strengths of LGBTQIA+ people
• Foster supportive relationships and community
• Affirm healthy, rewarding expressions of sexuality and gender
Role of Behavioral Health Clinician in Gender Affirmation Process

- Fostering gender identity discovery and adjustment
- Presenting appropriate non-medical and medical strategies for gender affirmation
- Assistance in making fully informed decisions regarding personalized gender affirmation process:
  - relevant options
  - risks/benefits
  - evaluate capacity for medical decision making/informed consent
  - arranging suitable referrals to care
Gender-affirming Behavioral Health Care

- Gender identity, expression, and role
- Reducing internalized transphobia
- Improving body image
- Adjustment through affirmation process (physical, psychological, social, sexual, reproductive, economic, and legal challenges)
Returning to the Case Example: Addressing K’s Needs Using BH Integration Model

- Screening in primary care setting
- Warm hand-off to embedded BH specialist
- Further assessment
- Brief intervention
- Continuation of or referral to longer term treatment
Combined Behavioral and Physical Health Needs of SGM population

• Two examples:
  – Gender-affirming care
  – Substance use disorders
Case Example - Dan

- 49-year-old Caucasian cisgender gay male, not currently in a relationship
- History of depression, worse during the winter months, but takes anti-depressant medication, which is currently managed by PCP
- No history of behavioral health treatment
- Makes appointment with PCP following ending of a long-term romantic relationship, and reports difficulty with concentration/focus, motivation, and having difficulty performing at work
- Screens positive on SBIRT and upon further discussion disclosed increase in alcohol use after break-up as main source of coping
Addressing Dan’s Needs Using BH Integration Model

• Warm hand-off to embedded BH specialist
• Further assessment (detox?)
• Brief intervention (psychoeducation, skill building)
• Continuation of or referral to multiple treatment options (inpatient, partial, outpatient)
Behavioral Health Integration (BHI)
What are the Types of BHI?

Spectrum:
- Coordinated
- Co-Located
- Integrated
Coordinated

- Separate systems and facilities, issue driven
- Level 1
  - Minimal Collaboration
- Level 2
  - Basic Collaboration at a Distance
Co-Located

• Level 3
  • Basic collaboration on-site
  • Same facility, separate system

• Level 4
  • Close collaboration on-site with some system integration
  • Same facility, some shared systems
  • Driven by complex patients, regular face-to-face interactions, basic understanding of culture
Integrated

• Level 5
  • Close collaboration approaching an integrated practice
  • Same facility, some shared space, toward same team

• Level 6
  • Full collaboration in a transformed/merged integrated practice
  • Sharing all the same space within same facility
  • One integrated system of team care, roles and cultures blended
Fenway Health’s Spectrum of BHI: “open access”

1. 1340 Boylston St (Co-Located/Integrated): 4 primary care floors, 3 BH specialists on coverage from 8:00am-7:00pm, use of pager system

2. Fenway: South End (Integrated): 1 primary care floor, 1 BH specialist on coverage from 8:30am-6:30pm, no pager
Models of Treatment

- Primary care appointments (1-4 sessions)
- Short-term therapy (1-12 sessions)
- Non-traditional approach (phone, email, warm hand-off)
- Episodic care (3-6 months with treatment plan review)
Systemwide Benefits of BHI

- Immediate access to BH support/triage
- Improve provider confidence and competency to manage complex clients
- Reinforce team approach for care
- Reduce stigma/barriers to care
- “strike while the iron is hot”
Why Implement BH Integration?

• Improved patient experience
• Improved population management
• Potential cost savings
Patient Experience

1. Improving the patient experience
   • Reducing stigma (including dual stigma of mental illness and LGBTQIA+ minority status)
   • Mind-body holistic approach to health

2. Improving access to care
   • Primary care clinics are more accessible
   • Reducing operational inefficiencies
   • Reducing cultural barriers among medical and behavioral health providers
   • “Striking when the iron is hot”
Population Management

- Universal screening
- Prevention and early intervention
- Managing co-occurring disorders
- Outcome-driven with performance measures (ACO)
- A long-term goal of sexual orientation and gender identity data collection
Cost

- BHI expected to lead to cost savings
- Moving to “pay for performance” ACO model of care
- Important since behavioral health care is poorly reimbursed in a fee-for-service model
Collaborative Care Management (CoCM)

Description:

• Team-based approach
  • Medical provider
  • Behavioral health provider
  • Consulting psychiatrist
• Treatment for wide range of behavioral health problems
  • Depression
  • Substance Use Disorders
Collaborative Care Management (CoCM)

Five Core Principles:

1. **Patient-Centered Team Care**: Working together to offer patient-centered care
2. **Population-Based Care**: Proactively track all patients in treatment
3. **Measurement-Based Treatment to Target**: Use clinical outcome measures (i.e. PHQ-9)
4. **Evidence-Informed Care**: Provide proven behavioral interventions
5. **Accountable Care**: Hold the team and the organization as a whole proactively responsible
SBIRT: Screening, Brief Intervention, and Referral to Treatment

Screening

Screening Phase 1:
Assess for Potential Risk

No: Reinforce positive behavior

Yes: Ask further questions to assess level of use

Screening Phase 2: Further Assess Those with a Positive Initial Screen

Moderate-risk user: Brief Intervention

High-risk user: Referral to Treatment
Summary

• SGM populations have disproportionate prevalence of depression, anxiety, substance use disorders, suicide attempts and trauma.

• SGM populations often have unique combined physical and behavioral health needs, including gender affirmation or living with HIV AIDS.

• Advancing behavioral health integration in primary care can improve access, engagement, value, and health outcomes for SGM populations.
What can I do?

- Identify key players/constituents to discuss BH integration
- Identify provider(s) champion(s)
- Discuss benefits of BH integration
- Reinforce benefits to SGM populations for BH integration
DISCUSSION: in your own practice settings

• How are you already implementing BH integration?
• What are your successes?
• What are your challenges?
• If not already doing, how might you begin?
• Intersection of LGBTQIA+ affirming care and BH integration?
THANK YOU
References


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