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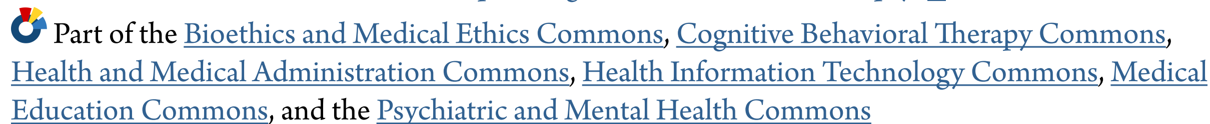
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The Changing Healthcare Roles of Behavioral Health Professionals and Benefits of Contemporary Education and Training

by

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A Research Whitepaper Conducted for

Integrated Behavioral Health

and

Olivet Nazarene University

Executive Summary

With the rapid changes in healthcare over the years, inevitably, the roles of behavioral health professionals have changed in response. Notably, the burgeoning field of telehealth, the new structure of integrated care, and the cautions placed on using psychiatric medication all impact the responsibilities and expectations of behavioral health professionals. With the new directions in healthcare, prospective behavioral health professionals may find themselves unprepared in their career if education does not change in response to these new trends. In order to prepare these students for their future, educational institutions should reflect on their curriculum and make necessary adjustments. By doing so, students will be more well equipped to fluently transition into the behavioral healthcare field.

Background Information

Before proceeding on to how educational curriculum should change in response to future needs in mental health care, it is critical to take note of what is changing in the field of healthcare that may impact the role of behavioral health providers.

Telehealth

The Health Resources and Services Administration defines telehealth as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration" (n.d.). According to a 2014 HIMSS survey, the top three most commonly used technologies include two-way videos/webcams, image sharing technologies, and emails (as cited in Cuyler, 2014a).

Examples of telehealth. HealthTap offers a telehealth service through its website in which visitors can post medical questions for doctors to answer (Olson, 2014). This website has 10 million users, 60,000 doctors, and is seeking to offer a new Prime service that will allow patients to video conference or text a doctor whenever they need to, in exchange for a monthly fee (Olson, 2014).

Walgreens released a chat service in 2013 which provided its customers with the ability to chat with the pharmacy staff at any time ("Walgreens Expands," 2014). Expanding their services, customers in California and Michigan are now able to contact MDLIVE physicians 24/7 through Walgreen's mobile application ("Walgreens Expands," 2014).

Johnathan Evans' work is a specific example of how telehealth can be utilized to deliver mental health services ("Competitive Advantage," 2014). He has used telehealth to provide services to a rural clinic in Pennsylvania and has also used it to give consultation services to primary care physicians in St. Vincent's Medical Center ("Competitive Advantage," 2014). He notes that "multiple issues can be addressed at once via consultation with a nurse care manager linking patients to community resources, and this consultation model allows many cases for review in an hour" ("Competitive Advantage," 2014).

Current growth of telehealth. Before drawing conclusions about the future of telehealth services, it is important to take note of its current standing and growth. A telemedicine survey completed by HIMSS Analytics determined that "46% of health system respondents currently offer telemedicine; 67% of the rest were investigating

telemedicine; 40% are using it to fill gaps in patient care; and 23% use it to offer care not otherwise available" (as cited in Cuyler, 2014b).

The growth of telehealth services is shown in examples such as the Louisiana Department of Corrections ("Louisiana Corrections," 2014). The department grew from 3,000 telehealth encounters to contracting for 17,000 telehealth encounters the year after ("Louisiana Corrections," 2014). Also experiencing a large growth, Georgia Partnership for Telehealth grew from eight encounters to 140,000 encounters over the course of seven years ("Competitive Advantage," 2014).

Along with the increase in use of telehealth services over the years, there have been grants and funding that support the research and implementation of telehealth. Crossing Rivers Health was given a $600,000 grant for telehealth (Tighe, 2015). The grant will help support "Mental Health Through TeleHealth, which will include psychologists and psychiatrists providing treatment and psychotherapy via interactive video" (Tighe, 2015). In addition to Crossing Rivers Health's grant, American Well, a telehealth startup company, will be using $80 million in funding to support their telehealth projects (Tahir, 2014).

Bills about telehealth have been rapidly created, suggesting increasing awareness and increasing use of telehealth. In fact, within January and February of 2015, 100 telehealth bills were introduced by 36 states (American Telemedicine Association, 2015). However, only three states require private and public payers to pay for telehealth, although six states and District of Columbia have pending legislations for this (Oss, 2015). In 48 states, Medicaid offers some coverage for telehealth (Capistrant & Thomas, 2015). As of 2015, Medicaid began reimbursing telehealth services for psychotherapy for

patients in rural areas ("Medicare to Pay," 2015). Overall, "as of April 2015, 24 states [have] enacted telehealth parity reimbursement laws for private insurance" ("24 States," 2015).

The increase in use of telehealth services over the years, the grants given to support telehealth, and the influx of bills concerning telehealth are evidence of the growing importance of telehealth. However, despite this, there are factors impeding the growth of telehealth services, including certain policies for reimbursement ("Health Care," 2014). As an example of this, a 2012 survey discovered that 35.6% of health care respondents found that they were more likely to be denied reimbursement for telehealth services, compared to office services (Antoniotti, Drude, & Rowe, 2014). Furthermore, 20.1% of these respondents noted that while preauthorization was not required for office services, it was required for telehealth services (Antoniotti et al., 2014).

Also stunting the growth of telehealth is the lack of provider usage (Oss, 2014). Oss discovered, after speaking to health plan executives one week, that despite telehealth being covered by their health plans, some providers chose not to offer telehealth services (2014). One provider organization was against using the services, while another had difficulty convincing its staff to use the telehealth technologies bought (Oss, 2014).

Future of telehealth. Overall, telehealth has seen great growth over the course of the years, and this is evident in factors such as the escalating practice of telehealth services and increasing number of payers reimbursing telehealth. Simultaneously, there are still many barriers to the growth of telehealth that include factors such as lack of provider willingness to adopt new technologies and policies that restrict telehealth. Currently, there are differing views on the future success of telehealth. It is possible that

telehealth may develop from being a $1 billion market in 2016, to a $6 billion market in 2020 (Cuyler, 2014a). It is also possible that telehealth will not be successful as it "has a poor record of implementation and a very patchy history of adoption, with a slow, uneven and fragmented uptake into the ongoing and routine operations of healthcare" (as cited in Cuyler, 2014a).

Integrated Care

With the separation of behavioral health services and primary care services, many patients who receive primary care services leave with undetected behavioral health conditions ("Addressing the Problems," 2007). Often, patients who receive primary care services prefer to be treated in their primary care physician's office, and, as a result, do not seek behavioral health services outside of their primary care physician (Blount & Miller, 2009, p. 113). Not treating behavioral health conditions results in inferior patient care, with these patients making more emergency visits ("Addressing the Problems," 2007). Untreated behavioral health issues can cause medical struggles, reduce receptiveness to medical treatment, and lower the quality of care and life ("Why Should," 2012). The separation of these two services is especially difficult for those with comorbid psychiatric disorders ("Why Should," 2012).

Examples of integrated care models. Collaborative Care is an integrated care model that concentrates on patients with severe mental illnesses or patients who are not improving (Klein & Hostetter, 2014). This model contains features such as care coordination, frequent patient monitoring, and caseload reviews (Druss, Harbin, Schoenbaum, & Unutzer, 2013, p. 1). Patient care is delivered by a team, which includes a primary care provider, a psychiatric consultant, and care management staff (Druss et al.,

2013, p. 4). According to information gathered from over 70 trials, when compared to typical care, this model is more effective and cost-saving (Druss et al., 2013, p. 1).

Attempting to avoid circumstances where one condition causes less effective treatment of another condition, TEAMcare is a model that uses teams of both primary care and behavioral health professionals to treat both the mental and medical conditions of a patient at the same time (Klein & Hostetter, 2014).

COMPASS, also known as Care of Mental, Physical, and Substance-Use Syndromes, is a model that utilizes a care manager who evaluates the patients' care by meeting with a consulting psychiatrist and internist (Klein & Hostetter, 2014). Collaborating as a team, they work towards improving the health "of patients with depression and diabetes and/or coronary artery disease" (Klein & Hostetter, 2014).

Psychiatric Medication

An emerging concept is the idea that therapists should put more weight on "empowerment and informed choice" rather than psychiatric medications, in light of how psychiatric medications may be poorly tested, unsafe, and habit forming (Unger, n.d.). Unger notes that many drug companies that sponsor the research may sometimes hide information about dangerous side effects, only advertise studies that demonstrate the medication's effectiveness, and only compare the results of the medication to a placebo over a short period of time (n.d.). In fact, "a growing body of research suggests that antidepressants aren't as effective as many people believe" (Smith, 2012).

In regards to safety, different psychiatric medications can lead to multiple side effects, such as brain shrinkage, neurological disorders, and mania (Unger, n.d.). In addition to safety concerns, psychiatric medication also has withdrawal effects; some

patients find that their symptoms are worse after stopping the medication when compared to their symptoms before they began taking the medication (Unger, n.d.). There are others who find that they develop symptoms after stopping which were not present before they started the medication (Unger, n.d.). Unger does believe that psychiatric medication has a role in therapy and can be helpful, but encourages therapists to be more cautious with them, especially as medication attempts to remove the feelings, which conflicts with teaching the patient how to manage his or her feelings (n.d.).

Definition of Issues

With the role of behavioral health professionals being impacted by the changes in the field of healthcare due to telehealth, integrated care, and emerging idea of psychiatric medication, professionals may find themselves with new and unfamiliar responsibilities. Without changes in the current education, students may have difficulty reacting to the new mental health needs of the future. Behavioral health professionals may find themselves struggling as they adapt to their jobs and employers may have difficulty finding behavioral health professionals who are trained for their new needs.

Issues Adapting to Telehealth without Contemporary Education

While a typical meeting with a behavioral health professional often occurs face to face in an office, the development of telehealth allows for meetings to occur through a two-way video. As a result, the behavioral health professional and client are not limited by having to meet in the same area. Professionals unfamiliar with telehealth who choose to provide telehealth services may have difficulty working with the new technology if they have not been educated about, or given experience with, using technology to provide mental health services. As a result, they may be unfamiliar with aspects such as proper

security for their technology and how to maintain patient confidentiality, in compliance with HIPPA regulations, while delivering services through the new platform.

Changing Role of Behavioral Health Professionals in Response to Integrated Care and Issues Adapting to Integrated Care without Contemporary Education

Behavioral health professionals in integrated care will find themselves in multiple roles. For instance, these professionals may be in a consultation and support role as they assist medical providers (Raney, 2013). As part of this, behavioral health professionals may be asked to give advice for specific patients or for case issues (Nash, McKay, Vogel, & Masters, 2012, p. 96). The advice or suggestions given should be brief, in response to the rapid pace of integrated care, and should help improve patient care while assisting the medical provider (Nash et al., 2012, p. 96). Along with consultation and support, behavioral health professionals also have the role of providing mental health services (Glueck, 2015, p. 181). Unlike traditional mental health services where patients schedule appointments for certain times and for certain durations, the need for behavioral health professionals' services in integrated care may be more random, and the time needed with each patient may vary, depending on what is required (Glueck, 2015, p. 181).

Behavioral health providers may also adopt the role of a teacher and supervisor (Nash et al., 2012, p. 97). With this role, they may have the responsibility of forming opportunities for students to gain practical experiences with integrated care (Nash et al., 2012, p. 97). In addition to teaching the students, they will also interact with the physicians, teaching them how behavioral health providers can help and also showing them the "approaches used to address behavioral health concerns that contribute most to

chronic disease development and high utilization of healthcare resources" (Glueck, 2015, p. 181; Nash et al., 2012, p. 97).

Management and administration are also roles that many behavioral health providers in integrated care find themselves in while trying to smoothly integrate behavioral health services and primary care services (Nash et al., 2012, p. 97). Croghan and Brown note that some of the tasks they may be asked to do include developing policies, putting approaches into practice, and generating protocols (as cited in Nash et al., 2012, p. 98).

With the change in roles for behavioral health providers due to the future of integrated care, not having education that will assist in teaching the necessary skills will cause students to be ill-equipped for their job as the environment and expectations are vastly different from traditional mental health care. The heavy reliance on collaboration is an example of the difference in environment. While primary care physicians are familiar with collaborating with others, collaboration is uncommon in behavioral health education (Blount & Miller, 2009, p. 114). This may cause difficulty for students who want to work in integrated care, as integrated care requires teamwork between behavioral health and primary care professionals.

In addition to collaboration, students may also have difficulty adjusting to the setting of integrated care; while students are often trained to provide 50 minute sessions in an office room, integrated care requires briefer sessions that take place in settings such as an exam room (Cubic, Mance, Urgesen, & Lamanna, 2012, p. 88). In integrated care, meetings between a behavioral health professional and a patient may be as quick as 5-10 minutes, or may extend longer to 30-45 minutes, depending on the need (Glueck, 2015).

Also, while behavioral health professionals typically provide services to a smaller sum of people and spend more time with each patient, primary care professionals typically provide services to a larger sum of people, with shorter sessions (Nash et al., 2012, p. 94).

Behavioral health professionals who are familiar with working or training in a typical behavioral health setting have different focuses than primary care professionals (Nash et al., 2012, p. 94). Behavioral health providers are typically focused on assessing mental health illnesses, and then treating them (Nash et al., 2012, p. 94). On the other hand, primary care providers are often concerned with early prevention of the illnesses and impeding the progression of the illnesses (Nash et al., 2012, p. 94).

Changing Role of Therapists in Response to Psychiatric Medication

Unger argues that therapists often consider "their role as that of recognizing when clients [have] disorders which likely [require] medications… and then to encourage those clients to see prescribers for medications and to 'comply' with their prescriptions" (n.d.). With the knowledge that psychiatric medication could be poorly tested, have side effects, can cause withdrawal symptoms, and could impede therapy, Unger encourages therapists to take a new view of medication and redefine their role as therapists (n.d.).

In their new role, therapists should adopt characteristics that reflect this new theory, such as being careful when recommending medication, recognizing options outside of medication, analyzing whether or not the medication is helping or impeding the patient's mental health, and assisting the patient with reducing or stopping the medication (Unger, n.d.). Suzanne Johnson, American Psychological Association's president, supports informed choice and argues that "too often, psychotropic medication is the only option that is offered" (Smith, 2012). Without education encouraging students

to critically and objectively evaluate the use of psychiatric medication, students will not have the knowledge to do so and will not reexamine their role as a therapist.

Recommendations for Solutions to Improving Behavioral Health Training

Telehealth

To prepare and familiarize students with telehealth, academic programs may consider giving students practical experience with providing telehealth services, especially in situations where they are consultants to primary care practices. As a two-way video is the most commonly used telehealth technology, it will be helpful for students to be familiar with giving mental health services through this type of platform.

In addition to practical experience, academic programs will be able to better prepare counseling students for industries using telehealth by informing them of the legal and ethical considerations of providing telehealth services. The American Telemedicine Association has published clinical, technical, and administrative guidelines for professionals providing video-based services ([ATA], 2013). The clinical guidelines include factors such as maintaining the patient's privacy by making sure that others are unable to overhear the session and gaining informed consent (ATA, 2013). Technical guidelines include using proper videoconferencing applications and making sure that the computer or mobile device that is being used is protected by an antivirus and firewall (ATA, 2013). Administrative guidelines include keeping patient records and notifying the patient of the costs before proceeding with services (ATA, 2013).

Integrated Care

The development of integrated care will allow for better patient care, especially for patients with both mental and physical illnesses. However, due to the differences

between the expectations and roles of behavioral health providers working in integrated care and those working in a traditional setting, it is important to reconsider the education of future students pursing behavioral health. Many suggestions have been made regarding how to educate and train students to better prepare them for integrated care.

A study interviewing ten behavioral health clinicians working in integrated care settings revealed two overall recommendations for behavioral health providers preparing for integrated care (Glueck, 2015). It was recommended for behavioral health providers to have medical training that gives them knowledge about the interactions between mental health and physical health, basic knowledge about chronic diseases, and basic knowledge about the disease process (Glueck, 2015). In addition to this, they also recommended having focused training in integrated care through graduate courses and internships (Glueck, 2015). As an example of this, one of the interviewed counselors mentioned an integrated primary care setting that was collaborating with a master's degree program in counseling (Glueck, 2015).

Cubic et al. believes that education should at least provide introduction to integrated primary care for those who are not actively pursuing it, and offer concentrated education and training for those who are interested in integrated care (2012, p. 87). To prepare students, Cubic et al. recommends interdisciplinary training, which will assist in proving students with collaboration and team work skills (2012, p. 85). As a model of this training, Eastern Virginia Medical School offers a Clinical Psychology Internship Program to prepare those entering integrated care (Cubic et al., 2012, p. 85). Primary goals of the program include giving interns the opportunity to obtain assessment and psychotherapy skills for a diverse patient population, helping interns form leadership

skills, and providing them with experience with managing interprofessional relationships (Cubic et al., 2012, p. 85-86). As part of the program, the interns go through major and minor rotations so that they are able to interact with a diverse group of patients (Cubic et al., 2012, p. 86). The major rotations include "Adult Medical Inpatient, Pediatric Behavioral Medicine, and Integrated Primary Care" while the minor rotations include, but are not limited to, "integrated outpatient primary care, pain management, obesity/bariatrics…, [and] neuropsychology" (Cubic et al., 2012, p. 86).

In addition to recommending interdisciplinary training, Cubic et al. has outlined educational guidelines for students at the graduate level, internship level, and at the postdoctoral fellowship level (2012, p. 87). At the graduate level, students need to have "general and health-related psychological knowledge, the ability to provide brief psychological assessment, consultation, and intervention, and interdisciplinary collaboration skills" (Cubic et al., 2012, p. 87). The student will develop good interprofessional communication skills by observing a supervisor who will help model and explain how to interact with other health professionals (Cubic et al., 2012, p. 87). The graduate student can then receive feedback from either primary care clinicians or integrated care psychologists (Cubic et al., 2012, p. 87). In addition to this, the licensed psychologists can also impart skills needed for integrated care that may not necessarily be taught through a typical education (Cubic et al., 2012, p. 87). Before interacting with real patients, students should practice their assessment and treatment skills by participating "in 'real time' role plays" (Cubic et al., 2012, p. 87-88). It is important for them to learn to adapt to the fast pace of integrated care by becoming familiar with interview

techniques that will allow them to work rapidly and also by getting accustomed to providing shortened reports of the patients' conditions (Cubic et al., 2012, p. 88).

At the internship level, the intern will not have as much supervision, allowing them to develop more independence while still under the guidance of a supervisor (Cubic et al., 2012, p. 88). With this independence, they will learn how to work with treatment teams, nurses, medical students, physical therapists, and a multitude of other professionals while providing patient care (Cubic et al., 2012, p. 88). By interacting with medical residents, interns will be able to acquire information about medical health and also be able to communicate knowledge about mental health to the residents (Cubic et al., 2012, p. 88). Through this internship, the student will be able to obtain knowledge of an assortment of medical conditions and treatments that are not usually taught in their traditional courses (Cubic et al., 2012, p. 88).

At the postdoctoral fellowship level, fellows should feel accustomed and familiar with providing patient care and can begin supervising others (Cubic et al., 2012, p. 89). The fellow can now help psychology trainees adjust to the primary care environment and teach them the necessary skills (Cubic et al., 2012, p. 89). They will help them with "refining brief interviewing skills to include medical history taking, choosing appropriate assessment instruments and interventions, and effectively communicating professional opinions and patient conceptualizations to team members" (Cubic et al., 2012, p. 89). In addition to psychology trainees, the fellow will also help medical trainees become familiar and skilled with working with behavioral health providers (Cubic et al., 2012, p. 90). During this process, a licensed psychologist will supervise the fellow's supervision

(Cubic et al., 2012, p. 89). Cubic et al. recommends flexibility for the fellowship in order to allow the fellow to obtain his/her unique training needs (2012, p. 88).

O'Donohue, Cummings, and Cummings strongly believe that mental health professionals should have a basic knowledge of healthcare economics and business principles and, therefore, recommend adding these topics to the curriculum (2008, p. 94). They believe that with this knowledge, professionals will be better able to respond intelligently to changes in health care trends and also be able "to both create and manage a successful integrated care delivery system" (O'Donohue et al., 2008, p. 94-95). In addition to these two topics, O'Donohue et al. also argue that there are many necessary skills that are not taught in traditional mental health education that professionals in integrated care need to have (2008, p. 95-96). These include, but are not limited to, familiarity with medical terms, management of chronic diseases, collaborating with a medical team, and working in a fast paced environment (O'Donohue et al., 2008, p. 95-96).

O'Donohue et al. suggest three different ways of training behavioral health professionals for integrated care (2008, p. 96). The first method pertains to students who are seeking and entering graduate programs (O'Donohue et al., 2008, p. 96). They recommend doctoral programs, such as the one at University of Nevada, that offer integrated care training (O'Donohue et al., 2008, p. 96). University of Nevada's program has an additional eight courses that are added on to what the students typically have, including "Introduction to Health Care Delivery, Managed Care," "Business Basics," and "Psychotherapy and Supervision in Organized Systems of Care" (O'Donohue et al., 2008, p. 96).

For those who have already completed graduate training, one method to prepare them for integrated care is for the organization to hire consultants to train the practitioners (O'Donohue et al., 2008, p. 96). This training often takes one to two weeks, with supplementary readings (O'Donohue et al., 2008, p. 96-97). Afterwards, it is important to support the training "with a tail that includes case consultation and problem solving during implementation" (O'Donohue et al., 2008, p. 96). Another method to prepare graduates for integrated care is for them to work through a post-doctoral training program (O'Donohue et al., 2008, p. 97). As an example of this, the University of Massachusetts Medical School offers a six month course, with one workshop per month (O'Donohue et al., 2008, p. 97-98).

There are many different suggestions regarding education and training to help prepare a student, or graduate, for the field of integrated care. Overall, there is strong emphasis on the need to familiarize students with collaborating with medical providers and learning how to communicate well with them. In addition to this, it is also important for students to understand that integrated care has a different environment than traditional behavioral health care. As a result, they need to be able to adjust to the quicker sessions with patients and also be able to offer shortened reports to the medical providers.

Emerging View of Psychiatric Medication

In order for future therapists to adopt a new role in response to the emerging view of psychiatric medication, education needs to make sure that students understand that medication can be helpful and assist in therapy, but that therapists need to be critical and objective with its use. Students should be well informed with the studies and background information about psychiatric medications. They should also recognize that although

psychiatric medications may be easy to prescribe, they are not necessarily always the best option (Smith, 2012). As an illustration, some studies have found that "psychotherapy may be just as effective as antidepressants… without the risk of side effects and with lower instances of relapse" (Smith, 2012).

Benefits of Improved Training

By analyzing the current educational curriculum and making changes that prepare for future healthcare trends, behavioral health professionals will be better able to provide the needed services for their patients. These changes in education will provide professionals the knowledge and experience to deliver better patient care. In addition to this, future behavioral health providers will be able to acclimate to their jobs more easily with contemporary education. As an illustration, those who adapt to the fast paced environment of integrated care will do so much more smoothly if they have had education and training to prepare them for the rapid work.

Employers will find it easier to seek out professionals with the needed skill sets. If trends continue but education does not respond in return, there will be less people qualified for the needed positions. For example, concerning integrated care, Blount and Miller advocate for change in education in order to "[address] the looming workforce shortage as behavioral health services in primary care become more widely implemented" (2009, p. 113).

Summary

The field of healthcare is continuously changing in order to improve patient care and to address the needs of the people in a dynamic world. Recently, the development of telehealth, the development of integrated care, and the emerging view of psychiatric

medication have been impacting the delivery of mental health services. As a result, roles and expectations of behavioral health professionals have been changing. Soon, future professionals may find themselves unprepared to meet the needs of employers and patients if education does not reflect the changes in healthcare. However, by changing the educational curriculum and providing contemporary education and training, patient needs will be more fully met, future behavioral health professionals will adjust to their work more seamlessly, and employers will be able to find qualified professionals for the jobs needed more easily.

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