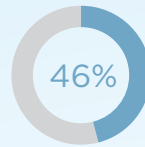




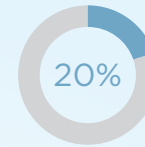
A CASE FOR INTEGRATING

Behavioral Health and Primary Care

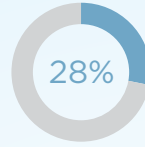
PREVALENCE



of adults will experience mental health illness or a substance abuse disorder at some point in their lifetime¹



of primary care office visits are mental health related²



of adolescents will experience mental health or a substance abuse disorder with distress or severe impairment³

67%

of adults with a behavioral health disorder do not get behavioral health treatment⁴

UNMET BEHAVIORAL HEALTH NEEDS

Depression goes undetected in **>50%** of primary care patients⁵

66%

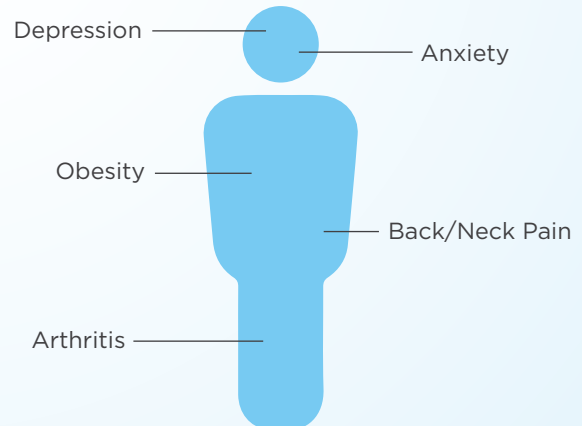


of primary care providers report they are unable to connect patients with outpatient behavioral health providers due to a shortage of mental health providers and health insurance barriers⁶

WHY PROVIDERS LIKE INTEGRATED PRIMARY CARE⁷

- > Better communication
- > More comprehensive services
- > Better management of depression, anxiety and alcohol abuse
- > More convenient services for patients
- > Less stigma for patients
- > Better coordination of mental and physical health
- > Quicker appointments for mental health services
- > Better health education

TOP 5 CONDITIONS DRIVING OVERALL HEALTH COST⁸



When treated in harmony with mental health, chronic physical health improves significantly, along with patient satisfaction.⁹

¹ Kessler RC, Wang PS. The descriptive epidemiology of commonly occurring mental disorders in the United States. Annual review of public health. 2008;29:115-29.

² Center for Disease Control and Prevention. Percentage of Mental Health-Related Primary Care Office Visits, by Age Group - National Ambulatory Medical Care Survey, United States, 2010. Morbidity and Mortality Weekly Report. 2014;63(47):1118.

³ Merikangas, K. R., et al. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry 2010;49(10):980-989.

⁴ Kessler RC, Demler O, Frank RG, Olsson M, Pincus HA, Walters EE, et al. Prevalence and treatment of mental disorders, 1990 to 2003. The New England journal of medicine. 2005;352(24):2515-23.

⁵ Mitchell AJ, Vaze A, Rao S. Clinical diagnosis of depression in primary care: a meta-analysis. Lancet. 2009;374(9690):609-19.

⁶ Cunningham PJ. Beyond parity: primary care physicians' perspectives on access to mental health care. Health affairs (Project Hope). 2009;28(3):w490-501.

⁷ Gallo JJ, Zubritsky C, Maxwell J, Nazar M, Bogner HR, Quijano LM, et al. Primary care clinicians evaluate integrated and referral models of behavioral health care for older adults: results from a multisite effectiveness trial (PRISM-e). Annals of family medicine. 2004;2(4):305-9.

⁸ Loeppke R, Taitel M, Haufle V, Parry T, Kessler RC, Jinnett K. Health and productivity as a business strategy: a multiemployer study. Journal of occupational and environmental medicine / American College of Occupational and Environmental Medicine. 2009;51(4):411-28.

⁹ Katon WJ, Lin EH, Von Korff M, Ciechanowski P, Ludman EJ, Young B, et al. Collaborative care for patients with depression and chronic illnesses. The New England journal of medicine. 2010;363(27):2611-20.