Chapter 14
From Silos to Integration:
Healthcare, Politics, and Transformation

Jhokania De Los Santos
Philips, USA

Pierluigi Mancini
Multicultural Development Institute, Inc., USA

Amelia Hoyle Miller
Best Within You Therapy & Wellness, USA

ABSTRACT

This chapter introduces integrated behavioral healthcare and why it shows promise to be effective in Latinx populations. While the field is shifting rapidly toward an integrated care model, discussions on cultural factors and how they interplay with integrated care are substantially lacking. This chapter attempts to fill this gap and provide understanding of the current socio-political landscape, outline integrated care application when treating Latinxs with eating disorders, and briefly summarize key strategies to consider when part of an effective IBHC team that promotes patient-centered culturally-responsive care.

INTRODUCTION

Despite the growth of behavioral health services in the United States (U.S.), persistent disparities in racial and ethnic minority populations' access to behavioral health continue to exist. Studies consistently report Latinxs' underutilization of mental health services (Keyes et al., 2012; Alegría et al., 2002; Harris et al., 2005), which lead to Latinxs being less likely to receive guideline congruent care, and rely more often on primary care services (Cabassa, et al., 2008). Primary care settings have become the entryway of mental health services for many Latinx people, increasing the relevance of culturally competent, integrated physical and mental health care (Talen et al., 2005). As the field continues to shift and adjust to the current socio-political landscape, discussions on cultural factors and how they interplay with in-

DOI: 10.4018/978-1-6684-4901-1.ch014

tegrated behavioral care are severely lacking. This calls us to contemplate, why is this so, and how can we improve cultural considerations to enhance Latinx behavioral health services?

This chapter attempts to fill this gap and provide practical solutions to the issues Latinxs experience, as it relates to disparities in behavioral health care utilization and quality of care. The authors have years of experience in integration on the ground; together they combine the perspectives of primary care clinicians, behavioral health clinicians, health system leaders, health service researchers, and practice transformation experts with steps on how to make integrated behavioral health care (IBHC) work. We will demonstrate how IBHC is well-positioned to treat behavioral health disparities among Latinxs, use specific examples contextualizing eating disorder treatment, with particular attention focusing on interprofessional collaboration, and most importantly, empowering the patient to be the expert.

What Is Integrated Behavioral Health Care?

IBHC is the systematic coordination of physical and behavioral health. Both behavioral and physical health problems often occur at the same time and treating both may yield the best results. This is particularly true where there are major disparities in overall health status and barriers to accessing services. Populations of color appear to benefit equally using this approach. The focus of IBHC is to reduce stigma and service utilization barriers by embedding mental health professionals into the fabric of the primary care team. The team works together under one roof, allowing for a one-stop shop approach, facilitating access for patients and their families, and providing patient-centered, and cost-effective care for a defined population (Brewer, 2021).

According to the National Quality Forum (2010), care coordination has been defined as "a function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time" (p. 2). Within an integrated approach, patients are placed at the center of care, while physicians and mental health providers work together to ensure patient's biopsychosocial needs and preferences for services are met. This concentrated effort has been made by the World Health Organization to achieve integrated behavioral health within the health sector, especially in primary care settings. Some of the major concerns that prompt IBHC include "the need to close the treatment gap for mental health disorders, increasing access for patients, making care affordable and cost-effective, and improving better outcomes at both the patient and community level" (Zubatsky et al., 2018, p. 645).

The alarming reality of today's current healthcare system is that there is a potential for patients to fall through the cracks, especially in one that has been fragmented for a very long time, and one that operates with a silo mentality with little to no collaboration or implementation. What typically perpetuates this fragmentation is the carved-out funding streams, separate medical records, along with the different training and practices providers have obtained. While the call to integrate behavioral health and primary care to better serve patients has resonated broadly, there are still significant barriers to ensure success, especially vulnerable populations, such as Latinxs, immigrants, refugees and even the uninsured. We must then ask ourselves, how are they being included in this transition to integrated health care?

Immigrants are often defined as a "vulnerable population," with increased risk for poor physical, psychological, and social health outcomes and inadequate health care. Vulnerability is shaped by many factors, including political and social marginalization and a lack of socioeconomic and societal resources. Currently, due to the changing landscape with regard to immigration enforcement over the last two decades, undocumented Latinx people face challenges that threaten to impact their psychological