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Healing in the Margins: Integrating Behavioral Health in Community Health Settings

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Why This Matters

- Nearly 1 in 5 U.S. adults experience mental illness each year (NIMH, 2024).
- Underserved communities are disproportionately affected by untreated mental health conditions.
- Integration of behavioral health into primary care improves physical health, mental health, and social outcomes.
- Patients with untreated mental illness are at higher risk for chronic disease complications, ER visits, and hospitalizations.

Defining Healing in the Margins

- The margins include populations who are underserved, excluded, or overlooked due to systemic inequities.
- Healing requires more than treatment it requires trust, access, cultural responsiveness, and long-term support.
- Community health centers serve as equity builders by offering integrated, holistic services in accessible and trusted environments.
- Healing in the margins prioritizes people over systems and focuses on reducing disparities.

The Current Disconnect

- Traditional care is fragmented primary care and behavioral health often operate in silos.
- Patients frequently get lost in referral loops without follow-up or coordination.
- Stigma prevents early intervention, leading to crisis-driven care instead of preventative support.
- Fragmentation results in higher costs, poorer outcomes, and avoidable hospitalizations.

Impact on Marginalized Populations

Marginalized populations experience higher prevalence of untreated depression, trauma, and substance use.

Social determinants of health poverty, racism, unstable housing intensify mental health risks.

Limited culturally responsive care deepens disparities and prevents long-term engagement.

Children and families in underserved communities often experience generational cycles of untreated mental health needs.

Evidence-Based Data



SAMHSA: Integrated care improves health outcomes by 35% compared to siloed care.



JAMA Psychiatry: Co-located behavioral health reduces emergency room utilization by up to 25%.



NCBI studies: Community-based behavioral health reduces relapse rates and improves treatment retention.



WHO reports: Every \$1 invested in integrated mental health services returns \$4 in improved productivity and health savings.

Community Health Center Model

Community health centers are positioned as safety-net providers offering whole-person care.

Model integrates physical health, mental health, and social services under one roof.

Teams include physicians, nurses, therapists, peer specialists, and case managers.

Focus is on continuity of care, trusted relationships, and addressing both medical and psychosocial needs.

Collaborative Care Model

- An evidence-based model supported by APA and AHRQ for integrated behavioral health.
- Behavioral health consultants are embedded into primary care teams to provide real-time support.
- Patients benefit from routine screening, case review, and stepped-care treatment planning.
- Results: Lower PHQ-9 scores, higher medication adherence, improved functioning, and cost savings.

Community Approaches

- Faith-based partnerships reduce stigma and increase trust in marginalized communities.
- Community health workers and peer navigators provide culturally relevant, trusted connections.
- Mobile clinics bring behavioral health services directly to rural and underserved neighborhoods.
- Telehealth expands access to those who face barriers with transportation or childcare.

Case Study: ClearHorizon

- Youth empowerment programs provide life skills, mentorship, and mental health education.
- HIV/STI testing is integrated with counseling services and immediate linkage to care.
- Family-based engagement sessions promote prevention, early intervention, and relational healing.
- Community partnerships support holistic health initiatives and address both prevention and treatment.

How to Integrate



Start with universal screening tools: PHQ-9 (depression), GAD-7 (anxiety), SBIRT (substance use).



Warm handoffs ensure patients are directly introduced to on-site behavioral health providers.



Shared electronic health records facilitate coordinated care planning between disciplines.



Staff training in cultural competence, trauma-informed practices, and motivational interviewing.

Workforce Development

- Train all clinical and support staff in Mental Health First Aid to recognize and respond early.
- Hire peer recovery specialists with lived experience to improve engagement and trust.
- Develop university partnerships and internship pipelines to expand workforce capacity.
- Provide ongoing training in trauma-informed care, crisis de-escalation, and integrated team-based care.

Overcoming Barriers

- Funding: Utilize Medicaid billing, HRSA funding, state block grants, and private partnerships.
- Stigma: Launch community education campaigns, normalize seeking behavioral health services.
- Workforce shortage: Build training pipelines, mentorship programs, and offer retention incentives.
- Technology: Invest in integrated EHR systems and telehealth platforms to support coordination.

Equity Lens

Target	Target efforts to reduce racial disparities in diagnosis, treatment, and outcomes.
Provide	Provide LGBTQ+ affirming care and establish safe, inclusive spaces.
Use	Use trauma-informed care frameworks to support survivors of violence and adversity.
Ensure	Ensure representation of diverse voices in program design and implementation.

Community Engagement

Create	Create advisory boards with patients and community members who have lived experience.
Establish	Establish youth councils to shape programs relevant to young people's needs.
Partner	Partner with schools, housing authorities, and grassroots organizations to address social determinants.
Engage	Engage families and caregivers as active participants in treatment planning.

What Success Looks Like

- Reduced emergency room visits and avoidable hospitalizations.
- Improved medication adherence, follow-up rates, and symptom management.
- Increased access to behavioral health services and reduced community stigma.
- A model where mental health is viewed as essential, not optional, in primary care.



Call to Action

- Start small: implement universal screening and embed one behavioral health provider.
- Leverage partnerships with local mental health providers, nonprofits, and schools.
- Engage community voices in every stage of planning, implementation, and evaluation.
- Commit to long-term investment in integration as part of community health equity.



Final Thought

"Healing in the margins is not just about healthcare—it's about creating communities where no one is left behind."

The work ahead is about collaboration, courage, and commitment to equity.

Q&A

- Questions, reflections, and shared experiences from participants.
- Discussion: What barriers and opportunities do you see in your own settings?



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