Psychiatric Consulting in Primary Care:  
An Introduction to Practice in an Integrated Care Team  
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Primary Care in Mental Health Settings  
This module is devoted to reviewing approaches to provide primary care in mental health settings. Rationale for providing primary care services in the mental health setting, models of care used to provide primary care services in mental health settings and evidence-based approaches to target health behavior change and medical illness in a mental health setting are described. Program structure requirements to successfully deliver primary care services in the mental health setting are also discussed.
# Primary Care in Mental Health Settings

## Learning Objective(s):
By the end of this module, the participant will be able to:

1. Describe rationale for providing primary care services in the mental health setting.
2. List models of care used to provide primary care services in mental health settings.
3. Apply a systematic approach to target health behavior change and medical illness in a mental health setting.
4. Discuss program structure requirements to successfully deliver primary care services in the mental health setting.

## Content

### Rationale for providing primary care services in the mental health setting:
   - Comorbidity of Mental Disorders and Medical Conditions
   - CATIE data on Non-Treatment of Medical Comorbidity:
   - Proposed Causes of Increased Mortality

### Changing Approach to Medical Care:
   - Barriers to change
   - Potential methods of collaboration
   - Models tried to date

### Principles of Care
   - Find Patients: Screening, identification and determination of medical diagnoses
   - Track Patients: Systematic follow-up and use of registry
   - Treat Patients: Evidence based treatment of medical and mental health conditions
   - Program Oversight and Quality Improvement: Regularly review outcomes and make adjustments to program

### Medical Management
   - Hypertension
   - Hyperlipidemia
   - Diabetes

### Health Behavior Change:
   - Depressing weight change literature.
   - Smoking cessation literature
   - “Stress management”

### Tasks Prior to Setting Up a Program
   - PR, PR, PR
   - Financing and insurance
   - Care delivery redesign
   - Commit to Targets

### ACTION

#### Reflective Thinking
1. Which features of existing programs have made a difference?
2. What parts cannot be expected to succeed?
3. How can this link with care of chronic medical illness, such as DM?

#### Adapt to Practice (including team building)
1. Who are primary care partners and funding in your area?
2. What are motivations for primary care partners to join? [e.g., FQHC’s are very interested in Medicaid patients]
3. Find ways to electronically link primary care with existing mental health services via registry.
4. Use mental health practice strengths [e.g., case management] to advantage.

### RESOURCES (Websites, Articles, etc)

#### For consulting psychiatrists:
- AIMS Center: [http://uwaims.org](http://uwaims.org)

#### Resources to provide to your team:
- TEAMCare: [http://www.teamcarehealth.org/](http://www.teamcarehealth.org/)
- InSHAPE
  - [http://www.nytimes.com/2005/12/08/fashion/thursdaystyles/08Fitness.html?adxnnl=1&adxnnlx=1329165399-vPYyZ1j7wfft0t5iTGmlq](http://www.nytimes.com/2005/12/08/fashion/thursdaystyles/08Fitness.html?adxnnl=1&adxnnlx=1329165399-vPYyZ1j7wfft0t5iTGmlq)