INTEGRATING A Behavioral Health Specialist INTO YOUR PRACTICE

My patient Andrew was brought to my office by his parents. They were concerned that his attention deficit hyperactivity disorder (ADHD) medication had not been as effective in the last few months as in the past. During the visit I learned that there had been recent changes to the parents’ custody agreement and that Andrew’s father was going through a second divorce. Andrew had become sullen and argumentative and less willing to do homework. His grades were faltering as well.

Primary care physicians deliver half of all mental health services (92 percent among the elderly), perhaps in part because patients prefer to seek behavioral health care from their family physician to avoid the stigma and unfamiliarity of a therapist’s office or mental health facility. Whatever the reason, there is no shortage of cases like Andrew’s in family medicine, where we find that a patient’s mental health is directly linked to his or her physical health. Consider a case in which a patient is spiraling downward with depression despite medical intervention, or an adolescent shows the first signs of psychosis or mania, or a patient’s substance abuse problem complicates treatment of other medical conditions. What do you do for these patients, and for Andrew?

Increasingly, family physicians are finding that the best answer to the above situations is to collaborate closely with a behavioral health specialist or integrate one into their practice.

Finding the right level of integration

The level of collaboration between a family physician and a behavioral health specialist can vary from rudimentary (e.g., developing a preferred referral relationship with a local caregiver) to fully integrated, which requires an operational, structural and financial transformation of the practice. Consider these five levels of collaboration:

- Level 1: Minimal collaboration (referrals only),
- Level 2: Collaboration at a distance (referrals and some direct communication),
- Level 3: Basic on-site collaboration,
- Level 4: Close collaboration in a partly integrated system,
- Level 5: Close collaboration in a fully integrated system.

Many family physicians work in settings with level 1 or level 2 collaboration. Typically, these practices refer patients to a preferred behavioral health specialist, such as a psychotherapist. Minimal collaboration is often sufficient for cases that do not involve psychotropic medications, family therapy or specialty care such as court-mandated therapy or inpatient substance abuse treatment.

The advantages of level 1 and level 2 collaboration for family physicians are that treatment does not stray far from familiar physician skill sets and minimal resources are required. However, these levels of collaboration require extra work on the part of the patient, and they...