

# Washington Psychiatric Society

## ACTION PAPER

**Subject:** Enhancing Primary Care, Psychiatric Medicine Collaboration

**Intent:** Have the American Psychiatric Association champion, together with Primary Care and other specialty medical organizations, an enhanced level of collaboration between primary care and psychiatric medicine at educational, clinical, research, and health policy levels.

**Problem:**

- Mental disorders are highly prevalent in primary care, 26% in outpatient, and 30-60 % in inpatient settings in the US
- 50% of disorders start by age 14 and 75% by age 24
- There are also high levels of comorbidity with cardiovascular disorders, cerebral vascular accidents, cancer, diabetes, other
- Primary care physicians deliver 22.8% and psychiatrists 12.3 % of psychiatric care in the United States (35.1 % aggregate)
- More than 60% of mental health care in the US delivered by non-physicians, of variable quality
- Only 41% of Americans who need psychiatric care, receive that care
- Only 1/3 of those receive minimally adequate care (4 meds visits and 8 counseling sessions/year)
- There is minimal collaboration and integration of primary care and psychiatric medicine contributing to
- Diminishing *access* and *quality* of psychiatric and primary care and contributing to rising health care *costs*

**Resolved that:**

The Council on Psychosomatic Medicine - with comments from the Council on Health Care Systems and Financing, the Council on Quality Care, the Council on Children, Adolescents and Their Families, and APIRE - will develop a new framework of collaboration and integration of psychiatric medicine and primary care at educational, clinical, research and health policy levels

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**Implementation:**

1. To The Council on Psychosomatic Medicine, for expedited implementation with an interim report by November 2008, final report spring in 2009, implementation autumn 2009
2. To be tracked by Recorder

**Endorsed:**

1. Area 3, February 24<sup>th</sup> 2008

**Cost:** Part of Councils' regularly scheduled meetings

**Keywords:** Primary care, psychiatric medicine, new framework, collaboration