

# An effective way to increase capacity for mental health

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As anxiety and depression rise in the country, primary care clinics, especially in rural areas, are facing increased patient needs. One way to address this is to bolster healthcare providers' ability to diagnose and

treat patients with common mental health disorders.

Researchers at UW Medicine found that primary-care physicians and rural clinic staff felt more skilled in delivering mental health care if they used a model known as collaborative care.

The results were published Sept. 14 in the *Annals of Family Medicine*, and add to the evidence supporting collaborative care's effectiveness.

In the model, primary-care physicians retain primary responsibility to treat behavioral health disorders with the support of two team members: a care manager (e.g., social workers, therapists, nurses) and a consulting psychiatrist. Consulting psychiatrists provide recommendations on patient care through weekly caseload reviews conducted online.

"We found that primary-care doctors involved in this collaboration got better at diagnosing, prescribing, and working as a team," said lead author Dr. Morhaf Al Achkar, associate professor of family medicine at the University of Washington School of Medicine.

In the qualitative study, researchers interviewed 17 clinical, support, and administrative staff at three rural clinics in Washington state. All interviewees said the consultations improved their competence to identify and treat psychiatric disorders.

Researchers concluded that weekly systematic case reviews using telepsychiatry consultation functioned both as a model for patient care and as a workforce training and development strategy.

The study was conducted by Rural PREP (Collaborative for Rural Primary care Research, Education, and Practice), a UW School of Medicine-led collaboration funded by the U.S. Health Resources and Services Administration to improve training of rural primary-care

professionals.

"The learning was bi-directional," said Al Achkar. Primary-care doctors learned how to better work with patients. Care managers learned to appreciate how medical issues affect mental health and how to diagnose and assess mental health issues. Consulting psychiatrists learned how to coach a primary-care team.

Al Achkar said clinic staff know the community and share that knowledge to help the consulting psychiatrists. And, he said, clinic staff learned to treat mental health as a chronic disease like hypertension and diabetes.

Collaborative care was developed at the UW School of Medicine. It employs principles of effective chronic illness care: Focus on defined patient populations, track these patients in a registry, and measure their progress.

The model was pioneered by the late Dr. Wayne Katon, former vice chair of Psychiatry and Behavioral Sciences, who saw a link between depression and physical health. The model has been widely disseminated throughout the United States by the Advancing Integrated Mental Health Solutions (AIMS) Center at the Department of Psychiatry and Behavioral Sciences.

More than 80 clinical trials support the effectiveness of collaborative care in treating behavioral health disorders in primary care, and Medicare billing codes and policies in many states support its implementation. Based on the findings of the recent study, researchers said the additional benefit of increasing the skills of the primary-care workforce should be considered as healthcare organizations consider costs and benefits of implementing collaborative care.

**More information:** Morhaf Al Achkar et al, Telepsychiatric Consultation as a Training and Workforce Development Strategy for Rural Primary Care, *The Annals of Family Medicine* (2020). DOI: 10.1370/afm.2561

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