

Study finds primary care physicians increasingly treat mental health concerns

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A new study has found that patients are increasingly likely to discuss mental health concerns with the doctor they often know best: their primary care physician. Investigators from Brigham and Women's Hospital, a founding member of the Mass General Brigham healthcare system, compared national data on primary care visits from 2006 and 2007 to data from 2016 and 2018, finding that the proportion of visits

addressing mental health concerns rose by almost 50 percent.

The team also found that Black patients and Hispanic patients were 40 percent less likely than white patients and non-Hispanic patients, respectively, to have [mental health concerns](#) addressed during their [primary care](#) visit. Results are published in *Health Affairs*.

"The scope of primary care has widened and primary care physicians are more likely to be delivering whole-person care, and that includes addressing mental health concerns," said corresponding author Lisa Rotenstein, MD, MBA, medical director of Population Health for the Brigham's Primary Care Center of Excellence and a [primary care physician](#) in the Brigham's Division of General Internal Medicine & Primary Care.

"Primary care physicians welcome the opportunity to help their patients address mental health concerns, but often need better systems of support to provide the care patients want and need beyond their primary care visit."

According to 2020 data from the National Institutes of Mental Health, nearly one and five adults in the U.S. reported having a mental, emotional, or behavioral disorder. To better understand how the rise in mental health concerns is affecting primary care use and capacity, Rotenstein and colleagues used data from the National Ambulatory Medical Care Survey (NAMCS) to compare changes over time in the percentage of primary care visits that addressed a mental health concern.

Based on a sample of 109,898 visits, they found that the proportion of visits that addressed mental health concerns increased from 10.7 percent of visits in 2006–07 to 15.9 percent by 2016 and 2018. The team also looked at a variety of factors that might change these rates, finding that there were significant differences in the likelihood of having a mental

health concern addressed during a primary care visit based on the patient's race, ethnicity, insurance type, sex, and age. The team also found that mental health concerns were significantly more likely to be addressed in a visit with a patient's usual primary care physician rather than another clinician in a practice.

"While our data do not tell us why we see differences in the proportion of visits addressing mental health concerns when we look at rates by race and ethnicity, the findings tell us that we need to be looking into the barriers—including process disparities and structural and communication barriers—that may prevent all patients from accessing care as needed," said Rotenstein.

Additionally, the authors note that the latest data available for them to study were from 2018, and multiple health care trends and events arising since that time (including the COVID-19 pandemic and greater adoption of telehealth) may have changed the proportion of primary care visits addressing mental health concerns.

"In a time when where we're thinking about how primary care is delivered, our findings emphasize that the relationships we build in primary care help to give our patients an opportunity to bring mental health concerns to the forefront," said Rotenstein.

"We know that mental health concerns are best addressed with a team approach. Primary care can be an entry point for patients but we need to consider strategies, such as co-locating primary care providers and psychiatry providers and offering longer visits, that will enable [primary care physicians](#) to adequately address [mental health](#) needs."

More information: Adult Primary Care Physician Visits Increasingly Address Mental Health Concerns, *Health Affairs* (2023). [DOI: 10.1377/hlthaff.2022.00705](https://doi.org/10.1377/hlthaff.2022.00705)

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