**Comments on Rosenshein and Valentine, "The Role of Primary Care Providers in Mental Health Care" A Literature Review Submitted to the Myers-JDC-Brookdale/Brandeis Collaboration on Mental Health**

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*This is a well-written review of the continuum of options for integrating primary care and mental health services. The piece stimulated the following thoughts:*

1. *Integration is like mom, apple pie and baseball. We are all in favor. For at least twenty-one years, it has been a commonplace in Israeli health-policy circles that physical and mental health, being connected, should also be integrated organizationally. But, as the paper so well delineates, there are numerous mechanisms through which physical health services and mental health services can be connected and coordinated. Use of the word integration jumps the gun in a sense, pushing us to imagine a more seamless organizational setup that brings the two fields together. This is more than semantics. For example, if we speak of connection or coordination, we are taking two sub-systems as they are (including their deficiencies) and using the array of communication technologies at our disposal to enable superior interaction between them. Integration seems to gloss over the existing challenges of each subsystem, perhaps on the hopeful assumption that combining them will correct, at the same time, the problems plaguing each. This hope is legitimate, but going into such ambitious integration, we should keep in mind the problems each sub-system already has.*

2. *Following from that, the degree to which the cultures of the Israeli primary care system and the mental health system are prepared to work with each other must constantly be kept in mind. For example, in another health discipline, cancer care, I have found that primary care physicians vary in their capacity to deal with oncology patients, with older physicians being much more reticent. The integration models presented in the paper appear to assume goodwill on all sides, with barriers to primary care providers engaging in mental health assessments, and follow-up being mostly logistical (scarcity of time and staff). But we need to look deeply at the cognitive mindsets of primary care providers on the one hand, and mental health providers on the other, to see how prepared they are to work together. We cannot rely only on organizational re-structuring, though the latter certainly will cause the cognitive models of providers to evolve. But this requires keeping a finger on the pulse.*

3. *It seems to me that the reverse co-location approach might hold high potential for the Israeli setting, especially with regard to issues of patient confidentiality that have*

*arisen. The idea of a dedicated primary care provider located in a multi professional mental health center, part of whose responsibility would be to coordinate with primary care providers who focus more on physical health, seems to be potentially effective and efficient.*

4. *The paper mentions other "personnel" (nurse practitioners, other staff), along with primary care providers, playing a case manager role. This is another example of where I think we tend to be a bit slipshod. As with integration, the concept of a case manager is hard not to like. But who exactly fills the role and how they do so needs to be better fleshed out.*

5. *Choice is a big issue in the Israeli health system, notwithstanding its relatively strong element of selective contracting. The issue of who gets to choose the mental health provider is not dealt with, but it clearly influences the connection, coordination and integration of physical and mental health services.*

6. *Much of the report on the results of various institutional arrangements along the continuum is based on experiments and demonstrations. It has been my experience that much of this literature, coming from the United States, reflects a tremendous innovative strain regarding health system delivery. But I am more skeptical about the generalizability of these results in terms of both implementation and outcomes. Certainly, in transferring such information to inform the Israeli system, careful attention should be paid to elements that might have played out well in experimental settings but which might not transfer well to large-scale, real world programs.*

The views expressed here are the personal views of the author and do not necessarily reflect the position of the organization in which the author works or of the Myers-JDC-Brookdale Institute.