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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In principle, closer cooperation is needed between family medicine and ambulatory psychiatry.

To this end, a longer rotation in psychiatry, of at least 3 months, should be mandatory in the specialization of family medicine.

We recommend that a monthly (non-virtual) forum be established of family physicians with a senior physician at the district psychiatric clinic for purposes of mutual acquaintance and to discuss and clarify professional issues (not a Balint group).

In cases of patients with complex conditions, some of whom may suffer from comorbidity including severe physical illness (anorexia, cancer), a series of meetings should be arranged of a multi-disciplinary forum comprising – for example – the social worker and psychologist assigned to the case, the family physician, and maybe also social service staff.

Following from the above, in cases of patients whom are being treated jointly by their family doctor and psychiatrist, consultation by telephone or email is advisable.

The reform in mental health was aimed to answer needs of this type. But, in practice there is no funding for activities that do not involve direct contact with a specific patient. No such meeting is recompensed. Each clinic is required to increase the number of doctor-patient sessions for financial reasons. As a result, the above cannot be implemented.

The reform in psychiatry was aimed to reduce stigma related to mental illness. But, in fact, it has compounded bureaucracy, raised fears of lack of confidentiality, and caused some patients (with the exception of severe cases) to avoid public psychiatry altogether.