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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It is with great interest that I read the comprehensive review of the function of primary-care providers in mental health.

One must bear in mind that the US health system, including its mental-health aspects, is different from the Israeli one.

The review and the medical literature that it cites support basic assumptions shared by the Israeli system in its preparations for the reform:

1. *The segment of the population turning to primary physicians with mental-health problems is large, and expected to increase following the transfer of mental health to the responsibility of the health plans. Patients requiring mental-health care know that from now on, they are to turn to the health plans.*
2. *The combination of mental health and primary care improves the responses and outcomes of care.*

At Maccabi, primary physicians are seen as their patients' case managers. As such, they are to deal with the initial screening and diagnosis, and with dispensing care in situations of "soft psychiatry." In complex cases, or cases requiring multidisciplinary care, patients are referred to mental-health frameworks, much the same as in other areas of medicine – cardiology, nephrology etc.

Consequently, to deal with mental health, primary physicians must have ongoing training and instruction, as well as available consultation. A rotation in mental health must become mandatory as part of the specialization in family medicine.

Maccabi has three tracks for obtaining mental-health care:

1. *Self-employed physicians/therapists*
2. *Multidisciplinary clinics*
3. *External providers, including ambulatory clinics and daycare centers in psychiatric hospitals*

The different tracks present different combinations and degrees, corresponding to the models described in the review.

Until recently, the model of work of primary physicians and mental-health therapists was minimal cooperation.

Today, primary physicians and mental-health staff work in the same system. Primary physicians are able to see the names of the therapists, the dates of visits, diagnoses and medication. Moreover, channels of communication are open including the option of virtual psychiatric consultation within a short time.

The work of the multidisciplinary clinics is integrated with the health-plan branches and hospitals. Space is shared, and there are consultations and mutual referrals.

In addition, at diabetes and other medical institutes, psychiatrists are an integral part of the staff.

As a future step, it is worth defining the combination model; for example, the combination model for the population of severely ill and hospitalized patients who often suffer from serious physical morbidity.