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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The place and roles of primary physicians in mental-health care warrant consideration in light of Israel's mental-health reform and the heavy burden already borne by family physicians. The transfer of additional tasks to family physicians must be accompanied by an overall re-assessment of all their tasks, given that they will not be remunerated for the extra work before the discussions on new collective agreements in a few years' time.

Thus, when there is talk of the difficulties of reaching mental-health patients due to low availability or lack of response as a factor of transferring roles to family physicians, it is undoubtedly a case of shutting one's eyes to the real challenge. Decision-makers are ostensibly suggesting a solution to the predicament of patients yet its implementation is in fact impossible.

One solution could be the method of psychiatric liaison whereby psychiatric staff come to family physicians to help with the work of care provided at primary clinics. This has several advantages:

1. *Referrals are subject to a second screening and are therefore more effective.*
2. *More thorough diagnosis requires more expertise and time, renders diagnoses more accurate, and the treatment plan is produced by mental-health professionals.*
3. *Family physicians and mental-health staff conduct follow-up together, allowing for more regular follow-up of the response to treatment and of the progress of the mental-health problem.*
4. *There is a single medical file and it is managed jointly.*

This method suits most cases of mental health, leaving treatment exclusively to mental-health staff only for severe cases and acute or chronic psychotic states. Patients remain in their natural care environment, which permits better integration of mental-health and physical care. Of course, this method demands an appropriate allocation of resources and earmarked budgets. It must also take into account the great training differences in Israel of professionals involved in family medicine. Most have not been trained in family medicine and additional investment is needed to fill the gap and train them in mental health.