Chapter 2
Primary Care Is the De Facto Mental Health System

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This chapter is a review of the research literature that suggests that primary care is the de facto behavioral health services and care system. It will summarize and reiterate the following points that have been made in the research literature for many years:

- Most patients with psychological problems are seen in nonpsychiatric medical settings
- Many medical presentations contain significant psychological comorbidity. Strosahl and Robinson point out in Chap. 8 that presentations that are for specific psychological or substance abuse issues are infrequent. More often, psychological issues are found to be part of acute medical issues, such as sleeping problems, headache or gastrointestinal problems, as well as complex chronic medical conditions such as diabetes, cardiac conditions or pain.
- The costs of untreated or inadequately treated behavioral problems include lack of medical improvement, decreased compliance with medical treatment and overserviced and underserved patients.\(^1\)
- There are multiple clinical, administrative and financial barriers to effective psychological care in medicine and medical settings.
- The most effective response to these issues is developing medical-psychological collaborative care models in primary care practices. There is ample reason to think that this will produce the holy grail of medicine—better care and higher levels of patient-centered involvement, resulting in better health status and reduced need and demand for medical resources.\(^2\)

Patients with Behavioral Health Problems are Primarily Seen in Primary and Specialty Medical Care

For over 25 years there has been a robust literature suggesting that when patients have psychological or behavioral problems they will turn almost exclusively to the primary care medical office, not to traditional mental health and substance abuse services for care;\(^3\) hence the conclusion that primary care is the de facto mental health system.
Patients with psychological problems are most likely to receive medical services related to such problems solely in primary care medical settings. It has been demonstrated that 43 to 60% of patients with psychological problems are solely treated in primary medicine, while 17 to 20% of patients with psychological problems are treated in the specialty mental health system.

At any given time in primary care, there is a prevalence of psychiatric disorders of 21 to 26%. For patients with chronic medical disorders the rates for hospitalized medical inpatients are triple the community rates of comorbidity. Depression, anxiety, panic, somatization and substance abuse are the most frequently encountered diagnostic presentations. Eighty percent of people who come to primary care because of psychological and social distress present with physical symptoms. Most often there is no identifiable organic cause for the somatic complaints that are presented and half of patients presenting to a primary care office will be found to have no medical illness, while almost a third will present with multiple unexplainable symptoms.

In these settings psychological and behavioral problems are often undetected, resulting in infrequent use of evidence-based treatments and suboptimal management. Treatment rates for the psychological diagnostic categories most frequently seen in primary care are generally poor. Among medical inpatients, formal diagnosis is made in only 11% of cases, depression was accurately diagnosed in 14 to 50% of cases and alcohol-related disorders were accurately diagnosed only in 5 to 50% of cases.

Pharmacology is the most common treatment intervention for psychological disorders. When pharmacologic treatment of behavioral disorders is initiated, less than half of all patients remain on the medication for a therapeutically indicated period of time. Coyne et al. note that with focused efforts to detect comorbidities, a quarter to a third of primary care patients will screen positive and 18 to 30% of those positively screened will meet the criteria for diagnosis. For those patients diagnosed with psychological or behavioral comorbidity, treatment initiation is very low.

Many Medical Presentations Have Psychological Dimensions

Psychological factors influence physiological functioning and in some situations appear to determine the course and utilization of medical care. Twenty percent to 50% of patients are not adherent to medical treatment recommendations. Patients who are treated for mental health related problems use significantly more medical services than patients who are not so treated and untreated psychological comorbidity is a predictor of decreased medication compliance.

The problem is particularly severe for patients with chronic medical disorders. Over 20 years ago, the Medical Outcome Study noted medical-behavioral comorbidity in any chronic medical condition of 65%. In 2002, United Health Care, as part of the Goal Focused Treatment and Outcome Study, observed that 40% of the