6 Unique Functions of Psychiatrists in Primary Care
Many patients with psychiatric challenges are prone to leaving the primary care practice without symptom-specific care.
“Psychiatrically light” primary medical care teams attain outcomes based on a sample of patients with fewer morbidities than a team in which a psychiatrist is more fully able to exercise his or her unique competencies.
The presence of psychiatrists, including child and adolescent psychiatrists, may lead to better outcomes than medical units that don’t have access to mental health professionals.

Here are 6 ways psychiatrists add value to primary care health teams.
1. Evaluation

Psychiatrists are able to evaluate difficult compact psychiatric challenges. This creates a unique opportunity to provide medical, behavioral, and social interventions, fused to meet the health needs of all people in an accessible, continuous, comprehensive, and coordinated manner. Keep in mind that the psychiatric component of the primary health care team is only now being invented.
2. Understanding

Psychiatrists are trained to understand complex medical issues in a psychiatric context. The distinction between “primary medical care” (what we now call “primary care”) and “primary health care” is of central importance. Primary care is defined as first-contact, accessible, continued, comprehensive, and coordinated care. Comprehensive care provides a range of services appropriate to the common problems in the respective population.
3. Prescribing

Psychiatrists can prescribe medications and set up treatment regimens in complicated situations. Psychiatric concerns requiring active psychiatric engagement are common enough in all populations to require that psychiatry be fully embedded in all primary health care practices.
4. Participation

The physician will receive support from the psychiatrist who participates in the “culture” of care provision. Although psychiatry may make a relatively limited contribution to primary medical care, the anticipated contribution to primary health care would be enormous. In fact, primary health care is only possible if psychiatry’s competencies are fully integrated.
5. Authority

In some segments of the evolving health care system, primary health care teams with psychiatry at their core are becoming a reality. Here, psychiatrists speak with the authority of a physician, and they participate fully as a team member. The critical shortage of psychiatrists who are able, ready, and willing to work in primary health care is a very serious impediment to their assuming a central role. However, the psychiatric component of the primary health care team is only now being invented.
Psychiatrists tolerate, manage, and provide leadership in acute psychiatric crises, at times requiring decisive and even coercive action. Because important psychiatric challenges in the general population are ubiquitous, their significant connection to medical problems over the life span are recognized. As more psychiatric services are offered in primary health care teams, more people will avail themselves of these services.
For more information, see Psychiatry and Primary Health Care: Beyond Integration, Toward Fusion? By Kenneth S. Thompson, MD, on which this slideshow was based.