

# Position Statement on the Role of Psychiatrists in Reducing Physical Health Disparities in Patients with Mental Illness

Approved by the Board of Trustees, July 2015

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

**Issue:** Patients with mental illness, including those with serious mental illnesses, experience disproportionately high rates of medical disorders such as tobacco-related pathology, obesity, hypertension, hyperlipidemia and diabetes. Some psychotropic medications contribute to this excess morbidity in addition to the challenges of poverty, social exclusion, sedentary lifestyles, poor dietary choices and other unhealthy behaviors. Additionally, there is a lack of access to high quality primary, secondary and tertiary medical care including preventive health and screening for common medical conditions. As a result, premature mortality in those with mental illness is significantly increased relative to the general population, contributing to a widening gap in life expectancy.

Psychiatrists have medical training as physicians that distinguish them from other mental health disciplines. As such, they play a particularly important role on the behavioral health treatment team regarding clinical care (assessment, diagnosis and treatment), advocacy and teaching related to improving the health status and medical care of their patients. As part of the broader medical neighborhood of primary care and specialist providers, psychiatrists have a role in the care management and care coordination of a subset of their patients because of the chronicity and severity of their patients' illnesses and their barriers in accessing traditional primary and preventive healthcare. For patients in specialty psychiatric services, psychiatrists are often the only physicians they routinely see. In this vein, psychiatrists are similar to other medical specialists charged with coordinating and sometimes providing chronic care to individuals with specialty-specific illnesses (e.g. nephrologists caring for patients on dialysis, or oncologists caring for patients with cancer).

In addition, as health care reform moves traditional behavioral health treatment settings towards Behavioral Health Homes and Certified Behavioral Health Centers, psychiatrists must be prepared to serve as medical leaders of these systems designed to improve not only the mental health but also the physical health of patients.

**Position:**

**It is the position of the American Psychiatric Association (APA)**

- 1. Screening for common medical conditions, counseling patients to reduce preventable cardiovascular risk factors, limiting harm that can come from use of psychotropic medications (including use of existing APA/ADA guidelines<sup>1</sup>), and monitoring the medical care being delivered by other medical providers are essential components of psychiatric practice.**
- 2. Psychiatrists should identify patients receiving no or suboptimal primary care and may intervene when most appropriate based on their identified competencies, local resources and patient preferences for care. Co-management of common medical conditions when clinically necessary should be recognized as a potential component of the overall care of patients with mental illnesses (when this occurs appropriate reimbursement should also be made).**
- 3. Appropriate primary care training in the treatment of common medical conditions, including the leading determinants of mortality in populations with serious mental illnesses, should be made available to psychiatrists seeking to better manage physical health conditions in patients with mental illnesses. Furthermore, the APA and partner organizations should increase efforts to provide adequate training and clinical experience throughout the spectrum of medical education from residency and fellowship levels to Continuing Medical Education (CME) for the current psychiatric workforce.**
- 4. The scope of this endeavor should include development of measurable competencies in the screening for common medical disorders, knowledge of age and culturally appropriate disease prevention concepts, and current approaches to the treatment of common medical conditions.**
- 5. The APA support the development of partnerships between primary care providers and psychiatrists to provide consultation and oversight in the management of chronic medical conditions in a variety of settings.**
- 6. The APA support the development of guidelines that clarify the clinical circumstances in which psychiatrists may become involved in the management of common medical disorders for a subset of their patients.**
- 7. The APA advocate for appropriate funding for training psychiatrists in primary care skills to work confidently and competently in a variety of settings, both traditional and nontraditional, such as in public mental health clinics and outreach services to immigrant and homeless populations.**
- 8. The APA should continue to support the research, development, and wider implementation of integrated models of health care including outcome studies for psychiatrists treating the conditions contributing to increased mortality.**

Authors: Lori Raney, MD, Erik Vanderlip MD, Jeffrey Rado, MD, Robert McCarron, MD, the APA Workgroup on Integrated Care, APA Council on Healthcare Systems and Financing

Supporting Organizations:

Association of Medicine and Psychiatry (AMP)

American Academy of Community Psychiatry (AACP)

Academy of Psychosomatic Medicine (APM)

*This Position Statement was reviewed and approved by the Council on Geriatric Psychiatry, the Council on Psychosomatic Medicine, and the Council on Medical Education and Lifelong Learning.*

1 Consensus development conference on antipsychotic drugs and obesity and diabetes. (2004). *Diabetes Care*, 27(2), 596–601.