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Notes on Psychiatry in Integrated Care

I. Comment on difference from traditional community mental health

II. Typical cases seen: Bipolar, schizophrenia, refractory depression/anxiety disorders, ADHD, pain, addictions, dementia

1. Curbside- either on topic or case based
2. Consultation- Diagnosis clarification, initial management and suggestions for f/u, assist with outside mental health referrals or psycho-education
3. Consultation with follow along
4. Refer out to specialty mental health

III. Protocol for consultations

1. Seen by primary care provider (PCP_ - medications may be initiated, referral to Behavioral Health Counselor. Important to inform mental health team of specific concerns, desired info.
2. Screened by behavioral health consultant (BHC), further info gathered, referral made to psychiatry
3. Evaluation made by psychiatry- clarify diagnosis, start treatment -- referred back to PCP/BHC, follow along, referred to specialty mental health.

IV. Recommendations

1. Will likely order initial labs, medications, but follow-up needs to be done by PCP. EKG/ other referrals need to be done by PCP.
2. Also often include behavioral recommendations and social service suggestions as well.

V. Follow along - Not as primary provider – examples, done case by case

1. Client is unstable- needs ongoing management
2. Client is on complicated regimen

VI. Transferring back to PCP

1. Notes indicate suggested f/u, information sent electronically
2. Recommended to ct to f/u within 2-3 months, further management suggestions included
3. Scripts forwarded to PCP

VII. Limitations of role

1. We do not do disability applications. But brief forms or letters, which can be completed in session are ok if appropriate.
2. Do not do traditional psychotherapy, but obviously at times supportive work done with even limited contact.

VIII. Other roles.

Assist with crisis management of clients.

Serve as liaison to specialty mental health at times

Assist with outside mental health referrals- ie long term therapy, addiction treatment, etc.

Psychoeducation to staff, updates in field to PCP's