

## How Do Primary Care Practitioners Manage Depression: Treatment or Referral?

**THE PROBLEM:** An estimated two-thirds of U.S. patients with clinical symptoms of mental illness receive no care at all for such symptoms. Of those who do receive formal treatment, approximately 40 percent receive care from a mental health specialist, and 45 percent from the general medical sector. In many rural communities mental health services are not available locally, so rural primary care providers (PCPs) are called upon to provide more mental health care than their urban counterparts. With guidelines recently developed by the Agency for Health Care Policy and Research (AHCPR), PCPs can effectively treat depression. Yet, there are a variety of reasons why PCPs may prefer to refer many of their depressed patients to specialty mental health providers. Their own training and knowledge may be inadequate for effective treatment of depression; they may find that insurers will not reimburse them adequately for the mental health services they provide; or they may not be able to spend sufficient time with a depressed patient.

On the other hand, referring patients to a mental health specialty provider may be difficult. Often the providers that are available in rural areas have long waiting lists. Patients may resist being treated by a mental health provider due to the stigma associated with a mental health diagnosis, and concerns that their neighbors will know they are being treated for a mental health problem. If such providers are not available locally, patients may be unwilling or unable to travel to more distant providers.

### KEY FINDINGS:

- There is no significant difference between urban and rural PCPs in the numbers of depressed patients seen as a percentage of total patient volume.
- Major barriers to referral to a specialty mental health provider are long waiting time for an appointment, lack of available services, patients' unwillingness to use services, and reimbursement issues.
- Practitioner characteristics measuring knowledge and attitudes, as well as the patient's unwillingness to be treated by a mental health provider, are significantly related to treatment and referral patterns while practice and service area characteristics are not.
- Nurse practitioners and physicians' assistants treat significantly fewer cases of depression than physicians.

**THE STUDY:** This project seeks to determine the extent to which primary care practitioners are treating depression themselves and the extent to which their referrals to mental health specialty providers are explained by *practitioner characteristics* such as training, age, gender and knowledge about depression; *practice characteristics*, including size, patient volume and payor mix; *service area characteristics*, such as availability of specialty mental health services and relative rurality, and *patient characteristics*, such as unwillingness to be treated in the mental health setting. Primary data were gathered by means of a telephone survey of primary care practitioners in Maine, including family and general practice M.D.s and D.O.s, general internists, nurse practitioners and physicians assistants (n=267).

**CONCLUSIONS:** Individual practitioner characteristics are the major determinant of a PCP's decision to treat or refer a patient. PCPs who see depression as a major problem in primary practice, and who believe themselves capable of treating depression effectively, are those most likely to treat it, regardless of the availability of mental health specialty providers. Since treatment of depression in the primary care setting has been shown to be less costly, but possibly less effective than treatment in the specialty setting, PCP's training, knowledge, and confidence in their ability to treat depression may be critical factors in both cost and effectiveness of treatment for depression.

### POLICY IMPLICATIONS:

- Recruiting more mental health specialty providers to rural areas may have little effect on access to effective treatment for depression.
- We may be able to improve the outcomes of treatment for depression by primary care practitioners through improvements in medical education, and through post-residency training approaches such as continuing medical education or the kinds of outreach associated with area health education centers (AHECs).  
Targeting this education to nurse practitioners and physicians' assistants may be an especially good investment.
- Patient education regarding mental health problems and the appropriate use of mental health services may also be needed.

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