



PAs are Frontline Providers for Patients with Mental Health Conditions

Over 40 million adults experience mental illness in a given year according to the National Alliance on Mental Illness (NAMI) and many are unable to receive the treatment they need. Sadly, our mental health system is failing them. Among the challenges in ensuring individuals with mental illness receive access to timely and high quality treatment are a shortage of providers, lack of coordinated care, and the prevalence of multiple health conditions experienced by this population.

PAs (Physician Assistants) are on the front lines of the mental health crisis. PAs that practice as primary care providers and in psychiatry see the challenges faced by their patients daily. The American Academy of PAs (AAPA) applauds Congress for taking steps to improve care for patients with mental health conditions and stands ready to work together to improve our mental health system.

Access to Clinically Trained Practitioners

Today there are approximately 30,000 PAs practicing as primary care providers and a growing number of PAs that receive additional training practicing in psychiatry. PAs currently work at hospitals, private practices, community health centers, rural health clinics, prisons, non-federally qualified public or community health clinics, and free clinics in addition to those working at behavioral healthcare facilities. This means that even if they do not specialize in mental healthcare, a significant number of PAs care for patients who reside in medically underserved areas and present with complex or comorbid conditions affecting both their physical and mental health.

The U.S. Department of Health and Human Services recently estimated that more than 90 million people lack access to mental health and addiction medicine professionals. This shortage has led many patients who need mental healthcare to seek treatment at hospital emergency rooms, community health centers and other facilities traditionally known for providing primary care services. And according to NAMI, individuals living with serious mental illness face an increased risk of having chronic medical conditions. Given this outlook, PAs should be – and are well-equipped to be – better utilized and integrated into mental healthcare.

PAs receive a broad medical education over approximately three academic years which includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics, as well as more than 2,000 hours of clinical rotations. Rotations are in medical and surgical disciplines such as family medicine, internal medicine, emergency medicine, general surgery, pediatrics, and psychiatry among other areas of specialty, and they often vary in practice setting and location. PAs are currently permitted to prescribe in all 50 states and the District of Columbia.

PAs are recognized along with physicians and nurse practitioners under Medicare, the Affordable Care Act and other federal healthcare programs as one of the three types of primary care providers. At the same time, the growth of alternative payment models within Medicare, as well as efforts to better coordinate patient care at the federal level, has meant that primary care is becoming increasingly integrated into other types of healthcare. AAPA supports this trend, but it is important for PAs to continue to be expressly listed in federal legislation to ensure the success of these new models.

AAPA Legislative Recommendations

PAs must be expressly included in all mental healthcare legislation as key members of the healthcare team. Legislation, such as some mental healthcare bills currently before the House and Senate, that list only psychiatrists, psychologists, psychiatric nurse practitioners, clinical social workers, and mental health peer-support specialists, but not PAs, fails to help the millions of Americans without access to mental health services. PAs are qualified to provide the full spectrum of care including conducting patient histories and examinations, performing psychiatric evaluations and assessments, ordering and interpreting diagnostic tests, establishing and managing treatment plans, prescribing medications, and ordering referrals as necessary. Given the current shortage of mental health providers, PAs should not be left out of a comprehensive mental health reform package.

References to psychiatric specialties must include “PAs in psychiatry.” There are many PAs who have received additional education to specialize in this field, and they work in behavioral healthcare centers and other high-need facilities. These PAs should be included in any definition of a mental healthcare provider based on their qualifications and experience.

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