



## Preface

# Bridging the Gaps: Managing Behavioral Health in Primary Care



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*Editor*

In its history, primary care has often been referred to as the “jack of all trades,” with its purposefully broad base of training spanning the entire lifespan of our patients. This challenging field not only places us at the center of a patient’s care team but also simultaneously creates and perpetuates the dynamic that is central to our identity as primary care providers: continuity of care. Primary care physicians not only routinely address a multitude of physical ailments but also are increasingly the first and only stop for patients on the winding, twisting path of identifying and caring for mental health disorders. Not only are the proper diagnosis and treatment of primary mental health disorders essential but also undiagnosed and improperly managed behavioral health conditions have the capacity to wreak havoc on the management of other chronic illnesses. If a patient truly isn’t well emotionally, their ability to engage in a meaningful treatment plan for any other medical problem is limited at best, thus tying our hands further in the management of already complex individuals. In addition, despite decades of public education, the specter of stigma that cloaks most behavioral health diagnoses, let alone their treatment, is still very real for many of our patients. In addition, it is not uncommon that primary care providers shy away from managing these conditions. Whether it be a lack of formal training, a paucity of time and/or resources, or a general discomfort in managing behavioral health diagnoses, patients often feel lost in their attempts to engage in meaningful treatment plans for their behavioral health complaints. It’s even more challenging for those whom a diagnosis is not straightforward or readily apparent, particularly if they inhabit any one of a multitude of marginalized identities. These vulnerable patients are often simply lost in the turbulent sea that is health care today with little hope of true recovery.

Despite these barriers, there is opportunity for hope. Our ability to develop lasting relationships by deploying expert communication skills while leaning on the essential

skill to pivot can allow primary care physicians to succeed and thrive in our commitment to treating the whole person, *including* properly diagnosing and managing a multitude of behavioral health disorders. Because of the core tenets of our specialty: our wide-ranging breadth of expertise, the commitment to patient education, and the inherent longevity of our relationships with patients, primary care is uniquely positioned to light the way on this path too often filled with shadows.

Not only does this issue of *Primary Care: Clinics in Office Practice* represent a guide for the diagnosis and management of common behavioral health disorders in the primary care setting but it also represents a model for what the future of delivering care for behavioral health disorders could look like: a system of truly collaborative, integrated care. The authors in this issue cross multiple disciplines with expertise in a wide array of fields, including behavioral health, nutrition, addiction, and family medicine. What they all have in common is a dedication to putting the patient at the center of the care model while standing at a patient's side as advocates, educators, and guides on this journey through treating behavioral health in the primary care setting.

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