

Behavioral Health Is Primary Care

Strengthening behavioral health integration through family medicine — and what Congress can do

Family physicians are often the first point of contact for patients with depression, anxiety, substance use disorders, and other behavioral health conditions, while also managing chronic physical conditions closely linked to mental health. However, fragmented payment, workforce shortages, and limited resources make it difficult to deliver coordinated care, particularly in rural and underserved communities.

40%

As of 2025, 40% (137 million) of the [U.S. population](#) lives in a Mental Health Professional Shortage Area,

75%

Of primary care visits [include](#) mental or behavioral health components.

61.5M

In 2024, U.S. adults aged 18 and older [reported](#) experiencing some form of mental illness

67%

In 2024, behavioral health accounted for 67% of all [telehealth](#) visits among commercially insured patients.

Why Integration Matters

- **Improves access:** reduces barriers to treatment where specialty behavioral health care is limited.
- **Whole-person care:** mental health and [SUD](#) often coexist with diabetes, cardiovascular disease, and chronic pain.
- **Coordinated teams:** family physicians, behavioral health professionals, care managers, and psychiatric consultants work together.
- **Meets community needs:** FQHCs and rural clinics are critical access points for patients who might otherwise go without care.

What Integrated Care Looks Like

Team-based approaches, including the [Collaborative Care Model \(CoCM\)](#), behavioral health integration in primary care, and psychiatric consultation, help bring screening, treatment, medication management, and coordinated referrals into settings where patients already receive care. Practices need flexibility to adopt models that best meet the needs of their patients, workforce, and communities.

Federal Policy Barriers

Challenge	Impact on primary care
Inadequate payment	Hard to sustain teams, consultation, and coordination
Workforce shortages	Too few psychologists, social workers, psychiatrists
Admin complexity	Billing burdens deter smaller, independent practices
Training gaps	Residencies and practices lack support to build models
Research gaps	Little evidence on scalable models in rural settings

What Congress Can Do

- 1

Strengthen payment. Adequately reimburse collaborative care, BHI, psychiatric consultation, and care coordination in Medicare and Medicaid, and reduce administrative barriers to adoption.
- 2

Invest in the workforce. Strengthen Title VII primary care training and interdisciplinary education that prepares family physicians and behavioral health professionals to work together.
- 3

Support implementation. Fund technical assistance and infrastructure for FQHCs, rural health clinics, independent practices, and residency teaching sites.
- 4

Expand research. Sustain AHRQ and NIH investment in integrated care models, implementation, outcomes, and financing — including practice-based research networks.

2026 POLICY DEVELOPMENT

The CY2026 Medicare Physician Fee Schedule [created](#) optional BHI and psychiatric collaborative care add-on codes for Advanced Primary Care Management, extending to eligible RHCs and FQHCs.

THE ROLE OF ACADEMIC FAMILY MEDICINE

Family medicine departments and residency programs help expand access to behavioral health care through physician training, integrated care models, community partnerships, and research. This role is particularly important in rural and underserved communities, where access remains limited. As of December 2025, approximately [137 million Americans](#) (40% of the population) lived in a designated mental health professional shortage area, according to HRSA. Through practice-based research networks (PBRNs), academic family medicine also evaluates approaches to behavioral health integration and translates research into clinical practice.

Payment reform alone is not enough. Federal investment in payment, workforce training, implementation, and research is needed to make integrated behavioral health a sustainable part of primary care.