Key Principles for Interprofessional Collaboration Among Mental Healthcare Providers in Treating Adults Diagnosed with Serious Mental Illnesses

March 2020

Overarching Principles of Care of Adults Diagnosed with Serious Mental Illness (SMI):

The following pertains to care at individual and institutional levels.

Ensuring access to affordable, high-quality and timely treatment, rehabilitation, and recovery opportunities for adults diagnosed with serious mental illness is a public health responsibility. Social determinants of health are critical to the care of adults diagnosed with SMI. Services should be delivered in the least restrictive setting and should be commensurate in all domains with the Mental Health Parity and Addiction Equity Act. Care should be informed by the evidence, grounded in recovery principles, and delivered in a person-centered, shared decision-making model with cultural humility, responsiveness, and sensibility. The clinical and learning environment should be diverse, equitable, and inclusive.

As healthcare professional organizations and advocates for adults diagnosed with SMI, we embrace the following principles specific to interprofessional collaboration:

1. The mental health care of adults diagnosed with SMI is optimally delivered in an environment of mutual respect and support and can be greatly enhanced by a collaborative team, which includes the adults diagnosed with SMI and their natural support systems.

2. Training and education are optimized by mental health professionals learning together and learning with people in recovery from mental health conditions.

3. Explicitly learning specific skills in interprofessional collaboration is a core competency of education and training in all mental health professions.

4. Knowledge about racism (systemic, interpersonal, and intrapersonal), cultural differences, and social determinants of health and addressing their impact as individual professionals and collectively are essential to providing optimal care.

---

1 “Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI . . . . In 2017, there were an estimated 11.2 million adults aged 18 or older in the United States with SMI. This number represented 4.5% of all U.S. adults . . . . The NSDUH AMI and SMI estimates were generated from a prediction model created from clinical interview data collected on a subset of adult NSDUH respondents who completed an adapted (past 12 month) version of the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (Research Version, Non-patient Edition) (SCID-I/NP; First, Spitzer, Gibbon, & Williams, 2002), and was differentiated by level of functional impairment based on the Global Assessment of Functioning Scale (GAF; Endicott, Spitzer, Fleiss, & Cohen, 1976) . . . . The assessment included diagnostic modules assessing: mood, anxiety, eating, impulse control, substance use, adjustment disorders, and a psychotic symptoms screen.”

https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#:~:text=Serious%20mental%20illness%20(SMI)%20is,or%20more%20major%20life%20activities.
5. Organizational structures and aligned leadership should be configured to promote interprofessional practice, eliminate barriers to interprofessional collaboration, and support mental health professionals working to the top of their training and individual licenses.

6. Interprofessional collaboration is needed in working to recruit and retain a diverse and inclusive workforce of adequate size to meet population needs.

7. Payment models should support interprofessional collaboration of all team members with appropriate reimbursement.

8. Communication and information-sharing among team members, adults diagnosed with SMI, and their natural support network should be facilitated by organizational systems, including technology platforms.

9. Quality care requires supporting the use of existing evidence-based treatments and investing in research to expand our understanding of how best to provide care in an interprofessional model.

Participating Organizations*: 

- American Mental Health Counselors Association (AMHCA)
- Association for Behavioral and Cognitive Therapies (ABCT)
- American Psychiatric Nurses Association (APNA)
- College of Psychiatric and Neurologic Pharmacists (CPNP)
- National Association of Peer Supporters (NAPS)
- National Alliance on Mental Illness (NAMI)
- American Psychiatric Association (APA)
- American Psychological Association (APA)
- American Association of Nurse Practitioners (AANP)
- American Academy of Physician Assistants (AAPA)
- National Association of Social Workers (NASW)

* These joint principles do not represent official policy of undersigned organizations.