Psychiatry

for Non-Psychiatrists

October 17, 2025

DISCLOSURE

I do not have any financial relationships with ineligible companies to disclose.

Psychiatry for Non-Psychiatrists

Tapping into Community Resources for Mental, Emotional and Behavioral Services

Paul Daniel, Ph.D.

Executive Director

Center Associates

Learning Objectives

Objective 1: Identify key community mental health resources that support mental, emotional, and behavioral health needs in outpatient and non-specialist settings

Objective 2: Understand how to engage and collaborate with mental health professionals (therapists, social workers, peer support specialists, etc.) to enhance patient care

Objective 3: Develop strategies for referral, coordination, and follow-up with community mental health agencies and support programs

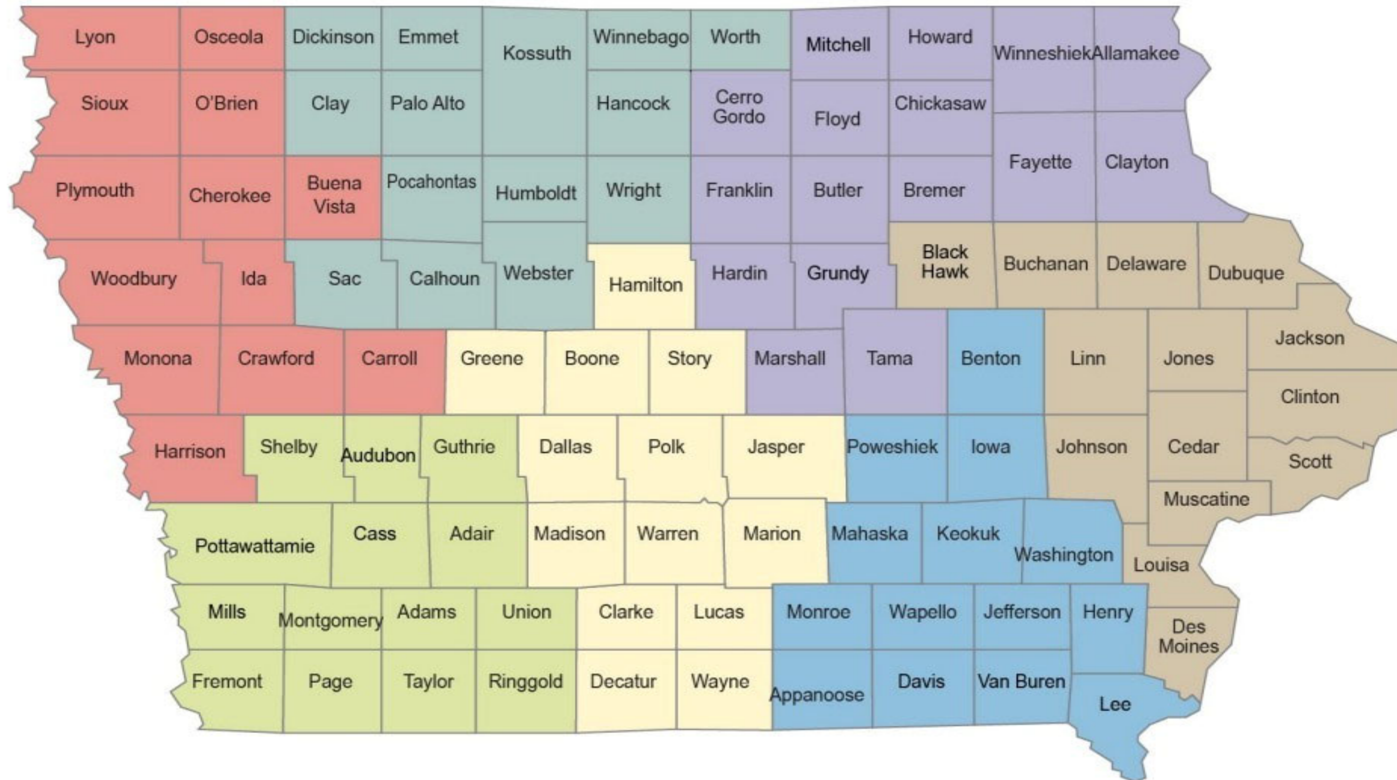
Objective 4: Recognize warning signs and risk factors that warrant immediate mental health intervention and how to effectively connect patients with crisis or urgent care services

- Mental Health in Iowa – Quick Stats 1 in 5 Iowans experience mental illness each year.
- Shortage of psychiatrists & psychiatric ARNPs in rural Iowa.
- Community-based services, outpatient care, and telehealth are key supports.
- **Takeaway: Access depends heavily on knowing local and state-level resources.**

Key Community Resources (Objective 1)

- Statewide Resources
- Iowa Mental Health and Disability Services (MHDS) Regions
- Your Life Iowa: 24/7 helpline, chat, text
- Iowa Warm Line (peer support)
- NAMI Iowa (support groups, education)

Behavioral Health Districts



Psychiatry for Non-Psychiatrists

Feature	Before (Pre-2025)	After (Post-July 1, 2025)
Structure	13 MHDS Regions + 19 IPNs (32 total)	7 Behavioral Health Districts
Service Types	MHDS: mental health & disability IPNs: substance use & problem gambling	Integrated system: mental health, substance use, gambling Disabilities managed by DAPs
Administration	Decentralized, varied by region	Centralized under Iowa HHS with statewide ASO
Local Input	Local MHDS & IPN boards (inconsistent)	District advisory councils with broad representation
Access	Fragmented, depended on geography Boundaries limited funding for services	Uniform statewide access, boundaries removed
Accountability	Varied across regions, inconsistent metrics	Performance metrics & oversight by HHS/ASO
Challenges	Fragmentation, inequity between counties, poor integration of services	Transition risks, provider adaptation, funding stability

- Local Outpatient & Community Programs
- Community Mental Health Centers (e.g., Center Associates, Eyerly Ball, Vera French, Abbe Center, Capstone, etc.)
- Integrated Behavioral Health in Primary Care. School-based programs & AEA supports
- Faith-based and nonprofit counseling centers

Crisis & Urgent Care Resources

Mental Health Urgent Care Centers (Marshalltown, Des Moines, Sioux City, etc.).

Mobile Crisis Response Teams (statewide MHDS)

Crisis Stabilization Residential Services.

Law enforcement partnerships with mental health liaisons.

Collaboration & Engagement (objective 2)

Key Professionals in the Mental Health Team

Therapists/Counselors (CBT, DBT, EMDR, trauma-informed, play therapy, family therapy)

Social Workers (case management, resource connection).

Peer Support Specialists (lived experience, recovery focus).

Psychiatric Providers (medication management).

Principles of Collaboration

Warm hand-offs vs. cold referrals

Shared treatment planning

Building relationships with local agencies

Cross-training and communication

Case Example

A PCP notices rising anxiety/depression in a patient with diabetes → partners with a local therapist and peer support specialist → improves both physical and emotional outcomes.

Referral, Coordination, and Follow-Up
(Objective 3)

Effective Referral Practices

Explain “why” referral matters to patients

Provide written info and contact details

Offer to assist with first call/appointment scheduling

Coordination Strategies

Consent for information sharing (HIPAA releases)

Multidisciplinary case conferences

Tracking referrals with follow-up reminders

Community Collaboration Example

Emergency department → refers to Urgent Care Center → crisis resolved → outpatient follow-up at community mental health center/other mental health provider → ongoing case management.

Crisis Recognition & Response (Objective 4)

Warning Signs for Immediate Action

Suicidal ideation, intent, or plan

Severe self-harm or aggression risk

Psychosis (hallucinations, delusions)

Severe substance withdrawal or overdose risk

Iowa Crisis Response Resources

988 Suicide & Crisis Lifeline

Your Life Iowa (phone/text/chat)

Local Mobile Crisis Response

Emergency Department & 911 when imminent danger

Case Vignette

A teacher notices a student posting suicidal thoughts on social media → calls Mobile Crisis Response → family engaged → follow-up with school-based therapist → referral to CMHC.

Key Takeaways

Iowa offers a network of statewide and local resources

Collaboration between medical and mental health providers improves outcomes

Referrals need to be intentional, supported, and tracked

Recognizing crisis signs saves lives

Call to Action

1. Build a resource list specific to your county.
2. Connect with local MHDS region leaders.
3. Establish relationships with mental health providers in your community.

Resources

https://211iowa.org/

Iowa HHS Region

https://yourlifeiowa.org/

https://www.samhsa.gov/

Psychiatry

for Non-Psychiatrists

October 17, 2025