How does the number of patients you see with psychiatric and/or behavioral problems compare with what you expected as you entered practice?

- About the same
- Fewer
- Lots more
- Somewhat more

How comfortable are you with Geriatric psychiatric issues

- Diagnosis
- Treatment
How comfortable are you with Major depression

How comfortable are you with ADHD
How comfortable are you with Anxiety disorders

How comfortable are you with Bipolar disorders
How comfortable are you with Psychotic disorders

How comfortable are you with Substance abuse
How much the addition of these modalities would help you in managing your patients with psychiatric/behavioral problems

Geriatric psychiatric issues

Major depression
How much the addition of these modalities would help you in managing your patients with psychiatric/behavioral problems

ADHD

Anxiety disorders
How much the addition of these modalities would help you in managing your patients with psychiatric/behavioral problems

**Bipolar disorders**

- User friendly diagnostic guidelines
- User friendly treatment guidelines
- CME on dx and/or tx
- Real time brief phone consultation
- Televideo consult
- Website with expert chat room

**Psychotic disorders**

- User friendly diagnostic guidelines
- User friendly treatment guidelines
- CME on dx and/or tx
- Real time brief phone consultation
- Televideo consult
- Website with expert chat room
Since full psychiatric resources are not readily available in much of the State and for many of our patients, how willing would you be to treat patients with these psychiatric conditions, given access to most of the assistance mentioned above?

Comments

• **Geriatric psychiatric issues**
  - The medication issues make this a harder decision-- dementia meds, are not an area of strength for me

• **ADHD**
  - We do all of this anyway.
Comments

• **Psychotic disorders**
  - Initial treatment but would want follow up with psychiatry
  - Because I am in the emergency room, theses patients get referred on and I would not be doing ongoing treatment.
  - I have real concerns about making a good diagnosis and side effects and liability of using antipsychotics

Comments

• **Bipolar disorders**
  - I have real concerns about making a good diagnosis and side effects and liability of using antipsychotics.
  - If they come in depressed and not manic, but I'm suspicious for bipolar, I don't mind starting them off as they're awaiting proper pysch consult.
  - Ridiculously over-diagnosed"
Comments

- **Substance abuse/alcohol dependence**
  - Because I work in the emergency room, I would not be doing ongoing treatment for this.
  - Follow up counseling essential.
  - these pts certainly need intensive psychological/counseling support as well.