

# Canadian Collaborative

Mental Health Care Conference



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# Psychotherapy in Family Medicine

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# Faculty/Presenter Disclosure

- **Faculty:** Dr. Saadia Hameed
- **Relationships with commercial interests:**  
No conflict of interest to declare

# MENTAL HEALTH

- Mental health is a state of wellbeing in which the individual realizes his or her own potential, can cope with the normal stresses of life , can work fruitfully and is able to make a contribution to her or his own community.

Changing Directions Changing Lives – Mental Health Strategy for Canada

# Prevalence and Burden

- 1 in 5 Canadians (20.6%) in the 2002 Mental Health and Well-being Survey (CCHS 1.2) met the criteria for a mood or anxiety disorder or substance dependence at some point during their lifetime.
- Economic burden is in the Billions of dollars
- Counselling was the most common type of mental health care need cited by Canadians aged 15 and older. It was also the need that was least often reported as met, with 65% of those with a counselling need perceiving that need as met CCHS 2012 (Canadian Community Health Survey)

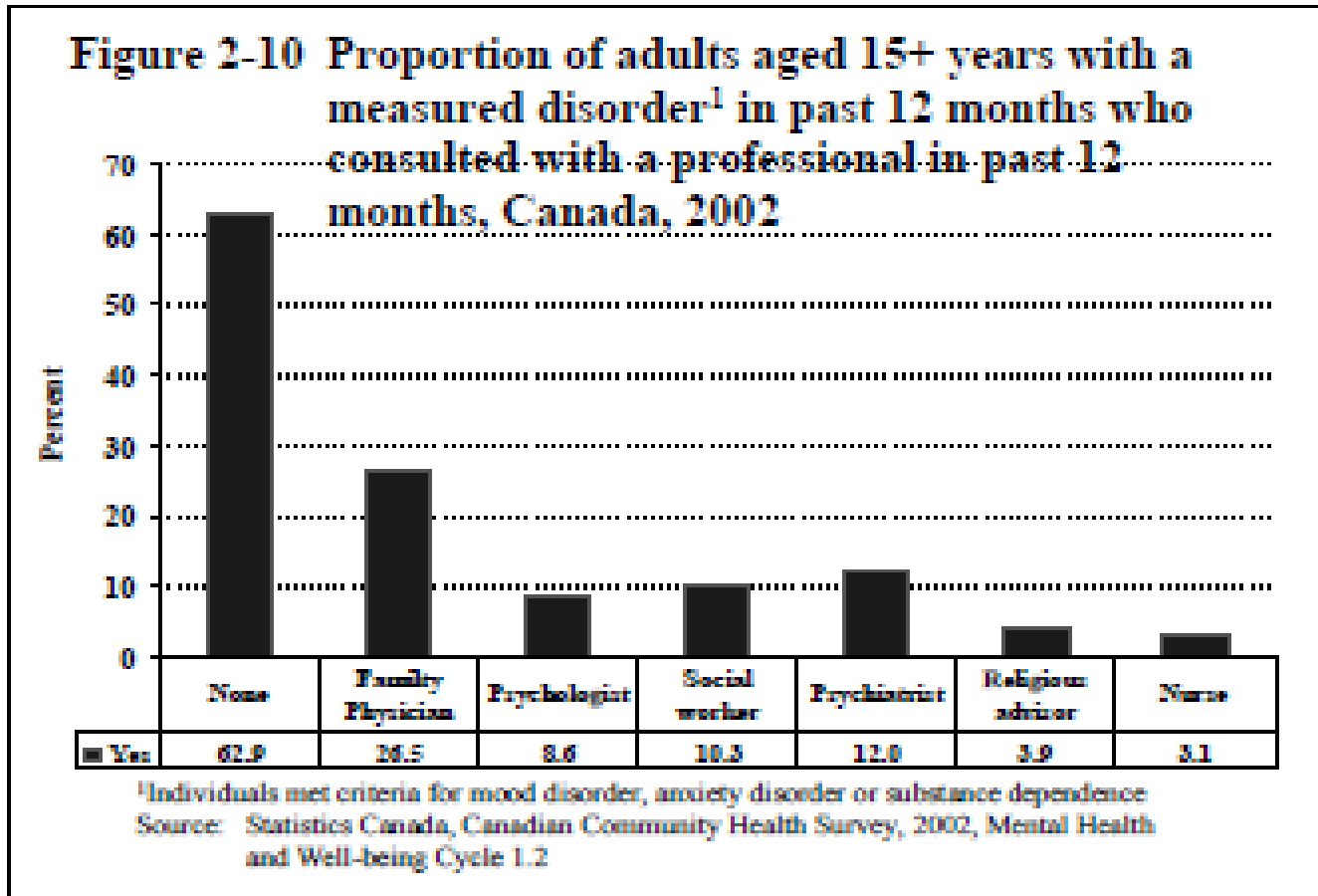
# Management principles

- MOST MENTAL ILLNESS IS TREATABLE and PREVENTABLE!!!
- The management of mental illness calls for the balanced combination of three fundamental ingredients:
  - 1-medication (or pharmacotherapy)
  - 2-psychotherapy
  - 3-psychosocial rehabilitation
- Extant literature supports that psychotherapy is effective in the treatment of mental illness.

# Mental Health in Ontario

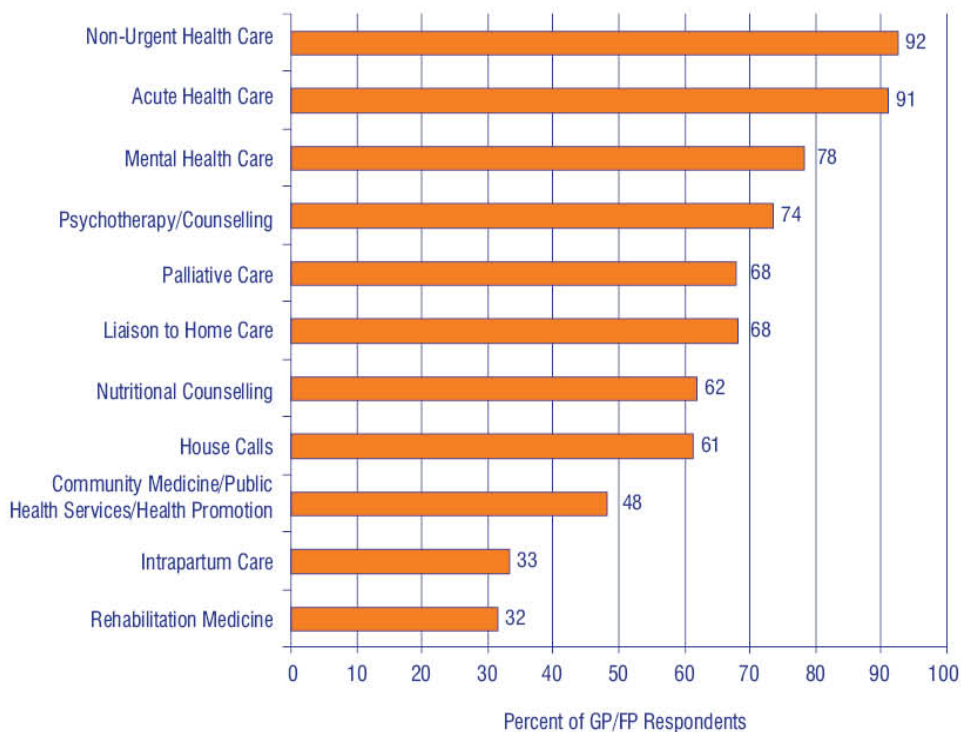
- Mental Health Strategies provide overarching principles but no concrete framework for the delivery of psychotherapy for mentally ill patients.
- Who will do it? Who will pay for it? Access issues?
- Family physicians are the most frequently consulted health professionals for mental illness. Psychiatrists, social workers and psychologists are the next most frequently consulted. A small proportion consult with either a religious advisor or a nurse.

# Consultation with different health care professionals for a Mental illness





**Figure 28** Scope of Services Provided by GPs/FPs or Their Practice



**Notes**

On average, the response rate was 32.1% of eligible GPs/FPs for the 2007 NPS, so results should be interpreted with caution. This figure relates to the "Scope of PHC services" indicator.

**Source**

National Physician Survey (NPS), 2007, College of Family Physicians of Canada, Canadian Medical Association and Royal College of Physicians and Surgeons of Canada.



Of the 11 services listed that are considered to be elements of comprehensive care, the four most common services provided by GPs/FPs or someone in their practice were non-urgent health care, acute health care, mental health care and psychotherapy/counselling. The services that the fewest GPs/FPs (or someone in their practice) provided were rehabilitation medicine and intrapartum care (care during labour and delivery).

# Purpose of study

- To understand Family Physician's perceptions and practice of psychotherapy
- What are some of the factors that affect the practice of psychotherapy by family physicians in southwest Ontario?

# Methods

- **Methodology:** A descriptive qualitative methodology was chosen for this study, to understand an unadorned who, what where and when of a phenomenon.
- **Participants:** Family physicians were actively recruited for the study as key informants. Saturation was reached at 18 participants.
- Maximum variation in the sample was ensured.
- The study was limited to only FPs in South West Ontario.
- GP psychotherapists were excluded.
- **Data collection:** Individual semi-structured interviews were conducted, each 20 to 30 minutes long in duration.

- **Data Analysis:** Interviews were transcribed verbatim and analyzed by three independent reviewers.
- One reviewer was an expert qualitative researcher.

- **Trustworthiness and credibility:** There are many aspects of trustworthiness and credibility in qualitative studies. These include reflexivity, depth of description, accuracy and rigour, intellectual honesty and a willingness to explore alternate explanations and interpretations.
- These requirements were met and ensured by
  1. transcribing the interviews verbatim,
  2. taking field notes
  3. member checking,
  4. and having multiple investigators conduct the analysis.

# Results

- **Fundamental themes and findings:**
- Most Family Physicians could not define psychotherapy well.
- Most family physicians felt that they were not adequately trained to practice formal psychotherapy.
- However, most did provide therapy to their patients in the form of supportive counseling and psycho-education.
- Most family doctors found value in providing therapy to patients and said it fostered a strong patient physician relationship.

# Factors Affecting Practice of Psychotherapy

The factors affecting psychotherapy were divided into 3 main categories

1-Patient factors

2-Physician factors

3-Resources/policy related factors

# 1-Patient Factors affecting Psychotherapy

- A culture of prescription medication over counseling.

*“ I would say that only maybe ten percent of the people I have seen for mental health issues have been receiving counseling only without medication.”*

- Patients cannot afford to take time off to come in for dedicated counseling sessions

*“some of the patients are working and they are not paid if they take time off”*

- Lack of patient involvement due to lack of insight, denial or stigma.
- Lack of perceived benefits



# 2-Physician Factors affecting Psychotherapy

- Time was the most important factor cited by almost all physicians

However, physicians did say that if they set aside time in their daily template or weekly schedule for therapy, that was conducive in helping them practice it

- Training

*“My concern is that it could probably be done better by somebody else more skilled”*

- Personal factors

Many physicians found that therapy was mentally draining , but that there was value in providing this service

- Therapeutic relationship

Most FPs felt that as primary care providers they were the default providers of therapy and counseling for their patients.

- **Environment**

*“the nature of the office, there are a lot of distractions, so even if you set time aside, family practice is a very chaotic kind of environment”*

- **Front staff**

Physicians also felt that well trained office staff who could triage patients in crisis and fitted them in their schedule was helpful in the provision of therapy.

- **Dedicated therapy clinic**

A few physicians felt that having dedicated time for therapy at the end of the day, or one day a week was conducive to providing psychotherapy

*“we are the first point. I mean it doesn’t matter what the crisis is that they call and I think you know the benefit is you knowing the patients so well, as opposed to doing walk-in clinic medicine where you don’t know these patients, you don’t know where they’re coming from, you have no reference point. Whereas if you already know what the family dynamics are you already know what the stresses are financially, you can jump in and start and support them I think, quicker”*

***Most physicians said that compensation did NOT play a role in their provision of psychotherapy .***

***PATIENT NEEDS was the main driver.***

# 3-Resources affecting practice of psychotherapy

- Resource access

*“I think the biggest problem that we have is access to a psychiatrist when we need it. I was part of a shared mental health collaborative project initially, it was a wonderful thing to be able to have a psychiatrist on the end of the phone for us and I think that that’s the biggest problem in community practice is that you don’t have the supports when you need it”*

*“ a big one is just availability of insured services. Essentially you can’t get out-patient services any more. Private therapy is expensive. The in-hospital services don’t really offer a whole lot of psychotherapy aside from group therapy, so if we can’t offer it, other programs can’t offer it, then it doesn’t happen and for some people, the talk therapy is actually probably more useful than medication therapy so it falls back to us to and that’s the group that I tend to focus on.”*

*“Well the resources available to me have shaped that some. We have a social worker who does counselling here and we have a psychiatric liaison on the team that will see and assess patients and patients that are more complex or need longer term follow-up, they’re often able to help facilitate the best place for that person to go to”*

Family physicians felt that they had to provide therapy to patients by default, regardless of training. However, the physicians who were part of a shared mental health care model were happier for the peer support and felt that their patients got better service for their mental health issues.

# Discussion

- Family physicians have a pivotal role in primary mental health care provision, especially psychotherapy.
- Barriers to provision of psychotherapy or counseling are
  - lack of training
  - lack of mentorship and
  - lack of time
  - lack of supportive resources
- Questions
- Do we train family doctors to provide better psychotherapy for their patients?
- Do we advocate for more funded services by social workers and psychologists and allow family docs to be medical experts
- Or do both and work in collaboration where family docs, SW, psychologists and psychiatrist work together to meet patient needs? Data from shared care models suggests that collaboration works and patients and physicians are happier. However, only ~21% of Ontarians are patients in a primary care team model (2010) which creates a discrepant health care system.
- More advocacy for team based primary care (FHT), with strong mental health programs and psychotherapy experts.

Thank you!

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