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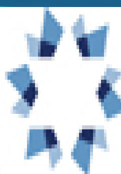

camh
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A Collaborative Approach to Delivering Child/Youth Mental Health Care in the Primary Care Setting:

An exploratory project between CAMH and the Mount Sinai Academic Family Health Team

Canadian Collaborative Mental Health Conference
Friday June 20, 2014

Faculty/Presenter Disclosure

- **Faculty: Michelle Naimer**

- **Relationships with commercial interests: None**

Disclosure of Commercial Support:

- This program has received financial support from Ministry of Health and Long Term Care in the form of research grant. Dr. Naimer did not receive funding to participate in the project.
- **Potential for conflict(s) of interest:**
- None identified

Faculty/Presenter Disclosure

- **Faculty:** Debbie Schachter

- **Relationships with commercial interests:**
  - **Grants/Research Support:** Ministry of Health and Long-Term Care Alternate Funding Plan
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** Partner in CAMH Associates in Psychiatry,

Disclosu[obscured] Support

Canadian Collaborative
Mental Health Care Conference

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- **Potential for conflict(s) of interest:**
  - None identified

Mitigating Potential Bias

- This presentation was peer reviewed.

Investigators

- Michelle Naimer, Mount Sinai Academic Family Health Team
- Debbie Schachter CAMH, MSH
- Irfan Mian, Hospital for Sick Children, MSH,
- Joanna Henderson, CAMH,
- Susan Mackenzie, CAMH , MSH
- Oshrit Wanono, CAMH, MSH
- Joe Beitchman, CAMH, MSH

Objectives

1. To describe a collaborative child/youth mental health program between a tertiary setting child and adolescent psychiatry team and an Academic Family Health.

2. Present a program evaluation of the initiative

3. Present lessons learned including benefits and challenges of the collaborative care program.

Background

- It is estimated that one in five Canadian children and youth have a diagnosable mental illness (1)
- Over 70% of children and youth with serious mood disorders are undiagnosed or inadequately treated (2)
- The majority of individuals with mental health or addiction problems seek treatment from primary care settings rather than through specialized mental health and addiction services (3)
- Family physicians and pediatricians consistently report receiving inadequate training in the management of pediatric mental health problems (4,5)

Background

- The limited services for the management of pediatric mental health problems necessitates the development of innovative mental health initiatives to allow for better care for these young patients (6)
- There have been very few studies in the literature examining collaborative care between family physicians and mental health professionals in the care of children and adolescents.
- Kisely et al (7) found that family physicians who had access to collaborative psychiatric care for children, adolescents and adults reported more knowledge about childhood behavioral disorders, more confidence managing them, and more satisfaction with mental health services than physicians who did not have access to collaborative care.

Program Description

A collaboration between a group of 4 psychiatrists who work in the Child, Youth and Family Program at CAMH and the Mount Sinai Academic Family Health Team

- The clinical team at the FHT:
  - 10 full time family physicians,
  - approximately 24 family medicine residents per year
  - 2 Nurse Practitioners,
  - 1 Social Worker,
  - 1 Mental Health Nurse
  - 2 Dietitians
  - 4 Primary care nurses.
  - 1 Pharmacist
- Serve approximately 9500 patients annually
- 35,000 visits per year
- 1800 patients under 19 years old
- The clinical team at CAMH:

1 scientist/clinician psychologist, 1 research assistant, and access to the full services of the tertiary academic centre.

Program Structure

- Co-location model of care
  - Psychiatrists took turns coming to the FHT to see patients two half day clinics per month
  - New assessments and follow up appointments
- Psychiatrists available for "corridor consultations" when on site
- Email addresses of consulting psychiatrists shared with the FHT
- Psychiatrists from CAMH offered education sessions every other month to the FHT based on results from the needs assessment

Program Evaluation

- Ethics approval obtained through Mount Sinai Hospital and CAMH
- Mixed Methods Approach
  1. Educational sessions were evaluated to monitor quality
  2. Health Care Provider Survey
     - Evaluation of team knowledge, skills and comfort managing children and youth with various mental health problems at start and end of study
  3. Patient experience evaluated through a patient survey
  4. Focus group
     - Team members from the FHT invited to share thoughts about the overall program

Educational Sessions

- Evaluated to be of average quality
- Most sessions evaluated as good or very good

Health Care Provider Survey

- HCPS distributed to all members of the Academic FHT in August, 2010, September, 2011 and September, 2012. The survey was anonymous and professional designation of participants was identified.

- Family medicine residents were included in the survey and there was a changeover of half of the resident group once during the study as residents graduated .
- Response rates:
- 2010: 48% (n=45)
- 2011: 36% (n=44)
- 2012: 29% (n=45)
- Email reminders sent out and the survey was redistributed on one occasion.
- Low response could have been due to the long nature of the survey and lack of incentive to complete the survey.

Health Care Provider Survey

- Rates for always referring for mental health rose from 29% at baseline to 46% at follow-up
- Asking parents about children's mental health was stable- 71% at baseline to 77% at follow-up
- Intervening to address parental concerns about children's mental health was stable- 62% at baseline to 61% at follow-up
- Intervening to address mental health concerns of youth was stable- 57% at baseline to 50% at follow-up

Health Care Provider Survey -2

- The CAMH service was seen as important for youth by 38% at baseline compared to 100% at follow-up
- Having frequent contact with CAMH staff was endorsed by none of MSH staff at baseline compared to 8% at follow-up.

Health Care Provider Survey -3

- Unable to demonstrate that collaborative care relationship improved physician knowledge and skills in the area child/youth mental health issues
- Confidence using ..
  - Stimulants 77% at baseline, 64% at follow-up
  - Antidepressants 38% at baseline, 18% at follow-up
- Scale anchor was changed reporting 'never or almost never' at baseline to 'not confident' at follow-up

Patient Experience: Parent Surveys

- In total, 25 surveys were distributed to parents whose children had received a consultation and 14 surveys were completed (response rate of 56%). The average age of patients whose families responded was 9 years old. Five of the respondents had one visit only and nine had multiple visits.
- Parents rated their experience with the consultation on a 5 point Likert scale.
- Average rating was 3.3 out of 5.

Focus Group

- A focus group held in February 2013
- Gained qualitative information about four aspects of the collaborative program:
  - Consultations
  - education sessions,
  - communication
  - suggestions for improvement.
- All members of the Academic Family Health Team who had participated in any aspect of the program were invited.
- Focus group attended by a social worker, two family physicians and a mental health nurse.

Focus Group Learnings Clinical/Patient Care Benefits

- Members of the FHT appreciated building a relationship with the CAMH staff and found the consultations to be thorough and helpful.
- Improved access to specialized psychiatric services . Prior to the collaboration, waiting for consultation with child psychiatrists was much longer, often 6 months to one year. In the program, patients were often seen within one to two months.
- Appreciated having ongoing follow up and patients linked to other services in the community.

Focus Group Learnings Clinical/Patient Care Benefits

- The collaboration was perceived to be very beneficial for patients who would be otherwise reluctant to seek mental health services at a mental health facility
- Parents of children liked being seen with their Family Health Team because they felt more comfortable in the primary care setting.
- Parents who were reluctant in having a diagnosis made were more comfortable accessing services in the family practice setting.

Focus Group Results Administrative Aspects

- Referral process needed to be simplified administratively.
- Administrative challenges included scheduling patients into the FHT electronic health record while ensuring good communication with the CAMH staff, communicating cancellations and appointment changes, implementing appointment reminders, obtaining necessary information to create a CAMH file in a timely way without inconveniencing patients, the change to one referral centre at CAMH.
- Overall, It was noted that more work needed to be done to accommodate administrative requirements in both departments, while not impacting efficiency and workload of the referral process.

Focus Group
Team Education

- Participants noted that the topics and presentations were interesting, but there was general consensus that the sessions could have been more practical to daily practice.
- The group felt to improve the education sessions, more involvement between the psychiatrist consultant and members of the FHT around topics and content of education sessions would be beneficial to ensure that the topics/presentations addressed needs.

Focus Group
Team Communication

- The program was found to be effective and run smoothly.

- The primary care group enjoyed the variety of ways to interact with the CAMH group. Some participants attended consultation sessions. Some corresponded by email to ask questions about services available or to follow up with a consultation.

Lessons Learned- Benefits

- Collaborative care improves access to services through co-location and ability to email tertiary care providers for advice or to obtain resource information
- Improves access for patient families who may otherwise not want to pursue consultation in a mental health facility in fear of being stigmatized
- Is valued by primary care providers and families in providing care for this population.

Lessons Learned- Challenges

- Lower patient volumes impacts sustainability collaborative care programs
- If there is not a critical mass of patients, it is difficult to demonstrate an improvement in knowledge, skills and ability in caring for patients through a collaborative care relationship and not sufficient opportunity to gain practical experience.
- Collaborative care in a family practice setting in the area of child/adolescent mental health is more challenging than in adults
- Administrative challenges -similar in both adult and pediatric settings.

Lessons Learned -Challenges

- Convening the group for case discussion was challenging. At times, it was as if the consultation was happening in the family practice site, but otherwise was not very different from when seen in a tertiary psychiatric site in terms of physician/psychiatrist interaction.
- Although the AFP funded psychiatrists non billable clinical time, future collaborative care arrangements might also consider funding some of the referring doctors non billable clinical time. This might have facilitated increased family physician/psychiatrist collaboration.
- There had been hopes of involving residents in the teaching/collaborative care activities, but residents did not participate in the assessments and they were not able to learn from the clinical aspect of the consultation. Scheduling was challenging and interest was low.

Discussion

- Volume of children and youth with mental health issues in a general primary care setting is much lower than volumes seen with adult collaborative care programs.

- Decreased volume may account for difficulty in demonstrating increased confidence in caring for young patients with mental illness, as it may be difficult to have a critical mass of patients to gain skill and confidence.

- Collaborative care in the child/youth mental health care is valued in the primary care setting. How do we make it more sustainable?

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