

# An Integrated Care Model for Addictions and Mental Health Care in Primary Care

Athina Perivolaris RN, MN

Benoit H. Mulsant MD, MS, FRCPC

David Rodie MD, FRCPC

## **Faculty: Benoit H. Mulsant - Relationships with commercial interests:**

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## **Faculty: Athina Perivolaris**

**No relationship with any commercial interests**

# Disclosure of Commercial Support

- This program has received no financial or in-kind support from any organization
- **Potential for conflict(s) of interest:**  
The presenters do not have any potential conflict of interest to report

## Mitigating Potential Bias

- No bias requiring mitigation has been identified

# Objectives

- At the end of this session, the learner will understand:
  - Factors that influence the implementation of integrated care in addressing mental health and addictions issues in the primary care setting
  - The potential role of the Mental Health Technician in supporting the collaboration between primary care and mental health providers
  - The potential role of innovative technology to support the collaboration between primary care and mental health providers

# Outline of Workshop

- Background on Integrated Care (10 mins)
  - Definition
  - Rationale
  - Benefits
  - Challenges
- CAMH Integrated Care Research Project (10 mins)
  - Overview
  - Main Components
  - Role of Mental Health Technician (MHT)
  - Integrated Care in Action: Example of Pharmacotherapy
- Questions and Discussion (60 mins)

# Integrated Care

- **Definition:**

- An overarching term conceptually defined as: a form of care where mental health and primary care providers interact in a systematic manner to meet the health needs of patients (Oslin, n.d)

- **Principles:**

- Patient-Centred Care
- Measurement-Based Treatment to Target
- Evidence-Based Care
- Partnership with Patients and Families

# Rationale: Why Integrated Care?



# Why Integrated Care?

- Most people turn to primary care providers (PCP), not specialty mental health services with their emotional problems
- Offering mental health services in primary care encourages participation by people wanting to avoid the stigma surrounding mental health treatment
- Integrated care decreases depression levels, improves quality of life, decreases stress, and lowers rates of psychiatric hospitalization



# Why Integrated Care?

- Mental health problems increase unnecessary medical utilization and inappropriate referrals
- Many PCPs – faced with increased time constraints experience challenges in managing patients who present with mental health or substance abuse related issues
- Depression and anxiety are frequently misdiagnosed or underdiagnosed in general medical populations

# Benefits of Integrated Care

- Improved identification of prevalent mental health conditions
- Improved access to appropriate evaluation and treatment
- Improved treatment engagement and adherence to recommended treatment
- Increase provision of evidence-based care
- Improved clinical and functional outcomes
- Increased patient satisfaction

# Challenges For Primary Care Providers

- Limited time for psycho-education due to competing priorities
- Limited time for follow-up and support
- High rate of non-adherence and treatment dropout
- Staying on ineffective medications for too long or premature changes in medications
- Limited access to mental health experts
- Implementation of best practice guidelines

# CAMH Integrated Care Research Project -- Overview

- Targeting depression, anxiety and at risk drinking in four family health teams
- Telephone-based, computer-aided care management
- New role of Mental Health Technician (MHT)
- Randomized comparison vs. enhanced usual care
- Outcomes:
  - initiation of specific treatment
  - reduction in severity of symptoms
  - improvement in quality of life and functioning

# CAMH Integrated Care Project -- Main Components

- Telephone-based, computer-aided assessments to improve diagnosis and determination of outcomes
- Telephone follow-up for psychoeducation and support by MHT
- Evidence-based pharmacotherapy or psychotherapy
- Ongoing symptom-monitoring by MHT
- Facilitated referrals to mental health services when indicated.

# Role of MHT: Collaboration with Primary Care

- Conducting specific assessments
- Track clinical improvements over time
- Provide patient education re. symptoms, treatments, medication and side effects
- Facilitate access to on-line psychotherapies
- Provide clinical updates and convey specific recommendations to PCP
- Provide follow-up assessments and monitoring for treatment adherence
- Enhancement of patient self-management
- Identify patients who are not improving so they can be referred for psychiatric consultation and treatment adjustment
- Support relapse prevention when patients are substantially improved

# Integrated Care in Action: Example of Pharmacotherapy

- PCP is the leader of care and is being supported by the MHT and the project psychiatrist
- Primary care provider will initiate the prescribing
- Consult with project psychiatrist as required
- MHT follows up with the patient over time to assess symptoms and medication adherence and side effects, and promotes self management
- Consistent reporting back by the MHT (and project psychiatrist as needed) to the PCP on the progress or discussing the need to adjust treatment as necessary

# Questions and Discussion



# Summary

- Need to reduce the burden of mental disorders
- Mental health and physical problems co-exist
- Integrated care enhances access and quality of care
- Integrated care is cost effective
- Integrated care can rely on a combination of technology and human resources

