REFORMING PRIMARY CARE MENTAL HEALTH SERVICES.

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Objectives

• Background to primary care mental health
• Shared mental health care in Canada
• Primary care reform in Alberta
• The place of mental health in Alberta primary care
• The development of the system of Primary Care Networks
• Some results

Alberta’s Health Care System

Alberta Area: 661,000Km² Popn 3.5m GDP PP US $59,000
France Area: 547,000Km² Popn 65m GDP PP $34,262
Germany Area: 357,000Km² Popn 82m GDP PP $34,212
Texas Area: 696,000Km² Popn 24m GDP PP $41,000

• Health is a Provincial responsibility
• Publicly administered and funded health care system
• Guarantees universal access to medically necessary hospital and medical services.
• Coverage provided through the Alberta Health Care Insurance Plan.
• All physicians bill through this plan (fee for service).
• All residents of Alberta are covered.
• There are no charges at the point of service.
WHO and primary care mental health

- Deinstitutionalization 1950s continuing
- WHO and primary care (Declaration of Alma Ata 1978)
- ‘Introduction of a Mental Health Component into Primary Health Care’. WHO 1990
  - Provide treatment in primary care is #1 recommendation


- Universal coverage reforms
- People centered services
  - Service delivery reforms
- Public policy reform
  - Healthy public policy
- Leadership
- Highlights ‘backsliding’ and loss of focus since Alma Ata and calls for renewed efforts
  [Link](http://www.who.int/whr/2008/summary/en/print.html)

Treated prevalence of mental disorders in Alberta

One year physician treated prevalence (2001/02) was 17.7% of the adult population of Alberta.

28% was the two year physician treated prevalence and the

35% was the three year physician treated prevalence
Five most frequent Diagnoses

Diagnoses of individuals who consulted
general practitioners

- 49% Anxiety Disorders
- 35% Mood Disorders
- 9% Substance Disorders
- 7% Adjustment
- 4% Other

Diagnoses of individuals who consulted
psychiatrists

- 51% Mood Disorders
- 18% Anxiety Disorders
- 12% Schizophrenia
- 10% Substance Disorders
- 9% Developmental

Note: Above charts reflect percentage of top 5 diagnoses.

Physician care for mental disorders in Alberta:
the importance of primary care

- 95% of all patients seen and diagnosed as having a mental disorder were seen by a family physician
- 78% were seen only by family physicians (GPs).

Physician care for mental disorders in Alberta

- Psychiatrists saw 14% of all cases
  - Psychiatrists generally had a higher mean numbers of visits per case than did family physicians.
- Psychiatrists saw only 5.2% of cases of anxiety disorders, 13.9% of depressive disorders, but 49.4% of those with schizophrenia or other psychoses.
Problems with Psychiatry identified by Canadian family physicians

- Family doctors dissatisfied with psychiatric service:
  - Long wait lists
  - Poor communication
  - Obscure treatment recommendations
  - Psychiatrists not in touch with practice realities

- Canadian Psychiatrists and Family Physicians publish joint position paper 1997 and
- Form joint committee 1998 (Collaborative Working Group on Shared Mental Health Care)

CCMHI (Canadian Collaborative Mental Health Initiative)

- Health Canada's Primary Health Care Transition Fund encouraged primary health care reform and innovation in Canada.
- Supported the CCMHI Initiative for a couple of years
- Products:
  - A Charter (policy and principles) endorsed by 12 member organisations
  - Toolkits – numerous papers on "how to" for various groups e.g. aboriginal, rural, elderly, children
  - A series of 12 papers on collaborative MH care e.g. Best Practices

Alberta Primary Care Networks (PCNs)

- Follows WHO and Health Canada initiatives
- The Alberta Ministry of Health and Wellness established the Primary Care Initiative (PCI) in 2003 which supports Primary Care Networks (PCNs).
- The three partners are: Alberta Ministry of Health and Wellness, Alberta Medical Association (represents the physicians), Regional Health Authorities
- In a Primary Care Network (PCN), a group of family doctors and the local health region coordinate health services for patients.
Alberta Primary Care Networks (PCNs)

- Each PCN is unique
  - developed locally to meet the needs of the local patient population.
  - a PCN is a “network” of physicians and other health care providers working together to provide primary care
- Many PCNs are made up of physicians who are operating out of existing clinics, and are geographically dispersed.

- Alberta has 30 Primary Care Networks (PCNs) and another 7 in development.
- More than 60% of all family physicians in the province are part of PCNs.
- The goal is to have 80 per cent of all Alberta family physicians in PCNs by 2011.

PCNs and Mental Health

- MH is a component of all PCNs but with variable emphasis
- Mental health services may include:
  - Crisis services
  - Assessment
  - Follow up
  - Psychotherapy (eg CBT)
  - Social therapy
  - ‘Navigator’ role
An example: Edmonton Southside PCN

Edmonton Southside PCN
- Large Urban Network
- ± 250,000 population
- Centered around a community hospital
- 90 physicians in 16 clinics
- > 92,000 patients
- PCN adds nurses, dieticians social workers, pharmacist

Edmonton Southside PCN mental health program
- Currently five mental health staff
- See patients referred by family physicians with mental health symptoms or psychosocial stressors
- Act as a resource for other PCN multidisciplinary team members
Edmonton Southside PCN mental health program

- 95% of physicians have used the service
- Approximately 125 referrals per month
- Most common diagnoses depression and anxiety
- 75% of referrals are women
- 30% not employed
- All are seen but most frequent age group is 25 to 44-year-old

Edmonton Southside PCN mental health program

- Patient satisfaction studies indicate a high degree of satisfaction
- Physician studies also indicate high degrees of satisfaction
- 12 of the clinics have developed relationships with psychiatrists who come on site on a part-time basis, some arrangements are “displaced clinic”, some truly collaborative.

Edmonton North PCN
The Area

- The highest proportion in the city of:
  - seniors,
  - single parent families,
  - aboriginals,
  - low income households,
  - under-educated, and ESL (English as a second language) in the region

The Edmonton North PCN

- Currently has **108 physicians** who have joined (of 180 in the area)
- Located in **36 clinics**
- Majority of ‘added’ programs will be centralized at a convenient shopping mall
- Biggest PCN in the region; 3rd largest in the province

Edmonton North PCN

**Our Purpose**

To *tangibly* make our physicians’ lives easier and their patients’ lives better.
Edmonton North PCN Clinic Will…
Serve our physicians chronic and complex patients and those with mental health issues via:
- Comprehensive assessments
- Seeing the appropriate members of the multidisciplinary team
- Developing a care plan
- Chronic care follow up
- Education and group sessions

Mental Health Services…
• Mental Health Physician Line
  – Single point of entry/access for the physicians
  – Access to a Mental Health Practitioner to make a referral or for resource questions

Mental Health Services…
Also offer
- CBT
- Other groups
- Supportive programs
- Public access information sessions
- Assistance with accessing other programs eg housing, finances, income support
Mental Health Services...

- Mental Health Practitioner Consultation
  - Mental health/psycho-social assessment
  - Provisional DSM/ICD diagnosis
  - Collaborate with patient and physician to develop treatment plan
  - Assist with access to appropriate services
  - Supportive counseling with client until services accessed
  - Follow up with client

What is a Mental Health Practitioner?

- A registered professional
  - Registered Psychiatric Nurse
  - Social Worker
  - Registered Nurse
  - Occupational Therapist
  - Psychologist

Where next?

- There is a shortage of family physicians (GPs)
- Can a new program introduced at such a time actually improve services or is it just an extra burden?
- Administrative and payment systems need to change as much as care delivery systems
Where next?

• Evaluation of patient outcomes
  – Not just satisfaction studies
• Comparison and evaluation of models
  – Which ones work best
  – For whom (rural, urban, aboriginal, elderly etc.?)
• Economic analyses
  – Is disability reduced?
  – At what cost?

END

Thank you for listening
Hope it was useful
Questions?

Other influential publications: