

REFORMING PRIMARY CARE MENTAL HEALTH SERVICES.

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10th National Conference on Collaborative Mental Health Care, Hamilton,
 Friday, May 29, 2009


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:	661,000Km ²	Popn 3.5m	GDP PP US \$59,000
France Area:	547,000Km ²	Popn 65m	GDP PP \$34,262
Germany Area:	357,000Km ²	Popn 82m	GDP PP \$34,212
Texas Area:	696,000Km ²	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.

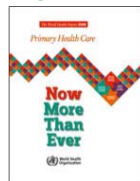


WHO and primary care mental health

- Deinstitutionalization 1950s continuing
- WHO and primary care (Declaration of Alma Ata 1978)
- 'Introduction of a Mental Health Component into Primary Health Care'. *WHO 1990*
- 'The Global Burden of Disease'. *Murray and Lopez. (WHO & World Bank) 1996*
- 'Mental Health: New Understanding, New Hope'. *World Health Report 2001*
 - Provide treatment in primary care is #1 recommendation

World Health Report 2008 "Primary Health Care – Now More Than Ever."

- 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



<http://www.who.int/whr/2008/summary/en/print.html>

Treated prevalence of mental disorders in Alberta

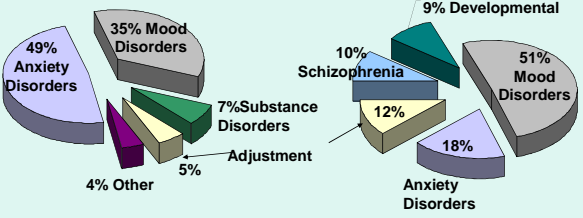
One year physician treated prevalence (2001/02) was 17.7% of the adult population of Alberta.

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** Diagnoses of individuals who consulted **psychiatrists**



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
 - Identifying Better Practices in Collaborative Mental Health Care: an Analysis of the Evidence Base. Craven M, Bland R. Can J Psychiatry, May 2006, Vol 51, Supplement 1

Canadian Collaborative Mental Health Initiative

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 Primary Care Networks (PCNs)

- 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

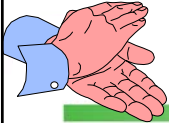
Where next?

- 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:

- Psychiatric Illness in General Practice. *Shepherd, M, Cooper, B., Brown, A. C., et al* (1966) London: Oxford University Press
- Mental Illness in the Community: The Pathway to Psychiatric Care. *Goldberg, D. & Huxley, P.* (1980) London: Tavistock Publications
- World Development Report 1993: Investing in Health. Oxford University Press for World Bank
