

Collaboration between Shared Mental Health Care and Behavioural Health Care Models in Family Practice Settings in Calgary

Presented by: Dr. Penny Borghesan
Barbara Rodrigues
Sherry Harris

Learning Objectives:

- Understand the basic differences between Shared Mental Health Care (SMHC) and Behavioural Health Care (BHC) Services in Calgary.
- Appreciate the specific benefits of each service in supporting primary care physicians in their practices and in providing improved care for their patients.
- Learn how to facilitate and enhance collaboration between these two services, which are operating simultaneously in family practice settings.

Shared Mental Health Care Model

- The SMHC model was established in 1998 and recently celebrated its tenth anniversary as a program.
- Traditional SMHC is a consultation program that partners family physicians with mental health consultants to enhance mental health services delivered by family physicians at the primary care level.
- Family physicians may access up to 8 hours with the mental health consultant and 1 hour with a psychiatrist every 4-6 week cycle.

Shared Mental Health Care Model

(Continued)

- Consultation services include assessment, intervention and educational activities for the physician.
- Consultation appointments typically last one hour to address patient needs and to allow time for feedback and discussion with family physicians.
- Family physicians are present for the entire consultation with patients.

SMHC Referral/Intervention Process

- Patients are selected for intervention with SMHC by family physicians.
- Patients may be seen for up to 6 therapy sessions for a variety of mental health concerns (broadly defined).
- Duplication of service is the primary exclusion criteria.
- Referral to BHC/ Alberta Health Services or other community based resources may occur if appropriate.
- Follow up with SMHC and/or BHC may occur in conjunction with or while awaiting other services to enhance patient care.

SMHC Referral/Intervention Process (Continued)

- Intervention typically begins with comprehensive assessment of the patient and/or presenting concern.
- Case notes are provided to supplement information available on the medical record and to inform mental health interventions which occur with the physician alone during involvement with SMHC and upon completion of treatment.
- Intervention with patients involves "typical" therapy models of individual, couple, family or group therapy.
- Strategies and resources to support management of mental health concerns are an integral part of SMHC's work with patients.

Behavioural Health Consultation Model

- The BHC model was proposed in the latter part of 2006 by Dennis Pusch and Jaren Elliott.
- BHC represents a model of mental health care that involves collaboration between Primary Care Networks and Alberta Health Services.
- The BHC model is based on a Behavioural Health Integration model used in the U.S. in more than 100 community clinics. Examples of these include: the US Air force and Army, Veteran's administration clinics and private health care.

Behavioural Health Consultation Model (continued)

- The Behavioural Health Consultant blends into the existing primary care team. This includes sharing office space approximately one day a week and documenting directly to the medical file.
- Brief, 30 minute interventions are offered to a wide variety of clients.
- Family physicians are typically not present, but may be for a portion or all of the session if they choose to be. They may also engage in discussion during or following the consultation or may review notes post session.

BHC Referral/Intervention Process

- The BHC model focuses on strategies to help patients with day to day functioning.
- It encourages patients to practice strategies at home and to follow-up with the BHC about progress and challenges at the next session.
- Examples of strategies include: anxiety reduction strategies, depression strategies, assertiveness skills, communication skills and pain management.

BHC Referral/Intervention Process

(Continued)

- Each patient is assessed to determine if self-management strategies are sufficient to address concerns, or if issues presented are more complex.
- If the need for longer term therapy is discovered, SMHC is suggested as an additional resource the clinic offers, in addition to other potential options.
- Examples of more complex cases include: past sexual trauma or any unresolved trauma or abuse, marital issues, long-term family problems and complex/multiple issues.

Comparison of SMHC and BHC Programs

Benefits to having SMHC and BHC in one clinic

- Improved patient access to services
- Flexibility
- Facilitation and follow-up
- Collaboration
- Physician education

SMHC or BHC?

How to decide who goes where?

Physician Criteria

- Acuity of presentation
- Type of problem- Expected duration of treatment?
- Patient profile- Are they likely to comply with follow-up?
- Benefits of using SMHC, BHC or a combination of both at varying stages of intervention.

Shared Responsibility for Provision of Comprehensive Mental Health Care Services

- SMHC and BHC are viewed as complimentary, not competing programs in the clinic.
- The family physician is ideally positioned to assess patient needs and to make a decision to access either BHC or SMHC on behalf of the patient.
- **Flexibility is key!** Each case is evaluated individually.
- Patients are advised that the physician, the SMHC consultant and the BHC **communicate** regularly and work together as a **team** to enhance their physical and emotional well being.

Shared Responsibility for Provision of Comprehensive Mental Health Care Services (continued)

- Patients may be seen exclusively by BHC or SMHC, or may alternate between programs depending on the severity of the concern, level of functioning, or wait time.
- Patients consistently express satisfaction and gratitude for having access to one or both programs in conjunction with their family physician.
- Services are offered to patients who may otherwise be missed for a variety of reasons including: wait times for community services, cost of service and the perceived stigma of seeing a counsellor or therapist in the community.
- Provision of comprehensive mental health services at the clinic contributes to ease of access and a positive experience on behalf of the patient.

Other Helpful Tips to Facilitate a Collaborative Relationship between the Family Physician, SMHC and BHC:

- Try to overlap BHC and SMHC services at the clinic on the same day (at least intermittently or while the relationship is developing).
- Commit to having case discussions about shared patients in person or via regular telephone contact.
- Encourage the family physician to share information about involvement with SMHC and BHC and include this information in case notes if applicable.
- Make time to have coffee or lunch on occasion to personalize the relationship.

Questions and Discussion
