

	SHARED MENTAL HEALTH CARE	BEHAVIOURAL HEALTH CONSULTATION
Location and Collaborative Model	-Primary care setting -Intermittent collaborative care	-Primary care setting -Consultant shares office space with primary care physician and is integrated into the clinic.
Professional Disciplines	Social workers, nurses, psychologists and psychiatrists.	Psychologists and social workers.
Frequency	-Typically 1-4 times per month.	-Typically ½ day to 1 full day weekly.
Target of Service	-Primary care physicians (consultation, support and education). -Patients with a range of mental health concerns (direct service). Patients are usually 18 years of age or older.	-Patients with behavioural health concerns related to physical and/or emotional symptoms (direct service). Patients range in age from 1-95 years. -Primary care physicians (consultation, support, education)
Program Intent	- Collaborative/joint care and physician education.	Increased efficiency and increased volume.
Duration of Sessions	-Usually the 50-60 minute therapy hour, 4-5 sessions per day.	-Usually 15-30 minute brief sessions, up to 12 sessions per day.
Number of Sessions	-Generally up to 6	-Generally up to 4
Access	Pre-booked appointments only	Immediate appointments or pre-booked appointments.
Vicinity of Physician	-Physician is present for the entire consultation with patients.	-Physician is present for about 10% of sessions. -“Hallway consultation.” -Case note review.
Model	-Coaching/adult education model with physicians. -Traditional therapy models modified for use in primary care settings. -Model has some degree of flexibility to meet the needs of the physician, however model fidelity is upheld.	-Behavioural Health Integration model. -Model fidelity is of paramount importance.
Focus of Intervention	-Comprehensive assessment -Symptom alleviation with a wide array of psychotherapeutic strategies including: individual, couple, family and group therapy. -Management strategies/resources.	-Focuses on self-management strategies to enhance daily functioning. -Referral to other resources as required.
Documentation	-Consultant report is added to the clinic medical record and a copy is retained in AHS files. -Initial assessment and follow-up notes. Generally more comprehensive notes.	-Consultant documents directly on the medical record. -Brief notes only.
Management/ Reporting/Funding	Alberta Health Services	Primary Care Networks and Alberta Health Services.
Evaluation	High degree of satisfaction from both FP’s and patients.	Preliminary information suggests a high degree of satisfaction from FP’s and patients.