

Jump on the Bandwagon!



16th Annual Canadian Collaborative Mental Health Care Conference

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Psychotherapy in Family Medicine

Disclosure:


I have no conflict of interest to declare.

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- 20 to 25 years
- 1 in 3
- ~ CAD\$ 51 Billion
- 1 in 8
- >10
- 1/3 rd
- 60%
- 500 000
- ~30%

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Mental Illness



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Background

- Mental illness is treatable and to a certain extent preventable.
- Medications, Psychotherapy* and Psychosocial rehabilitation are the three modalities used in the management of mental illness.
- The literature supports psychotherapy as an effective treatment of many mental illnesses.
- There is a paucity of information on psychotherapy in family medicine in the literature.

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Background

- ~70% of family physicians in the NPS claimed to practice psychotherapy.
- However, a significant percentage of family physicians profess to having little or no training in psychotherapy.
- Psychotherapy is offered by psychiatrists, social workers, psychiatric nurses, counselors, psychologists etc.
- However, in the 2012 CCHS a significant percentage of Canadians reported counseling as an unmet need in health care services.

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Research Questions

1. What kind of psychotherapeutic services are family physicians offering their patients?
2. What are the national and provincial mental health and addictions policies on the practice of psychotherapy in primary care?

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Salient findings from the 1st study

- Most family physicians who worked in a collaborative team environment felt supported by peers (psychiatrists, allied mental health workers, SW, psychologists etc.) and felt that improved their practice of psychotherapy.
- Most participants felt that team based collaborative care provided better mental health care for patients.
- However, team based care is only available to some Ontarians, creating a two tiered system and inequities in health care provision.

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Mental Health and Addictions: analysis of recent policy documents in Ontario with respect to Psychotherapy

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Background

- In 2001 in its World Health Report, the WHO set a global mandate to improve primary mental health care.
- In the wake of this many countries and jurisdictions presented revised mental health policies. Some countries like the UK and Australia have even implemented community psychotherapy programs almost a decade ago.
- Canada and Ontario have also presented their revised mental health and addictions strategies in the last couple of years. They are being implemented with varied success.

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Mental Health and Addiction: analysis of recent policy documents in Ontario with respect to psychotherapy

- This study is a policy document analysis through examination of Ontario's mental health policy documents within the context of provision of psychotherapy.
- It was guided by the critical theory approach of Duncan and Reutter (2006) and the qualitative policy analytic methodology of Peter, Spalding, Kenny, Conrad, McKeever and Macfarlane (2007)

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Why this methodology?

- Traditional policy analysis is outcomes based.
- Duncan and Reutter recommend stepping back and taking a critical theory approach, by understanding the moral dimension of policy as it involves a decision about how to act towards affected others who are not involved directly and indirectly in actually deciding what to do about an identified problem (like psychotherapy). It represents the ethics of us as a society.
- Critical policy analysis exposes the values underlying policy issues and their proposed solutions (exclusiveness and inclusiveness of policy debate), and it exposes how policies are experienced by people in the daily environment and by frontline health care providers.

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Methodology

- Peter et al. have expanded on Duncan and Reutter's work by developing a methodology for conducting a policy analysis to examine not only content, ideologies and values underlying policy issues, but also the ethical implications of the policies.
- They have used 3 types of analytic approaches to expose the values underpinning policy documents.
- They also critically examine the values and compare them to them to the current state and desired goals of policy.

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Methodology

- Data extracted from 22 key provincial and national policy documents on mental health (and some on health care in general).
- Documents chosen based on relevance to mental health policy and delivery of psychotherapy in Ontario and Canada (1993 to 2014).
- A semi-structured data extraction guide used to extract the data relevant to my research question.
- Descriptive, conceptual and normative domains used to analyze the data independently by 3 researchers.

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Analyses

1. Descriptive Analysis

2. Conceptual Analysis

3. Normative Analysis

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1. Descriptive Analysis

- Qualitative content analysis was the strategy used for the descriptive analysis which is oriented towards summarizing the informational content of the data.
- Very sparse mention of psychotherapy in the policy documents.
- In most documents, reference to psychotherapy made implicitly.

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1-Descriptive analysis

- Lack of universal access to psychotherapeutic services.
- Provision of psychotherapy is a provincial responsibility and dispersed across numerous programs and ministries with no single structure for policy implementation and accountability.
- Psychotherapeutic services are prescribed as per local demands and needs in Ontario.

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" There are some publicly funded psychotherapies and clinical counselling in Canada in hospitals and mental health centres, but the waiting lists are very long and the criteria to access these services can be very restrictive. There are therapists and counsellors in private practice, but many people cannot afford them, and not enough is being done to find and support innovative, team based approaches to providing these services in community mental health and primary health care networks. Given the potential benefits across the lifespan , it is especially urgent for governments to address the problem of "two tiered" access to psychotherapies and clinical counselling in the area of child and youth mental health" (p.61-62)

Changing Directions Changing Lives (MHCC) 2012

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2-Conceptual Analysis

- The conceptual analysis clarifies and makes explicit the ideologies, values and moral stances within the policy documents.
- Here the values and goals that potentially underpin the provision of psychotherapeutic services in Ontario are elaborated.

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2. Conceptual Analysis

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3. Normative Analysis

- Involves examination of the identified values and goals with respect to the values that ought to direct policy and practice.
- Values aspired to within Canadian health care system:
 - 1- Health care ethics (patient autonomy, beneficence, non maleficence and justice)
 - 2- Canada Health Act (CHA) (public administration, comprehensiveness, universality, portability, accessibility).
- Goals and values critiqued with respect to the ground realities and how psychotherapeutic services are experienced by people in their daily lives.

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3-Normative Analysis

Value/Goal	Values of Canada Health Act	Values of Health care ethics	Are goals a reality
1 Treatment in the community as ideal/access and equity	✓	✓	✗
2 Integrative services and collaborative care	✓	✓	✗
3 Emphasis on individual/family support/ prevention of mental illness and health promotion	✓	✓	✗ ✓
4 Professional competency/service accountability	✓	✓	✗
5 Patient Autonomy	✓	✓	✗ ✓

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"The role of the family physician in providing mental health promotion, screening, early detection and treatment and appropriate referral to specialized services is not discussed in these documents. The fact that mental health services do not figure prominently in reform planning is concerning, in light of the high prevalence of mental health."(p.6)

Shared Mental Health Care in Canada: A report of the collaborative working group on Shared Mental Health Care 2000

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“ Many Family Health Teams (FHTs) have incorporated mental health and some have incorporated addiction services in the range of programs they provide. The development of service agreements and protocols between the FHTs and community mental health and addiction provider would strengthen inter sectorial linkages.” (P.32)

Opening doors in primary health care. 2010

“ There should be no doubt that achieving the kind of transformation that is needed for mental health will take money, and that Canada will need to increase what it spends on mental health as a share of overall health and social spending (p.126)

Changing Directions Changing Lives (MHCC) 2012


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Salient findings from the study

- Significant paucity of discussion on psychotherapy in the mental health and addiction policy documents of Ontario and Canada.
- Values framing the mental health and addictions strategies lofty and congruent with CHA and health care ethics.
- Discord in values, goals and ground realities an implementation issue, not an ethical one.
- No implementation or evaluative strategy present in the policy documents.
- No fiscal planning for implementing primary mental health care reforms which makes it difficult to produce a blueprint for change.

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What does it all mean?

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What does it all mean?

- Role of family physicians with respect to the practice of psychotherapy in primary mental health care not clear.
- More Ontarians will see their family physicians as the first point of contact for mental illness; hence provision of psychotherapy in primary care is necessary.
- Results support the implementation of collaborative mental health care in community to improve access and care.
- Family Health Teams in Ontario are one way of providing mental health/psychotherapeutics services free of cost to Ontarians.

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Figure 2-10 Proportion of adults aged 15+ years with a measured disorder¹ in past 12 months who consulted with a professional in past 12 months, Canada, 2002

Professional	Percent
None	62.9
Family Physician	26.5
Psychologist	8.6
Social worker	10.3
Psychiatrist	12.0
Religious advisor	3.9
Nurse	3.1

¹Individuals met criteria for mood disorder, anxiety disorder or substance dependence
Source: Statistics Canada, Canadian Community Health Survey, 2002, Mental Health and Well-being Cycle 1.2

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What does it all mean?

- Other funded hospital, community programs and special mental health care agencies need to be supported and care to be integrated across the province.
- Ontario and Canada a decade behind in implementing community mental health reforms and psychological services .
- However, this provides us an opportunity to study and learn from the programs implemented by different jurisdictions and countries of the world.

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Case Studies:

- IAPT (Improved Access to Psychological therapies) UK. 2007
- Better Access Initiative. Australia 2006

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Future Recommendations:

- CLINICAL
1-More clinical outcomes-based research in primary care and family health teams is needed.
- SYSTEMS-BASED
1-More dialogue, collaboration and knowledge translation is needed to truly integrate mental health care in all sectors of society and primary care, along with health systems outcome research.
2-Implementation planning, sustainable economic planning and evaluative strategies are needed to actualize the values and goals set by the provincial and national mental health strategies.

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Limitations

- Researcher bias
- Findings would have been more robust and rich if the opinions and perspectives of various stakeholder in mental health had been included.
- The current state of mental health care was extracted from the documents and can be different from the actual state of primary mental health care.
- The study used mostly documents from Ontario. Including comparative data from other jurisdictions and countries would have further clarified the pros and cons of the national and provincial mental health strategies.

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There is no health without mental health!

Stakeholder comment. Changing Directions Changing Lives. 2012

- Questions and Comments?

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