

Approaches to Integrate Mental Health Services in Primary Care: A Scoping Review of System-Level Barriers and Enablers to Implementation

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Disclosure

- The presenter of this session have NOT had any relevant financial relationships during the past 12 months



Conference Resources

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- All sessions will be recorded and posted to <https://integratedcarelearning.talentlms.com/> shortly following the conference



Learning Objectives

- Discuss system-level barriers and enablers to implementing collaborative care models to integrate mental health services in primary care
- Discuss the implementation of collaborative care models using key terms and concepts from the Consolidated Framework for Implementation Research
- Discuss strategies for scaling up existing promising local initiatives aiming to integrate mental health services into primary care



Mental Illness a Major Health Problem in Canada

- Mental health needs often go unmet in Canada
- Of those with mental conditions seeking care, 56% do so in primary care
- Up to 80% of Canadians rely solely on their family doctor for mental health needs



Collaborative Mental Health Care

- “Collaborative Mental Health Care” to better meet the needs of the population
- >80 randomized controlled trials demonstrate collaborative care to be more effective than usual care for depression, anxiety
- The translation of collaborative care models into practice has been inconsistent, infrequent



Research Question

- **What are the system-level barriers and enablers to implementing collaborative care models to integrate mental health services in primary care?**
- Little research focusing on sustainability/characteristics of program success following clinical trials
- Little known about factors that support implementation



Methods – Conceptual Framework

- The Consolidated Framework for Implementation Research (CFIR)
- A determinant framework – specifies barriers and enablers
- 39 constructs across 5 domains: 1) Intervention, 2) Characteristics of Individuals, 3) Process, 4) Inner Setting, 5) Outer Setting
- Outer Setting focus for in-depth analysis



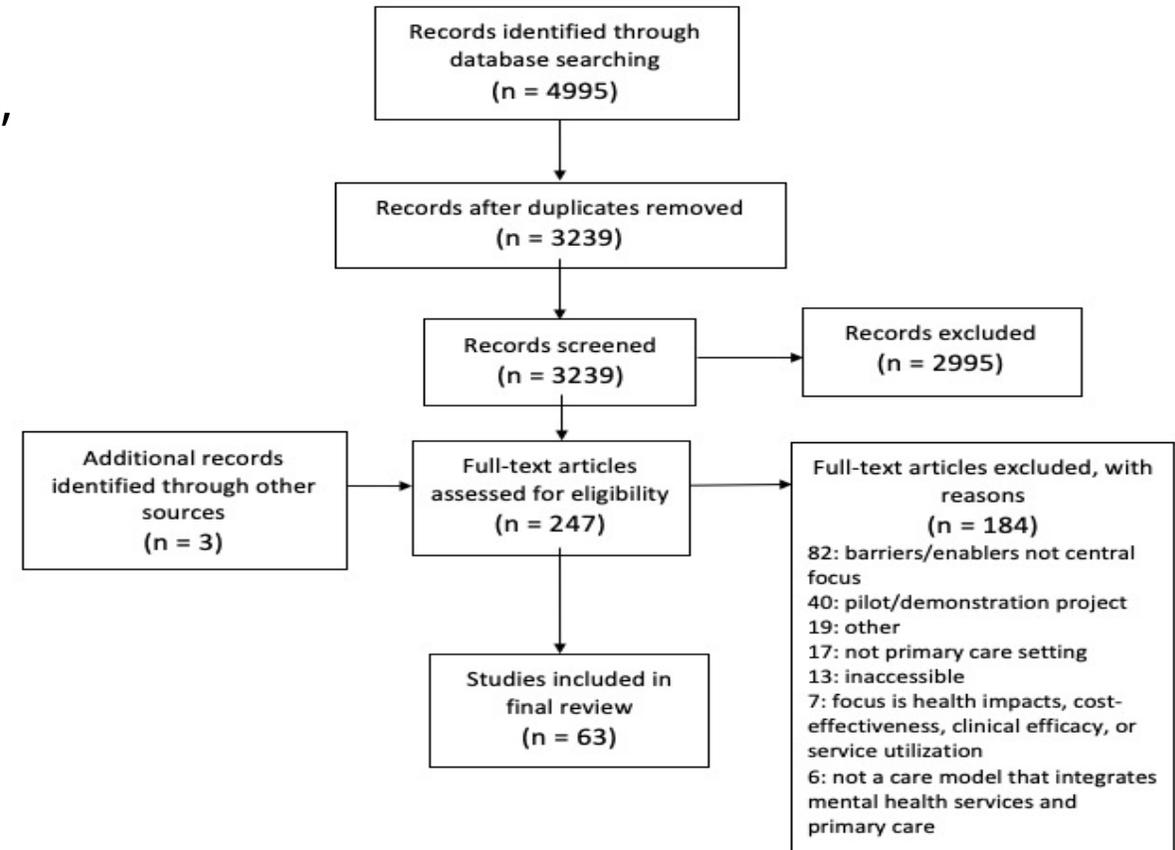
Methods – Scoping Review

- MEDLINE, PsycINFO, Embase
- Inclusion criteria: setting – primary care, intervention – mental health practitioner collaborating with a primary care provider, outcome – barriers/enablers to model implementation, article type – peer-reviewed
- Exclusion criteria: intervention – pilot/demonstration project, outcome – health-related
- Articles written in English published from 1990 to May 2020
- Qualitative thematic analysis
- Validation interviews

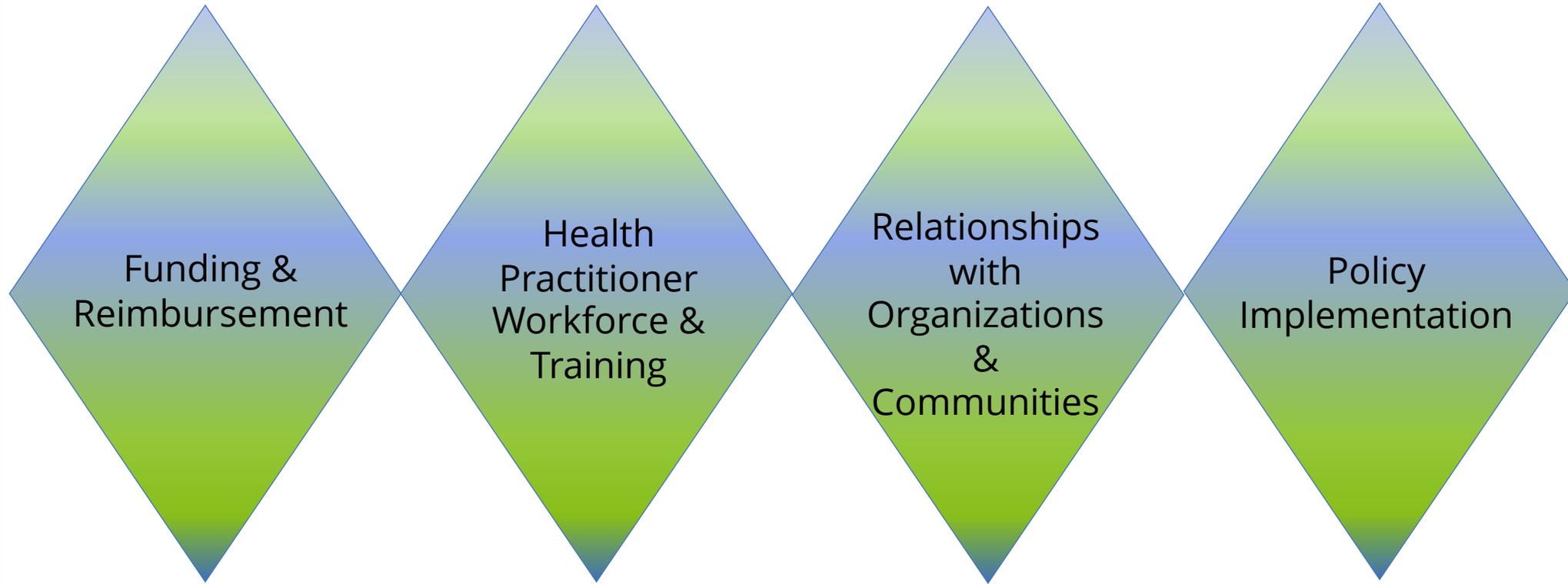


Results - Overview

- Most studies conducted in United States (34), Canada (6), South Africa (5), Uganda (4), Australia (3)
- Anxiety and depressive disorders
- Primary care physicians + psychiatrists, psychologists, social workers, nurses, care managers



Themes



Funding & Reimbursement

- Barriers: fee-for-services models – low reimbursement rates, lost income, start-up expenses, same day mental and physical health visits, case discussion meetings
- Enablers: capitated models – service delivery delegated at low costs, a broad range of professionals to deliver counselling
- Fee-for-service models as barriers and capitated models as enablers to collaborative care implementation – supporting evidence not strong in Ontario context
- The funding formulas and/or the amount of fees underpinning these compensation models may be the factors of interest



Health Practitioner Workforce & Training

- Barriers: Workforce shortages – referral difficulties, non-availability of a workforce trained to provide mental health care
- Psychiatrist workforce shortages in Canada
- Low interest/limited support for collaborative care amongst primary care physicians and psychiatrists



Relationships with Organizations & Communities

- Enablers: strong linkages across primary care and organizations/communities (Canadian Collaborative Mental Health Initiative, Maine's Community Caring Collaborative)
- Barriers: lack of strong relationships with organizations/communities (challenges with service navigation/care coordination for shared patients, lack of social support)
- Ontario's 2020 strategic plan for mental health and addictions, the introduction of Ontario Health Teams



Policy Implementation

- Barrier: challenges when translating strategies and guidelines into policy programs in low-and middle-income contexts
- 'Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy' – political leadership may improve possibility of health system transformation



Limitations

- Analysis lacked exploration of interrelationships within and between CFIR domains
- Scoping reviews do not assess the quality/strengths of evidence
- Personal language limitations (only included articles written in English)
- Resource constraints (grey literature search omitted)



Future Directions

- Systematic reviews of both peer-reviewed and grey literature of studies written in a variety of languages (compensation models, workforce development issues)
- Comparative case studies using qualitative methods (investigate approaches across different regions in Ontario and other relevant jurisdictions)
- Implementation research alongside effective knowledge translation strategies
- Ontario Health Teams a potential path forward for collaborative care implementation



Conclusion

- This thesis aimed to address the evidence-to-practice gap for the implementation of collaborative care models to integrate mental health services into primary care
- A scoping review of the peer-reviewed literature using the CFIR to code implementation factors
- A resource to build upon for future scholarly work, clinicians interested in implementing collaborative care, policymakers inspired to contribute to mental health system transformation

