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Collaborative care competencies for Psychiatrists to support primary mental health care

Nadiya Sunderji MD FRCPC, Kristina Powles MD CCFP, Andrea Waddell MD FRCPC, Rosalie Steinberg, MD MSc

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Disclosures

- None
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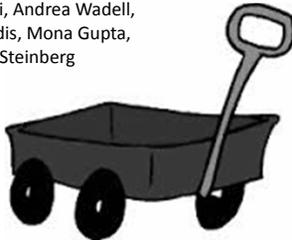
Learning Objectives

1. Describe key competencies for Psychiatrists practicing Collaborative Care
2. Analyze how these competencies enable Psychiatrists to support Family Physicians (FPs) and Interprofessional Health Care Providers (IHPs) in the delivery of high quality primary mental health care in the Patient Medical Home
3. Explore the parallel need to define Collaborative Care competencies for FPs and IHPs in the Patient Medical Home

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Collaborative Care competencies for Psychiatrists...

STUDY:
Nadiya Sunderji, Andrea Wadell,
Sophie Soklaridis, Mona Gupta,
Rosalie Steinberg



How do Psychiatrists' competencies in Collaborative Care support primary mental health care?

Background

The majority of mental health care occurs in primary care, yet many providers lack the preparation or infrastructure to meet the mental health care needs of their patients. Psychiatrists also require preparation to work in emerging models of Collaborative Care through which they can better support the delivery of high quality primary mental health care and ultimately improve overall population health.

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Methods

We conducted a mixed methods study. We interviewed Psychiatrists experienced in Collaborative Care to explore their perspectives on what knowledge, skills and attitudes (KSA) are required for competent practice. Based on the findings from interviews, we then developed a survey instrument with 87 potentially relevant KSA domains, and conducted a modified Delphi consensus process with experts across Canada.

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Results

Thirty two experts formed a consensus on the relevance of 29 KSA domains, which we synthesized into 10 core competencies that Psychiatrists require for the effective practice of Collaborative Care. In this poster we visually explore the implications of the study, i.e. how psychiatrists' competence in Collaborative Care supports primary mental health care.

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Results: Competencies

- Provide access to care beyond hospitals & the health sector
- Assess the agency one is consulting to, e.g. population served, providers' abilities, beliefs & needs
- Demonstrate flexibility regarding one's role and the ability to accommodate to another milieu
- Build trusting relationships with non-psychiatrists to support shared patient care and education
- Manage complex patients through team based care

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Results: Competencies

- Promote knowledge translation of evidence into practice
- Mentor non-psychiatrists in order to influence the quality of mental health care in non-psychiatric settings
- Navigate one's dual roles as a leader/expert and equal team member
- Manage risk when sharing responsibility for patient care
- Assist in system navigation and care coordination

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Visual

- *explore* and *synthesize* how Psychiatrists can support clinicians in Patient Medical Homes to provide high quality primary mental health care
- Water as a metaphor = burden of mental illness
- The two images depict how our health system manages without or with Collaborative Care models

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How do Psychiatrists' competencies in Collaborative Care support primary mental health care?

Nadiya Sunderji¹, Kristina Powles², Andrea Waddell¹, Rosalie Steinberg¹
¹University of Toronto Department of Psychiatry and ²Department of Family and Community Medicine

Background
The majority of mental health care occurs in primary care, yet many providers lack the preparation or education to meet the mental health care needs of their patients. Psychologists also require preparation to work in emerging models of Collaborative Care through which they can better support the delivery of high quality primary mental health care and ultimately improve overall population health.

We use water as a metaphor
for the burden of mental illness. These two images depict how our health system manages the burden of mental illness without (left image) and with (right image) Collaborative Care models. The right image illustrates the implications of Psychiatrists' competencies in Collaborative Care identified through the study.

Tributaries
Tributaries symbolize special populations with unique needs, e.g. children & adolescents, people with concurrent disorders, the medically ill, the elderly.

Bailing
Providers work in isolation, with "sinking" feelings of worry, frustration, and burnout.

The Dam
The burden of managing mental illness in primary care is overwhelmingly high, with little access to specialist care and other resources.

Erosion
Poor management of population mental health erodes community resilience, structures, and families. People with mental illness wind up in other systems, e.g. the justice system.

Flooding and Droughts
The demand for mental health care vastly exceeds available services. Conversely, existing services are not optimally used. Evaporation represents people recovering from illness while still on waiting lists.

Groundwater
Groundwater represents unrecognized and untreated mental illness. This group is severely lacking in community and health care resources.

The Watershed
The watershed represents the community and its known features, e.g. social determinants of health.

Team based care of complex patients
Complexity arises in system navigation and care coordination for individuals with multiple and/or concurrent conditions.

The Watershed
The watershed represents the community and its known features, e.g. social determinants of health.

Competency
The study identified 10 core competencies that Psychiatrists require for the effective practice of Collaborative Care. In this poster, we visually explore the implications of the study in how psychiatrists' competence in Collaborative Care supports primary mental health care.

Without Collaborative Care

Without Collaborative Care

The Watershed represents a community or population, and its known features, e.g. social determinants of health.

Tributaries symbolize special populations with unique needs, e.g. children & adolescents, people with concurrent disorders, the medically ill, the elderly.

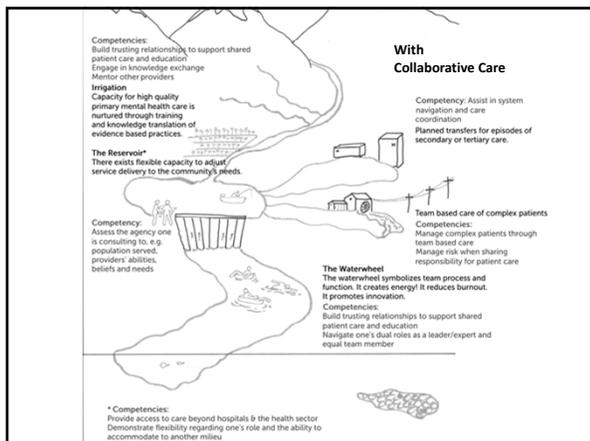
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Discussion

- Guide psychiatry resident training
- Evaluate impact on organizations, health systems, patient and population health
- Define collaborative care competencies for primary care and other specialties

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Competencies for FPs and IHPs in the Patient Medical Home

- “Define competencies for all health professionals working in collaborative mental health partnerships” (2011 CPA-CFPC Position Paper)
- Emphasis on competency based curricula
- Need to define the skills, attitudes, and knowledge required of FPs and IHPs to work most effectively in collaborative care models

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2. Working Group on the Certification Process. Defining competence for the purposes of certification by the College of Family Physicians of Canada: The evaluation objectives in family medicine. [Internet]. The College of Family Physicians of Canada; 2010 [cited 2015 Feb 16]. Available from: http://www.cfpc.ca/uploadedFiles/Education/Certification_in_Family_Medicine_Examination/Definition%20of%20Competence%20Complete%20Document%20with%20skills%20and%20phases.pdf

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- Thank You

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Rubrics project

- Interested in being interviewed

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Synthesis of CFPC and DFCM mental health competencies

- Making the right diagnosis
 - Timely and opportunistic screening
 - Generate DDx
 - Appropriate investigations/tests (eg. rule out underlying medical conditions)
 - Refer appropriately
- Risk
 - Assessment (eg. specific suicide inquiry, risk to self/others)
 - Management (eg. forms)
 - Refer appropriately
- Patient management
 - Boundaries
 - Crisis
 - Axis II
 - Violence/behavioural problems
 - Optimizing function
 - Engagement (patient and family)
 - Refer appropriately

Synthesis of CFPC and DFCM mental health competencies

- Non-pharmacologic management
 - Community resources (eg. ACT team, support groups)
 - Counselling provision
 - Knowledge of psychotherapies
 - Refer appropriately
- Pharmacologic management
 - Initiation
 - Titration
 - Side effects
 - Monitoring
 - Refer appropriately
- Medical management
 - Manage medical complications (eg. withdrawal)
 - Recommend appropriate preventive measures (eg. vaccines)
 - Screen for co-morbidities and long term complications
 - Refer appropriately

- Psychiatrists can support high quality primary mental health care through knowledge of: a) the spectrum and frequency of mental health problems seen in primary care, b) family physicians' (FPs) and interprofessional health care providers' training, skill sets, and scopes of practice, c) resources and limitations experienced in primary care, d) challenges primary care providers face in accessing specialty care and e) the value of the FP's longitudinal knowledge of the patient.
- Psychiatrists require attitudes such as humility, respect for other providers, flexibility, tolerance of uncertainty, and a willingness to share accountability for outcomes. They rely upon strong oral and written communication skills to convey a comprehensive biopsychosocial understanding of the patient and provide case-based education that promotes knowledge translation of evidence into practice. Psychiatrists need strong relational skills to navigate their dual roles as leaders/experts and equal team members, negotiate roles when sharing patient care, and mentor primary care providers.