WHY

- Picture in BC
- 2008 733,982 receiving services
- 638,208 by a GP
- 108,810 by a psychiatrist
- 104,441 in a community MH center
- 20,378 hospitalized

• GPs treat 50% of mental health patients (Kates, 1997)
• Up to 50% of GP practice involves mental health problems
• 50% of psychiatric comorbidity in GPs' patients goes unrecognized, agreement improvement is required (Gilbody 1999)
WHY

• GPs not happy with quality of mental health care they provide (Clatney 2008)
• Not enough specialists/mental health workers
• GP Training improves practice (Verger 2007)
• Education built into the system enhances effectiveness (Sherman 2007)
• Patient education improves outcomes (Gilbody 2003)

2003 module developed for Health Transition Fund - 75 GPs
GP numbers made consultation liaison model impossible
Module developed to ENHANCE GP SKILLS in REAL time
Made every mistake possible
DID, 18 GPs until project ended (now 30 GPs)

SPECIFICS of INTERVENTION

• 4 Sessions – Enhanced Skills Training
• Demonstrated in GP offices, with their patients
• Manual based QI approach - CBIS Manual
ENHANCED SKILLS TRAINING

• Session 1: Diagnostic Assessment interview
• Session 2: Problem list Action Plan
• Session 3: Resources and strengths, begin CBIS Manual
• Sessions 4: CBIS Manual

WHY

GPSC asked us to plan a program that could be rolled out
Invited Bounceback (CMHA) and Supported Self Management (CARMHA and MOHS)

WHY

PHQ 9, other scales included
Family Physician Guide (CARMHA AND MOHS)
Funded 2.5M to roll out across province
Practice Support Program (PSP)

Model for Improvement:
Use and evaluate small changes in use of each component in PDSA cycles

Practice Support Program (PSP)
• Sponsored by the BC MoH and BCMA through the GPSC
• Help BC family physicians integrate new ideas and work flow processes into their clinical practices
• Opportunities for physicians to network and share best practices

Evidence-Based
• Mild to moderate depression as effective as medications
• First-line psychotherapies:
  – Cognitive Behavioural Therapy (CBT),
  – Interpersonal Psychotherapy (IPT)
  – Problem-Solving Therapy (PST)

Source: March 2007. CARMHA, Faculty of Health Sciences, Simon Fraser University, Family Physician Guide – For Depression, Anxiety Disorders, Early Psychosis, and Substance Use Disorders
PLAN

• 5 Health authorities with 5 PSPs
• Train GP champions from each HA
• Use MH therapists trained in CBT and Psychiatrists
• Practice in Action Period
• Final Training
• Go out and train 800 GPs
• Learn, act, study, learn act, study, learn

Plan

❖ Bridge Primary Care and MHA
❖ Mental Health Clinicians and Psychiatrists included
❖ Mentor/support/expert resource
NOTE: Not to be used to provide direct service

PARTNERS

• GPs treat 50% of mental health patients (Kates, 1997)
• Up to 50% of GP practice involves mental health problems
• 50% of psychiatric comorbidity in GPs’ patients goes unrecognized, agreement improvement is required (Gilbody 1999)
Why Depression?

- Depression is model to learn core skills to address other common MH issues
- (much as diabetes was the model for CDM)

What GPs need

- Evidence informed tools and skills
- Can be used in limited time
- Practical, targeted, logical
- Makes practice easier
- Increases confidence
- Easily learned
- Flexible and adaptable to a variety of situations

What TOOLKIT

- Screening/Assessment/Follow-up scales
- Diagnostic assessment & screening interview
- Patient problem list organizer
- Brief Cognitive Behavioural Skills (not therapy)
- Bounce Back Program (CMHA)
- Supported Self Management (CARMHA)
- Family Physician Guide (CARMHA and MOHS)
- CMHA First Aid Course for MOAs
Also...

- Stepped care framework
- Medication issues
- Mental health care plan
- Mental health fee codes

Aims

1. INCREASE IN REALISTIC TIME
   - Systematized diagnostic assessment
   - Systematized documentation, awareness and organization of ALL the patients problems and resources in office
   - Use of cognitive behavioural interpersonal and problem solving skills in office in real time (CBIS manual)

Aims

- Awareness and use of BounceBack DVD and Community Program
- Use of ASW and Skills coaching
- Knowledge & use of the Family Physician Guide
Aims

- patient’s sense of empowerment, engagement and satisfaction
- knowledge and awareness of toolkit for MH clinicians and Psychiatrists to use when they mentor or provide support to their GP colleagues

Aims

- knowledge of medication issues
- ability to create a mental health care plan with patient
- ability to use new fee codes

AIMS

- Sense of confidence and job satisfaction
  - Sense of patient empowerment and satisfaction
FIRST STEP

• Have now trained the Trainers
• Ready to roll out