




GPSC Mental Health Module "Making It Real"





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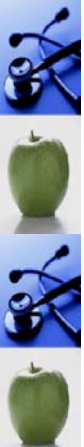


WHY

- ❖ 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




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WHY

- 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)





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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)


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WHY




- ❖ 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)

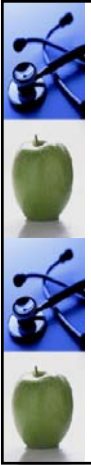
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SPECIFICS of INTERVENTION


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

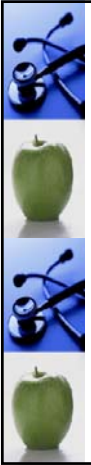
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ENHANCED SKILLS TRAINING


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

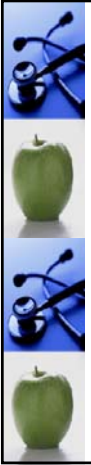

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WHY


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



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WHY


- ❖ PHQ 9, other scales included
- ❖ Family Physician Guide (CARMHA AND MOHS)
- ❖ Funded 2.5M to roll out across province


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Practice Support Program (PSP)

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



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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



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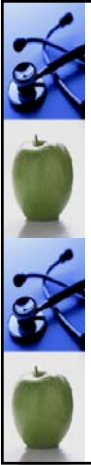


Evidence-Based

- 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

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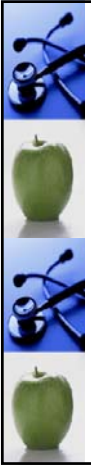
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PLAN

- 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


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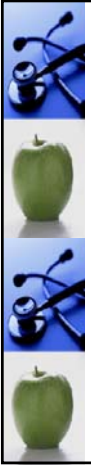


Plan

- ❖ Bridge Primary Care and MHA
- ❖ Mental Health Clinicians and Psychiatrists included
- ❖ Mentor/support/expert resource


NOTE: Not to be used to provide direct service

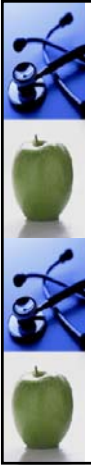
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PARTNERS


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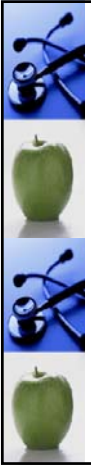
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Why Depression?


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

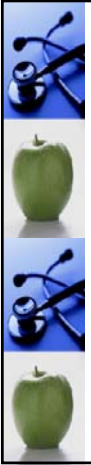
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What GPs need

- ❖ 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


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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


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Also...

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



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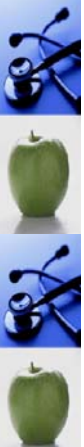


Aims

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)

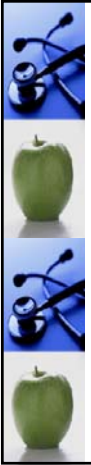

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Aims


- ❖ awareness and use of BounceBack DVD and Community Program
- ❖ Use of ASW and Skills coaching
- ❖ knowledge & use of the Family Physician Guide

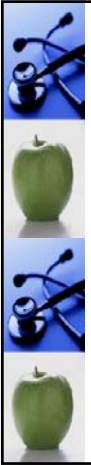

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Aims


- ❖ 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


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Aims


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


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AIMS

- ❖ Sense of confidence and job satisfaction
- Sense of patient empowerment and satisfaction


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FIRST STEP

- Have now trained the Trainers
- Ready to roll out



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ALGORITHM

PSP Mental Health Module - Making it Real



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