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Integration of Mental Health Services in Primary Health Care: Canadian Research Activities & Opportunities

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Mental Health Commission of Canada



Committee

A committee is a group that keeps minutes and loses hours.

Milton Berle

How many committee members does it take to change a lightbulb? "This topic was resumed from last week's discussion, but is incomplete pending resolution of some action items. It will be continued next week."

Anon

If computers get too powerful, we can organize them into a committee -- that will do them in.

Anon



Objectives

- To provide an overview of some of the research being undertaken in Canada addressing the integration of mental health services in primary healthcare¹
- To describe some of the relevant research funding opportunities^{1,2}

Caveat Emptor:

¹Selective and not comprehensive

²May not accurately represent information



The majority of individuals with mental disorders are treated within primary healthcare services with limited access to or support from mental health and addiction services

Lesage A, Vasiliadis HM, Gagné MA, et al. Prevalence of mental illnesses and related service utilization in Canada: An analysis of the Canadian Community Health Survey. CCMHI. January 2006. Available at: www.ccmhi.ca

Methods: Analysis of Statistics Canada CCHS1.2 data



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Obstacles need to be overcome in order to provide better quality mental health services

Roberge P, Fournier L, Duhoux A et al. (2011). Mental health service use and treatment adequacy for anxiety disorders in Canada. *Soc Psychiatry Psychiatr Epidemiol*; 46(4):321-30.

,Methods: Analyzed Statistics Canada CCHS1.2 data



The majority of individuals with mental disorders are treated within primary healthcare services with limited access to or support from mental health and addiction services

Bilsker D, Goldner EM, Jones W (2007). Health service patterns indicate potential benefit of Supported Self-Management for depression in primary care. *Can J Psychiatry* 52: 86-95.

Slomp M, Bland R, Patterson S et al. (2009). Three-year treated prevalence rate of mental disorders in Alberta. *Can J Psychiatry*, 54:199-203

Methods: Admin database analyses

Opportunities exist to use various data sources in order to understand use of primary healthcare services

Palin JL, Goldner EM, Koehoorn M et al. (2011). Primary mental health care visits in self-reported data versus provincial administrative records. *Health Reports*, 22(2):1-7.

Methods: Comparison of CCHS 1.2 (self-report) and admin data

Obstacles need to be overcome in order to provide better quality mental health services

Fleury M-J, Imboua A, Aubé D, et al. (2012). General practitioners' management of mental disorders: A rewarding practice with considerable obstacles, *BMC Family Practice*, 13(1), 19

Methods: mixed-method approach with emphasis on qualitative investigation (60 family physicians)



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Obstacles need to be overcome in order to provide better quality mental health services

Sussman T, Yaffe M, McCusker J (2011). Improving the management of late-life depression in primary care: barriers and facilitators. *Depress Res Treat*. 2011:326307.

Methods: Mixed methods



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Innovations in the delivery of mental health services within primary healthcare settings

Kates N, McPherson-Doe C, George L (2011).
Integrating mental health services within primary care settings: the Hamilton Family Health Team. *J Ambulatory Care Manage* 24(2)174-182

Methods: Case Study (mixed methods)

Innovations in the delivery of mental health services within primary healthcare settings

Anderson JE, Larke SC (2009). Navigating the mental health and addictions maze: a community-based pilot project of a new role in primary mental health care. *Ment Health Fam Med*. 6(1):15-9.

Methods: Case Study (mixed methods)

Collaborative mental health care models offer opportunities to improve service delivery

Haggarty JM, Jarva JA, Cernovsky Z, et al. (2012).

Wait time impact of co-located primary care mental health services: the effect of adding collaborative care in Northern Ontario. *Can J Psychiatry* 57(1):29-33

Methods: Quantitative analyses using chart reviews

Results: The shared care site offered services more than 40 days sooner and also helped to reduce wait time on the non-shared care sites.



Collaborative mental health care models offer opportunities to improve service delivery

Kisely S, Chisholm P (2009). Shared mental health care for a marginalized community in inner-city Canada. *Australas Psychiatry*. 17(2):130-3.

Methods: Comparative quantitative analyses

Results: The median wait time was 6 days in comparison with 39.5 days for the comparison site



Collaborative mental health care models offer opportunities to improve service delivery

Chomienne MH, Grenier J, Gaboury I et al. (2011). Family doctors and psychologists working together: doctors' and patients' perspectives. *J Eval Clin Pract.* 2011 Apr;17(2):282-7

Methods: Case Study (two family practices in Eastern Ontario)

Results: Doctors felt mental health problems were diagnosed more rapidly, patient care improved as well as their own knowledge of psychological management and treatment



Transformed service delivery models offer opportunities to improve outcomes

Fournier L, Poirier LR, Aubé D, et al. (2010).

Transformation de la première ligne en santé mentale au Québec: accompagnement et suivi, Canadian Health Services Research Foundation (CHSRF).

Methods: Mixed methods (Project Dialogue)

Research in Progress (example Dr. McCusker and colleagues)

- RCT of a telephone-supported self-management intervention for management of depression among older adults and those with chronic physical illnesses in primary care settings
- Patient experiences of collaborative care for depression: identifying the important attributes of care from the consumer perspective and potential measurement instruments

Research Opportunities

Current discussion limited to CIHR

May also be opportunities through provincial research funding organizations (e.g., FRQS, Alberta Heritage Foundation, Ontario Mental Health Foundation, Michael Smith Foundation) and through US funders (e.g. AHRQ - Agency for Healthcare Research & Quality, National Institute for Health, National Institute for Mental Health).



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Research Opportunities

CIHR Open Operating Grants

All areas of health research including randomized controlled trials

Next competition anticipated to be announced June 2012

Research Opportunities

CIHR Community-Based Primary Health Care

The Canadian Institutes of Health Research has launched a Signature Initiative to fund research that supports the delivery of high-quality, Community-Based Primary Healthcare (CBPHC) across Canada

CBPHC Innovation Teams

CBPHC Health Professional Scientists

Patient-Oriented CBPHC Network



Research Opportunities

CIHR Community-Based Primary Health Care

- Chronic Disease Prevention and Management in CBPHC
- Access to Appropriate CBPHC for Vulnerable Populations

Team Grant : Letter of Intent (May 1st 2012); Full Application October 15th 2012



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Research Opportunities

CIHR Partnerships for Health System Improvement (PHSI)

- new competition anticipated to be launched in 2012
- Generally requires matched funds from decision maker partners



Research Opportunities

Strategy for Patient-Oriented Research (SPOR)

(Signature Initiative)

- 1) Improve the research environment and infrastructure
- 2) Set up mechanisms to better train and mentor health professionals and non-clinicians in health research
- 3) Strengthen organizational, regulatory and financial support for multi-site studies
- 4) Support best practices in health care



Research Opportunities

Strategy for Patient-Oriented Research (SPOR)

- First SPOR Networks will be mental health and primary health care
- ‘SUPPORT’ units will provide resources and infrastructure for day-to-day research activities, including data management, biostatistics support, knowledge translation



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Research Opportunities

Strategic Training Initiative in Health Research (STIHR)

Individual training programs receive funding primarily targeted towards supporting research trainees through stipends. Funding for these training programs is provided by CIHR and its partners in the government, voluntary and private sectors.



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Research Opportunities

Transdisciplinary Understanding and Training on Research - Primary Health Care (TUTOR-PHC)

a one-year, national interdisciplinary research training program hosted by the University of Western Ontario



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Research Opportunities

**CIHR Training Awards (Masters, Doctoral, Fellowship,
Clinician-Scientist Training)**

New Investigator Awards

Clinician Scientist Salary Awards



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North American Primary Care Research Group (NAPCRG)

www.napcrg.org

40th NAPCRG Annual Meeting
in New Orleans, Louisiana

December 1-5, 2012





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Primary Health Care Research & Innovation Network (CPHCRIN-RCRISSP)



www.cphcrn-rcrssp.ca

a newly established organization of researchers from all primary healthcare (PHC) research disciplines and experts from all stakeholder groups interested in primary healthcare



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Mental Health Commission of Canada Collaborative Healthcare: Exchange, Evaluation & Research (CHEER)



The Commission, in partnership with key stakeholders is undertaking a 5-year pan-Canadian initiative to contribute to measurable improvements in the field of primary mental health care and substance use in Canada.



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Commission de la santé mentale du Canada

Canadian Agency for Drugs and Technologies in Health



Agence canadienne des médicaments et des technologies de la santé



Council of Yukon First Nations



CANADIAN NURSES ASSOCIATION



INUIT TAPIIRIT KANATAMI



ACCREDITATION CANADA AGRÉMENT CANADA

Driving Quality Health Services Force motrice de la qualité des services de santé



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