



Primary Care



**Mental Health
& Addictions**




Primary Care and Mental Health & Addictions in Ontario

Primary Care and Mental Health and Addictions in Ontario

1. **Background:** The Primary Care and Mental Health and Addictions Task Group

2. **Primary Care and MH&A Collaborative Care models**

 **Panel discussion #1:** Structural barriers and examples of Collaborative Care in Ontario

3. **2016 Survey and Consultations:** What we heard from providers, PWLE, and families/care givers

 **Panel discussion #2:** Local/regional solutions to challenges

4. **Additional work of the Task Group:** Opportunities for alignment

 **Panel discussion #3:** Provincial perspectives & initiatives

5. **Question & Answer** with audience (15 mins)

Background: The Primary Care and Mental Health and Addictions Task Group

Objectives:

This Task Group falls under the System Alignment and Capacity Working Group of the Mental Health and Addictions Leadership Advisory Council (the Council).

Key issues the group focused on:

- How can primary care providers better address the needs of people with mental health and addictions issues?
- How can primary care providers better address the physical health needs of people with mental health and addictions issues?
- How can the relationship between primary care providers and mental health and addictions providers be strengthened?



Background: The Primary Care and Mental Health and Addictions Task Group

2016 Activities of the Task Group:

1. Conducted survey with community mental health and addictions agencies and primary care providers
2. Developed client pathway maps based on survey results
3. Consulted with the Council's PWLE and Family/Caregiver Reference Panels
4. Discovered areas of alignment with other provincial initiatives
5. Developed a set of recommendations for consideration by the Council



Background: The Primary Care and Mental Health and Addictions Task Group



Task Group Members:

Camille Quenneville , Chair, CMHA Ontario	Michele Hurtubise , Centre of Excellence for Child and Youth Mental Health
Gail Czukar , Addictions and Mental Health Ontario	Gloria Cardoso , Waterloo Wellington LHIN, Chair of LHIN Primary Care and Mental Health and Addictions Working Group
Kim Moran , Children's Mental Health Ontario	Dr. Jonathan Bertram , Family Physician
Chris Langlois , Children's Mental Health Ontario	Robin McAndrew , Sandy Hill Community Health Centre
Dr. Phil Ellison , University Health Network	Birpreet Saini , Addictions and Mental Health Ontario
Rob Moore , Centre for Addiction and Mental Health	Uppala Chandrasekera , CMHA Ontario
Dr. Suzanne Filion , Hôpital Général de Hawkesbury & District General Hospital	Jenna Hitchcox , CMHA Ontario

Primary Care and MH&A Collaborative Care Models

What does collaborative care mean?

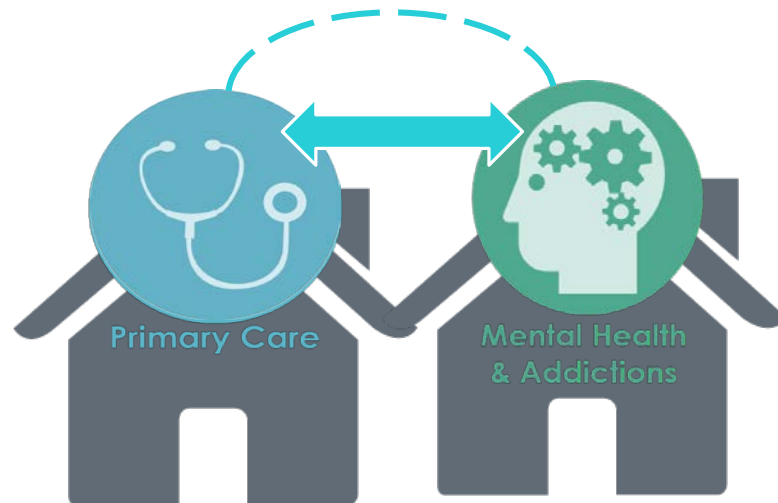
Collaborative mental health care “care that is delivered by providers from different specialities, disciplines, or sectors working together to offer complementary services and mutual support.”¹

There are generally three levels of Collaborative Care mentioned in the literature: **low** collaboration or coordinated care; **moderate** collaboration or co-located care; **high** collaboration or integrated care.



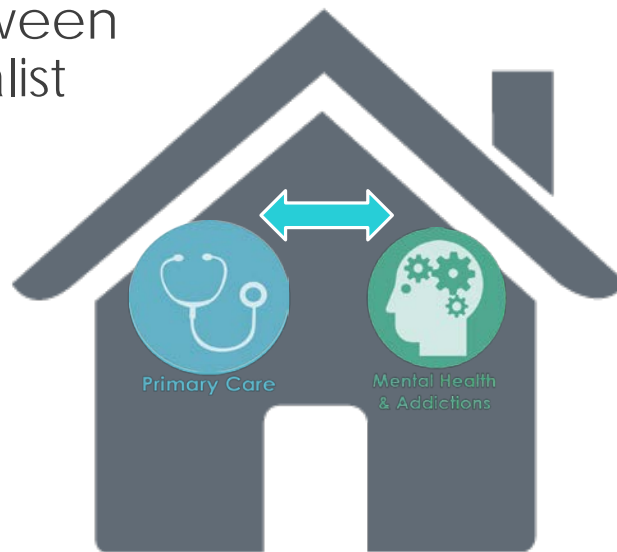
Primary Care and MH&A Collaborative Care Models

Low collaboration or coordinated care: This level of coordination between providers occurs through referral and it does not necessarily include face-to-face contact. Communication between professionals is minimal/periodical.^{2,3} Providers are in separate settings and maintain separate office structures.³



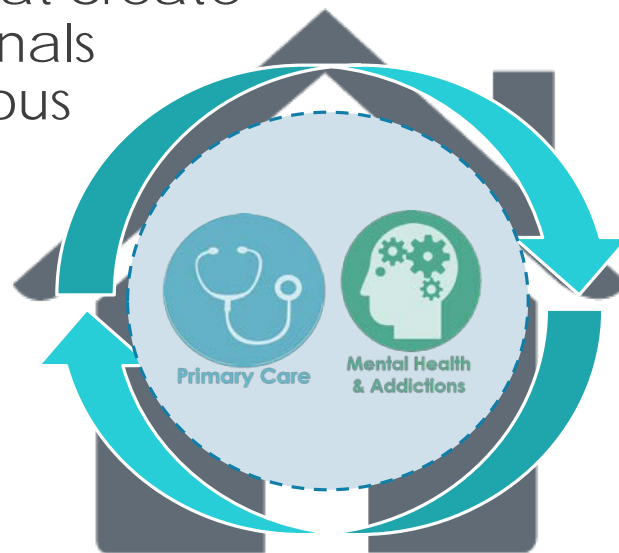
Primary Care and MH&A Collaborative Care Models

Moderate collaboration or co-located care: This level of coordination involves co-located professionals and could involve shared systems and a shared care plan.^{2,3} A case manager is likely involved with this care model, though administrative arrangements are kept separate between primary and specialist providers.^{2,3}



Primary Care and MH&A Collaborative Care Models

High collaboration or integrated care: There is shared space, systems and regular communication between professionals in this care model.^{2,3} Care coordination and communication occurs regularly.^{2,3} This type of model can include wrap-around services that create teams of professionals providing continuous care for clients.⁴





Panel Discussion #1:

Structural barriers and examples of Collaborative Care in Ontario

What are system level and structural issues

that need to be addressed at a provincial level to foster primary care and mental health and addictions collaboration within communities and regions across Ontario?

From your perspective and membership/experience, what are some good examples of innovative models of primary care and mental health and addictions integration in Ontario?



2016 Survey: Questions & Results

Overview of Survey participation

CMHA, AMHO and CMHO members were surveyed to gather information on connections and innovative practices with Primary Care Providers. 96 individuals completed this survey.

A similar survey was sent out to Association of Family Health Teams Ontario (AFHTO) members and Association of Ontario Health Centres (AOHC) members. 126 individuals completed this survey.

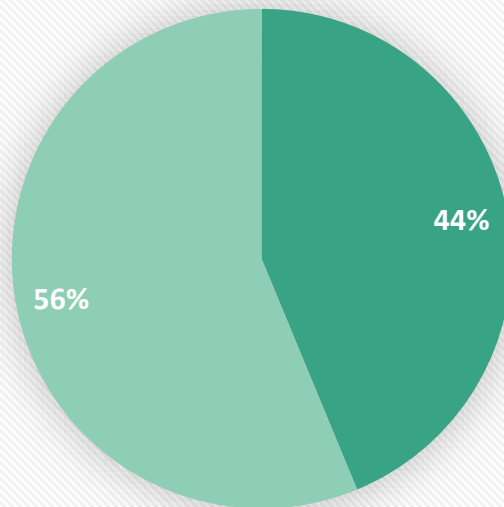


2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:



Does your organization offer
Primary Care Services?



■ Yes ■ No

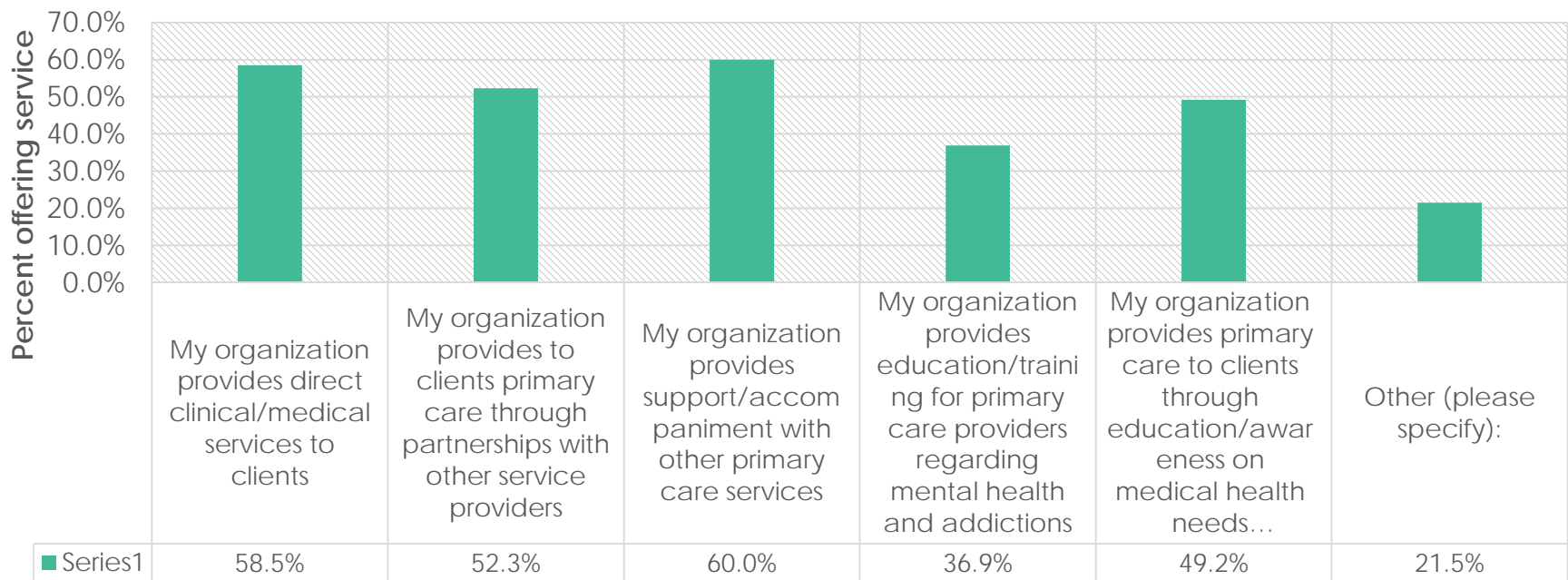
Primary Care Services are those provided through an individual's first point of contact with the health care system and is provided by a medically trained professional such as a family doctor, nurse, or nurse-practitioner.



2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:

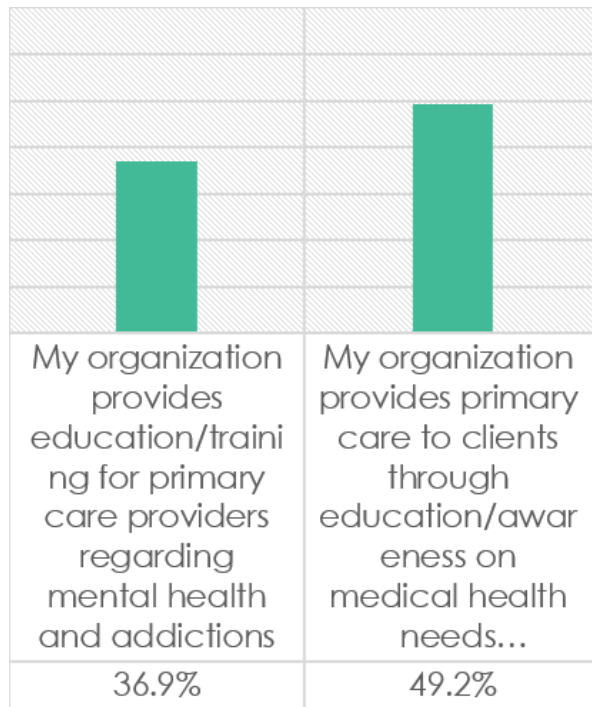
If your organization offers primary care services or interacts with primary care providers, how would you describe your involvement with primary care? (check all that apply)





2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:



PC education/awareness for physical health needs for clients: exercise/fitness/weight loss programs, nutrition, immunization, chronic disease, diabetes identification, vaccinations, sexual health, medication management, prenatal nutrition, smoking cessation programs, and palliative care. Agencies also noted **bringing specialists in to the organization** to provide education to clients on certain topics.

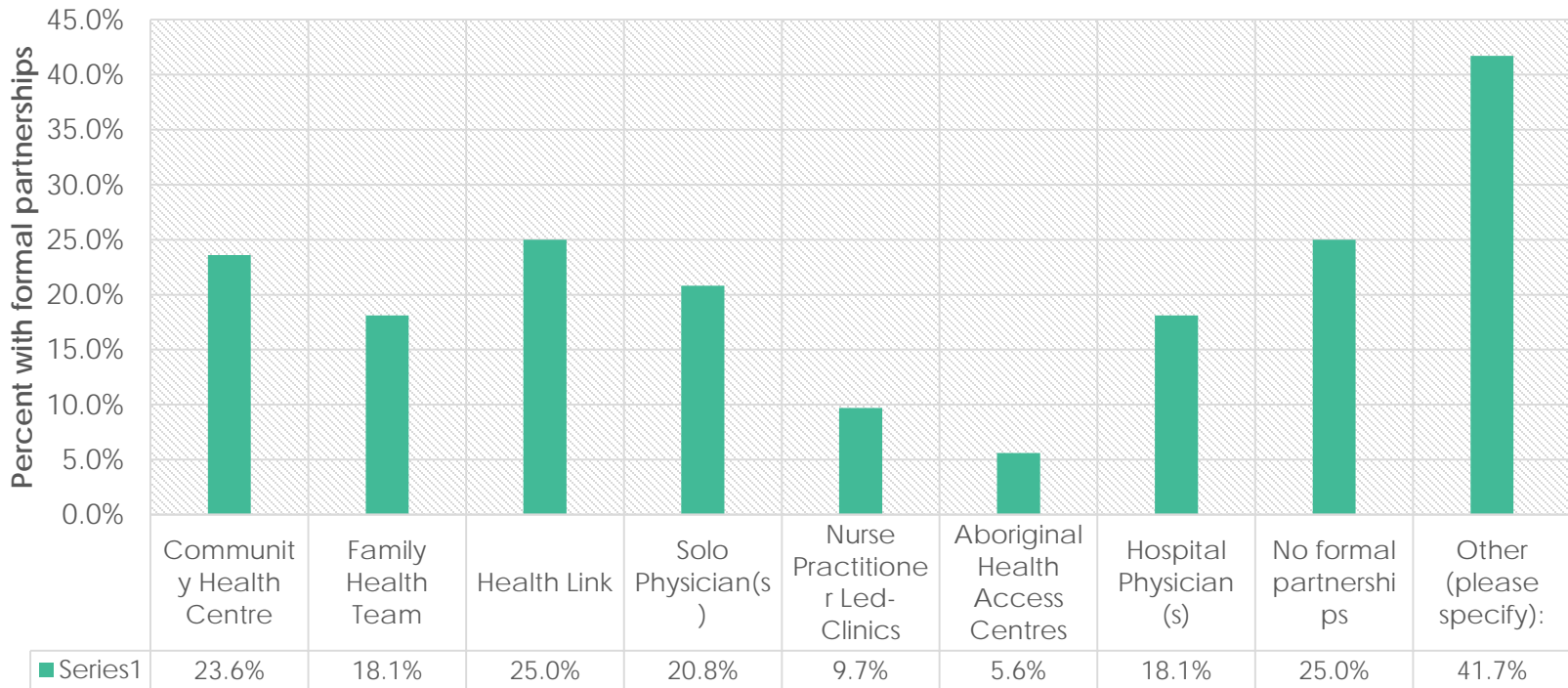
Education/training for PCPs on MH&A: suicide intervention (e.g. Safe Talk), Mental Health First Aid, education on the role of an organization within the community and education on services in the area, Cognitive Behavioural Therapy training for doctors on placement, sessions on sex workers' health issues, social determinants of health, needs of homeless, harm reduction, and mental health issues in children and youth.



2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:

Please indicate if you have formal partnerships (i.e. service agreements, contracts, Memorandums of Understanding) with the following:

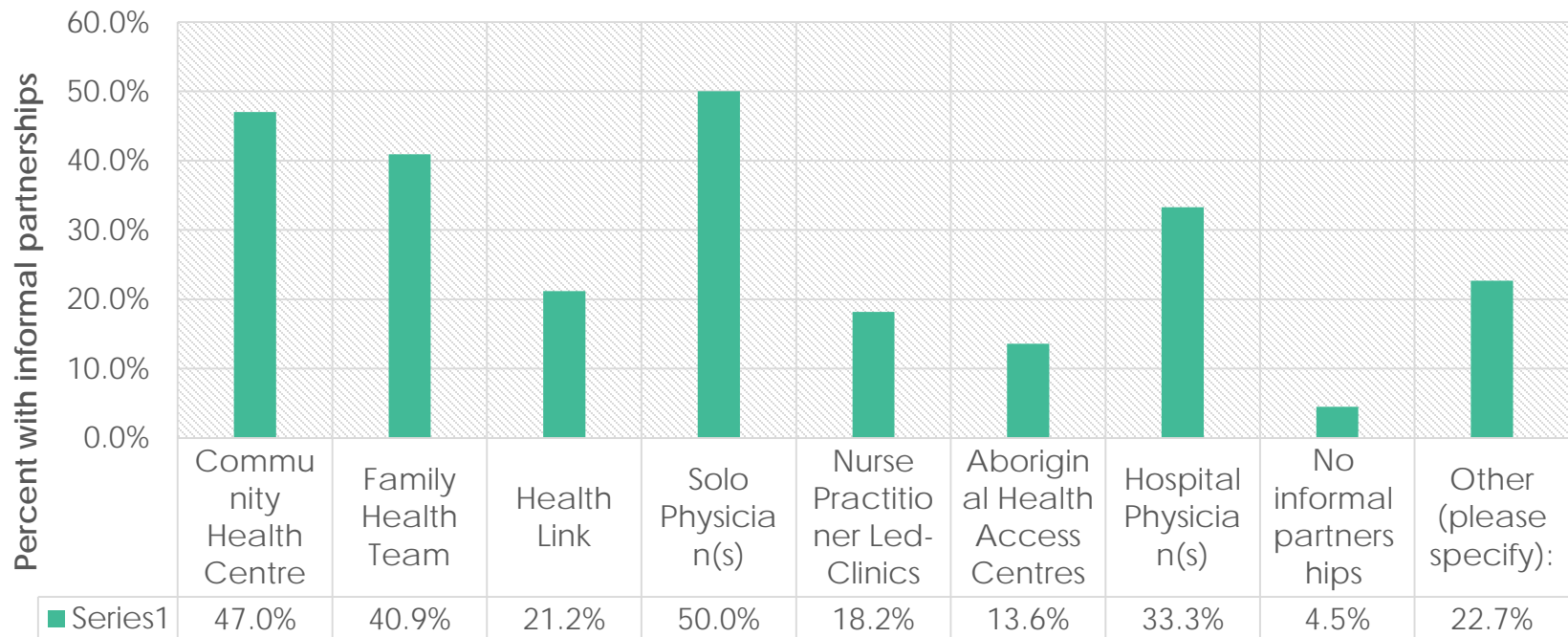


2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:



Please indicate if you have informal partnerships (relationships with primary care provider(s) that are not formalized with a written agreement that benefit your clients' health or enhance your services) with the following:





2016 Survey: Questions & Results

Community Mental Health and Addictions

Survey Results:

Other informal or formal partnerships:

- Partnerships listed in the “other” category for informal partnerships included: Fit 4 Less, tele psychiatry, nursing stations in the North, other community agenda, and public health services.
- Other formal relationships included partnership with: psychotherapists, acupuncturists, psychiatrists, methadone clinics, addictions medicine clinics, public health units, children and family centres, autism services, school boards for day treatment programs.

2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:



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Low collaboration or coordinated care:

- Partnerships were noted as often being **created for a specific purpose or population** (e.g. partnerships with physicians to provide methadone treatments for mutual clients; developing partnerships with PCPs to conduct assessments for clients that need medical forms completed)
- Community agencies work with PCPs to **improve referral processes and discharge planning**
- Community agencies reported playing a **role in accompanying** clients to doctor's appointments and educating clients on how to deal with stigma related primary care access issues
- Further exploration of pathway from community mental health and addictions care to PC would be beneficial – it was **unclear how or if community mental health and addictions service providers make referrals** to connect individuals to PC settings

Client Pathway Map – Mental Health and Addictions Services to Primary Care

Services and Supports

 Community Agencies and Supports

“Internal” Referrals: If a community mental health and addictions provider is working within a collaborative/integrated care model with a Primary Care Provider, they can refer clients to colleagues that are co-located, to organizations with formal or informal partnerships, or for further assessment through tele-psychiatry.

Survey findings were unable to determine how external referrals are made by community mental health and addictions providers to Primary Care Providers (other than when formal or informal partnerships already exist).

 Primary Care

Family Practice Models in Ontario*

Solo Primary Care Physicians
(Comprehensive Care Model)

Family Health Groups/Networks/
Organizations

Family Health Teams

Community Health Centres

Aboriginal Health Access Centres

Nurse Practitioner-Led Clinics

2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:



Mental Health
& Addictions



Moderate collaboration or co-located care:

What kinds of PC is provided in community mental health and addictions settings?

Direct clinical and medical services being offered through community mental health and addictions agencies include: medication monitoring, coordination or provisions of referrals to diagnostic tests (blood work, ECG), specialist referrals, monitoring for metabolic syndrome, conducting general medical assessments, wound care, immunization, vaccines, maternity care, diabetes screening and treatment, foot care, asthma clinic, chronic pain management program, and dental hygiene, speech and language services, occupational therapy, psychiatry and psychology, and infant mental health services.

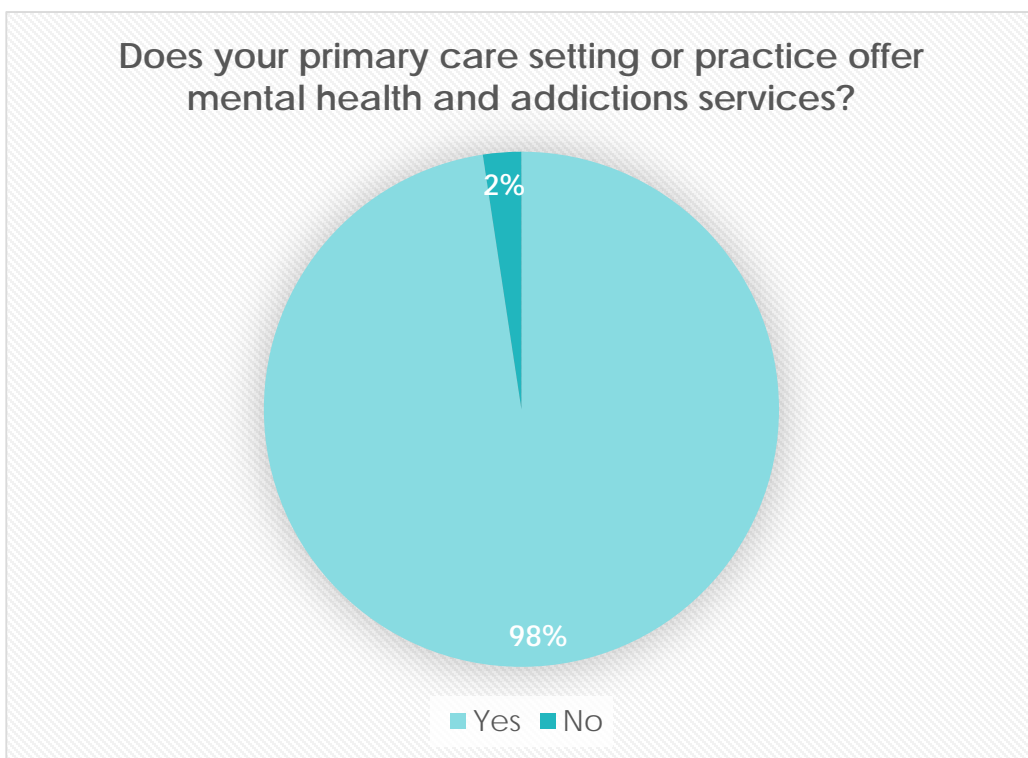
Who provides the care?

Professionals responsible for providing the primary care services offered within community mental health and addictions agencies included nurse practitioners, family physicians, addictions specialists, and nursing students. Primary care services are provided either through employees of the organization (e.g. members of ACT team, Early Intervention Team, Eating Disorder Team) or through contracts with external primary care providers. Health Links participation was also noted as a means by which primary care is being provided to clients.



2016 Survey: Questions & Results

Primary Care Provider Survey Results:



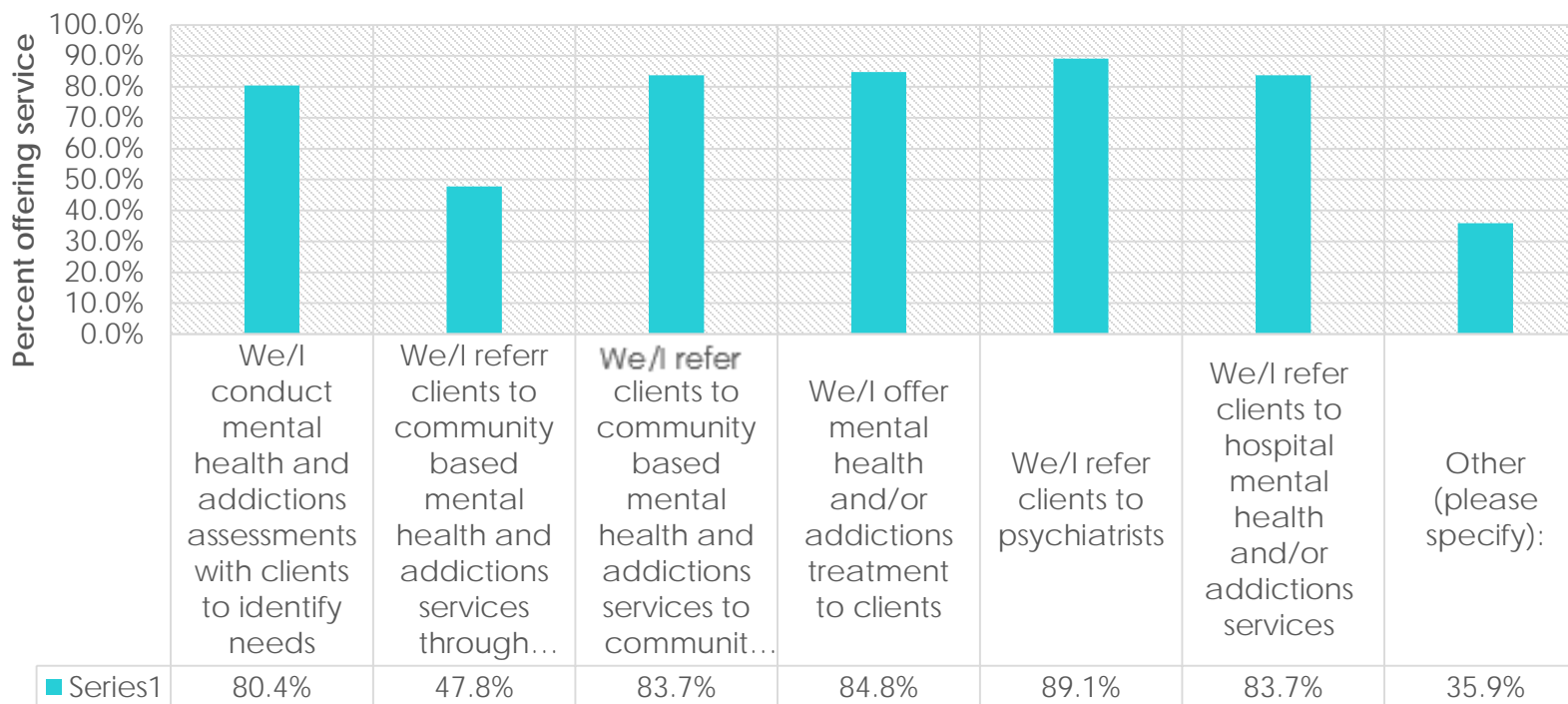
A primary care setting or practice may include: a solo primary care physician practice, Family Health Groups/Networks/Organizations, Family Health Teams, Rural-Northern Physician Group Agreement, Community Health Centres, Aboriginal Health Access Centres, or a Nurse Practitioner-Led Clinic.



2016 Survey: Questions & Results

Primary Care Provider Survey Results:

Please describe how your primary care setting or practice offers mental health or addictions services or interacts with mental health and addictions agencies/programs/services within your community:

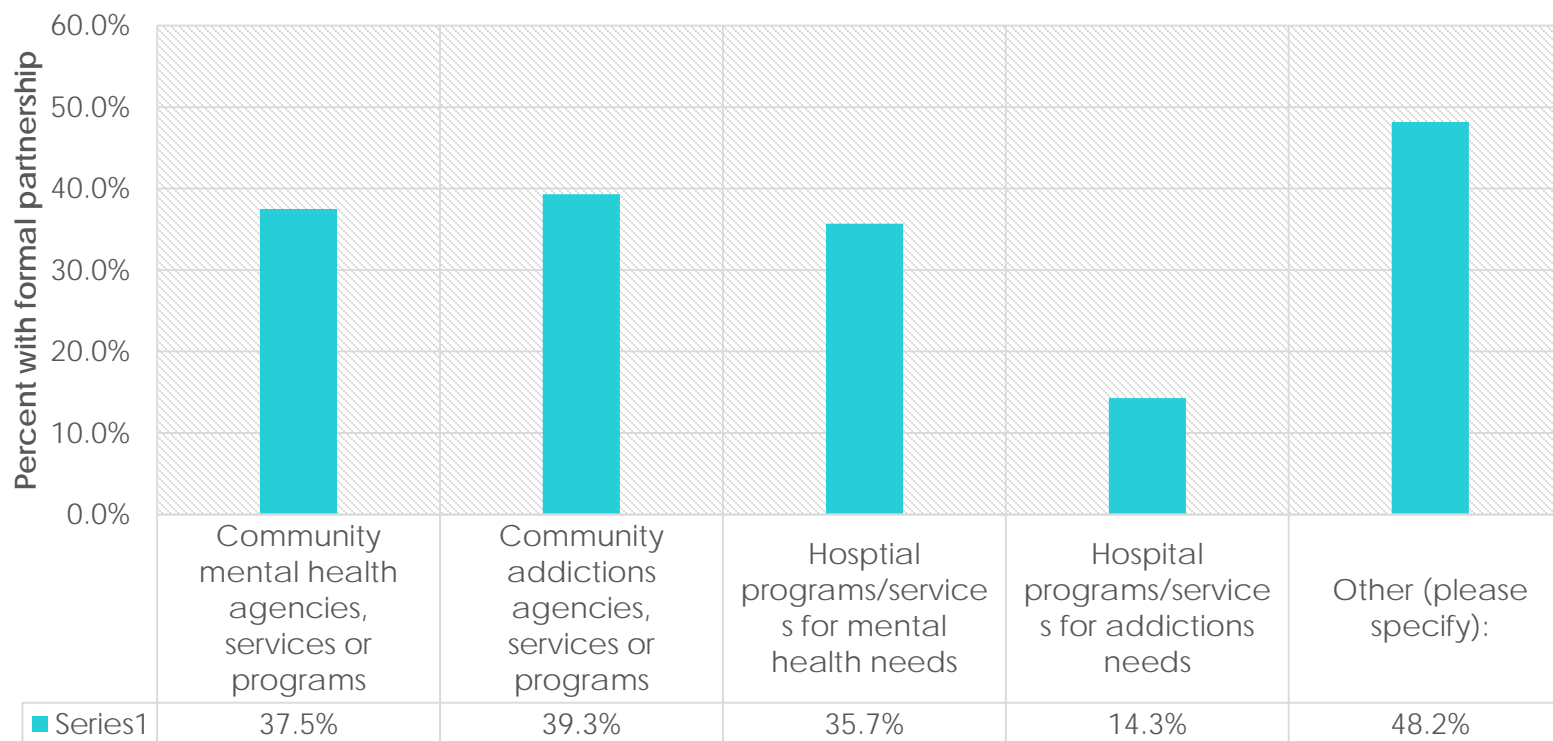




2016 Survey: Questions & Results

Primary Care Provider Survey Results:

Please indicate if you have formal partnerships (i.e. service agreements, contracts, Memorandums of understanding) with the following:

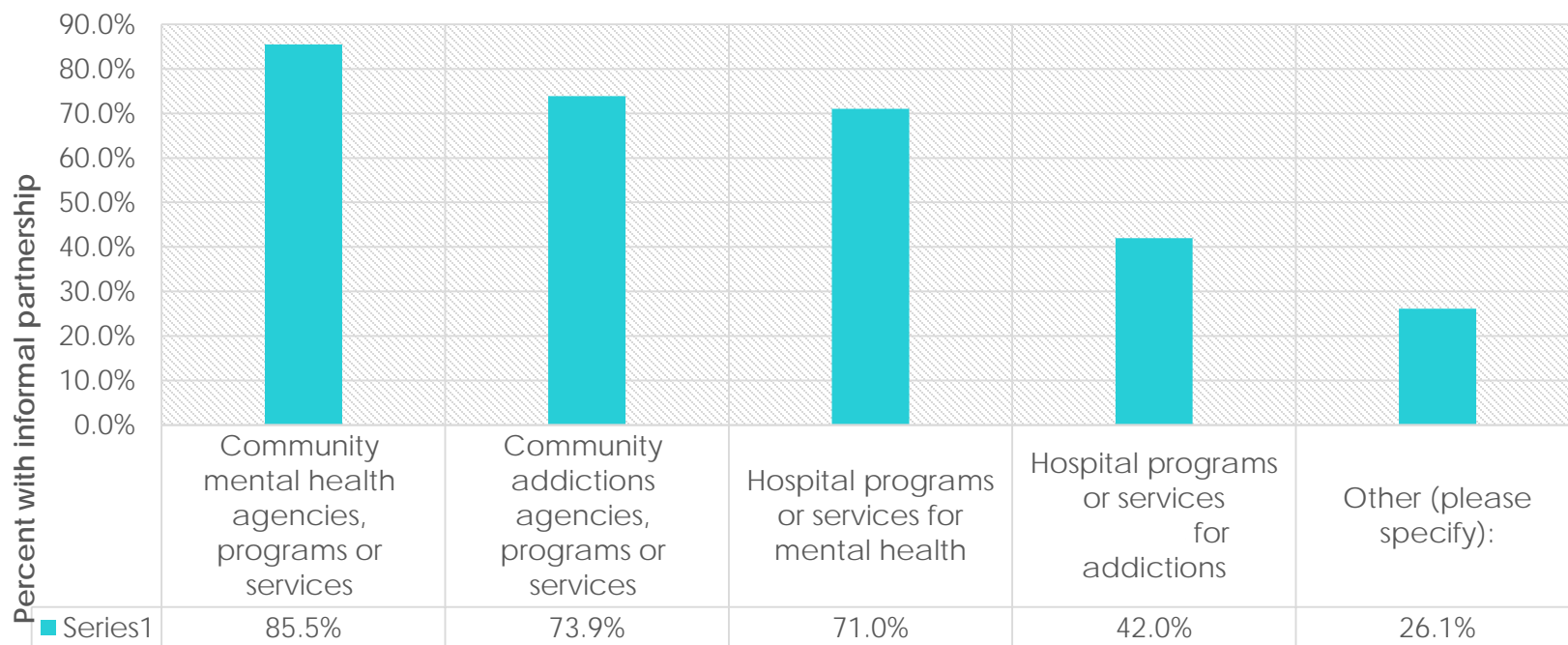




2016 Survey: Questions & Results

Primary Care Provider Survey Results:

Please indicate if your primary care setting or practice has informal partnerships (relationships with mental health and addictions service(s) that are not formalized with a written agreement that benefit your clients' health or enhance your services)



2016 Survey: Questions & Results

Primary Care Provider Survey Results:



Other informal or formal partnerships:

Other areas for **informal** partnerships were listed including: other primary care health settings (CHCs), private organizations First Nation community mental health and addictions services, and school boards.

Other areas for **formal** partnerships included: consulting psychiatrist within shared care mental health, Family Services Association, Vulnerable Seniors Partnership Table,

2016 Survey: Questions & Results

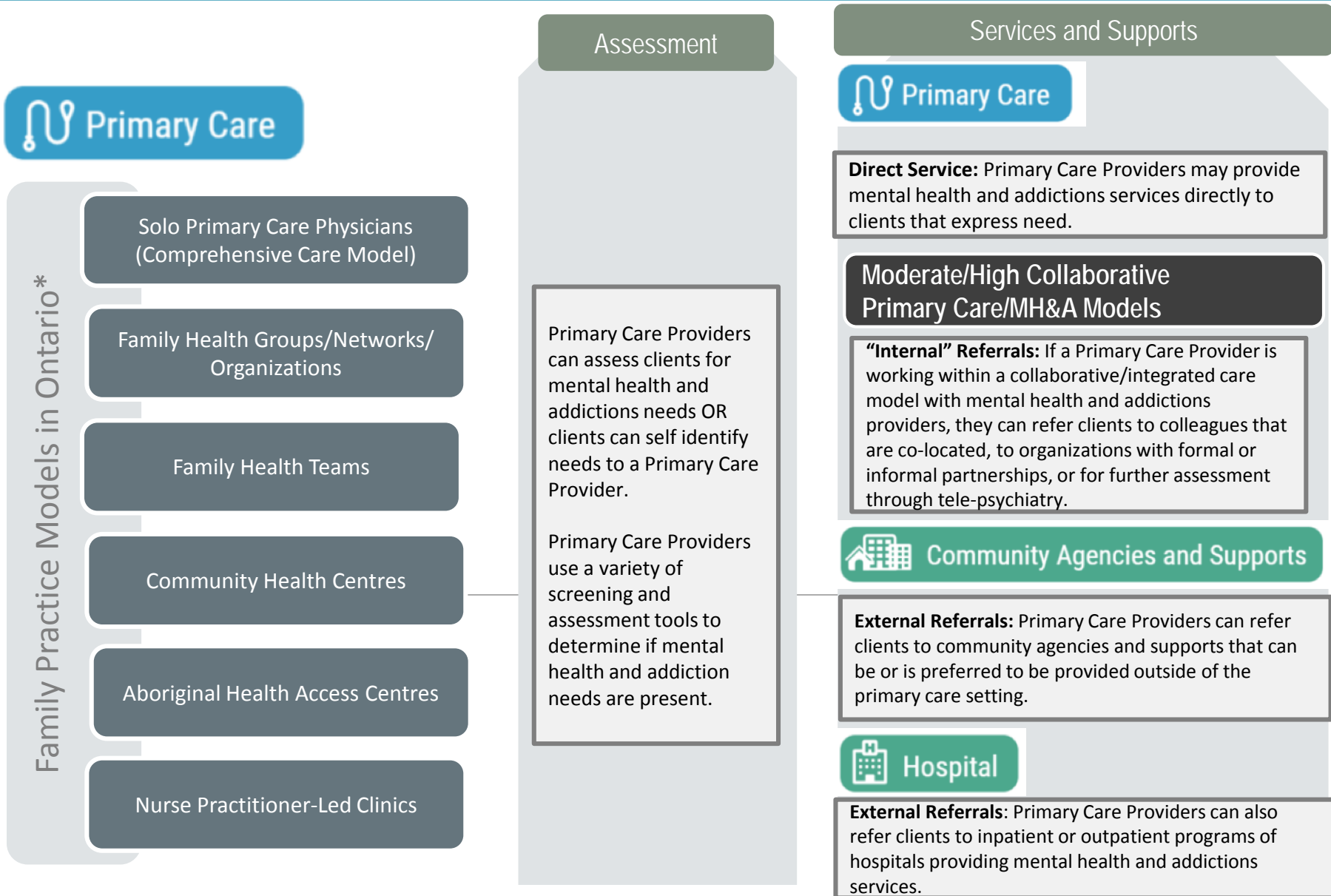
Primary Care Provider Survey Results:



Low collaboration or coordinated care:

- Appeared to be a **gap in ability to provide addictions services** within PC settings and many relied on external referrals to meet addictions needs of clients
- Referrals from PCPs to community agencies can occur through **centralized intake agency**
- Participants reported that system navigators, psychiatric nurses, care coordinators, referral clerks, or care navigators support other social determinants of health needs or refer out to community MH&A agencies
- There was a trend in the responses from PCPs that long-term or severe (higher needs) cases, and clients with addictions, are generally the populations that are **referred out** to community or hospital services, even in FHTs/CHCs settings where mental health professionals are available to assist

Client Pathway Map – Primary Health Care to Mental Health and Addictions Services



2016 Survey: Questions & Results

Primary Care Provider Survey Results:

Moderate collaboration or co-located care:

What kinds of mental health and addictions care is provided in primary care settings?



Within primary care settings, mental health services provided internally may include: walk-in hours, counselling, psychiatrist visits, psychotherapy, post-partum adjustment, newcomer mental health, family mental health support, Cognitive Behavioural Therapy (CBT), group therapy, meditation, Dialectical Behaviour Therapy (DBT), motivational interviewing, mindfulness, Talk Therapy, brief solution focused intervention, narrative therapy, Eye Movement Desensitization and Reprocessing (EMDR), wait-list groups, crisis intervention management, art therapy, day programs, case management, family therapy, and peer counselling.

Addictions services offered in primary care settings may include: Opioid Addiction Treatment program, addictions counselling, relapse prevention, harm reduction services, methadone and suboxone services, and acudetox. Indigenous Traditional Healing Services was noted in one primary care setting as being offered by their team.

2016 Survey: Questions & Results

Primary Care Provider Survey Results:



Moderate collaboration or co-located care (continued):

Who provides the care?

For internal referrals within FHTs or CHCs, clients may be referred to social workers (most common), psychiatrists, child psychiatrists, addictions counsellors, group therapy specialists, mental health nurses, and psychologists.

2016 Survey: Questions & Results

Primary Care Provider Survey Results:



A note on “High collaboration (integrated care)” in Ontario:

Through the survey, it was difficult to determine where there may be high collaboration, or fully integrated care being provided, keeping in mind that a distinct characteristics of this model are shared systems.

One setting did report that internal referrals are made through a common EMR system

Other community agencies and PCPs noted that they were working in partnerships that did not share systems and this was a major challenges and communication barrier for both sectors



2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:

Enablers of integrated care in Ontario:= Perspectives from community MH&A agencies

- Common understanding and respect/value for services and programs offered by community mental health and addictions settings
- Colocation was an element noted as contributing to highly coordinated and effective care (sharing databases a key component of this)
- Formal agreements, processes and MOUs (part-time PCP allocation, shared email addresses)
- Interest and engagement from PCPs
- Virtual care through OTN
- Health Links

2016 Survey: Questions & Results

Community Mental Health and Addictions Survey Results:

Challenges to integrated care in Ontario:

Perspectives from community MH&A agencies

- Access to Primary Care for clients (wait lists, selective processes for rostering MH&A clients; connecting Indigenous populations to PCPs, limited access to psychiatry, transportation, timing of appointments)
- Communication and information sharing challenges (e.g. incompatible EMR systems)
- Stigma and lack of understanding of mental health and addictions needs in some Primary Care settings
- Lack of awareness in primary care of community mental health and addictions services available
- Connecting with solo physicians more difficult than connecting with FHTs and CHCs (locums also mentioned as an issue)
- Perception that PCPs are uninterested in the work of community and too busy for educational training sessions from community providers
- Little time to participate in community initiatives aimed in increasing integration between the two sectors (e.g. Health Links)



2016 Survey: Questions & Results

Primary Care Provider Survey Results:

Enablers of integrated care in Ontario: Perspectives from PC settings (FHTs/CHCs)

- Presence of social workers or mental health workers in interprofessional PCP settings
- Shared EMRs within interprofessional care settings
- Co-located services
- Formal agreements that outline clear accountabilities and client pathways to care
- Participating on planning tables and case conferences with MH&A providers
- MH&A education
- Virtual consultations with psychiatrists
- Booklets or applications on available community services
- Responsive and engaged community agencies – connections with individual staff
- Shared care models with FHTs and psychiatrist



2016 Survey: Questions & Results

Primary Care Provider Survey Results:

Challenges to integrated care in Ontario: Perspectives from PC settings (FHTs/CHCs)

- Access to community or hospital-based MH&A support (wait lists, lack of addictions services or financial barriers to private services; limited access to psychiatrists; barriers with non-insured and federally-funded clients)
- Eligibility criteria of community programs
- Culturally appropriate services not available
- Lack of training in MH&A for PCPs and provision of MH&A services for longer than is comfortable for PCPs
- Fast pace of changes to mandates/services available within community MH&A sector
- Transportation to community MH&A supports
- Follow up after referrals to psychiatrists and community services
- Communication challenges (incompatible information systems, lack of care coordination, specific challenges communicating with child/youth services as funder is different)
- Referrals processes are time consuming as well as partnership development with community agencies
- Care plan disagreements

People with Lived Experience and Family/Caregiver Reference Panel Consultations

- May 2016 - the Mental Health and Addictions Leadership Advisory Council established two Reference Panels to inform their work. Two sessions were held with the reference panels on Primary Care and MH&A in September, 2016.
- Individuals with lived experience, family members and caregivers were asked to use their experience in the system to discuss supports required for clients, families and caregivers related to primary care and mental health and addictions.
- The panel members also discussed health care partnerships and models that work well to address these needs for clients and families.



People with Lived Experience and Family/Caregiver Reference Panel Consultations

Themes from the PWLE Panel consultation:

- More MH&A education for professionals as well as clarification on privacy is required
- Challenges of getting PCP - those with MH&A issues often cannot find a PCP because they are screened out of services
- An expanded idea of what treatment can look like for MH&A clients (diet, sleep, exercise, meditation, etc.)
- Stronger connections between sectors would be beneficial (e.g. primary care with psychotherapy, primary care with hospitals)
- Discussed the need to support PCPs in delivering effective services
- Psychiatric nurses and NPs were mentioned as often having the expertise in MH&A that family doctors may not
- In Aboriginal Health Centres, the use of elders when people have a MH&A issue is an asset
- Transportation as a huge issue in accessing services



People with Lived Experience and Family/Caregiver Reference Panel Consultations

Themes from the Family/Caregiver Panel consultation:

- Stigma from PCPs was noted as a challenge
- Power imbalance between doctors and patients, especially with youth, was noted as a barrier
- Pathways to care for clients with mental health and addictions needs is not clear cut for PCPs
- Navigation through the system is a huge challenge
- Better partnerships and communication needs to occur with caregivers and family members, while ensuring the rights and privacy of the client are being protected
- Noted the unique perspective of NPs toward clients
- There should be a place in the system for lived experience to enhance the understanding of health care professionals and system planning efforts





Panel Discussion #2:

Local/regional solutions to integrated care challenges

From your unique perspective and experience, where has there been success in overcoming the challenges to integrated care delivery that we heard from the survey?



Additional work of the Task Group

Opportunities for Alignment





Panel Discussion #3:

Provincial
perspectives,
initiatives and
structural
barriers

Where are there opportunities for alignment of work happening in primary care and mental health and addictions across Ontario?





Questions?



Primary Care



**Mental Health
& Addictions**

Panelist Contact Information



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