INMHA Mental Health Research Agenda
A Response from: The Canadian Collaborative Mental Health Initiative

What we see as the SINGLE biggest challenge for mental health research in Canada over the coming decade… developing an understanding of the structures, processes and practices of collaborative mental health care in primary health care that will ensure Canadians receive effective patient-centred care to meet their needs.

The burden of mental illness is high. Mental illness affects all Canadians and costs are high. Studies have estimated that nearly one in five adults will personally experience a mental illness during a one-year period[1, 2], meaning that a person either has a mental illness or knows a family member, friend or colleague who has.[3] As a world-wide phenomenon[4], no one is immune - mental illnesses affect people of all ages, cultures, educational and income levels.[5] The extent of disability caused by psychiatric disorders is generally not fully appreciated. According to the World Health Organization, six of the 10 leading causes of years lived with disability (YLDs) in developed regions of the world are psychiatric disorders, accounting for 34.5% of all years lived with disability.[6] The economic costs of mental illnesses to the Canadian economy are profound with an estimated $14.4 billion in lost productivity and health care costs.[7]

We believe that primary health care is the ideal setting to focus our efforts and decrease the burden of mental illness. The vast majority (86%) of Canadians reported having a family physician in 2003.[8] Meanwhile, between 1992 and 2001 "the proportion of family physicians that provided mental health care increased substantially".[9] In addition, 25% of family physicians "saw people with mental health conditions as frequently as the most common conditions seen in primary care".[10] However, the current structure and organization of primary health care undermine the ability of primary care providers to ensure that adequate prevention, promotion, screening, detection, treatment and rehabilitation take place. There are numerous factors that mitigate against the early recognition of mental health problems and their adequate treatment and follow up, including: tremendous time pressures; a focus on physical complaints; structures and care processes designed to deal with acute and episodic illness rather than chronic or recurrent illness; lack of access to timely advice and support from secondary mental health services; and a lack of coordination between primary and secondary care.

The challenges facing the primary care system have lead to new ways of thinking. Interdisciplinary collaboration in *primary health care* is increasingly being considered as a way to address these challenges. At the policy level, "the Primary Health Care Transition Fund (2001-2006), the Health Accord (2003) and the Ten-Year Plan to Strengthen Health Care (2004) establish a unifying national policy framework for investments in interdisciplinary collaboration in primary health care".[11] This collaborative approach also has the support of Canadians. "In 2003, Canadians strongly supported (70%) the idea of collaborative care, defined as "a team including a doctor, nurse, pharmacists, or other health care provider who would collectively provide care […]". They also expressed the belief that collaborative care would improve quality of patient care (73%) and expedite access to care (69%) […]".[12] Collaborative mental health care has shown great promise as a service delivery model that can address many of the problems facing primary health care providers in their efforts to deliver high quality mental health care to Canadians. While efforts to encourage early detection and treatment through educational

interventions for primary care providers have not generally been successful, combining these interventions with collaborative practice and structural changes in the process of care is beginning to show significant improvements in patient outcomes.

The burden of mental illness requires action, including: promotion of mental health, prevention of mental illness, screening for early detection, access to mental health services to promote recovery, and patient-centred care.

Primary health care is an ideal setting to strengthen mental health promotion and mental illness prevention. "Mental health promotion aims to promote positive mental health by increasing psychological well-being, competence and resilience and by creating supporting living conditions and environments. Mental disorder prevention has as its target the reduction of symptoms and ultimately of mental disorders. It uses mental health promotion strategies as one of the means of achieving these goals".[13] People bring a wide range of health concerns including those that are clearly psychological or psychiatric in nature, as well as, those that are undifferentiated to primary health care settings.[14] This is a source of care over the life cycle offering the unique opportunity for a long term sustainable relationship with a health care provider, or increasingly a health care team, where knowledge about the person and their family, their social circumstances and community can be gained and leveraged to optimize treatment, rehabilitation, health promotion and prevention programs.[15] There is evidence regarding effective primary **prevention** interventions that work, yet many Canadians are developing preventable mental illnesses. There is a significant role for health and mental health professionals to contribute to primary prevention and early intervention alongside their well accepted functions of treatment and rehabilitation.[16] **An increasing number of evidenced-based mental health promotion and mental illness prevention approaches are available to collaborative care providers**.[17] Collaborative care practitioners in primary health care have a critical role to play in further development of and adaptation of front-line mental health promotion and mental illness prevention programs.

Access to mental health services should be enhanced through primary health care. In their lifetime we know that only 61% of Canadians who reported having a mental illness consulted with a health professional. The majority of these Canadians (45%) consulted help from their family physician. Access to mental health services is crucial as it reduces disability. For several psychiatric disorders, including major depression, schizophrenia, bipolar disorder,

Collaborative mental health care describes a range of models of practice in which consumers and their families and caregivers, together with health care providers from both mental health and primary health care settings – each with different experience, training, knowledge and expertise – work together to promote mental health and provide more coordinated and effective services for individuals with mental health needs.

Collaborative mental health care is not a fixed model or specific approach; rather it is a concept that emphasizes the opportunities to strengthen the accessibility and delivery of mental health services in primary health care settings through interdisciplinary collaboration.

Collaborative mental health care takes place in a range of settings including community health centres, the offices of health care providers, an individual's home, schools, or community locations such as shelters and correctional facilities. It varies according to the needs and preferences of the individual, and the knowledge, training and skills of the providers.

panic disorder and obsessive-compulsive disorder, treatment reduces disability by one third to one half.[18]

Early detection and recognition of mental illness should be emphasized in primary health care where the majority of people seek health care. Most Canadians have access to primary health care providers, yet, despite evidence supporting the importance of screening for mental health problems, many mental illnesses go undetected.[19] Diagnosis of mental health problems and their optimum management is less clear than that for many physical disorders and “this is particularly so for the large burden of mainly undifferentiated mental illness that presents in primary care”.[20] The lack of detection can be partially blamed for the fact that in the established market economies (which includes developed countries such as Canada), it was estimated that 35% of those with unipolar major depression, 35% of bipolar, 80 % with schizophrenia, 15% with obsessive-compulsive disorder, and 25% of those with panic disorder were treated.[21]

Based on research findings, effective patient-centred and evidence-based care should be implemented. There are well researched, effective interventions available for people with mental illnesses ranging from integrated support groups for people with addictions comorbid with mood disorders, to drug therapies for treatment of refractory psychotic illnesses. Collaborative care models have been defined for depression[22] and substance abuse treatment[23]. For effective treatment to be successful, it is critical that consumers and their families be involved throughout the treatment process.

We believe that primary health care needs to be restructured to encourage adequate screening, and the provision of a range of mental health treatments and resources based on patient needs and conforming to evidence based treatment guidelines, in a model of care which is based on interdisciplinary collaboration. The range of treatments should include guided self-help and peer support at the less severe end of the spectrum, to referral to secondary or tertiary mental health services for those individuals at greater risk or with more severe disorders, and should involve a stepped approach to care**.** The majority of individuals with mental health problems should be cared for in the primary health care setting, with as-needed support from secondary mental health providers, and with dedicated primary health care based resources for screening and monitoring.

What needs to be done.

Canadian primary health care is being reformed to have direct focus on primary prevention and health promotion, earliest detection and delivery of a wide range of evidence-based treatments across the spectrum of acute and chronic illnesses. The driving goals are to improve consumer access to care and to increase positive care outcomes as means to sustaining Canada’s universal health care system.

Collaborative mental health care is a critical element within the primary health care team approach. Emerging evidence suggests that optimal outcomes for common mental disorders are achieved through multidisciplinary treatment and rehabilitation available in a variety of primary health care settings.[24] Prevalence data strongly support addressing the broader mental health needs of the Canadian population[25] and there is increased awareness among national

organizations for policy and programs in support of a comprehensive approach to mental health promotion and mental illness, treatment, rehabilitation and prevention.

Collaborative mental health care is an integrative means to increasing the capacity of Canada's health care system by placing an accent on:

- Prevention and health promotion
- Access
- Screening and early detection
- Patient-centred, evidence-based care

Collaborative practice appears to have the potential to improve outcomes of people who experience mental illness as well as to enhance the use of a continuum of mental health care resources. Team delivery is the emerging best practice.[26]

What has been learned in research needs to be translated through implementation in everyday practice. We need to learn more about the best ways to detect mental health problems through the efforts of a wide range of primary health care practitioners. We need to examine which primary health care practitioners can work together most effectively and how their roles should be optimally defined through education, training and practice. We need to understand if some subpopulations are more likely to benefit than others from collaborative mental health care and where in the illness cycle such interventions are most effective. We need to enhance self-care practices so that individuals participate in their own management of common mental illnesses.

Meeting this research need.

Developing an understanding of why so many Canadians do not receive the effective patient-centred, evidence-based care that would help them is a complex question requiring an integrated, inclusive and interdisciplinary research program to fund a series of studies that focus on the processes, structures and practices of collaborative care.

The greatest challenge facing mental health researchers is how to create a system that can effectively decrease the burden of mental illness. Collaborative mental health care has shown great promise as a service delivery model that can address many of the problems facing primary health care providers in their efforts to promote mental health, prevent mental illness and deliver high quality mental health services to Canadians.

The Canadian Consortium for Collaborative Mental Health Care is uniquely positioned to broker the establishment of research that is integrated, inclusive and interdisciplinary to elucidate the complex interplay between these key subsets of a critical problem. A focus on the translation from evidence of what works into actions that work and contribute to the transformation of Canada's primary health care system. The consortium[1] has spent the last two years creating an understanding of the barriers to collaborative mental health care, along with promising

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[1] Members of the Consortium include:
Canadian Pharmacists Association
Canadian Psychological Association
Dietitians of Canada
Canadian Association of Occupational Therapists
Canadian Alliance on Mental Illness and Mental Health
Canadian Mental Health Association
Canadian Psychiatric Association
College of Family Physicians of Canada
Registered Psychiatric Nurses of Canada
Canadian Association of Social Workers
Canadian Federation of Mental Health Nurses
Canadian Nurses Association

innovations taking place at the primary health care/mental health care interface, both in Canada and internationally.

The Consortium's major project, **The Canadian Collaborative Mental Health Initiative (CCMHI)** aims to improve the mental health and well-being of Canadians by enhancing the relationship and improving collaboration among health care providers, consumers, families and caregivers; and improving consumer access to prevention, health promotion, treatment/ intervention and rehabilitation services in a primary health care setting. The consortium has established a pattern of contact among researchers and providers in a wide range of primary health care and mental health settings. Most importantly, the consortium has learned the advantage of direct involvement of mental health consumers, their families and caregivers, and the organizations that represent them.

Thus, the collective interdisciplinary experience of the Consortium provides the strongest foundation in the Canadian health care field from which to launch a significant research agenda focused on collaborative mental health care. Outcomes from such a research agenda promise direct benefits to people in need of care in terms of more positive and lasting health outcomes, increased satisfaction for primary health care providers, improved efficiency and effectiveness of the primary and specialty levels of mental health care.

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