

**Primary Presenter:** Ms. Kristina Cordeiro

**Presentation Title:** Primary Mental Health Care in the Family Health Team Setting: A Longitudinal Study of Referrals, Service Utilization, and Patient Outcomes

**Abstract:** This longitudinal study examined the mental health services provided at a large, multi-site Ontario Family Health Team. Referral patterns, wait times, service utilization, patient satisfaction, and clinical outcomes were reported. Significant positive outcomes were observed and patient satisfaction was very high. Importantly, short wait times were found relative to traditional mental health settings.

**Supporting Summary:**

*Learning Objectives*

Our poster will report on the mental health services provided at a large, multi-site Ontario Family Health Team (FHT) across one year of service delivery, describing a unique model of collaboration between psychology, social work, and primary care medicine.

- Participants will learn about the provision of mental health care within a primary care setting.
- Referral patterns, service utilization, wait times, patient satisfaction, and clinical outcomes will be discussed in relation to traditional outpatient settings.

*Background*

Primary care physicians are often the first point of contact for patients experiencing psychosocial and emotional difficulties, undoubtedly playing an important role in early identification and intervention. Although 68% of people with a diagnosable mental health condition will visit with their family physician (Gunn & Blount, 2009; Miranda, Hohnmann, & Attikisson, 1994), only one third will meet with a mental health professional. Moreover, a substantial number of primary care visits are directly related to mental health (with depression and anxiety as the third most common reasons for doctor's visits in primary care settings) and many of the physical ailments presenting in primary care (e.g., cardiovascular disease) are inextricably tied to psychosocial and emotional factors. However, primary care physicians are limited by time constraints, and often report feeling ill-equipped to fully address mental health needs in their practice, while faced with delays or barriers in linking individuals in need with outpatient services (Craven, Cohen, Campbell, Williams, & Kates,

1997; Gunn & Blount, 2009; McDaniel & deGruy, 2014; Nash, McKay, Vogel, & Masters, 2012; Swenson et al., 2008).

Over the last two decades, health care systems have begun developing interdisciplinary health care models that encompass both physical and psychological health, adopting a biopsychosocial approach to health promotion and disease management (McDaniel & deGruy, 2014). In Canada, Ontario's FHTs combine the efforts of family physicians and interdisciplinary healthcare providers, such as nurse practitioners, social workers, psychiatrists, dietitians, and other healthcare professionals, working collaboratively to coordinate the best possible care for patients. We maintain that integrating mental healthcare providers within primary care settings presents an opportunity to reduce the economic impact of mental illness and relieve the burden on primary care physicians (Cordeiro, Foroughe, & Mastorakos, in press).

#### *A Unique Contribution*

Although there is increasing emphasis on interprofessional collaboration, and preliminary evidence supports the provision of mental health services within primary care, there remains a paucity of research reporting on the mental health services provided within FHTs. Responding to the call for studies of the mental health services delivered in Ontario's new primary care settings, this exploratory study examined the mental health services provided over the course of 12 months at a large multi-site FHT. As the first Ontario FHT to integrate a full-time clinical psychologist, and the only FHT in Ontario to currently employ a full-time child and family psychologist, this study reports on a unique model of collaboration between psychology, social work, primary care medicine, and the allied health professions. To our knowledge, this study is the first to report on the role of psychologists and psychological services within the FHT model.

#### *Findings & Significance*

Integrated mental health services within primary care settings can provide patients with timely access to mental health triage and effective mental health services for a wide range of difficulties and concerns. Results showed significant and positive clinical outcomes and consistently high patient satisfaction ratings. Importantly, short wait times ( $m = 6.4$  weeks) were found relative to traditional mental health settings. In short, integrated primary care may be an effective model for efficiently reducing symptoms of mental illness, improving mental health functioning, and maintaining high levels of patient satisfaction. Considering the prevalence of mental illness presenting in primary care, especially anxiety

and mood disorders, as well as chronic biomedical conditions which may be amenable to evidence-based psychological practice, integrated primary mental health care is a logical and long-overdue requirement for the provision of efficient health care. With greater access and shorter wait times, primary care clinics, such as FHTs, play a key role in screening, identification, and early intervention for mental health difficulties. FHTs may serve as an efficient alternative to traditional mental health settings, offering the right care for patients in need, and doing so in the familiarity and accessibility of a family physician's office. The greatest promise of primary mental health care is in the ability to achieve positive outcomes with fewer sessions, within a familiar environment and in close communication with the family physician, keeping wait times relatively short and maximizing access for the target population.

### References

- Cordeiro, K., Foroughe, M., & Mastorakos, T. (In Press). Primary mental health care in the family health team setting: tracking patient care from referral to outcome. *Canadian Journal of Community Mental Health*.
- Craven, M., Cohen M., Campbell, D., Williams, J., & Kates, N. (1997). Mental health practices of Ontario family physicians: a study using qualitative methodology. *Canadian Journal of Psychiatry*, 42, 943–949.
- Gunn, W. B., & Blount, A. (2009). Primary care mental health: A new frontier for psychology. *Journal of Clinical Psychology*, 65(3), 235–252.  
doi:<http://dx.doi.org/10.1002/jclp.20499>
- McDaniel, S. H., & deGruy, III, Frank V. (2014). An introduction to primary care and psychology. *American Psychologist*, 69(4), 325–331.  
doi:<http://dx.doi.org/10.1037/a0036222>
- Miranda, J., Hohnmann, A. A., & Attikisson, C. A. (1994). *Epidemiology of mental health disorders in primary care*. San Francisco, CA: Jossey-Bass.
- Nash, J. M., McKay, K. M., Vogel, M. E., & Masters, K. S. (2012). Functional roles and foundational characteristics of psychologists in integrated primary care. *Journal of Clinical Psychology in Medical Settings*, 19(1), 93–104.  
doi:<http://dx.doi.org/10.1007/s10880-011-9290-z>
- Swenson, J. R., Aubry, T., Gillis, K., Macphee, C., Busing, N., Kates, N., Pantin, S., & Runnels, V. (2008). Development and implementation of a collaborative mental health care program in a primary care setting: The Ottawa share program. *Canadian Journal of Community Mental Health*, 27(2), 75–91.