



A guide to high-impact mental health care

Primary care plays a critical role in managing mental health **BY ABIGAIL CUKIER**

Before becoming a family physician, Dr. Marcus Greatheart earned a master's degree in social work, so he says it comes naturally to him to address his patients' mental health along with their physical health.

But what comes naturally to Dr. Greatheart has become a necessity for all primary care providers.

According to the Canadian Institute for Health Information (CIHI), 84% of family physicians provided psychiatric care or counselling in 2016/17. Meanwhile, for adult mood disorders, the average wait for outpatient

psychiatric services is 57 days and inpatient services is 47 days, well beyond the 28-day standard recommended by the Canadian Psychiatric Association (CPA). A 2020 report from Children's Mental Health Ontario found children and youth under 18 can wait up to 2.5 years for community mental health services. The average wait time for counselling and therapy is 67 days and for intensive treatment the average is 92 days.

And while they may not see another healthcare provider in a year, almost 80% of people with common mental health problems use the services of a family physician, which makes the

quality of mental health services in primary care vitally important. Family physicians do not always have the necessary support, time or resources to treat people with mental illness, so Dr. Greatheart, who practises in Vancouver, advises to start simply.

"I teach medical students and residents to always do a brief mental status exam during a regular visit. It can be chatting with a patient while taking their blood pressure," he said. "I do that all the time, so I have a sense of their baseline. It gives me a gauge of how their mental health may be shifting over time."

VALUE OF TRUST

Dr. Javed Alloo, a family doctor in Toronto, said he changed how he practised when he started to recognize how his patients' thoughts and moods affected their outcomes. "I thought about how much time I would spend explaining certain things to patients, such as eating a healthier diet or quitting smoking, and nothing would change," said Dr. Alloo. "I considered how I could make the time I spend with patients more valuable. When I saw the impact their thinking and mood had on their outcomes, I got training in mental health care and shifted how I support my patients. I saw big successes and it made me feel more effective."

Dr. Alloo said that many doctors were trained before many of today's mental health care strategies became common. For example, cognitive behavioural therapy was in its infancy when he did his medical training and mindfulness techniques are completely outside the training base of most physicians. But resources are available, such as the College of Family Physicians of Canada's guide "Recovery-Oriented Mental Health and Addiction Care in the Patient's Medical Home" which includes information on how to use positive language, how to focus on a patient's strengths and how to create a recovery plan.

Dr. Greatheart runs a one-day course teaching counselling skills for physicians, which include active listening and motivational interviewing. He said that an understanding of basic counselling skills can be very powerful. "For example, restating and summarizing what a patient says is surprisingly effective in helping a patient feel heard.

"A rudimentary understanding of cognitive behavioural therapy, and how thoughts, feelings and actions have a relationship is helpful," he added. "Studies show that brief interventions with a family doctor, even for a couple of minutes, can have high impact, because people trust us."

VALIDATED TOOLS

The College of Family Physicians of

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Canada says supporting patients' mental health begins with how you set up your practice. This can include putting up a sign reminding patients that part of your role is to discuss mental health issues and reconsidering how much time you book for patients with mental health concerns. Ask patients if they have access to cost-free talk therapy through an employee assistance program or student services, for example. Develop a handout that includes information for local service providers, as well as peer support programs, self-management resources and online or telephone help.

The college also recommends training all members of your practice, including administrative staff, to work with patients with mental health issues. Training that involves stories from people who have experienced mental health issues can help reduce stigma.

Practices can also provide physician-led group sessions for patients. For example, the Ajax Harwood Clinic in Ajax, Ont. runs psychotherapy groups and stress reduction, meditation and mindfulness programs.

To aid in screening and measuring progress during treatment, Dr. Alloo uses validated tools, such as the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder 7 (GAD-7).

The PHQ-9 supports a stepwise approach. For example, for patients with minor or no symptoms, a doctor should begin by discussing healthy lifestyle activities such as exercise and stress reduction. A higher score leads to the introduction of talk therapies. The third step involves medication and a chronic-disease-management approach and possible referral to a psychiatrist. The final step is referral to a mental health service.

"If a patient fills out a screening tool before each visit, the appointment can be more patient-centred, based on what they have told us. Sometimes, a patient may say nothing has changed, but you can see it in their scores," Dr. Alloo said.

NEW STANDARD OF CARE?

The Canadian Mental Health Association and others are advocating for more collaboration in mental health care, citing evidence that it leads to better health, improved access to services, more efficient use of resources and increased satisfaction for patients and providers.

Family health teams and community health centres are often better positioned to provide this. For example, the Hamilton Family Health Team includes family doctors, mental health counsellors and psychiatrists who provide care to 280,000 rostered patients in Hamilton, Ont. Its lead physician, Dr. Scott Wooder, said this model should be the standard of care throughout Canada. "It brings the resources to a central hub and to where patients interact with their primary care providers," he said. "It is where patients feel comfortable and have that trust with their family doctor. And having the providers co-located makes communication a lot easier."

The family physician often provides the care, unless they feel the patient would benefit from a psychiatric assessment or from the team's mental health groups. Psychiatrists consult and educate the family physicians and sometimes see patients, while mental health counsellors provide therapy, run groups and support the family physician.

"Having access to mental health counsellors and psychiatrists improves the doctors' capacity and their confidence

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to step into mental health care,” said Dr. Wooder. “It also allows for a rapid response to crisis. If a physician sees rapid deterioration in a patient, the counsellor is right down the hall.”

In this setting, family physicians refer approximately 11 times as many individuals for a general mental health assessment as they did before the program began and this improvement has been maintained over 20 years. The program has also reduced the number of mental health outpatient and inpatient admissions.

WHAT AN FP CAN DO

Primary care doctors who are not part of a team can form a connection with nearby care providers, such as social workers, to share resources and knowledge, said Dr. Alloo. A relationship with your patient’s pharmacist, if they have a regular one, can also be helpful, because pharmacists often talk with patients and can also alert you when a

patient is not filling a prescription.

Many educational resources also exist. The Practice Support Program (PSP) was created in 2007 by Doctors of BC and the B.C. ministry of health to provide clinical and practice management learning opportunities. The Adult Mental Health PSP aims to improve the confidence of family physicians diagnosing and treating mental health patients, and improve the quality of patient care for adults with mild-to-moderate depression and anxiety. The learning modules usually involve three half-day group learning sessions. For about eight to 12 weeks after each session, participants trial what they’ve learned in their own practice. After the program, 94% of general practitioners said they felt more comfortable providing mental health care and 82% said their skills and confidence in diagnosing and treating mental health conditions had improved. The program has been adopted in Nova

Scotia and Newfoundland.

“Some continuing medical education around basic counselling and communication skills is always going to be helpful,” said Dr. Greatheart. “Doctors may think this means spending more time with patients but if I use those skills, I can more effectively direct the conversation and if I hear something of concern, I can say, ‘Let’s book another appointment.’ It is never wasted energy to spend a couple of minutes. Set a time limit, say, ‘Before we go, let’s spend two minutes to check in.’

“You would be surprised. Just being present with them for 30 seconds while they are having an emotional moment, that can be monumental for patients. You will be the best doctor they’ve ever met. I remember when my dad died, my family doctor told me to come in once a week for a few weeks. I went in for five minutes and I felt better. Don’t underestimate what a visit with your family doctor can do.” **MP**



YOU TOOK THE OATH TO CARE FOR OTHERS. BUT WHAT ABOUT YOURSELF?
If you need help call the Wellness Support Line. cma.ca/supportline

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