

# Advances in Mental Health: Telepsychiatry Collaborative Care



*Minto-Mapleton*  
Family Health Team

 **Sunnybrook**  
HEALTH SCIENCES CENTRE

# Presenter Disclosures

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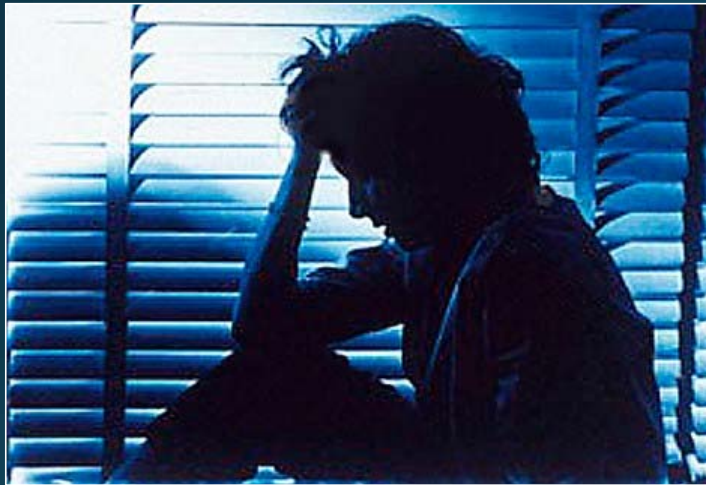
Jodi Colwill PHCNP - NP

# No Disclosures

# Objectives

1. Acknowledge the need for rural psychiatry  
The FHT Experience
2. Introduce Collaborative Care Psychiatry  
The Fantasy
3. Examine the impact of innovation on patients and providers  
The Outcome

# Mental Health Commission of Canada



“People are more likely to consult their family physician about a mental health problem or illness than any other health care provider”.

Mental Health Commission of Canada. (n.d) Retrieved Aug 22, 2014 from <http://strategy.mentalhealthcommission.ca/thefacts/>

Best Counselling Degrees. (n.d) Retrieved Sept 3, 2014 from <http://www.bestcounselingdegrees.net/3-mental-health-tips-for-women-over-40/>

# Priority Recommendation

To “expand the role of primary health care in meeting mental health needs”.



Mental Health Commission of Canada. (n.d) Retrieved Aug 22, 2014 from <http://strategy.mentalhealthcommission.ca/thefacts/>

National Conference of State Legislature. (n.d.) Retrieved Sept 26, 2014 from <http://www.ncsl.org/research/health/population-groups/primary-care.aspx>

# Current Literature

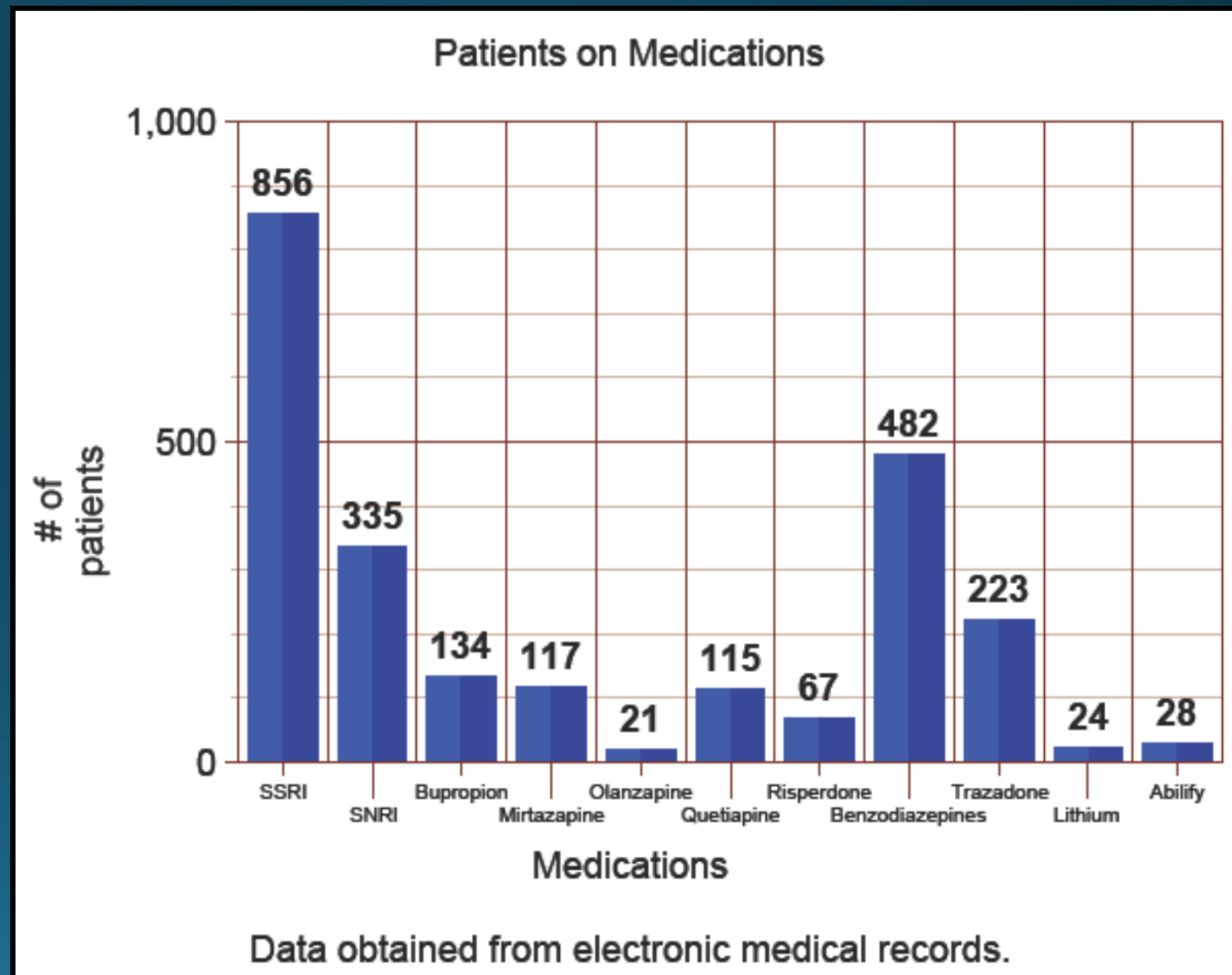
## Investing in Mental Health (WHO 2013)

- ❖ “Judged against core criteria for priorities in health, there is a **compelling evidence-based case for investing in mental health.**”
- ❖ “For each year of inaction and underinvestment, the **health, social and economic burden will continue to rise.** Doing nothing is therefore not a viable option.”
- ❖ “**Integration of mental health care** into publicly-funded primary care and task-sharing with non-specialist health-care providers are **appropriate and viable strategies for enhancing access.**”



# Minto-Mapleton Family Health Team

- ❖ 8 physicians
- 4 nurse practitioners
- 2 social workers
- ❖ Approximately 13,000 patients (2012-2013)
- ❖ Of these >10% have documented mental health diagnosis

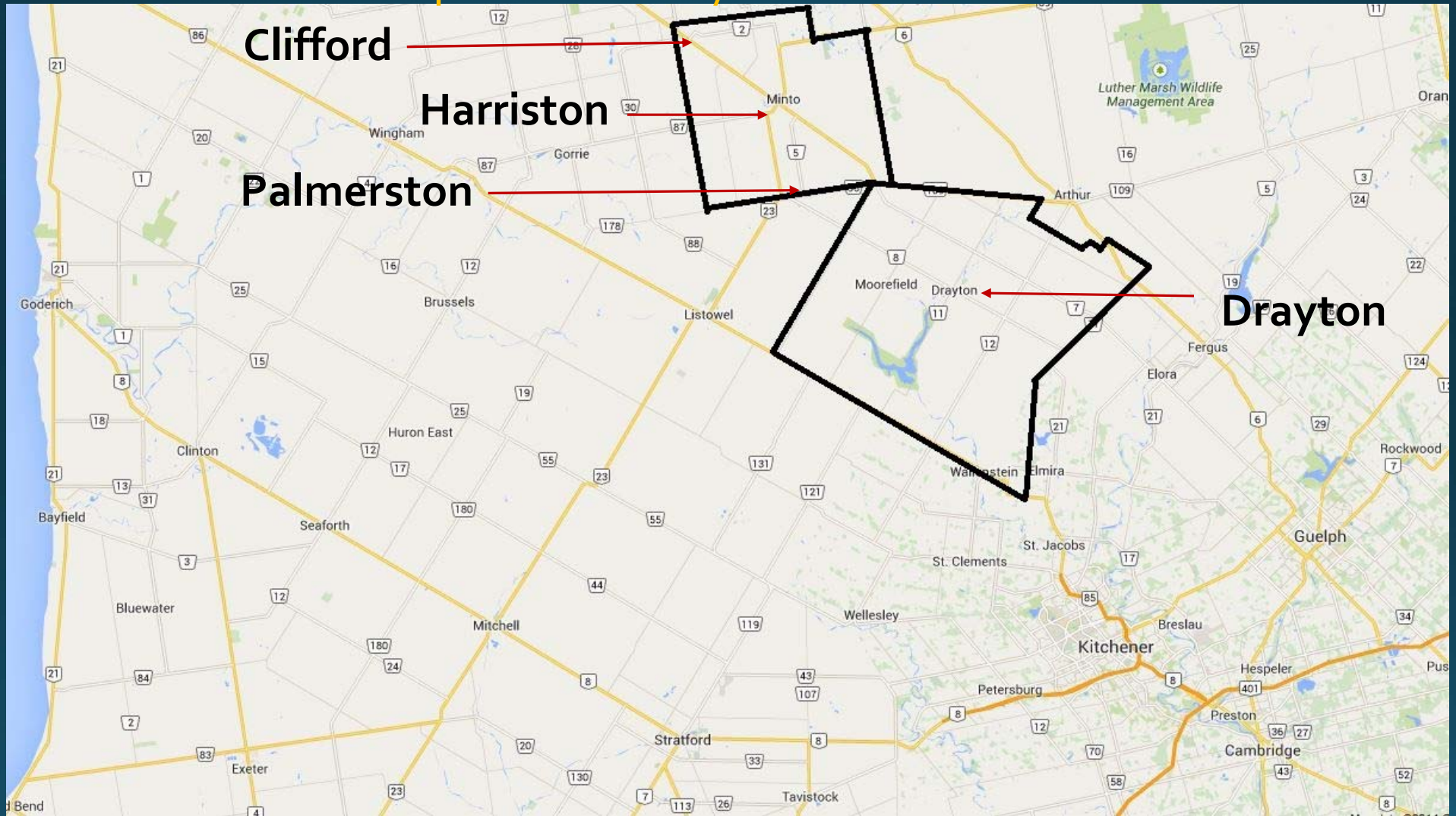


# Minto-Mapleton Family Health Team

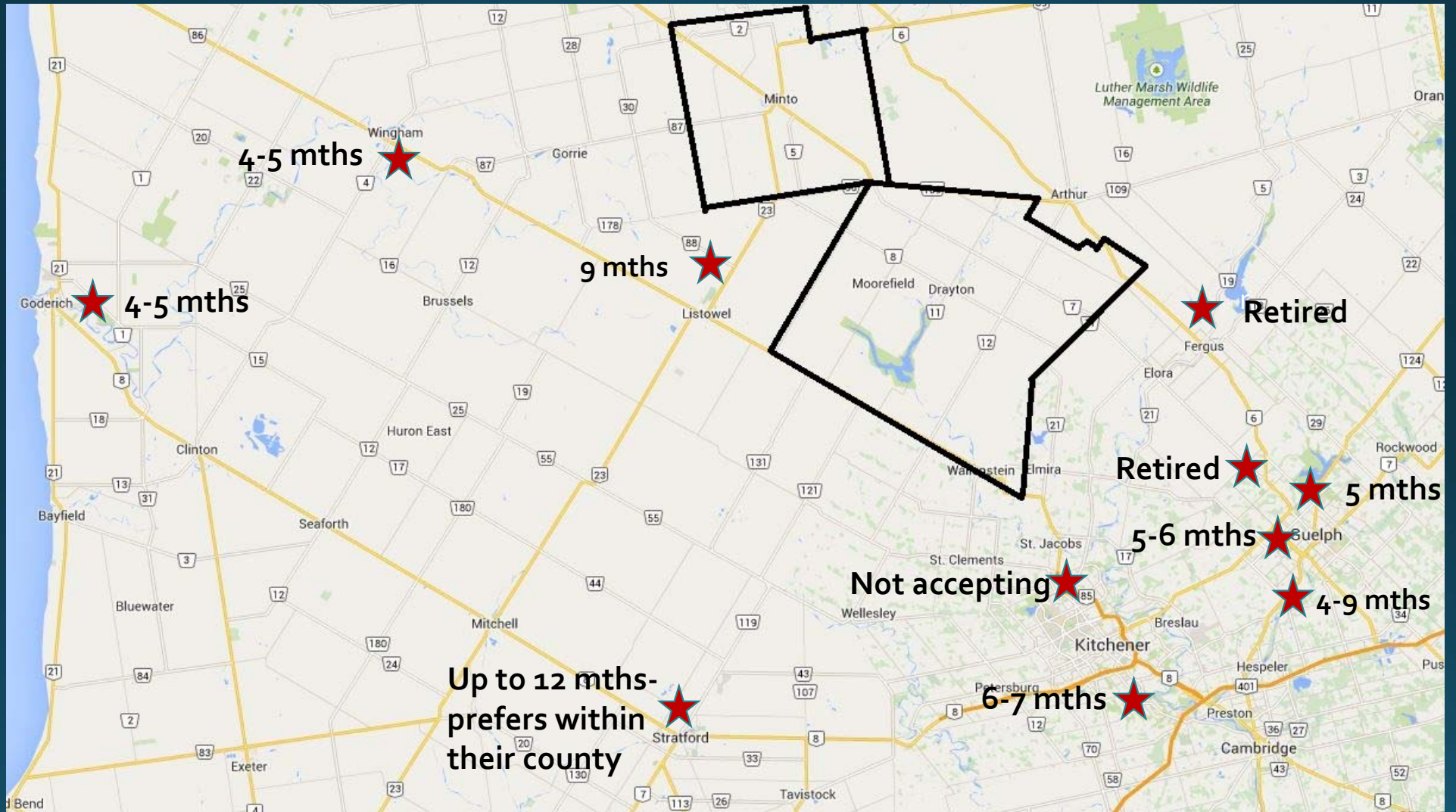




# Minto-Mapleton Family Health Team Locations

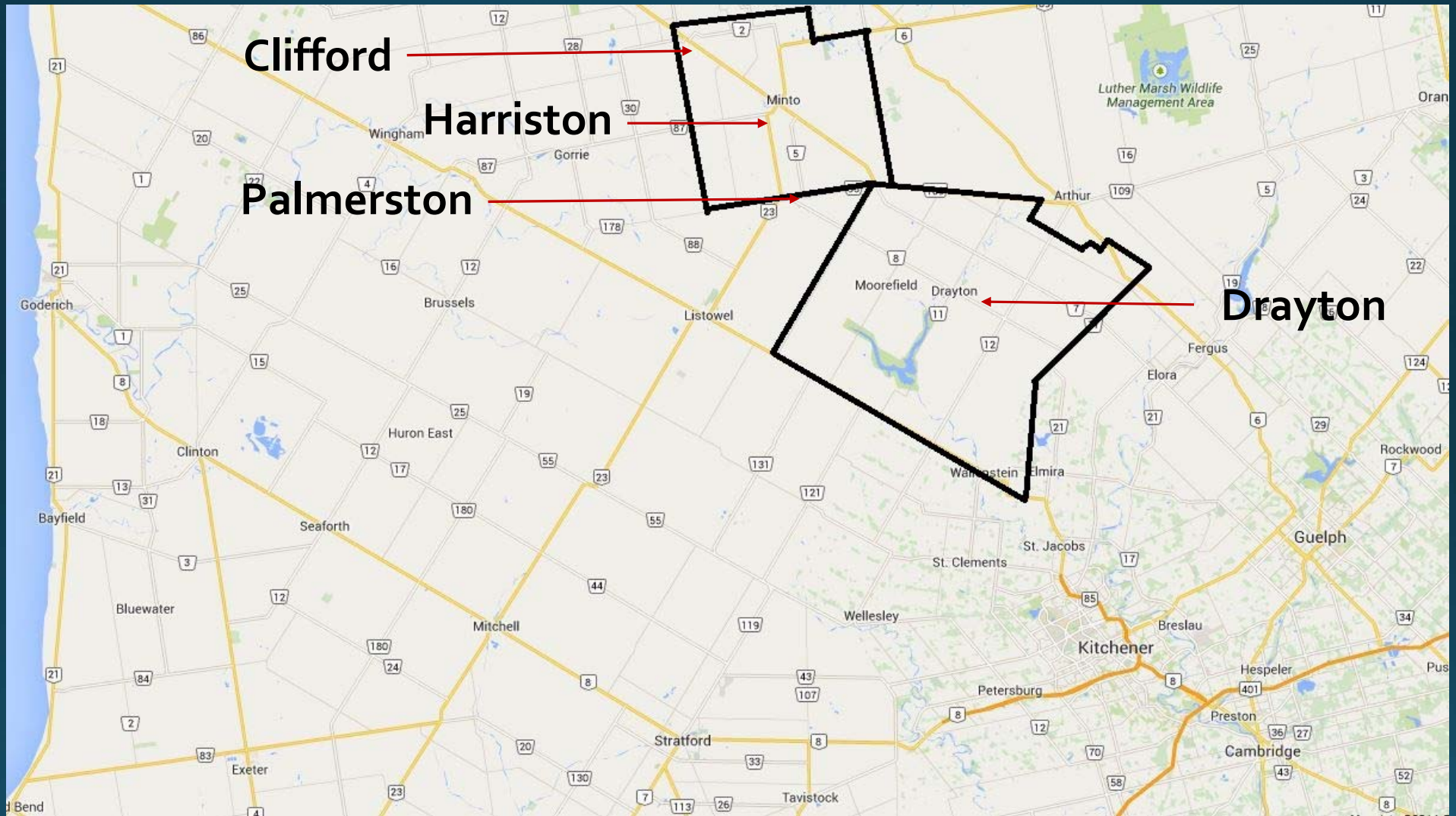


# Referral sources and wait times





# OTN sites available to Minto-Mapleton FHT



# AFHTO THEME:

## Clinical Innovation in Comprehensive Primary Care

### Benefits of OTN

- ❖ Shorter wait times
- ❖ Eliminates unnecessary travel and associated costs
- ❖ Less/no time off work for patients
- ❖ Easy interaction between consultants and primary care provider



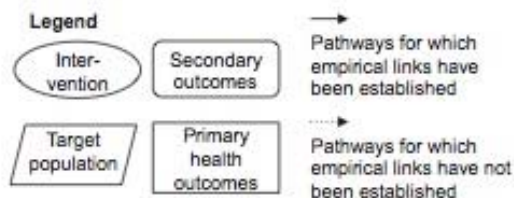
# How it Got Started....

- ❖ OTN consultations
  - ❖ Appreciation of the need for mental health support
- ❖ Collaborative care as a means of bridging the gap

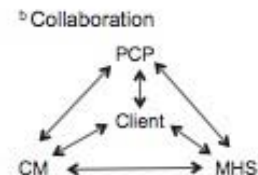




# Why Collaborative Care Works



<sup>a</sup> Providers:  
 Primary care providers (PCP);  
 Case managers (CM);  
 Mental health specialists (MHS)



**Figure 1.** Analytic framework depicting hypothesized collaborative care impact on screening, treatment, and outcomes of depressive disorders

# Current Literature

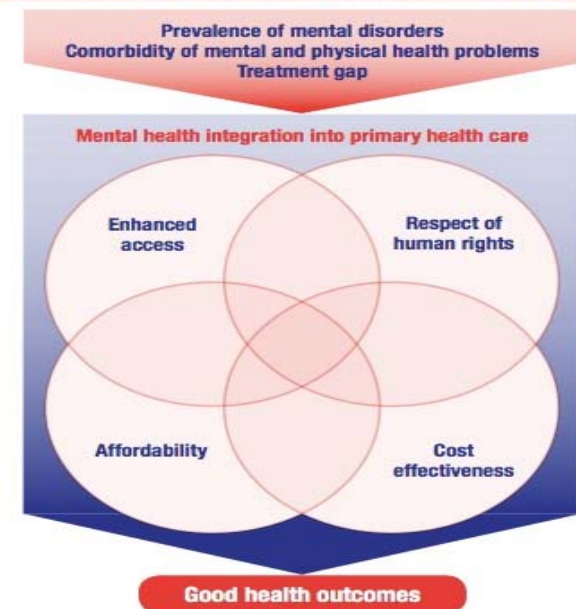
## Integrating Mental Health and Primary Care

(WHO/Wonca 2008)

Figure 1.1 WHO service organization pyramid for an optimal mix of services for mental health



Figure 1.2 Seven good reasons for integrating mental health into primary care



# Current Literature

## Integrating Mental Health and Primary Care

(WHO/Wonca 2008)

### Box 2.1

#### 10 principles for integrating mental health into primary care

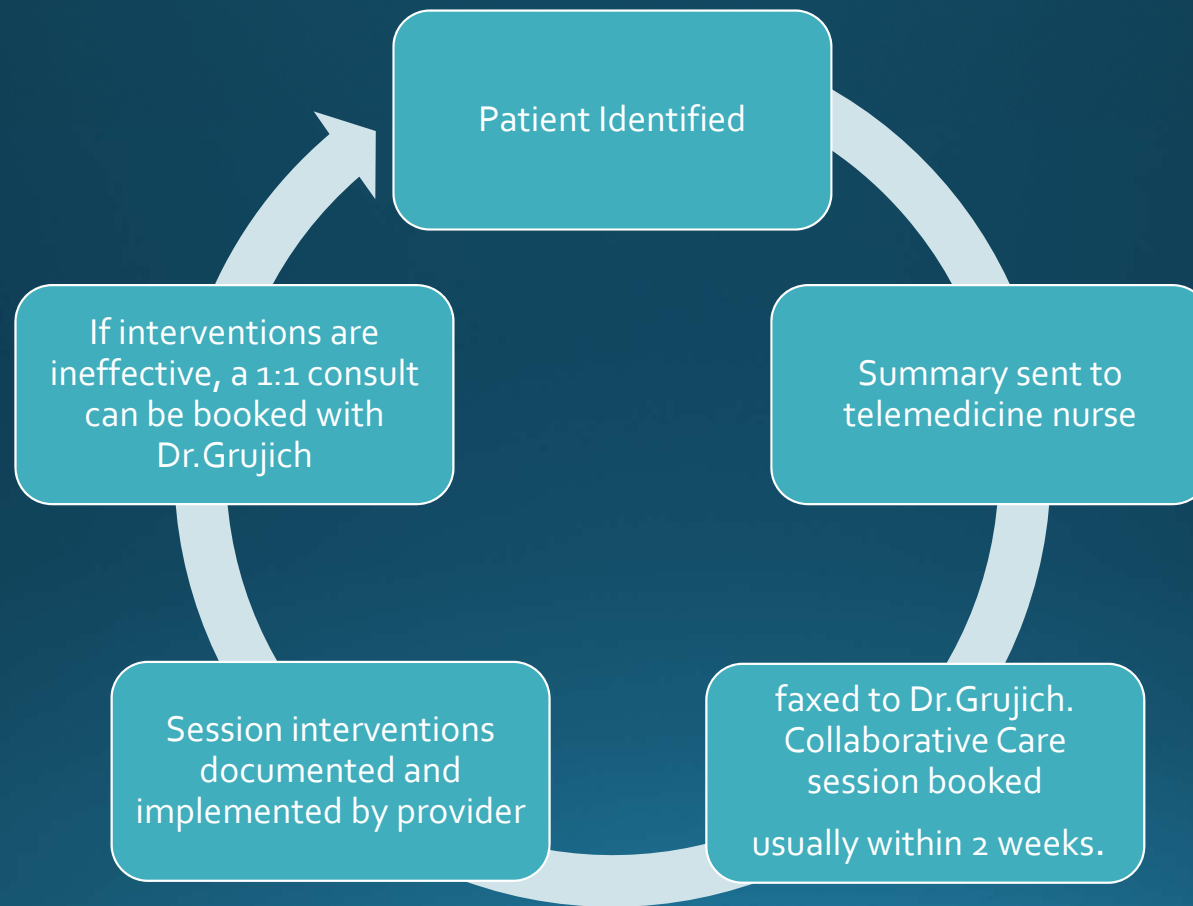
1. Policy and plans need to incorporate primary care for mental health.
2. Advocacy is required to shift attitudes and behaviour.
3. Adequate training of primary care workers is required.
4. Primary care tasks must be limited and doable.
5. Specialist mental health professionals and facilities must be available to support primary care.
6. Patients must have access to essential psychotropic medications in primary care.
7. Integration is a process, not an event.
8. A mental health service coordinator is crucial.
9. Collaboration with other government non-health sectors, nongovernmental organizations, village and community health workers, and volunteers is required.
10. Financial and human resources are needed.

# Typical Session

- ❖ 1-4 sites linked in via OTN
- ❖ Multiple providers at each site
- ❖ Review cases
- ❖ Triage who should be seen in consultation
- ❖ Formal education
- ❖ CME



# Referral Process







New  
Process

## Telemedicine Collaborative Care Sessions

October 30, 2013 – August 30, 2014

- ❖ 26 sessions – 1 hour each
- ❖ 76 patients reviewed and interventions suggested to be implemented by the primary care team
- ❖ Only 3 patients have required a further 1:1 consult with Dr.Grujich



Old  
Process

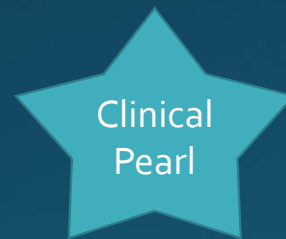
## 1:1 Psychiatry Consults

- ❖ Consults usually 2 hours in length
- ❖ 76 patients = 152 hours
- ❖ 1 consult per week = 76 weeks = approx. 1.5 yrs.

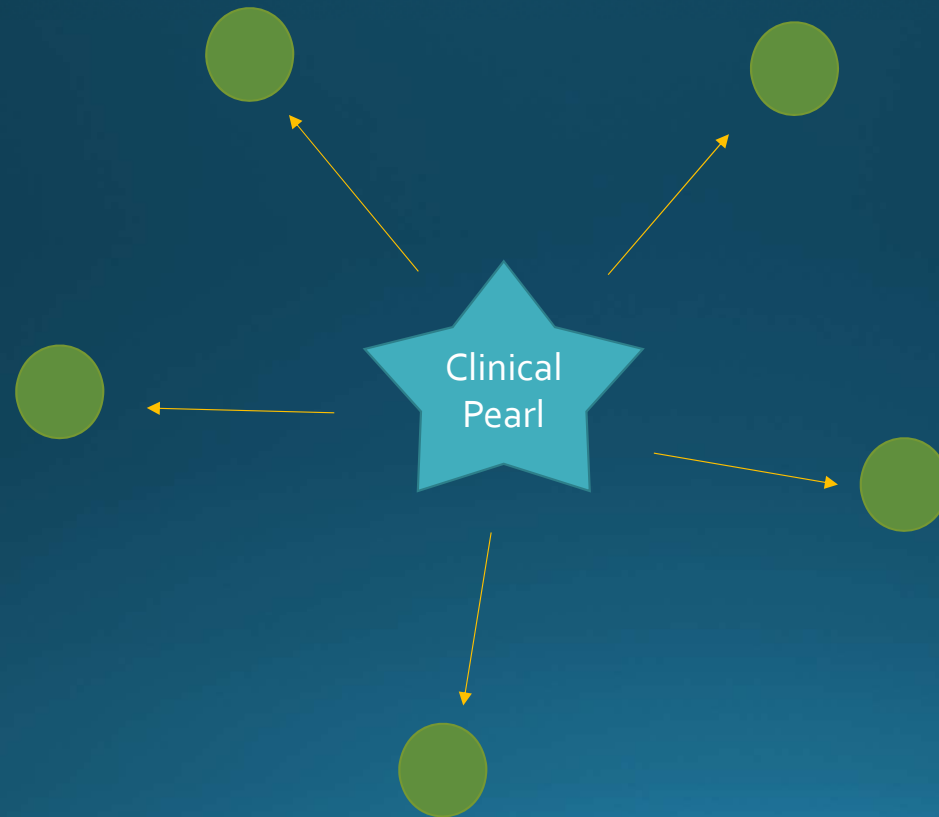
# Benefits of Early Interventions for the Patient

- ❖ Lower risk of relapse
- ❖ Reduced vocational/developmental disruption
- ❖ Less stressful assessment and treatment
- ❖ Reduced family disruption and distress
- ❖ Improved recovery and better attitudes to treatment
- ❖ Reduced risk of suicide

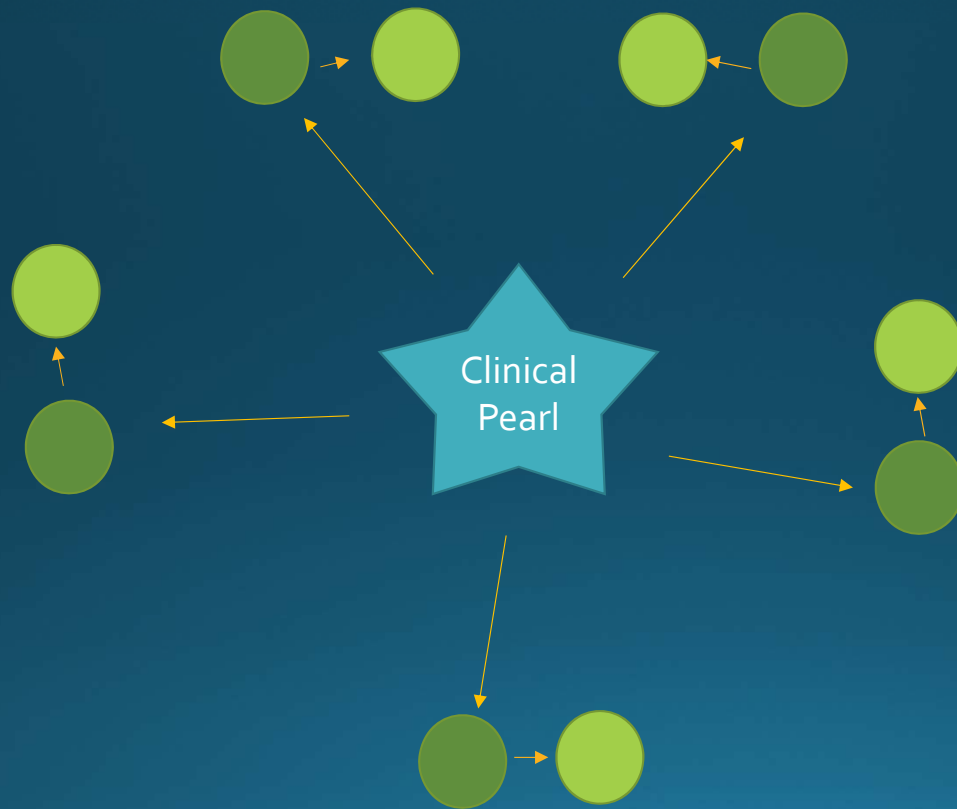
# Dissemination of Information: THE VIRAL EFFECT



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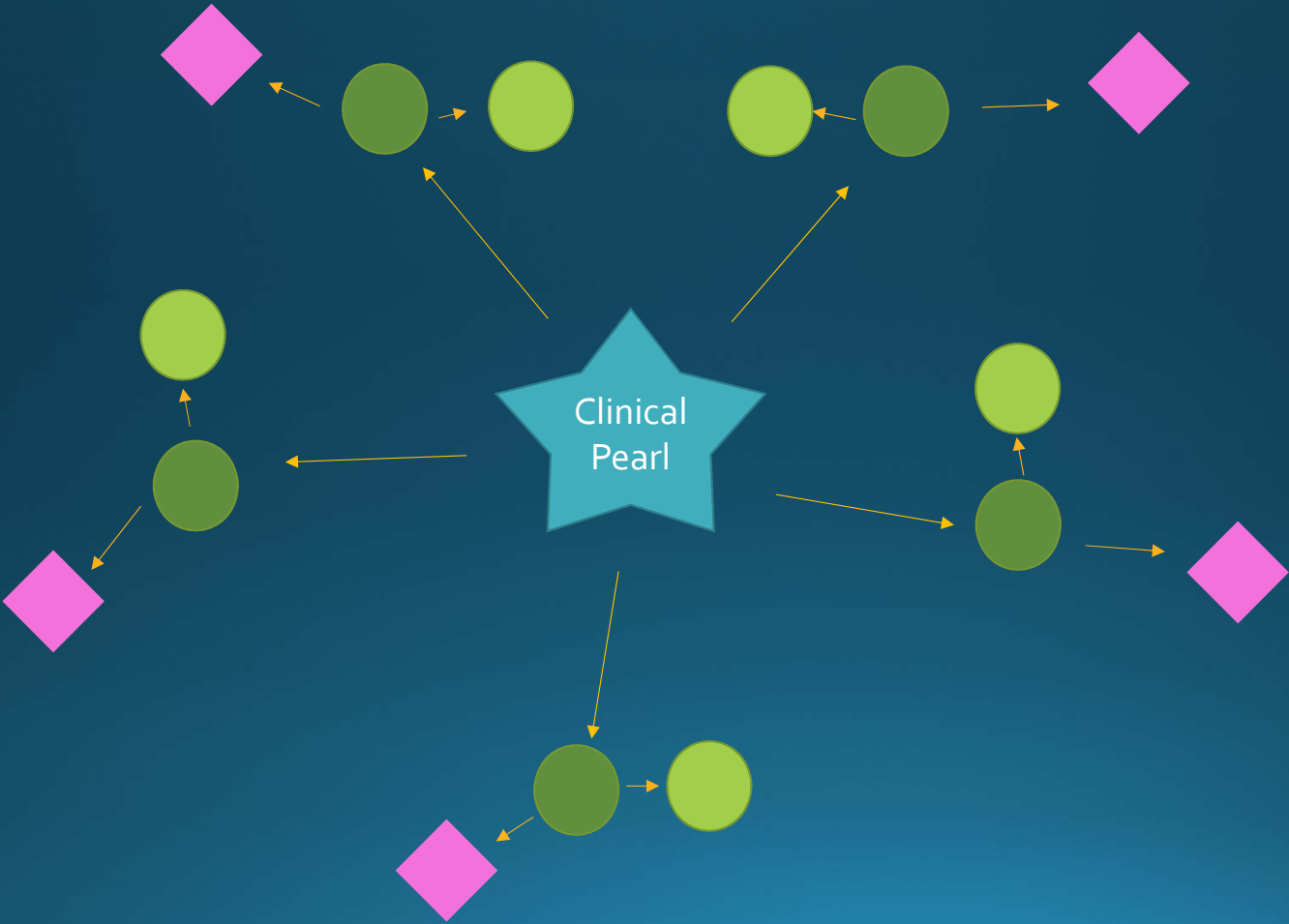


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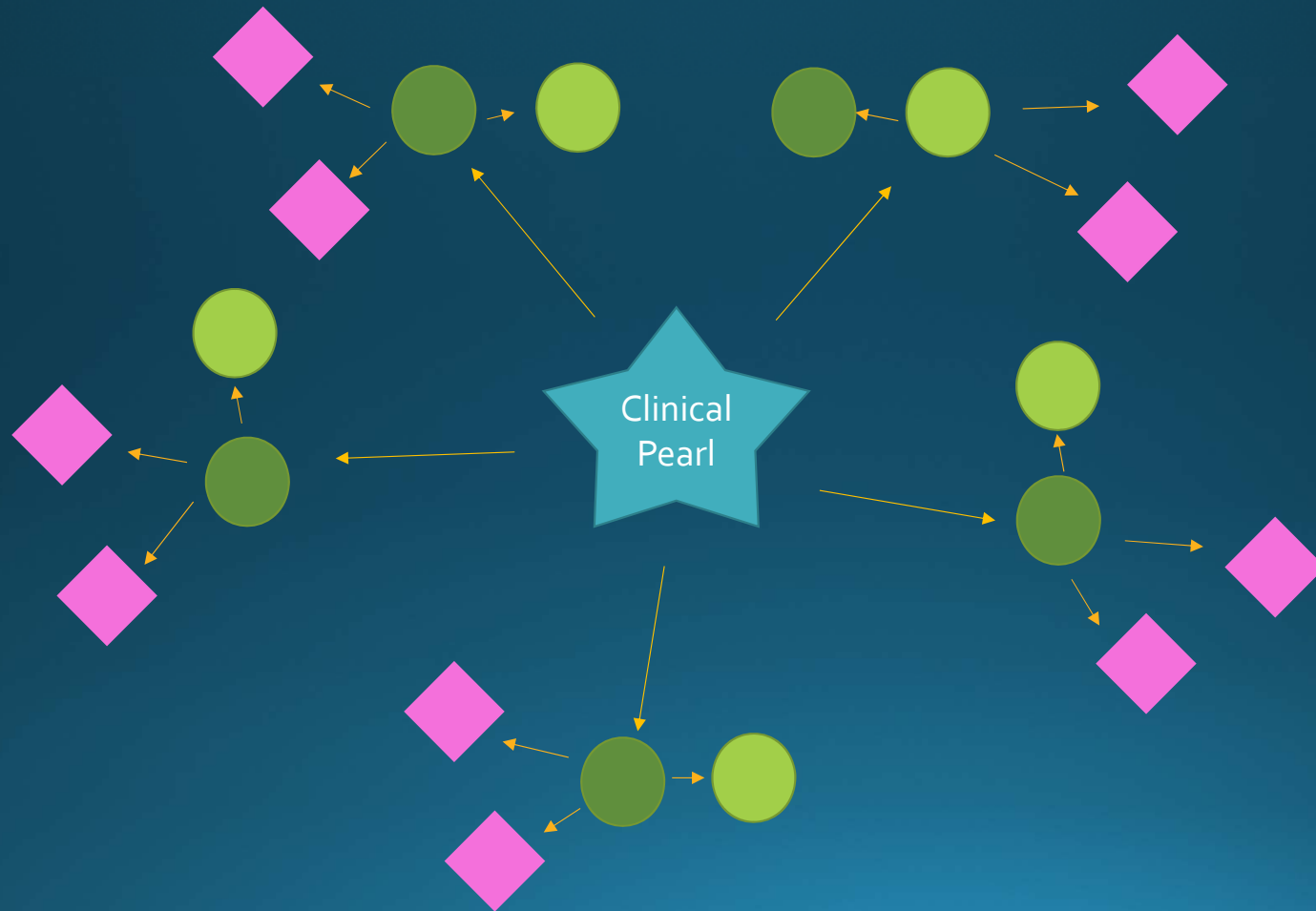




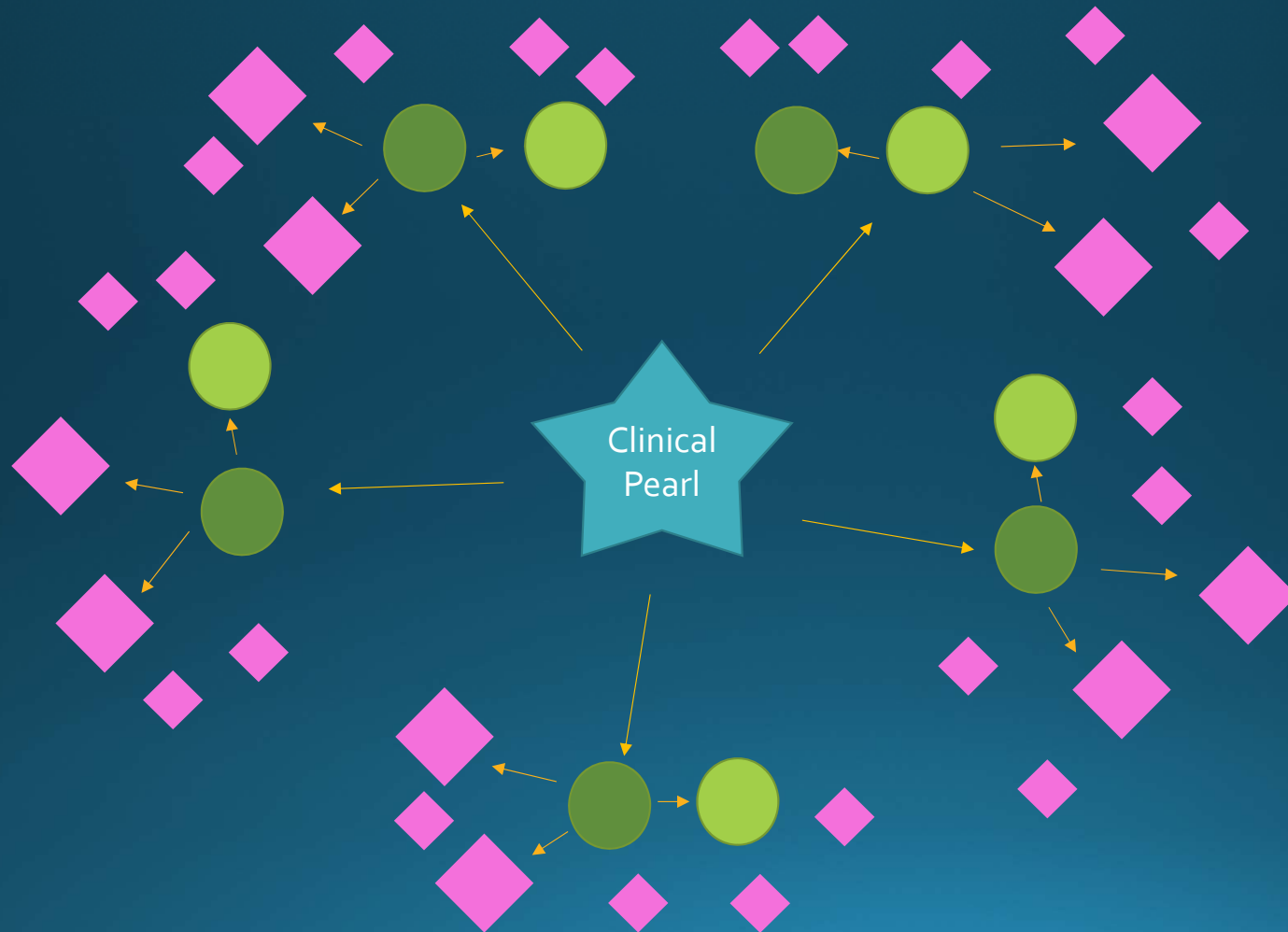
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# Provider Feedback Questions

- 1) What have you found helpful about the collaborative care sessions ?
- 2) In what ways has collaborative care enhanced your practice ?
- 3) Do you feel your confidence in treating complex mental health patients has increased using the collaborative care model ?  
If so, please explain.





## ANSWERS: Repeated themes

- ❖ Provider *confidence* increase – all 7/7 providers said **YES !!**
- ❖ *Invaluable* service
- ❖ Patients are *receptive*
- ❖ *Quick* feedback
- ❖ *High caliber* information
- ❖ Clinical *pearls*
- ❖ Broadened *awareness* to diagnosis and treatments
- ❖ *Enhanced* my practice
- ❖ *Decreased unease*
- ❖ *Reaffirm* we are on the right track

In Partnership with Patients : True Integration of Care

Our Patient's Perspective

# Discussion