

# Access to Psychotherapy in Ontario Family Health Teams: experiences from a Family Physician and a Psychologist

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# Part of our work....

- Since 2004
  - Primary Care Transition Fund demonstration project
    - Integration of psychologists in family medicine clinics
    - Visit to Australia – Department of Health and Aging
  - Survey of family physicians (FPs) (Grenier, Chomienne, et al. 2008)
    - FPs are willing to collaborate with psychologists
    - Out-of-pocket costs were the greatest reported barrier to referring to psychologists

# A family physician's perspective

- Common mental health problems (anxiety, depression, chronic insomnia) are **common**
- Burden in every day practice
  - 40-85% of cases seen involve a psychosocial component

# A family physician's perspective

- Burden in every day practice exacerbated by
  - Our lack of time...
    - Busy fast-paced practice
  - Pressure/expectations re physical health
    - More interest in addressing physical health
    - Pressure/expectation to treat physical/medical problems
  - Burden of chronic disease : co-occurrence

# A family physician's perspective

- Our training...
  - 2008 FP survey : most thought they had received insufficient information/training in medical school and residency
- The services we render..
  - Most FPs perceive their mental health interventions as emotional support/counselling
  - Usual care involves drug therapy and/or generic counseling

# A family physician's perspective

- When do I need to refer to psychology?
  - **Often !**
    - Psychological disorders without / with chronic diseases
    - Clarification of diagnosis or better understanding of patient
- Yet obstacles:
  - Financial
  - Location
  - Stigmatisation
  - Lack of knowledge (Patient/provider)

# Family Practice and psychology

## Demonstration project (Chomienne, Grenier, et al., 2006)

- Integration of 2 psychologists in 2 medical clinics for 12 months
- Overall:
  - Family physicians and psychologists seem to be natural & complementary allies in primary care : work well together
  - Family physicians learnt how structured a psychological treatment is
  - Collaborative process was extremely smooth
  - Improved provider/patient satisfaction
  - Improved quality / continuity of care
  - Improved access to psychological care and diagnosis
  - **Freeing up of physician time**

# Family Practice and psychology

## Patients' perspective

- 75 % considered psychologists to be better trained to deal with psychological problems
- 77 % considered psychologist had more time to deal with psychological problems



# Family Practice and psychology

## Physicians' perspective

- improved quality of life at work
- improved office atmosphere
- improvement in workload

## Physician's comments

*“We have lost a vital resource; I am finding it hard to re-adjust”*

*“I wish we had a psychologist on staff permanently”*

*“Waiting times and case loads are beginning to increase again...”*

# Family Practice and psychology

## Cost to OHIP (in our study)

- Monthly psychological billing for each physician were averaged over the 12 months before and during the intervention
- Billing for mental health codes (clinics combined) significantly decreased during the intervention, ( $p=0.043$ ).
- Median relative reduction (clinics combined) was 18%
- 2% relative reduction for the urban clinic
- 33% relative reduction for the rural clinic

# Ongoing experience as psychologist

- Practicing for 15 years in various settings / activities
  - Private practice
  - Hospital
    - Health Psychology outpatient and inpatients
    - Research
  - Teaching
    - Residents in family medicine
    - Clinical supervision : PhD students clinical psychology
  - FHT clinical psychologist
    - 20 physicians.....multidisciplinary team..... 20,000 rostered patients

# Decade of Primary Care (PC) Recommendations and Reform in all Provinces

- 2002 Romanow report
  - **Increase access to diagnostics & evidence-based interventions**
- 2004 Federal government/provinces
  - Ensuring 50% of Canadians access **multidisciplinary teams** by 2011
- 2006 Kirby report
  - Mental illness = same seriousness as physical illness
  - Policy decisions: made on basis of **best evidence** re treatments
- 2012 Mental Health Commission: National Strategy
  - Providing access to right services, Tx, supports, collaborative practices
  - **Evidence-based treatments**
  - Encourage resources from private sector to contribute to public sector

# Ontario

- FHNs, FHGs, FHOs, FHTs
- Family Health Teams (FHTs) – Équipes de santé familiale
  - FPs, nurses, SW, psychologists, and others work collaboratively under same roof
- Represent 2100 family physicians
  - less than 20% of all family physicians
  - 1400 other health care professionals (MOHLTC, 2011)
- Each FHT : own business plan that best suits community's needs
- 200 FHTs in Ontario

# Ontario

- Proportion of psychologists in PC is limited...
  - **Ontario:** out of 3,378 psychologists...  $\approx 21$  work in FHTs  $\approx 0.01\%$ 
    - 1 or 2 are full time; remainder work between 1-3 days per week
  - **Québec:** out of 7,800 psychologists...  $\approx 682$  work in PC  $\approx 0.09\%$
  - **Alberta:** out of 2,215 psychologists...  $\approx 23$  work in PC models  $\approx 0.01\%$

Source: Peachey, D., Hicks, V., & Adams, O. (2013). An imperative for change: Access to psychological services for Canada. Retrieved from the web site: [http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf)

# A psychologist's experience and observations on the front line of primary care

- Number of patients prefer/ask for non-pharmacological approaches
  - Patients with private insurance are referred in private sector
  - But...many prefer to come to the FHT for services
- Number of patients benefit from psychological interventions aimed at actually helping them become more flexible and appreciate, when indicated, benefits of a combined psychotherapy & medication
  - Perhaps more credibility coming from a non-prescribing professional
  - Timely interventions as to meaning for taking medication for patient
  - Discussion on evidence/scientific support for various options, alone & combination

# A psychologist's experience and observations on the front line of primary care

- Majority of mental health services in FHT's provided by SW/counselors
- Majority of non-pharmacological mental health interventions involve
  - generic counseling, problem solving, educational groups, identification of & referral to, community resources
  - wait lists exist: patients may wait several months for services within clinic
- Majority of interventions in family medicine is
  - Medication and counseling/giving advice
  - Consistent with recent research (Talbot, Clark, et al., 2014) (Roberge et al., 2014)



# A psychologist's experience and observations on the front line of primary care

- Despite demand for non-pharmacological options
  - Difference between psychiatrists, psychologists, SW, and counselors not always clear
    - Even for other health professionals
  - Low awareness re notion of evidence-based psychological Tx for certain conditions
    - Discussing hierarchy of scientific evidence and Tx options collaboratively with patients is not the norm
    - Use of evidence-based guidelines is not the norm; consistent with studies (Roberge, et al., 2014)
- Difference between evidence-based psychological treatments/psychotherapies and generic counseling is too often unclear
  - Perception they are all «talk therapies»...
  - Residents: Surprised to learn that a psychological treatment involves a plan, active ingredients, often a sequence of steps, and a rationale for doing so, etc.

# A psychologist's experience and observations on the front line of primary care

- WHY so few psychologists integrated in Ontario FHTs ?
  - Hypotheses and experiences

# Psychologist's experience and observations on the front line of primary care

- Lack of understanding of difference in training and scopes of practice between psychiatrists, psychologists, social workers, and counselors ?
  - Advocacy being done to promote role of psychologists
- Lack of understanding of difference between evidence-based psychological treatments/psychotherapies and generic counseling ?
  - Lingering perception they are all talk therapies...
  - « All they need is someone to talk to »
  - Lack of consideration re nature and complexity of cases and hierarchy of recommended interventions / guidelines

# Psychologist's experience and observations on the front line of primary care

- Belief : would be too costly to increase access to psychologists while other mental health professionals can provide similar service
  - Training mental health workers, use of treatment manuals
  - True: for certain conditions with a clear presentation
  - But what happens in complex co-morbid cases / multiple diagnoses
    - What do we treat first, and why ?
    - When is it contra-indicated to start using intervention x ? And why?
    - Readiness to alter content, course of Tx, pace of Tx, refer, etc.
    - Necessitates repertoire of knowledge and clinical judgment ....and supervised training

# Psychologist's experience and observations on the front line of primary care

- Currently, competencies and full scopes of practice of mental health professionals may not be optimally distributed in FHTs
  - May not be accessing «the most appropriate provider» for their presenting problem(s) and level of complexity
  - Limitation: one type of mental health professional, independent of level of complexity
- Reality: in multidisciplinary PC setting, all of these mental health professionals are important
  - Not all patients need a psychologist or a psychiatrist
  - Some benefit more with the services of a counselor or social worker
  - Each professional has his/her set of skills and unique contribution to make

# Psychologist's experience and observations on the front line of primary care


- Could FHTs in Ontario benefit in adopting a stepped-care approach (similar to IAPT in UK) to mental health care
  - Psychologists: most appropriate for assessment / diagnosis / triage and complex, comorbid, chronic, or refractory problems
    - Roles as diagnosticians, educators, supervisors, program developers, program evaluators
  - Social workers : broad expertise in social work interventions, education, low-medium intensity interventions, navigation within the system, linkages with the community
  - Counsellors /mental health workers: expertise in counselling, low-medium intensity interventions, behavioural counselling, emotional support
- Optimizing judicious use of resources and scopes of practice...not under, not over...
- Make use of clinical guidelines and best practices in mental health a priority
  - Educate general public and other health professionals

# Key messages

- FPs and psychologists are natural/complementary allies
- Psychologists: integrate in FHTs as part of core team
- More judicious utilization of scopes of practices and levels of training – stepped-care approach
- When increasing access to psychotherapies
  - Clinical guidelines/evidence-based practice should be a priority
  - Patients' right to be informed of best available clinical evidence



# MERCI!

- Questions?
  - Commentaries
  - Clarifications
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# References

- Romanow, R. J. (2002). *Building on values: The future of health care in Canada*. Ottawa, Ontario: Commission on the Future of Health Care in Canada.
- Hunsley, J. (2002). *The cost-effectiveness of psychological interventions*. Ottawa, Ontario: The Canadian Psychological Association.
- Kirby, M. J. (2003). *Reforming health protection and promotion in Canada: Time to act*. The Standing Senate Committee on Social Affairs, Science and Technology (Fourteenth Report). Retrieved from Parliament of Canada website:  
<http://www.parl.gc.ca/Content/SEN/Committee/372/SOCI/rep/repfinnov03-e.htm>
- Kirby, M. J., & Keon, W. J. (2006). *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada*. Ottawa, Ontario: The Standing Senate Committee on Social Affairs, Science and Technology.

# References

- Grenier J, Chomienne MH, Gaboury I, Ritchie P, Hogg W. Collaboration between family physicians and psychologists : What do family physicians know about psychologists' work? *Can Fam Physician* 2008;54:232-233.
- Chomienne, MH, Grenier, J., Gaboury, I., Ritchie, P., Hogg, W. Haynes, E. (2009). Family Physicians and Psychologists Working Together: Physicians' and Patients' Perspectives. *Journal of Evaluation in Clinical Practice*: 17:282-287.
- Peachey, D., Hicks, V., & Adams, O. (2013). An imperative for change: Access to psychological services for Canada. Retrieved from the web site: [http://www.cpa.ca/docs/File/Position/An\\_Imperative\\_for\\_Change.pdf](http://www.cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf)

# References

- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, Alberta: Mental Health Commission of Canada.
- Hunsley, J. Elliott, K., Thérien, Z. (2013). *The efficacy and effectiveness of psychological interventions*. Ottawa, Ontario: The Canadian Psychological Association.
- Picard, A. (2013). Exposing Canada's ugly mental-health secret. Article published in *The Globe and Mail* Newspaper on October 13<sup>th</sup>, 2013.

# References

- Cohen, K., Peachey, D. (2014). Access to psychological services for Canadians: Getting what works to work for Canada's mental and behavioural health. *Canadian Psychology*, 55, No.2, 126–130
- Cavaliere, R. (2014). Improved Access to Psychotherapy Services: It's Time for Action ! *Canadian Psychology*, Vol. 55, No. 2, 135-138
- Votta-Bleeker, L., Cohen, K. (2014). Matching Need, Supply, and Demand in Psychology: How Many to Do What for whom ? *Canadian Psychology*, Vol. 55, No. 2, 131-134.