



Canadian Psychiatric Association
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CPA SUBMISSION

Study on Best Practices and Federal Barriers: Practice and Training of Healthcare Professionals

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To the Standing Committee on Health
April 10, 2014**

Thank you for asking the Canadian Psychiatric Association to make a presentation to your committee today. We have chosen a limited number of topics but invite a broader discussion of those topics and any other questions that the committee may wish to raise.

First I'd like to introduce myself. I am a psychiatrist, the Deputy Editor of the Canadian Journal of Psychiatry, a researcher, a former Chair of the department of psychiatry at the U of A, and a former assistant deputy minister for mental health in Alberta. I've am a member of the joint CPA, College of Family Physicians of Canada Shared Care Working Group and have been since 1998.

The Canadian Psychiatric Association was founded in 1951 and is a voluntary organization. We represent 4500 Canadian psychiatrists and 600 residents. The Association advocates for the mental health needs of Canadians and for the highest standard of professional practice. The CPA works with governments and other mental health stakeholders. We provide continuing professional development and promote research. CPA is not a licensing body, does not control the educational training requirements and it does not set fee or payment schedules for psychiatrists.

Psychiatrists train first as medical doctors and then undergo a further five years of training in behavioural medicine before being certified through national examination.

The ability to integrate medicine, psychiatry, neuroscience, psychology and social science is a skill set unique to psychiatrists.

Psychiatrists, perhaps more than any other medical specialty, work with multi-disciplinary teams. Increasingly we are called upon to work within a collaborative care framework.

What is collaborative care?

Collaborative care involves providers from different specialties, disciplines or sectors working together to offer complementary services and mutual support, to ensure that individuals receive the most appropriate service from the most appropriate provider in the most suitable location, as quickly as necessary, and with a minimum of obstacles.

It is built on personal contacts. It is based on mutual respect, trust, and the recognition of each partner's potential roles and contributions. And also on effective practices that are evidence- and experience-based.

Collaborative care can be seen as part of the overall picture of primary care reform, advocated by the WHO.

Canada adopted the principles of primary care reform from the World Health Organization and all provinces have supported this to a greater or lesser degree. After initial enthusiasm, and in our case, the support of the Canadian Collaborative Mental Health Initiative—or CCMHI (which involved 12 organizations)—the federal government seems to have lost the initiative. The federal government could reiterate its support for primary care reform and ensure that it includes a strong mental health component.

Increasing the number of specialists does not necessarily increase the health of the population and may in fact make it worse and more expensive. Increasing the number of primary care providers does improve population health and tends to reduce costs in the long run. The task then of the specialist is to ensure that the primary care providers are well supported and have ample access to different levels of specialist services, preferably as close to their worksite as possible.

Psychiatrists and family physicians have worked together for 15 years to promote collaborative care and have had considerable success in having the concepts adopted by both organizations. The many programs in place across Canada provide ample evidence of its uptake. One CCMHI document analyzed the evidence behind best practices in collaborative mental health care. It found that:

- Collaborative relationships require system-level collaboration, preparation, service reorganization and time.
- Co-location is important to patients.
- Systematically following up on patients is produces good outcomes.
- Patient education delivered by other health professionals improves patient outcomes.
- Giving patients treatment options improves their engagement in treatment.
- Collaborative care greatly reduces stigma.

Payment systems can be an obstacle to collaborative care. There is no consistent payment system and therefore no consistent way in which collaborative care is supported.

Mental Health and Federal Services

There are several collaborative care opportunities within the federal scope.

As an employer

CPA applauds the pilot of the National Standard for Psychological Health and Safety in the Workplace at Health Canada and encourages its wider adoption.

RCMP

Improved training of RCMP in mental health crisis intervention. Some of this happens, but clearly not enough. For example some police forces have adopted the Mental Health First Aid program.

Military

The primary mental health problem facing the military seems to be PTSD and its comorbidities. I am aware that new programs have been developed and seem to be effective. Also, rather than limiting attention to military personnel alone, some of the programs to support military families going through mental health crises and some of the self-support programs are worth your consideration as enhancements.

Federal prisons

In the last 40 years the federal incarceration rate has increased 75 per cent.

In a one year period 60 per cent of federal offenders received mental health services.

30 per cent of women offenders and over 14 per cent of male offenders had previously had a psychiatric hospitalization. Substance abuse problems affect four out of five offenders.

Women prisoners had a 50 per cent rate of self harm.
85 per cent had been physically abused
and over two thirds had experienced sexual abuse.

Correctional services may suggest that there is difficulty in recruiting physicians and this may be true. But I just checked the Government of Canada jobs website and found no advertised vacancies for physicians or psychiatrists.

Research

The federal government is one of the largest research funders in Canada. There is a need to support demonstration projects on how collaborative care can help address common problems faced by health care systems, such as underserved populations, Aboriginals, homeless, and rural and isolated communities.

Multidisciplinary training

Many of the health science faculties in Canadian universities now offer combined courses for several health disciplines. While this is a strong move forward there is probably still scope for further development.

Instruction on how to work collaboratively as part of a team, including situations in which the physician may not be the team leader, is needed.

Residency training programs in psychiatry now include mandatory experience in collaborative care.

There is scope for increased multidisciplinary continuing professional development programs. The Canadian Psychiatric Association has run some of these programs primarily for family physicians and psychiatrists and they have proved quite successful but can be expensive to operate and maintain.

It is not quite clear what the federal government's role in this can be but encouragement and support of multidisciplinary continuing professional development activities would certainly be appreciated.