Executive Summary

PAVING THE PATH TO CONNECTED CARE: STRENGTHENING THE INTERFACE BETWEEN PRIMARY CARE AND COMMUNITY-BASED CHILD AND YOUTH MENTAL HEALTH SERVICES

Policy-ready paper developed by the Ontario Centre of Excellence for Child and Youth Mental Health

Principal Investigators:
Mario Cappelli and Stephanie L. Leon

Ontario Centre of Excellence for Child and Youth Mental Health

Acknowledgements

The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) members:

Michelle Hurtubise, Purnima Sundar, Simon Davidson, Veronica Hoch, Zac Johnstone, Julia Armstrong and Laura Kelly

Policy-ready paper advisory committee (PRPAC):

An advisory committee was convened during the initial stages of the project to offer guidance on the development of the policy-ready paper. The policy-ready paper advisory committee (PRPAC) also met with the writing team to provide guidance during key stages and activities including the initial stakeholder engagement and consultation procedures. This interdisciplinary group was made up of one young person and one family member with personal experiences in the intersection of primary care and child and youth mental health, various professionals in the primary care and mental health sectors as well as Centre staff with relevant subject matter knowledge.

PRPAC members (in alphabetical order): Sarah Barker, Sarah Cannon, Amy Cheung, Tamara Chipperfield, Angie Heydon, Jessica Hill, Jennifer Rayner, Kellie Scott, Roslyn Shields, Margaret Steele and Peter Szatmari

Policy-ready paper writing team:

The writing team was led by two principal investigators who performed the systematic scoping literature search, environmental scan, and drafted the policy-ready paper. Other members provided key feedback and informed the development and writing of the policy-ready paper. This group was also instrumental in helping define the scope and focus for the paper, generate key discussion themes, and identify policy priorities. Lastly, group members advised extensively on policy recommendations and reviewed drafts of the paper before dissemination.

Writing team principal investigators: Mario Cappelli and Stephanie L. Leon

Writing team members (in alphabetical order): William Gardner, Francine Gravelle, Michelle Hurtubise, Sharon Johnston, Laura Kelly, Kathleen Pajer, Deena Shorkey, Margaret Steele and Purnima Sundar

Suggested citation: Cappelli, M. & Leon, S. L. (2017). *Paving the path to connected care: Strengthening the interface between primary care and community-based child and youth mental health services. Executive summary.* Ottawa, ON: Ontario Centre of Excellence for Child and Youth Mental Health.

Executive summary

Given discussions and activities currently underway regarding primary health care reform, and the implementation of specific activities related to *Moving on Mental Health*, there is an opportunity to gather knowledge regarding evidence-informed models of care that may be useful in the Ontario context, and make recommendations for policy development aimed at strengthening the primary mental health care system.

In Canada and the United States, it is believed that up to 20 percent of children and adolescents suffer from a mental illness at any given time. The primary care setting provides a unique opportunity to address the mental health needs of children and adolescents since primary care providers have regular and ongoing contact with many children, adolescents and their families. Physicians, however, often report feeling ill-equipped to diagnose and manage child and youth mental health concerns and many disincentives exist for primary care providers to address or treat mental health issues. On the other hand, demand for community-based child and youth mental health services is high and increasing while availability of appropriate providers is low, resulting in exceedingly long waitlists.

There is an increased recognition that a more efficient and effective system of mental health care that maximizes the use of all providers is deeply needed. Establishing collaborative and integrated care partnerships across primary care and child and youth mental health sectors has been suggested as the answer to improving access to care, quality of care and outcomes.

Methods

We undertook targeted consultations with a wide range of key stakeholders (ministry representatives, youth with lived experience, families with experience seeking mental health support for their child or adolescent, primary care providers, and community-based child and youth mental health service providers), performed a systematic scoping review of the literature and carried out an environmental scan of current provincial, national and international practices. We believe that these methods have enabled us to better understand the needs of Ontario service consumers (children, adolescents and their families), what collaborative practices are supported by evidence, and what models are used provincially and abroad.

Results

SOURCE	PREDOMINANT THEMES
Stakeholder interviews and focus groups	• greater mental health training for primary care providers • importance of the client-provider relationship • paying greater attention to youth and family needs • primary care provider's role as a mental health provider and inter-provider collaboration expectations • barriers to collaboration • experience in the mental health system and calls for change
Scoping literature review	• communication, relationships and collaboration between primary care and community-based child and youth mental health services • referral practices • roles and responsibilities of each professional within the mental health care system • primary care provider mental health training • Clinical Information Systems (CIS) (also called Electronic Medical Records) • standardized screening and assessment tools
Environmental scan: Five models of the primary care and community-based child and youth mental health services interface	• consultation-liaison models • facilitated referral and liaison models • co-location models • community hub models (also one-stop-shops) • Chronic Care Model (CCM) framework

Using a blended model approach and collaborative care principles

There is limited evidence demonstrating the effectiveness of any one model of the primary care and community-based child and youth mental health services interface. Nevertheless, the current research provides strong evidence that collaborative and shared care principles are necessary and that primary care is an appropriate setting for brief and evidence-based interventions provided by a mental health professional.

We believe the following approach, framework and model can drive meaningful change by providing guidance for the modification or development of clinical pathways, by increasing accountability, and by enabling better measurement of care delivery:

I. The stepped-care approach

The stepped-care approach promotes the delivery of the most effective, yet least resource-intensive treatment. More expensive and complex interventions are only implemented after simpler, less costly interventions have been unsuccessful. Similarly, milder cases should be seen by more generalist providers who can support low intensity "minimal" interventions, while only severe/complex cases should require the attention of specialists and more intensive interdisciplinary interventions. Monitoring of client progress is an essential element to determine if, or when, a step-up, or step-down, is necessary. This approach can help shape pathways between primary care and community-based child and youth mental health services and guide the redefinition of provider roles and services within the pediatric mental health system.

II. The Chronic Care Model framework (CCM)

The CCM framework emphasizes effective partnerships between sectors which allow clients to take advantage of specialist treatment expertise, comprehensive primary care and longitudinal care. The CCM core elements are useful in guiding the organization and management of clinical resources in a truly collaborative manner within organizations across communities: local leadership teams comprised of various primary care and community partners; incentives for providers to take on mental health cases and collaborate; access to decision support for primary care providers through training, guidelines and specialist consultation; modification of delivery systems including changes in planned visits and follow-up; clarification of roles, responsibilities and expanded scope of practice of the health care team; implementation of Clinical Information Systems; referral, navigation support and access to appropriate community resources beyond primary care; and self-management support for subthreshold clients or those on waitlists.

III. The community hub model

The community hub model can provide a one-stop-shop, youth-friendly location that can enhance community engagement, strengthen social networks among community members, decrease stigma and address inequities. In fact, community hubs are thought to be especially useful in capturing marginalized or at-risk youth who do not tend to present at traditional primary care settings (e.g. transitional aged youth, marginalized youth, youth who need additional services such as school and addiction support.

Recommendations

The following recommendations were developed to strengthen the partnership between primary care and community-based child and youth services in providing developmentally appropriate services to children and adolescents with mental health concerns across the spectrum of symptom severity and functional impairment. As the recommendations are broad, we stress the importance of paying attention to issues of diversity and the social determinants of health in designing clinical pathways and in clinical service provision.

1. ORGANIZATIONAL STRUCTURES AND PRACTICES THAT SUPPORT INTER-PROVIDER COMMUNICATION

Poor communication between providers across primary care and community-based child and youth mental health services is a major barrier to optimal care. On the one hand, many primary care providers have little knowledge of available and appropriate mental health services in their community, how to initiate a referral to a mental health agency, or what to expect in terms of treatment type and length. On the other hand, community-based child and youth mental health services seldom inform primary care providers of referral status and treatment outcomes, and have little knowledge of primary care provider practices, including fee reimbursement and prescription of medications. Given that our mental health system is very much in flux, as some focus group participants described, it is often challenging to understand other providers' roles, responsibilities and competencies as they relate to mental

health. Because of this, providers are more likely to go with what they know, which leads to professional isolation and lost opportunities for consultation and collaboration. Collaborative principles need to be a priority for all providers to achieve better outcomes. These principles include (1) primary care and community-based child and youth mental health service leadership teams representing the community's needs, (2) access to decision support for primary care providers through specialist consultation (for example, using Tele-Mental Health), (3) clarification of roles and expanded scope of practice in interdisciplinary teams, and (4) implementation of Clinical Information Systems. To this end, each provider, whether in a solo-practice clinic or agency, should articulate a mission statement which includes collaborative mental health and which is then translated into concrete organizational strategies that are continuously monitored.

2. MORE EFFECTIVE MENTAL HEALTH TRAINING FOR PRIMARY CARE PROVIDERS TO BUILD CAPACITY

Mental health training for primary care providers tends to focus on diagnostic categories, symptoms and evidence-based treatments, but has lacked teachings in interviewing and "soft" skills needed to fully engage children and adolescents with mental health difficulties. These skills include, but are not limited to: communicating to clients and their families about mental health in an empathic non-judgmental manner; encouraging expressions of concern; addressing readiness/motivation, preferences and barriers for treatment; seeking consent and assent; and running a practice so that it is sensitive to mental health and developmental issues. Indeed, our findings emphasized the variability in primary care providers' attitudes and beliefs towards mental illness, comfort and confidence level in discussing mental health issues with youth and families, age of consent, and knowledge and ability to screen, diagnose, treat and/or refer. Encouragingly, most primary care providers report wanting to increase their training in mental health, but state that time is the greatest barrier to do so effectively.

Mental health training is delivered at two levels: residency and continuing medical education (CME). In designing residency training programs, it has been proposed that medical students should be trained by a variety of content experts, such as family physicians, psychiatrists and psychologists, use multiple modes of learning (e.g. simulated client) and share educational rounds with other departments and disciplines to stimulate interdisciplinary knowledge and collaboration. Residency training can also be bolstered by the promotion of resident participation in shared/collaborative care projects, clinical placements in interdisciplinary teams, greater attention to the intersection of mental health concerns and medical conditions within required rotations, and consultation opportunities throughout their training. With regards to CME it has been proposed that there should be increased focus on the diagnostic, management and inter-professional skills needed for collaborative care and that CME should reflect local practice contexts and community needs by involving local specialists and community agencies and by fostering strong relationships.

3. MORE OPPORTUNITIES FOR PRIMARY CARE MENTAL HEALTH TRAINING FOR MENTAL HEALTH SPECIALISTS

It is often assumed that mental health professionals know how to work collaboratively. However, this report shows that few mental health providers clearly understand how primary care providers need to operate in a publicly funded system, what information primary care providers need to coordinate physical and mental health services or how their own practice fits within the health care system. In line with our recommendation above, we suggest that the curricula of relevant disciplines, such as psychology, social work and psychiatry also incorporate concepts of shared/collaborative mental health care in their training requirements. Primary care providers should ideally be involved in teaching part of this curriculum. Clinical opportunities for specific training in primary care-mental health should also be offered, including, but not limited to: experience providing consultation and support to primary care providers within a primary care team, providing brief individual therapy in a primary care context, and leading psycho-educational and parenting groups. Principles of shared/collaborative mental health care should be part of the values promoted by the provincial associations and orders regulating these professionals.

4. DEVELOPMENT OF GUIDELINES AND STANDARDIZED CLINICAL PATHWAYS

There are currently no best-practice guidelines to support communities in developing clinical pathways for child and adolescent mental health. Ontario's communities are diverse in their composition and needs (e.g. remote/rural, Francophones) which means that there is no one-size-fits all solution. However, we believe that following the principles

of the stepped-care approach and CCM framework can help each community develop guidelines on how to implement collaborative care and efficient clinical pathways between primary care and community-based child and youth mental health services. Clinical pathways need to include standardized referral forms developed by both primary care and community-based child and youth mental health service providers and formal agreements governing communication expectations. Developing guidelines is the first step, monitoring implementation and fidelity are also crucial to help support future decision-making.

5. INTEGRATING STANDARDIZED TOOLS IN PRIMARY CARE PRACTICES

Given primary care providers limited time and the wide range of mental health symptoms to cover, standardized tools can support primary care providers in identifying children and adolescents who might need a more comprehensive mental health assessment. Standardized tools can be used to: (1) standardize and simplify symptom and illness identification for primary care providers, (2) help create comparable clinical pathways across the province and create equal opportunity access, (3) help clinical decision-making, (4) monitor symptoms over time and/or track treatment efficacy, and (5) determine severity of illness and functional impairments. Multiple barriers to successful implementation exist, including training in the interpretation of results, administration and scoring time, and cost. Some researchers and families caution against the overuse of standardized tools as these are only useful if their results have a direct impact on decision-making and are supported by additional practice resources that can improve mental health care outcomes.

We recommend the use of standardized tools that can be easily administered, interpreted and used by both primary care and community-based child and youth mental health service settings. Standardized tools can provide a common language between providers (communimetric principles) and could be used as part of the referral process. We recommend that primary care providers have access to a menu of evidence-based tools which includes tool specifications (e.g. age group, length, specific vs. general symptoms check). Eligible tools should have face validity, sound psychometrics for primary care, be easy to administer and score, available in the public domain (i.e. free) or at a low cost, and be easily integrated into workflow or a Clinical Information System.

6. ESTABLISH EFFECTIVE BILLING AND REIMBURSEMENT PRACTICES THAT WILL SUSTAIN MENTAL HEALTH SERVICES

We need to review incentives and disincentives that exist for child and adolescent mental health services within primary care. Current billing and reimbursement practices have been criticized for not recognizing the unique nature and challenges of child and youth mental health care. Many primary care providers have called for greater incentives for evaluating mental health concerns, using standardized tools, as well as consulting and collaborating with community-based child and youth mental health services, all of which require a great amount of time. Shifts from fee-for-service models to bundled payments or medical home models have facilitated improved performance in the U.S. (Baker & Axler, 2015). However, we need to find what will work best for Ontarians. Furthermore, some have argued that the inclusion of mental health in our provincial health coverage would reduce wait times as we are underutilizing a large portion of our mental health specialists in the private sector because of limits on Ontario Health Insurance Plan coverage. Although this option may mean significant changes to our health care system, it is worth considering.

7. FAMILY AND YOUTH ENGAGEMENT AT ALL LEVELS OF THE CHANGE AND MONITORING PROCESS

In line with other national and provincial initiatives, we believe that integrating youth and families at all levels of the change process will ensure primary care and mental health services are responsive to the needs of Ontarians. However, while there is a growing recognition of the importance of consulting children, youth and families, meaningful engagement rarely happens in a way that allows for maximum benefit and impact (Cannon, Matthews, & Cairns, 2013). Family and youth engagement needs to go beyond compliance, participation or involvement in choice about their care (Evidence In-Sight, 2016). Family and youth engagement, when it comes to provision of care, means an active partnership between families and service providers involving and listening to what families say, engaging in two-way communication, and seeing the families as partners and allies in children and youth's mental health (Evidence In-Sight, 2016). It also includes active partnerships between families, researchers, policy-makers and other stakeholders working together to improve the process of mental health care. Appropriate engagement of youth and family with lived experience at all stages of planning can shed light on

how clients navigate diverse services and assist in optimizing pathways and serves as an accountability mechanism to ensure that the health care system is acting in a way that benefits them.

8. NEED FOR MORE RESEARCH AND ONGOING EVALUATION

Results from this policy-ready paper emphasize the need for more extensive and targeted research in this area. We need to further invest in researching which models will best serve child and adolescent mental health care, disorder-specific management techniques in primary care and the utility of training programs. More research around which models are best for complex populations is also needed, such as dual diagnoses and concurrent disorders, and for diverse populations. The continued funding of research on evidence-based child and adolescent mental health interventions is also needed, as any model of care is limited by the effectiveness of available treatments. In addition, we need to collect and report on a range of meaningful indicators to assess current performance and monitor short and long term outcomes and sustainability. We should not only be tracking outcomes from individual encounters, but also from care collaboration between primary care and community-based child and youth mental health services such as: social determinants of health, implementation, uptake, satisfaction of stakeholders, child outcomes, etc. In terms of implementing changes to community-based child and youth mental health services, accountability requirements should be established through quality targets and timeframes for improvement. Useful accountability metrics include: measures of health outcomes, quality of care, access to care, efficiency, equity, lived experience outcomes, and client engagement. This means that we need commitment towards planned program evaluations. This report also highlighted the potential advantages of the comprehensive use of Clinical Information Systems (also called EMRs) which could provide data for more detailed analyses of clinical practice and outcomes.

Concluding remarks

The recommendations provided in this paper are integrated and interrelated. Together they can help strengthen the interface between primary care and community-based child and youth mental health service settings. With discussions and reforms currently underway in Ontario, there is an opportunity to move forward with these recommendations and evidence-informed models of care to support greater collaboration across sectors, the creation of seamless care and ultimately, to improve the mental health outcomes of children and youth across the province.

References

Baker, G. R., & Axler, R. (2015). *Creating a high performing health care system for Ontario: Evidence supporting strategic changes in Ontario.* Toronto, Ontario: Institute of Health Policy, Management and Evaluation. Retrieved from: http://ihpme.utoronto.ca/wp-content/uploads/2016/03/Baker-OHA_HSR-Creating-High-Performing-Health care-System_policy_paper_oct...Final_.pdf

Cannon, S., Matthews, J., & Cairns, L. (2013). *The position of families on transformation of the child and youth mental health system.* St. Catherine, Canada: Parents for Children's Mental Health. Retrieved from: http://www.pcmh.ca/documents/2013_The%20Position%20of%20Families%20Report2.pdf

Evidence In-Sight. (2016). *Best practices in engaging families in child and youth mental health.* Ottawa, Canada: Ontario Centre of Excellence for Child and Youth Mental Health. Retrieved from: http://www.excellenceforchildandyouth.ca/sites/default/files/eib_attach/FamilyEngagement_Final_Jan2016.pdf

Ontario Centre of Excellence
for Child and Youth
Mental Health