

The new Training Guidelines for Shared Mental Health Care

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Revised Specialty Training Guidelines in Psychiatry

- Revision of the entire curriculum
- Completed in 2007
- To be introduced in the summer of 2009
- CPA are preparing a guide to assist programs
- Based around the seven CANMEDS roles

Seven CANMEDS Roles

- Medical expert
- Advocate
- Scholar
- Manager
- Collaborator
- Communicator
- Professional

Structure of the new Program

- 12 months PGY1 (Basic Clinical Training)
 - 13 4 week blocks – up to 3 in primary care
- 24 months Junior residency
 - General
 - Adult
 - Seniors
- 24 months Senior residency
 - C-L 3-6 months
 - Collaborative / shared care 2 months
 - Severe and persistent mental illness 3-6 months
 - 6 months selectives
 - 6 months electives

Expectation for collaborative mental health care

Collaborative / shared care with family physicians, specialist physicians and other mental health professionals.

This may be undertaken as a discrete rotation of no less than 2 months, or incorporated as a longitudinal experience of no less than the equivalent of two months

Nine Goals for Training

- To understand and appreciate the needs and challenges of primary care
- To learn from primary care providers about issues in accessing the mental health system
- To appreciate the benefits of clinical consultation when the consultant and consultee are working in the same setting
- To develop an identity as a representative of the psychiatric profession
- To develop skills in consulting to a system of care

Nine Goals for Training

- To assist in the management of a wide variety of clinical problems and populations
- To learn about the potential role of primary care in a health care delivery system
- To look at how these consultative approaches change the flow of cases into and out of mental health programs
- To apply these same skills when working in other community settings

5 ways skills can be developed

- PGY1 year
- Activities in all placements
- Rotations in / activities with Primary care
- Elective experiences
- Working with other community agencies

PGY1 Year

- Many residents spend time in primary care
- Opportunities to learn about
 - the demands and time pressures
 - how mental health problems present and are managed or referred
 - issues in accessing the system
 - The view of mental health care from a primary care perspective

Activities that can Take Place in Every Clinical Setting

- Regular communication with the family physician
 - Admission
 - Treatment changes
 - Pre-discharge
- Rapid, relevant discharge information
- Visit to primary care setting

Five Types of Activities

- Clinical placements
- Seminars and tutorials
- Teaching activities
- Being mentored
- Investigative and improvement activities

Rotation in Primary Care

- Two months horizontal
- Integrated with another placement over a six month period
- Ideal is a group of physicians
 - Psychiatrist already visiting
 - Part of a team
- Challenges for full-time placement
- Can be integrated with out-patient, child, geriatric rotations too

To Begin

- Meeting the team
- Define the boundaries and expectations of the resident
- Sitting in on a family physician's day
- Observing the clinical psychiatrist
- Observe how collaboration takes place

Activities

- Preparing for a visit
- Conducting assessments
- Preparing and delivering a verbal report
- Preparing a succinct written summary
- Participating in team discussions
- Being observed conducting interviews (preparation for final exams)
- Selective follow-up
- Providing telephone backup
- Accessing the system

More Advanced Opportunities

- Taking on administrative responsibility for the relationship
- Testing improvements
- Working with different kinds of primary care settings
- Participating in relevant planning processes
- Conducting an evaluative or improvement project
- Taking on specific teaching responsibilities

If no Immediate Access to Primary Care

- Takes time to develop
- Work with department of family medicine
- Alternate clinical experiences community health care agencies
 - Public Health
 - Home care/Home nursing programs
 - Street health clinics
- Working with another community agency
- Working with a medical specialist

Seminars

PGY₁

- The role of primary care and its relationship with psychiatry

PGY₂ Working Collaboratively with Primary Care Providers

- Working effectively as a consultant, including preparing a written report
- Working with primary care providers

Content

- Prevalence of mental health problems in primary care
- Role of primary care in managing mental health problems
- Problems with access to mental health care
- Problems at the interface of mental health and primary care services
- Principles to guide a collaborative partnership
- Examples of effective collaborative models
- Evidence from the literature as to what works
- How to work effectively in a primary care setting
- The benefits of this approach
- Implications of this approach for the system
- Medical co-morbidity
- Understanding systems of care and their implications for teams

Seminars that Address Related Areas or Where Content can be Linked to the Role of Care

- Quality improvement
- Population health
- Patient centered care
- Self management support in the recovery model
- Team functioning
- Early detection and intervention
- Mental health care policy and improving access
- Developing and evaluating a new project
- Collaboration with other community partners and agencies
- Chronic disease prevention and management
- Providing culturally congruent services
- Medical co-morbidity and the metabolic effects of psychotropic medications
- Motivational interviewing and promoting behavioral change

Related Concepts to Discuss During a Rotation

- Confidentiality in the circle of care
- Medico legal issues within a collaborative model
- A framework for thinking about wellness
- Early detection and intervention and the roles primary care can play
- Problems with access to mental health services and solutions
- The changing role of the psychiatrist
- Working with a population as well as individuals
- Which patients are best treated in which settings and why?
- The limitations of this approach
- What is patient centered care and how should it be reflected in clinical plans?
- Ethical issues arising from collaborative practice

Teaching Opportunities

- Involved in the on site teaching of family medicine residents
- Involved in CE events for family physicians
- Attending family medicine rounds
- Patient teaching
- Needs the two departments of psychiatry and family medicine to be working together

Being Mentored

- Visiting other communities where such models are in place
- Accompanying a psychiatrist involved in outreach activities
- Attending a national collaborative mental health care conference
- Working on a specific project

Other Considerations

- Ideally built on existing clinical partnerships
- Finding suitable training sites
- May need multiple sites
- Space
- Funding

Links with Departments of Family Medicine

- Establish from the beginning
- Partnership
- Support from Chairs initially
- Joint problem solving
- Involved in evaluation process
- Involve practice sites in the planning
- Start with one or two pilot sites and expand
