

### Nova Scotia FPs involved in mental health care

The editorial<sup>1</sup> on family medicine and psychiatry failed to emphasize the current expertise and past performance of family practitioners in delivery of mental health care.

Family practitioners in Nova Scotia play a major role in hospital care for depression. At small rural hospitals they provide psychiatric care—there are no psychiatrists. Our study<sup>2</sup> found that 33% of the 4383 individual Nova Scotian patients hospitalized for depression (1989 to 1991) were hospitalized exclusively in general hospital, non-specialized units (followed through 1994); 51% of the 4383 were hospitalized at least once in general hospital, non-specialized units.

In addition, the cost of this hospital care provided by family practitioners was lower. Mean longitudinal hospital cost for patients treated exclusively in general hospital, non-specialized units was less than one sixth of those treated in psychiatric units or psychiatric hospitals.

Family practitioners in Nova Scotia do play a major role in hospitalized care for depression.

—Vincent Richman, MBA, PHD  
Halifax, NS  
by e-mail

#### References

1. Kates N, Craven M. Family medicine and psychiatry. Opportunities for sharing mental health care. *Can Fam Physician* 1999;45:2561-3 (Eng), 2572-4 (Fr).
2. Richman VV, Richman EM, Richman A. Patterns of hospital costs for depression in general hospital wards and specialized psychiatric settings. *Psychiatr Serv* 2000;51(2):179-81.

### Response

Dr Richman correctly identifies the fact that family physicians are already playing important roles as

providers of mental health care, especially in rural areas where access to psychiatrists might be limited.

The Canadian Psychiatric Association (CPA) and the College of Family Physicians of Canada's (CFPC) joint position paper, "Shared Mental Health Care in Canada,"<sup>1</sup> recognized the roles family physicians already play in this area, but also identified that mental health services have not been as helpful as they might have been in supporting this role. One of the key goals of the shared care working group, set up by the CPA and the CFPC to implement the recommendations of the position paper, is to identify ways in

which collaboration between psychiatrists and family physicians can support and enhance the role of family physicians as mental health care providers. The working group would welcome hearing any suggestions as to how this could be achieved or of examples of communities that have addressed this issue successfully.

—Nick Kates, MB, BS, FRCPC  
Canadian Psychiatric Association  
Co-Chair,  
CPA/CFPC Conjoint Working Group on  
Shared Mental Health Care  
—Marilyn Craven, MD, CCFP, PHD  
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#### Reference

1. Kates N, Craven M, Bishop J, Clinton T, Kraftcheck D, LeClair K, et al. *Shared mental health care in Canada*. Ottawa, Ont: Canadian Psychiatric Association; 1997.

### Setting the record straight

In a recent editorial<sup>1</sup> in *Canadian Family Physician*, Dr William Maurice raised an important issue that deserves serious consideration. All treating physicians are better able to assist their patients when they are fully aware of all pertinent details surrounding their health. Sexual practices and problems are often important components of social and medical problems. His recognition of the difficulties still faced by some physicians in proactively obtaining such information is important.

I hope that his raising of this issue in *Canadian Family Physician* will assist those teaching and advising members of our profession.

There is one error in the editorial, however, concerning the particular