

Shared mental health care

Update from the Collaborative Working Group of the College of Family Physicians of Canada and the Canadian Psychiatric Association

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In December 1997, the Canadian Psychiatric Association (CPS) and the College of Family Physicians of Canada (CFPC) took the visionary step of establishing a Collaborative Working Group to facilitate better collaboration between psychiatrists and family physicians across Canada. The impetus to create this group came from development of a joint position paper on shared mental health care (SMHC) in Canada by the two organizations.¹ This paper included recommendations for improving the working relationship between psychiatrists and family physicians. As the Collaborative Working Group enters its fifth year, it is an opportune time to review its activities and accomplishments and to reflect on the degree to which shared care has developed in Canadian communities.

The Working Group has identified six major objectives: strengthen links between colleagues interested in shared mental health care; enhance residency and undergraduate training in SMHC; develop a national research strategy; develop models of shared care for rural communities and underserved populations; advocate for shared care with government and major funders; and develop continuing education programs in shared care.

The Collaborative Working Group has identified and refined specific goals for each of these areas. The achievements of its first 3 years are summarized in a report produced in December 2000 that is available from both organizations.²

It has been encouraging to watch the rapid expansion in shared care projects across Canada and the extent to which principles of shared care are now being accepted by planners and administrators of health systems as well as by clinicians. New initiatives in clinical service delivery, innovative training experiences for residents, creative continuing education programs, administrative links to facilitate shared care, and a small but expanding number of research projects have flourished.

The range and diversity of these activities have been captured in a compendium of SMHC projects recently produced by the Working Group with the support of Health Canada. It details almost 100 projects under way across Canada. One goal of producing such a compendium is to provide support and direction for people interested in developing new projects, as well as to help them connect with colleagues who have similar goals.

It has become apparent to the Working Group, however, that if shared care is to move forward, more is needed. First is an emphasis on training future practitioners who will incorporate shared care into daily practice. The Working Group has developed recommendations for curriculums for training

family medicine and psychiatry residents. Second is to ensure new projects are based, as much as possible, on existing evidence about what has and has not worked. One author (M.C.) and Roger Bland have developed a comprehensive annotated bibliography on SMHC projects, which includes an extensive review of the research and evaluation literature relevant to SMHC and recommends a common framework for evaluating SMHC projects. Funded by Health Canada, the bibliography will be published shortly by the CPA and CFPC as a supplement to *The Canadian Journal of Psychiatry*.

To maintain a national perspective on shared care, the Working Group and colleagues from St Joseph's Health Centre in Toronto, McMaster University, and the University of Toronto (in 2000 and 2001) and the Alberta Mental Health Board (in 2002) have organized an annual national conference on SMHC in Canada. These meetings have been successful and have provided a forum for researchers to present their work. They also have provided informal opportunities for colleagues involved in SMHC to meet, exchange ideas, and discuss future collaboration.

The last 5 years have been an exciting time for shared care, and the concepts are increasingly being integrated into provincial planning for both mental health and primary care reforms. Goals for the next 2 years include: completion of recommendations for implementing SMHC in underserved areas; development of a national research strategy; broadening of the participation of other professional groups involved in the Collaborative Working Group; expansion of websites to support and link individuals interested in SMHC; completion of draft curriculums for sharing care between psychiatry and family medicine residents; and continued work with planners and funders to determine how principles and concepts of shared care can be incorporated into federal and provincial health reforms.

For further information on any of the activities of the Working Group, to receive any of our reports, or to get on a mailing list, please contact either of the two Co-Chairs: Nick Kates, CPA Co-Chair at nkates@mcmaster.ca, or Marilyn Craven, CFPC Co-Chair at cravenm@mcmaster.ca. ♦

Dr Kates and Dr Craven are Co-Chairs of the CFPC/CPA Collaborative Working Group on Shared Mental Health Care.

References

1. Kates N, Craven M, Bishop J, Clinton T, Kraftcheck D, LeClair K, et al. *Shared mental health care in Canada* [Supplement to the *Canadian Journal of Psychiatry* 1997;42(8 Oct) and *Canadian Family Physician* 1997;43(Oct)]. Ottawa, Ont: Canadian Psychiatric Association and College of Family Physicians of Canada; 1997.
2. Collaborative Working Group on Shared Mental Health Care. *Shared mental health care in Canada: current status, commentary and recommendations*. A report from the Collaborative Working Group on Shared Mental Health Care. Ottawa, Ont: Canadian Psychiatric Association and College of Family Physicians of Canada; 2000.