

Psychotherapy for patients with mental health concerns in primary care

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By the time they reach the age of 40, half of Canada's citizens will have experienced some form of mental illness.¹ Decreased mental health is associated with increased chronic physical conditions and, conversely, increased physical impairment is associated with decreased mental health.² Mental illness is the leading cause of disability in Canada, and each year around 4000 Canadians die by suicide.² The economic burden of mental illness in Canada, including the cost of care, loss of productivity, and reductions in health-related quality of life, is estimated to be \$51 billion per year.³

In 2018, a best advice guide on recovery-oriented mental health and addiction care in the Patient's Medical Home was launched by the Mental Health Commission of Canada and the College of Family Physicians of Canada.^{4,5} This guide was written because, while family physicians deliver almost two-thirds of mental health services in Canada, family physicians would like more knowledge and training in mental health care. In addition, people with mental health problems believe their needs are not being met. The new guide is intended to help family physicians expand and improve their care for people with mental health problems.⁴

For many mental health conditions, psychotherapy is an effective treatment and one that is typically preferred by patients.⁶ However, many patients who would benefit from psychotherapy are unable to access it, often because of limited availability of publicly funded services from psychiatrists or because of financial barriers when such services are provided through private-care psychologists. An alternative solution might be to specifically train family physicians to provide psychotherapy, as they are already delivering two-thirds of mental health care.

Role of family physicians in mental health care

Family physicians can provide patients with both psychotherapy and pharmacotherapy: in a study from Winnipeg, Man, almost a quarter of family physicians billed for psychosocial services as often as they billed for other conditions frequently seen in primary care.⁷ The integration of formal psychotherapeutic services into primary care might result in a 20% to 30% decrease in medical costs.⁸ Family physicians, however, often feel inadequately trained to provide psychological services and struggle to access training resources.⁸⁻¹⁰ Psychotherapy training is currently not part of the official curriculum for family medicine residents in Canada, and hence it is unknown how much training, if any, they receive.

Residents' current training and perceptions of psychotherapy

In 2017, we conducted a survey at the University of Toronto in Ontario to provide some perspective regarding the place of psychotherapy training for family medicine residents. The survey solicited family medicine residents' impressions of psychotherapy training received and the role of psychotherapy in family medicine. Among the 140 residents who participated in the survey, most (86%) had completed a mental health rotation during residency training, but only 28% received some clinically supervised psychotherapy training, which was generally limited to 5 hours or less. In addition, 61% received some didactic psychotherapy training, although this mostly comprised less than 5 hours of instruction. With most residents (84%) reckoning that at least 20% of their patient encounters were related to mental health, it is not surprising to also find that most respondents (89%) perceived psychotherapy as having an important role in contemporary family medicine, and 74% indicated they were motivated to learn psychotherapy for use in their future clinical practice.

Opportunities to provide more patients with psychotherapy

Although the findings from this local survey cannot be generalized beyond the scope of training at the University of Toronto, they do carry some weight considering that the program is one of the largest family medicine training programs in Canada.^{11,12} Despite minimal psychotherapy training as part of their formal residency program, these future family medicine specialists perceived psychotherapy as having an important role in family medicine and they were motivated to learn psychotherapy skills for their future practice. Such willingness resonates with the experience of practising family physicians in that nearly 70% of family physicians in one study provided psychotherapy at least weekly, while more than 30% provided psychotherapy more than 10 times a week.¹³ Another study reported that 76% of more than 3000 family physicians offered mental health or psychotherapy counseling,¹⁴ showing that psychotherapy is, to a certain extent, already applied in primary health care. Collectively, such findings suggest that formal training for family medicine needs to catch up with the realities of practice.

Including psychotherapy in the family medicine residency program would ideally be part of a larger effort to improve access to mental health care. A movement worth

mentioning in this regard is the collaborative mental health care movement. Although not specifically geared toward psychotherapy, this movement aims to increase collaboration among psychiatrists and family physicians to improve access to mental health care.¹⁵ In addition to psychotherapy training, the Balint model, a form of inter-professional consultation focused on developing a more psychological understanding of one's patients, could help family physicians improve their psychotherapy skills by providing supervision and peer support.¹⁶ It is also important to recognize that adding more psychotherapy training for family physicians is only one part of the equation. The broader psychotherapy community recognizes the importance of "therapist effects" (ie, effects attributable to the clinician rather than to specific treatment models), which have been found to be reliably greater than treatment model effects¹⁷; thus, the community emphasizes ongoing therapist training. Family physicians providing psychotherapy should be afforded such mainstream training opportunities in ways that address family physicians' unique needs and circumstances.

Conclusion

The huge demand for psychotherapy as first-line therapy might be met by including family physicians as service providers. The lack of training opportunities within family medicine residency is, however, a barrier and a lost opportunity to increasing mental health capacity in primary care. Inevitably, there will be additional costs associated with the inclusion of psychotherapy training during family medicine residency, and increased costs to the health care system owing to increased billings for psychotherapy. However, it has been estimated that the integration of psychotherapy into primary care might result in a 20% to 30% decrease in medical costs.⁸ It is important to consider the development and integration of a strong psychotherapy training curriculum for family medicine residents (and for currently practising family physicians), which could greatly increase mental health capacity in primary care and thus more effectively meet the needs of our patients.

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Competing interests

None declared

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