



Enhancing performance of primary mental health care in Quebec: Six strategies

Matthew Menear, Ph.D. candidate, Université de Montréal

Context

Many regions lacked psychiatrists that fulfilled the role of responding professional and that could share their expertise with primary care providers.

Introduced in 2005, Quebec's Mental Health Action Plan (MHAP) – *La force des liens*¹ sparked significant reforms to the province's mental health system and especially to its primary mental health care services. In the years that followed the MHAP's publication, new mental health teams were created for youth and adults within public primary care services, shared care relationships with specialists were initiated to provide support to these teams and other providers, and new mechanisms were established to improve access to care and coordination between professionals and services. Now, more than seven years after the start of these reforms, we can ask "What has the MHAP accomplished so far with respect to primary mental health care?" and "What can be done to further strengthen these services?"

These questions have recently been answered by Quebec's Health and Welfare Commissioner, who is responsible for appraising the performance achieved by the province's health and social service system. Following an exhaustive process of reviewing literature, analyzing performance indicators and consulting diverse groups, the Commissioner released a comprehensive report on the mental health system², including his findings on the progress of primary mental health care reforms and his recommendations for improvement.

Key findings

Despite efforts in the past few years to reinforce primary health care services in Quebec, the Commissioner found that much work remained for this first line of mental health care to be fully functional. In many territories, key measures of the MHAP still functioned at less than optimal levels or remained unimplemented. Across Quebec, primary mental health care teams were observed to be operating at 40% of expected staffing levels, with fewer family physicians and psychologists within teams than planned. Implementation of the "guichet d'accès", described as the entry point to the public mental health system, was incomplete in several regions and was perceived by some actors as slowing access to services. Similarly, many regions lacked psychiatrists that fulfilled the role of responding professional and that could share their expertise with primary care providers. The absence of this support, along with limited mental health training and relationships with other mental health providers, has left many family physicians feeling isolated when caring for people with mental health problems. Furthermore, the absence of strong linkages and coordination between providers remains problematic, whether it is between primary care and more specialized services, or providers in the public system with private providers or community organizations. Finally, the Commissioner identified mental health services for youth as being of special concern, notably the long delays in accessing services and treatment and the lack of continuity between youth and adult services.



Strategies for enhancing primary mental health care performance

Intervening quickly after initial signs of mental illness reduces the severity and persistence of disorders

1. **Complete the implementation of the “guichet d'accès” and primary mental health care teams.** The incomplete implementation of these two measures has resulted in delayed access to mental health evaluation and treatment and increased the use of emergency services. To ensure consistent access to primary mental health care services, these measures must be fully implemented and functioning optimally across the province.
2. **Increase the number of active responding psychiatrists in territories across Quebec.** The creation of responding professionals was a critical step in the dissemination of collaborative mental health care practices in Quebec. However, the success of these practices will depend on an adequate number of psychiatrists actively fulfilling this role as well as improved relationships between psychiatrists and primary care providers in their territories.
3. **Ensure the implementation of formal liaison mechanisms between mental health service providers.** The MHAP called for the creation of “liaison agents” to improve continuity of mental health care for service users. Where these agents have been put in place, service users’ flow between different services and service providers has become more fluid. However, there remain too few professionals acting as liaison agents in both youth and adult mental health services across Quebec.
4. **Develop new approaches for identifying young adults with mental health problems.** Approximately 75% of mental health problems appear before the age of 25. As such, the Commissioner identified the need to make early intervention efforts a major priority in Quebec. Intervening quickly after initial signs of mental illness reduces the severity and persistence of disorders and is critical to decreasing both the prevalence and impacts of these disorders in the population.
5. **Revisit the delivery of mental health services for young adults to ensure smooth and flexible transitions between services for youth and adults.** Youth face many barriers to accessing care and in many regions services were considered poorly adapted to their needs. Transitions from youth to adult psychiatric services were considered particularly problematic due to the lack of collaboration and communication between providers and to difficulties accessing adult services in a timely manner. Several initiatives developed inside or outside of Quebec were identified that could inspire changes to the way these services are organized.
6. **Increase the funding of community mental health organizations.** Community mental health services play a crucial and complementary role to public system services but in the Commissioner’s view have been under-financed and under-appreciated for many years. Proper recognition and financing of these services is urgently needed so that community providers can better support individuals, help them integrate within their communities, and promote their recovery.

Conclusion

The Health and Welfare Commissioner’s report could not be more timely given that work has begun to produce a new mental health action plan. The Commissioner’s findings suggest that Quebec is heading in the right direction but that additional efforts and leadership are needed to achieve an efficient and equitable mental health system that is built around strong primary mental health care services.

Bibliography

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