

# Psychologists in Primary Care in Canada: Research, Practice, and Advocacy

Dr. Simon Elterman, R.Psych.  
Dr. Erika Penner, R.Psych.

This webinar is graciously supported by OWL



**1 CE Credit, Instructional Level: Intermediate**  
**1 Contact Hour (New York Board of Psychology)**

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# Meet The Presenters



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# Disclosures/Conflicts of Interest

Dr. Elterman

- I have no conflicts of interest to disclose

Dr. Penner

- I have no conflicts of interest to disclose

# Land Acknowledgment



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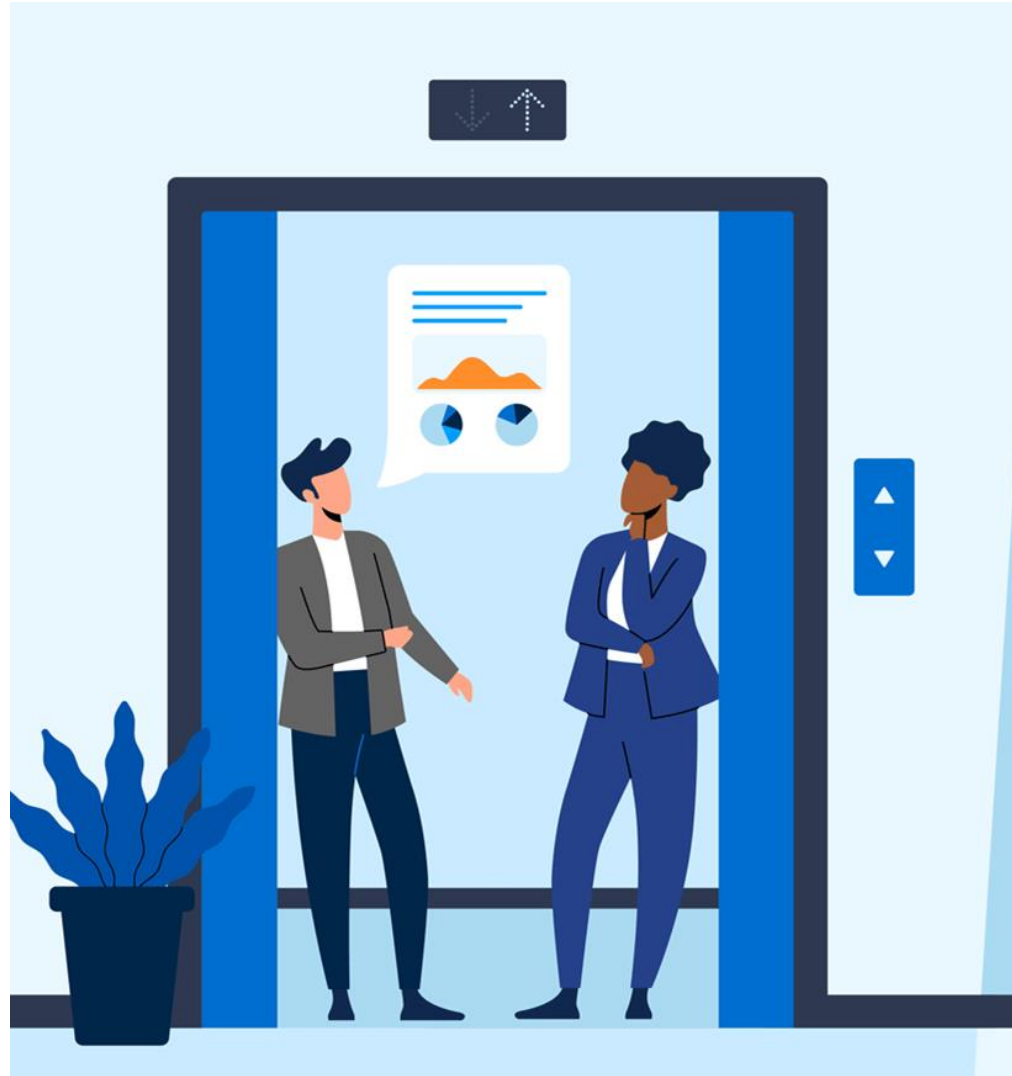
# Learning Objectives

1. Explain how training psychologists in primary care leads to benefits at a patient, care team, and healthcare system level.
2. Identify the requisite skills needed and duties performed of a psychologist as a behavioural health consultant in primary care.
3. Describe the Primary Care Psychologist proposal and our lessons learned from 3 years of advocacy.



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“Community or ‘population’ interventions can succeed by making small changes in a large number of people, rather than large changes in a small number of people.”

Kindig & Stoddart (2003)



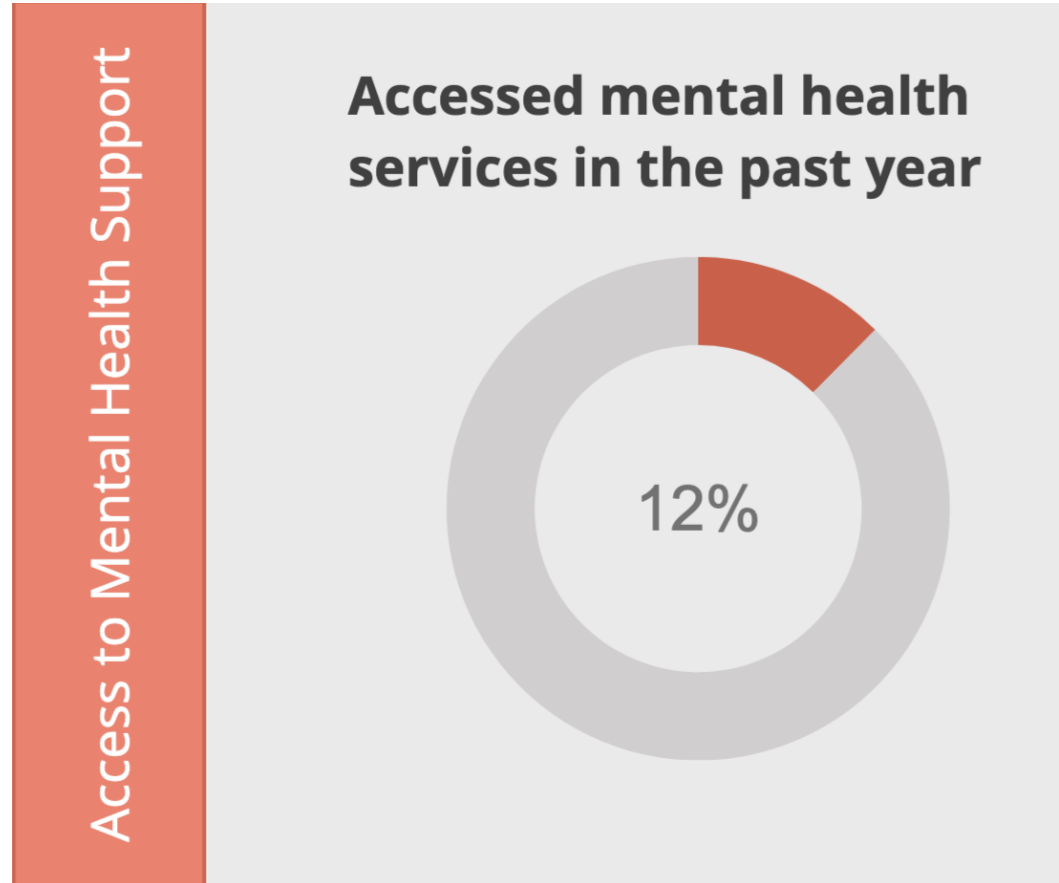
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# Why Primary Care?

## Systemic care improvements

- Wait times
- Finances
- Provider burnout



Mental Health Research Canada - Data Hub (<https://www.mhrc.ca/data-hub>)



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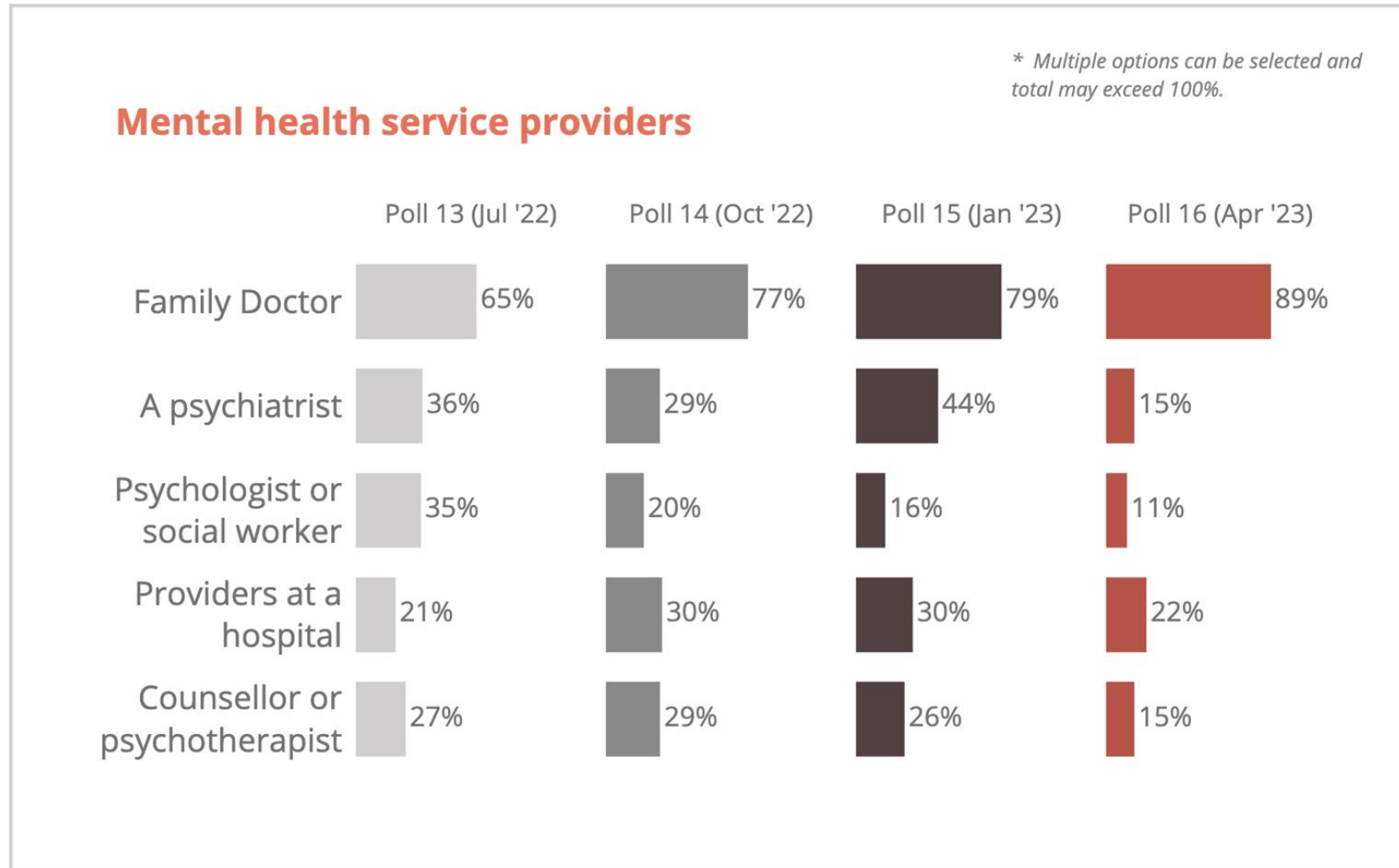
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# Why Primary Care?

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# Why Primary Care?

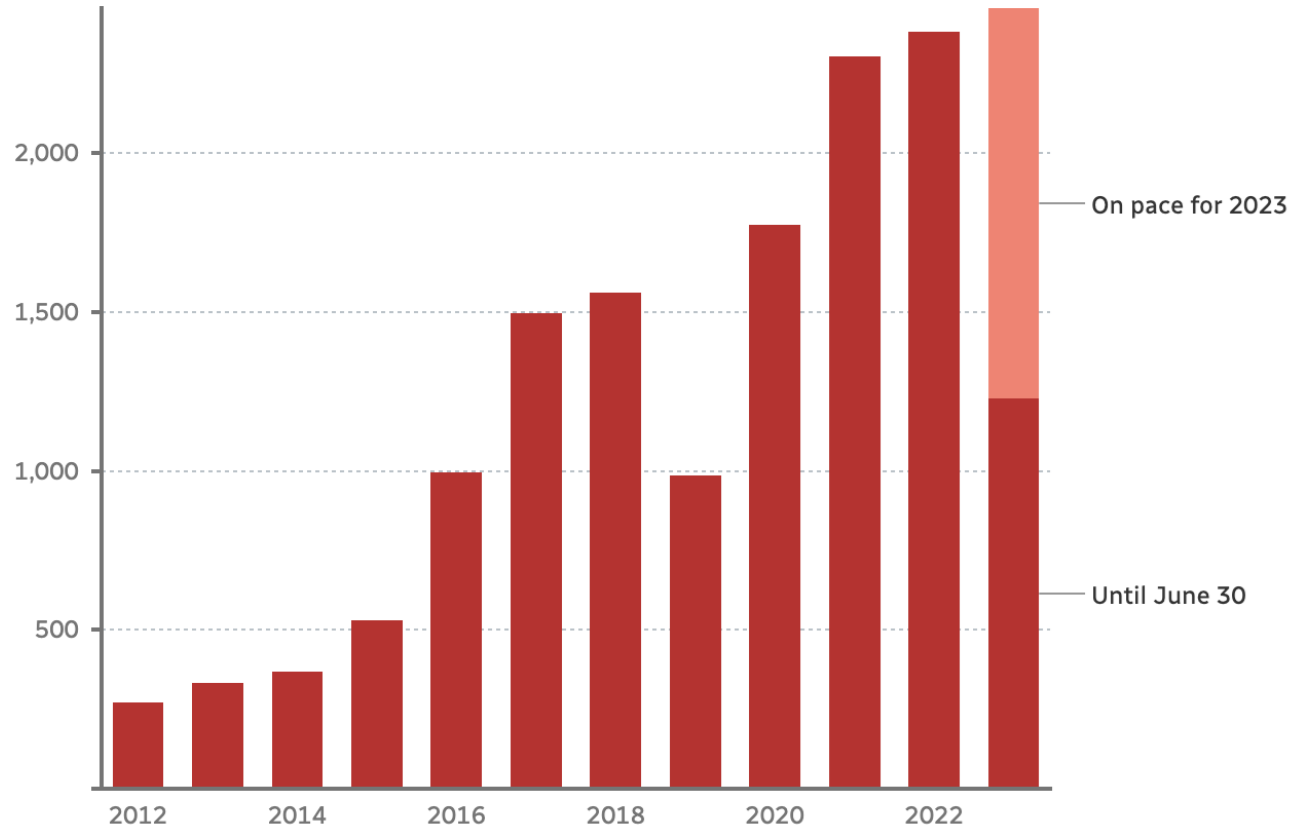


## Death toll for toxic drugs in B.C. surpasses 1,000 in first 5 months of the year

Illicit drug toxicity now leading cause of death in B.C. for people between ages of 10 and 59

### Number of toxic drug deaths per year in B.C.

2023 numbers as of June 30.



Source: [B.C. Coroners Service](#) (Akshay Kulkarni/CBC)

## Mental health

- Addiction
- Suicide



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# Why Primary Care?

## Mental health

- Addiction
- Suicide

**Suicide is the ninth leading cause of death in Canada.**

**Of the 4000 people who die by suicide each year**

- ◆ 77% see their Primary Care Physician within **1 year** of their death.
  - ◇ Luoma, Martin, & Pearson (2002)
- ◆ 45% see their Primary Care Physician within **1 month** of their death.
  - ◇ Luoma, Martin, & Pearson (2002)
- ◆ 20% see their Primary Care Physician within **1 week** of their death
  - ◇ Pirkis & Burgess (1998)

Patients only follow up on GP referrals for mental health about 35% of the time.

- Patel et al., (2018).

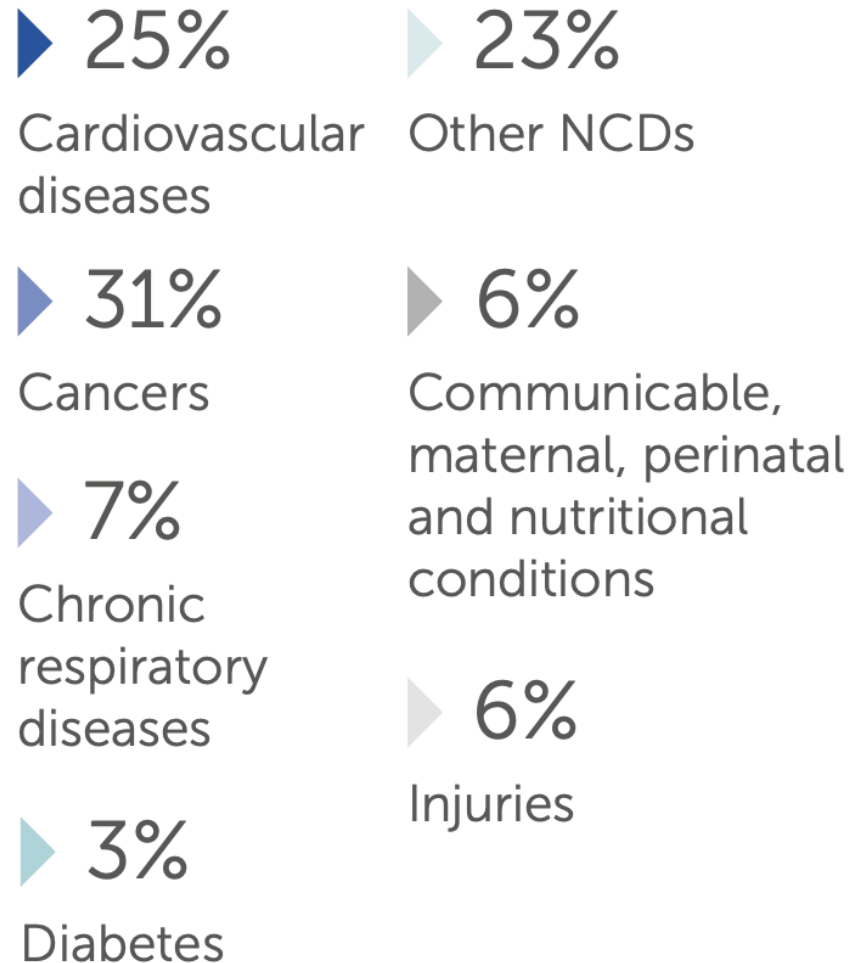


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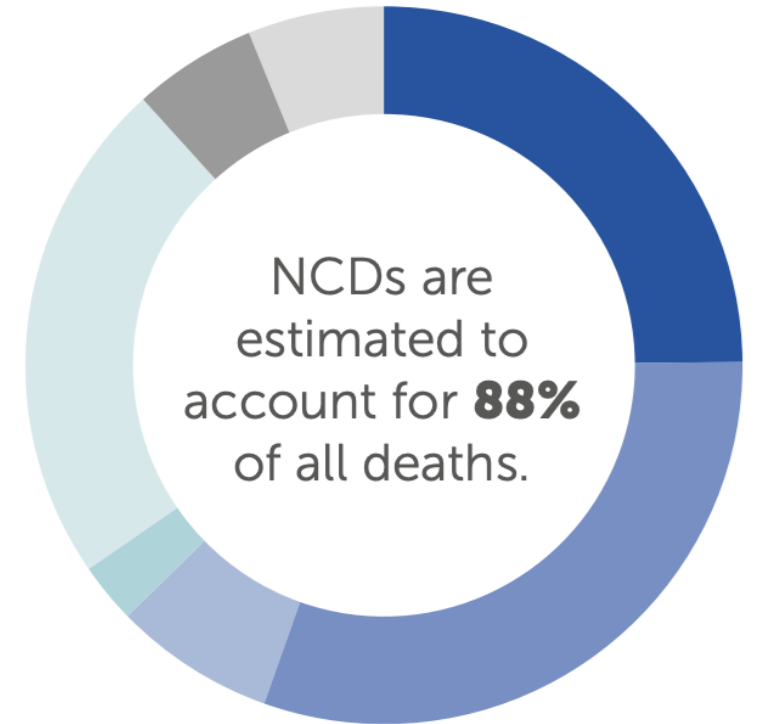
# Why Primary Care?

## PROPORTIONAL MORTALITY



## Behavioural Health

- Chronic disease
- Lifestyle behaviour change



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# Primary Care Challenges

Up to 70% of appointments made in primary care have a psychosocial component (Gatchel and Oordt, 2003).

Visits in primary care with a mental health focus take up to twice as long as other visits (Cooper, Valleley, Polaha, Begeny, & Evans, 2006)

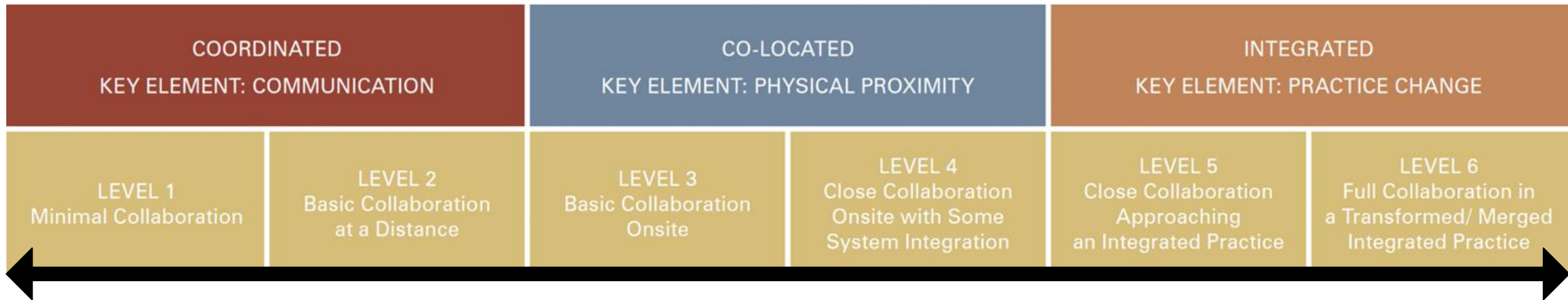
About 2/3rds of physicians report difficulty referring their patients to mental health care (Cunningham, 2009)



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# The Continuum of Integration



# In Primary Care, we GATHER

G	Generalist
A	Accessible
T	Team-based
H	High productivity
E	Educator
R	Routine

## Warm-Handoff's

- On-demand access to a brief visit with BHC, supporting patients and care team.
  - Patient sees BHC within 20 minutes.
  - Allows more immediate MH/BH triage
- The modal amount of visits in primary care is 1 (Connolly Gibbons, et al. 2011).
  - Brief model at least allows clinical intervention in first session.
- Many if not most specialty mental health referrals are not followed up upon.
  - WHO have a 100% referral rate.
- Allows provider to move on to their next appointment (increases productivity but not burnout).
- Brief visits (15-30 minutes) allow BHC to see 10-16 people per day.
- Person is prepared to change RIGHT NOW, not later.
  - No termination, just like PCP



# The 15-20 minute visit

## **Beforehand**

Chart scrubbing

Warm Handoff

## **Introduction - 1-2 minutes**

Name and title

Explain your role (BHC)

Set structural frame and expectations around functionality

Describe coordination with physician (e.g. EMR)

## **Transitional Focusing Statement**

“Dr. X said that you’ve been struggling with exercise”

“Can you tell me when it started and how it’s impacted your life”

## **Functional Analysis - 10-12 minutes**

Contextual Interview

- Behavioural analysis, behavioural contingencies, values, mediating and causal factors
- ACCESS-V, Workability

## **Problem Formulation - 1 minute**

Maladaptive problem framing

Descriptive, metaphorical, metaphorical

Clarification statement with agreement

## **Problem solving and planning - 2 minutes**

Probing for correct stage of change

Specific behavioural intervention

Plan follow-up if needed and loop in PCP



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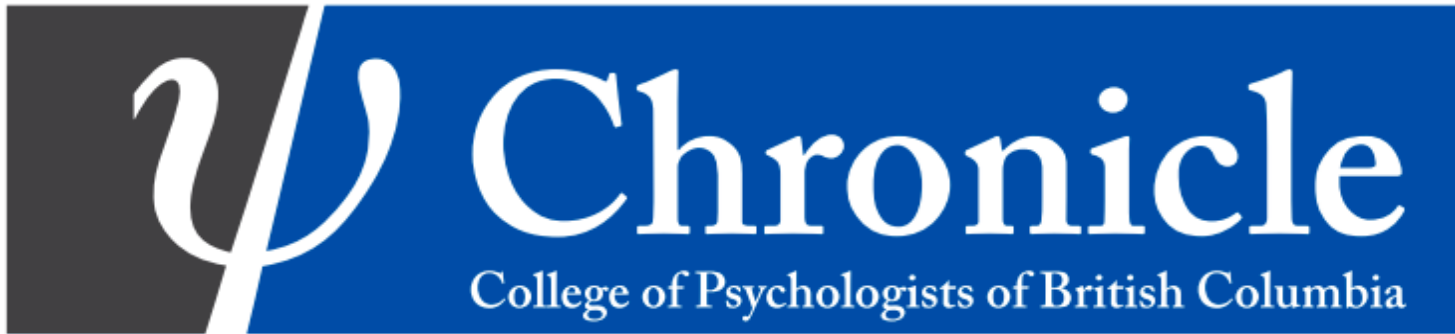


# The BC Context



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NEWS AND INFORMATION FROM THE COLLEGE OF PSYCHOLOGISTS

Volume 12 • Number 4 • Fall 2011

**SPECIAL ISSUE:**

## Integrating Psychology into Primary Care: Regulatory Challenges

Respectfully submitted,  
*Michael F. Elterman, M.B.A., Ph.D., R.Psych.*

### **Primary Care Psychology – Increasing Capacity & Decreasing Barriers to Psychological Services Through Integrated Care**

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**JOACHIM SEHRBROCK, PH.D., R. PSYCH.  
(VANCOUVER COASTAL HEALTH)**

Dr. Joachim Sehrbrock, R.Psych. is a Behavioural Health Consultant and the Behavioural Health Consultation (BHC) coordinator of clinical programming. He also works in private practice and is Adjunct Professor in the Department of Psychology at UBC and Clinical Associate in the Department of Psychology at SFU.

#### **THE BHC MODEL**

Access to psychological services has recently changed in one Vancouver family practice, which adopted an integrated care model this year, making the services of a psychologist available right in the clinic. This Behavioural Health Consultation Program (BHCP) is a collaborative project between Vancouver Coastal Health (VCH), the Vancouver Division of Family Practice and in particular, local primary care offices. In this integrated model a behavioural health consultant (BHC) is placed within the primary care team providing brief, highly accessible consultative services to



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# Psychologists Add Value and Save Costs in BC Health Care Delivery

A submission to the Select Standing Committee on Finance and Government Services: Annual Budget Consultation

October 15, 2018



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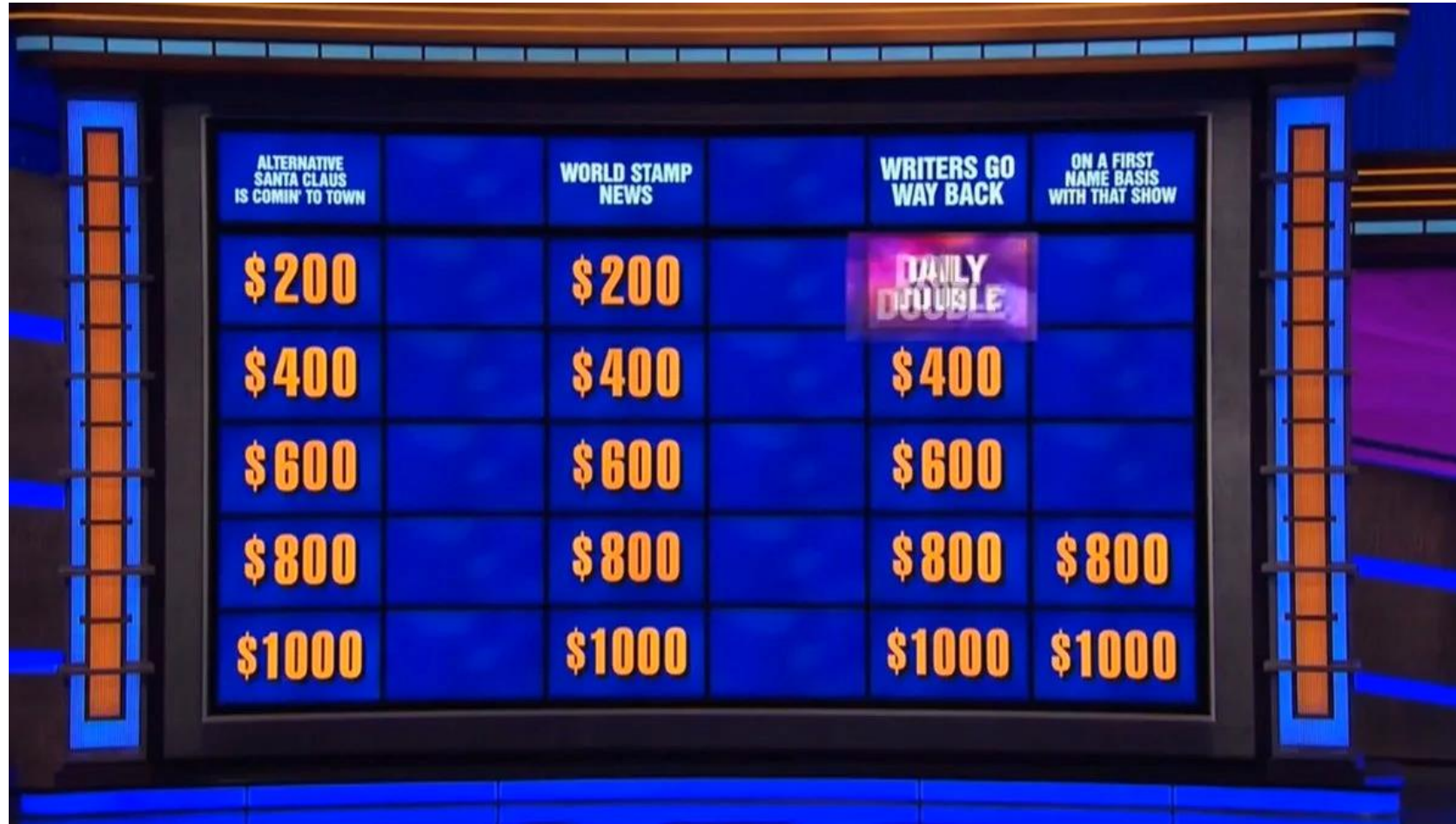
Relentless



NOT socially  
anxious



# Advocacy is like Jeopardy... without the money



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### **Political Parties and Gov't Ministries**

Premier Eby  
BC Green Party  
BC Liberal Party  
BC NDP  
Federal Conservative party  
Ministry of Health  
Minister of Mental Health and Addictions  
Attorney General  
Minister of State for Child Care  
Government Caucus Whip

### **Non-profit health professions associations**

BC Doctors of Optometry  
Doctors of BC  
BC Family Doctors  
Nurse and Nurse Practitioners of BC  
BC Association of Clinical Counsellors

### **Arms-length governmental organizations**

Coroners Service  
Health Quality BC  
Rural Coordination Centre of BC  
Joint Collaborative Committees  
Health Data Coalition  
Burnaby Division of Family Practice  
Vancouver Division of Family Practice  
Central Okanagan Division of Family Practice  
A bunch of divisions of family practice  
BC Centre for Excellence in HIV/AIDS  
College of Psychologists of BC

### **Unions and Health Authorities**

First Nations Health Authority  
Vancouver Coastal Health Authority  
Fraser Health Authority  
Interior Health Authority  
Health Sciences Association of BC  
Medical Director - BC Mental Health and Substance  
Use Services

### **Other Groups**

Nanaimo Community Health Centre  
UBC Pharmacists - Primary Care Pharmacy Program  
Canadian Mental Health Association  
Diabetes Canada  
Behaviour Change Institute  
UBC Department of Family Medicine  
SFU Medical School  
Canadian Psychological Association  
Mountainview Consulting  
Beachy Bauman Consulting  
Team Based Care Network at UBC  
NCR Behavioural Health



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No one knows anything about psychology



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Global News

### Health Matters: Integrating mental health into public health ...

The B.C. Psychological Association is hoping to make mental health care more accessible to those who need it. Lesley Lutes, Psychology ...


2 weeks ago



Global News

### B.C. psychologists say their services should be covered under MSP

The B.C. Psychological Association is calling on the province to extend MSP coverage to psychologist services for one year, and to work toward ...



Daily Hive

### A controversial pitch for the BC budget: Make mental health ...

Furstenau is pushing the idea, with the support of the BC Psychological Association, on the eve of an April 20 provincial budget in which the ...







Williams Lake Tribune

### BC psychologists petition government for more mental health ...


The association launched a petition this March, calling the provincial government to include psychologists in the list of eligible providers available ...



Castanet

### Psychologists call on B.C. to provide mental health coverage ...

The association says access to mental health care would be dramatically improved if B.C. started covering psychological services through the ...



reddit r/britishcolumbia

Search

CBC.ca

### B.C. psychologists call on government to provide more mental health coverage under MSP

The B.C. Psychological Association has launched a campaign hoping to convince provincial politicians to integrate psychological care into the ...

18

← Crossposted by u/DrSimonElterman 3 days ago

### Upcoming AMA Announcement: The BC Psychological Association is campaigning to have psychological services covered by MSP, AUA.

r/vancouver · Posted by u/DrSimonElterman 3 days ago 2 🗨️ 🐾 🐱

Upcoming AMA Announcement: The BC Psychological Association is campaigning to have psychological services covered by MSP, AUA. **Wed April 14, 2021**

EDIT: [AMA is starting now. Click here to go to the post!](#)



Opinion / Op-Ed

# Opinion: We save money and lives in B.C. by placing psychologists in primary care

*Opinion: Psychologists can work in family doctors' offices side-by-side with physicians, providing brief consultations to patients*

Lesley D. Lutes, Erika Penner, Simon Elterman

Published Oct 15, 2021 • 3 minute read



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Opinion / Op-Ed

# Opinion: A doctor's office should be a one-stop shop for all of your health-care needs

*Opinion: British Columbians should demand and expect the same level of care in their mental and behavioural health treatment as they can expect for their physical care*

Dr. Lesley Lutes, Dr. Simon Elterman, Dr. Erika Penner

Published Mar 01, 2023 • Last updated Mar 02, 2023 • 4 minute read

## Sample of Studies on Psychology in Primary Care

Submitted to the Select Standing Committee on Finance by the BC Psychological Association's Directors of Advocacy  
Dr. Erika Penner & Dr. Lesley Lutes

Location or Program	Program components	Reported outcomes (1. Cost Savings, 2. Lower Healthcare utilization/ER or hospital visits, 3. Improved Health, 4. Improved patient or provider satisfaction)
Canada: BC Vancouver Coastal Health Integrated Primary Care Pilot project - 2018	1 psychologist integrated into two large primary care clinics in Vancouver Coastal Health Region. Full primary care psychology model provided (i.e., interventions for mental health, behavioural health, education and consultation with physicians, etc.)	<b>Lower Healthcare Utilization:</b> Reduction in the number of patient visits to the GP in the 6 months following a visit with the psychologist (~3 sessions at ~30 minutes per session) <b>Improved Health:</b> significant decreases in suicidality, anxiety, and depression, maintained at 8-month follow-up <b>Improved Patient or Provider Satisfaction:</b> High levels of patient and provider satisfaction, with 100% of doctors indicating ('agree' or 'strongly agree') that the psychologist decreased the mental health burden of the patient population
Canada: BC Burnaby Primary Care Network, B Well program 2021	Two psychologists (Drs Lutes and Penner, authors of the Primary Care Psychologist proposal) developed the program to reduce chronic health disease risk. Delivered by unregulated health coaches (with a BA or MA degree); supervised by psychologists	<b>Improved Health:</b> Significant decreases in depression and anxiety (despite it not being a mental health program); Significant increases in physical activity (almost 25 minutes per day - objective data report based on pedometer daily step counts), & 3% weight loss that were achieved and maintained across 12-months <b>Improved Provider Satisfaction:</b> One physician called the program "Life changing"
Canada: AB The Calgary Shared Mental Health Care Model <sup>1</sup>	Psychologists, psychiatrists, and nurses were integrated in to primary care clinics to ensure that mental health and behavioural services could be provided directly to patients. The service was deliberately <b>not</b> designed to be a referral service.	<b>Improved Health:</b> 70% of patients subjectively reported feeling better as a result of the mental health consultant involvement in their care; they reported being better able to cope with life, understand and cope with their illness, and keep themselves healthy <b>Improved Provider Satisfaction:</b> A majority of physicians reported a significant, positive change in their job; they reported feeling more effective at managing patients' mental health issues; the vast majority of physicians wanted to continue working with the mental health consultants.

<sup>1</sup> McElheran, W., Eaton, P., Ruppich, C., Basinger, M., & Johnston, D. (2004). Shared mental health care: The Calgary model. *Families, Systems, & Health*, 22(4), 424-438. <https://doi.org/10.1037/1091-7527.22.4.424>



LEGISLATIVE ASSEMBLY  
of BRITISH COLUMBIA

CLOSING GAPS, REDUCING BARRIERS:  
EXPANDING THE RESPONSE  
TO THE TOXIC DRUG AND OVERDOSE CRISIS

Select Standing Committee on Health

Select Standing Committee on Finance and  
Government Services

# REPORT ON THE BUDGET 2022 CONSULTATION

November 2021



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## Psychologists in Primary Care Networks: The Right Intervention, at the Right Time, in the Right Place *Integrating mental and physical health care for improved outcomes*

### The Challenge

\*50-70% of visits to primary care providers are **behavioural, emotional, or psychological** in nature, or are associated with managing chronic health conditions

\*Patients with diagnosable mental health disorders average **2x as many visits** to primary care

### What Psychologists Do

\* **Improve** mental health symptoms

\* **Improve** health behaviours that **directly contribute** to poor physical health (e.g., *smoking, exercise, diet, alcohol consumption*)

\* **Improve** treatment compliance

\* **Reduce** physician burnout

Over 20 years of research has shown the role and importance of psychologists in primary care

### Why Psychologists are a Key Part of the Solution

\***Cost-Effective:** Every \$1 spent on psychological services **saves \$5**

\***Relevant:** 1 in 5 Canadians is impacted by a mental health disorder **every year**, with annual economic costs up to **\$51 billion**

\***Trained and Well-Regulated:** Most psychologists have over **10 years of post-secondary education** and over **3000 hours of practical training**. They are subjects to rigorous standards of professionalism and continuing education

\***Ability to Fill Service Gaps:** Psychologists have unique training in empirical research, assessment, diagnosis, treatment, consultation, prevention, and program evaluation. Psychology is the **only profession** qualified to administer certain tests that inform diagnoses including ADHD, Autism, cognitive dysfunction, and more.

### What Physicians Say About Psychologists in Primary Care

- \* 80% of physicians report improvements in their own quality of life
- \* Physicians report reduced work stress
- \* Physicians report having more time to deal with medical concerns
- \* Billing for mental health codes decreased 15-33%
- \* 100% of physicians reported increased knowledge of psychological assessment and treatment



## B.C. Psychological Association Primary Care Psychologists (PCPsychs) in Integrated Primary Care



### How to use this document

This document is a summary and resource for the BCPA's proposal for primary care psychologists in B.C.. While this document may be read in print, it is optimal as an online resource, with live links to documents and videos in [underlined blue \(or all images\)](#).

### The mind-body connection

Between 50 and 70% of visits to family doctors are [related to behavioral, emotional, or psychological concerns](#), or are associated with managing chronic health conditions—the vast majority of which are linked to lifestyle behaviours. Further, mental distress [worsens the course of chronic health conditions](#) like heart disease and cancer, and [weakens the immune system](#). The integrated primary care model, used around the world, puts psychologists in primary care for same-day visits to address the mental and behavioural health of patients.

### Mental health: data from around the world

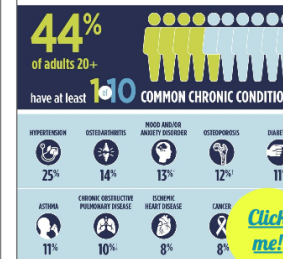
In a 2018 [comprehensive review](#) by leading economists and scientists, including from the WHO, mental illness was found to drain economies, reduce lifespans, and produce more misery than any other factor. The good news: countries and systems have successfully developed and implemented models of care to effectively treat mental illness. If done properly, treatment not only decreases pain and suffering, but also saves lives and actually increases GDP.



### What is mental and behavioral health costing in Canada?

In a [recent report](#), the Mental Health Commission of Canada outlined the direct and indirect costs of having 1 in 5 (6.7 million) Canadians suffer from mental health issues. Human suffering aside, "[m]ental health problems and illnesses cost the Canadian economy at least \$50 billion per year. This represents 2.8 % of Canada's 2011 gross domestic product." Additionally, [chronic diseases](#) with a behavioural component cost Canada approximately \$190 billion annually, which is 58% of the total healthcare budget.

### PREVALENCE OF CHRONIC DISEASES AMONG CANADIAN ADULTS



### Therapy is Medicine, Too

In March, 2021, the BCPA launched a campaign to bring awareness to the power of integrating psychologists into primary care. This included [presentations](#) to members of government and professional organizations, [media interviews](#), [engagement with the public](#), a [petition](#), and meetings with several key stakeholders.

### The New Zealand (NZ) example

Did you know that NZ has roughly the same population and healthcare budget as BC? Did you also know that they have been integrating mental and behavioral health into their primary care system and refining it for over 20 years?! [Click here](#) to see a wonderful video created to showcase how it can be done!

### How psychologists can help

Integrated Primary Care involves [Psychologists working side-by-side with family doctors](#). Primary Care Psychologists (PCPsychs) specialize in quickly diagnosing and treating mental illnesses (e.g., anxiety, depression), but also help patients manage or reduce the risk of chronic disease through behaviour change (e.g., eating better), increase medication adherence, and treat concerns like sleep difficulties, pain, and addiction.





All BC MLAs and MPs have received an invitation to this talk where we will explore the benefits of integrating Psychologists into Primary Care with guest speakers @SoniaFurstenau & @ToddDohertyMP. Want your MLA to attend? Retweet and tag them!



## BCPA Presents: If Therapy Was a Pill, You Would Cover it.

Join us for an informative evening on the importance and benefits of integrating mental and behavioural health into the healthcare system.

Presented by Dr. Lesley Lutes, UBC Okanagan Professor & Director and Clinical Training and BCPA Director of Public Advocacy and Dr. Simon Eterman, Behavioural Health Consultant at Vancouver Coastal Health. With guest speaker Sonia Furstenau, Leader of the BC Greens and Todd Doherty, Conservative BC MP for Cariboo-Prince George.

Thursday March 18, 2021  
6:30 P.M. to 8:00 P.M.  
Online via Zoom

**THE UNIVERSITY OF BRITISH COLUMBIA**  
Office of the Vice-President, Health  
UBC Health

### TBC@UBC Network

What can team-based care look like in BC when providing behavioural and mental health care within primary care?

#### British Columbia

B.C. psychologists call on government to provide more mental health coverage under MSP

British Columbians have struggled so much over the past year. COVID-19 has placed our population under enormous stress and now **anxiety, depression, and people contemplating suicide are at an all-time high**. The province has begun to take important steps toward addressing these issues, and as regulated health professionals who specialize in the science and practice of mental and behavioral health, psychologists want to help.

Successful medical treatment requires a team of professionals working together including nurses, physicians, pharmacists, and other specialty health care providers. The same is true for successful mental and behavioral health treatment. **Now is the time to ensure that British Columbians have all qualified professionals available to be a part of their healthcare team—including registered psychologists.** Integrating psychology into healthcare requires a comprehensive and evidence-based model of care that is the standard of practice in many parts of the world. We believe it can be the standard of practice in British Columbia, too.

While there are many different ways that psychologists can help, one immediate step our province can take is to provide psychological services through the Medical Services Plan (MSP) or the Alternative Payment Plan (APP) with a referral from a physician. **By integrating psychologists into MSP (or the APP) we can get care for people sooner, treating issues as they arise and not waiting until people are in crisis.** Not only is this better for patients but it also benefits family doctors, who are currently bearing the burden of providing the vast majority of mental health and behavioural health services in this province. By being able to refer patients to psychologists, family doctors will have more hours available, reducing waitlists.

**Press Release, April 6 2021**

Family doctors' offices is a further step that can be taken to help integrate psychology into family doctors' offices works. Benefits include: 1) reduced suicidality (the 9th leading cause of death in Canada), 2) improved physical health, 3) decreased sick days and overall well-being, 4) decreases healthcare utilization, research has shown that it **saves the system money—at the patient level.**

The government are complex and require thoughtful planning, the BC Psychological Association does not just want to help get things at hand, we also want to help develop data-driven solutions for mental health and wellbeing. Why? Because when done right,



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# The Primary Care Psychologist PCPsych Program



A PARTNERSHIP BETWEEN THE B.C.  
PSYCHOLOGICAL ASSOCIATION  
& THE UNIVERSITY OF BRITISH  
COLUMBIA | OKANAGAN CAMPUS



Proposal to the Ministry of Health (MOH) &  
the Ministry of Mental Health and Addictions (MMHA)

November 23<sup>rd</sup>, 2021

Contributing Authors:  
Lesley Lutes, Ph.D., R.Psych.  
Erika Penner, Ph.D., R.Psych.  
Simon Elterman, PsyD., R.Psych.

## The Primary Care Psychologist (PCPsych) Program 2.0\*

Helping Integrate Behavioural Health  
Consultants into Primary Care

Proposal to the Ministry of Health (MoH)  
& the Ministry of Mental Health and Addictions (MMHA)

May 8, 2023



A proposal in partnership with the B.C.  
Psychological Association (BCPA) and the  
University of British Columbia (UBCO)



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\*Building upon the initial PCPsych Program submitted in November 2021 to the Ministry of Health.



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# Primary Care Psychologist Proposal Timeline

2023	2024	2025-2030
<b>Feasibility and Sustainability Assessment</b>  Current state and future state comparison	<b>Pilot Proof of Concept</b>  10 FTE of psychologists placed in an identified Primary Care Network - outcomes evaluated	<b>Province-Wide Roll-Out</b>  Psychologists placed in PCNs around the province with the eventual vision of psychologists leading mental and behavioural health teams



# But we can't stop there



Home → Our Work → Projects →

## Real-Time Virtual Support

PHYSICIAN WELLNESS   RECRUITMENT AND RETENTION   TECHNOLOGY

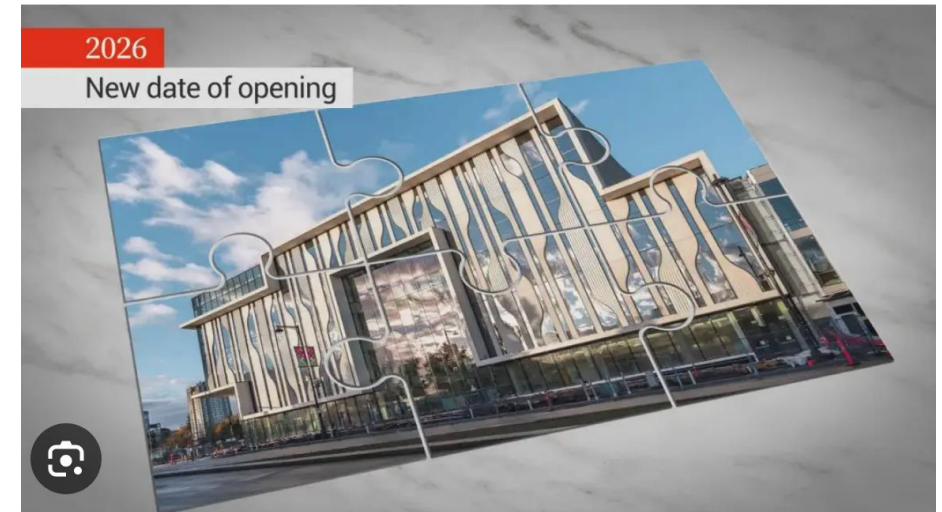
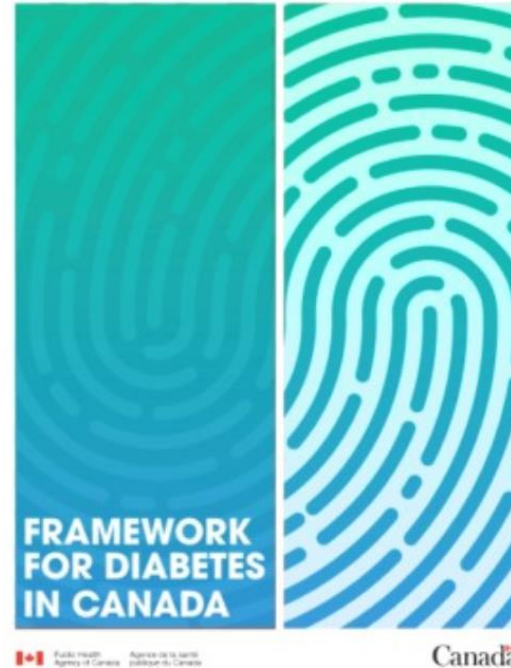


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## Rural Personal Health Record

PARTNERSHIP   TECHNOLOGY

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# Q&A



- We will now discuss questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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