

# Approaches to Integrate Mental Health Services in Primary Care: A Scoping Review Protocol of Barriers and Enablers to Implementation

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## Background & Research Question

- Despite the growing prevalence of mental illness [1], the integration of mental health services in primary care has been a persistent challenge in Canada. Primary care providers are often ill-equipped to manage mental health conditions, and access to mental health specialists are fraught with access barriers due to cost (psychologists) or wait times (psychiatrists). The benefits of mental health services in primary care include reduction of stigma, improved treatment of comorbidities and enhanced access to care [2].
- To address these health system issues, investments have been made in models of collaborative care in Canada that usually provide access to interdisciplinary teams, including some form of mental health services [3]. In Canada, ‘collaborative care’ is defined as “a patient-centred process in which two or more professions interact to share knowledge, expertise and decision-making in the interest of improved patient care” [4].
- In primary care, more than 80 randomized controlled trials have demonstrated that collaborative care (although not specific to mental health) is more effective than usual care in relation to cost-effectiveness, clinical outcomes, patient and provider experience and quality of care [5-8]. Given this high quality body of evidence, it is critical to study how collaborative care can be implemented on a wide scale. While the implementation of collaborative mental health care varies considerably across primary care settings in Canada, less is known about how it can most effectively be implemented [9].
- **Research Question: What are the system-level barriers and enablers to implementing collaborative care models to integrate mental health services in primary care?**

## Significance & Implications

- Project findings will fill a knowledge gap regarding barriers and enablers to successful implementation of collaborative care models to integrate mental health services in primary care, and serve as a foundation for future research.
- Research results may inform policies to support the implementation of such collaborative care models. This work has the potential to contribute to mental health system reform and thus improve of population mental health.

## Methods & Theory

- MEDLINE, EMBASE and PsychINFO databases have been searched, which resulted in 3243 distinct articles. With the assistance of a second reviewer, these articles were screened at the title and abstract stage, with 262 articles having moved to full-text screening. Subsequently, 115 articles were included and thus selected for data extraction. All articles were written in English and published after 1990.
- The Consolidated Framework for Implementation Research (CFIR) will be used to inform the analysis. The CFIR is a commonly used implementation science framework to facilitate the design, evaluation, and implementation of evidence-based interventions [10]. This framework is customizable across diverse settings through its provision of a variety of constructs and sub-constructs that are arranged across five domains: 1) Intervention Characteristics, 2) Outer Setting, 3) Inner Setting, 4) Characteristics of Individuals, 5) Process [10]. The implementation factors (barriers and enablers) discussed in included articles will be systematically coded according to the CFIR’s elements.

Concept	Inclusion	Exclusion
Setting	Primary care	Secondary care, tertiary care, quaternary care, long-term care
Intervention	Collaborative Care	Pilot/demonstration projects
Outcome	Barriers and/or enablers to implementation	Health outcomes/service utilization, effectiveness, efficacy

