

Mental Health Core Competencies for Physicians

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Introduction

Purpose

The purpose of this document is to propose goals, principles and core mental health competencies for all physicians based on the CanMEDS framework for application across the continuum of care and lifespan with the collective desire to:

- *Improve access to mental health services*
- *Improve the experience of care, including reducing stigma*
- *Recognize and address the interaction between physical and mental health*
- *Provide practice support for physicians*

The core competencies are designed to be high level to provide guidance to all physicians, for expansion and adaptation by each specialty as appropriate. They provide a foundation around which specialty groups can contextualize their practice with illustrations and examples.

Issue

According to a Mental Health Commission of Canada (MHCC) study on the impact of mental health in Canadaⁱ, in any given year, one in five people in Canada experiences a mental health condition*. That equates to more than 6.7 million people in Canada living with a mental health condition today. If we include families and caregivers, mental health affects almost everyone in some way. Mental health conditions often first hit at a young age, with more than 28% of people aged 20-29 experiencing a mental condition in a given year. By the time people reach 40 years of age, 1 in 2 people in Canada will have had or have a mental health condition.

According to Statistics Canadaⁱⁱ, in 2012, approximately 2.8 million people, or 10.1% of Canadians aged 15 and older, reported symptoms consistent with at least one of six mental or substance use disorders in the past 12 months. About 17 per cent of the population 15 or older reported having had a mental health care need in the past 12 months. Of these:

- *More than one million (21%) said their needs were partially met; and*
- *Six hundred thousand (12%) said their needs were unmet.*

Numerous Canadian reports have pointed to a mental health system that is not meeting the needs of people with mental health conditions – lack of coordination and integration of services, regional disparities, lack of adequately prepared health professionals, inadequate resources and focus in the system, systemic stigma, significant gaps in care, – to name a few.

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* The term ‘mental health condition’ is adopted from the World Health Organization in its report *Mental Health and Development: Targeting people with mental health conditions as a vulnerable group*.

The impact of mental health and addictions conditions on medical practice is significant. Individuals seen in primary care have psychiatric disorders.ⁱⁱⁱ The majority are not referred to mental health providers and are treated by the primary care provider. A report by the Royal College of Psychiatrists estimated that family physicians spend 30% of their time with mental health issues.^{iv} This reality, and the challenge to provide more integrated care through the mental health continuum was the basis for two joint position papers on shared and collaborative mental health care by the College of Family Physicians of Canada and the Canadian Psychiatric Association.^{v,vi} Collaborative mental health care involving family physicians, psychiatrists, and other mental health providers is increasingly viewed as the preferred service delivery model.

A framework document by the MHCC, which was based on consultations across Canada with diverse groups, further drew attention to the challenges in the current mental health care system, and the critical practice and education roles played by health professional groups including physicians, nurses, and social workers in meeting the needs of patients, families and communities, especially with regard to transforming care toward an orientation that focuses on recovery and well-being.^{vii} For physicians particularly, interviews conducted during the development of this foundational policy document highlighted the lack of education and preparation that non-mental health specialist physicians receive during their medical training.^{viii} The *Interim Report of the Standing Senate Committee on Social Affairs, Science and Technology in 2004* suggested that all physicians, including non-mental health specialists, should have basic competencies in mental health care in order to facilitate timely access to treatment and support.^{ix}

Changing Directions, Changing Lives: The Mental Health Strategy for Canada, released in May 2012, subsequently made a number of recommendations that emphasize the importance of baseline mental health core competencies for all physicians in order to facilitate the adoption of recovery-oriented approaches, strengthening collaborative approaches and integration of mental health care in primary care, addressing stigma, and ensuring that people with mental health conditions get timely and appropriate physical care. In addition, the Strategy emphasizes the importance of mental health for health and well being overall.

The Royal College of Physicians and Surgeons (Royal College) is committed to enhancing the care provided to Canadians living with mental health and addictions conditions and has taken the recommendations from both of these reports very seriously. In 2009, the Royal College, in collaboration with the Mental Health Commission of Canada including the College of Family Physicians of Canada (CFPC), the Canadian Psychiatric Association (CPA) and subsequently the Canadian Medical Association (CMA), began discussions on how to enhance care for patients with a mental health condition who receive treatment for a physical illness from a physician (especially for those specialties not directly related to mental health).

Background

The increased public awareness about mental health and addictions issues has helped many health care organizations and providers also place this on the top of their agendas. The work of the Standing Senate Committee on Social Affairs, Science and Technology chaired by the Honorable Michael Kirby, and its final report in May 2006, *Out Of The Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, has played a large role in increasing this awareness about mental health and addictions issues.^x This work led to the creation of the Mental Health Commission of Canada (MHCC) in 2007 to serve as a catalyst for change. The MHCC has produced several landmark reports including *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.^{xi}

In its work, the MHCC has adopted the World Health Organization (WHO) definition of mental health: “a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community”.^{xii}

The link between physical and mental health is also becoming increasingly clear. For example^{xiii}:

- *Post myocardial infarction depression increases mortality risk from 3 to 17%*
- *A cancer patient with depression increases his mortality risk by 39%*
- *Individuals diagnosed with schizophrenia have a 50% greater risk of dying from cancer*
- *A young individual with depression has a 20% greater risk of type II diabetes*
- *An individual with schizophrenia has a life expectancy reduction of up to 20 years.*

Many patients who are living with mental health and addictions conditions or who are experiencing physical symptoms that may be directly related to mental health conditions (e.g. stress, digestive issues, post partum depression, etc.) may be referred to specialists for further investigation and ongoing treatment. This underscores the importance that all physicians have some level of proficiency in mental health competencies. This document lays out mental health core competencies for all physicians, regardless of their area of practice. This is an integral component of high quality care.

Approach

The Royal College and MHCC initiated this project in 2011. A project steering committee was established which included membership from the five sponsoring organizations, to develop core mental health competencies for all physicians. Recognizing that most patients living with mental health conditions are seen by health providers outside the field of psychiatry, the development of core competencies is deemed to be critical for all physicians including family practitioners and other specialists.

Furthermore, these core competencies can serve to advance the seven goals set out in *Toward Recovery and Well Being*, the foundational document for the *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*.^{xiv}

1. *People of all ages living with mental health problems and illnesses are actively engaged and supported in their journey of recovery and well-being.*
2. *Mental health is promoted, and mental health problems and illnesses are prevented wherever possible.*
3. *The mental health system responds to the diverse needs of all people in Canada.*
4. *The role of families in promoting wellbeing and providing care is recognized, and their needs are supported.*
5. *People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.*
6. *Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.*
7. *People living with mental health problems and illnesses are fully included as valued members of Canadian society.*

In 2005, The Royal College of Physicians and Surgeons developed the CanMEDS^{xv} framework. This framework is competency-based as well as being informed by values and principles and describes the knowledge, skills and abilities that specialist physicians need for better patient outcomes. The CanMEDS Roles and associated key and enabling competencies are the same for all physicians, nuanced at the specialty-specific level. In 2009, the College of Family Physicians of Canada adopted and adapted this framework as part of its Triple C program to harmonize the approach to the definition of competencies between family physicians and specialists.^{xvi}

An environmental scan completed for the Steering Committee did not find any global literature on mental health competencies for medical specialists. Nor did it find mental health competencies for other generalist professions that it reviewed (including nurses, pharmacists, social workers, occupational therapists and physiotherapists). It did find competencies for other mental health specific professions e.g. mental health nurses.

The focus of this document is to propose goals, principles and core mental health competencies for all physicians based on the CanMEDS framework, derived from the environmental scan completed in 2011 and other relevant documents. Specialties may wish to further develop enabling competencies specific to their practice. While the focus is on mental health competencies, the document does in some instances reference mental health and addictions, recognizing that addictions is so closely linked with mental health conditions.

Overarching Goals and Principles

Goals:

1. *Enhance care for patients with a mental health condition who are receiving treatment from any physician*
2. *Create a practice environment that will convey respect and a caring attitude for this group of patients*
3. *Reduce stigma among health providers*
4. *Optimize health outcomes (physical and mental) with a recovery focus that actively engages the individual and recognizes and supports the role of families and other caregivers*
5. *Detection of mental health conditions, including comorbid problems in people with general medical conditions*
6. *Early intervention and (or) initiation of treatment with both the first presentation of a mental health condition or with an emerging recurrence or relapse (including crisis management)*
7. *Effectively communicate and coordinate care with the most responsible primary care provider or mental health specialist*
8. *Support for mental health promotion and wellness*

Principles and Competencies

<i>Role</i>	<i>Principles</i>	<i>Competencies</i>
Medical expert	<p>Physicians have a responsibility to provide comprehensive care, including mental wellness, to their patients. This includes understanding the mental health condition of their patients; to treat these conditions within their competence level; and to refer appropriately.</p> <p>Physicians practice a “shared decision making model” with patients and other supports (i.e. families) that the patient identifies as active partners</p> <p>Consideration of, and respect for, diversity and cultural safety are embedded in daily practice and care planning/programs.</p> <p>Care and recovery¹ builds on the strengths, capacities and reality of each patient.</p>	<p>Physicians will have working knowledge of the symptoms, etiology, and basic treatment of mental health and addiction conditions that may influence a physical condition that they are treating.</p> <p>Physicians will detect/recognize physical health conditions in patients who present with what appear to be mental health conditions.</p> <p>Physicians will recognize the signs and symptoms of basic mental health conditions most common to their specialty practice, i.e.:</p> <ul style="list-style-type: none"> • Anxiety disorders • Mood disorders • Psychosis • Addictions • Grief • Situational stress • Cognitive impairment • Sleep disorders <p>Physicians will undertake mental health screening where applicable.</p> <p>Recognizing the limits of their expertise, physicians will seek appropriate consultation from other health professionals.</p>
Communicator	<p>Clear, honest and respectful dialogue about mental health matters is a mutual responsibility between physicians and their patients.</p> <p>All colleagues and patients with mental conditions are treated with respect.</p> <p>Mental health promotion² is emphasized in patient encounters.</p>	<p>Physicians communicate with their patients with respect and without stigma irrespective of their mental health condition.</p>

<i>Role</i>	<i>Principles</i>	<i>Competencies</i>
Collaborator	The physician trusts, values and seeks out the contribution of other relevant health professionals; they collaborate and learn with other professionals to achieve better patient outcomes; they consider patients as an active partner.	Recognizes and respects the diversity of roles, responsibilities and competencies of other professionals in relation to their own as it relates to mental health and addictions. Works with and learns from others to assess, plan, provide and integrate mental health and addiction care for individual patients or groups of patients (shared, integrated care).
Manager	Physicians are equipped with the tools, knowledge, training, and experience to improve health care, reduce health disparities and inequities and sustain health for their patients with mental health conditions.	Actively engages in the coordination with other health professionals for the care of their patients with mental health conditions, including the appropriate utilization of local community mental health resources.
Health advocate	Promotes holistic health ³ and encourages active participation of patients and other health care professionals as “agents of change for mental health.”	Identifies opportunities for advocacy, health promotion and disease prevention to optimize the care of their patients with mental health conditions.
Scholar	The recognition and treatment of mental health conditions should be promoted throughout the medical education continuum and in research.	Identifies and integrates information and evidence related to the care of patients with mental health conditions in their specialty.
Professional	Physicians are aware of their own cultural attitudes and biases towards people with mental health conditions, and how these may impact patient care.	Recognizes through self-reflection the impact or their behaviours, attitudes and knowledge gaps that may negatively impact the quality of care and health outcomes of their patients with mental health conditions.

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¹ The concept of ‘recovery’ refers to living a satisfying, hopeful and meaningful life, even when there are ongoing limitations caused by mental health conditions.

² Mental health promotion is a process of facilitating the capacity of individuals and communities to take control over their lives and improve their mental health. It seeks to increase self-esteem, coping skills and capacities, and family and community supports, as well as to modify the broader social and economic environments that influence mental health.

³ Holistic health is based on the premise that all aspects of people’s needs including mental, physical , spiritual, emotional, and social should be taken into account and seen as a whole.

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