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Title

Can we measure that? Review of quality indicators for person-centred and recovery-oriented mental health care in primary care

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Promoting the integration of mental health services within primary care and community settings is a priority in Canada and internationally. It is important to ensure that such mental health services are accessible to the population but also essential that these services be as person-centred and recovery-oriented as possible. Quality indicators are needed to objectively assess the extent to which current mental health services are person-centred and recovery-oriented, and improve these practices over time.

Objective: We aimed to identify indicators measuring person-centred and recovery-oriented care approaches for people with mental disorders in primary care and community-based settings.

Study design and analysis: We performed an overview of systematic reviews and grey literature searches to identify eligible indicators. Published systematic reviews were identified through searches in Medline, Embase, CINAHL and PsycINFO (search period: 2009-2019). Reviews were eligible if they reported at least one indicator of person-centred or recovery-oriented care for mental disorders in primary care or community settings. For the gray literature search, we searched the websites and publications of 11 Canadian organizations and 14 international organizations that produce mental health quality indicators. Our descriptive and narrative analysis was guided by conceptual frameworks for person-centred care and recovery.

Setting: Primary care and community settings.

Population studied: Youth or adults with mental health or substance use conditions.

Results: Our searches enabled us to identify 104 relevant indicators related to person-centred or recovery-oriented mental health care, including 32 reported in six systematic reviews and 72 available from 14 Canadian or international organizations. There were 89 indicators of person-centred care, with continuity of care and patient education being the most common sub-dimensions covered. Only 15 indicators of recovery-oriented care were identified. Limitations to the current set of indicators include a

lack of specificity (in terms of population or care setting) and sources of data that remain under-exploited.

Conclusion: The current set of quality indicators represents a solid foundation to embed measurement of person-centred, recovery-oriented mental health care in health systems but the development of additional indicators linked to a broader range of sub-dimensions is urgently needed.