Submission Id: 5317

Title

Provider perspectives on the person-centeredness of mental health care delivered within Family Health Teams

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: The Patient-Centered Medical Home has been advanced as an organizing concept for modern primary care systems. In Ontario, Family Health Teams (FHTs) embody the medical home principles and deliver primary care to over three million people across the province. Many people living with common mental disorders receive care in these clinics. However, little is known about the quality of mental health services delivered to them and whether their care is person-centered.

Objective: To explore the perspectives of FHT providers regarding their experiences providing person-centered care for common mental disorders.

Study design and analyses: We conducted a qualitative grounded theory study guided by Charmaz's constructivist approach. We purposively sampled using a maximum variation approach, seeking diversity in FHTs (urban vs. rural, region, team size and composition) and healthcare providers. Data was collected through individual, semi-structured interviews lasting 60-90 minutes, with data collection and analysis occurring concurrently. Sensitizing concepts related to person-centeredness facilitated the coding and analysis. Analysis was consistent with a grounded theory approach, including a constant comparison method. Several team members participated in the analysis and interpretation of results.

Setting: Family Health Teams in 9 health regions of Ontario

Population studied: 65 administrators and health professionals (family physicians, nurses, social workers, mental health counsellors, etc.) from 18 FHTs.

Results: The practices and challenges of delivering person-centered mental health care were organized into five main domains: 1) patient as unique person, 2) provider-patient relationship, 3) sharing power and responsibility, 4) connecting to family, peers, and community, and 5) creating person-centered care environments. FHT providers actively strove to achieve person-centered care by delivering mental health care that was responsive, flexible, and that reflected biopsychosocial and whole-person

approaches. However, participants also reported challenges related to continuity of care, engaging patients and families in care, and ensuring that mental health issues are sufficiently prioritized.

Conclusion: Ontario's FHTs have built a strong foundation for person-centered mental health care but additional strategies are needed to improve person-centeredness and foster alignment with the Patient-Centered Medical Home model.