

Submission Id: 3724

Title

Assertive Community Treatment Team Members' Mental Models toward Primary Care

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: People with serious mental illnesses (e.g., schizophrenia, bipolar disorder) have inequitable access to primary care, which is associated with avoidable morbidity and mortality. Assertive Community Treatment (ACT) is an evidence-based model that provides intensive mental and social health support. ACT's engagement with primary care (both in providing primary care services or collaborating with external primary care providers) is not well understood. Objective: To discover ACT team members' mental models (i.e., psychological representations) of the provision of primary care (within the team and through collaboration with external primary care providers), and the perceived impact of COVID-19 on these mental models. Study Design and Analysis: An exploratory multiple qualitative case study using semi-structured interviews and thematic analysis. Shared Mental Model theory framed analysis. Setting or Dataset: Ontario, Canada. Population Studied: Interdisciplinary ACT team members. Results: Twenty-seven participants from 5 ACT teams in one region were interviewed, including administrators, social workers, psychiatrists, mental health workers/counsellors, occupational therapists, nurses, and a recreational therapist. ACT team members perceived that primary care was important for their clients. Some teams offered a limited set of medical primary care services to meet clients' needs. Most participants did not think that ACT team mandates should expand to include primary care. They should instead support collaboration with clients' external primary care providers, as this enables client integration into the wider community. To liaise with external providers, ACT team members reported that they must navigate barriers at multiple levels (i.e., client, provider, and system levels). Most participants believed the COVID-19 pandemic delayed client access to primary care, demanded more time and risk exposure from ACT to support care, and shifted to virtual care without considering all clients' needs. Some teams reported an increase in internal primary care provision during the pandemic. This was associated with burnout and reinforced the importance of external primary care provision. Conclusions: Findings provide insight into the different ways primary care can be delivered to ACT clients, which could provide important lessons for ACT teams in North America.