
POSTER ABSTRACT**Scoping review of instruments for measuring the integration of mental health and addictions services within primary care**

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Introduction

The past decade has seen major interest in Canada and internationally to better integrate mental health and addictions (MHA) services within primary care. However, implementation of integrated care remains a challenge and MHA service delivery and care experiences in primary care remain uneven. Establishing a clear portrait of the situation would be important to guide policy and quality improvement efforts and improve service user outcomes. Yet multiple definitions of integrated care co-exist and there is a lack of clarity about how to best to measure and collect data on this multidimensional concept.

Aims Objectives Theory or Methods

This study aimed to identify instruments designed to evaluate the integration of mental health and addictions services within primary care. We conducted a scoping review of published and grey literature. We searched Medline, Embase and PsycINFO using keywords related to the concepts of “primary care”, “mental health”, “addictions”, “integrated care” and “instrument”. We also performed keyword searches in Google and examined the websites of international organizations interested in integrated care. Multiple team members participated in study selection and our data extraction and analysis is guided by a conceptual framework, the Rainbow Model of integrated care.

Highlights or Results or Key Findings

This scoping review is ongoing. So far we have identified 56 instruments measuring MHA care integration from the perspective of clinicians and 15 instruments measuring integration from the perspective of patients. The integrated care dimensions most represented in the instruments were clinical integration (e.g. screening practices, case management, referrals) and professional integration (e.g. interprofessional communication and collaboration, co-location) whereas fewer items related to the systemic (e.g. regulations, advocacy) and normative (e.g. shared values, leadership for integrated care) dimensions of integrated care. Few tools targeting clinicians included items related to the person-centered care (e.g. engagement in care planning, supports for self-management, coordination of family supports) and authors rarely developed their tools in partnership with MHA service users.

Conclusions

This scoping review provides valuable information on the range of instruments and measures that can be used to assess the integration of mental health and addictions services in primary care, and will inform the development of more comprehensive instruments that cover more dimensions of care integration.

Implications for applicability/transferability sustainability and limitations

We have identified a number of instruments that can be used to measure integrated mental health care in diverse primary care settings. It may also encourage the development of new tools that can address current gaps, such as instruments to assess integrated addictions care and tools co-designed with service users.