

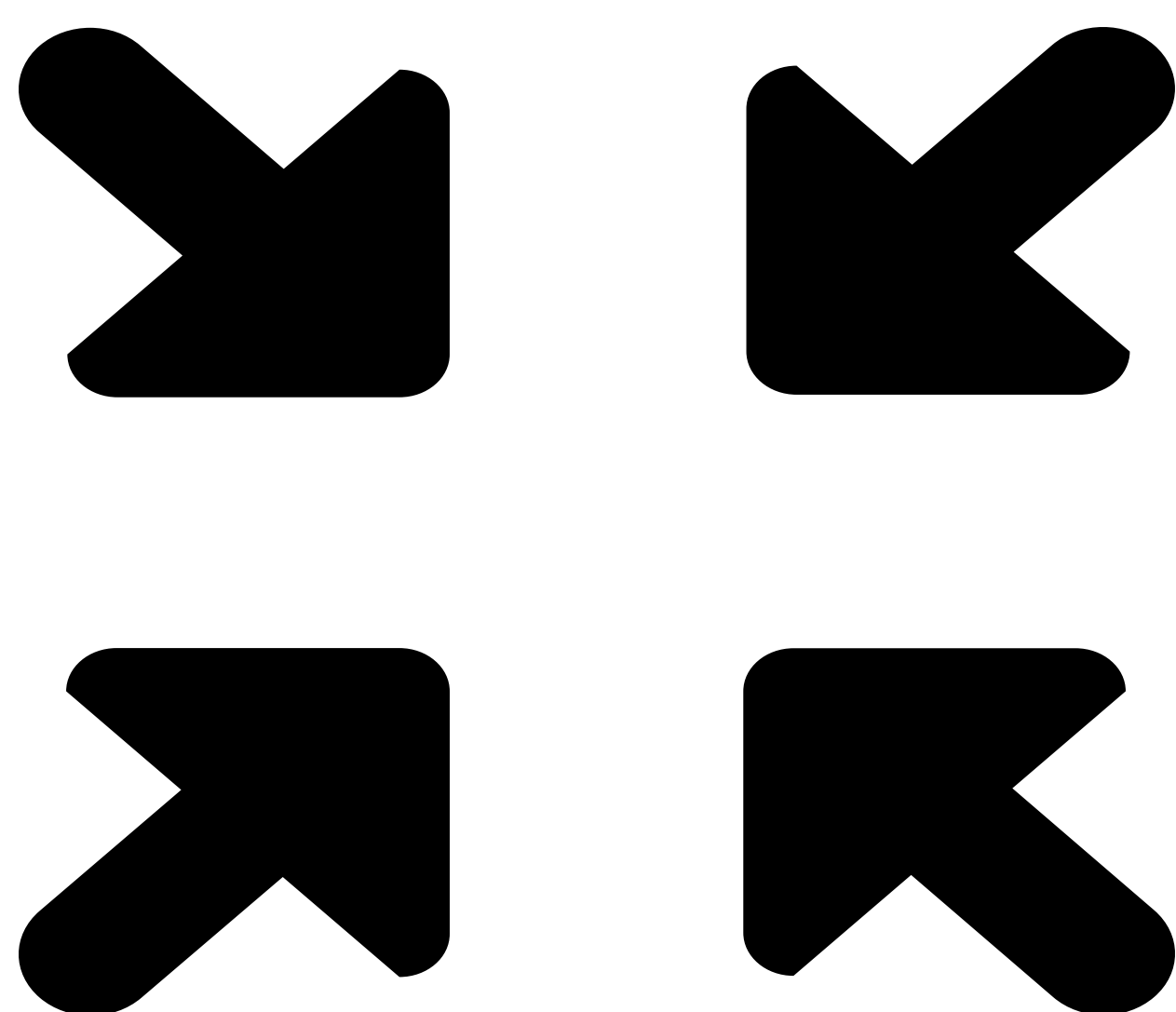
Introduction to Collaborative Care

Addiction & Mental Health in Primary Care

Concurrent addiction, mental health, and physical issues are both common and complex to address. For many people who seek help for addiction and/or mental health (AMH)-related concerns, primary care (PC) settings often serve as a first point of contact.

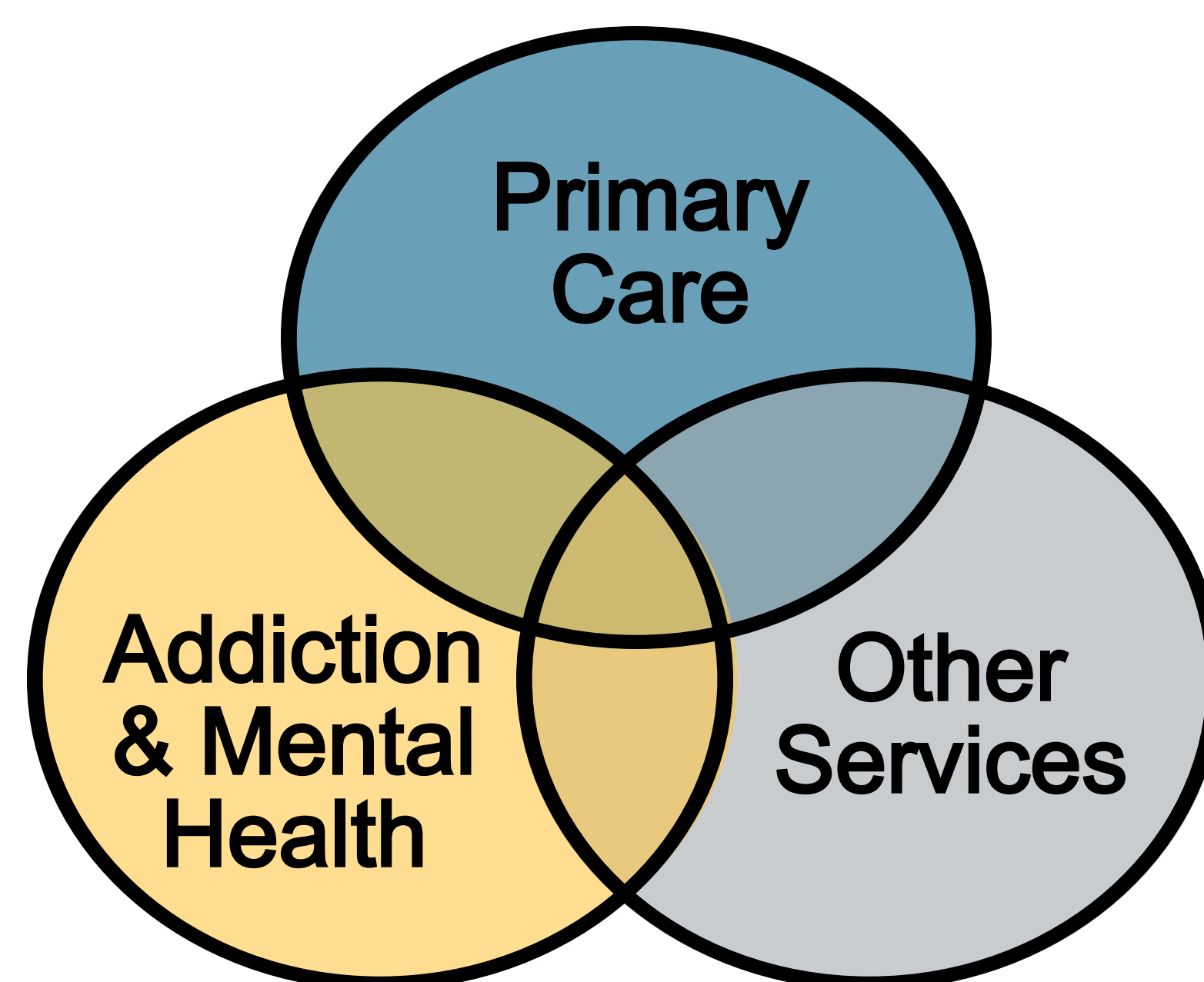
Collaborative care is viewed as an effective approach to improving patient care.

What is Collaborative Care?



Collaborative care is a multi-professional, patient-centered approach to care that is team-driven, population-focused, measurement-guided, and evidence-based.

It aims to connect the knowledge and skills of interdisciplinary professionals.



Collaborative care can involve diverse teams of interdisciplinary professionals.

Teams may include primary care and addiction & mental health providers, allied health professionals, and other care or service providers.

Did You Know?

20%

of Canadians experience a mental illness or addiction issue in any given year.

57%

of Canadians visit a family doctor or general practitioner for first time mental health concerns.

Models of Collaborative Care

Collaborative care can be seen as a continuum, whereby collaborative and integrative techniques of service delivery strengthen as the severity of AMH concerns increase. The flow of service aligns to the patient’s particular set of needs and is adjusted accordingly.

Collaborative models set within PC settings can be implemented in a variety of different ways depending on accessibility to tools and services, levels of service provider coordination, and the severity of patient or population needs.

Model	Six Levels of Collaboration	Setting	Severity of Need
Coordinated	<p>L1: Patients are referred to network providers at another site.</p> <p>L2: Providers periodically share communication about shared patients.</p>	In separate facilities	Mild to moderate
Co-located	<p>L3: PC and AMH providers share a facility but develop separate treatment plans for patients.</p> <p>L4: Providers share patient records and maintain some systems integration.</p>	In same facility, but not necessarily same space	Mild to severe and/or persistent/complex
Integrated	<p>L5: PC and AMH providers develop and implement collaborative treatment for shared patients but not for other patients.</p> <p>L6: PC and AMH providers develop and implement collaborative treatment for all patients.</p>	In same space within same facility	Moderate to severe and persistent/complex

For these findings and more, check out our [Collaborative Care Literature Review](#).

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