

LETTERS

The collaborative chronic care model for mental health should be implemented in Canada

We applaud Dr. Mary Bartram for her analysis “Making the Most of the Federal Investment of \$5 Billion for Mental Health.”¹ While recognizing the dire need for publicly funded psychological services (available in other countries such as the United Kingdom and Australia), we share Bartram’s concerns about inequitable distribution of such services. We also have concerns about creating yet another silo in our health care system whereby psychological services operate independently of primary care and community-based supports important to patients.

Collaborative mental health care involves primary care providers, mental health specialists, patients and other allied providers working together in structured methods founded on Wagner’s chronic care model.² Collaborative mental health care has well-demonstrated effectiveness, cost efficiency, patient-centredness and provider satisfaction, and has been shown to reduce disparities in health care processes and outcomes based on ethnicity and socioeconomic status.²⁻⁴ When provided via telemedicine or telephone, collabora-

tive mental health care can also close the gap between urban and rural care.⁵

Lack of implementation of the collaborative chronic care model for mental health is a major failure in health care systems across Canada, perpetuating scarce and inequitable access to care and poor population health outcomes. The federal investment in mental health provides a tremendous opportunity to overcome the initial cost barrier to implementing collaborative care.

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