

Group CBT appointments: Enabling GPs to support patients with mild to moderate mental health issues

tatistics show that one in five Canadians experience a mental illness or addiction problem in any given year, and one in two will experience a mental illness by age 40.1 Mild to moderate depression and anxiety comprise a number of these cases. According to a 2016 report from the Canadian Chronic Disease Surveillance System, about three-quarters of Canadians who used health services for a mental illness annually consulted for mood and anxiety disorders.

Cognitive behavioral therapy (CBT) is often recommended as therapy for mild to moderate anxiety and depression, and has proven to be as effective as antidepressants in treating depression² and most anxiety disorders.3 CBT therapy is covered by MSP, but waits for psychiatric support are long, meaning patients often look to their GP for care. In fact, 80% of people with mental health issues receive care in the primary care setting.4

A grassroots solution in Victoria and the South Island

Surveys show that 24.3% of Vancouver Island residents report suffering from anxiety and depression.5 Recognizing that GPs on South Vancouver Island needed more support to care for these patients, the Victoria Division of Family Practice and the Shared Care Committee funded the development of CBT Skills Groups, with Shared Care and the South Island Division of Family Practice also supporting the project as a mental health initiative for South Vancouver Island.

This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.

The skills groups are based on CBT principles and practices. Sessions focus on self-management, providing participants with a variety of coping tools so they can decide what works best for them. The CBT Skills Group program, which is designed to be delivered within primary care,

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was co-developed by psychiatrists and family physicians. The groups are funded by MSP billing, meaning the only cost to participants is a \$35 fee to pay for the program workbook (and this fee can be waived in cases of financial hardship). Each cohort accepts up to 15 people, and sessions run between 90 and 120 minutes. The program supports GPs to do training and develop CBT skills, increasing their confidence in caring for patients with mild to moderate mental health conditions, and enabling them to diversify their practice and care for patients in their own clinics. Participant feedback has been positive, highlighting the quality of the facilitators, affordability and accessibility of the program, and the fact that the group format allows for peer support and reinforcement that participants are not alone.

A sharable model of care

Once physicians were trained and the program was established in Victoria, psychiatrists on the project team trained a group of South Island Division physicians to expand the service to the Western Communities and the Saanich Peninsula. Currently, both the South Island Division and Victoria Division-trained facilitators work together to service the South Vancouver Island region. The program and its referrals are administered by the CBT Skills Groups Society of Victoria.

With support from the Shared Care Committee, the Victoria program has spread to a number of communities across BC, including Vancouver. The Vancouver Division of Family Practice funded the development of the program in its own community, which now runs with seven locally trained physician facilitators and its own dedicated referral centre. The Victoria Division shared all of its materials (workbook, referral form, and processes) and provided ongoing advice to initiate the program in Vancouver.

Divisions and physicians who would like to learn more about CBT Skills Groups, or who are considering adopting the model, can visit the Victoria Division website6 or the Shared Care Learning Centre website.⁷ The Shared Care Learning Centre features a profile for CBT Skills Groups, including a readiness assessment and details for how divisions can get started in implementing the program.

> -Afsaneh Moradi **Director, Community Partnership and Integration**

References

1. Smetanin P, Stiff D, Briante C, et al. The life and economic impact of major mental illnesses in Canada: 2011 to 2041. Risk-Analytica, on behalf of the Mental Health Commission of Canada 2011. Accessed 21 March 2019. www.mentalhealth Continued on page 188 Continued from page 187

PRACTICE SURVIVAL SKILLS Vancouver, 15 Jun (Sat)

The 12th annual Practice Survival Skills—What I Wish I Knew in My First Years of Practice conference will be held at the UBC AMS Nest and emphasize practical, nonclinical knowledge crucial for your career. Topics include billing and billing forms, rural incentives, MSP audits, medicolegal advice and report writing, job finding and locums, financial and insurance planning, practice management and incorporation, licensing and credentialing, and digital communication advice. Target audience: family physicians, specialty physicians, locums, IMGs, physicians new to BC, family practice and specialty residents, and physicians working in episodic care settings. Course format comprises collaborative didactic lectures and interactive small-group workshops; plenty of networking opportunities, and practice-based exhibits. Join us in the afternoon for a job fair and networking reception to meet with colleagues and make career connections. Program details and online registration at https:// ubccpd.ca/course/practice-survival-skills-2019. Tel: 604 675-3777, email: cpd.info@ubc.ca.

GP IN ONCOLOGY TRAINING Vancouver, 9-20 Sep and 3-14 Feb 2020 (Mon-Fri)

The BC Cancer's Family Practice Oncology Network offers an 8-week General Practitioner in Oncology training program beginning with a 2-week introductory session every spring and fall at the Vancouver Centre. This program provides an opportunity for rural family physicians, with the support of their community, to strengthen their oncology skills so that they may provide enhanced care for local cancer patients and their families. Following the introductory session, participants complete a further 30 days of customized clinic experience at the cancer centre where their patients are referred. These can be scheduled flexibly over 6 months. Participants who complete the program are eligible for credits from the College of Family Physicians of Canada. Those who are REAP-eligible receive a stipend and expense coverage through UBC's Enhanced Skills Program. For more information or to apply, visit www.fpon.ca, or contact Jennifer Wolfe at 604 219-9579.

ST. PAUL'S EMERGENCY MEDICINE UPDATE

Whistler, 26–29 Sep (Thu–Sun)

Join us for the 17th Annual St. Paul's Conference. Four exciting days of learning, networking, and of course, recreation! We had over 300 attendees last year. Don't miss out! Preconference workshops: CASTED, HOUSE EM, CAEP AIME. Target audience: Any physician providing emergency care, emergency nurses, paramedics. Keynotes: Best Literature of the Past Year (Dr Grant Innes, Dept. of Emergency Medicine, University of Calgary); Sub-Arachnoid Hemorrhage—What the ED Doc of 2019 Needs to Know (Dr Jeff Perry, Dept. of Emergency Medicine, The Ottawa Hospital); Gender and Medicine in 2019— Where Are We? Where Can We Go? How Can We Get There? (Dr Carolyn Snider, St. Michael's Hospital, Toronto); Managing Stress in a High Risk Environment (Mr Will Gadd, gold medalist, X-Games). Conference details and registration: https://ubccpd.ca/course/sphemerg -2019. Accommodation: http://bit.ly/ sph2019reservations. Tel: 604 675-3777, fax: 604 675-3778, email: cpd .info@ubc.ca.

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- McMurray wildfires on the health of evacuated workers: Follow-up of 2 cohorts. CMAJ Open 2017;5:e638-e645.
- 6. Peterson E, Lu J. Responding to climate change in BC: What can physicians do? BCMJ 2017;59:227-229.
- 7. Lancet countdown 2018 report: Briefing for Canadian policymakers. Accessed 10 March 2019, www.lancetcountdown .org/media/1418/2018-lancet-count down-policy-brief-canada.pdf.

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commission.ca/sites/default/files/ MHCC_Report_Base_Case_FINAL _ENG_0_0.pdf.

- 2. Cuijpers P, Weitz E, Twisk J, et al. Gender as predictor and moderator of outcome in cognitive behavior therapy and pharmacotherapy for adult depression: An "individual patient data" meta-analysis. Depress Anxiety 2014;31:941-951.
- 3. Bandelow B, Seidler-Brandler U, Becker A, et al. Meta-analysis of randomized controlled comparisons of psychopharmacological and psychological treatments for anxiety disorders. World J Biol Psychiatry 2007;8:175-187.
- 4. Canadian Mental Health Association. Mental health in the balance: Ending the health care disparity in Canada. Accessed 12 February 2019. https://cmha. ca/news/ending-health-care-disparitycanada
- 5. Provincial Health Services Authority. BC community health data. Accessed 18 March 2019. http://communityhealth .phsa.ca/getthedata/searchbylocation.
- 6. Victoria Division of Family Practice. Cognitive behavioural therapy (CBT) skills group. Accessed 18 March 2019. www .divisionsbc.ca/victoria/resources/mhsu -program/cbt-skills-group.
- 7. Shared Care Learning Centre. CBT skills groups spread initiative. Accessed 18 March 2019. www.sharedcarelearning centre.ca/wp-content/uploads/2019/01/ CBT-Skills-Spread-Project-Template.pdf.