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# Mental Health and Primary Care Policy Framework

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# Purpose

It is recognized that people with mental health problems and illnesses have difficulty accessing high-quality primary health care for their physical and mental health care needs. There are many complex and interconnected reasons why these individuals do not receive the primary care that they require and to which they are entitled. This framework uses a social justice lens to give a broad overview of the factors that contribute to primary care access in Ontario, recognizing that a system-wide response is needed to address these factors. Specifically, this framework aims to:

- facilitate responses to emerging policy-related issues in mental health and primary care
- provide a model for the development and implementation of primary care policies that most effectively address the needs of people with mental health problems and illnesses
- encourage a convergence of research and practice on mental health and primary care policy issues, both within CAMH and across the system.

Effective primary care that addresses physical and mental health must be collaborative and integrated. Primary care practitioners, allied health staff and community services must work together to ensure that people with mental health problems and illnesses receive high-quality primary health care. Government, education and the secondary and tertiary mental health sectors must also be available to provide support and resources to the primary care sector as it seeks to further integrate mental health care into its regular practice. There are many existing initiatives and ongoing discussions that seek to bring primary care and mental health care together. The goal of this framework is to continue, and contribute to, this dialogue.

**A word about language**

In this paper, the term "people with mental health problems and illnesses" refers to a wide spectrum of individuals—from those who are experiencing emotional distress to those with a diagnosis of serious mental illness. It also includes problematic substance use and addictions.

# Why is primary care important for people with mental health problems and illnesses?

## Mental health and physical health are closely connected

In any given year, one in five Canadians, including over one million children and youth, experiences a mental health problem or illness.[1] Mental illness is a leading cause of disability in our country,[2] and in Ontario the burden of mental illness is greater than the burden of cancer or infectious diseases.[3] Despite the prevalence and impact of mental health problems and illnesses, one-third of Canadians in need of mental health care report that their needs are not fully met.[4]

Mental health is inextricably linked to physical health, and mental and physical illness can frequently co-occur. Depression often presents with joint pain, appetite changes, gastrointestinal problems, tiredness and sleep disturbances.[5] Alcohol and/or other drug abuse is linked to hepatitis, HIV, pneumonia, cancer, cardiovascular problems and cirrhosis.[6] Serious mental illness such as schizophrenia is associated with high rates of diabetes, lung disease, liver conditions[7] and cardiovascular illness.[8]

Mental illness can take between seven and 20 years off of a person's life, and those with serious mental illness are most likely to have a shortened lifespan.[9] While some people with mental health problems and illnesses die by suicide, the majority die of natural causes such as diseases of the circulatory, respiratory and digestive systems.[10]

Social determinants of health such as poverty, alcohol use, tobacco use, an unhealthy diet, poor self-care, lack of social support, unemployment and physical inactivity can contribute to the development of these illnesses and diseases, as can side-effects from psychotropic medications.[11] Regular contact with a primary care team can help prevent, moderate and improve mental and physical health conditions.

## Canadians are assured high-quality primary health care

Primary care is the everyday health care that is provided by general practitioners, family doctors and nurse practitioners along with allied health professionals. In Canada, the majority of health and medical services are provided in primary care settings.[12]

Primary care is the fundamental building block of effective health care delivery and is key to the sustainability of the health care system.[13] When chronic physical and mental health problems and illnesses are treated in primary care settings, instead of in emergency rooms and hospital inpatient settings, the cost burden on the system is reduced.[14] The importance of primary

1 MHCC, 2011
2 MHCC, 2014
3 Ratnasingham et al., 2013
4 Sunderland & Findlay, 2013
5 Trivedi, 2004
6 Stein, 1999
7 Sokal et al., 2004
8 McCreadie, 2003
9 Chesney et al., 2014
10 Tidemalm et al., 2008
11 Barreira, 1999; Druss et al., 2002; Fagiolini & Garacci, 2009; Tidemalm et al., 2008
12 CPFC, 2011
13 TC-LHIN, 2013a
14 CBC, 2013

care is highlighted in federal and provincial policies.[15] Local initiatives also aim to improve the quality of primary care[16] and to integrate primary care with other health care services, to support people with complex needs.[17] There is also growing recognition across the country that primary care must include the prevention, identification and treatment of mental health problems and illnesses.[18]

Despite the importance of primary health care, people with mental health problems and illnesses (especially those with complex needs) have difficulty accessing it, and often receive substandard quality of service when they do see a practitioner[19], which contributes to poorer health outcomes.

Canadians are assured barrier-free, timely access to high-quality health care.[20] Therefore, primary health care must be equitable and accessible to all citizens.

This framework uses a social justice approach to:

- understand the challenges that people with mental health problems and illnesses have in accessing high-quality primary care
- examine how to best meet their health care needs
- suggest policy-level responses to create equitable and accessible primary health care in Ontario.

15 Government of Canada, 2003; MOHLTC, 2015
16 TC-LHIN, 2013a
17 TC-LHIN 2013b
18 Kates et al., 2011a; MHCC, 2012
19 Bradford et al., 2008; Glazier & Redelmeier, 2010; OHA, 2014; Ross et al., 2015; TC-LHIN, 2013a; Vigod et al., 2011
20 Health Canada, 2003; Minister of Justice, 1985

# What we know

## People with mental health problems and illnesses have difficulty accessing high-quality primary care

People with mental health problems and illnesses, and particularly those with serious mental illnesses, are less likely than other individuals to have a primary care practitioner that they can see on a regular basis.[21] Primary care practitioners may be unwilling to take on people with mental health problems and illnesses because of their mental health symptoms, substance use issues, additional physical disabilities, poverty, housing instability and/or criminal records.[22]

People with mental health problems and illnesses who are connected to a primary care practitioner still find it difficult to get the care that they need. In one study, 40 per cent of homeless people with mental health problems and illnesses had unmet health care needs despite having a regular primary care provider.[23] Some people with mental health problems or illnesses find it difficult to get an appointment and have to exaggerate their symptoms to see their doctor, or get an advocate with "clout" to make an appointment for them.[24] Only being allowed to address one health problem per visit and feeling rushed through appointments are also concerns.[25]

Receiving proper screening, diagnosis and treatment can be problematic for people with mental health problems and illnesses. Substance abuse, bipolar disorder, obsessive-compulsive disorder and posttraumatic stress disorder are frequently missed or misdiagnosed by primary care physicians[26], and when mental illnesses are correctly identified, pharmacological treatment is typically all that is provided.[27] Children, youth and seniors experience particular difficulties in getting their mental health problems and illnesses identified and treated in primary care settings.[28]

People with mental health problems and illnesses are less likely than others to receive preventative physical health care,[29] standard diabetes treatment[30] and cardiac care[31] from their primary care practitioners. Women with mental health problems and illnesses are less likely to receive screening for breast and cervical cancer despite frequent use of primary care services.[32]

## There are many factors that impact access to high-quality primary care

People with mental health problems and illnesses have challenges to accessing primary care. When they do access care, the services they receive can be ineffective and result in poor health outcomes. Many factors reduce access to high-quality primary care, including:

- symptoms of mental illness
- social determinants of health

21 Bradford et al., 2008
22 Ross et al., 2015
23 Skosireva et al., 2014
24 Lester et al., 2005
25 Ross et al., 2015
26 MacCarthy et al., 2013
27 Ross et al., 2015
28 Bruce, 2014; Campo, 2014
29 Benjamin-Johnson et al., 2009
30 Newcomer & Hennekens, 2007
31 Kurdyak et al., 2012
32 Vigod et al., 2011

- stigma and discrimination
- information, education and support
- compensation models
- collaborative and integrated care.

### Symptoms of mental illness

Symptoms of depression, anxiety and/or psychosis can make it difficult for people with mental health problems and illnesses to attend primary care appointments. People may miss needed appointments because they do not feel well enough to leave their homes.[33] Anticipation of medical tests, crowded or noisy waiting rooms, long wait times for an appointment, and early morning appointments are particularly difficult for some people with mental health problems and illnesses, and may lead to non-attendance.[34]

Symptoms of mental health problems and illnesses can also affect the care that a person receives when they attend an appointment with their primary care practitioner. Distress, anxiety, guilt or shame, being overwhelmed, lack of motivation and poor self-care can become the focus of a primary care appointment, and screening for physical health issues may be postponed.[35]

People with serious mental illness may not know how to access primary care services in the first place, or may lack the resources to help them connect. Many homeless people with mental illness also have traumatic brain injuries, which are associated with cognitive and behavioural problems[36] that diminish their ability to find and retain primary care services.

### Social determinants of health

Social determinants of health can impact ability to access high-quality primary care. Many people with serious mental health problems and illnesses live in poverty, and its associated low income, inadequate housing and poor nutrition can make it difficult for people to get primary care.[37] Unstable housing (lacking a fixed address or a telephone number) can make primary care practitioners hesitant to take people on as patients. People may also lack the funds necessary for transportation to attend primary care appointments. Insufficient income and/or unstable housing can mean that attending primary care appointments is less of a priority than addressing these more immediate concerns.[38]

When people do receive treatment from primary care providers, a lack of income, unsafe housing and food insecurity can increase stress and make it difficult to successfully follow through on treatment plans.[39] The impact of the social determinants of health on access to primary care and health outcomes is exacerbated in immigrant and Aboriginal communities.[40]

### Stigma and discrimination

Stigma and discrimination against people with mental health problems and illnesses persist in Canada, and reduce the quality of primary care available to this population.[41] In Toronto, 33 per cent of ethnically diverse homeless individuals experienced discrimination in primary care settings

33 Ross et al., 2015
34 Lester et al., 2005; Ross et al., 2015
35 Vigod et al., 2011
36 Hwang et al., 2008
37 CMA, 2013
38 Ross et al., 2015
39 CMA, 2013
40 Ibid.
41 Abbey et al., 2011

because of mental health problems and illnesses, compared to 15 per cent who experienced discrimination due to their race or ethnicity.[42] Thirty percent also experienced discrimination due to homelessness and/or poverty.[43] These experiences of prejudice due to ethnicity, mental health status and socio-economic status demonstrate that intersectional discrimination in primary care settings is a concern.[44]

Stigma and discrimination in health care settings are major impediments to treatment and recovery for people with mental health problems and illnesses.[45] Negative attitudes and behaviours from physicians are associated with a reduction in help-seeking behaviour in this population, and under-treatment of physical and mental illnesses.[46] Stigma and discrimination by primary care providers contribute to poor health outcomes[47] and reduced life expectancy among people with mental health problems and illnesses.[48]

Self-stigma prevents some people with mental health problems and illnesses from seeking services from their primary care practitioner.[49] This can be especially pronounced in small towns, rural areas and Aboriginal reserves, where the primary care practitioner may be a family member or friend. Concerns about confidentiality can make some people reluctant to access mental health care in these communities.

Eliminating stigma and discrimination is crucial for increasing access to high-quality primary care for people with mental health problems and illnesses. Approaches that have been shown to reduce stigmatizing behaviour among physicians include confronting stigma directly in medical schools;[50] providing a comprehensive psychiatric education that includes direct contact with people who have mental health problems and illnesses; and ensuring that physicians have access to information, tools and support to identify and treat mental health problems and illnesses.[51] A primary care practice's vision, goals and priorities can also reduce stigma and discrimination. When a practice openly values mental health, practitioners are more likely to appropriately identify and treat mental illness.[52]

### Information, education and support

The quality of primary care provided to people with mental health problems and illnesses is influenced by practitioners' access to information, education and support. Many primary care practitioners want to successfully identify and treat mental health problems and illnesses, but do not have the specialized knowledge or supports to do so.[53]

Primary care practitioners identify mental health diagnosis, treatment and care planning as their highest priority for education, training and support.[54] When practitioners are provided with mental health education that focuses on evidence-based diagnosis and treatment as well as enhanced awareness and collaboration with community mental health resources, they report improved practice, better patient care and increased job satisfaction. They also reduce their

42 Skosivera et al., 2014
43 Ibid.
44 Ross et al., 2015
45 Abbey et al., 2011
46 Thornicroft et al., 2007
47 Abbey et al., 2011; Skosivera et al., 2014
48 Abbey et al., 2011
49 Thornicroft et al., 2007
50 Abbey et al., 2011
51 MacCarthy et al., 2013, Papish et al., 2013
52 Ashcroft, 2014a
53 Clatney et al., 2008; Lester et al., 2005
54 Weinerman et al., 2011

reliance on pharmacological treatments.[55] Standardized treatment models for mental health problems and illnesses and "learning-by-doing" educational opportunities can help primary care practitioners to successfully identify and treat mental health problems and illnesses.

Even when primary care practitioners are confident in their ability to identify and treat mental health problems and illnesses, the high service demand in their practices can make it difficult. When practitioners are overwhelmed, they are less likely to identify and treat mental health problems and illnesses because of their complexity and the time commitment required.[56] Also, practitioners lack the resources necessary to support their patients with more complicated mental health problems and illnesses. Accessing social workers and psychiatrists is often difficult,[57] as these services are limited, have long wait lists, provide only short-term care, and often refuse "complex" patients.[58] Practitioners are hesitant to refer lower-income patients to much-needed psychological services, such as psychotherapy, because these services are not covered by medicare.[59] Mental health resources are especially difficult to access in rural areas and northern Ontario.[60]

The Ontario Telemedicine Network (OTN) helps primary care practitioners to connect their patients to specialists, including psychiatrists. Despite improving access for patients and decreasing wait times, OTN is underutilized by practitioners.[61] Primary care providers in northern Ontario may be hesitant to use OTN, believing that psychiatrists consulting from urban centres do not fully understand mental health problems and illnesses within the local context—a challenge that CAMH's pilot telepsychiatry partnership aims to address. This pilot project pairs a consistent psychiatrist with primary care teams for biweekly team meetings, thus building capacity in both parties. Psychiatrists are also available for appointments with patients with more complicated illnesses.

CAMH is also attempting to address the mental health resource shortage in primary care across the province by piloting a collaborative telephone-based support service to primary care patients with depression, anxiety or at-risk drinking.

### Compensation models

Models that determine how, and how much, practitioners are compensated affect access to quality primary care for people with mental health problems and illnesses. Because physicians are key providers of primary care, their compensation models are particularly influential.

Most of Ontario's primary care physicians, such as those who work in Family Health Teams (FHTs), are compensated by blended capitation models.[62] There are a small number of physicians who work in Community Health Centres (CHCs) who are salaried, and some in solo practice remain on a standard fee-for-service model.

Blended capitation allows physicians to receive a base payment for providing comprehensive care to each rostered patient and special payments for providing patients with chronic disease management and preventative care.[63] There are no similar incentives for providing mental health

55 Ibid.
56 Ashcroft, 2014a
57 Lester et al., 2005; NPS, 2007
58 Ashcroft, 2014a
59 Grenier et al., 2008
60 Mulvale et al., 2008; Sherman et al., 2010
61 CBC, 2014a
62 OAGO, 2011
63 Steele et al., 2013

care.[64] Blended capitation is attractive to physicians because it allows them to be more flexible, to schedule longer appointments and to prioritize patient care.[65] Yet this model appears to reduce access to quality primary care for people with mental health problems and illnesses.[66]

Base rates for rostered patients are adjusted for age and sex only, not for complexity. This offers physicians little incentive to enrol patients with complicated mental and physical health needs who take up more time.[67] A $2,000/year government incentive to roster a minimum of 10 patients with schizophrenia is not seen as adequate compensation to enrol individuals with complex needs.[68]

Physicians who do enrol complex patients may subsequently de-roster these individuals, because blended capitation models include financial penalties for physicians whose patients use other primary care services such as walk-in clinics and emergency rooms.[69] Because people with complex mental health problems and illnesses use these additional primary care services more often than other patients, they are more likely to be de-rostered.[70] Physicians do not receive service incentives for treating de-rostered patients, so they may not provide preventative care, chronic disease management or reminders for follow-up care to these vulnerable individuals.[71]

If they are de-rostered in large numbers, people with mental health problems and illnesses may also be at risk of losing access to other primary care services. FHTs receive funding for allied health professionals based on the number of rostered patients. In vulnerable areas, such as northern communities—where patients sometimes choose not to enrol or physicians may de-roster because these patients use other primary care services—there may not be enough allied health staff to meet the population's needs.[72] Below-market compensation for allied health staff in blended capitation FHTs also makes it difficult to recruit and retain these primary care professionals, who provide crucial services to people with mental health problems and illnesses.[73]

Since their introduction, blended capitation models have not reduced emergency room visits in Ontario.[74] Salaried models appear to have the lowest emergency room visit rates of all primary care models in the province,[75] which indicates that other compensation models may be better at supporting physicians (and allied health staff) in taking on and providing quality care to patients with mental health problems and illnesses.[76]

### Collaborative and integrated care

Primary care that is both collaborative and integrated is designed to better meet the needs of patients in the health care system, particularly those who are vulnerable and/or have complex problems. This type of care is patient-centred and involves a team of practitioners (e.g., physician, nurse, psychologist, psychiatrist, social worker, occupational therapist, pharmacist, dietitian) working together to provide patients with wraparound, seamless physical and mental health care. Collaborative and integrated primary care aligns with community support services,

64 Ashcroft, 2014a
65 Ashcroft, 2014a; Brcic et al., 2012
66 Glazier & Redelmeier, 2010; Steele et al., 2013
67 Ashcroft, 2014a; Glazier & Redelmeier, 2010
68 Steele et al., 2013
69 Glazier & Redelmeier, 2010
70 Ross et al., 2015
71 Glazier & Redelmeier, 2010
72 Ashcroft, 2014b
73 CBC, 2014b
74 Glazier & Redelmeier, 2010
75 CBC, 2012a
76 Ross et al., 2015

secondary physical and mental health care, and hospitals to better serve people with complex mental health problems and illnesses.[77] In Ontario, most collaborative and integrated primary care is provided through FHTs, which serve over three million Ontarians.[78]

When properly designed and implemented, collaborative and integrated primary care benefits patients, practitioners and the health care system. It increases patients' access to mental health services,[79] improves their physical and mental health,[80] and enhances patients' health knowledge and self-care.[81] Primary care practitioners working in these models have better knowledge, skills, practice behaviours and job satisfaction.[82] Collaborative and integrated care provides patients with a broader range of services and shorter wait times,[83] and increases the capacity of the primary care sector to identify, treat and manage mental illness.[84] When they function well, these models can also reduce emergency room visits and offset costs in other parts of the health care system.[85]

However, people with serious mental illness are underrepresented in Ontario's FHTs, and so do not reap the benefits of high-quality collaborative and integrated primary care.[86] Insufficient incentives to enrol these individuals are a factor, as are social determinants of health and the potential for challenging behaviours. Many teams also experience barriers to full and proper implementation of collaborative and integrated care,[87] which can have a negative impact on people with mental health problems and illnesses.[88] FHTs struggle to provide adequate and timely access to mental health services, particularly for children and youth.[89]

As previously mentioned, funding models affect the ability to hire sufficient mental health staff, which is of particular concern to FHTs in remote and/or vulnerable communities. Funding structures also affect the type of mental health providers that can be hired, which limits the services available to patients with serious mental illness. While social workers provide important mental health care, many FHTs and their patients would also benefit from the specialized services of a psychologist.[90]

In addition, FHTs lack the guidance and support to effectively implement collaborative and integrated care. There has been little clarity on what these models should look like in practice—an issue that the College of Family Physicians of Canada (CFPC) has sought to address in proposing its Patient's Medical Home model.[91] Some FHTs do not know how to develop and structure a mental health program, and want assistance from experts in the community. Developing a triage system can help primary care teams to better manage patients with a range of mental health problems and illnesses.[92]

77 TC-LHIN, 2013b
78 MOHLTC, 2016
79 Kates et al., 2011b
80 CBC, 2014b; Kates et al., 2011b; MHCC, 2013
81 Barrett et al., 2007
82 Ibid.
83 Ibid.
84 Kates et al., 2011b
85 CBC, 2014b
86 Steele et al., 2013
87 CBC, 2012b
88 Ross et al., 2015
89 CBC, 2014a
90 Chomienne et al., 2011
91 CFPC, 2011
92 Campo, 2014

In addition to challenges with funding and support, other factors can reduce the ability to provide patients with quality collaborative and integrated primary care, including lack of:

- clear vision
- strong governance
- role clarity
- respectful group culture
- practitioner education
- tools for effective communication
- resources
- monitoring and accountability structures
- commitment to patient-centred care.[93]

93 CBC, 2012b; Gocan et al., 2014; Mulvale et al., 2008

# Principles for a comprehensive Ontario approach to mental health and primary care

## 1. Primary health care should be equitable and accessible to people with mental health problems and illnesses

Examples of action that results from this principle:

- Primary care services are flexible and designed to address the multiple barriers that people with mental health problems and illnesses can experience (e.g., quiet areas in waiting rooms, home visits, extended operating hours, reminders for appointments).
- Primary care providers understand the impact of the social determinants of health on access to primary care and, where possible, provide patients with treatment plans that reflect these challenges.
- Primary care practices have registries of patients with complex needs to track preventative care, disease/illness management and referrals to secondary and tertiary care. Patients are contacted for follow-up at least annually.
- People with complex needs receive support in navigating the health care system.
- People with mental health problems and illnesses are included as full partners in their primary health care.
- People with mental health problems and illnesses receive education on their health care rights and are empowered to advocate for themselves with practitioners.

## 2. Mental health care should be a core component of primary care

Examples of action that results from this principle:

- Through policies and programs, governments ensure that mental health care is a priority within the primary care system.
- Quality mental health care is available in all primary care practices and organizations across Ontario.
- The importance of mental health care is recognized in every primary care practice's and organization's mission, vision and values.
- Practitioner compensation for providing mental health care is on par with compensation for providing physical health care.
- Primary care practitioners receive adequate incentives and support to provide care to people with complex needs.
- Primary mental health care is available to people in rural and northern Ontario through practitioner incentives and dedicated tele-mental health services.
- Secondary and tertiary mental health services are responsive to the needs of primary care providers and their patients.
- Secondary and tertiary mental health services are adequately resourced to provide support to and accept referrals from primary care providers in a timely fashion.

## 3. Primary care practitioners should be knowledgeable and confident in providing high-quality health care to people with mental health problems and illnesses

Examples of action that results from this principle:

- Medical schools provide a comprehensive psychiatric education to all students pursuing a career in primary care.
- Psychiatric education includes a focus on the recovery model and on stigma and discrimination. Interaction with people who have mental health problems and illnesses is part of the curriculum.
- Primary care practitioners demonstrate core competencies in mental heath care.
- Primary care practitioners have access to standardized guidelines / care pathways for screening, identifying and treating mental health problems and illnesses.
- Guidelines are developed and implemented in consultation with practitioners, are user-friendly and build on existing knowledge and resources in primary care settings.
- Mentorships between primary care practitioners and mental health professionals are encouraged and supported.
- Primary care practitioners are supported in accessing ongoing education and training on treating people with mental health problems and illnesses.
- Mental health education and training programs build on other successful models of practitioner education (e.g., Project ECHO's hub-and-spokes model).

## 4. High-quality primary care should be provided to people with mental health problems and illnesses in collaborative and integrated environments

Examples of action that results from this principle:

- The CFPC's Patient's Medical Home model is adopted by all primary care practices.
- Physician compensation models are adequate and appropriate, and reflect the complexity of the population served. Models foster acceptance and retention of patients with complex mental health needs.
- Collaborative and integrated primary care teams have sufficient and flexible funding to hire a mix of health care professionals to best meet the needs of their patients with mental health problems and illnesses.
- Primary care teams are provided with guidance and support to implement collaborative and integrated mental health services.
- Collaborative primary care teams receive education, training and support to work successfully as interprofessional teams.
- Where possible, physical and mental health care, as well as social supports, are available in one location.
- Primary care teams are integrated within the broader health and social service systems to ensure seamless care for people with mental health problems and illnesses.
- Communication within primary care teams and across the broader system is enhanced through the use of technology (e.g., shared electronic medical records).

## 5. The primary care system should be accountable to people with mental health problems and illnesses

Examples of action that results from this principle:

- People with mental health problems and illnesses are able to readily access quality physical and mental health care in primary care settings across the province, including rural and northern Ontario.
- All primary care policies and programs for people with mental health problems and illnesses are subject to rigorous and transparent evaluation. Results are made public.
- People with mental health problems and illnesses are involved in the development of primary care policies and programs that affect them. Ongoing feedback is encouraged.
- Patient advocacy is available within the primary care system.
- Primary care practitioner compensation encourages the provision of high-quality mental and physical primary care.

## 6. Primary care policies and programs should be based on evidence and best practice, and research in the area should be supported

Examples of action that results from this principle:

- Government decisions are grounded in a thorough understanding of the importance of access to high-quality primary care for people with mental health problems and illnesses, and for the sustainability of the health care system.
- Government decisions are made with a full awareness of the crucial system role that primary care has in screening, identifying and treating mental health problems and illnesses.
- Government decisions are informed by best evidence of the positive and negative impacts of different approaches to primary care for people with mental health problems and illnesses (e.g., compensation models, models of care).
- Government provides support and funding for research and evaluation on Ontario-based approaches to primary care for people with mental health problems and illnesses.
- Government continues to support and fund innovative pilot projects that seek to integrate physical and mental health care within the broader health care system (e.g., Medical Psychiatry Alliance).

# Conclusion

Access to high-quality primary health care is imperative for mental and physical well-being. Various policies and programs have been introduced in Ontario to increase access to primary care for residents. However, people with mental health problems and illnesses continue to experience challenges in accessing and receiving high-quality primary care. A social justice approach that examines the reasons for inequitable primary care among this population and seeks to address this inequity through policies and programs can help to ensure that people with mental health problems and illnesses receive the health care to which they are entitled.

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