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Canada's Psychologists Contributing to Primary Health Careⁱ

What is primary health care?

Primary health care refers to a community-based approach to health promotion and service delivery in which the focus extends beyond traditional health care services. It encompasses the upstream factors that impact health, inclusive of social, psychological and biological determinants.¹ Primary health care provides a first point of health contact for individuals, with service delivered to people where they live and work. It is organized, coordinated and collaborative, making use of a range of service and health providers. While the approach and elements of primary health care models are common from one to the other, each must be sufficiently nimble to respond to the needs of the community it serves. This includes attention to the health needs of its populations as well as the context and resources of service delivery. Primary health care should be the aim and foundation of Canada's healthcare system.

Its services include:

- health education and promotion
- health counselling aimed at prevention and early intervention for common diseases and injuries
- diagnostic services
- emergency services
- treatment and management of physical and mental illness
- interventions and care at life's milestones which include pre- and post-natal care, palliative and end-of-life care, healthy child development
- continuing care of chronic health conditions
- disability management and rehabilitation
- coordination and referral to other levels of care when necessary (e.g. hospitals and specialist care)

The History of Primary Health Care Reform in Canada

It has long been established that strong and efficient primary health care services lead to better health outcomes, higher patient satisfaction and reduced total health care spending.^{2,3} Accordingly, in 2000, Canada's federal, provincial and territorial first ministers agreed that improvements to primary health care were critical to the renewal of health services. Key targets of this renewal included:

- Creating inter-disciplinary or collaborative teams within primary care service units
- Providing 24/7 access to health care providers and quality services
- Ensuring timely access to appropriate diagnostic procedures and treatments
- Providing Canadians with access to medications without financial burden
- Creating a system that Canadians viewed as efficient, flexible and adapted to their needs

To this end the Government of Canada established an \$800M Primary Health Care Transition Fund (PHCTF) that supported research, and various pilot and demonstration projects over a six-year period. In 2002, the publication of a report by the Commission on the Future of Health Care in Canada⁴ provided further impetus to the primary care reform agenda by giving directions for a renewed primary health care system. The report highlighted the importance of having a community-based system that improves access to coordinated and comprehensive care and engages inter-disciplinary teams of various health professionals. It recommended that Canadians receive the most appropriate care, from the most appropriate health care provider, in the most appropriate setting. Other recommendations included:

- Better organization of human resources in health care
- Development of new models of primary health care
- Integrated electronic medical records
- Increased focus on clinical outcomes
- Increased flexibility and expansion of certain scopes of practice
- Increased access to diagnostics and evidence-based interventions
- Increased professional education and patient-oriented care

In 2004, the first ministers announced additional reforms in *A 10-Year Plan to Strengthen Health Care*. The federal government and all provinces and territories committed to ensuring that 50% of Canadians would have access to multidisciplinary teams in primary health care by 2011.⁵

The Premiers Council of the Federation established a Health Care Innovation Working Group (HCIWG) in 2012, led by Ontario Premier Kathleen Wynne and Yukon Premier Darrell Pasloski, and composed of provincial and territorial Ministers of Health.⁶ The focus of HCIWG was on three priority areas: clinical practice guidelines, team-based health care delivery models and health human resource management initiatives. For the area of team-based models, the recommendation was for Premiers to direct Ministries to adapt elements and key success factors of certain models of primary health care.⁷ In July 2016, a report was produced that addressed the successful achievements of the working group. Although this report underscored three priority areas, namely appropriateness of care, pharmaceuticals and seniors' care, it also noted that jurisdictions across Canada are implementing models of good practice in team-based care approaches.^{6,8}

Implementing Primary Healthcare for Canadians: How are We Doing?

British Columbia (BC)

The General Practice Services Committee (GPSC) was established in 2002 to help boost the numbers of physicians going into family practice, improve health care for patients, and increase job satisfaction of family physicians. The GPSC had several programs and initiatives that have improved care delivery by family doctors. One focus is on primary health care and GPSC identified four goals to this end: (1) increase access to primary health care; (2) improve support for patients; (3) increase capacity and meet future patient needs, and (4) retain and attract family doctors and teams to work together. One specific initiative of GPSC, called A GP for Me, began in 2013 and is funded by the Government of BC and Doctors of BC.⁹ Starting in 2014, 33 Divisions of Family Practice began to work on over 150 A GP for Me projects in BC communities. The projects aimed to recruit and retain physicians, enhance team-based care, create efficiencies in physician practices, develop systems to attach patients to family physicians and deliver public education. After two years, positive benefits were shown, including that 101 health professionals such as nurses, social workers and mental health professionals began working in team-based care models.

Alberta

According to the Alberta Health web site,¹⁰ it has embraced the model of primary health care with over 40 Primary Care Networks (PCNs) operating, employing approximately 3800 physicians and the equivalent of 1000 other full-time health care providers (nurses, nurse practitioners, dietitians, pharmacists, social workers, and mental health professionals). The PCNs provide services to nearly 3.5 million Albertans, or approximately 85% of the total population of 4.15 million.

Saskatchewan

The Saskatchewan Ministry of Health launched a framework for Primary Health Care (PHC) in 2012.¹¹ As of 2016, there are 95 PHC teams in Saskatchewan. This has resulted in significant gains in the proportion of people who agree with “I can access my Primary Health Care Team for care on my day of choice either in person, on the phone or via other technology.” Compared with the baseline of 85% from 2013-2014, 89% agreed with this statement in 2015, on track to meet the Ministry’s goal of 92.6% by 2017.

Manitoba

The Province of Manitoba has a long-term goal of ensuring all Manitobans become knowledgeable about and have access to high-quality, cost-effective primary care by 2020.¹² It recognizes that access to continuous and comprehensive primary care is key to achieving these goals. Since 2006, the Physician Integrated Network (PIN) has been part of primary care renewal efforts in Manitoba. The objective of PIN is to improve access to primary care, improve access to primary care providers’ access to and use of information, improve the work life of all primary care providers and to demonstrate high-quality primary care. The PIN initiative, while mainly focused on primary care and family physician services, did have some clinics hire other types of providers to create an inter-professional practice. Lessons learned from the PIN initiative helped to inform the development of a broader initiative called My Health Teams. My Health Teams could be an add-on to any PIN or a stand-alone initiative. It emphasizes patient-centered primary care as well as bringing teams of care providers together in the provision of care. It makes a point not to focus as much on physical space, but more on coordinating and ensuring comprehensive care for patients.

Québec

In 2002 Québec established Family Medicine Groups (Groupes de médecine familiale - GMF) with the aim of establishing 300 GMFs to eventually cover 75% of Québec’s population. These groups consist of six to ten physicians working primarily with nurses and sometimes other providers to offer primary care services to registered patients.

A 2015 report by the [Vérificateur général du Québec](#) (VGQ) indicated that there were 258 GMFs in the province as of 2014, an increase of 58.3% since 2008.¹³ In 2013-14, GMFs saw 8.8 million visits, or 59.5% of the total clinic visits in Québec. Despite an increase of 41.5% in the number of physicians involved in GMFs between 2009 and 2014, the number of patients increased by only 5.9% over the same period (to 41.4% of Québec’s population). Relative to the number of patients enrolled, the VGQ determined that GMFs receive double the funding of non-GMF clinics. The VGQ’s report indicated that this issue relates to the fact

that GMFs were not formed based on geographic need, the needs of the population, or proximity to front line services. In addition, those GMFs that had access to supplemental funds (63, or 24% of all GMFs) indicated that the provincial government needs to provide more supplemental funding specifically for other professionals, such as psychologists and nutritionists, as most GMFs consist entirely of physicians and nurses.

Ontario

In 2005, Ontario created Family Health Teams (FHT), which are considered Ontario's "flagship initiative in primary health care renewal and are the first explicitly inter-professional primary health care model introduced to Ontario in three decades."⁵ At present, Ontario has 184 FHTs that include teams of family physicians and various health professionals such as nurses, nurse practitioners, dietitians, mental health workers, social workers, pharmacists, health educators, and psychologists.¹⁴ These FHTs provide service to 206 communities and over 3.2 million people, or 24% of Ontario's total population of 13.6 million, of which 885,622 did not previously have access to a primary care physician.¹⁵ In contrast, as of 2017, only 2,786 of Ontario's 14,690 physicians (19%) in family medicine/general practice were involved in FHTs.^{15, 16} In 2013, the Ministry of Health and Long-Term Care brought together the Expert Advisory Committee on Strengthening Primary Health Care in Ontario to address current challenges. The Committee produced a report outlining a vision for the future of a population-based model of integrated primary health care system for Ontario, which involves a redesign of the system.¹⁷

New Brunswick

Although 93% of New Brunswickers have a family physician, only 30% report being able to obtain a same-day or next-day appointment (15% below the national average).¹⁸ To help address this, the first Family Health Team (FHT) in New Brunswick was launched in Miramichi in 2012, with an additional FHT announced for Oromocto in 2013.¹⁹ The goal of these FHTs was to provide patient-centered, community specific, team-based care. However, after announcing in 2015 that evaluation of the pilot clinic (i.e., Miramichi) was completed,²⁰ continuing expansion of the FHT model of care was placed on hold.

The province is currently working with the New Brunswick Medical Society (NBMS) to explore other options for delivering primary health care throughout the province. The goal in doing so is to ensure that physicians are driving and managing the primary health care model, rather than the province imposing this model on physicians. Currently, the province and the NBMS are working on a system in which each family physician will maintain a roster of patients and work in teams with other physicians to improve chronic disease management and preventive health care. The proposed model would involve a blended

payment system to support this goal, remunerating family physicians who work in these teams and encouraging others to become involved.²¹

Nova Scotia

Nova Scotia is investing in primary health care teams, particularly in areas where access is a challenge.²² They are making the shift from the traditional primary care model to Collaborative Interdisciplinary Care Teams, recognizing that different teams would look different depending on the community it serves. Capital Health, Nova Scotia's largest provider of health services, put together a Community Master Plan in February 2010 to help guide the transformation of the primary health care system.²³ The four main initiatives recommended in this report were: wellness promotion, chronic disease management, enhanced team approach to primary health care and an all hours urgent care service.

PEI

In 2012, Health PEI announced the creation of five Primary Care Networks (PCNs); varying in geographic size to ensure that each PCN covers an equal proportion of the population. These networks cover multiple health centers and medical clinics, resulting in all residents of PEI being within 30 kilometers of a primary-care site and every resident of PEI being enrolled in a PCN.²⁴ Since launching this program, 20% of the population has been screened for colorectal cancer (among people 50-74 years old and with at least an average risk), PEI's Ambulatory Care and Sensitive Conditions rate has decreased (approaching the national average), and the number of hospitalizations, emergency department visits, and lengths of stay of patients with COPD have decreased.²⁵

All PCNs have family physicians, nurse practitioners, dietitians, registered nurses, diabetes educators (one social worker and several RNs), and licensed practical nurses. RNs receive mental health training and use the Patient Health Questionnaire to screen every patient for mild-to-moderate anxiety and depression, but no mental health professionals are employed in the PCNs. To address this and the overwhelming amount of anxiety and depression seen by RNs, PCNs were reformed in 2010 and PEI's Collaborative Mental Health program was launched in 2015 to share primary mental health care with other professionals in health care centres (whether or not affiliated with PCNs).²⁵

Newfoundland and Labrador

Newfoundland and Labrador's Department of Health and Community Services released a Primary Health Care Framework for 2015-2025 in October 2015. One of the four goals outlined in the Framework is to increase training and support for collaborative,

interdisciplinary primary health care teams, as well as increase access and attachment to these teams among patients.²⁶ Implementation of this Framework began in early 2016.²⁷

Primary Mental Health Care

Originally, Canada's primary care reform agenda focused its attention almost exclusively on primary health care services within the context of physical health, hospitals, medicine, nursing, pharmaceutical treatments and diagnostic equipment. Mental health care began receiving more attention in 2006 with the Standing Senate Committee on Social Affairs, Science and Technology (Kirby) report, *Out of the Shadows at last: Transforming mental health, mental illness and addiction services in Canada*.²⁸ The report underscored that mental illness must be viewed with the same seriousness as physical illness. It noted that health services need to focus on facilitating the recovery of people living with mental illness and addiction. Policy decisions regarding mental health services were to be made based on the best available evidence of their effectiveness. In addition to various guiding statements and principles, a key recommendation of the 2006 report was the creation of a mental health commission. The activities of the Mental Health Commission focused on three areas:

- Developing a national mental health strategy
- Sharing knowledge and best practices for the benefit of Canadians
- Undertaking public awareness and education in order to combat stigma

In 2012, the Mental Health Commission published its National Mental Health strategy entitled "Changing Directions, Changing Lives."²⁹ Key elements included:

- Promoting mental health and preventing mental illness
- Fostering recovery and upholding rights
- Providing access to the right services, treatments and supports
- Prioritizing the use of evidence-based treatments
- Encouraging resources from the private sector to contribute to the public health system
- Reducing disparities and addressing diversity
- Working with First Nations, Inuit and Metis
- Mobilizing leadership
- Fostering collaboration

To these ends, the MHCC has undertaken several initiatives in the ensuing years. In 2013, the MHCC released its *National Standard of Canada for Psychological Health and Safety in the Workplace*,³⁰ with an accompanying Implementation Guide for organizations released the following year. The focus of these documents is to help organizations develop a

Psychological Health and Safety Management System (PHSMS), with detailed guidelines for individuals at all levels of the organization aimed at promoting mental health and preventing mental illness. In 2015, the MHCC released preliminary findings from a pilot project, with results identifying key areas of promise and potential challenges in implementing the Standards from over 40 organizations across Canada.

In 2014, the MHCC released its *Overview of Mental Health Data in Canada: Background, Needs, and Gaps* to help further its efforts.³¹ This report surveys existing datasets and data collection efforts at both the national and provincial/territorial levels, identifies gaps in our knowledge, and outlines directions for both the MHCC's and other organizations' data collection efforts to help identify the mental health needs of Canadians and ways to meet those needs.

Following up on this, the MHCC released *Informing the Future: Mental Health Indicators for Canada* in 2015.³² Using data from national surveys and administrative databases, the MHCC identified 55 indicators of mental health among Canadian children and youth, adults, and seniors. These indicators were selected if they were found to be:

- Meaningful (based on *Changing Directions, Changing Lives* and MHCC focus areas)
- Valid (the indicator is sound and represents the underlying construct)
- Feasible (national data are readily available)
- Replicable (expected future data collection)
- Actionable (the indicator is amenable to change)

Each was assessed and given a ranking to guide further research, policy, and action, with each indicator given a ranking of (1) good or headed in a good direction, (2) some concern or uncertain of its status, or (3) significant concerns or headed in an undesirable direction. Of the 55 indicators, only 6 were ranked as “good or headed in a good direction” (e.g., Mental Health First Aid training; self-rated mental health among youth) with 21 identified as presenting significant concerns or headed in an undesirable direction. Of these 21, two are particularly relevant to the need for primary mental health care: “unmet need for mental health care among people with mental disorders” and “unmet need for general health care among people with common mental health conditions.”

Family Medicine and Psychology: A Sensible Collaboration

Most provinces have developed various interdisciplinary care models intended to address the mental health needs of Canadians. One such model referred to as “shared mental health” brings together family physicians, psychiatrists and mental health workers to enhance the

provision of mental health care. Although family physicians working within these models are generally satisfied, they report that they assume most of the mental health care burden. Patients with severe and/or persistent mental illnesses, representing 5% of mental health disorders, are served well with these models through improved access to psychiatrists. However, most prevalent psychological problems in family practice (e.g., anxiety, depression) do not necessarily require psychiatric interventions, yet fall outside the usual scope of practice of generic mental health workers, counselors, and some social workers.

Prevalent mental illnesses as well as the psychological impact of medical problems are effectively assessed and treated by psychologists using evidence-based interventions. Psychologists employ treatments that focus on improving overall health including:

- Treatment of mental disorders such as anxiety, depression, and post-traumatic stress
- Management of cancer and chronic diseases such as diabetes, cardiovascular illness, and obesity, not only their impact on quality of life and emotional adjustment, but also issues such as treatment adherence and enhancing adaptation
- Rehabilitation of cerebrovascular disease, dementia, and chronic pain
- Management of functional disorders such as somatization, addiction, and medication dependence

A Template for Canada's Primary Care Teams

Canadian psychologists are trained to diagnose mental disorders and deliver evidence-based treatments. They have the potential to make valuable and effective contributions to family practice. In Ontario, a group of psychologists and family physicians secured funding through the Ontario Primary Health Care Transition Fund for a demonstration project that established a practice model based on collaboration between family physicians and psychologists.³³ Two family health clinics participated in the project.

Over the 12-month period of data collection the results were as follows:

Patients

- The two psychologists saw 376 patients over one year.
- The largest age group was 25-44 year olds.
- The majority of patients were referred for anxiety and depression.
- 94% of patients were "satisfied to very satisfied" with the role of the psychologist in the clinic.
- 75% of patients felt the psychologist was better trained to deal with their psychological issues.

- The psychologist saw patients for an average of 5 sessions.
- After treatment, 78% of patients felt more confident to handle problems on their own.
- 31% of patients showed clinically significant reductions in symptoms (using a treatment outcome measure).
- On a self-report measure, patients seen by the psychologist showed a statistically significant improvement in quality of life.

Physicians

- Physicians referred patients for psychological treatment and help with diagnostic issues.
- 80% of physicians reported an improvement in quality of life and work atmosphere.
- Physicians reported work-related stress reduction.
- Physicians reported having more time to deal with patients presenting with medical problems.
- Billing for mental health codes showed a 15% and 33% relative reduction during the study.
- 78% of physicians said they felt insufficiently trained to deal with their patients' psychological problems.
- 100% of physicians reported their knowledge about psychological assessments and treatments improved.
- Physicians became aware that psychological treatment is a complex and rigorous/structured approach to patient care; not simply counseling or listening and giving advice.
- Sharing patient charts was an essential collaborative tool.
- Physicians had a sense of shared responsibility for patient care.
- Physicians viewed the psychologist as a specialist much like any other medical specialist.
- Physicians regarded psychologists as equal and autonomous professionals.
- Physicians perceived there to be clear scopes of practice with no turf wars between the two professions.
- 100% of physicians recommended that psychologists be involved in primary care.

Psychologists

- Psychologists felt welcomed and respected as peers.
- Psychologists felt the collaboration was not perceived as intimidating by patients.
- Psychologist stated that patients did not feel stigmatized because they were being seen within the context of their primary care provider rather than being sent elsewhere for treatment.
- Knowledge transfer sessions took on the dynamics of teamwork and collaborative care.
- Psychologists would have preferred a more structured or "formal" type of collaboration but were satisfied with more informal collaborative practices.

Conclusions

This demonstration project reaffirmed that psychologists and family physicians are natural and complementary allies in primary care; a conclusion consistent with results of studies conducted in other countries including Australia, New Zealand, and Great Britain.

- Integrating psychologists within primary health to treat prevalent conditions such as anxiety, mood disorders, chronic illness, and disability is cost effective and reduces stigma.
- Psychologists help to alleviate the burden and cost of mental illness in primary care.
- Integrating psychologists in primary care allows timely access to psychological services that include diagnoses and treatment (the right person, at the right place, at the right time).
- The presence of psychologists in primary care clinics reduces physician stress and potential burnout.

Family physicians are at the center of primary care. Their understanding and attitudes regarding the role and knowledge base of other health care professionals is essential to effective collaboration. For example, studies on collaboration between nurse practitioners and family physicians emphasized the importance of each party's awareness of the other's competencies, skills, and scope of practice, to foster trust and respect.³⁴ Similarly, research has demonstrated the importance of understanding the attitudes of primary care professionals in efforts to facilitate the introduction of mental health care services in primary care.³⁵ Grenier, Chomienne et al., (2008) surveyed a subsample of eastern Ontario family physicians to explore their knowledge about the professional training and expertise of psychologists, their beliefs about the effectiveness of psychological treatments, their views on the integration of psychologists into primary care, and factors affecting their referral patterns.³⁶ Results suggested that family physicians are receptive to collaboration with psychologists. Most physicians understood psychologists to be regulated professionals but were unclear as to the distinctions between psychologists and other mental health workers who may be unregulated. The main obstacle to referring patients to psychologists was financial since the large majority of psychologists are not integrated within the publicly funded system.

The results revealed that collaboration between family physicians and psychologists would be improved by having family physicians better informed about the training and credentials of psychologists, and having psychologists better communicate their professional opinions and recommendations on referred patients. Although physicians were aware of the existence of evidence-based psychological interventions, for reasons related to time, interest or training they felt ill prepared to treat patients for their psychological problems.

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As regulated professionals with training in assessing and diagnosing a range of psychological disorders and the ability to provide evidence-based psychological treatments, psychologists can complement the skills of physicians in family practice and play a role in the health care system that emerges from primary care reform.

To this end, in 2016/17, the CPA advanced its advocacy efforts to integrate psychologists into primary health care teams. In response to a request from the College of Family Physicians of Canada (CFPC), the CPA, in consultation with psychologists working in primary care, developed a prototype for the roles of psychologists in primary health care teams. CPA's submission to the CFPC is available from CPA's executiveoffice@cpa.ca.

In addition, in 2017, the CPA and CFPC jointly wrote a letter to the federal Minister of Health calling for the integration of mental health service providers, like psychologists into primary health care teams.³⁷ Finally, also in 2017, the CPA has been working with its psychological association partners in the Atlantic provinces and developed a collaborative brief submitted to provincial and territorial ministers of health detailing how provinces can use the 2017 federal transfers targeted for mental health to improve access to needed mental health care. The brief details the roles psychologists can play when integrated onto primary health care teams and can be found at:

[http://www.cpa.ca/docs/File/Government%20Relations/Targeting Funds for Better Access to Quality Mental Health Care for Canadians March2017.pdf](http://www.cpa.ca/docs/File/Government%20Relations/Targeting_Funds_for_Better_Access_to_Quality_Mental_Health_Care_for_Canadians_March2017.pdf)

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