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POSTER ABSTRACT

Integrating Physical and Mental Health in Canada's Acute Care System: Building Blocks, Barriers, and Policy Pathways

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Background:Integrating physical and mental health care is essential to building equitable, person-centered systems that improve population health. People with coexisting physical and mental conditions face higher hospitalization rates, poorer outcomes, and a 10–20-year reduction in life expectancy. With multi-morbidity rates on the rise globally, understanding how to design and scale integrated models of care is critical to improving outcomes and reducing inequities. Despite decades of reform, Canada's healthcare system has continued to evolve in a siloed manner with limited examples of physical and mental health service integration.

Approach: This research aims to answer: What are the main building blocks, facilitators and barriers, and policy arrangements to implementing and scaling integrated physical and mental health services within Canada's acute care system? This three-part doctoral study is guided by two frameworks including the intersectionality supplemented Consolidated Framework for Implementation Research and the International Foundation for Integrated Care's 9 Pillars of Integrated Care, in collaboration with patients, clinicians, health system leaders and policymakers to ensure the findings are relevant and actionable.

Study I – Scoping Review
The scoping review aims to define what constitutes integrated physical and mental health care and identify existing models and key building blocks across local, regional and global contexts. As most related evidence originates outside of Canada, this work will establish a foundation for context-specific evidence and inform opportunities to adapt models from global jurisdictions.

Study II – Mixed-methods multiple case study design
This study explores the building blocks of integrated physical and mental health models at a deeper level. To understand critical factors that contribute to success or limitations in integrated models, a convergent parallel mixed methods multiple case study design will examine case studies identified through the scoping review and expert input. Qualitative semi-structured

interviews will be conducted with patients, clinicians, administrators and policy makers. Quantitative descriptive data from existing services (e.g. clinical, financial and operational) will be employed.

Study III – Comparative policy analysis
Building on the above findings, this study will examine the enabling conditions, funding models, and governance structures that foster integrated physical and mental health models across relevant jurisdictions. A multicomponent qualitative design will analyze policy documents and national strategies, alongside interviews with key policy actors, enabling cross-jurisdictional comparisons.

Results: To-date, preliminary scoping review findings suggest that a lack of consensus definition around integrated and physical mental health care generates a very large and diffuse literature recall (15,000+ MEDLINE results), highlighting definitional ambiguity as a key potential barrier. Refinement of the search strategy is underway, with further insights and example models continuing to emerge into 2026.

Implications: This research will offer:
- Evidence-based insights into how integrated models of care can be conceptualized, operationalized and scaled, to enhance whole-person care and reduce inequities for individuals whose mental health needs are often unmet when seeking care.
- Policy insights on governance and finance levers to implement and scale integrated models.
- A transferable framework to inform hospital and system-level reforms seeking to embed mental health into general healthcare.