



Mental Health
Commission
of Canada



Unlocking the Potential: Integrated Mental Health in Primary Care

Key Takeaways



Introduction

Primary care is a critical access point for people to receive mental health (MH) care or to be connected to specialized MH care services when needed. In Canada, there is growing demand for integrated MH care in primary care. MH-related primary care use has increased since 2020, and MH now accounts for 15% of all primary care visits, making it the second most common reason people seek care.¹ International research has found that up to half of primary care interactions involve MH concerns² and that 45% of people who died by suicide had accessed primary care in the month before their death.³ These findings are not just statistics: they are a call to action for effective and meaningful intervention at the system level.

While there is growing focus on strengthening access to primary care more broadly, the integration of MH care within primary care remains uneven, leaving further potential to be realized. Innovations are emerging across jurisdictions⁴ through new care models that expand access, use novel delivery methods, and build capacity for providers and systems—but there are limited mechanisms to connect these efforts, share learnings, or support scale. More consistent planning, training, and guidance are needed to shift from siloed, ad-hoc implementation to system-wide transformation.

To better address this need, the Mental Health Commission of Canada (the Commission) partnered with the Canadian Health Workforce Network to conduct a rapid review (November 2025 to March 2026) examining the integration of MH care in primary care practices, policies, and planning across international and Canadian federal, provincial, and territorial systems. This was the first step in a multi-phase project that includes a pan-Canadian engagement strategy with wide-ranging consultations with interest holders.

- 1 Canadian Institute for Health Information. (2024). *Taking the pulse: Measuring shared priorities for Canadian health care*. <https://www.cihi.ca/en/taking-the-pulse-measuring-shared-priorities-for-canadian-health-care-2024>
- 2 World Health Organization. (2025). *Scaling up mental health services within the PHC approach: Lessons from the WHO European Region*. <https://www.who.int/europe/publications/item/WHO-EURO-2025-11303-51075-77740>
- 3 Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry*, 159(6), 909–916. <https://doi.org/10.1176/appi.ajp.159.6.909>
- 4 College of Family Physicians of Canada, Canadian Psychiatric Association, and Canadian Psychological Association. (2020). *Innovation in primary Care: Integrating mental health services in primary care*. <https://www.cfpc.ca/CFPC/media/PDF/IPC-Mental-Health-Report-2020-Final.pdf>

Opportunities for Innovation

The review of the grey and academic literature identified five cross cutting themes that reveal important knowledge, policy, and implementation opportunities in the integration of MH care in primary care.

1



Grow workforce capacity and skills for sustainable, integrated, team-based primary care including mental health care. Evidence shows that health-care providers would benefit from greater training, time, and resources to respond effectively to MH concerns within their own scope of practice, as well as training to work effectively in integrated teams with embedded MH care providers. Provinces and territories are increasingly offering interprofessional training initiatives, but expanding these efforts to address both MH competencies and team-based integration skills could enable more effective collaborative care.

2



Scale equitable, community-led, and culturally safe models. Structural inequities continue to limit access to integrated MH care, particularly for African, Caribbean, and Black communities, First Nations, Inuit and Métis (FNIM) populations, and low income, rural, remote, and unhoused groups. Promising equity focused innovations – such as FNIM led, mobile, and youth centred models – can be scaled by embedding them in team-based primary care settings and strengthening community partnerships. Expanding solutions that explicitly address social determinants of health could significantly improve equitable access across all populations.

3



Expand and deepen digital mental health tools for comprehensive care. The rapid expansion of virtual MH care services during the COVID-19 pandemic has successfully improved access, but there is an opportunity for virtual services to move beyond providing short term supports to addressing more complex MH concerns and to become more fully embedded in primary care workflows.

4



Strengthen evaluation and data for system learning. Although many integrated MH care models in primary care show promise, there is limited long-term clinical, workforce, and system evidence in Canadian settings, pointing to the need for greater evaluation of these models and linked data between the MH care and primary care systems.

5



Enhance coordinated responses to emerging mental health needs. Rising MH needs and increasingly complex socioeconomic pressures highlight the opportunity for health and social systems to put forward integrated, team-based primary care models that match the scale, complexity, and across-the-lifespan impacts of today's challenges.



Conclusion

Our review highlights the progress made and the opportunities to further advance the integration of MH care in Canadian primary care systems to address growing MH care needs. Innovation is occurring across the country, supported by growing policy attention, new team-based care models, equity focused approaches, and expanding digital and workforce initiatives. However, there is an opportunity to better align, scale, and sustain these efforts to achieve broader national impact. Together, the findings provide a strong foundation for the health sector to continue its momentum toward more integrated, team-based, sustainable, and person-centred systems of care. The Commission will continue to facilitate system wide collaboration to mobilize the full potential of integrating MH care in primary care across Canada.

To learn more about MHCC's work on primary care, please visit mentalhealthcommission.ca/resource/integrated-mental-health-in-primary-care

or use the QR code.

