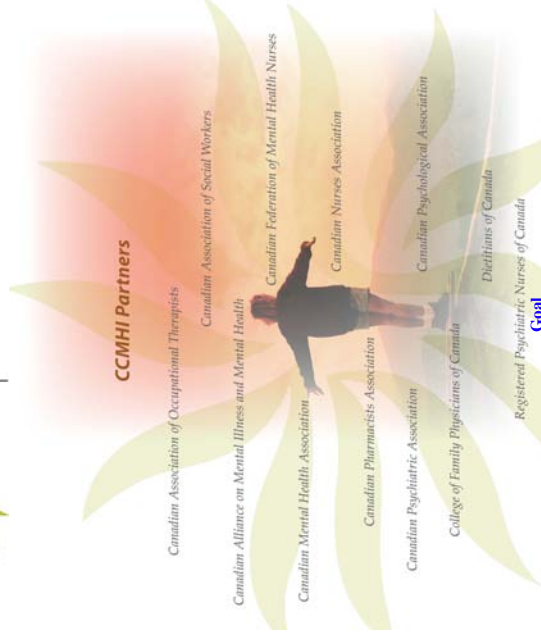




Canadian Collaborative Mental Health Initiative
Initiative canadienne de collaboration en santé mentale



The CCMHI aims to improve the mental health and well-being of Canadians by enhancing the relationships and improving collaboration among health care providers, consumers, caregivers, and communities; and improving consumer access to prevention, health promotion, treatment/intervention, and rehabilitation services in a primary health care setting.

IMPORTANCE

The greatest opportunity to address the needs of people with common mental illnesses resides within primary health care (Jenkins & Strathdee, 2000; Saxena et al., 2002; Thorncroft & Tansella, 2004). The integration of health and mental health care in primary health care settings is ideal because: primary health care settings are the predominant locus of treatment for problems that are clearly psychological or psychiatric in nature; consumers are more satisfied with their physical and mental health care being integrated into the primary health care setting; primary health care is a better fit with the typical way a majority of consumers present their undifferentiated mental health problems; and with this better fit, there is better adherence by consumers to treatment regimes and, ultimately, better health outcomes (Blount, 1998; Lester et al., 2004).

Collaborative Mental Health Care

Collaborative mental health care describes a range of models of practice in which consumers and their families and caregivers, together with health care providers from both mental health and primary health care settings – each with different experience, training, knowledge and expertise – work together to promote mental health and provide more coordinated and effective services for individuals with mental health needs. It is not a fixed model or specific approach, and it takes place in a range of settings.

METHODS AND ANALYSIS

Structured surveys and phone interviews were used to collect key information on the activities of 89 collaborative initiatives from across Canada.

Each initiative description included the following information:

- sources of funding
- sponsoring organizations or individuals
- rationale, goals and objectives of the initiative
- the approach used to deliver mental health care
- service or program evaluation information
- health care partners involved on the collaborative team
- where the services are provided
- special populations primarily served by the initiative
- unique characteristics of the initiative's local community
- barriers and solutions to implementing and sustaining the initiative
- contact information

Using the Collaborative Mental Health Care Framework (Gagné, 2005), key themes and trends are identified and discussed in relation to previous research and best practices.

Figure 1: The Collaborative Mental Health Care Framework



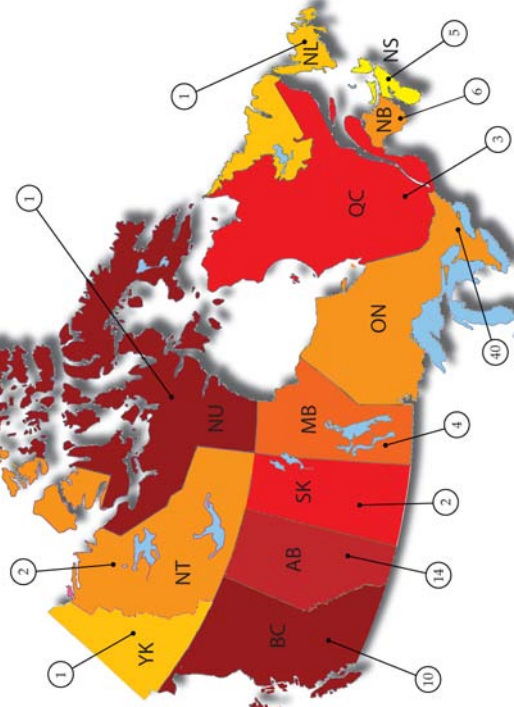
“Canadian Collaborative Mental Health Care Initiatives: Themes, Trends and Better Practices”

PAUZÉ, E.,¹ GAGNÉ, MA.,² PAUTLER, K.,³ MACNAUGHTON, E.,⁴ & WARAICH, P.⁵

- 1 MSc, CK, Research Coordinator, Canadian Collaborative Mental Health Initiative (CCMHI)
- 2 PhD, Project Manager, CCMHI
- 3 PhD, President, Cadwyn Consulting Inc.
- 4 MA., PhD candidate, University of British Columbia
- 5 MD, MSc., Assistant Professor, MRECCU, Dept. of Psychiatry, University of British Columbia

CANADIAN INITIATIVES

Figure 2: Geographical Representation of the 89 Canadian Initiatives included in the Analysis



KEY FINDINGS

Key Characteristics of the 89 Canadian Initiatives:

- **Accessibility**
 - Approaches used by the initiatives: 20% use a direct* approach, 11% use an indirect** approach, and 69% use a combination of the two
 - * direct approach - mental health specialists offer their services to consumers in primary health care settings
 - ** indirect approach - a primary health care provider delivers mental health services to consumers while receiving consultative support from a mental health specialist (mental health specialist provides indirect mental health care)
- **Collaborative Structures**
 - 27% of initiatives use electronic health records/database and 14% use telehealth or videoconferencing technology
 - Components that were important included:
 - developing partnerships and agreements
 - creating flexible structures
 - designating planning days
 - developing formal communication strategies
- **Richness of Collaboration**
 - 82% provide some form of interactive sessions to support knowledge exchange

Figure 3: Per cent of Long-Term Initiatives

- Existing prior to 2000
- Created between 2000 and 2004
- Starting on or after January 2004
- Did not report a start date

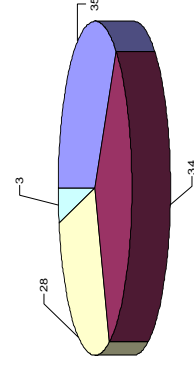
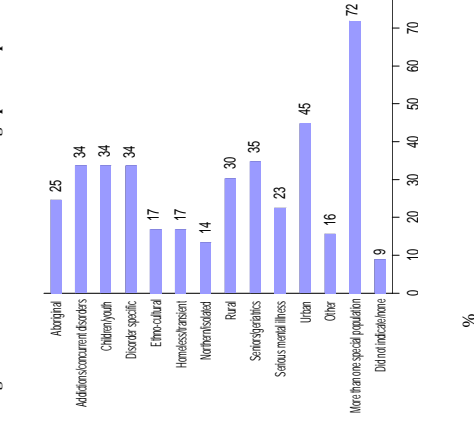


Figure 4: Locations/Setting of Services in Per cent

Location/Setting	N (89)	Per cent
Group practice/health centre	50	56
Hospital/outpatient	25	28
Physician office	38	43
Outreach	35	39
More than one location/setting	43	48

Figure 5: Per cent of Initiatives Serving Special Populations



Consumer Centredness

- Consumers, families and caregivers are important members of the collaborative team. Special attention is needed to promote and incorporate the involvement of these individuals in all levels of collaborative care

Top Barriers to Collaboration

- Funding/remuneration (43%)
- Structures/systems (42%)
- Buy-in (36%)
- Human resources (28%)

Top Strategies to Overcome Barriers

- Structures/systems (43%)
- Team development (37%)
- Skill (24%)
- Advocacy (24%)

KEY FINDINGS

Figure 6: Health Care Professionals that Provide Support to the Collaborative Team in Per cent

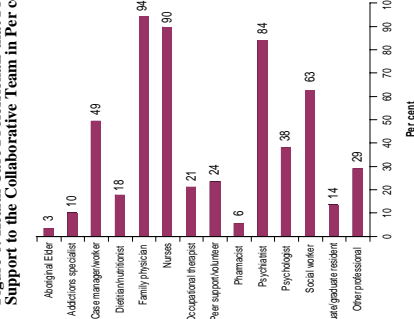
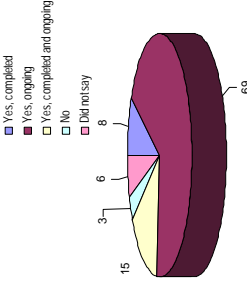


Figure 7: Per cent of Initiatives Conducting Service or Program Evaluations



Evaluations

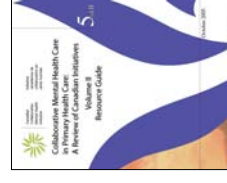
- 90% are conducting or have completed some form of service or program evaluation
- A preliminary look at the evaluations of 16 initiatives revealed three distinct clusters:
 - educational capacity-building
 - traditional collaborative care programs
 - collaborative care for people with serious mental illness

CONCLUSIONS

The evidence suggests that collaborative activities are gaining momentum, but these efforts must be supported through cognate policies, legislation, and funding regulations. There is also a continued need to learn from best practices in order to move front-line knowledge to front-line care, to support more primary health care providers with knowledge, technology and expertise in their delivery of mental health prevention, treatment and supports to consumers and their families (US Department of Health and Human Services, 2001). This report provides practical information for policy makers, providers and other key stakeholders who wish to enhance or develop collaborative mental health care initiatives in primary health care.

This report, *Collaborative Mental Health Care in Primary Health Care: A Review of Canadian Initiatives, Volume I: Analysis of Initiatives*, (In Press 2005). This report was funded by Health Canada, through the Primary Health Care Transition Fund.

VOLUME II : RESOURCE GUIDE



Volume II: Resource Guide, (In press 2005), provides brief descriptions of 91 Canadian collaborative mental health care initiatives and complete contact information for individuals who are involved in these initiatives.

CONTACT INFORMATION

For more information about the Canadian Collaborative Mental Health Initiative (CCMHI) or this report, please visit us at www.ccmhi.ca, or contact:

- Enette Pauzé, MSc, CK
Research Coordinator, CCMHI
ep@cfpc.ca
- Marie-Anik Gagné, PhD
Project Manager, CCMHI
mag@cfpc.ca